



Northwest Senior Services Board

January 13, 2026

1:00 pm – 3:30 pm

Hybrid Meeting

<p>In-Person Mount Vernon NWRC Office 301 Valley Mall Way, Suite 100 Mount Vernon, WA (360) 676-6749</p>	<p><u>Join Teams Meeting</u> Meeting ID: 269 332 042 490 75 Passcode: Us7Qm6xd</p>
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AGENDA

Agenda Topic	Action Required	Time
<p>1. Call to Order Chair –</p> <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
<p>2. Review of Committees Reviewing current committee membership and updates</p> <ol style="list-style-type: none"> a. Save Ourselves b. Social Isolation c. Legislative Advocacy d. Outreach 	Information	1:10 pm – 1:40 pm
<p>3. Advocacy Trip to Olympia</p>	Information	1:40 pm – 1:50 pm
<p>4. Growing the NWSSB Vacancies in three of our four counties</p>	Discussion	1:50 pm – 2:00 pm
<p>5. Break</p>		2:00 pm – 2:10 pm
<p>6. Executive Director Updates</p> <ul style="list-style-type: none"> • Governing Board Meeting Recap • State Budget Updates 	Information	2:10 pm – 2:40 pm
<p>7. Goal Setting for 2026 Revisiting the Strategic Plan</p>	Discussion	2:40 pm – 3:15 pm
<p>8. Updates from Our Communities</p>	Information	3:15 pm – 3:30 pm



Adjourn	Motion	3:30 pm
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****Upcoming 2026 Meetings:**

- March 10th, 2026 – *Optional lunch prior to meeting*
- May 12th, 2026
- July 14th, 2026
- September 8th, 2026 – *Optional lunch prior to meeting*
- November 10th, 2026

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

rNorthwest Senior Services Board Meeting Minutes

November 18, 2025

Members Present In-person, via teams, or Telephonically: Carl Bender, Shirley Bennett, Lucretia Devine, George Edward, Jana Finkbonner, Morgan Hendricks, Mary Kanter, Mike Shaw, Laura Castro-Benzing

Members Absent: Georgiann Dustin, Jennifer Lautenbach, Gail Leschine-Seitz, Stephen Schubert, Jodi Sipes

Staff Present:

Amanda McDade, Katie Durbec, Bethany Chamberlin, Mariah Davis, Ryan Blackwell

Guest: None

Quorum at 1:02 PM

Review of the September 9, 2025, Minutes: Motion made by George Edward to accept the minutes from the September 9, 2025 meeting and seconded by Shirley Bennett . **Motion Passed.**

Announcements: None.

Public Comment: None.

Nominations and Vote for Chair/Vice Chair:

The group opened up nominations for chair and co-chair and it was announced that Georgiann Dustin would accept a nomination and enjoy having Carl Bender as vice chair again. Motion was made by Shirley Benett and seconded by Morgan Hendricks. **Motion Passed.**

2026 Meeting Dates

NWSSB meeting dates were proposed for 2026 and follow the same cadence as 2025. There were no concerns.

Committee Updates

Social Isolation – The committee met recently and discussed where to begin in our communities. First step was to go out and see where there are already established programs. The friendship line is still coming along. Ideas include the “Be a buddy” program, utilizing high school students who need community service hours, as well as college sororities and fraternities.

Save Ourselves – Bethany Chamberlin spoke with Stephen Schubert several weeks ago. The Save ourselves committee continues to work on the Village-to-Village model and there is slow but steady progress. They are using Dorot programming which provides educational sessions and supports for older adults. There are 60 seniors attending this group and using this program. Courses include mindfulness meditation and exercise classes. Mullis center has co-sponsored a program through Dorot called “Aging Along Together” which

addresses building social networks, legal responsibilities, safety in home and health care directives. There is a contact list where members can reach out to each other.

Advocacy – Ryan Blackwell provided an update to the board regarding current legislative advocacy. The Advocacy Committee has not met since last session but there is an upcoming session in January and it's considered a 'short session', where legislatures may not want to entertain any new items.

Health Homes is where the majority of our advocacy efforts are going. Last year, this program was pulled from State Budget and through advocacy efforts, the program was saved until the end of 2026. This year we are researching Medicaid data to show the cost savings and save the program in the long term. This program is impactful and successful.

W4A Advocacy days are January 20th-22nd of 2026 and there will be an advocacy training coming up. Bethany will send out information to the board about this. Shirley Bennett and Laura Castro-Benzing are both interested in helping with advocacy efforts.

Outreach –A reminder was given to board members to invite Amanda McDade and Bethany Chamberlin to groups, meetings, and community events so they can come speak about NWRC.

Jami Mitchell is interested in connecting with Amanda and Beth to come out to Mullis

Legislative Advocacy Planning

For those interested, NWRC pays for board members to travel to Olympia, including hotel, meals, and car rental. In the past, the Advisory Board has gone down to Olympia in person as a group and the plan is to organize this again for January 2026.

Some board members raised concerns that the Rick Larson site is difficult to access and navigate and asked if there is a better way to send in advocacy messages. Some pointed out that Mary Cantwell and Patty Murray's sites are easier to navigate.

Executive Director Updates

NWRC Executive Director Amanda McDade provided:

An update on the budget for 2026:

The NWRC governing board meeting is coming up in December and the 2026 budget will be proposed to the board. Skagit County is in a budget deficit for 2026 and is requesting NWRC find a new vendor for Meals on Wheels so that Skagit County is not subsidizing the overall cost to run the program. An RFI has been sent out, and we have interest from several community providers. NWRC acts as a pass-through agency for nutrition dollars and provides whatever funds come our way for nutrition, which does not cover the entire program. Any provider who takes on this contract will need to find other funding sources to run the program. Skagit County also halved the Recovery Care Coordination contract which caused NWRC to lay off a staff member to maintain the program with the remaining FTE.

Lastly, NWRC has overseen the nursing program at the Whatcom County jail and that is now coming to an end. This is in the best interest of the agency, but it does impact our budget. However, there are enough new programs on the horizon to continue to support our overhead costs.

An Update on WA Cares – The WA Cares Program is starting in 2026, which is a state tax funded long term care program. All AAAs are involved. The first beneficiaries can apply in May, and benefits are available in July. WA Cares is the only program of its kind in the country.

WA Cares Presentation w/ Outreach Specialist Mariah Davis

Mariah Davis provided a detailed overview of the WA Cares Program including the projected timeline, covered services, benefit amount, and how to apply.

Updates from our Communities:

Winter shelters in Skagit County open on 11/24 and they have capacity for 40 people. Welcome Home Skagit would love to have an NWRC staff member come and talk to people about services.

The Bellingham senior center was packed on Veteran’s Day for the meal offered and it was noticeably more full than in years past.

Adjourn:

The meeting adjourned at 3:26 PM

Katie Durbec, Agency Administrator

Reviewed and approved by the Northwest Senior Services Board at the January 13, 2026 meeting.

Georgiann Dustin, NWSSB, Chair

2024 - 2027 Strategic Plan



Island - San Juan - Skagit - Whatcom
Area Plan Version



Bellingham
600 Lakeway Drive
Bellingham, WA 98225

Mount Vernon
301 Valley Mall Way, Suite 100
Mount Vernon, WA 98273



Building a Long-Term Services and Support (LTSS) System to Meet Complex Needs

Profile

NWRC remains committed to empowering older adults and people with disabilities to remain independent and supported in their homes. The in-home program supports people with moderate to severe physical limitations, as well as those who are medically complex, often also accompanied by significant behavioral and cognitive challenges.

Washington has a long history of providing high quality Community-based Long-Term Services and supports (LTSS) which has allowed persons with varied needs to age in place in their homes. Using a person-centered approach to case management, older persons and people with disabilities can work with NWRC staff to create a care plan that honors their individualized preferences.

As would be expected, about 77% of adults aged 50 and older want to remain in their homes for as long as possible and this trend remained the same throughout the pandemic. In this post pandemic time, 58% of adults over the age of 50 report being extremely concerned about the impact of COVID-19 on themselves and their families. The healthcare system has adapted to the pandemic and become more accessible for those with disabilities and complex conditions using telehealth. The gains achieved in the healthcare delivery system have enabled those in need to access services and become more independent. Yet, there are still complex and confusing gaps in healthcare delivery that cannot be remedied with telehealth. Coordinating care is confusing and fragmented, which poses a significant challenge for those with complex, chronic conditions.

Some specific concerns affecting our four-county region include:

- The national caregiver shortage continues to be an issue in our region, with the rural areas experiencing even greater shortages, resulting in longer waits for in-home care services.
- Behavioral health needs in the region continue to be high and were escalated from the COVID-19 pandemic.
- Navigating healthcare and community services continues to be difficult and confusing, especially with the change to digital technology to accommodate

the Covid-19 pandemic. As systems continue to change, NWRC clients and community members will need dependable assistance with getting their needs met.

NWRC has three main goals in this focus area:

1. Provide person-centered in-home LTSS that are well integrated with the health care services for adults with disabilities to allow them to remain as independent, healthy, and safe as possible.
2. Provide person-centered coordination of health and community supports for people who face significant health challenges, including behavioral health and substance use, in a manner that improves their health and reduces avoidable health care costs.
3. Represent the interests of families, consumers, and providers in shaping the access to, the scope, quality, and availability of services, and the consumer protections that will be essential to delivery of services, including those delivered through the WaCares fund Program.

How will NWRC achieve those goals?

1. **We will continue to develop and expand an integrated, robust, and multi-disciplinary in-home care management system.**

Maintaining monthly averages in the following programs:

Average served Per month:	2024	2025	2026	2027
Care Transitions	25	25	25	25
Recovery Based Care Coordination	45	45	45	45
Supportive Housing	15	15	15	15

Continued growth for average number of clients served monthly:

Average served per month:	2024	2025	2026	2027
In-Home LTSS	1950	2025	2100	2175
In-Home Behavioral Health	125	175	225	275
Health Home Care Coordination	1075	1100	1125	1150

2. **We will maintain a comprehensive network of quality In-home service providers to address the complex needs of the individuals we serve:**

- Completing an inventory of current utilization of in-home contracted services.
 - Comparing utilization with client need based on client assessments and location.
 - Identify any gaps in service supply or referral patterns and develop strategies close to them.
3. **We will continue to develop and grow our Substance Use Disorder (SUD) Treatment** which is designed substance abuse models that are effective for populations of seniors and people with disabilities.
4. **We will represent the interests of families, consumers, and providers in shaping the access to, the scope, quality, and availability of services, and the consumer protections** that will be essential to delivery of services under the WaCares Fund Program by:
- a. Representing the Washington Association of Area Agencies on Aging on the LTC Trust Commission
 - b. Identifying and advocating for approaches to access and eligibility that make Trust Act services locally available and provides the information beneficiaries need to make the best/most efficient use of their benefit.
 - c. Identifying infrastructure and service design changes that will efficiently and effectively make services provided by NWRC and its contactors available to Trust beneficiaries.
 - d. Identifying and advocating for consumer protections that are necessary to protect against price-gouging, fraud, conflict of interest and service quality problems.
 - e. Identifying and advocating for methods to assure continuity of care for people who exhaust their LTC trust benefits but continue to need services
 - f. Identifying and advocating for the design of infrastructure, marketing, and other functions that are appropriate for delivery of an insurance benefit and that distinguish delivery of Trust insurance benefits from delivery of Medicaid entitlement benefits.
 - g. Advocating for any necessary legislative changes
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Resources:

1. AARP Organization
<https://www.aarp.org/pri/topics/livable-communities/housing/2021-home-community-preferences.html>
2. AARP Organization
<https://www.aarp.org/pri/topics/ltss/family-caregiving/long-term-care-planning-readiness.html>
3. Washington State Aging and Long-Term Support Administration
<https://www.dshs.wa.gov/sites/default/files/ALTSA/stakeholders/document/s/agingplan/Wash%20State%20Plan%20on%20Aging.pdf>
4. AARP Organization
<https://livablecommunities.aarpinternational.org/>

Supporting Caregivers and People Impacted by Dementia

Profile

Washington has 820,000 family caregivers who bring an estimated \$16.8 billion in economic value to the state. It is well-documented that family caregivers face challenges including finding work/life balance, financial strain, caregiver stress and compromised health leading to increased likelihood of chronic illness and increased mortality.

Caregivers are family members or friends who typically provide unpaid, long-term, community-based care and assistance to older adults and people with chronic health conditions or disabilities. Caregivers help with a variety of routine tasks such as shopping, paying bills, bathing, dressing, and managing medicines. They are often a source of emotional support and companionship for care recipients.

Family Caregiver profile:

- 58% of caregivers are women.
- Nearly 33% of caregivers provide 20 hours of care per week.
- Caregivers receive no formal training and often learn while providing care.
- Nearly 80% of caregivers care for adults aged 50 and older, and 76% of care receivers are aged 65 or older.

By 2030, 73 million people in the United States will be 65 or older, and many of those people will need assistance from at least one caregiver to maintain independence. Family caregivers will be in high demand. In 2010 the number of potential family caregivers available for each person was 7 to 1. In 2030, this number will shrink to 4 to 1, creating less unpaid support for family and higher likelihood for caregiver burnout.

The NWRC Family Caregiver Support Program (FCSP) provides access to a range of supports tailored to the individual caregiver's strengths and needs. About half of FCSP clients are caregivers of people who have dementia, another third care for individuals with other memory or cognitive problems. FCSP provides a spectrum of support for all stages of caregiving and services are distributed throughout the four-county region. It is estimated that NWRC's FCSP reaches only about 1% of the potential number of family caregivers in our region.

Cases of Alzheimer’s disease and other dementias are increasing dramatically, creating a greater need for family members to consider becoming caregivers.

Global Profile:

- 55 million people have dementia worldwide, over 60% of whom live in low-and middle-income countries. Every year, there are nearly 10 million new cases.
- Dementia is currently the seventh leading cause of death and one of the major causes of disability and dependency among older people.
- In 2019, dementia cost economies globally 1.3 trillion US dollars, approximately 50% of these costs are attributable to care provided by informal caregivers.
- Women are disproportionately affected by dementia, both directly and indirectly. Women experience higher disability-adjusted life years and mortality due to dementia, but also provide 70% of care hours for people living with dementia.

In Washington state, about 10% of the approximately 1.3 million residents aged 65 and older, or about 126,700 people, have Alzheimer's disease, per a new study.

NWRC also is one of three specially funding Dementia Support Programs in the State of Washington. The Catalyst funding started in 2021 and is receiving maintenance funding through the year 2025, and hopefully beyond. In combination with NWRC’s contribution of one FTE, the Program can employ two full-time dementia support specialists who serve the community in many ways.

NWRC has two main goals in this focus area:

1. To assist family caregivers who need help accomplishing daily activities provide as much care as possible, for as long as possible.
2. To provide dementia specific community education to reduce stigma, support for people and families with planning, and provide proven Evidenced-Based interventions to help persons with dementia and their families live in the community for as long as possible.

How will NWRC achieve these goals?

1. We will continue to maintain and expand family caregiver supports throughout the region using federal resources.

- Maintain monthly Caseload numbers for MAC/TSOA Program across all four counties.

Year	MAC/TSOA
2024	75
2025	75
2026	75
2027	75

- Maintain a monthly FCSP Caseload across all four counties.

Year	Family Caregiver Support Program (FSCP) Served Per Month
2024	300
2025	300
2026	300
2027	300

- Reinvigorating our Health Promotion Program efforts by increasing the numbers of workshops (Chronic Disease Self-Management, Powerful Tools for Caregivers, etc.) offered each year.

Year	Number of workshops
2024	7
2025	10
2026	14
2027	21

2. The NWRC Dementia Support Program will strive to help every resident and person effected by dementia in Island, Skagit, San Juan, and Whatcom counties have access to planning, care, and support to live a full and engaging life.

The NWRC Dementia Support Program has three aims as illustrated below:



The NWRC Dementia Support Program will provide Dementia Specific educational opportunities, assistance with strengthening the care team, and proven interventions and assessments. Continued emphasis on breaking down dementia stereotypes in our region is also part of creating an environment where persons with cognitive impairment will not feel ashamed but empowered to find and accept help.

- The Dementia Support Program will continue to offer a baseline number of services, while continuing to expand offerings based on the needs of the community.

Year	Supported Caregiving dyads per month	Persons receiving dementia specific education per month	Evidenced-Based Tools	
			STAR-C participants per year	Completed MoCA assessments Per year
2024	35	20	16	30
2025	35	20	16	30
2026	35	20	16	30
2027	35	20	16	30

- We will maintain the availability of caregiver and dementia support groups offered throughout the region and expand when possible.

Year	Support Group Sessions per year
2024	156
2025	156
2026	156
2027	156

Resources:

1. Centers for Disease Control and Prevention
<https://www.cdc.gov/aging/caregiving/pdf/caregiver-brief-508.pdf>
2. The World Health Organization
<https://www.who.int/news-room/fact-sheets/detail/dementia>
3. National Institute of Health
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7291827/>
4. American Association of Retired Persons
<https://www.aarp.org/ppi/info-2020/caregiving-in-the-united-states.html>
5. American Association of Retired Persons- Washington State
<https://states.aarp.org/washington/family-caregivers-in-washington-provide-nearly-17-billion-in-unpaid-care-to-loved-ones>
6. Alzheimer's and Dementia, Volume 19, issue 10, 10-23, pg 4388-4395.
<https://alz-journals.onlinelibrary.wiley.com/doi/10.1002/alz.13081>

Providing Information and Access

Profile

National studies revealed that while most Americans acknowledge they will need assistance later in life, only 25% of them take steps to educate, plan and prepare in advance. This lack of preparation leaves many calling for assistance when they reach crisis mode. The Aging and Disability Resources' (ADR) goal is to provide timely access to community resources, government programs, short and long-term planning advice and any other information that will help them get the services they need.

In another recent study, AARP found that roughly half of the adults 50+ believe that Medicare covers care in a nursing home or care in their own home from a home health aide. Misinformation about critical support services creates barriers for time-sensitive service referrals, resulting in additional stress for those in crisis. As increasing numbers of people face challenges associated with aging and disability, they can quickly become bewildered as they sort through their options.

The WA Cares Fund will make private funding for LTSS in 2026 and will shift the approach to delivering LTSS from its long-standing Medicaid-centric orientation. NWRC is positioned to aid community members seeking information and assistance with spending their benefit according to their preferences. Once beneficiaries are approved to spend their benefit, they have lifetime access and will be searching for assistance with accessing quality services.

- NWRC will continue to have vetted and contracted relationships with community providers and will work to increase as the beneficiary population grows.
- NWRC will continue to observe and make changes necessary to allow this program to be as productive and efficient as possible for both beneficiaries, stakeholders, partners, and the state of Washington.

NWRC has designated focal points in each county to help provide information and support for people who face challenges related to aging and disabilities. These focal points provide accurate, impartial information and focus on providing access to needed services, which can often be confusing and overwhelming to pursue. Each Focal point is staffed with certified resource specialists who are experienced with assisting

potential clients, family members and regional professionals with the information they need to get the services they prefer.

Designated Focal Points

Island County: Senior Information & Assistance Program

Oak Harbor Office 51 SE Jerome Oak Harbor, WA 98277 (360) 675-0311	South Whidbey Office 14594 SR 525 Langley, WA 98260 (360) 321-1600	Camano Island Office 606 Arrowhead Road Camano Island WA 98282 (360) 387-6201
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Sand Juan County, Senior Information & Assistance Program

Lopez Island Located in Woodmen Hall 4102 Fisherman Bay Road PO Box 154 Lopez, WA 98261 (360) 370-7521	Orcas Island Senior Center/County Services Building 62 Henry Road PO Box 1146 Eastsound, WA 98245 360) 376-2677 V/TDD	San Juan Island Mullis Senior Community Center 589 Nash Street PO Box 951 Friday Harbor, WA 98250 360-378-2677
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Skagit County: Aging & Disability Resources Program

Northwest Regional Council
301 Valley Mall Way, Suite 100
Mount Vernon WA 98273
(360) 428-1301

Whatcom County: Aging & Disability Resources Program

Northwest Regional Council
600 Lakeway Drive
Bellingham, WA 98225
(360) 738-2500

Washington does not have a new or sustainable revenue source to fund Aging & Disability Resources(ADR) expansion. Outreach, information, assistance, and referral service demands continue to grow with the size of the aging population. The ADR is

committed to efficiency of service delivery, resulting in the highest number of people served with the resources we have available.

NWRC will stay committed to one primary goal:

- To provide outreach, information, assistance, options and benefits counseling for people with aging or disability related challenges, who are trying to plan for their needs, or who are lost as they try to understand the confusing and complex array of programs, supports, and options that may assist them.

How will NWRC achieve this goal?

Information and Assistance Contacts		
Year	Unduplicated Clients	Total Number of Contacts
2024	8,000	18,000
2025	8,000	18,000
2026	8,000	18,000
2027	8,000	18,000

- Continue to market and share with our community our Aging Disability Resource number and services that can be accessed for service assistance and preventative planning.
- Continuous emphasis on advocacy for a state legislative funding increase.
- Continue to build internet presence and marketing through social media platforms.

Resources:

1. Washington State Department of Social and Health Services Aging and Long-Term Support Administration
<https://www.dshs.wa.gov/sites/default/files/AL TSA/ltss/documents/LTSS%20Trust%20Act%20One-Pager.pdf>
2. Washington State Long-Term Care Trust Program
<https://wacaresfund.wa.gov/>
3. AARP Organization
<https://www.aarp.org/pri/topics/ltss/family-caregiving/long-term-care-planning-readiness.html>

Transportation

Profile

Transportation can be especially challenging throughout the four-county rural and geographically diverse counties. NWRC currently operates Non-Emergency Medical Transportation (NEMT):

- Non-ambulance transportation to all people eligible for Medicaid who have no other means of transportation to covered medical services.
- NWRC is the broker for these services, authorizing and arranging transportation for people in Island, San Juan, Skagit, and Whatcom Counties.

Each month NWRC Transportation:

- Receives 2100 phone calls to arrange rides.
- 76% of calls are answered within 3 minutes.
- Serves 1656 unduplicated clients.
- Issues 600 bus passes for Whatcom and Skagit Counties (Island is free and San Juan does not have public transit).

NWRC provides monthly bus passes, gas vouchers, gas debit cards, ferries, taxis, airfare, lodging reimbursement, and cabulance services.

Community members access transportation through:

- The call center which operates 8:30 am to 4:30 pm weekdays.
- Clients can leave messages or submit emails 24/7.
- After hours, weekends, and holidays City/Yellow Cab handles urgent care and hospital/ER discharges.
- Contact numbers are **(360) 733-8294** in Bellingham or **1-800-860-6812** in other areas.

o NWRC has an extensive network of non-emergency transportation providers.

- 11 taxi & stretcher van companies
- 3 gas stations, replaced 6 with reloadable debit cards
- 6 tribes
- Direct ferry ticket purchasing through WA State Ferries

- 1 charter boat
- 1 airline
- 3 volunteer organizations (Camano, Island, Community Action)
- 1 shuttle van service
- 16 hotels

Those providers may have added capacity that could be tapped to provide additional transportation services as transportation continues to remain an unmet need in various community surveys.

Coordination with Tribes

Profile

Per the Washington State American Indian Administrative Policy No. 07.01, the Northwest Regional Council follows a government-to-government consultation and participation plan. This is in compliance with chapter 43.376 RCW, the Washington State Centennial Accord and the federal Indian Policy as outlined by the Executive order #13175 and the Presidential Memorandum on Tribal Consultation.

It is the goal of The Northwest Regional Council to provide human services that will have positive impacts and will improve the quality of life for those we serve. The NWRC staff has a Tribal Program Specialist to offer information and assistance in finding culturally relevant care for elders who need personal care and other assistance in their home. Technical assistance is also provided to six local tribes for planning and coordinating services and resources to address the needs for long term care services and supports, Medicaid, and dementia support.

- NWRC Collaborates with 6 tribes in our Region.
 - We provide assistance to Lummi, Nooksack, Samish, Sauk-Suiattle, Swinomish, Upper Skagit tribal communities, as well as Alaskan Natives and Native Americans residing in our service area.
 - The total population from these 6 tribes is roughly 16,000 people.
 - There have been and still are barriers to the tribal populations accessing help from NWRC.
 - Our tribal outreach coordinator provides outreach, information, dementia support, telephone reassurance and friendly visits to elders.
- **What Can NWRC do?**

The NWRC Tribal Liaison uses the Washington State American Indian Administrative Policy No. 07.01 Plan to ensure they are meeting contract terms and assisting where needed.

Policy 7.01 Plan and Progress Report for Area Agencies on Aging (AAAs)

Timeframe: July 1, 2023 to June 30, 2024

Administration/Division: ALTSA/HCS Region/Office: Region 2 North/Northwest Regional Council Tribe(s)/RAIO(s): Lummi, Nooksack, Upper Skagit, Sauk-Suiattle, Samish, Swinomish

Annual Due Date: April 2 (Submit Regional Plan to the Assistant Secretary) and April 30 (submit Assistant Secretary Plan to OIP).

Implementation Plan				Progress Report
(1) Goals/ Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff	(5) Status Update for the Fiscal Year Starting last July 1.
1. Continue to provide Tribal Outreach Assistance services.	a. Continue to visit each tribe on a regular basis. b. Hold meetings with individual tribes or tribal groups to discuss elder issues as requested. c. Expand activities in this area through grants available.	a. Enhanced access to needed service for tribal elders. b. Increased collaboration with local tribes and community partners to assure appropriate services.	Katherine Romero Melody Woodrich-Fernando	<p>Due to Covid-19, in-person meetings and activities continue to be limited in order to follow health and safety recommendations.</p> <p>Some tribes have resumed operations and we have continued to participate in meetings and provided support remotely as requested.</p> <p>Services continue to be offered in person, by phone, or video conference.</p> <p>Tribal Program Specialist does site visits to the 6 tribes of Whatcom and Skagit Counties to enhance working relationships between NWRC and the tribal leadership and staff.</p>
2. Continue to provide technical assistance to local tribes for planning and coordination	a. Work with local tribes to develop plans for to identify sources of funds for addressing the needs for long term services and supports. b. Continue to work with tribal staff to collaborate and coordinate services and resources to best serve the elderly community.	a. Development of tribally-owned and operated services on those reservations that choose to participate.	Katherine Romero Melody Woodrich-Fernando Ryan Blackwell	<p>Staff continue to provide information to tribes. We will continue to support tribes in their efforts to develop LTSS and operate them in their own community.</p> <p>NWRC staff participate in the Tribal/AAA/HCS Summits and are on the planning committee for future Summit's.</p> <p>Lummi Nation, NWRC, HCA, and ALTSA are currently collaborating to explore and engage in the planning phase for Lummi Nation to become a Medicaid Health Homes Care Coordination Organization.</p>

				Tribal Program Specialist provides representation on boards and committees as invited including Aging Well Whatcom, Accountable Community Health, and Tribal Tasks Forces; this ensures health equity and inclusion for tribal communities.
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**Policy 7.01 Plan and Progress Report for Area Agencies on Aging (AAAs)
Timeframe: July 1, 2023 to June 30, 2024**

<p>3. Establish contracts with local tribes for Medicaid LTSS services so that they can provide client training, skilled nursing, and environmental modifications for their tribal members who need them.</p>	<p>a. Develop agreements. b. Provide technical assistance for using them. c. Work with tribes and case managers to assure that all understand the use of the services and how to access them.</p>	<p>a. Increased use of Medicaid LTSS services by Tribal members. b. Provide resources to Tribes to pay for services to their own members.</p>	<p>Michael Dunckel Melody Woodrich-Fernando</p>	<p>Contracts have not been widely utilized and staff continues to work with tribes and case management staff to facilitate the use of the services.</p>
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<p>4. Maintain billing agreements with local tribes for Medicaid Transportation services.</p>	<p>a. Develop agreements b. Provide technical assistance for using them. c. Work with tribes to assure that all eligible trips are billed d. Bill Non-Emergency Medical Transportation (NEMT) for Tribal Trips.</p>	<p>a. Increased use of Medicaid Transportation by Tribal members. c. Provide resources to Tribes to pay for Medicaid transportation to their own members</p>	<p>Aly Horry Shu-Ling Sun</p>	<p>Contracts are in place with Lummi, Nooksack, Sauk-Suiattle, Stillaguamish, Swinomish, and Upper Skagit Tribes. Programs have been successfully implemented in each area and tribes are receiving reimbursement. Continued technical assistance is provided to keep tribes informed about changes in the program due to budget cuts as well as training new staff and administrators about the service.</p> <p>Additionally, contracts are in place with Upper Skagit and Nooksack gas stations to provide gas for eligible clients in their area. This increases revenue to tribal corporations in rural areas of our region.</p>
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<p>Policy 7.01 Plan and Progress Report for Area Agencies on Aging (AAAs) Timeframe: July 1, 2023 to June 30, 2024</p>				
<p>5. Continue to provide tribal support to assist Case Management and Care Coordination staff in region.</p>	<p>a. Participation in Tribal clients' assessments, annual review, and financial eligibility reviews. b. Consultation and training with case managers related to issues for tribal elders. c. Provide an identified In-Home Case Manager and Care Coordinator for tribal members in Whatcom & Skagit County.</p>	<p>a. Enhanced assessment for elders and appropriate services.</p>	<p>Katherine Romero Melody Woodrich-Fernando Amanda McDade Silva Sarafian</p>	<p>NWRC has In-Home Case Managers, and a Health Home Care Coordinator who are the primary staff for Tribal members in our region. Tribal Programs Specialist is making connections with tribal elders and staff to build trust and rapport to effectively conduct home visits and provide services and resources that enhance the quality of life for the elderly</p>
<p>6. Provide Medicare Part D, QMB*, and SLMB** program training and technical assistance for local tribes.</p>	<p>a. Presentations at each Elders' Center. b. Assist with enrollment. c. Provide technical assistance to clinics to develop contracts and funding streams.</p>	<p>a. Elders will enroll in Medicare Part D programs. b. Clinics will receive payment for services through contract with medication contractors.</p>	<p>Aging and Disability Resources staff Katherine Romero Melody Woodrich-Fernando</p>	<p>The NWRC continues to provide assistance with applications for Medicare parts B and D as requested. Presentations have been made to clinic and elder staff as requested to assure that the clinics understand the programs and the application process.</p> <p>*QMB = Qualified Medicare Beneficiary **SLMB = Specified Low-Income Medicare Beneficiary</p>

<p>7. Collaborate with local tribes to enhance understanding of elder abuse in all its presentations.</p>	<p>d. Include tribal representatives on Elder Abuse Council and training developed in the region. e. Tribal Program Specialist participates in Tribal Elders Task Force Meetings.</p>	<p>c. Enhanced understanding of the many “faces” of elder abuse.</p>	<p>Katherine Romero Melody Woodrich-Fernando Silva Sarafian</p>	<p>NWRC staff assists with tribal elder abuse teams for local tribal communities. These teams are multidisciplinary, using members from tribal government, law enforcement, social services, spiritual leadership, NWRC, Home & Community Services (HCS), and Adult Protective Services (APS) staff.</p> <p>Most of these activities are being conducted virtually at this time.</p>
<p>Policy 7.01 Plan and Progress Report for Area Agencies on Aging (AAAs) Timeframe: July 1, 2023 to June 30, 2024</p>				
<p>8. Provide cultural awareness training for NWRC and contractor staff.</p>	<p>a. Continue to address cultural awareness in staff orientation. b. Annual training for NWRC and HCS staff. c. Training for contractors when suggested by tribes or requested by contractors.</p>	<p>a. Increased cultural competency when dealing with Indian Elders.</p>	<p>Katherine Romero Melody Woodrich-Fernando</p>	<p>There continue to be requests from community providers and DSHS to work together to provide cultural training. We participate in and provide those as requested.</p> <p>NWRC staff have participated in virtual/webinar trainings to increase understanding of working with indigenous communities.</p>
<p>9. Include Tribal representation on the Northwest Senior Services Board (NWSSB)</p>	<p>a. Continue to have tribal members on the NWSSB to provide input to local aging programs, policy development, and decision-making.</p>	<p>a. Enhanced communication and collaboration through NWSSB members and local tribes.</p>	<p>Ryan Blackwell Katherine Romero</p>	<p>We currently have a tribal representative on the NWSSB.</p>
<p>10. Participate with DSHS Regional Administrators, Tribal Representatives,</p>	<p>a. Meetings are held quarterly and NWRC staff attends regularly. b. Develop agenda items for trainings which may occur outside of the RTCC meetings (adult family home, tribal orientation</p>	<p>a. Better communication with Indian Elders. b. Enhanced access to</p>	<p>Melody Woodrich-Fernando Katherine Romero</p>	<p>Meetings continue to be an excellent environment to share ideas, resources, and solve problems for all attendees. This is a model program and has now been used as a best practice and model for programs implemented in other areas of the state.</p>

<p>OIP staff, and Snohomish County AAA in Region 3 in quarterly Regional Tribal Coordinating Council (RTCC) meetings.</p>	<p>meetings for DSHS divisions, cultural competency). c. Bring meeting information to tribes that did not attend.</p>	<p>services in the region. c. Fewer missteps for non-tribal staff working with Indian Elders.</p>		
<p>Policy 7.01 Plan and Progress Report for Area Agencies on Aging (AAAs) Timeframe: July 1, 2023 to June 30, 2024</p>				
<p>11. Participate in bimonthly 7.01 meetings together with tribal members, HCS, RCS* and DDA** staff.</p>	<p>a. Tribes and program administration meet every other month to provide training and to discuss projects to be done, and activities to be accomplished together.</p>	<p>a. A "living" 7.01 plan which directs our activities and interactions in Indian Country.</p>	<p>Melody Woodrich-Fernando Katherine Romero</p>	<p>Meeting continues to direct the development of this document. *RCS = Residential Care Services **DDA = Developmental Disability Administration</p>
<p>12. Work with local tribes to develop wellness programs which include CDSME* classes for their elders.</p>	<p>a. Work with clinic personnel and elders programs to offer classes about medication management, nutrition, caregiver support, and CDSME (Pain and Chronic Illness) b. Train lay leaders to provide services under the NWRC licensure.</p>	<p>a. Enhanced well-being for Indian elders.</p>	<p>Katherine Romero Melody Woodrich-Fernando</p>	<p>Staff is working the Wisdom Warriors project to promote healthy living and management of chronic illnesses with tribal elders. These classes are also available in other communities upon request. *CDSME = Chronic Disease Self-Management Education</p>

<p>13. Offer culturally tailored dementia caregiving education to tribes in region.</p>	<p>a. Conduct Savvy Caregiver in Indian Country training and/or workshops</p>	<p>a. Enhanced access to dementia specific services in the region.</p>	<p>Katherine Romero Melody Woodrich-Fernando</p>	<p>A Savvy Caregiver model is being drafted to include tribal culture and traditions.</p> <p>Tribal Program Specialist is now MoCA certified and conducting cognitive assessments for tribal elders.</p> <p>Tribal Program Specialist has completed the Dementia Friends sessions to help promote dementia friendly communities and awareness in tribal communities.</p>
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Social Isolation and Loneliness

Profile

Living life in social isolation and loneliness has serious health repercussions. It is well documented that social connection has been declining over the last several decades. The COVID-19 Pandemic brought social isolation and loneliness to the forefront of public health concern, with persons of all ages recognizing how damaging lack of social connection can be for quality of life and health.

Having a lack of social connection has been shown to be just as dangerous as smoking 15 cigarettes per day. This is especially concerning given the following statistics on social isolation:

- The COVID pandemic increased social isolation of older adults from 28% to 46%.
- A 2017 study identified an estimated \$6.7 billion in additional annual federal spending for Medicare due to a lack of social contacts among older adults. For these reasons, social isolation is emerging as a preeminent health and social policy issue.
- One in four adults aged 50-plus report feeling less connected to their community since the COVID-19 outbreak. Younger adults are even more likely to feel less connected, isolated, and lonely.
- While the numbers have improved Post Covid, Social Isolation and unaddressed behavioral health issues are still a major issue in our region and nation.
- Barriers such as living in rural populations, lack of access to technology, and decreased numbers of available family members, has added to the likelihood of experiencing social isolation.
- Social Isolation has been shown to increase chronic health conditions and contribute to an earlier death.

NWRC has 1 goal in this focus area:

1. NWRC will continue to raise awareness around this issue and work on finding innovative approaches to help those who could benefit from education, additional services, or connections within community.

What can NWRC do to meet this goal?

1. Establish a dedicated Social Isolation Coalition to work across the region to assess needs and generate program ideas and implementation accordingly.
 2. Stay committed to continuously recognizing that our clients' needs change, and we need to work with our community to stay educated on how to reduce barriers for social connection.
 - Work with community partners to identify and create new opportunities for those in need to get help.
 - Learn how other agencies are addressing these issues in their communities.
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Resources:

1. Health and Human Services, Surgeon General Social Connection Advisory
<https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf>
2. Washington State Home and Community Services
https://www.dshs.wa.gov/sites/default/files/AL TSA/stakeholders/documents/socialisolation/HCS_IsolationPaper_UPDATED_5.7.2021.pdf
3. Berks, Lancaster & Lebanon Organization
4. <https://berkslancasterlebanonlink.files.wordpress.com/2020/05/social-isolation-and-loneliness-in-older-adults.pdf>
5. The Cigna Group
6. <https://newsroom.thecignagroup.com/loneliness-epidemic-persists-post-pandemic-look?printable>
7. Department of Health and Human Services
<https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf>
8. AARP Organization
9. <https://www.aarp.org/health/conditions-treatments/info-2019/study-isolation-health-risks.html>
10. AARP Organization
11. <https://livablecommunities.aarpinternational.org/>
12. Advancing States Organization

13. <http://www.advancingstates.org/hcbs/article/services-address-social-isolation-findings-and-recommendations>

Diversity, Equity, and Belonging

Profile

Nationally, the number of older adults from minority populations is expected to increase by 217% over the next few decades. There have been increases in diverse populations in our four-county region, creating the need to address diversity education in both our service delivery and in our understanding of what our community's needs are.

What Can NWRC do?

NWRC has recently formed an equity committee to address the and identify ways for our agency to better serve clients and staff members around equity issues. The committee formed the following mission statement:

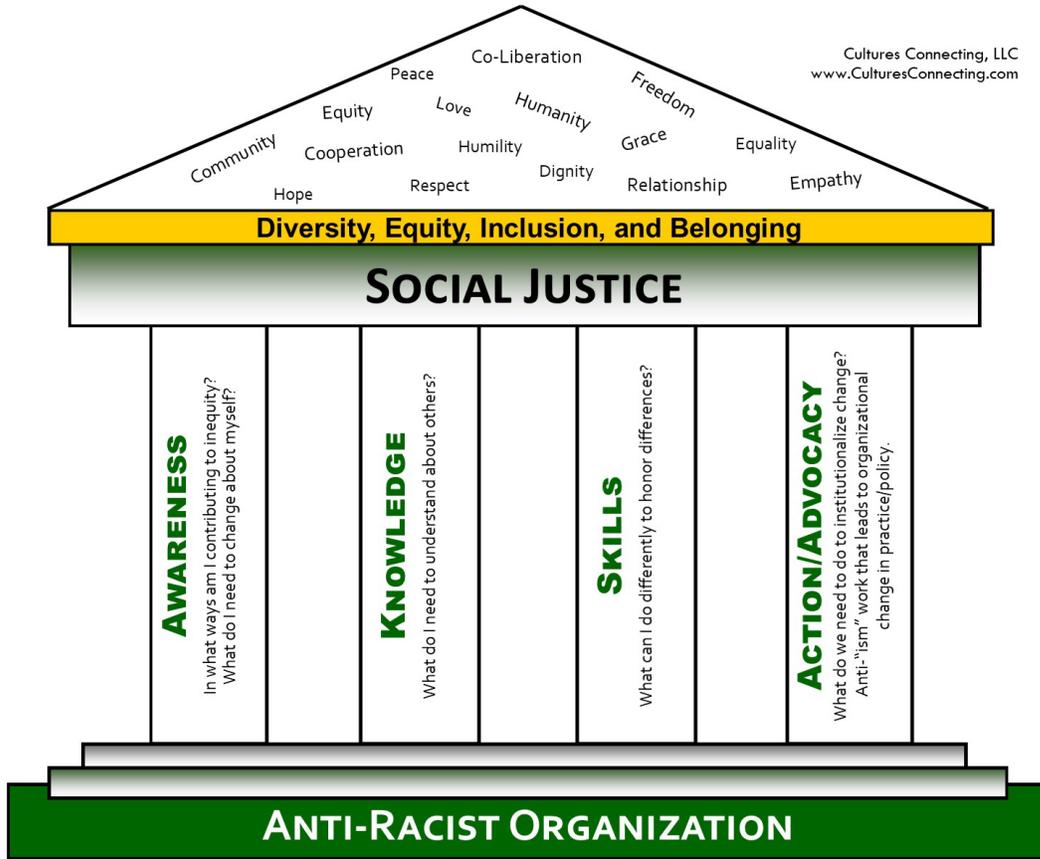
The mission of the NWRC **Equity** Committee is to:

- **Recognize** social injustices and racism in our world, communities, and organization through a lens of awareness, compassion, collaboration, and resiliency.
- **Acknowledge** perspectives and experiences arising from racial, ethnic, socio-economic, sexual, gender, age, physical, intellectual, and religious diversity.
- **Cultivate** a culture of belonging where diversity, equity and inclusion are respected and intentionally valued.
- **Create** thoughtful, integrative, and innovative strategies to address inequities and identify opportunities for improvement.
- **Embrace** accountability by inviting authentic feedback, measuring outcomes, and holding ourselves to the standards of this statement.

How will NWRC do that?

NWRC is working with a local consulting agency to promote principles of equity and justice. The equity committee will use the following Framework for Social Justice to

inform the decision process and creation of policies and procedures around diversity education within the agency:



The Equity committee and management team will continue to work together to identify areas in need of improvement and how those areas can most efficiently be addressed.

The following priorities have been established for the next 4 years:

Year	Diversity and Equity Priority
2024	Using a needs assessment to establish a baseline level of knowledge and areas for improvement. Commit to strengthening the foundation for the DEI Committee.
2025	Develop Cultural Competency Orientation Training.
2026	Incorporating annual diversity trainings and module development.
2027	Updating Vision and goals for the future.