Welcome and Introductions:
Tony Provine, Chair, welcomed Advisory Council members and ADS staff to the meeting. He asked those present to introduce themselves.
Program: Innovative Ways to Provide Health Care to Underserved Populations

The Advisory Council met at the International Community Health Services (ICHS) to hear from community agency representatives who care for vulnerable and underserved populations. Many of their patients have chronic health problems, mental health issues, low incomes, face homelessness, and may be limited English speaking. The panel included:

- Michael McKee, M.Ed., Director of Health Services and Community Partnerships, ICHS
- Dorothy Wong, Executive Director Chinese Information and Service Center (CISC)
- George Dicks, Supervisor, Geriatric Psychiatric Services, Harborview Medical Center

The mission of ICHS is to provide culturally and linguistically appropriate health services to improve the health of Asian Pacific Islanders and the broader community. It was founded in 1973 as a free drop-in clinic located in the International District. Today the clinic offers full health, dental and behavioral health care. The Holly Park site opened in 1996. ICHS has continued to expand by partnering with other agencies. Examples include a school based health center at Seattle World School, a primary care clinic at ACRS, a mobile dental clinic in partnership with Group Health and Public Health. In May a clinic was opened in Bellevue and another clinic will open in Shoreline in partnership with Goodwill and faith based organizations.

ICHS http://www.ichs.com/ serves over 20,000 people each year with nearly 20% over the age of 65. Seventy percent of all visits are interpreted and 75% of patients are below 200% of FPL. Services include

1. Primary care: Chronic disease management, wellness exams, advance directives.
2. Dental care: Routine preventative services, restorative dental services, dentures.
4. Wellness activities: Tai chi, ping pong, line dancing, and job search programs.
5. Integrated health care and self-management support.
6. Pharmacy services.
7. Laboratory Services through Interpath Labs.

According to Dorothy Wong, in 1972 CISC was founded by Asian college students who had a desire to help their community. CISC now has 17 locations throughout King County with a strong presence on the Eastside. The agency serves the elderly, youth and families including Americans who recently adopted Chinese children. They offer immigrant transition programs, information and assistance, crime prevention, health insurance counseling, legal clinics, ESL classes, art, cultural events, elder programs which promote health and independence, family and youth programs.

CISC uses a one stop shopping holistic approach to meet their clients’ needs and cultural values using evidenced-based program models. Programs are supported by 67 staff and 400 volunteers (90% are bilingual). They have entered into community partnerships with libraries, churches, government, and community centers. CISC’s goal is to stabilize and strengthen families, promote community awareness and provide opportunities for families and youth to contribute back the community. For more information: www.cisc-seattle.org

For over 30 years, George Dicks has worked with severely mentally ill patients. He serves as the lead Mental Health Professional (MHP) at Harborview’s Geriatric Psychiatry Clinic, Mental
Health/Addiction Services. The clinic provides a full range of psychiatric services, including diagnosis, medication management and behavioral education to support older adults and their support network manage acute and chronic psychiatric illness.

George described changes in the mental health system during the previous 50 years which led to the closure of large mental health institutions. In the 1960’s the drug Thorazine gave mental health practitioners high hopes of eradicating many mental illnesses and lowering the cost of institutionalization. Today, most people with mental illness are no longer housed in institutions similar to Western State. Instead deinstitutionalization led to the development of outpatient behavioral health services. Harborview’s mandate is to care for the incarcerated, homeless and vulnerable with mental health issues. People served by Harborview’s mental health program lack health insurance, housing, food, jobs and social skills. While institutions focus on custodial and symptom management, Harborview’s uses an integrated recovery model. Staff work with patients using a full spectrum of social and medical services which helps patients live life independently, develop life skills, job skills, and behavior management techniques. As patients take ownership of their lives, they improve, find job through Harborview’s job program.

George’s specialty is geriatric mental health. Many of his patients have had mental health issues most of their lives, others have dementia. People are referred to Harborview when they lose their capacity to take care of themselves or families are no longer able to care for them. Most elders are dual eligible or charity care. In fact, UW Medicine, the umbrella organization for Harborview, provides $210 million in charity care each year. Harborview has been ranked among one of the nation’s top hospitals. They serve the most complex medical cases in the region.

Questions and Answers:

Question: Does ICHS have any plans to expand to South King County?
Answer: Not at this time, as it would duplicate services provided by other health care organizations.

Question: What is the demand for services?
Answer: Demand continues to be great. At Harborview the next available appointment for the Geriatric program is June.

Question: What would a dual eligible collaboration look like?
Answer: The state has several dual eligible projects planned for King and Snohomish counties. Panelists stressed the importance of people remaining in the community to age in place, an option which offers better quality of life and costs less than nursing facility care.

Question: Are there special care options for LGBT elders?
Answer: One of Harborview’s priorities is to serve people with HIV and AIDS using an aggressive treatment approach. Many staff represent the LBGT community.

Question: Has the unmet need changed since open enrollment ended for the Affordable Care Act?
Answer: It’s too early to tell and difficult to know if services through the ACA will meet demand.

Question: How does Harborview serve multiple cultures and language needs?
Answer: The first priority is to engage the trust of individuals. Interpreters do more than interpret, they build relationships with patients. Medical staff meet people where they are and try to bridge the knowledge gap in a culturally appropriate manner.

Becoming ill in a foreign county can be isolating. CISC uses a holistic approach to work with clients and families by providing education about the health care system.
Question: Are there enough health care practitioners to handle the increase in the older population and newest immigrants?
Answer: As the number of elders continues to grow so does the need for geriatricians. There are few health care practitioners with expertise serving patients in a culturally appropriate manner.

Business Meeting

Minutes: Approved as written.

Welcome and Introductions: Tony Provine, Chair, welcomed Advisory Council members and guests to the meeting.

Director’s Report
Maureen Linehan gave the director’s report. She talked about the importance of building regional partnerships with organizations that have similar interests, identifying political champions and educating newly elected politicians. Conversations should frame our mutual interests, and lead us to work together on solutions. In the past ADS built relationships with nonprofit providers. It’s time to build strong relationships with representatives from other local municipalities and government agencies.

CM Budget
ADS is facing a revenue neutral budget in 2014 with no new funding for innovative projects. Maureen will meet with the State today about the Case Management Budget which has remained fixed over the previous 6-8 years even though costs continue to rise. She will suggest sending a budget request to the Governor asking for an ongoing maintenance provision. She expects to have a discussion about the addition to the funding formula for improved connections between case management and Medicaid health providers.

The ADS City budget request is due by May 15. HSD will finalize their request in July. The Mayor will release his budget in September, and the City Council will finish the process in November.

Duals Project
Care Coordination contract negotiation between managed care companies Regence and United continues. Voluntary enrollment begins in October and passive (automatic) enrollment begins in January of 2015.

Senior Center RFI
Senior Center RFI investment process will begin this summer. Maureen encouraged the Advisory Council to attend the Mayor’s Office for Senior Citizens Coffee hour with Mayor, Ed Murray on Thursday, June 19, 11 AM at the Central Area Senior Center 500 30th Avenue South, Seattle, WA 98144.

King County Liaison Report
Linda Wells reported the Community and Human Services Department has a few days left to submit their budget proposal to King County. She expects cuts to mental health and substance abuse programs. During the budget planning process little data was found related to the health of older adults. Linda found it noteworthy that there are four generations in the work force: Silent Generation, Boomers, Gen X and the Millennials, each having different work styles and values.
**United Way Liaison**
Linda Woodall stated “People 65 years of age and older today are 2/3rds of everyone who reached the age of 65 since time began.” We are in a transformational time: Major causes of death a generation ago are no longer relevant today. There has also been a significant drop in heart disease and cancer. Yet, there is a zero drop in the number of people who will have Alzheimer’s disease the 6th leading cause of death. Many will live 30 years or more with it. At age 85 there is a 50/50 chance people will get the disease.

Linda had the opportunity to talk with United Way staff about the senior center presentation and discussion. She stressed the need for social work services and prevention programs, and described the increase in the number of homeless people attending senior centers. Grandparents now bring their grandchildren either because their own children work or they are raising grandchildren.

**P&A Committee**

**Budget Report**
Funding is stable for now – no cuts will be made in 2014. A public hearing on the budget will be hosted by the P&A Committee on June 2nd.

1. **Federal**
   Federal funding is stable for now. ADS received $50,000 in 2014 Older American Act (OAA) funding for nutrition services, to replace funding that was lost in 2013 federal sequestration.

2. **State**
   The Senior Citizens Service Act did not experience any reductions.

3. **City of Seattle**
   City of Seattle departments are in the process of preparing their 2015 budgets.

**Advisory Council Action Requested**
The P&A Committee requested the approval of the draft 2014 Discretionary allocation recommendation. Following approval, the recommendation will be forwarded to ADS Sponsors for approval then for public comment scheduled for May 19 through June 2.

**Motion:**
A motion was made/seconded/passed for a one-time allocation of $50,000 for nutrition services.

**Discretionary Allocation Recommendations**
Next steps – A memo will be sent to ADS Sponsors seeking approval to release the recommendation for public review and comment.

**Policy Objectives for ADS**
Committee members received information about the Seattle City Council Statement of Legislative Intent (SLI) which advances ADS policy objectives and ongoing General Fund support. Below are funding framework recommendations:

1. Funds are contracted with appropriate performance-based measures to ensure proportionate geographic distribution of services.
2. Monitor compliance based on 60+ population data.
3. Local funds will be used for older adult programs and services within that jurisdiction, unless other specifications are noted.

**Regionalism**
The committee agreed to target several suburban cities including: Bellevue, Redmond, Kirkland, Shoreline, Renton, Kent, Auburn, Federal Way, Burien, Des Moines, Sea-Tac, and
Tukwila. They asked staff to collect information about human services and aging services which they will use when Advisory Council members meet with officials.

**Outreach and Communication Committee**
Dr. Natalie Ellington gave an update on the upcoming events.
*June* – The Advisory Council will see a showing of “A Place at the Table” a movie about hunger in America and how the cuts in food stamps and other programs affect families.
*July* – The meeting will be held at the Kent Senior Center. At the request of the program director, Liz Mercer was asked to give an update on the Affordable Care Act and Karen Keiser agreed to speak.
*August* – In progress: Committee is developing a program
*September* – The Advisory Council will travel to Vashon Island. George Dicks will present information about mental health. Ava Apple, Vashon Senior Center Director, attended the Communication Committee to discuss the September event. Dave booked the Presbyterian Church which holds 50+ people. More research will take place during a site visit. Staff will reserve a van to transport people via the ferry to Vashon. The senior center has vans that can be used to pick up walk on passengers.

**Advocacy Committee**
Co-chair Diane Snell, reported she read a New York Times article about a study done on Romney’s Massachusetts Health Care Program which found the death rate dropped by 3%. This finding speaks to the need for health insurance coverage.

**Transportation**
The Transportation measure lost. Most of the no votes were from outside the City of Seattle in the suburban areas. There are plans to place a new measure on the November ballot. The committee suggested sending a letter to Governor Inslee to bring the legislature to take care of unfinished business.

**Medicare Observation Status**
The Bellevue Network on Aging is developing handouts which will be used to educate the public.

**Housing**
The Advocacy Committee invited Ben Miksch, Affordable Housing Policy and Advocacy Specialist from the Washington State Low Income Housing Alliance to speak about the State’s housing situation. Ben’s organization works with other organizations to create affordable housing. The housing trust fund has received funding since 1989. In 2013 the Trust Fund was no longer funded by the legislature yet there continues to be a huge need for low income housing.

The purpose of The Housing Trust Fund is to make funds available for affordable housing projects through a competitive application process. Since 1987, the Housing Trust Fund has awarded almost $1 billion in funding and helped build or maintain nearly 40,000 units of affordable housing statewide. Housing Trust Fund dollars support a wide range of projects serving a diverse array of low-income populations. Projects serve people with incomes up to 80% of Area Median Income, but the majority of projects funded to date serve households with special needs or incomes below 30% of Area Median Income, including homeless families, seniors, farmworkers, and people with developmental disabilities.

**Northwest Universal Design Council**
1. Tom Minty reported that the previous quarterly meeting on April 10 featured a presentation by Dr. Sheryl Burgstahler, UW College of Education entitled
“Universal Design: Applications in Education”. Patrice Carroll, Seattle Department of Planning and Development Seattle 2035, gave an update about the Seattle comprehensive plan. The next quarterly meeting is Thursday, July 10 and the next steering committee meeting will be held on Monday, May 19 at 10 AM, on the 51st floor, and everyone is welcome to attend.

2. The NWUD special projects include:
   a. Publishing a universal design handbook. The BIAW 50+/Accessibility Council--a building and remodeling industry group--expressed interest in partnering on this.
   b. Connecting with other groups including the Seattle Commission for People with Disabilities and the King County Mobility Coalition's livable communities committee.
   c. Bringing a presentation about safety concerns related to the Downtown Waterfront design to the Seattle Commission for People with Disabilities. The presentation laid many of their concerns to rest.
   d. Collaborating with the King County Mobility Coalition on a possible presentation during Seattle Design Festival 2014, in September. The festival theme is "design in motion" and the NWUDC will bring the design element to the discussion of transportation services.
   e. Improving devices and technology for people with hearing loss who attend Seattle City Council meetings, and helping to make City government more accessible, by design.

Announcements
Sue Shaw gave an update from the City of Seattle Disability Commission. She brought copies of the 2014 works plan and 2013 report from the Office of Civil Rights.

Advisory Council
NEXT REGULAR MEETING:
Friday, June 13, 2014
Noon – 2:00 PM
Seattle Municipal Tower
700 5th Ave Seattle, WA
www.adsadvisorycouncil.org