

Advisory Council on Aging and Disability Services

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

Mailing Address: PO Box 34215, Seattle, WA 98124-4215
Office Address: Seattle Municipal Tower, 700 5th Ave, 51st Floor
Tel: 206-684-0660 TTY: 206-684-0274 FAX: 206-684-0689
www.adsadvisorycouncil.org

MONTHLY MEETING JULY 9, 2010

MEMBERS PRESENT

City of Seattle	King County	United Way
<input type="checkbox"/> Diane Snell, O&A Chair	<input checked="" type="checkbox"/> Art Mussman, P&A Chair	<input type="checkbox"/> Amy Astle-Raaen
<input checked="" type="checkbox"/> Jacqueline Deerr-Lord	<input checked="" type="checkbox"/> Cathy Von Wald	<input type="checkbox"/> Michael Miller, V Chair
<input type="checkbox"/> Duong Nguyen	<input checked="" type="checkbox"/> Kaylene Moon, At large	<input type="checkbox"/> Lorna Stone, Secretary
<input type="checkbox"/> Nick Licata, elected official	<input type="checkbox"/> Vacant	<input checked="" type="checkbox"/> Timmie Faghin, Chair
<input checked="" type="checkbox"/> Bev Clark	<input checked="" type="checkbox"/> Marsha King, Communication Ch	<input checked="" type="checkbox"/> Katty Chow
<input type="checkbox"/>	<input checked="" type="checkbox"/> Dave Rogers	<input checked="" type="checkbox"/> Dr. Elizabeth Phelan
<input type="checkbox"/>	<input type="checkbox"/> Ava Frisinger, Elected	<input checked="" type="checkbox"/> George Dicks
<input type="checkbox"/>	<input type="checkbox"/> Berta Seltzer	<input checked="" type="checkbox"/> Lillian Tang
<input type="checkbox"/>	<input checked="" type="checkbox"/> Kris Fredrickson	<input checked="" type="checkbox"/> Tom Minty

Excused Absence	Nick Licata, Berta Seltzer, Lorna Stone, Amy Astle Raaen, Diane Snell, Jacqueline Deerr-Lord, Duong Nguyen, Ava Frisinger, Michael Miller
Guests:	Mary Anderson, Don Moreland, Claire Brannan, Richard George, Mike Shriber, Joel Estey (speaker)
ADS Staff	Karen Winston, Gigi Meinig, Rosemary Cunningham, Doug Ricker, Margaret Casey, Maria Langlais, Irene Stewart
United Way Staff	Linda Woodall
King County Staff	Jackie MacLean, Stephanie Moyes
City of Seattle	Pamela Piering

Welcome and introductions:

Timmie Faghin, Chair, welcomed Advisory Council members and ADS staff to the meeting. She asked those present to introduce themselves.

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

Co-Sponsored by:



Program Topic Veterans Programs

Kris Fredrickson, Advisory Council member & Social Worker at the VA Medical Center in the Geriatric Research, Education and Clinical Center and Joel Estey, King County Veterans Regional Services Liaison gave an overview of veterans' services in King County.

The Veterans Administration (VA) provides a broad spectrum of benefits including:

- Education and Training
- Vocational Rehabilitation & Employment
- Home Loan Guarantee
- Dependent and Survivor Benefits
- Medical Treatment
- Rehabilitative Care
- Life Insurance , Burial Benefits
- Burial Benefits

The VA's web site <http://va.gov/> shows the VA health care system has grown from 54 hospitals in 1930 to 171 medical centers, 350+ outpatient clinics, 126 nursing home facilities, and 35 domiciliaries.

According to Kris, the VA has developed a number of community care programs to delay or prevent nursing home placement and include:

- **Homemaker & Home Health** provides home based personal assistance with activities of daily living such as bathing, dressing etc.
- **Veterans Home Directed Care** a new program in partnership with ADS provides a budget up to \$2500 per month for a package of services inside or outside a veteran's home.
- **Respite** gives family caregivers and other informal unpaid caregivers temporary relief from the demands of daily care.
- **Contract Nursing Home Program** gives the veteran a choice to receive care in skilled and intermediate care facilities located in their community rather than VA facilities which may be located far from their home.
- **Adult Day Health Care** provides health maintenance rehabilitative services socialization and caregiver support.
- **Care Coordination Home Tele-health** is an innovative program which uses technology such as video monitors to gather information about the veteran's well being.
- **Caregiver support** provides short term housing for families of hospitalized veterans. It also give family members the opportunity to participate in caregiver support groups, and other programs.
- **Supported Housing** is available through Section 8, or public housing. Case management services are available to promote recovery and independence.

The Caregiver and Veterans Omnibus Health Services Act of 2010 signed into law on May 5, 2010 include provisions that provide support for caregivers of seriously injured

Iraq and Afghanistan veterans. The law includes services to help prevent homelessness. It also addresses women's health issues, rural health improvements and additional mental health care and a study on suicides.

Joel Estey gave the Advisory Council an update on the King County Veterans and Human Services Levy approved by voters in November of 2005. Please see the 2009 Annual Report <http://www.kingcounty.gov/operations/DCHS/Services/Levy.aspx> . The Levy provides over \$13 million each year to help people in need in King County. Half of the Levy's revenue is dedicated to veterans, military personnel and their families and the other half is targeted to other individuals and families in need. The King County Council required a detailed implementation plan and appointed two citizen boards oversee the levy implementation. Ninety percent of the funds are allocated to non-profits and are allotted to five strategic areas:

1. Enhancing services and access for veterans, military personnel and their families
2. Ending homelessness through outreach, prevention, permanent supportive housing, and employment
3. Increasing access to behavioral health services
4. Strengthening families at risk
5. Increasing the effectiveness of Levy resources management and evaluation

King County has seen a number of positive outcomes for example:

1. 28,000 individuals were served throughout King County in 2009.
2. 208 housing units were added in 2009 with 363 more projected in 2010.
3. 8253 clients were assessed for mental health services.
4. 90% of low-income first-time mothers enrolled in the Nurse Family Partnership had positive birth outcomes.
5. 444 vets and families received PTSD counseling in 2009 with a 95% success rate for improving and stabilizing family relationships.
6. \$2.4 million was saved in four years through the Veterans Incarcerated Program.
7. Levy dollars were used to leverage other funding.

Issue

1. According to the May/June 2010 AARP article "Giving Back to Vets" <http://www.aarp.org/health/conditions-treatments/info-04-2010/giving-back-to-vets.html>, out of 23 million veterans in the US some 8 million receive VA benefits. Yet many deserving veterans don't know they are eligible for services. In recent years Congress eased eligibility standards, and expanded veterans' benefits including disability compensation, pensions and health care. For many veterans receiving benefits could mean the difference between suffering from an undiagnosed service related illness or receiving treatment from a specialist or a secure old age or a life of poverty.

2. The barriers to people receiving service include inadequate staffing, the difficult process for determining eligibility and political issues. The gaps in service include caregiver support, housing, and case management needs.

How Can the Advisory Council Help?

By advocating for additional funding, to address wrap around “gap services”, supporting collaborative programs between the state, ADS and other organizations serving veterans.

Questions:

Are there gaps/barriers in services? YES! Gaps include: care for families and children, caregiver support, rural services, therapy for older adults, outreach services. Barriers: income limits, disability criteria, staffing levels, building space, distance to clinics/hospitals, old VA reputation, change is *slow*.

Can the system serve all who access it? No. The VA has expanded care to younger veterans and families. The sheer numbers and exponential costs for care of severe injuries/disabilities may limit availability of services.

What might be other reasons why individuals don't access the VA services (even if they do know about them)?

There is a stigma remaining from the 60's and 70's, media hype, complicated system of eligibility/ benefits, distance to facilities, male system (“good old boys”), older population, less choice for care options, and it's hard to get information.

What can AC do?

Be educated about veterans' issues, support collaborative funding programs in state and county, dispel myths, advocate for more services across the age span. To view the presentations go to: <http://www.agingkingcounty.org/advisory-council/minutes.htm>

Communication Plan Review

Marsha King, Chair of the Communications Task force gave an overview of the previous meeting where it was decided the Advisory Council would find it beneficial to create a strategic communications plan. Such a plan would function as a blueprint for the Advisory Council as it goes forward with its work of championing the issues and concerns of older adults and individuals with disabilities. Today the task force asked the Advisory Council for approval to proceed with a communications plan and requested suggestions to make the plan better. In September Marsha will present a draft plan for final approval.

It is expected that the plan could be a significant new step in helping the Advisory Council clarify, focus and carry out its mission and goals. Marsha asked the council to break into three groups. The Communication Task Force acted as facilitators to discuss the following questions:

1. Where are we now?
2. Where do we want to go?
3. How will we get there?

Minutes

The May 14, 2010 minutes were approved as written.

Adjourn

The meeting was adjourned at 2:00 PM

NEXT REGULAR MEETING:

Friday, August 13, 2010

Noon – 2:00 PM

700 5th Ave., Suite 4060 Seattle, WA

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