

Advisory Council on Aging and Disability Services

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

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www.adsadvisorycouncil.org

MONTHLY MEETING

DECEMBER 9, 2011

MEMBERS PRESENT

| City of Seattle | King County | United Way |
|--|---|---|
| <input checked="" type="checkbox"/> Diane Snell | <input checked="" type="checkbox"/> Art Mussman | <input type="checkbox"/> Amy Astle-Raaen |
| <input type="checkbox"/> Jacqueline Deerr-Lord | <input checked="" type="checkbox"/> Cathy Von Wald, past chair | <input checked="" type="checkbox"/> Mary Anderson |
| <input checked="" type="checkbox"/> Duong Nguyen | <input checked="" type="checkbox"/> Kaylene Moon, chair | <input checked="" type="checkbox"/> Don Moreland, past chair |
| <input type="checkbox"/> Nick Licata, elected official | <input checked="" type="checkbox"/> Marsha King | <input checked="" type="checkbox"/> Timmie Faghin, past chair |
| <input checked="" type="checkbox"/> Bev Clark, secretary | <input checked="" type="checkbox"/> Dave Rogers | <input checked="" type="checkbox"/> Katty Chow |
| <input checked="" type="checkbox"/> Molly Holmes | <input checked="" type="checkbox"/> Ava Frisinger, elected official, At Large | <input type="checkbox"/> Dr. Elizabeth Phelan |
| <input checked="" type="checkbox"/> Claire Brannan | <input checked="" type="checkbox"/> Berta Seltzer | <input checked="" type="checkbox"/> George Dicks |
| <input checked="" type="checkbox"/> Tony Provine | <input checked="" type="checkbox"/> Kris Fredrickson | <input checked="" type="checkbox"/> Lillian Tang |
| <input type="checkbox"/> Vacant | <input checked="" type="checkbox"/> Dr. Natalie Ellington | <input checked="" type="checkbox"/> Tom Minty, vice chair |

| | |
|--------------------------|--|
| Excused Absence | Jacqueline Deerr-Lord, Amy Astle-Raaen, Dr. Elizabeth Phelan, |
| Guests: | Marla Nonken, Beverly Heyden, Mike Shriber, Craig Chamberlin, Margaret Boddie, Lorna Stone, Susan McLaughlin, Michael Brunson |
| ADS Staff | Gigi Meinig, Maureen Linehan, Andrea Yip, Irene Stewart, Andrea Yip, Maria Langlais, Mary Pat O'Leary, Hillary Cross, Doug Ricker, |
| United Way Staff | Linda Woodall |
| King County Staff | Linda Wells |
| City of Seattle | Rosemary Cunningham |

Welcome and introductions:

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

Rosemary Cunningham thanked the Advisory Council for their participation this year and said goodbye to the outgoing members.

Program: Innovative Health Care Models

PBS Frontline Video “Doctor Hotspot”

New Yorker writer and FRONTLINE correspondent Atul Gawande reported on a doctor in Camden, N.J., who actually seeks out the community’s sickest and most expensive patients. Dr. Jeffrey Brenner is a local physician who some believe might have the model to solve one of America's most intractable problems: lowering the cost of health care. While analyzing medical billing data in Camden, N.J., he mapped out "hot spots" of the impoverished city's high-cost patients. By targeting unique care, including home visits and social workers, at the city's most costly patients, he developed a program that he argues has both lowered health care costs and provided better care in Camden. His organization, the [Camden Coalition of Healthcare Providers](#), and other similar models were the subject of a January 2011 [feature in *The New Yorker*](#) by journalist and physician Dr. Atul Gawande. Since then, Dr. Brenner's medical strategy has garnered considerable attention.

Betsy Jones, Program Manager, Community Health Plan of Washington (CHPW)

Betsy Jones has over 15 years of experience in strategic planning, organizational development, performance improvement, program design and implementation. She has worked extensively with community health organizations and non-profit health plans. At CHPW she developed and continues to lead a local model of integrated health care bringing together mental health, substance abuse, acute and chronic care under one umbrella organization. The target population is Disability Lifeline (formerly GAU) recipients, who are low income. Many participants are homeless, have substance abuse and mental health issues.

The CHPW program model integrates and coordinates care between Primary Care Providers (PCP), Chemical Dependency (CD), and mental health specialists using evidence and measurable treatment outcomes. The use of registries and close follow-up assures people don’t fall through the cracks. Care coordinators act as the bridge between the client, PCP, mental health consulting psychiatrist, substance abuse treatment, social services, and vocational rehab. The model has resulted in several major accomplishments:

- Improving access to care for complex safety net populations which results in fewer people falling through the cracks.
- Reducing caseload growth due to a focus on mental illness, a key driver of the SSI disability caseload growth.

Note: Mental health and substance abuse care is 51% of the CHPW patient population and since 2002, 77% of the SSI caseload growth was due to growth in mental illness diagnosis.

- Saving community dollars through lower arrest rates and less homelessness.
- Integrating a successful model of primary care and behavioral health.

Betsy anticipates the model will benefit more patients in the future. CHPW expects to extend the integrated model to Healthy Options, the Basic Health Plan, dual eligibles and SSI recipients. Plus broaden the model to target patients with chronic medical conditions. The model could leverage community partnerships and expand beyond the population they currently serve. Similar to the Doctor Hotspot model CHPW expects to bolster work at the front-end to identify highest risk recipients of health care through a health assessment and a predictive modeling approach.

Sponsors Presentation

City of Seattle: Dannette Smith

Question: How will the role of the Advisory Council change related to health and long term care reform?

Answer: Dannette Smith expects the Advisory Council role will broaden and enhance dialogue with the state, public health, and health care entities about aging and disability services. Dannette recently met with ADSA representatives and discussed new innovative programs such as fee-for-service case management for the dual eligible population and the New Freedom pilot project. She encouraged the Advisory Council to seek community input, which she feels drives client-centered programs, as well as sound data, and continue to advocate for evidence-based aging network services that improve the health of older adults and people with disabilities at the same time that they reduce health care costs. In future meetings, she would like to share more information about the Seattle Human Services Department's transformation into a proactive, seamless service system that builds healthy families and communities. Dannette sees a role for aging and disability services advocates in development of programs for children and youth as well as people who are homeless. Advisory Council meetings provide a good venue for presentations and discussions involving partners, funders, and community members.

King County: Terry Mark, Deputy Director King County Department Community and Human Services (DCHS)

Question: What are the implications for the role of the Advisory Council based on demographic and population changes?

Answer: Not everyone is blessed with a large number of family members who provide care for parents and loved ones. Caregivers need additional help and support to assure people with multiple health needs remain in the community instead of being placed in facilities.

King County is the 14th largest county in the US with 1.9 million people. Over the previous 10 years the population has grown 11% or gained an additional 200,000 people. Currently 10.9% of the population is over 65 and 10.8% reside within the Seattle City limits. People of color comprise one third of the county's population and 52% of those live outside Seattle - concentrated in communities such as White Center, Boulevard Park, South King and East rural. Much of this growth can be attributed to an increase in immigration.

King County DCHS continually tracks the areas of the greatest economic need. During these tough economic times there is a greater need for services such as housing, food, transportation and more as resources become smaller. Terry invited the Advisory Council to request regular demographic updates from her department which is continually updated by King County staff. They also provide information about demographic patterns to identify future population shifts. She will ask her demographer to map the 60+ population to find hotspots where people 60 years of age and older reside to make it easier to target those areas for services and resources.

Terry also tracks legislation from many governmental entities including federal, state and local entities. She encouraged the Advisory Council to continue their advocacy at all levels of government which now more than ever is important to assure programs remain in place for the most vulnerable.

Dave Okimoto, Vice President Community Services at United Way

Question: How is health reform changing the way Sponsors are thinking about investments in the community?

Answer: Dave Okimoto presented information to the Advisory Council almost a year ago about a paradigm shift related to community resources. Today he reported the picture is becoming worse. The number of people with needs is rising, as is the age of the population. Resources are declining and worse than last year's projections with not enough to cover the increased needs. Federal, state and local dollars are also seeing reductions. On the positive side, the aging field continues to model ways to work with communities to bring innovative ideas and concepts to communities and services. Several successful approaches include healthy aging, universal design, and transportation. Advisory Council members demonstrate how to serve people differently through changes in the way investments are made in community programs and health care. Non-profits fund a very small portion of resources, while major funding dynamics are driven by private Medicare/Medicaid providers. As a community we have to figure out innovative approaches to health care because the current system is driven by institutional needs.

United Way is available to assist with policy discussions and help determine how to use funding strategically to shape services and the evolution of health care. They also offered to help develop models to bring smarter ways of assisting the chronically homeless and high utilizers of health care. The most important role of the Advisory Council is to provide advocacy, input and an ability to take a fresh look at how to serve elders and people with disabilities.

Pass the gavel from 2011

2011 Chair Kaylene Moon to 2012 Chair Diane Snell.

Announcements

Retreat January 13, 2012

Senior Lobby Day February 23

NEXT REGULAR MEETINGS:

February 10, 2012

12 Noon – 2:00 PM

Seattle Municipal Tower 700 5th Ave. Room 4060



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