

Advisory Committee on Aging

July 27, 2022, Meeting Minutes

ATTENDANCE

Members:

Ramona Jackson Jones
Lois Ricci
Julie Arnold
Robert Alexander
Tammy Brewer
Lin Chao
Aisha Cooper
Greg Elder

Brandi Hackett
Govind Hariharan
Leanna Leviton
Bob Reeves
Mildred Schmeltz
Wayne Stokes
Richard Sylvia
Marylou Mandell

- Welcoming New Committee Members:
 - Susan Smith, Greg Elder, and Marylou Mandell
- Public Comment Period
 - No registered public comment
- Committee Roll Call led by Becky Kurtz
- Managing Director's Report - Becky Kurtz
 - Animated graph of life expectancy compared to fertility rate across several countries
 - Animated graph of share of each county's population that is 65+ compared to share that is 0-17
 - Overall, both graphs show increase in older population and decrease of younger population
 - Our region has one of the fastest growing aging population in the country
 - There has been a 55% 60+ population increase with 10% funding increase
 - COVID funding has increased our funding in the last few years
 - Green on 2023 will be spent over several years so it bumps up our last year a little more than it should
- Review of the minutes from the previous meeting. Hearing no objections, motion taken to vote on them. Passed with no opposition.
- Becky Continuation of Manager's Update
 - Bottom line: population increase has far exceeded funding increase, even if you don't account for inflation
 - Most of our funding comes from Division of Aging Services multi-funded grants
 - A&IS Subgrantee funding to providers
 - Split between ARPA and other

- Becky displays logos of who we partner with, many senior services and non-profits, and a list of sample services we provide through funding, e.g., transportation or home-delivered meals
- FY 23-24 ARPA subgrants
 - The total we were awarded has not changed, but what we can spend it on has changed significantly
 - Hoping to still fund everyone we promised money to, but need to reassess the categories and types of services that can be funded
- Strategic Plan Framework: Live Beyond Expectations
 - Conducted surveys and focus groups in 10 focus areas with lowest life-expectancies
 - Hosted webinars for elected officials in relevant LE tracts
 - Solicited proposals for artist-led community engagement
 - Developed communication tools, e.g., video
 - General focus group themes
 - Residents like where they live
 - Challenges include
 - High housing/transportation costs
 - Inadequate social safety net at the state level
 - Common needs
 - Improved or new sidewalks and streetlights
 - Bus or shuttle transport
 - Access to fresh produce
 - Affordable and accessible housing options
 - Public spaces and activities for connection and socialization for everyone
 - Next steps:
 - Engaging with collaboratives in each census tract
 - Artist-led community engagement sessions
 - Design intervention strategies based on community's priorities
 - Q: How many residents are in each tract?
- Angela White, MSW, Behavioral Coach Lead presenting on BH Coaching Model
 - History
 - Came from ARC partnership with Emory University Fuqua Center for Late Life depression
 - Found that older adults in public housing needed assistance with mental and emotional health needs
 - Fuqua Center worked with ARC to develop BH coaching model
 - Purpose of the program
 - Taps into the intersection of housing and mental health
 - Focused on keeping people housed
 - Addressing behavioral/mental health needs so they can age in place
 - Consumers Enrolled
 - Offered to

- Individuals in publicly financed housing facilities
 - Individuals in single or multi-family housing settings
- Referrals made through
 - Resident service coordinator of a partnering housing provider
 - Community partners
 - ARC's Aging and Disability Resource Connection
- Top reasons for referrals
 - Depression
 - General behavioral change
 - Lease violations (e.g., failing housing inspections)
 - Substance abuse
 - Psychotic behavior (delusions)
 - Anxiety
 - Decline in health
 - Hoarding
 - Dementia
 - Referrals function to help residents address the cause of their roadblocks instead of moving directly to eviction or formal write-ups
- Role of Behavioral Health Coach
 - Conducts assessments
 - Provides ongoing engagement on site and via telephone
 - Connects consumers to MH services and other needed resources
 - Case review with clinical consultations
 - Coordinates with MH providers
 - Provides psychoeducation on the impacts of mental health
 - Assists with crisis management and intervention
 - Person-centered
 - Works not just to connect them to mental health resources, but any other resources they need
 - Coordinates with transportation, medical doctors, etc., to make sure that needs are holistically met
 - Comment from Brandi Hackett in the chat:
 - If delusions/hallucinations are part of dementia (specifically Lewy body dementia) here are additional resources for your team for this specific need on best ways to support through technique and discussions with physicians about treatment for symptom management.
 - Comprehensive LBD Symptom Checklist - <https://www.lbda.org/lbd-diagnostic-symptoms-checklist/>
 - NIH Booklet - <https://www.lbda.org/wp-content/uploads/2021/03/lewy-body-dementia-booklet.pdf>
 - Comprehensive Treatment Summary - <https://www.lbda.org/treatment-options/>

- Understanding Behavioral Symptoms - https://www.lbda.org/wp-content/uploads/2020/09/treatment_of_behavioral_symptoms_2015.pdf
- Care Brief: Medications for behavioral changes - https://www.lbda.org/wp-content/uploads/2020/08/medications_for_behavioral_changes_in_lbd.pdf
- Medical Alert Card - <https://www.lbda.org/wp-content/uploads/2020/09/Medical-Alert-Wallet-Card-PDF-Front-and-Back.pdf>
- Mayo Clinic on Medications for LBD with Boeve - <https://connect.mayoclinic.org/blog/dementia-hub/newsfeed-post/lbd-video-series-medications/>
- Mayo Clinic on Fluctuations and Hallucinations from Ferman - <https://connect.mayoclinic.org/blog/dementia-hub/newsfeed-post/lbd-video-series-fluctuations-hallucinations/>
- Program Impact
 - Reduced eviction 99% of the time
 - 40% have accessed new clinical mental health services
 - 40% received assistance for transportation, food, in-home support, etc..
 - There is a popular misconception that there is a place for people to just “go” when they are ill; the truth is that there is no such place and people need tools to stay in place
- Funding
 - Model created with philanthropic grant in 2007
 - Housing authority grant is ongoing
 - Grants from healthcare providers (united healthcare, Amerigroup)
 - CARES/Older Americans Act – Title IIIB
- Replication of Model
 - ARC was one of the first to develop this program, and several other AAAs have been interested and gotten on the bandwagon, so to speak
 - Augusta Region AAA in 2021
 - Southern Region (2 AAA) ongoing work through department of community affairs
- Sustainability
 - Community Coaching extended service to those in non-congregate settings in 2020
 - Identifying new partnerships
 - Flexible funding models
 - New staff to support the work (grown team from one to 4)
- Questions
 - (From Mr. Reeves) There comes a time when someone can no longer stay in their house. Who makes that decision and where do people go?

- There does come a time when some people cannot live on their own
 - Gave example of a man who hurt someone and faced criminal charges due to substance abuse
 - He was diverted into a two year residential treatment program
 - Is now off of all drugs and alcohol
 - Because he was not evicted, he could get housing once he got out
 - Bottom line is: finding alternative housing that keeps people in their community
- (unknown) How many clients do you have on an ongoing basis? This seems very time-intensive?
 - When the work is concentrated in specific buildings and units, it flows pretty well
 - People find their voice and become less dependent on the program over time
- (Richard Sylvia) How many people are you serving? How large is your team?
 - Kristie Sharp in chat: The coaching team has served nearly 200 individuals annually the last two years. We have 4 full time behavioral health coaches.
- What is the process for finding resource partners?
 - ARC has wide network and colleagues are experts, so the ADRC is a great connector
 - “We make it our business to make friends”
- (Ms. Brewer) How do people know about you?
 - People get to know ADRC through Empowerline and many referrals are done through that
- The coaches are often the only one people see with COVID.
- Is the manual that had all the resources going to be updated for this year?
 - It’s in the works for right now. One from last year is probably available now.
- COAGE Voting
 - Legislative Issues
 - Medicaid in Assisted Living
 - Telehealth and tele dentistry
 - work program initiated through gerontology
 - People who are moving on and not making plans for retirement
 - How to plan for retirement
 - People need to plan ahead
- Atlanta Legal Aid Society’s Senior Citizens Law Project
 - ARC + Atlanta Legal Aid have been working together for many years

- Services offered for seniors
 - Case management (free legal services)
 - Kinship care (free legal services)
 - The service area is a little different than ARC
 - Fulton, DeKalb, Cobb, Clayton, and Gwinnett; only five counties, not 10/11
 - Subcontract with Georgia Legal Services which overlaps with ARC's other service areas
 - Georgia Senior Legal Hotline
 - Part of legal aid
 - 60+ or someone calling on their behalf
 - Covers the entire state
 - Consult with an attorney and get phone advice for free for general questions
 - For really specific questions that are indicative of an ongoing case, the hotline will transfer callers to an organization like Atlanta Legal Aid
 - 888-257-9519
 - Mondays-Thursdays 9-2
- Additional Services or New Services
 - Property tax and tax exemption issues
 - Helps stabilize communities because people usually leave lots and houses vacant when there is a lien
 - Foreclosures are increasing
 - Loan modifications and working on reverse mortgages to help keep people who are newly retired, widowed, disabled, etc., housed
 - Medicaid terminations when Georgia lifts emergency COVID rules
- Highest County Needs
 - Not really any county-specific issues, case priorities reflect needs across service area
 - Income and health benefits
 - Home defense
 - Probate
 - Protecting the rights of long-term care residents
 - Protection against abuse, neglect, and financial exploitation
- Questions
 - What about general repair/contract/warranty issues?
 - Sometimes can be resolved in small claims court
 - Anyone can call the hotline for any reason
 - What about class actions?
 - Legal Aids cannot file class actions due to Congress restrictions
 - Sometimes they will file lawsuits with many plaintiffs to avoid those restrictions
 - Is there a cost structure for the client?
 - There are no legal fees

- The client is responsible for court filing fees
 - Usually there are poverty affidavits that you can file
 - Usually if you go through legal aid they automatically waive those fees
 - Is there an income cap?
 - For seniors there is not a cap
 - What about someone who has 8000 in savings and makes 1200 a month and has been denied Medicaid coverage?
 - If they have enough money to pay a private lawyer then they'll go that way
 - Announcements from Becky
 - COAGE Voting ends July 31st
 - Upcoming ACA Committee Meeting
 - September 27, 2022
 - Answers from questions raised earlier:
 - Size of census tract is 4000 residents
 - How many clients are served with BH coaching: typically over 200, FY21 it was 283
 - Do you receive referrals via fire and EMS: outreach is not done specifically for fire and EMS. Most referrals come through housing providers but when capacity can be increased then outreach will likely get scaled up.
 - There will be an orientation for new members before the next full committee meeting