### Advisory Council on Aging and Disability Services

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

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**MONTHLY MEETING**  
**FEBRUARY 14, 2014**  
**MEMBERS PRESENT**

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<th>City of Seattle</th>
<th>King County</th>
<th>United Way</th>
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<td>☑ Claire Brannan</td>
<td>☑ Dr. Natalie Ellington</td>
<td>☐ Mary Anderson</td>
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<td>☑ Molly Holmes</td>
<td>☑ Kris Fredrickson,</td>
<td>☑ Katty Chow</td>
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<td>☑ Sally Clark, Sea City Council</td>
<td>☑ Ava Frisinger, Mayor Issaquah,</td>
<td>☑ George Dicks</td>
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<td>☑ Tony Provine, Chair</td>
<td>☑ Kaylene Moon</td>
<td>☑ Timmie Faghin, past chair</td>
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<td>☑ Diane Snell,</td>
<td>☑ Dave Rogers, Senior Lobby Rep, SCOA</td>
<td>☑ Tom Minty,</td>
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<td>☐ Kathe Matrone</td>
<td>☑ Berta Seltzer, Planning &amp; Allocations Chair</td>
<td>☑ Dr. Elizabeth Phelan</td>
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<td>☐ Mac McIntosh</td>
<td>☑ Suzanne Pak</td>
<td>☐ Lorna Stone</td>
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<td>☑ Sue Shaw</td>
<td>☑ Bev Heyden</td>
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**Excused Absence**

Kathe Matrone, Lorna Stone, Mary Anderson, Mac MacIntosh, George Dicks

**Guests:**
Rowena Rye, Diana Thompson, Darlene Madenwald, Paula Houston, Wendy Holman, Karen Koenig, Bo Du,

**Speaker**
Bob LeRoy, Executive Director Alzheimer’s Association

**ADS Staff**
Gigi Meinig, Doug Ricker, Karen Winston, Andrea Yip, Mary Pat O’Leary, Irene Stewart, Doug Ricker

**United Way Staff**
Linda Woodall

**King County Staff**
Linda Wells

**City of Seattle**
Jesse Eller

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**Welcome and Introductions:**

**Tony Provine, Chair,** welcomed Advisory Council members and ADS staff to the meeting. He asked those present to introduce themselves.
Program
Alzheimer’s Disease and other dementias
Bob LeRoy, Executive Director, of the Alzheimer’s Association

Bob LeRoy Executive Director, Western and Central Washington Chapter of the Alzheimer’s Association, gave the Advisory Council an overview of dementia. Dementia is a term used to describe a group of more than 70 diseases causing irreversible changes in the brain severe enough to impair daily functioning.

Bob described his 98 year old father as an example of how people with dementia manage their lives. His father has had the disease for over 12 years and like many with dementia he slowly lost his short term memory, ability to communicate, perform familiar tasks, plan, and use appropriate judgment. People with dementia exhibit common behaviors which may include pacing, repetitive actions, verbal or physical aggression, wanting to “go home”, paranoia, and searching or gathering items. Bob gave an example of his father gathering and hiding bananas. Some exhibit personality changes and become unable to control their emotions or interpret sensory information.

Alzheimer’s is the third leading cause of death in Washington State and is the most expensive disease in America. It costs three times as much to care for someone with dementia than any other chronic disease. Currently, over 150,000 Washingtonians are looked after by 350,000 caregivers (most are unpaid family members). The numbers will triple by 2050 costing society over 1.2 trillion dollars. Yet, only $487 million is spent on research, a fraction of what is spent on other diseases such as cancer, HIV/AIDS, and cardiovascular disease.

The Alzheimer’s Association continues to advocate. They recently participated in 14 town halls throughout the state to provide education and gather information about the challenges related to Alzheimer’s. What they found was a lack of understanding about the disease (even among medical professionals) and a lack of knowledge about resources. They heard from a variety of community members about the challenges of the disease. Several themes resulted from these meetings:

- Lack of awareness about the disease (even among professionals)
- Lack of training for front line personnel. Note: However, TSA officials recently began a staff training program.
- Difficulty diagnosing the disease.
- Frustration with primary care physicians with few tools available.
- Poor dementia care options.
- Unprepared and overwhelmed caregivers.
- No local resources and ill equipped communities.
- Special challenges faced by families as young family members are diagnosed with early onset Alzheimer’s disease.
- Lack of funding for research, services, and training.

On the Other hand, interest in Alzheimer’s disease and dementia is increasing. A national Alzheimer’s plan was released in May of 2012. The plan includes five goals:
1. Prevent and treat Alzheimer’s disease by 2025.
2. Enhance public awareness and engagement.
3. Enhance care quality and efficiency.
5. Improve data to track progress.
In January, 2014 Congress appropriated $122 million to fund research and caregiver support. While more is needed, the good news is that the $122 million is part of a base budget and will recur every year.

In Washington State, an Alzheimer’s disease plan is working its way through the current legislative session. Senator Karen Keiser and 24 other senators sponsored the bill. The plan creates the infrastructure and accountability to address the social and economic impact of Alzheimer’s disease. It focuses on a full range of issues including research, diagnostic services, supportive services and long term care services. The plan will bring together numerous stakeholders including the business and legal professions, government, caregivers, health care providers, and people living with the disease. Additionally, The Alzheimer’s Association scheduled its first ever lobby day in February - over 104 people signed up to meet with their legislators.

Locally, research has begun at the University of Washington, Virginia Mason and Group Health. They found care coordination is critical, since most people with Alzheimer’s disease have multiple chronic diseases.

**Question:** What does the data reveal?

**Answer:** The biggest challenges are:
1. Little data is collected.
2. The Medicare reimbursement codes do not support the time it takes a physician to diagnose and make appropriate referrals.
3. Over half of the people with Alzheimer’s are not diagnosed and treated.

**Question:** What health care organizations have diagnostics centers?

**Answer:** Virginia Mason, University of Washington, and Group Health.

**Business Meeting**

**Minutes:**
Approved as written, - except to add Sue Shaw on the Advisory Council attendance list.

**ADS Alzheimer partnerships**

Doug Ricker gave a quick overview of several community partnerships for people with Alzheimer and dementia.

1. **Star C** - Collaboration with the University of Washington School of Nursing designed to help caregivers. The program helps them manage difficult behaviors through in-home consultations.

2. **RDAD** - “Reducing Disability in Alzheimer’s disease” - Collaboration with the University of Washington School of Nursing. Caregivers are trained by coaches to safely handle behavioral problems and use interventions such as in-home exercises to reduce disability.

3. **Memory Care and Wellness.** Collaboration between the University of Washington and Full Life Care funded by ADS. The program is a modified adult day program incorporating exercise activities and includes a higher than normal staffing ratio.

4. **Alzheimer Association Family Caregiver Support Contract.**
   a. Connections Care Consultation provides individual guidance to families to address immediate needs and planning for the future.
b. El Portal Northwest serves individuals and families from the Latino/Hispanic community dealing with dementia.

5. Support groups and training for caregivers.

**Director’s Report**
Jesse Eller announced he was leaving ADS at the end of February. He praised ADS as a strong organization with many moving parts. He complimented the incredible staff and Maureen Linehan for taking on the job of interim ADS director.

Duals Demonstration Project beginning date was pushed to March 2015. The state has not issued their final rates. The state plans to integrate mental health and substance abuse treatment into the physical health care system by 2015. There will be a competitive bid process with full integration expected by 2019.

Advisory Council members’ advocacy for hearing resources was successful. Collaboration has already begun between the city clerk’s office, Finance and Administrative Services and the Seattle Channel to develop a plan for the hearing impaired.

**King County Liaison: Linda Wells**
1. Bev Heyden’s appointment was confirmed by the King County Council.

2. King County continues to support older adults through a variety of programs. Recent expenditures include:
   a. Housing repairs for senior buildings
   b. Maintaining a commitment to older adults for housing, transportation, mental health and veterans’ services.
   c. Ongoing support for senior center infrastructure in unincorporated King County
   d. Renovation of two senior centers.

3. Duals strategy collaboration and implementation

**United Way Liaison: Linda Woodall**
United Way maintains support for older adults through their commitment to supportive core services which are: eliminating homelessness (many homeless are older adults), adult day care, caregiving, and respite.

**Planning and Allocations Committee**

**Budget Report**

*Federal* – Appropriations included a modest amount of sequester replacement dollars, but not enough to return programs to 2012 funding levels, except Title IIIC (Nutrition Programs) of Older Americans Act (OAA), received a significant boost. The other titles (Title IIIB (Supportive Services); Title IIID (Prevention); Title IIE (Family Caregiver Support); Title VI (Native American line items); and Title VII (Elder Abuse and LTC Ombudsman Programs) were funded at the 2013 post-sequester levels.

*Note*: Money from the Prevention and Public Health Fund was directed to the Administration on Community Living (ACL) for Chronic Disease Self Management ($8 mill) and falls prevention ($5 mill).
State – ADS anticipates few changes in funding until 2016. However, King County is scheduled to receive another funding reduction of $145,000 in 2014 due to a change in the state’s funding formula determined by population growth and other factors.

City of Seattle – In 2014 ADS received a $225,000 one-time only funding allocation to help mitigate Sequestration cuts. In 2015, they must make the request again using the Statement of Legislative Intent (SLI) process. Budget requests for 2015 are due in May 2014.

The SLI requires HSD/ADS to develop potential partnership funding options with King County, United Way and suburban cities to backfill federal and state reductions. The directive is to identify matching funds for the City’s General Fund for aging services. With partnership funding, the Council expects that our biennial budget will include GF funding for no more than one-third of the cost to backfill the anticipated regional aging services funding gap for 2015 and 2016. A written update is due to the Council by August 1, 2014.

The SLI also requests that HSD/ADS develop a policy framework using the Public Health-Seattle King County agreement as a model for City enhanced aging services. The Council is seeking a policy approach that avoids the use of General Fund (GFS) to subsidize aging and disability services for non-Seattle residents. The policy would apply to any new GFS proposed requests for the 2015-2016 biennial budgets.

2014 Work Plan
Committee members discussed the 2014 work plan items for 2014:
- Review funding cycle matrix of City, County and United Way funding.
- Review King County demographic data.
- Develop 2015 reduction strategies for discretionary funds, due to federal sequestration and DSHS funding cuts.

ADS staff are also planning to meet with the City’s Office of Intergovernmental Relations (OIR) for assistance with approaching other King County jurisdictions. Meetings are also planned with the King Co. Community and Human Services Department Director, Adrienne Quinn and, the Interlocal Agreement will also be reviewed.

March P&A Committee Agenda
Committee members agreed on the following agenda topics for March:
- Presentation on the King County Veterans and Human Services Levy
- Review of King County demographic data
- Review of funding cycle matrix
- The next P&A meeting is scheduled for Monday, March 3, 2014, in the SMT Room 5190.

Outreach and Communications Committee
Claire Brannan announced that they are planning four forums this year:
March: Central Area Senior Center
July 11 – Kent Senior Center
September 12 – Vashon
And possibly one more in May

Advocacy Committee
Diane Snell asked the Advisory Council to pass a motion directing the Advocacy Committee to write a letter to Patty Murray and Maria Cantwell which supports the repeal of Medicare’s
“doctor fix”. The provision reduces the pay doctors receive from Medicare. The motion passed.

Senior Lobby day is February 20th. Carpoools will leave the Seattle Municipal Tower at 7:15 AM. Everyone will meet at United Churches in Olympia a few blocks from the capital.

SCOA
Dave Rogers reported the SCOA plans to support:
1. The Governor’s planning process for Alzheimer’s Disease
2. A study of new financing options for long-term services and supports. HB 2777 (which passed February 20th). If Medicaid is left as the sole mechanism to finance long term care services, considerable pressure could be placed on state and federal budgets.

NWUD
Andrea Yip reported on behalf of Tim Minty about the most recent meeting of the council (January 9) featured a presentation about “Washington’s 50+ Accessible Housing Council”, plus an overview of the role of the Building Industry Association of Washington. The next meeting will be held Thursday, April 10 at 9:30 in the Seattle Municipal Tower Room 4080.

Announcements
1. Senior Lobby Day February 20, 2014
2. RFI June – Senior Centers

Advisory Council
NEXT REGULAR MEETING:
Friday, March 14, 2014
Central Area Senior Center
500 30th Ave S Seattle, 98144
11:30 – 2:00 PM
www.adsadvisorycouncil.org