

Northwest Senior Services Board
January 14, 2025
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
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AGENDA

Agenda Topic	Action Required	Time
1. Call to Order Chair- <ul style="list-style-type: none">• Introduction of guests• Roll call• Review of November minutes• Announcements• Public Comment	Motion	1:00 pm – 1:10 pm
2. Nomination and Vote for Chair/Vic Chair Board Members Terms Expiring Board Members Committee	Motion	1:10 pm – 1:25 pm
3. 2025 Meeting Dates	Information	1:25 pm – 1:30 pm
4. Caregiver Outreach Presentation Presented by ADR Staff	Information	1:30 pm – 2:00 pm
5. Break		2:00 – 2:15 pm
6. Legislative Advocacy Planning Presented by Bethany Chamberlin	Discussion	2:15 pm – 2:45 pm
7. State Council on Aging Update (SCOA)	Information	2:45 pm – 3:00 pm
8. Updates from our Communities	Information	3:00 pm – 3:30 pm
9. Adjourn	Motion	

****Upcoming 2025 Meetings:**

- **March 11, 2025**
- **May 13, 2025**
- **July 8, 2025**
- **September 9, 2025**
- **November 18, 2025**

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

November 11, 2024

Members Present In-person, via Zoom or Telephonically: Georgiann Dustin, Carl Bender, George Edward, Marshall Gartenlaub, Mary Kanter, Jennifer Lautenbach, Stephen Shubert, Holly Robinson, Lucretia Devine, Jodi Sipes, Morgan Hendricks

Members Absent: Mike Shaw, Jana Finkbonner, Shirley Bennett, Gail Leschine-Seitz

Staff Present: Amanda McDade, Darla Smith, Jeri Johansen.

Guest: Evan Samsill, Lynden Community Center

Call to Order at 1:05 PM

Review of the September 10, 2024, Minutes: Georgiann would like names associated with discussions when possible. Motion put forward by Carl Bender to accept the minutes from the September 10, 2024, meeting. Motion was granted by George Edward, seconded by Carl Bender. **Motion Passed.**

Announcements: Request to those members who would prefer a paperless version of the NWSSB packets, with the link to the packet provided via email, and those who would like to have a paper copy mailed to them. Georgianne Dustin, Marshall Gartenlaub, and Carl Bender would like to continue to receive a paper copy. Request to bold or change the subject line in packet email to be a color to distinguish it from other emails received by members.

Public Comment: None.

Executive Director Updates

- Agency Updates: There will be Governing Board shifts in 2025, Amanda will try to meet with each representative for the counties covered by NWRC in December prior to the January 14th legislative start date.

Updates from our Committees: Information

For Committees – Each lead should set up meeting dates and notify members. If the meeting cannot be held in person, NWRC staff will help in setting up Zoom meetings for you.

- Save our 'selves'
Survey for San Juan Island-Domestic Services
Committee Members: Stephen Shubert, Carl Bender, Lucretia Devine, Mary Kanter
The focus of this group is to obtain funding for caregivers for Island seniors who cannot afford to pay privately on San Juan, and possibly other islands.

Stephen will send Island facilities survey to Bethany for circulation to members. The needs for seniors trends to transportation, home repair, meals and connections. Stephen provided a comprehensive overview of information on the types of services, frequency and viability needed for seniors to remain at home. Notes on the information this committee has gathered regarding the survey will be provided. Discussion relating to avenues for assistance, such as subscription based assistance ensued.

- Social Isolation

Committee Members: Marshall Gartenlaub, Jen Lautenbach, Mike Shaw, Mary Kanter, Jodi Sipes
Presentation of focus for group. How to reach out and locate seniors who are suffering from Social Isolation.

Presentation of Committee Report on SIAL (Social Isolation and Loneliness)

Report provided by Marshall Gartenlaub, outlining 9 points this group has addressed in researching SIAL. This committee is recommending that NWRC try to determine staff might find out if a caller is suffering from SIAL. Does NWRC have the resources to devote? Can partnerships be developed with other agencies or Senior Centers?

Discussion touching on most of the points presented, with a focus on determining if someone is suffering with SIAL and the resources available that might help them.

- Advocacy – Georgiann met with Ryan to discuss our “Legislate Ask” for Olympia:
 - The need for case load reduction from 73 down to 70. Need to increase Case Manager funding in order to accomplish this. The need for more caregivers to lessen the load Case Managers are having to carry for clients who are lacking a caregiver.
 - Nutrition

Break: 2:07-2:15

Tribal Outreach

Melody Woodrich & Deeana Lane

Overview of the Tribal Outreach Program. Introducing Deeana Lane as the new Tribal Program Specialist, discussing the importance of NWRC’s role in working with the tribes. Collaboration for access to services. Sharing the growing connections within these communities along with the hope and vision for the future of this program.

Agency Funding Overview

Review of funding sources for NWRC. Sustainability and forming solid partnerships – reference diagram depicting DSHS-Altsa-TXIX Medicaid, DSHS- Altsa-All Other, Health Care Authority, Other Contracted, and Local Discretionary.

State Council on Aging Update (SCOA)

Medicare plans are changing and to call the state board for help in navigating changes.

- Reminder to put the meeting schedule for 2025 (included in packet) on your calendars. Bethany will coordinate lunches.

Updates from our Communities:

Whatcom County:

Lynden:

Mount Vernon:

Orcas:

Snohomish/Island Counties:

Adjourn: Motion

A motion was made to adjourn by George Edward, seconded by Mary Kanter. **Motion passed.**

The meeting adjourned at 3:07 PM

Jeri Johansen, Administrative Assistant

Reviewed and approved by the Northwest Senior Services Board at the January 14, 2025, meeting.

Georgiann Dustin, NWSSB, Chair

**Save Ourselves and Aging in Place, Report of Findings
Submitted to The NWRC Senior Advisory Committee and the
Mullis Community Senior Center
January 14, 2025**

Introduction: The Northwest Regional Council Senior Advisory Committee formed a subcommittee to explore programs to assist seniors to age in Place (Save Ourselves). The Mullis Senior Community Center also created a committee, Aging in Place, which has 3 members who also serve on The Senior Advisory Committee. The work performed by the committees is reflected in this document.

The study was composed of two parts, an analysis of the demographic and financial feasibility of starting such a program, using the 2022 San Juan Island Hospital District Services study as the basis to determine the probable likelihood that there is sufficient population to utilize services, and assess the financial feasibility of staffing such a program.

The second part not included, outlined potential services that may be required in some detail, based on survey responses and a sketch of a budget and staffing. This part was not included because the committee determined that a review of the Village-to-Village program manual would provide more useful information.

The Mullis committee, “aging in Place” undertook to research Washington State “Village to Village” programs. A zoom meeting was held with National Staff of the program as well. It was found that there are thriving as well as developing programs within the State, including Whidbey Island, Olympia, Vashon Island and Bellingham, in addition to others.

We were informed by the national program, that a handbook is available at a cost of \$250 associated with an introductory membership. This manual is a “how to start and implement a program”, based on the experiences of national village to village programs. There is a wide variety of programs in operation, varying in scope, size, and program staffing. The Mullis committee decided to

urge the Board of Directors to join the program, obtain the manual, and review it and other program models, in consort with the Mullis study, to define a model suitable for the island.

The demand analysis below demonstrates that there is sufficient population to progress to program design. There is also a large enough population, categorized by the Federal Poverty Scale, to proceed in devising different financial models that could result in a self-sustaining or near self-sustaining program.

One program limitation must be underscored- services to be provided cannot be carried into the later stages of aging, when medical care and domestic services must be provided more intensively. I had thought we could adopt the Medicaid medical model, but apparently not.

San Juan Island Hospital Survey: The district sent surveys to 485 seniors and received back 163 responses. These responses were reviewed and re-cast into numeric data, as appropriate. Generalizing to the Island senior population was made using 2020 census data. For the sake of simplicity, tables used to create the tables in this paper are not included but are available upon request.

For example, the data presented in the Hospital District survey are expressed as a percentage, rather than numerically, except for aggregate number of surveys used in the study. To use the study effectively, percentages must be translated into numeric values, which allow for fuller analysis. The tables were divided into Non-medical and Medical Services (subject to review and revision)

Non-Medical Service Demand: The following table outlines the expression of services sought by age. The total number of responses to the survey was 163. while the number of responses to this service listing is 113, or 69% of respondents. Home repair and support with cleaning, shopping and cooking constitute 64% of identified services:

Selected Service Needs San Juan Island 2022				
Services identified by respondants	Age 65-74	Age 75 to 84	Age 85+	Total
	Responses	Responses	Responses	Responses
Transportation	11	8	6	25
Telephone Reassurance	1	2	3	6
Support with Cleaning, shopping, cooking	14	12	10	36
home repair	13	15	8	36
home delivered meals	3	4	3	10
Number of SJI responses by age class	42	41	30	113

Medical Service Demand: This table identifies services that require medical or quasi-medical staff:

Selected Home Health Service Needs responses San Juan Island 2022				
Services identified by respondants	Age 65-74	Age 75 to 84	Age 85+	Total
	Responses	Responses	Responses	Responses
Supervision because fo impaired judgement	0	2	3	5
Medication management	7	5	5	17
Med equipment/supplies	3	3	3	9
Injury fall prevention	5	6	5	16
Assist w/transfer and mobility	3	3	4	10
assistance with toilet care	1	1	4	6
assistance with bathing, grooming and dressing	2	4	6	12
Number of SJI responses by age class	21	24	30	75

75, or 46% of participants responded to this set of questions. Of the respondents, 54 were age 75 to 85+, or 72%. By volume, 17 need medication management, 16 need injury fall prevention, and 12 need assistance with bathing, grooming and dressing. Older Seniors require more intensive care, however, older seniors, like all, fall in different stages of infirmity. The division of services between medical and non-medical, needs additional review and clarification.

Service Availability: Difficult to interpret is the table regarding services access. 66% of respondents, or 108 responses answered the below questions. While services are unspecified, service availability is an issue that needs to be addressed:

San Juan Island Access to Services

SJI Service Access	Percent	Number
Unable to find	0.16	26.08
Found Some	0.4	65.2
found all	0.1	16.3

Further analysis of the service data is required to determine what services are wanted by Island Seniors.

Identify Service Costs: The costing of services, beyond the scope of the SJI Hospital District survey, would involve assessing local market rates for any given service listing, and factoring in additional program costs. Negotiating prices could be a matter of private recruitment or open bidding, or some other mechanism to define what the cost per hour or unit of service

Comparison of study data to 2020 Census data: The Hospital District study provides useful data about the need for services. However, the small number of responses need to be compared to the Island senior population.

Approximating utilization of selected services by age group as well as assessing if there is sufficient income within that population to generate a financially viable program was undertaken, using the 2020 census.

There is no straight forward method using census data to estimate required population parameters. Help was sought from San Juan County staff who, in turn, sought State Department of Health Services epidemiology staff help. Thank you to both, otherwise the following tables could not be generated.

Generalizing from survey responses to the county population requires transforming respondents' answers to county census data by age and by income. While county population by age is straight forward, poverty data is not collected by age, which must be synthesized. It has been re-cast into the commonly used benchmarks:

- 250% and above the Federal Poverty Level (\$40K plus,)
- 225% to 250% (\$39,999 to \$30K)
- 100% to 200% (\$20K to 29,000,
- 100% and below FPL (\$15K and below).

The poverty table generated by the census listed 1,592 persons age 65 and above. The Census population for the same age group is 2,907. To derive the percentage in each poverty level, the percent of the total population was used, and then modified to age groups 70-79 and 80+ because the Hospital Study collapsed the age groups into this grouping for their financial analysis. This paper followed that classification. In addition, this study focuses on persons ages 70 and above, as decided by the committee as these age groups most likely to need services. The results are as follows:

SJL Seniors 65+ compared to # survey respondents and Census to Federal Poverty Level

Income Level	Age 65+ years	% FPL	Respondent age 70-79 persons	Respondent age 80+	Census Age 70-79	Census age 80+	Combined 70+ census data
65+ 250% & above FPL	2312.7	78.00%	64.74	25.88	1127.1	403.3	1530.4
225% - 250% above FPL	171.97	5.80%	4.814	2.32	83.81	30.0	113.8
100-200% FPL	201.28	6.80%	5.644	2.32	98.26	35.2	133.4
100% and below FPL	278.71	9.40%	7.802	3.76	135.83	48.6	184.4
total	2964.66	100.00%	83	40	1445	517	1962.0

The size of the target population is 1,962 persons ages 70+. The income levels within this population seems encouraging for devising a revenue structure. This population is of sufficient size to merit additional program development.

The Hospital District study does not factor payment source by income level, rather by medical payer classes, which apply to its purposes, but not ours.

Next Steps:

1. Acceptance of the demographic findings, or modifications is the committee's purview is required.
2. Obtain information from the Village-to-Village program and local providers regarding "what works" and program implementation and guidance.

3. Review and approve the definitions and hours for services and service units, focused on domestic in-home, maintenance, and gardening services.
4. Create a listing of service providers and payment methods for each service unit.
5. Design a survey to determine service needs, by service unit, and expected use. Gather other participant requirements. Obtain approvals from sponsoring agencies.
6. Develop a mailing list using Mullis Senior Center, Hospital District and other services the senior community may need.



CARING FOR CAREGIVERS

You help because you care –
now it's time to care for you.



CAREGIVERS: UNSUNG HEROES ALL AROUND US

Spouses, Partners,

Ex-Spouses

Friends and Neighbors

Children, Parents, Grandchildren, Nieces, Nephews, Cousins, Aunts, Uncles

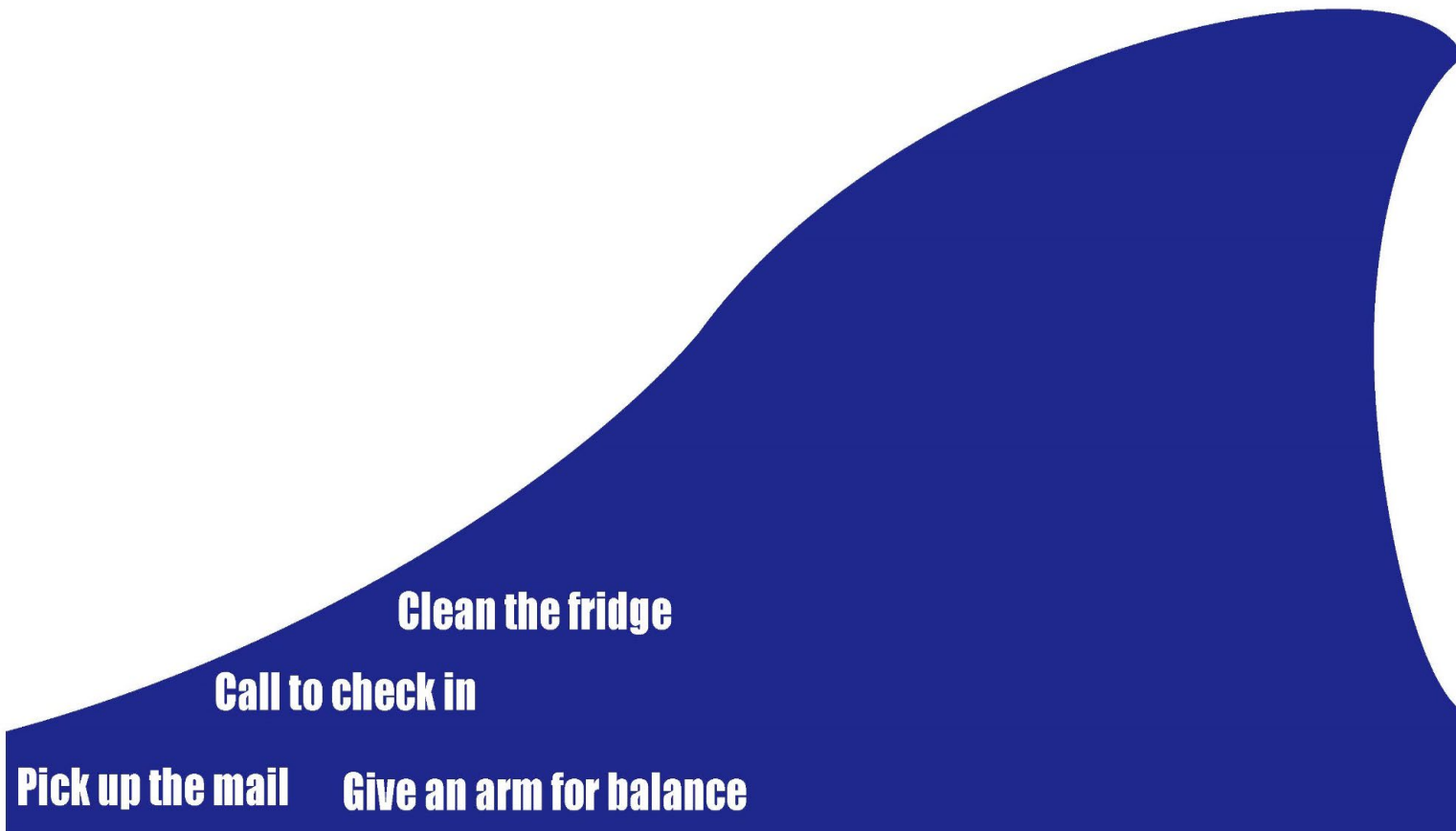
Faith Communities

Community Members



YOU CALL IT HELPING, WE CALL IT CAREGIVING

Caregiving starts out small and simple



NWRC

CAREGIVERS GIVE BECAUSE THEY CARE



CAREGIVERS ARE ESSENTIAL

The majority of long-term care in Washington is provided by unpaid family caregivers ⁽⁵⁾

Caregivers help people to stay in their homes and avoid facility placement ⁽²⁾

Caregivers do it best

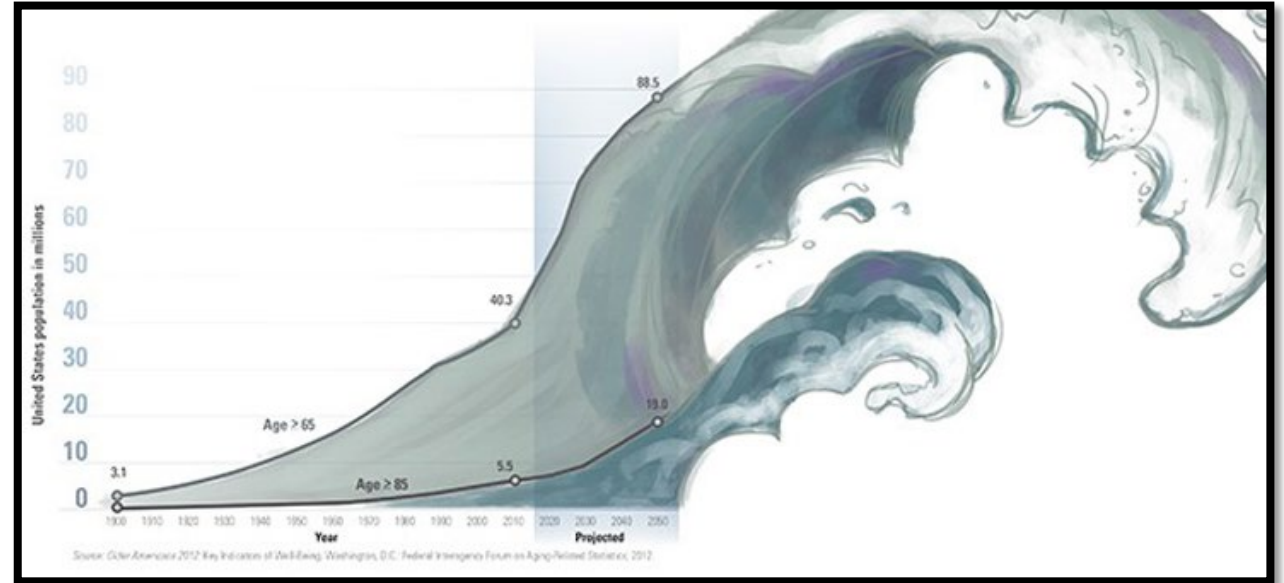


PROFESSIONAL CARE IS HARD TO GET

Our nation is facing an “Age Wave” Few anticipate the need for long term care

Medicare doesn’t cover it

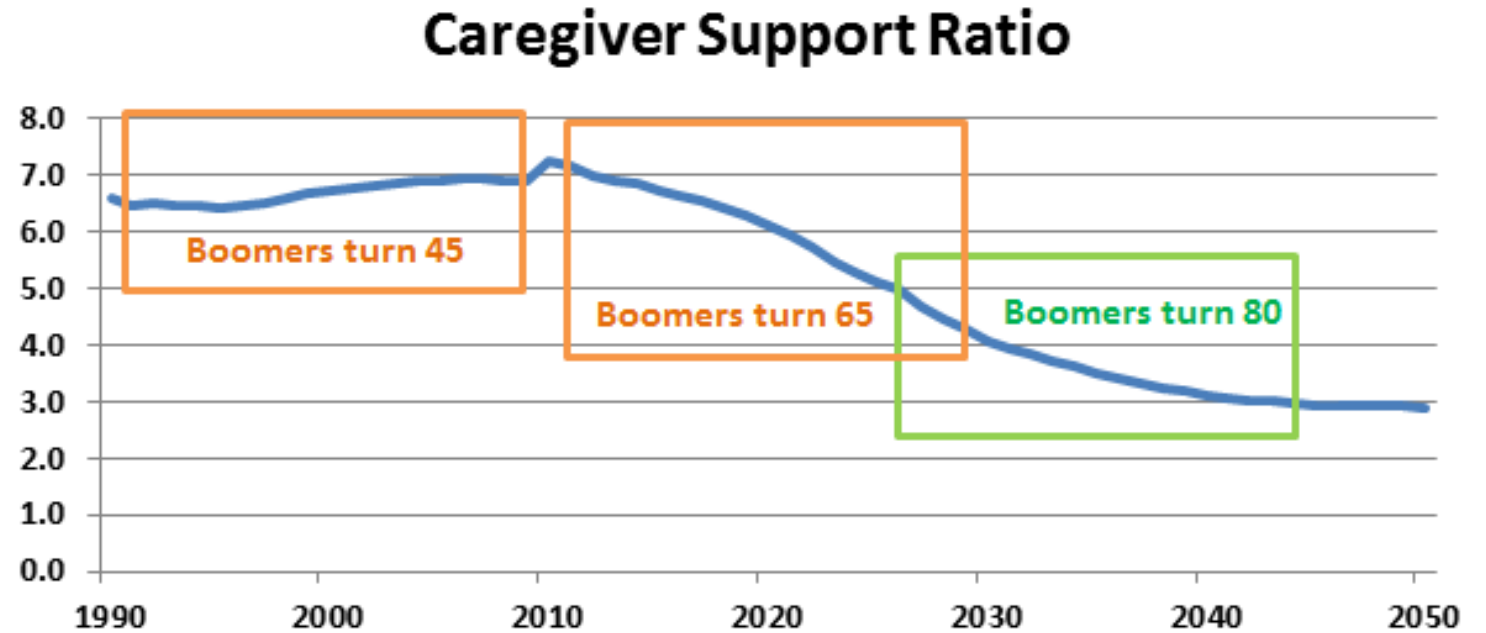
The LTC industry can’t keep up



STRETCHING CARE

The availability of potential caregivers is decreasing

What if you couldn't be there?



CARING FOR THE CAREGIVER



Research has shown that family caregiver support programs ⁽⁸⁾:

- Decrease caregiver stress and burden

- Lower rates of depression among caregivers

- Reduce the health care costs of care receivers

- Delay nursing home placement

- Help caregivers to keep on giving the way they know best



CARING FOR THE CAREGIVER



Support is available to help caregivers:

Learn how to sustain their caregiving roles

Connect with resources

Plan ahead

Share their stories



CAREGIVERS, IT'S TIME TO CARE FOR YOU

Call your local Aging and
Disability Resources or Senior
Information and Assistance

Regardless of what challenge you are facing right now, know that it has not come to stay. It has come to pass. During these times, do what you can with what you have, and ask for help if needed. Most importantly, never surrender. Put things in perspective. Take care of yourself. Find ways to replenish your energy, strengthen your faith, and fortify yourself from the inside.

-Les Brown



AGING AND DISABILITY RESOURCES

CONTACT INFORMATION

Whatcom County: 360-738-2500

Skagit County: 360-428-1301

San Juan County

- Orcas, Blakeley, Waldron: 360-376-2677
- Lopez, Shaw, Center, Decatur: 360-468-2421
- San Juan, Brown, Henry, Stuart: 360-378-2677

Island County

- Oak Harbor: 360-675-0311
- Camano Island: 360-387-6201



REFERENCES

- (1) Elliott, T., Pezent, G. (2008). Family caregivers of older persons in rehabilitation. *NeuroRehabilitation*. 23(5): 439-446.
- (2) Toseland, Ronald. (2004). Caregiver Education and Support Programs: best practice models. Family Caregiver Alliance.
- (3) The Retirement Crisis Nobody Talks About: long term care. <http://time.com/money/2901647/the-retirement-crisis-nobody-talks-about-long-term-care/>
- (4) Genworth cost of Long Term Care Washington State: <https://www.genworth.com/about-us/industry-expertise/cost-of-care.html>
- (5) "Heavy Hearts" Washingtonians for a Responsible Future. June 2016.
- (6) Espinoza, R. "8 Signs the Shortage in Paid Caregivers Is Getting Worse" *Huffington Post*. February 6, 2017. Accessed at: https://www.huffingtonpost.com/robert-espinoza/8-signs-the-shortage-in-p_b_14632588.html
- (7) What is this source?
- (8) Rector, Bea. (2014) Washington State's Support for Family Caregivers. Aging and Long-Term Support Administration. Accessed at: http://www.ncsl.org/documents/forum/forum_2014/rector.pdf

**THERE ARE ONLY FOUR KINDS OF PEOPLE IN THE WORLD:
THOSE WHO HAVE BEEN CAREGIVERS. THOSE WHO ARE
CAREGIVERS. THOSE WHO WILL BE CAREGIVERS, AND
THOSE WHO WILL NEED A CAREGIVER.**

- Rosalyn Carter