
**AGING & DISABILITY SERVICES
SPONSORS MEETING**

TO: SPONSOR MEETING PARTICIPANTS
FROM: PAMELA PIERING, DIRECTOR, ADS
RE: JULY 30, 2010 SPONSORS MEETING
DATE: JULY 23, 2010

**ADS Sponsors Meeting
July 30, 2010, 1:00 – 2:15 p.m.**

United Way of King County
Gates Community Room
720 Second Ave.
Seattle, Wa 98104

United Way, Chair

- | | |
|------------------------|---|
| Information
5 min. | 1. Introductions – Chairperson, David Okimoto, United Way of King County |
| Decision
5 min. | 2. Review and Acceptance of June 17, 2010 Sponsors Meeting Minutes
Attachment I * |
| Discussion
10 min. | 3. Follow- up on targeting guidelines – Doug Ricker, Susan Kinne
Attachment II* |
| Decision
15 min. | 4. 2010 Discretionary Allocation: Follow-up on Vashon Health Maintenance funding–
Selina Chow
Attachment III* |
| Decision
15 min. | 5. 2011 Discretionary Allocations –Timmie Faghin, Planning & Allocations Committee
Attachment IV* |
| Information
10 min. | 6. Advisory Council Report – Timmie Faghin, Advisory Council Chair |
| Information
10 min. | 7. Director’s Report – Pamela Piering |

Persons wishing to provide comments must call Aging & Disability Services at 684-0648 by July 29, 2010. Thank you.

* Attachments available at www.agingkingcounty.org/calendar.asp under Sponsors Meeting event

SEATTLE-KING COUNTY AGING & DISABILITY SERVICES
SPONSORS' MEETING MINUTES

Draft

DATE: June 17, 2010, 2:30 – 3:40 p.m.

PLACE: Chinook Building
401 – 5th Ave, Conf Rm 115
Seattle, WA 98104

PRESENT: Sponsors/Liaisons: Sara Levin, City of Seattle
Jackie MacLean, King County
David Okimoto, United Way of King County
Linda Wells, King County
Linda Woodall, United Way of King County

Advisory Council: Art Mussman, Chair Planning and Allocations
Committee
Timmie Faghin, Chair of Advisory Council

Guests: Rita Cannell, Vashon Health Center
Dave Rogers, Advisory Council member
Susan Pitiger, RN, Vashon Health Center
Susan Kinne, HSD

ADS Staff: Pamela Piering
Selina Chow
Rosemary Cunningham
Ricker, Douglas
Jane Crum

WELCOME AND INTRODUCTIONS

The meeting was called to order by Jackie MacLean, Chair. Introductions were made.

REVIEW AND ACCEPTANCE OF JUNE 17, 2010 SPONSORS MEETING MINUTES

The Sponsors moved, seconded and approved the minutes of the May 20, 2010 Sponsors meeting as written.

PRELIMINARY TARGETING DATA UPDATE

Doug Ricker explained the purpose of considering a new targeting approach for discretionary funds. The current targeting approach relies on a model that predicts Activities of Daily Living (ADL) difficulties, but health is a more useful indicator reflecting the increased “healthy aging” focus of ADS. This proposed approach looks at ADS discretionary spending by county sub-region, and compares this with the percentage of adults 60 and older reporting fair/poor health (Behavioral Risk Factor Surveillance System or, BRFSS data). Poor health also correlates well with other indicators of interest to ADS. There is a .767 correlation of this data at the regional

(Health Planning Area) level with the 60+ population living below 200% of the poverty level, and a .567 correlation with the 60+ non-White population.

Doug reviewed the results of this new approach using a chart that shows: King County regions; spending by region; 60 + Fair/poor health by sub-region; and the difference between current and proposed targeting methods. The results indicate that ADS variances in spending by geographic sub-regions are within a confidence interval of +/- 5%.

The Sponsors thanked Doug, Rosemary and Susan but also expressed some concern about the BRFSS confidence intervals. They asked that Susan return to a future meeting to discuss the targeting guidelines with health planning area data combined into larger geographic regions.

AREA PLAN REPORT CARD

Rosemary Cunningham gave an update on the Area Plan Objectives. Of the eight objectives for 2010 two have been completed at this time. The Online library goal: Create an online library linking to culturally-appropriate educational materials related to the self-management of chronic conditions in at least the top five languages spoken by King County seniors; and inventory of services offered in King County: ADS will inventory the agencies who offer counseling and information related to hospice/palliative care and advance directives.

Pam and Rosemary discussed the remaining 2010 objectives with emphasis on the status of ADRC Service Components (an expanded Information and Assistance program for adults with disabilities), feasibility of a "425" Senior Information and Assistance phone number for east side residents, and the key objective to increase participation in senior centers and activity sites through support for strategic planning and leadership development. Discussion centered on the feasibility of a searchable Senior I&A database available by region and how it would integrate with the 211 system. The general concern was expressed regarding all the specialized three digit phone numbers. Rosemary will check with the state regarding how 211 will integrate with the DSHS portal.

Just a dream ten years ago and now there is a prefab universally design accessory dwelling unit on the market. It has been built and has been shown at the Home Show. HSD/ADS has been doing a lot with the Quiet Crisis housing study. It is being presented now in Chelan at the State-wide Aging Services of Washington Conference. Also ADS is now a member of the HDC, Housing Development Consortium (non-profit housing developers). Another success: Margaret Casey has been working with policy makers and community members regarding the advantages of incorporating Universal Design (UD) principles into all types of housing development. The UD Standards Work Group (including Office of Housing, King County, State, architects, and ADS) drafted language to incorporate UD standards in the statewide Evergreen Standards used to award points for publicly-funded housing. There are many other highlights that will be reported on for the 2011 report to the Sponsors.

One last highlight is a 2011 key objective: Prevent avoidable medical costs for up to 2,000 King County Care Partners (KCCP) clients by helping them improve their self-management skills. Preliminary KCCP client survey results: 1) 91% now take charge of their health; 2) 92% say self-

care goals include most important need; 3) 90% met > = 1 self care goal, 98% trust their care managers. These results impress all involved including our DSHS funders.

ADVISORY COUNCIL REPORT

Art Mussman reported on the June 11th Advisory Council meeting. Focus of the meeting was on caregiver support on which Pam gave a presentation. Art reported that AC members all realize how important caregiver support is to ADS operations. The full Council broke into discussion groups and remarkable comments (issues) were made. Art believes caregiver support will become increasingly important. Pam gave the presentation to model what a speakers' bureau may look like and the tools available as AC members speak to community groups. Many members felt they would be comfortable to be a speaker.

DIRECTOR'S REPORT

Pam reported that on the National level the Older Americans Act is up for reauthorization. This is the "listening" year, the year before the legislation is authored. Last week a statewide conference was held that also included Oregon and Idaho. Several guests from the Administration on Aging and the National Association of Area Agencies on Aging were present to review opportunities in our environment that could impact or lead to changes in the Older Americans Act. What we might see is more flexibility and more connection to health reform. ADS is on the cutting edge with King County Care Partners. Next year there will be legislative hearings, legislation is expected to be adopted sometime in the fall.

The feds have their budget out which shows some small increases in nutrition (home delivered and congregate), 13% projected for IIIB (broad social services title) and 30% for Family Caregiving. Pam reported feeling a little optimistic, however these increases have not been voted in by Congress yet.

Finally Pam reported on the Senior Centers in Seattle study due at end of month to the department and then to the Mayor. Pam and staff have been meeting with the Senior Center directors and staff. Great ideas have come from these sessions so look for the report to be completed soon.

OTHER ANNOUNCEMENTS

Susan Pitiger, RN, Vashon Health Center presented written comments about the Vashon Home Health Maintenance Program, and how the program is unique to King County.

The next Sponsors meeting will include 2011 discretionary allocation recommendations and the follow-up on the Vashon position. The topic of targeting will be on the agenda to provide some answers to the questions that the Sponsors asked.

The next Sponsors meeting is scheduled for July 15, 2010.

The meeting was adjourned at 3:40 p.m.

Summary prepared by Jane Crum, City of Seattle

**Proposed New Targeting Approach for ADS Discretionary Funds
REVISED for 7/30/10 Sponsors Meeting**

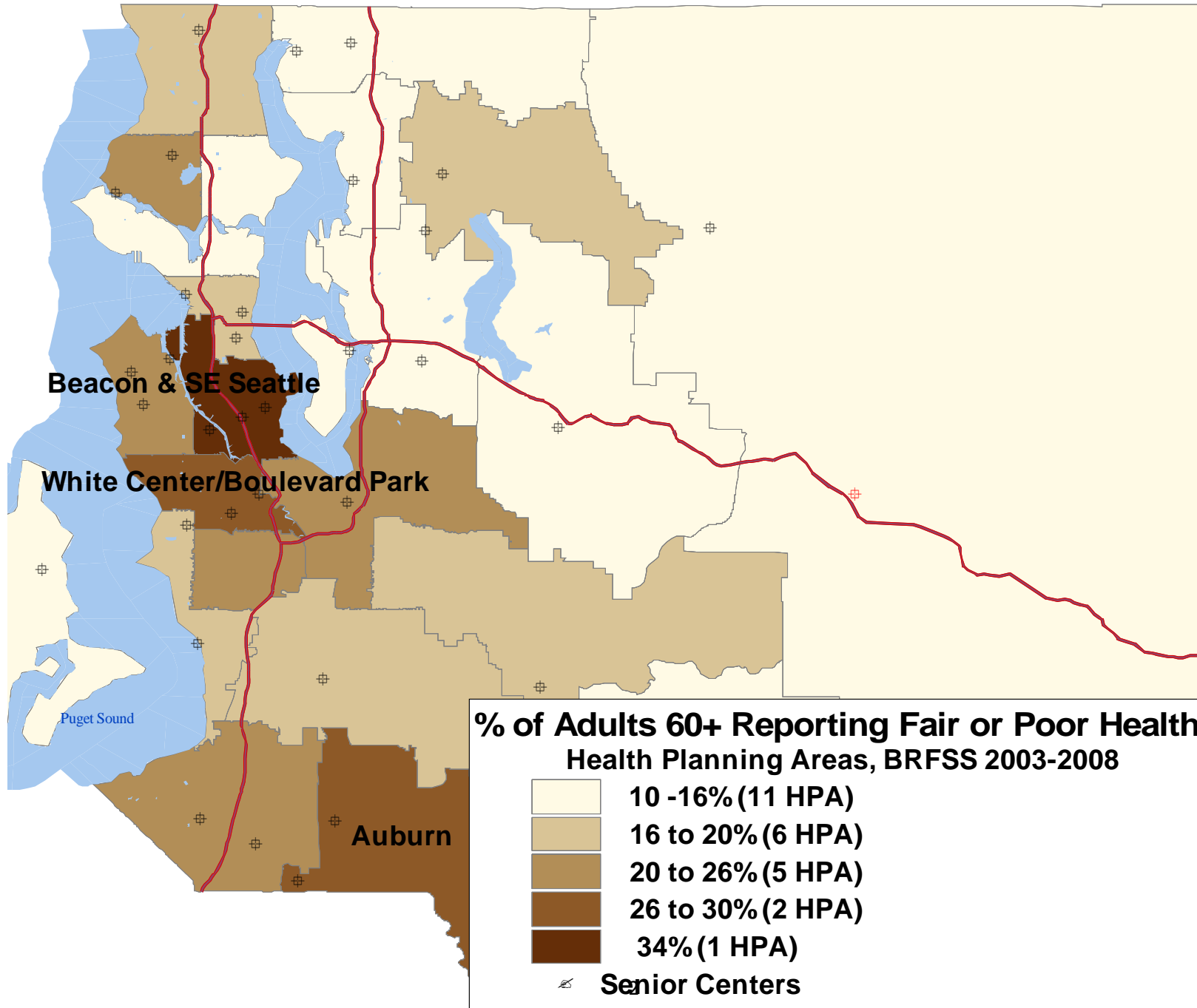
This new targeting approach looks at ADS discretionary spending by county subregion, and compares this to the percentage of adults 60 and older reporting fair or poor health on the Behavioral Risk Factor Surveillance Survey (BRFSS). The previous targeting approach relied on a tool that estimated regional variations in Activity of Daily Living (ADL) difficulty. But health is now considered a more useful indicator due to the increased “healthy aging” focus of ADS.

Poor health also correlates well with other indicators of interest to ADS. There is a .767 correlation of this data at the Health Planning Area level with the 60+ population living below 200% of the poverty level, and a .567 correlation with the 60+ non-White population.

The results of this new approach ("Difference" column) show ADS may be over-serving Seattle by about 2.1%, and under-serving East Urban and South Rural by about -2.4% and -2.0% respectively. But the BRFSS margins of error presented on page 4 need to be considered when making these comparisons.

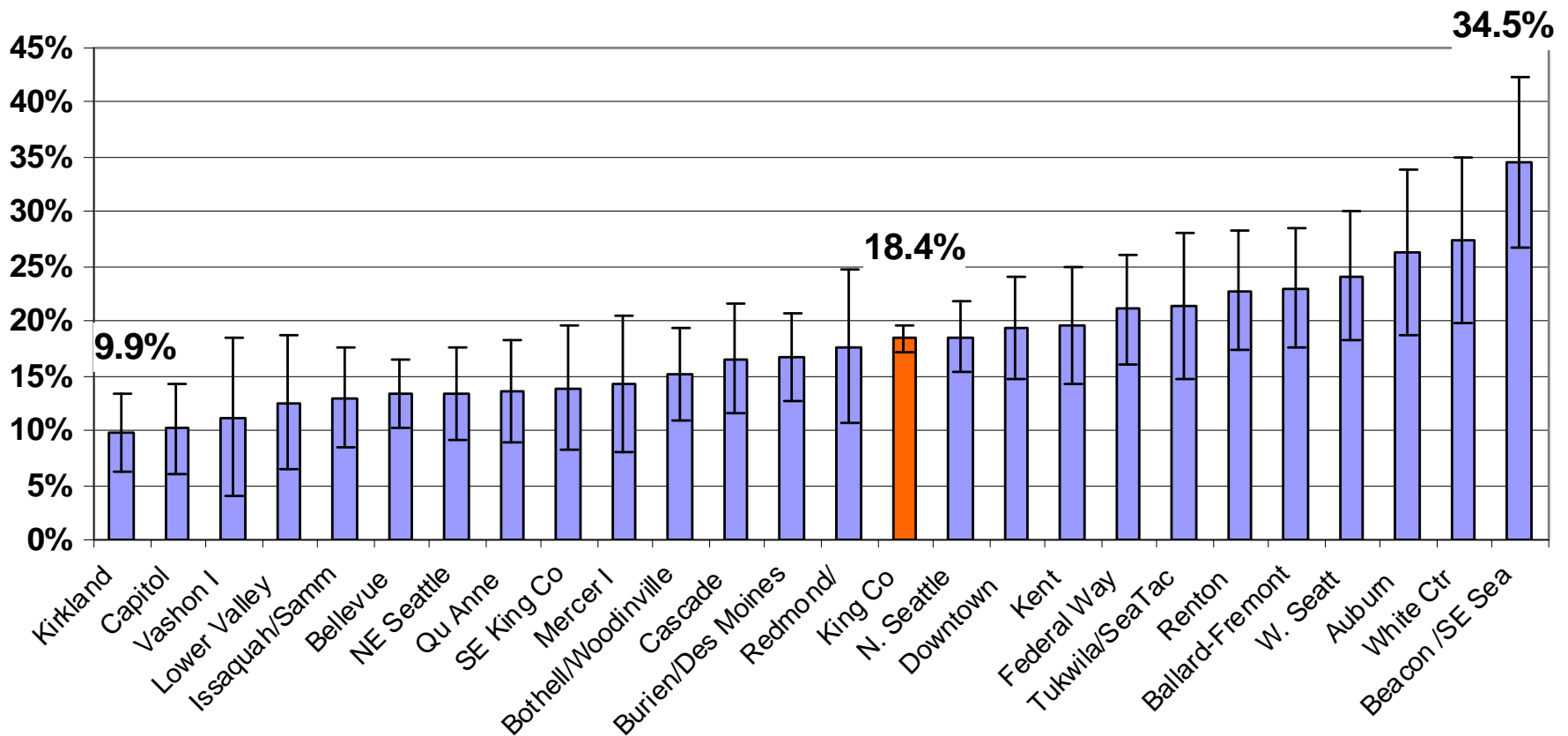
	Spending by Subregion		60+ Fair/Poor Health by Subregion		Difference
Seattle	\$2,645,270	42.1%	20,467	39.9%	2.2%
North Urban	\$518,487	8.2%	3,598	7.0%	1.2%
East Urban	\$882,956	14.0%	8,480	16.5%	-2.5%
South Urban	\$1,940,790	30.9%	16,269	31.7%	-0.9%
East Rural	\$127,796	2.0%	564	1.1%	0.9%
South Rural	\$77,291	1.2%	1,661	3.2%	-2.0%
Vashon	\$94,575	1.5%	238	0.5%	1.0%
Other	\$130,660				
Unknown	\$892,059				
TOTAL:	\$7,309,882		51,276		
TOTAL minus Other/Unknown:	\$6,287,164				

Note these results are different from what was presented at the last meeting. The previous handout showed that ADS may be over-serving Seattle by about 5%, and under-serving East Urban and South Urban by 3.5 and 2.6%, respectively. The reason for this change is the previous version relied on the last 10 years of BRFSS data, while these are from 5 years of data. On balance we consider this a better approach, because the data are timelier. But we can discuss the pros and cons at our meeting.



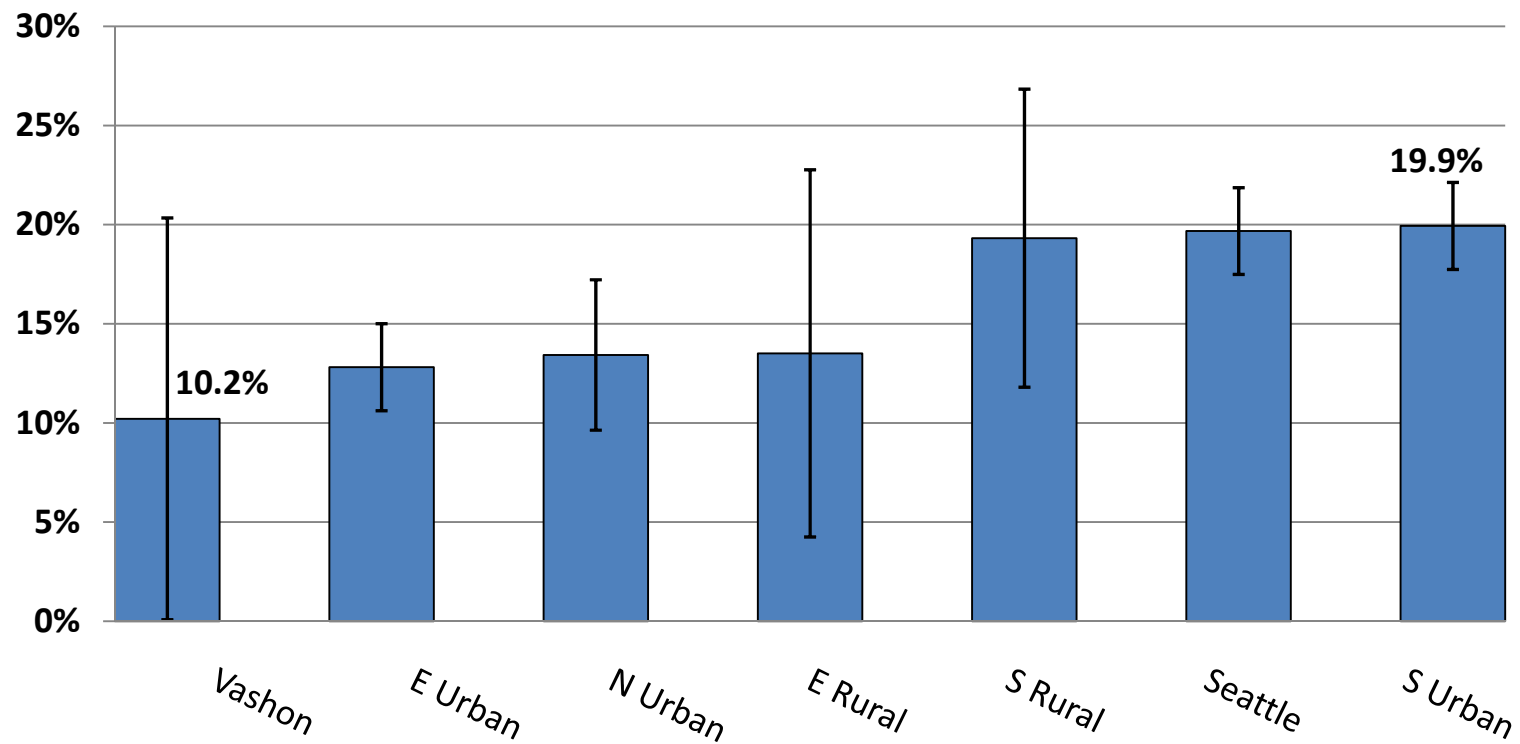
This chart was presented at the last Sponsors meeting. The wide error bars were noted, and Susan Kinne was asked if there was any way to reduce these by “rolling up” the Health Planning Areas into the ADS Subregions. See next page for the results.

Percent of People over 60 in Fair or Poor Health by Health Planning Area, King County, 2003-2008



By using the larger ADS subregions, we were able to reduce the BRFSS data confidence intervals for some areas of the county. Unfortunately, the intervals increased for some of the less populated areas. Susan Kinne can explain the reason for this change at our meeting.

Percent of People Over 60 in Fair or Poor Health by ADS Subregion, King County, 2003-2008 (BRFSS)



Service Availability for Elders on Vashon Island

Background

In 1995 the state implemented long term care reforms which significantly expanded Medicaid funding for in-home services. ADS therefore phased out state/federal discretionary funding for two Health Maintenance programs, which provided in-home services similar to the Medicaid in-home care. The phase-out was achieved as clients passed on or transitioned to the expanded Medicaid funded Home Care services. Discretionary funding for the HM program on Vashon Island continued because of geographic isolation and that home care services to support older adults on the island have been limited. The Vashon HM Program is the only in-home service funded by ADS federal/state discretionary funds.

In early 2010, in anticipation of a potential, significant cut in state Senior Citizens Services Act funding, the Planning and Allocation Committee recommended phasing out the Vashon HM program through attrition. The Advisory Council approved and submitted the recommendation to the Sponsors for their consideration. The recommendation would: 1) fully implement the policy for not using discretionary funds for HM service, and 2) save discretionary resources by more fully utilizing community resources on Vashon and other ADS funded services such as Family Caregiver Support/Respite and Client Specific Funds.

For 2010, the Highline Medical Group at the Vashon Medical Center is allocated \$57,000 in discretionary funds to provide HM services to approximately eleven clients. The current clients are over 80 years old, moderately low income, white and most live with family member(s). Depending on their functional abilities, they may receive one or more of the following services: 1) skilled care (e.g. medication management, vitals, and foot care), 2) personal care (e.g. bathing, grooming, and toileting), 3) household chores (e.g. laundry, housekeeping, meal prep, shopping), and 4) companion services (e.g. non-medical transportation).

Findings/Analysis

Staff reviewed 2008 Behavioral Risk Factor Surveillance System (BRFSS) data including data on persons 60+ showing fair/poor health by sub-region, and compared it with ADS discretionary funding to services by sub-region. Because of the size of the confidence intervals in the data, no definitive conclusions can be drawn. However, it does not appear that Vashon is under-served by ADS resources.

In addition, a team composed of two Advisory Council members and an ADS Planner visited Vashon Island to research resources available to older adults. The team met with staff from seven major organizations on the island, and an ADS case manager assigned to Vashon. ADS staff also reviewed the Senior Information and Assistance resource database, and Vashon Cares Resources, a directory of private care options for Vashon/Maury Island. The key findings are as follows.

Services available on Vashon

- There is a strong sense of community and mutual support among the Vashon Islanders. Local grassroots organizations expressed strong commitment for helping the Vashon community.

- There is a good mix of non-profits, for-profits and a faith-based collaboration providing services on Vashon Island, using paid staff and/or volunteers. Major on-island elder services are provided through a skilled nursing facility, an adult day care program, an assisted living facility, adult family homes, a senior center, a medical center, and independent private case managers and private caregivers.
- Other services for elders include an interfaith collaboration of Vashon churches, a non-profit housing developer, a consortium of non-profits, chamber of commerce, and a food bank.
- On-line resource directories, including Vashon Cares and Vashon Wellness, provide information on local service options.
- A local Vashon non-profit is leading an effort to improve information sharing and service coordination with other community providers on the island.

Challenges

- Service providers are spread out across the island and some lack knowledge/awareness about other available services.
- Public transportation is limited: one Metro bus route runs on the main highway; and one Metro access van provides door to door service for eligible elders.
- In-home personal care services, paid by Medicaid or privately-paid, are provided by Individual Providers. Because of transportation barriers, home care agencies do not provide services on Vashon Island.
- Family caregiver support services have not been widely promoted on Vashon. Clients living with family members needing in-home support might be eligible for ADS funded caregiver support service.
- Many of the organizations on the island rely on volunteers. However, there is limited presence of agencies serving elders which are primarily staffed by volunteers, to develop robust volunteer support for elders (e.g. for transportation and chore services).

Recommendations

1. Plan and coordinate to positively impact the service network and build capacity for the Vashon community.
2. Offer support to the non-profit Community Social Services collaboration, and the Interfaith Council to raise awareness of the resources available, and help strengthen a network of services (including Caregiver Support services).
3. Consider one-time funding to a volunteer agency or agencies to develop a robust volunteer chore program and/or a volunteer transportation program.
4. Emphasize services for geographically isolated/underserved areas in the upcoming competitive bid processes for Family Caregiver Support Services and Home Care services, to increase availability of in-home Respite, and other Caregiver Support services on Vashon.
5. Advocate to bringing transportation service such as the Hyde shuttle to Vashon.
6. Implement the following: a) stop new enrollment in the HM program either this fall or in January 2011, b) continue 2011 discretionary funding for service to the current clients (assuming flat funding in discretionary resources), c) implement the above recommendations, and evaluate the results for the 2012 allocation process.

Advisory Council on Aging and Disability Services

Creating choices for elders and adults with disabilities in Seattle-King County

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July 26, 2010

To: ADS Sponsors

From: Timmie Faghin, Member, Planning and Allocations Committee and
Chair, Advisory Council

Re: 2011 Discretionary Allocations--Preliminary Recommendations

On behalf of the Planning and Allocations Committee, I would like to present the 2011 discretionary allocation recommendations.

2011 PRELIMINARY DISCRETIONARY REVENUE PROJECTIONS

Funding at the federal level is expected to be steady and possibly increased. Local and state funding is expected to decline. Specific projections in various ADS Discretionary fund sources are as follows.

Federal Older Americans Act (OAA)

We anticipate the OAA funding for 2011 to be slightly increased.

State Senior Citizens Services Act (SCSA)

The final state budget for July 2010- June 2011 contains no SCSA cut despite the threat of a \$1M reduction for King County. However, the July 2011-June 2012 SCSA budget is likely to decrease because the state is projecting a severe budget deficit.

City of Seattle General Fund (GF)

While the Planning and Allocation process does not include City of Seattle General Fund, the City's funding decisions will have an impact on the aging service network. The City of Seattle is facing a budget gap of approximately \$43 million in 2011. The proposed budget to be submitted by the Human Services Department to Mayor McGinn will include reductions in aging services. The Mayor will unveil the 2011 Proposed City Budget in late September, with final adoption by City Council in late November.

In association with the Area Agency on Aging for Seattle-King County and sponsored by:

Co-sponsored by:



City of Seattle



United Way of King County



King County

2011 DISCRETIONARY ALLOCATION RECOMMENDATIONS

The Planning and Allocations Committee considered the following when developing their recommendations:

- Sponsors allocation principles
- Demographic shifts within King county
- Interest in prioritizing services that enable elders to access services, especially in the midst of difficult economic times

Presented below are recommended strategies in three scenarios for allocating 2011 discretionary funds:

- 1) In a flat funding scenario, continue the 2010 allocations (Service Area Allocations sheet is attached) for 2011, pending the Sponsors' decision on phase-out of Health Maintenance Service on Vashon Island.
- 2) In a reduced funding scenario, make cut in the two areas that were identified earlier this year for potential state SCSA cut for 2010-2011:
 - Reduce Technology Support
 - Reduce Client Specific Fund
- 3) Should a net increase in discretionary funding occur (possibly due to increased revenue in Older Americans Act, or actual carry-over from 2010 exceeding the budgeted amount):
 - ADS staff may allocate up to \$50,000 to one or more programs in the Access Service category, which includes Case Management, Transportation, and Information and Assistance.
 - In making the funding decisions, staff will consider trends in client demographics, community needs, and agency performance.

NEXT STEPS

Preliminary 2011 recommendations approved by the Sponsors in July will be released for public review and comment, via phone, email or in person. A public hearing will be hosted by the Advisory Council on August 13. Final adoption of the allocations is scheduled for the Sponsors' meeting in August.

Aging and Disability Services- 2010 Discretionary Funding

Service Area	Older Am. Act/Senior Citizens Services Act	City of Seattle GF	Total Discretionary Funds	City of Seattle GF-Designated Programs
Adult Day Services	253,541	36,198	289,739	
Case Management-total	994,514	366,416	1,360,930	680,574
-Reg. CM	833,953	-	833,953	680,574
-Public Housing CM		366,416	366,416	
-Mental Health	120,174	-	120,174	
-Alzheimer's Demo Program	40,387	-	40,387	
Client Specific Fund	328,397	-	328,397	
Disability Access	-	133,804	133,804	
Elder Friends				20,500
Health Promotion-Sr. Wellness	174,317	-	174,317	
Home Health Maintenance	62,950	-	62,950	
Information & Assistance-total	1,278,736	369,252	1,647,988	
Primary I/A	571,047	-	571,047	
Community I/A			-	
- Special I/A	493,946	323,029	816,975	
- Outreach Advocacy	213,742	46,223	259,965	
Legal Services	201,297	-	201,297	
LTCOP/Elder Abuse Prev	100,666	-	100,666	
Nutrition-total	2,678,575	313,640	2,992,215	
Congregate Nutrition	1,703,756	278,450	1,982,206	
Home Delivered Nutrition	704,711	35,190	739,901	
Nutrition Transportation	270,109	-	270,109	
Senior Centers	-	140,931	140,931	338,700
Sr. Employment/Volunteer Coordination				483,211
Technology Support	50,353	-	50,353	
Volunteer Transportation	284,226	-	284,226	
Total	6,407,571	1,360,241	7,767,812	1,522,985