

Maryland Commission on Caregiving

April 2, 2026

10:30 AM -12:00 PM

Meeting Minutes

Agenda Google Meet joining info

[Video call link: https://meet.google.com/hev-nfhr-qci](https://meet.google.com/hev-nfhr-qci)

Or dial: (US) +1 775-442-4189 PIN: 786 637 297#

Meeting Minutes

- Commission Members: Shari Bailey, Mary Anne Kane Breschi, Jennifer Eastman, Bella Guyott, Patrica Morris, Theresa Robertson, Trina Townsend, Kathy Wehr, Molly Wisniewski
- Guests: Dorina Adams, Mack Bowles, Estelle Brooks, Laurie Crumpler, Bevia Hensly, Teresa Jeter-Cutting, Melissa Karcher, Michelle Morten, Kyla Pendleton, Chalarra Sessoms, Ruth Shea, Leslie Smith-Ray, Ellen Teka, Beverly Wilson, Donna Wilson, Brenda Williams, Thelma Winn, Hilary Wiseman
- The March meeting minutes were reviewed and approved:
 - Motion to Approve: Bella Guyott
 - Second: Mary Anne Breschi
 - Result: Approved
- The Maryland Commission on Caregiving will hold the August 6, 2026 meeting In-person - Details to follow.
 - The Commission discussed potential locations for the meeting. Details to follow.

Program and Project Development Subcommittee Update

- Subcommittee Chair, Shari Bailey, presented and updated the Commission on the work of the Subcommittee
- Slides to be shared with meeting minutes

Overview

- Focus: Respite care programming in Maryland — what is currently available and identifying best practices
- Meetings: Biweekly
- Work initiated: September, 2025

- Approach: Developed a work plan based on an initial “brain dump” of respite-related priorities

Mission, Purpose, and Scope

- Mission: We unite caregivers, advocates, and partners to expand access to respite services, strengthen support systems, and elevate the voices of Maryland caregivers. Through collaboration, education, and policy recommendations, we ensure that caregivers have the resources and recognition they deserve.
- Purpose and Scope:
 - Assess existing respite and caregiver support programs across Maryland
 - Research and compare national best practices
 - Develop a scalable, sustainable framework to strengthen caregiver support systems
 - Propose pilot models

Phases of Work

- Phase 1: Foundation & Recruitment
 - Recruit members
 - Define mission and priorities
- Phase 2: Research & Assessment
 - Assess Maryland respite programs
 - Review national models and best practices

Initial Findings & Analysis

- At least one respite provider identified in each county
- Ongoing challenges with:
 - How respite care is defined
 - Whether definitions are tied to funding streams
 - Significant “gray areas” in what qualifies as respite care

Key Challenges Identified

Data & Information Gaps

- Outdated or inaccurate data across systems
- Lack of standardized data collection (data quality gap)

Manual Processes & Inefficiencies

- Respite inquiries require manual coordination and dispatch
- Leads to delays and inefficiencies in response times
- Website process is circular:

- Users contact coordinators
- Coordinators often lack direct information
- Referrals are passed along multiple times
- Heavy reliance on human intervention (necessary, but inefficient in current structure)

Inconsistent Points of Contact

- Frequent turnover in respite contacts
- Changes often occur without notice
- Creates coordination and communication challenges

Process Bottlenecks

- Slow communication and approval workflows
- Need for streamlined communication processes and clearer best practices

Funding Variability

- Differences in county-level funding structures
- Limits flexibility and consistency in service delivery

Department of Human Services (DHS) Insights (Yetunde)

- DHS website lists all 24 local jurisdictions but:
 - Does not direct users to the correct respite contact
 - Requires users to call and navigate manually
- Opportunity to list direct contacts for respite services
- Staff capacity is a limiting factor
- DHS respite application process is lengthy (12–14 pages)
 - Opportunity to streamline and simplify

State-Level Perspective (Mary Anne)

- Multiple state programs provide respite services
- Programs vary significantly in eligibility requirements
- Complexity across waivers and program structures
- Approximately 300 providers identified (e.g., Developmental Disabilities Administration providers)
- Opportunity to simplify provider access—potentially through centralized or state-level application processes

System-Wide Observations (Discussion Highlights)

- Navigation challenges reflect broader system issues:
 - Staff turnover

- Rapid changes in policy and programming
- Information cannot be updated quickly enough
- Many caregiver situations do not fit neatly into program categories
- Lack of a shared, statewide understanding of “respite care”

Emerging Priorities & Recommendations

Standardization & Definitions

- Establish a statewide consensus on the definition of respite care
- Align with national strategy efforts
- Increase caregiver awareness and understanding of respite

Data & Systems Improvements

- Establish standardized data protocols
- Define minimum data requirements
- Improve data accuracy and maintenance

Process & Technology Enhancements

- Implement automation to:
 - Reduce manual intervention
 - Streamline intake and dispatch processes
- Create a formalized process for managing points of contact
- Develop clear communication workflows and SOPs

Transparency & Coordination

- Clearly document and communicate funding sources
- Establish accountability across agencies (beyond the Commission)
- Expand coordination through regular virtual and in-person meetings

Evaluation & Next Steps

- Develop evaluation and reporting framework
- Build Commission buy-in for proposed strategies
- Explore pilot opportunities for system improvements

Key Takeaway

This work highlights broader system challenges in navigating caregiver services, including fragmentation, inconsistency, and complexity across the lifespan. Addressing respite care effectively will require coordinated, system-level solutions.

Presentation: Teresa Jeter Cutting, founder and President of I Am Your Child, Inc. presented on

the topic *Perils of Benefit Trafficking: Abuse and Misuse of Benefits*

Highlights of Presentation:

- Definition of Human Trafficking
- The De-humanization of Benefit Exploitation
- Vulnerabilities and Risk Factors
- Where and How Benefit Trafficking Occurs
- Signs of Benefit Trafficking
- Impact on Caregivers
- How to Report Benefit Trafficking
- Challenges Related to Benefit Trafficking

She reported that benefits such as SSI, Medicare, Medicaid, SNAP, property/assets, veterans' benefits, and pensions are sometimes misappropriated by others. Vulnerable populations include those suffering from addiction, the elderly, and individuals with physical, mental, or developmental disabilities.

There are two primary types of benefit trafficking:

- Familiar: Conducted by trusted family members, often resulting in emotional toll and financial strain.
- Non-familiar: Conducted by unlicensed or underground facilities.

Red flags include environmental hazards and physical or behavioral abuse. She also highlighted SB 170 and HB 216, which are criminal laws designed to recognize and penalize benefit exploitation.

State and local intervention resources in Maryland include:

- Adult Protective Services (APS)
- Long-term care ombudsmen
- Area Agencies on Aging
- Department of Human Services
- Maryland Legal Aid
- Maryland Volunteer Lawyers Service

The presentation was well-received, and attendees thanked Theresa for the informative session.

For further information, Theresa and her team can be reached at lamyourchild7@gmail.com.

Questions, Concerns, Suggestions, Announcements

Questions, Concerns, Suggestions, and Announcements

ACL Lifespan Respite Funding Update - Yetunde

- Provided an update on a federal grant opportunity through the Administration for Community Living (ACL)
- DHS has been monitoring the opportunity since March 1; however, the application process is not yet available
- The grant includes:
 - Lifespan Respite funding
 - Emergency respite funds (up to \$500 per eligible individual)
- Noted that internal state processes impact application timelines
- DHS is awaiting further guidance to proceed

Hands of Hope, Inc. - Patricia

- Expressed appreciation for the Subcommittee's work
- Noted that the effort represents a strong and important starting point
- Emphasized that continued updates are valuable to the Commission
- Mentioned interest in related community-based efforts, including *Hands of Hope*

Theresa Robertson

- Raised questions regarding access to services and appointment availability
- Highlighted ongoing challenges caregivers face navigating systems in real time

Jennifer Eastman

- Provided updates related to public safety and caregiver interactions with law enforcement
- Discussed efforts to:
 - Recruit law enforcement participation in caregiver-related training initiatives
 - Equip officers with tools to better support individuals with disabilities and their caregivers
- Referenced alignment with the work of the *Ethan Saylor Alliance*
- Noted challenges in engaging law enforcement consistently across jurisdictions

- Shared that a statewide investigation related to the death of an individual with autism remains ongoing
- Mentioned local engagement efforts, including Harford County Youth Cadets, as a potential model for building awareness and training pipelines

Closing

- The Commission will continue advancing respite system recommendations and cross-sector collaboration efforts
- Additional updates and materials (including presentation slides) will be shared with members