



November 8, 2023

Dear Northwest Senior Services Board Members:

Our next meeting of the NWSSB will be held on **Tuesday, November 14th, 2023.**

The agenda for the meeting includes:

- Electing a new board chair and co-chair
- A review of state AAA legislative priorities and associated 1-pagers
- An update on the 2024 budget
- A review of the new Area Plan for 2024-2027

Please review the enclosed materials as your perspectives and thoughts are a key part of the process. If you are unable to attend the meeting, please notify Bethany Chamberlin on our staff.

If you have trouble connecting to the meeting virtually, please contact our administrative staff for technical assistance at (360) 676-6749.

Sincerely,

A handwritten signature in blue ink, appearing to read "Amanda McDade", is written over a light blue horizontal line.

Amanda McDade
Executive Director

Northwest Senior Services Board
November 14, 2023
1:00 pm – 3:30 pm
Hybrid Meeting

In-Person
Mount Vernon NWRC Office
301 Valley Mall Way, Suite 100
Mount Vernon, WA
(360) 676-6749

[Join Zoom Meeting](#)
Meeting ID: 814 4973 0953
Passcode: 522849
One tap mobile
+12532158782, 81449730953# US (Tacoma)

AGENDA

Agenda Topic	Action Required	Time
1. Call to Order Chair- <ul style="list-style-type: none">• Introduction of guests• Roll call• Review of September minutes• Announcements• Public Comment	Motion	1:00 pm – 1:05 pm
2. Nomination and Vote for Chair Board Members Terms Expiring Board Members Committee	Motion	1:05 pm – 1:15 pm
3. 2024 Meeting Dates	Information	
4. Executive Director Updates <ul style="list-style-type: none">• Agency Updates – Review<ul style="list-style-type: none">○ 2024 Budget overview○ Legislative priorities○ Staffing changes	Information	1:15 pm – 1:30 pm
5. Strategic Plan	Discussion	1:30 pm – 1:45 pm
6. Break		1:45 pm – 2:00 pm
7. Bylaws - Sub-committee Review/update	Discussion	2:00 pm – 2:20 pm
4. State Council on Aging Update (SCOA)	Information	2:20 pm – 2:45 pm
5. Updates from our Communities	Information	2:45 pm – 3:30 pm
6. Adjourn	Motion	

****The next meeting of the NWSSB will be held on January 9, 2024**

Anyone needing special accommodations to participate in a meeting should contact NWRC at least 48 hours in advance of the scheduled meeting.

For more information, please contact the NWRC office at (360) 676-6749
600 Lakeway Drive, Bellingham, WA 98225

Northwest Senior Services Board Meeting Minutes

September 12, 2023

Members Present and via Zoom or Telephonically: Carl Bender, Shirley Bennett, Georgiann Dustin, George Edward, Marshall Gartenlaub, Mary Kanter, Bob Monize, Stephen Shubert

Members Absent: Doug Cornelson, Jana Finkbonner, Alberta Horn, Jennifer Lautenbach, Mike Shaw, Jodi Sipes

Staff Present: Amanda McDade, Bethany Chamberlin, Jeri Johansen

Guest: James Blaisdell

Call to Order at 1:00 PM

Review of July 11, 2023, Minutes:

Motion put forward by Bob Monize to accept the minutes from the July 11, 2023, meeting. Motion was granted by Georgiann Dustin and seconded by Stephen Shubert. **Motion Passed.**

Announcements: None.

Public Comment: None.

Nomination and Vote for Chair: Nomination postponed until November 14 meeting.

Executive Director Updates

Agency Updates – Review

Last week we had our exit interview with the Washington State Auditors and there were no corrections or deficiencies noted, the audit was clear.

The Budget to Actual Report was provided to Governing Board. Amanda will make a budget matrix available for NWSSB members.

Hospital Care Coordinator positions at Peace Health (Whatcom) and Skagit Valley Hospital (Skagit) have performed well and are now a permanent position.

WA Cares

Everyone should keep checking the website for information. Overview - who can utilize the funds and when if needed. Payout amount per individual can be up to \$37,000.00. NWRC will be getting outreach training to answer questions regarding WA Cares.

Discussion of the caregiver shortfall and the diminishing number of family caregivers in the coming years. The need to promote caregiving as a profession at an educational level. Bethany noted that a group of Western students met with her about starting a gerontology club at Western. Mention was made of NWRC's Caregiver Outreach Program and that the State is now funding seven other positions of this type as the need for caregivers is great.

Break – Board members opted to continue through the break.

NWRC Video

NWSSB members viewed the long version of the promotional video for NWRC. Discussion ensued regarding moving it to a more prominent position on the website. All members seemed pleased with the presentation.

October Virtual Advocacy Day Planning

Senior Citizen Advocacy Day (W4A) will be virtual – information to be confirmed. Bethany took a count of those interested in attending: Shirley Bennett, Georgiann Dustin, George Edward, Marshall Gartenlaub, Mary Kanter, and Stephen Shubert.

Bylaws

Bethany Chamberlin

The last meeting of the Sub-committee review/update of the bylaws went unattended. Members need to attend to complete review/update.

NWSSB members needed to sit in on interviews for applicants for vacant positions. George Edward will attend.

State Council on Aging Update (SCOA)

Georgiann Dustin

SCOA has been on hiatus. Georgiann has reached the term limit and Stephen Shubert will attend beginning next term.

Communities

Bellingham: WCOA was granted more than \$50,000.00 for meals and to update the kitchen at the Senior Center.

Lynden: None.

Mount Vernon: None.

Orcas: Presentation for seniors regarding diabetes and diet. Meal attendance has grown (Mulis). Solar power for food bank through grant.

Snohomish/Island Counties: None.

Adjourn:

A motion was made to adjourn by Shirley Bennett and seconded by George Edward **Motion passed.**

The meeting adjourned at 2:25 PM

Jeri Johansen, Administrative Assistant

Reviewed and approved by the Northwest Senior Services Board at the November 14, 2023, meeting.

Bob Monize, NWSSB Co-Chair



Washington Association of Area Agencies on Aging

Fund \$1.58 million for In-Home Case Managers for Long term care clients without caregivers

- **Area Agency on Aging (AAA) Medicaid Case Manager workforce is “catching up,” thanks to 2022 and 2023 budget investments.** Recent state investments in case management are succeeding in reducing workloads and providing capacity for case managers to support increasingly complex clients. In previous years, case managers were overwhelmed and “fighting fires” with clients in crisis every day.
- **Now we face a long-term care workforce crisis. Area Agencies on Aging are serving more clients without caregivers.** By SFY25, AAAs will support over 4,100 clients who do not have a paid in-home caregiver. With less paid caregivers in the workforce, clients may wait for months before getting care.
- **Clients without caregivers need more case manager time than those with a caregiver in the home.** Medicaid in-home care has tools to help clients manage needs until an in-home care provider is in place like Assistive Technology, home modifications, behavioral supports, and more – but those tools take extra time, communication, and planning. AAA case managers need the capacity to visit more often and spend more time with clients who do not have in-home assistance to set up supports, help clients recruit caregivers from their family and community networks, and help caregivers navigate training and employment systems.
- **Solution: Fund \$1.58 million GF-S in the 2024 budget to reduce caseloads to 55:1 for case managers of clients without caregivers in the home.**

Stories from case managers supporting clients without caregivers:

- **Seattle:** Jeff had a spinal cord injury that left him bed bound. He had great family support, his mom was a retired nurse and his dad a retired firefighter. They had a tough time getting caregivers to fill all the hours they needed, as they lived in Ballard, without a bus stop within a mile of his house. His parents were very burnt out because of the high level of care need.
- **Bellingham:** Sally is in her early sixties, lives alone, and struggles with mental health conditions that make it difficult to find and keep a caregiver. She has hoarding behaviors which led to her eviction and becoming homeless. I can't find a residential placement to meet her needs, due to her history of self-harm and substance use. My main difficulty is the sheer number of contacts I make on her behalf. She will accept a service, then refuse it after its started, then later want to receive it again. I'm working to coordinate with hazmat cleaners, primary care, the landlord, PACT team, hospital and many more. This one client has involved over one hundred calls and contacts in a six month period.
- **Kennewick:** Margaret is in her mid-seventies, lives alone and is estranged from her family. She has gone through so many caregivers we lost count. She refuses mental health treatment. She is verbally abusive and sometimes physically abusive to her care providers—throwing objects, screaming obscenities, and accusing them of theft. Caregivers often refuse to return. Because of her behaviors, she also doesn't have a regular medical care provider and seeks care at the local hospital because they can't refuse to treat her. I spend a lot of time trying to help keep caregivers in place and working with other community providers to try to stabilize Margaret's care.
- **Seattle:** Finding caregivers to work in Queen Anne is next to impossible. I have one client in who has been actively looking for a caregiver for over six months now. Each time she obtains a new caregiver they end up quitting after one shift because the commute is longer than they expected. Many caregivers don't have cars, so their commute relies on public transportation. I worry about my client's safety, many experience falls and hospitalizations without a caregiver in place to help.
- **Tacoma:** Nari is an older Korean woman who lives alone. She is very particular about her care, and how it is provided. She can be challenging to work with, and we have a limited number of Korean-speaking caregivers in our community. I spend a lot of time trying to help her keep caregivers in place by talking with her and her caregivers to mend and maintain relationships.
- **Spokane:** Shane was in a motorcycle accident in his early 20s, which gave him a severe brain injury. He needs a lot of help to stay independent in his apartment as he is fully paraplegic. His dad often helped with backup care, but now that he is in his eighties, he can't help as much and is afraid of what will happen to Shane when he passes away. Shane struggles with depression and often has outbursts at his caregivers. It's hard needing care when you are young when you thought your life would be different. I worked with Shane to get him to accept counseling and a behavior support specialist. It has helped stabilize his caregivers so his dad can get a needed break.



Seniors Face a “Perfect Storm” of Hunger \$15.2 Million Needed to Sustain Services

- **1,382,782 meals for 18,686 seniors and individuals with disabilities will be unfunded in SFY 2025.** Area Agency on Aging (AAA) nutrition programs provide hot meals at community sites, senior center food pantries, mobile food pantries, meals on wheels, and other nutrition services. We face the loss of 39% of nutrition funding.
- **Meals combat loneliness.** Some clients say their hot meal is the only time they socialize during the week. Loneliness and isolation have far-reaching impacts, with health consequences as bad as smoking 15 cigarettes a day. AAA programs fund group meals which foster community connections and mutual care, as well as home-delivered meals which ensure people who are not able to leave the house have some human contact. If clients are having trouble, meal providers may be able to connect people to essential social services to avert a crisis.
- **Meals prevent hospitalization and delay residential care.** Seniors and people with disabilities are at particular risk of frailty and falls if they do not have adequate nutrition including high-protein foods. Seniors who are food insecure are 65% more likely to be diabetic. They are also more likely to suffer from conditions such as congestive heart failure, high blood pressure, asthma, obesity, and gum disease. Hospitalization can lead to a frail person losing so much muscle that they become too weak to return home and need to find a scarce placement in an adult family home or other residential care setting.
- **Meals sustain community safety nets.** AAA meal programs fund dozens of community-based organizations which have expanded to serve hot meals to 30% more seniors and people with disabilities in recent years. Senior centers serve as hubs for volunteers delivering meals as well as other services such as haircuts and foot care. AAA nutrition funding leverages volunteer hours and complimentary services to enhance clients’ independence and dignity.

Nutrition Services: Individual and Community Impact

Home Delivered Meals

Seattle: It is so nice to see a smiling face when my meals are delivered. Sometimes I can feel so alone and apart from the world in my home. The program is so valuable to me.

Vancouver: Mary was a nurse for 40 years. She understands the importance of good nutrition. But over the past year, it became harder for Mary to afford nutritious, high-quality food. "Inflation caused a great change in my life," she said. After six months of eating mostly Cheerios and tuna fish, a friend helped Mary sign up for meal delivery through Meals on Wheels People – and Mary said it saved her life: "I'm alive because of what you guys do. I probably was going to starve to death. Now, I've got actual real food to eat every day."

Group Meals

Richland: We got a call from a daughter who was really concerned about her mom. After her dad died a year ago, her mom was struggling with depression and was "wasting away." We sent meals on wheels out, and at first, she would barely open the door to take the meal. Over time, she got to know the volunteers and built friendships. Today, she volunteers to deliver meals and runs a widow's support group at the meal site with her friends.

Port Angeles: I'm homeless and live in a shelter. I come to the senior center for normalcy. The meals here put protein into me. I know I'm having a good meal.

Pasco: We have a meal site that serves cultural meals twice a week. One Hispanic gentleman who participates took me aside, he was so excited. He had just come from the doctor who said, "Whatever you are doing, keep doing it." He comes to the meal site with his friends, and thanks to the meals he is eating vegetables. They joined an exercise club together, and for the first time in ten years his diabetes is under control. He now brings friends to the meal site to "get healed."

Colton: We started by setting up a few tables, and people spread out to eat. They eventually congregated to one table or another with friends, as the group grew. Last week, the seniors at the site decided this is how they wanted their tables set up... like one big family!