

Maryland Commission on Caregiving

June 5, 2025

10:30 AM -12:00 PM

Meeting Minutes

- I. Meeting Attendance and Approval of Minutes
 - A. Commission Members Present: Larry Bram, Mary Anne Kane Breshi, Jennifer Eastman, Patricia Morris, Yetunde Olobatuyi, Greg Seseke, Ann Squire, Molly Wisniewski
 - B. Guests: Dorinda Adams, Shari Bailey, Anne Van Benschoten, Bevia Hensley, Teresa Jeter-Cutting, Melissa Karcher, Ruth Kershner, Leslie Ray, Brenda Williams, Hilary Wiseman
 - C. Approval of May's Meeting Minutes
 1. Minutes Approved
- II. Member Updates
 - A. As the Commission has done in the past, the Commission will not be meeting for our July meeting. Meetings will resume in August.
 - B. The Commission's Annual Report will be due soon. Commissioners will receive an email from Molly to request feedback Commissioners would like to include in the report.
 - C. The Commission welcomed Shari Bailey of Laila's Gift to the meeting, Shari introduced herself and her mission to families and caregivers.
- III. Preparation for the Maryland Commission on Caregiving's new 3-year term (July 1, 2025 – June 30, 2028) - Update provided by Greg Seseke
 - A. As the Commission approaches the start of a new 3-year term, several organizational and structural planning items need to be addressed to ensure continued effectiveness and momentum.
 - B. If you are interested in joining the Commission as a Commissioner please fill out the application here: <https://md.accessgov.com/governors-office/Forms/Page/v2/profile/0>
 1. Commissioners: Please note that reappointment is not automatic. If you are interested in serving for the next term, you must complete the application.
 2. Commissioners: If you are not interested in serving another term then you don't fill out the application.
 3. Guests: If you are interested in joining the Commission as a Commissioner, we encourage you to submit an application.
 4. Feel free to share this opportunity—if you know someone who may be a good fit, please direct them to the application as well.
 5. Important: Final appointments are made by the Governor's Appointments Office. Neither DHS nor the Commission Chair has authority over these decisions.
 6. In addition to the Commissioner seats, Greg noted that DHS is working to fill the Legislative seats on the Commission.
- IV. Caregiver Ambassador Training Program – Respite Program Ambassadors
 - A. Leslie provided an overview of the NASHP Conference that both she and Teresa attended. Key takeaways from the conference include:

1. Caregivers often do not know what programs or services they are eligible for. Multiple agencies provide respite, including:
 - a) Maryland Department of Aging (MDoA)
 - b) Maryland Department of Health (MDH)
 - c) Department of Human Services (DHS)
 - d) Kinship Care programs
 - e) U.S. Department of Veterans Affairs (VA)
 2. Importance of Respite:
 - a) Access to respite is vital to supporting caregivers and preventing burnout.
 3. Best Practices from Other States:
 - a) Some states have implemented successful strategies to make respite more accessible. These include:
 - (1) Means testing of caregivers to determine eligibility
 - (2) Streamlined access across agencies
 - (3) Centralized information or referral systems
 4. Discussion Points:
 - a) What strategies can Maryland develop to improve access to respite care?
 - b) How can we ensure consistency across agencies providing respite?
 5. Training Considerations:
 - a) Caregivers need to be informed about who will be providing respite services.
 - b) There are currently three national training models for respite providers that could be explored or adopted in Maryland.
- B. Overview and Discussion Points:
1. Patricia noted that Caregivers often ask about the types and costs of respite care.
 - a) These questions highlight the need for better education and accessible information.
 - b) Respite is critical to preventing caregiver burnout.
 2. Bevia shared that a caregiver support group is planning an end-of-summer event to give caregivers an afternoon out.
 - a) Emphasized that respite is not only for medical care—it provides caregivers with vital time to rest and recharge.
 - b) If we can measure impact, such as reduced burnout, we can demonstrate the value of respite.
 3. Dorinda mentioned the National Respite Coalition and suggested possibly inviting Jill Kagan for a future presentation.
 - a) Shared her personal origin in this work through respite advocacy.
 - b) Noted Maryland's history in developing respite models—though many lacked funding.
 - c) Highlighted that respite should be generalized and made more visible through consistent public messaging.
 - d) Discussed AARP Maryland's pilot in partnership with four states (MD, TX, WY, NV) to advance lifespan respite work.
 - e) AARP volunteers may reach out to the Commission regarding collaboration.

4. Mary Anne recalled efforts from the early 2000s to build a respite model in MD that never received funding.
 - a) Leslie stressed that caregiving is a bipartisan issue in 2025, and several states are using federal funds creatively (e.g., Alzheimer's grants, OAA Title III E) to sustain respite.
 - b) Advocated for a lifespan respite program in Maryland, pointing to savings and benefits for state agencies.
 - c) Leslie, noted of continued efforts, including support for a public registry study underway in the legislature.
5. Hilary highlighted the VA's respite model, which includes a coordinator who navigates all available options.
 - a) Raised concerns about the confusion between respite, self-care, and basic needs.
6. Shari shared that the term "respite" doesn't always resonate with caregivers.
 - a) advocated for making it more welcoming and relevant through lifespan approaches.
 - b) Emphasized the need for tracking outcomes (e.g., satisfaction, effectiveness) to build sustainable programs.
 - c) Suggested a "journey-based" approach to understanding caregivers' evolving needs over time.
7. Molly overviewed the ACL grant and the Ambassador Program as an opportunity to start this work with Ambassadors trained across the state. The members noted the importance of having a program manager lead up this work and that lack of funding has in the past become a barrier to success.
 - a) It was recommended that the work of developing the Ambassador Training program would be better served in a workgroup.
 - b) Molly noted that she would send a request via email for volunteers to join the workgroup following the meeting.

V. Questions/Concerns/Suggestions/Announcements

- A. Dorinda shared that she will be giving a presentation to the AARP Maryland Executive Council next week regarding a pilot initiative initially launched across 10 states, now continuing in 4: Maryland, Texas, Wyoming, and Nevada.
 1. The goal is to dedicate more focused time and effort to family caregiving initiatives at the state level.
 2. Texas has a particularly engaged advocate involved in developing a lifespan respite model and assessment process, which may offer insights for Maryland.
 3. AARP Maryland volunteers who are interested in caregiving issues will be encouraged to connect with the Maryland Commission on Caregiving to explore opportunities for partnership.
 4. Dorinda emphasized AARP's guiding principle: "What we do for one, we do for all."
- B. Shari shared the story of Laila, who was not expected to live past the age of 2 and is now thriving at age 10. This remarkable journey serves as a powerful reminder of the strength and resilience of caregiving families.
 1. She introduced Laila's Gift, an organization that "offers more than just celebrations—it provides support, advocacy, and connection for Sunflower Families, empowering those raising children with special needs through community, hope, and heartfelt resources."

