

**Allegheny County Department of Human Services
Area Agency on Aging (DHS/AAA)**

March 15, 2022
10:00 a.m. – 12:00 p.m. (Virtual Meeting)

Council Members Present: Jessica Adams, Regina Andrews, Kathi Boyle, Holly Dick, Lycia Neuman, Michelle Pepitone, Lisa Story, Carrie Stott

Council Members Absent: Ethel Cobb, Rep. Dan Frankel, Eunice Nelson, Laura Poskin, Joe Angelelli, Amrita Chhetri

Guests: Bobbi Donovan – DHS, OEE Community Projects Coordinator and Lauri Fink - Senior Program Officer, Hillman Family Foundations

DHS/AAA Staff Present: Matt Beall, Administrative Officer; Brian Bell, Supervising Analyst; Rainna Bernesser, Division Chief; Carolyn Galvin, Division Chief; Dr. Shannah Gilliam, Administrator; Kim Hall, Assistant Administrator; Brendan Hanley, Division Chief

Opening, Silent Meditation and Pledge of Allegiance

Approval of 11-16-21 meeting minutes

KIMBERLY HALL: In regard to the approval of the November 16 meeting minutes, they were not sent. We ran into a bit of a snag as Sue Niziol, our Administrative Assistant who normally would take our minutes, left the agency unexpectedly between when we met last and this meeting. We are in the process of having one of our staff transcribe the minutes from the recording that was taken. As soon as they are available, they will be sent out to the Advisory Council to review and approve so be expecting them and we'll just do that approval piece via email this time around. With that being said, I wanted to just move on to the next agenda item and again, without Laura here, really relying on the council to bring forth any Advisory Council business.

We have two new council members, but I do not believe they are in attendance.

They did receive the invitation - that would be Joe Angelelli and Amrita Chhetri. They were both approved on December 7.

Amrita is a formal caregiver. She's worked in a formal caregiver role. She's also works as a community health worker for Squirrel Hill Health Center and she's a student in nursing, so she brings that experience to the council. Joe is a senior advisor with Age Friendly Health and Wellbeing and with the UPMC Center for Social Impact and the UPMC Health Plan. He's an informal caregiver, so he brings that experience to the table. We're happy to have these two new members.

Welcome and Opening from the Administrator and Breakout Group Discussions:

SHANNAH GILLIAM: Before we go into the breakouts, we're also going to have a special announcement from Lauri Fink. I'm going to go ahead and get started with my portion, then I'm going to hand it over to Lauri so that she can tell you about some of Hillman's efforts to support senior services and the agent community. Then we'll come back and get some input from you. I'm going to go ahead and share my screen. These are just a couple of images from my life before I came to DHS. I'm actually a researcher, a developmental psychologist by training. I have a Ph.D. in developmental psychology, which basically means that I have training in watching change, whether we're talking about growth and development along the developmental continuum from cradle all the way through aging and our senior lives. I also have a certification in public policy and in program evaluation which I hope to use here to help to make sure that we are improving the services and supports for seniors. So here are just a few pictures before coming to DHS. I started my career at the Rand Corporation doing public policy work and research around policies that impact the aging community: policies around smoking and tobacco policies around education reform. Then I transitioned from that work at Rand to a nonprofit here in in Pittsburgh – the Homewood Children's Village. I was the director of research and evaluation for ten years and during that time, interestingly, I began to do work that really did involve a lot of seniors because much of the work that I did was around advocacy: helping to equip people to be able to become contributors and decision-makers in the changes that are happening in our communities. And lo and behold, people who showed up consistently tended to be seniors, so over the course of time when I was running what we call the Leadership Institute, there were over 150 seniors who took part in this work.

Basically the premise of the work was to really connect people with information so that we could make informed decisions, bringing decision makers to the table and allowing people opportunities to get their questions answered and to really understand the types of efforts that were going on in our community, so that they could be advocates, whether it's city council public hearings whether it's the school board public hearings, whether it's writing letters and calling their public officials. But here what you see specifically - that picture in the middle - that's one of our leadership Institutes.

Activities where you can see that the seniors are engaged with the younger adults. Basically, giving their wisdom and their leadership and insight as they were growing and learning together.

One of the other opportunities that was very pivotal in my professional life over the past three years was during the pandemic. I noticed that as vaccines were becoming available, it was very difficult to get that resource into some of our most more vulnerable communities. So, we began to advocate to have vaccine distribution to some of the lower income areas in our community and in our city. Through that work we were able to get over 2,000 seniors vaccinated, which basically saved lives, so that's just another place where I found a lot of value and fulfillment. So, when I was approached and asked to apply to this position, I thought, "You know what, this is actually a great idea."

I hadn't really thought about changing jobs even, let alone coming to work for the county. But when I thought about the number of people who could be reached and could be supported and helped, I said, "Okay, I'll give it a try" and I'm really glad that I did. What I found is that at AAA, the staff is committed to the work. They're really good people, they care about our community and I'm excited to be a part of it. So here are just some pictures of some folks that I had the opportunity to work with before I came here.

What is my vision for aging services? I'm going to be talking about my vision, then we're also going to get some input on your vision as well. First and foremost, it's critical in my opinion that elders feel seen, heard and respected. Our role in the Department of Human Services is to make sure that for those who are most in need that there is somewhere they can go for help when they need it and that no one suffers inadequate or neglectful conditions.

I also feel that it's important for seniors to live in safe and secure environments where they receive high quality services. Drawing on my program evaluation background, I'm really looking forward to working together with the team here at AAA to understand the quality of our services and to make sure that we're not missing large populations of people in the services that we are providing.

I also feel that it is very important that we have a system of supports. I always say that there's more than enough trouble for all of us and there's no way that any organization can do this alone. The only way we're going to be able to tackle these challenging, momentous issues is to work together, so we have to partner and we have to collaborate. I'm very keen on collaboration and working together.

It's important because we serve a diverse population. We have to appreciate each other's differences, recognize them and value them. So the workforce issue is indeed one of the four most challenges that I'm looking forward to having an impact on.

I feel that just as we sometimes look at those who serve the youngest in our population, often times we look at those who serve the more senior in our population. We don't cherish them the way they should be. We don't support them the way they should be. We have to recognize that those who are caring for our seniors are essential and they need to be supported with a livable wage.

I think that to get policies that support the work that we do, we're going to need to make sure that decisionmakers have a better understanding of what is working. I've been working in policy, programs and community service and also as a researcher for over 20 years and I have not seen any other agency in the country that have a better system than our DHS data system. I think we just have to use it in such a way that we can make sure that policymakers understand the issue so that they can know where to allocate resources.

I mentioned before about collaboration. I think that the system of collaborators must be very diverse. We have to draw on the resources that we have in our community, be they community members, policymakers, the healthcare infrastructure, insurance academia and even cultural pillars like churches. We

have to engage each of these groups as partners in this work, which brings me back to you all here today and I'm very excited to talk with you about what you're thinking and what you're feeling. We want to know what your vision is for aging and Allegheny County. A few days ago, last week in fact, I was having a meeting with the Division Chiefs and I played this video for them. I'm actually going to play it for you after Lauri tells us all about her exciting Hillman Initiative. Alright go ahead, Lauri, it's all yours.

Healthy Aging Challenge

LAURI FINK: Thank you. Just on cue, my dogs are barking to say hello to all of you. Thanks for letting me continue to sort of bomb your meetings and learn from you guys because I'm finding it to be very educational. I'm really excited to get to work with you in this position since we've gotten to work together in your other positions as well.

Many of you who were on previous calls may know that the Hillman Family Foundations has one foundation called the Henry L Hillman Foundation that adopted an "aging well" portfolio in its strategic plan. I mentioned this, I think, on the call in the fall, which historically Hillman hasn't funded a whole lot. In aging the demographics alone tell us that was an oversight on our part, so when we say we're creating a portfolio, it's saying we're going at it in a big way.

I think most of you that I had emails for would have gotten an email announcement maybe a month or a month and a half ago because we've just announced the Healthy Aging Challenge if you want to look that up online - healthyagingchallenge.org. It has basically two purposes: one is to award four \$500,000 grants for four different projects. The second is kind of like a neon sign that we're hanging out, saying, "Hey everybody, Henry L. Hillman is now funding aging. We do want to hear from you. We want to hear your ideas."

And much like the portfolio (if you looked at the Henry L Hillman website), the Healthy Aging Challenge is pretty broad as to what people can be submitting as ideas. It's things from age friendly development, aging in place, civic participation, volunteerism, reducing ageism and isolation. I would just ask as ambassadors and people who care about the older adults in our neighborhoods and people who are caring for them. If you know of anybody who would be interested in this help us get the word out.

There's a multipart process. First, people have to register on the website and registration is open until April 12. They then have until May 10 to actually do the application. Today at 1:00 pm there is a webinar - it's like a pre-application webinar. And there will be another one within the next month that they can also attend to get information. There will be peers reviewing peers' applications, so everybody who submits an application will be reading and commenting on somebody else. There is a panel of judges, which you can see on the website, who will make the final decision. Then from the last round of submissions and hopefully by the fall we're awarding these four \$500,000 prizes.

Thinking again about Shannah's vision for AAA, it's our goal to be a good supporting partner to those doing work for older adults in this region. I'm not allowed to answer a lot of specific questions about the prize because we are trying to make sure that nobody has special access and everybody gets the same information. But I'm happy to be accessible to all of you and I can put my email in the chat so anybody who wants to reach out.

SHANNAH GILLIAM: Thank you so much Lauri.

LAURI K. FINK: My pleasure.

HOLLY DICK: May I ask her please to also give us the email verbally because I have trouble reading the chat.

SHANNAH GILLIAM: I'm going to pass it back over to Kim and she's going to introduce our Division Chiefs, who are going to give you an overview of AAA's work. In preparation for this meeting today, really the goal was to introduce myself give you a sense of my vision for a broadly of the work that we want to do moving forward, but then also make sure that we're all on the same page to understand the work that AAA is currently doing. I know that some of you have been on this Advisory Council for a little while and some of you are brand new so just to make sure that we're all on the same page, we figured we would just give the Division Chiefs about ten minutes each so we have three folks who are just going to talk for about ten minutes about our work and then we're going to ask you about your vision for aging in allocated county, so Kim take it away.

State of the Area Agency on Aging in 2022:

KIMBERLY HALL: Sure, thank you. Shannah. One of the things that Shannah asked us to do in our introduction is to share something with the Advisory Council that you probably don't know about us. I think I'll kick off and share. I'm Kim Hall. I'm the Assistant Deputy Administrator at the Area Agency on Aging as you know. I really thought about this because I'm thinking well, what could I tell you that would be interesting? This is always funny to me and you may find this funny. Instead of you calling me Kim, there was a good chance when I was born back in 1963 that I was going to be named "Prissy" after Priscilla Presley, Elvis Presley's wife. My dad wanted to call me Prissy, so you could very well be calling me Priscilla or Prissy today instead of Kimand I'm so glad you're not. I much prefer Kim. Instead, we ended up naming our first dog Prissy. I was saved but that's the fun fact about me. Before I go into my opening of the PowerPoint that we're going to show you, I'll just introduce the Division Chiefs right before they go into each of their slides. They'll share something about themselves. We have Brendan Hanley from the Safety and Support Division, Carolyn Galvin from the Community Based Services Division and then we have Rainna Bernesser from the Entry, Advocacy and Oversight Division who will be talking with you today. Then, as an extra treat, we have Brian Bell, who is the Supervising Analyst for Analytics, Technology and Planning.

BRENDAN HANLEY -Senior Companion - One of the main challenges is we have folks on the waiting list and a shortage of volunteers. We've done outreach through bus ads and through radio ads. The program manager has appeared on KDKA radio as well to promote the program, so recruiting efforts will pretty much always be ongoing, but we certainly do have a need now.

Here are some current initiatives that we're working on that I'll touch on: one is a partnership with Computer Reach. For those of you who might be familiar with Computer Reach, we got a relatively small grant, around \$15,000, but it's enough to get a decent amount of computer equipment and training for folks in this program. We've had around 30 to 40 people trained so far and receive equipment through Computer Age. Additionally, we're working with a group called Pitt Health Buddies. Pitt Health Buddies are volunteers at Pitt's medical school who do phone outreach to the older adults in our Senior Companion program, that's something that is very recent. Only in the past couple of months has that taken off and we see it as something that supplements the visits they get

through their senior companion. They also get a call every now and then; generally, it's about every week or every other week from a medical student at Pitt.

And then lastly, there's ongoing work on a program called ClientPath, which will be a data system that they can be utilized both in Senior Companion and a couple of the other programs as well.

Dom Care is a program that essentially acts as adult foster care for folks who need some assistance living independently. Dom Care is a program that's relatively small and has been shrinking over the past couple of years. So, what this program is very much engaged in is attempting to grow the program through recruitment of new providers; specifically, there's an upcoming program that's going to be advertising through some faith-based organizations in the county through social media as well as some other things coming down the pike. But it's a program that is very much in need of new providers.

SHANNAH GILLIAM: So, it's not so much that there is no need for the Dom support; it is that you don't have enough people to provide housing.

BRENDAN HANLEY: Correct, and we have folks who are in need of the program on the consumer side, but we don't have the homes for them right now.

SHANNAH GILLIAM: : Great, thank you.

BRENDAN HANLEY: Caregiver Support program is a program that benefits caregivers in the county. It provides training and resources. But what is it perhaps best known for? It provides reimbursement to caregivers for items spent on the care of a loved one, whether that be respite care, an in-home worker or supplies. The Caregiver Support program can provide up to \$600 in a one-time reimbursement or up to \$5,000 for a home modification. So, we need more caregivers. This is a program that is growing. Three years ago, there were around 300 caregivers in the program. Now there are more than 400, so it is growing. But there's still room to grow, so like Senior Companion, and Dom Care, we are actively trying to get more folks into this program. As part of that growth, we were able to get a little bit of funding to create some additional positions at our provider agencies on the care management side. They specialized specifically in

caregiver support. Each of our three providers are getting a new care management position dedicated specifically to seeing a caregiver support program, growing the program and providing training to their fellow care managers.

Options Care Management - we have a little bit more than 5,000 folks in the program. Currently, this is an in-home program, providing a care manager and in-home services to older adults. We do it through three of our subcontract providers: LifeSpan, Wesley and Familylinks. The main issue is a shortage of direct care workers, which is having a real impact on the number of folks who are already in the program but can't get the services that their care plan is stipulating. What I'll focus on here is our current initiative and working directly with Hilltop Pharmacy. We've worked with others over the past year and a half to get folks vaccinated and make them aware of opportunities to get vaccinated, specifically with Hilltop. We are looking as much as we can at folks who are homebound and do not have another outlet to get vaccinated. We are hopeful of getting the funding and we're hopeful of being able to provide vaccinations to a couple of hundred people in the near future, both boosters and first-time vaccinations.

Protective Services - very simply investigates allegations of abuse, neglect and exploitation like Options. We work with three subcontractor providers: LifeSpan, Eastern Area Adult Services and Ursuline. It's a pretty busy unit. We took over 6,000 reports last year and initiated a little more than 3,500 investigations. We've been short of staff for quite a while. This is the main point I'll touch on here. We were fortunate to get approval at the DHS administration level for additional funding to more than double our staff. We went from around 24 to 25 investigators in the field to a little more than 50, increasing support staff and supervisory staff as well. This is a unit going through quite a transition currently but we're moving in the right direction, certainly in terms of adding to the staff that are needed.

Lastly is our Targeted Outreach Program. One of our supervisors in our agency, Brian Heywood, runs this. He has in the past and is currently planning to reach out to the leadership representing some of the groups mentioned there in the PowerPoint like veterans, the faith-based community, LGBTQ, hearing impaired/deaf and others. I'm hopeful of continuing this outreach in the months

to come and I think I did it in ten minutes or pretty close to it. Thanks for having me.

RAINNA BERNESSE: Community Care Transitions Program - We were in and out between telephonic and face-to-face visits over the pandemic. We are now fully in person. We are negotiating our contract again with Highmark Wholecare and that is going well. There's a new contract on the horizon with Jefferson. It's an area of opportunity for us to look at these partnerships and how we may want to expand them in the future. We know that we are helping to reduce readmissions as well as connecting people to valuable resources in the community. And we continue to collaborate with ATP; looking at how we look at our data and use it to develop marketing strategies. That is my division, so thank you all very much for your time today.

CAROLYN GALVIN: Community Based Services division - my name is Carolyn Galvin. I oversee this division and I'll touch briefly on some of the programs that we have, but first I wanted to share some fun facts. I have worked for the county for over 42 years in different capacities. I do have seven grandchildren and I know you're all thinking that I'm not old enough and you're right. My husband and I actively participate in the vintage Grand Prix. We have a vintage car that often breaks down so in July, so if you see me in a yellow car sitting on the Liberty Bridge, I'll wave or you wave at me and help me.

Let me get started. The assessment unit has been around for a very long time, I'm going to say since about 1985. It is a fee-for-service program and is responsible for completing a functional eligibility determination assessment. The assessment determines an individual's medical eligibility for services and also for those individuals seeking nursing home placement who are applying for medical assistance to cover the cost of their care. We also do initial assessments for individuals entering into a personal care home for the initial start of the SSI supplement. We see about 8,500 individuals a year. One of the challenges here is that over a year and a half ago, the Office of Long Term Living released an RFP for all-inclusive enrollment services.

SHANNAH GILLIAM: I know you're trying to go quickly, but I just want to make sure because people may not know what an RFP is; they may not know what SSI

is. Just use regular words so the regular people can all understand what you're saying.

CAROLYN GALVIN: About a year and a half ago, the Office of Long Term Living released a proposal that our Pennsylvania Association on Aging bid on and it was for inclusive enrollment services so we responded to this, but we did not get the bid. The AAAs in the state were not awarded the bid, so there have been multiple protests and appeals. The state is in negotiations, so we're just waiting for the outcome of the appeal process.

The elderly nutrition program - we at AAA are committed to feeding individuals and the community and we do this in multiple ways. We provide meals through congregate facilities, which are our senior centers, and we also deliver meals to people in their homes called our home-delivered meals services. We also provide the farmers market program, so this is an opportunity for individuals to receive vouchers. We do this annually. They receive vouchers and they're able to go to farmer markets and have access to locally grown fruits and vegetables, so not only does it help our seniors but it also helps our local farmers. This is a program that comes from the Department of Agriculture. So, you can see our impact in the community. We serve about 2,000 individuals with home delivered meals 40,000 miles each month in our congregate facilities, about 900 individuals and then the farmers market we probably issue maybe 1,500 vouchers. That will be starting up again. One of the challenges that we've had is the ability to provide a hot meal. So what we did was at the start of the pandemic, we flipped our meals to frozen, so we're trying to get back to hot meals. But we're running into issues, as is everybody else in the community, regarding the supply chain disruption and staffing. And we are looking for a potential redesign. We learned a lot from the pandemic in terms of how they deliver meals. So, we're trying to look at our systems, especially at the home delivered meals system and see how we can always improve the service.

Now we have senior centers, so I like to think that the senior center is the gateway to our aging network. It is actually about connecting older adults to vital community services that can help them stay healthy and independent. There are 41 senior centers throughout Allegheny County and we have 14 providers that operate those senior centers. We have four senior centers that are nationally accredited and our hope is that eventually everyone will be able to be accredited.

But they are of all different sizes and shapes and serve many different demographics and many different people in those centers, so that's a bit of a challenge. Our hope is that we can get them all accredited. We have what we call focal points, which are larger, more robust centers. They provide core services such as information assistance, outreach, registering people for transportation, meals and wellness activities. Then we have 20 centers that are what we call satellite centers. The only requirement for those centers is that they provide meals. All of our centers re-opened at the beginning July. They also are experiencing staff shortages. The frozen meals have been a challenge to them, so we're trying to get them back to hot meals. Unfortunately, attendance has dropped, which it is problematic for them because that's how they're paid, on a performance-based contracting scale. We are going to be looking at redesigning the formula that we use to pay them. We are going to try to improve outreach to have a bigger presence in the community so that we can draw more people into those centers.

So lastly is the Older Persons Transportation, which is a shared ride service in Allegheny County that is sponsored by the Area Agency on Aging. Access is our transportation system and we contract with them. What they do is contract with local transportation companies to provide services. It is actually meant to supplement existing services that are out there, not replace them

Alright that's it, I will do the same as Brendan and put my email address and phone number in the chat and then if you have any questions, you can let me know. Thank you.

KIMBERLY HALL: I think we're going to turn it over to Brian now to talk to us about ATP.

BRIAN BELL: I don't have a slide deck so unfortunately (or sadly), you all have to look at me while I talk. I am the manager of our analytics unit focused on our aging population. As Brendan said, it might be interesting or it might not be - But I do play ice hockey. Maybe the fun fact is that I played last night at 10:30 and also that I'm somewhat of a fool and willing to drive to play with old friends down in Delmont. But I live in Wexford, so that's an hour's drive. It was a 1:00 AM bedtime for me.

CARRIE STOTT: Hi guys, I just had a question. It sounds like everybody that presented mentioned that there are some open positions, whether they're employed positions or volunteer positions, and they wondered how I could get information or where you post. I work at Carlow and we in the social work program have a number of bachelor's prepared social workers and master's prepared social workers that are always looking for jobs and volunteer opportunities, so I'd love to maybe get the word out.

SHANNAH GILLIAM: Thank you. Yeah, we can definitely put together that information and send that over to you. Which actually brings me to another point on collaboration. I know in the present and also in the past, DHS has partnerships with other universities where they have some social work interns. I know the social work program has a certification or specialty around gerontology. So we definitely are in conversations with those that ask data division in social work talking with those folks, so yeah.

CARRIE STOTT: We also have students who need field placements, too, so either like you know employment volunteer or field placements, which usually works out well because they get their field hours in and if it works out, you have a potential employee lining up to come in the door if it's a match. Please contact me with that information and I'll share with the department. We have, aside from social work, a lot of other professions that may be interesting, in nursing and things like that. It sounds like I might be able to at least get word out and find you some potential applicants for all those vacant positions.

SHANNAH GILLIAM: Thank you, that would be wonderful. I do actually have an intern right now, a social work intern getting her field placement, and she's working on a project that I'm leading so I definitely love the social work interns. I think you all are great too.

HOLLY DICK: I don't mean to monopolize things but I think there's a tremendous crisis nationwide in home care workers, attendants. whatever you want to call them. I have two close friends who are really suffering through this crisis right now. One person thought of calling the school of nursing at the Community College near her home to see if she could get people who would work as

attendant care persons for her. Do you have any kind of relationship or have you reached out to schools of nursing, because I think this may be one real possibility to try to get people trained and people interested. And of course, the other thing we need to do is increase the respect for this profession, which right now is at the bottom of the bucket.

SHANNAH GILLIAM: Yes. I don't know if anyone wants to speak to the current or historical partnership that we've had with the university schools of nursing.

KIMBERLY HALL: We have not had any direct partnerships with any of the schools of nursing that that I'm aware of in the past to try to create awareness and increase the pool of direct care workers. I know that Dr. G has been working on an effort that I'm sure she's going to bring up. And I think that's really what you're saying, with your comments about instilling in our children as early as possible that this is a cherished role. This is an important role. This is a priority, and that it be something that you would want to aspire to whether informal or formal.

HOLLY DICK: And so many of them have had experiences of being in daycare and they know daycare work. I mean, I'm sorry, not daycare, but at childcare so they know the value of those people who cared for them.

SHANNAH GILLIAM: So, what else would we like to see our region look like in 20 years? What other thoughts are out there?

LAURI K. FINK: I'll chime in. This is for those on the phone. This is Lauri Fink from the Hillman Family Foundations. I think one of the things that attracts me personally and the Hillman Family Foundations to age friendly is that they are kind of focused on multi-generational. So, since I'm now on the downhill slide of the aging arc, I'm thinking that as I get older, I would like to be in community. Yes, Holly, in my own home, but with lots of young people around me because I find young people a lot of fun. So, I think when I envision a really cool community of the future, it's all like that video that Shannah showed. It's people who may be living with a disability; it's people who may be older people or who may be younger, and everybody can kind of be interacting and supporting each other. Maybe without having as many formal structures to make that happen.

HOLLY DICK: Absolutely. Maybe we need to recreate the multi-generational homes that someone mentioned. There are a lot of values to that and we didn't need to do it as a society. We don't have to put people in little categories where children are here and old people are here and never the two shall meet. You know, we need to put everybody together.

SHANNAH GILLIAM: What about our two participants on the phone? Is there anything that you'd want to share about what you envision us looking like in in 20 years?

MICHELLE PEPITONE: This is Michelle. I guess I would just like to echo on what's already been said. So pardon the redundancy; it's just to see more value placed in more older populations. I used to work in a couple of UPMC hospitals as a nurse and currently do home health. One of my patients is pediatric and one is middle aged, but I do note and have noticed from the beginning of my career that there seems to be so much more value placed on new life as opposed to like pre-existing or older life. It's just very disheartening and depressing.

HOLLY DICK: Even though it doesn't directly affect me, but it just affects the society we live in, I think it's definitely a reflection of who we are as a nation because other Western countries don't have the same attitudes as us. Even other countries that aren't western that sound prejudiced. So I apologize for those countries throughout the world, even those of third world status, often have placed more value in the elderly than we do, and that's just such a shame because they're such a great resource. Maybe we need to model ourselves after Chinese society where for centuries the wisdom of the elders was respected and still is, I think. For sure, Asia, yeah, pretty much the whole continent of Asia. And like Central America and South America, too, so and then you know, Germany, Norway, Netherlands. I mean, they're all doing better jobs than us. Some of these countries have more resources. Some have a lot less. It's not about money, it's about where your values are, right?

KIMBERLY HALL: So, the last comment was about systemic change, placing a great greater value on the older adults the elders in our community. As I was listening I was thinking about my mom who's 82.

SHANNAH GILLIAM: I'm going to pass it back to you, Kim, to close us out.

KIMBERLY HALL: Okay. Before we close out, can I just ask, what are we doing with the notes in the conversations that we just had in breakouts?

SHANNAH GILLIAM: Yes, first of all, you and I and all of the other DCs are going to have a conversation to bring all this stuff together and then what we're going to do is look at our current initiatives, look at what we currently have in place and see how much synergy there is across the ideas that we currently have already had. Then we're going to put together our best ideas into kind of packages or proposals and we're going to try to get some of this stuff funded. And some of it may not even need funding. You know it's not everything that needs more money; some things just need commitment. So, we're going to look across that and we're going to see what we're going to do with them and we will definitely let you guys know how things are moving. Lycia is going to help us facilitate a happy hour so we are going to be getting together between now and our next meeting, just casually, to have conversations with each other in a more social setting. You'll be getting a communication about that and any other things that you guys think that we should do that I didn't say. Alright, well, if you come up with anything else, send us an email and we're happy to incorporate it.

KIMBERLY HALL: This was an interesting meeting in that it was different than the traditional format. I think it will continue to evolve. Just a reminder that our next Advisory Council meeting is our public hearing that will be in June. That date has not been set yet but stay tuned for more information. I did want to just share one piece of information that I promised to share that's really important. This came up at our PDA Pennsylvania Department of Aging quarterly meeting in March. There's been legislation introduced by Representative Hennessy to update the Older Adult Protective Services Act, which is approximately 30 years old. It's House Bill 1618 and they've asked for the local area agencies on aging that can advocate and unfortunately, we're not one of them to advocate with local legislations. So, I'm passing this on to the Advisory Council and asking that you all advocate in your circles to support this bill and basically, the legislation is asking to refine employment bans for individuals convicted of certain crimes, to update background check requirements, to require financial institutions to include specific financial abuse training for their employees and to clarify the local Area Agency on Aging 's investigation processes. So again, it's House Bill 1618.

You can google it, look it up and advocate where you can with your local legislation because we need you as our counsel to advocate for us due to our limitations in our own advocacy processes due to our county government role. so just wanted to chat.

HOLLY DICK: This doesn't cut back on your ability to do your job? I just want to make sure they're not curbing something.

KIMBERLY HALL: No, I think it's more about updating and revamping and becoming a little bit more current with the times.

SHANNAH GILLIAM: So, are we in support of House Bill 1618? That's the question in the chat.

KIMBERLY HALL: Yes, we (the larger we – not DHS) definitely wanting to support that legislation. So, with that I just really, truly want to thank everybody for their time this morning. It was a good two hours of conversation. I know we talked a lot at you regarding our overview; but it was sort of a refresher and it generated a lot of conversation within the meeting and then during our breakout sessions. So thank you so much for a very rich meeting today and we'll see you soon again.

SHANNAH GILLIAM: Thanks everybody.