

SECTION C – ISSUE AREAS, GOALS AND OBJECTIVES

C-1 Local and State/National Issue Areas

ISSUE AREA: FAMILY CAREGIVERS AND KINSHIP CAREGIVERS

Profile:

Families are the first responders to a person's need for help with a long term care chronic condition. Families are generally willing and often able to contribute to important care needs, especially tasks which can require otherwise licensed assistance. While the traditional view of caregiver support focuses on the care needs to the elderly person, increasingly the role the elderly play in caring for younger family members is gaining attention. Older people raising grandchildren or other relatives can put an additional strain on the family; made worse if failing health or chronic conditions limit or threaten these critical parent surrogates. If families are to be our first response to crisis, then supporting families that accept the challenge and responsibility is a valuable public policy. Information and assistance for family caregivers is available in all three counties; support groups have been formed in all three counties to aid relatives raising children; excellent caregiver trainers are available in all three counties and growing recognition of caregiver challenges are helping caregivers seeking assistance. Funding from the State of Washington and the Federal Older Americans Act provides resources and services to support local efforts based on caregivers' expressed needs.

The five **core elements** of the Family Caregiver Support Program (FCSP) are provided to caregivers of adults either directly by LMTAAA or subcontracted to providers in the community. (See Appendix G, FCSP Subcontracted Providers) Family caregiver **information and assistance** is provided directly by one full time Assistance Specialist who covers all three counties, as well as the full time Assistance Specialists housed in each of the LMTAAA offices. **Support groups** are supported by the program through the offering of information and assistance and group presentations. **Training** is offered year-round in all three counties, and is provided generally by subcontracted trainers and specialists. In-home individual training by a subcontracted nurse is also available on an as-needed basis. **Counseling** is now offered to family caregivers who have no other means of paying for such services, through subcontracts with counselors in all three counties. **Respite Care** is provided in all three counties through subcontracts with home care agencies and out-of-home facilities. The **Supplemental Services** we provide include Housework & Errands provided by home care agencies and other purchases of services or support such as medical equipment, transportation, interpretation, consultation, etc.

Grandparents and other relatives raising children are provided support through subcontracts with Childcare and Educational Services, dba Family Education and Support Services. This non-profit agency provides services in all three counties including information and assistance, support groups and child care and support, the Kinship Caregiver Support Program and the Kinship Navigator Program.

Problem/Need Statement:

Linking non-paid family and informal caregivers to local supports and developing easy to access assistance for them requires offering a wide variety of options and frequent communication with caregivers. Families experience their caregiving challenges in very personalized ways, often preferring individualized supports.

Family members or friends often do not recognize themselves as “caregivers” and therefore often do not seek out support and assistance. Ongoing outreach to all counties, especially the rural areas is critical. Increasing awareness in all communities about the needs of caregivers will help to bring awareness of the programs. Specifically targeting communities of limited English speaking individuals, those with the greatest economic need and greatest social need will help to expand our services in the three counties.

The Community Needs Survey conducted in May 2007 noted a great interest by caregivers for chore services, information and assistance and a rest once in a while.

Continued and expanded supports for relatives raising children will require increased funding opportunities in order to adequately fund full time navigators in each county and additional support groups in rural areas.

Goal #1:

To provide families caring for family members support, training, respite, information and assistance and other services to help them continue their caregiving responsibilities, with the provision of culturally relevant services and information for targeted populations, as well as targeted outreach to caregivers with the most economic and social need.

Objective 1: LMTAAA will provide one-on-one information and assistance to family caregivers by employing a full time FCSP Assistance Specialist and additional full time Assistance Specialists in all agency offices. Assistance Specialists are available for walk-in clients and those who call or email the agency looking for information, referrals and assistance.

Timeline: Ongoing.

2010 Update: This objective is continuing through 2011 and beyond as funding allows.

Objective 2: LMTAAA will target family caregiver outreach to rural areas, specifically eastern Lewis County and northern Mason County. Outreach will include presentations to organizations, groups, churches and clinics within those communities to introduce the FCSP and develop relationships for referral sources. Articles and advertisements in local publications will target rural areas of the counties. All LMTAAA Assistance Specialists will provide information about the FCSP to individuals throughout the three counties at health fairs, senior centers, community centers and other presentations within their communities.

Timeline:

March-May 2008	FCSP Assistance Specialist will visit and provide presentations to organizations in rural eastern Lewis County.
June-Aug. 2008	FCSP Assistance Specialist will visit and provide presentations to organizations in northern Mason County.
Jan. – Dec. 2008	Articles or advertisements will be placed in rural newspapers, magazines, or other publications reaching rural Lewis and Mason County.

2010 Update: Due to staff turnover in 2008, this objective was extended into 2009.

- FCSP Assistance Specialists visited public offices, pharmacies, clinics and senior centers in Mason County, November 2007.
- Informational letters sent to rural medical providers, fire stations, pharmacies and police stations, November and December 2007.
- FCSP Assistance Specialist presented to senior group in Union, WA. (Mason County), August 2008.
- Presentations given quarterly in rural areas of Lewis and Mason Counties, throughout 2009.
- Advertisements placed in rural newspaper reaching rural eastern Thurston (Nisqually Valley News)

Objective 3: LMTAAA will target family caregiver outreach to minority populations and limited English-speaking caregivers. Outreach will include presentations to organizations, groups, churches and clinics which serve minority populations within Lewis, Mason and Thurston Counties. Outreach will also include development of FCSP brochures in languages other than English, as well as two articles in languages other than English aimed at providing tips to family members and information about accessing local community services, as funding allows.

Timeline:

April 2008	Identify partner organizations and identify languages spoken.
December 2008	Develop and disseminate brochures and articles.
Ongoing	Provide presentations in each county to groups or organizations serving minority populations.

2010 Update: Due to staff turnover in 2008, this objective was extended into 2009.

- Participated in the Washington Hispanic Festival in Centralia, July 26, 2008.
- FCSP Assistance Specialist has identified and connected with community partners, throughout 2009.
- Brochures and pamphlets in languages other than English have been purchased for use by FCSP Assistance Specialist, 2009.
- FCSP Assistance Specialist made contact with Vietnamese elders at the St. Michal's Catholic Church heath fair, March 22, 2009
- Outreach presentation made at Korean Elders' lunch at the Lacey Senior Center, June 24, 2009, with Korean-speaking LMTAAA Case Manager.
- Participation in the Washington Hispanic Festival in Centralia, July 24, 2009.

- *Plan to translate the agency's FCSP brochure into at least one other language extended to December 2009.*

Objective 4: LMTAAA will target family caregiver outreach to the Tribes in Lewis, Mason and Thurston Counties, and enhance existing relationships with family caregiver coordinators at each Tribe. Assistance specialists will distribute information at regularly scheduled visits and health fairs, and LMTAAA staff will attend Tribal meetings which address family caregiver issues. LMTAAA FCSP staff will meet with each family caregiver coordinator at each Tribe to re-establish relationships and exchange information. The Tribes in our region include the Cowlitz, Chehalis, Nisqually, Squaxin Island and Skokomish Indian Tribes, as well as the South Puget Intertribal Planning Agency (SPIPA).

Timeline:

Ongoing	Distribute information, attend health fairs and meetings.
December 2008	Meet with Tribal family caregiver coordinators.

2010 Update: *FCSP outreach to Tribes has been developed through meetings with Tribal family caregiver and elder services staff, presentations to Tribal family caregivers, participation in Tribal health fairs, and relationships that have been built through the Policy 7.01 planning process.*

- *Regular monthly visits by I&A staff with all Tribes elder programs.*
- *Discussions with participants at bi-annual Policy 7.01 meetings.*
- *Meetings with Tribal family caregiver coordinators to share info and ideas have occurred with all Tribes in our region, and continue as issues and ideas are developed.*
- *FCSP Projects Coordinator presented info at Nisqually Caregiver Luncheon, March 2008.*
- *Participated in Cowlitz Tribe Health Fair, June 26, 2008.*
- *FCSP Assistance Specialist presented info at Nisqually Elders lunch, August 2008.*
- *Participated in Chehalis Tribe Health Fair, October 2008.*
- *Presented FCSP info at SPIPA Elders Workgroup meeting, November 2008,*
- *FCSP Assistance Specialist presented to SPIPA Cancer Control Board, December 2008.*
- *FCSP Assistance Specialist presented to elders at Chehalis Tribe, January and March 2009*
- *FCSP Assistance Specialist coordinated participation in teleconference with SPIPA and area tribes, March 2009.*
- *Discussions with SPIPA to help coordinate a Tribal Alzheimer's conference in connection with South Sound Alzheimer's Council, April 2009.*
- *Participated in Squaxin Island Health Fair, June 2009.*

Objective 5: LMTAAA will continue to provide respite care options for families by entering into agreements with local respite providers for in-home care as well as out-of-home care and adult day care, and assess the need in each county for additional respite options.

Timeline: Ongoing.

2010 Update: *Respite care options continue through contracts with in-home care, out-of-home care and adult day care.*

Objective 6: LMTAAA will continue to contract for one-on-one skills training for family caregivers by a licensed nurse when authorized by AAA staff, as funding is available.

Timeline: Ongoing.

2010 Update: *Contract with PRN for nurse consultation and training continues, and authorizations have increased greatly in 2009. This service has become an excellent first step in working with family caregivers.*

Objective 7: LMTAAA will support and help fund a locally sponsored Alzheimer's conference each year as funding allows, and as need for financial assistance is identified by the sponsoring agency. The FCSP Assistance Specialist will participate in the South Sound Alzheimer's Council, and will help to organize the annual conference each year.

Timeline: Annually, in the spring.

2010 Update:

- *FCSP Assistance Specialist continues to participate in the Council.*
- *Financial support continues for this conference each year. The South Sound Alzheimer's Council held conferences on March 22, 2008 and May 28, 2009 in Tumwater.*

Objective 8: LMTAAA will provide trainings for family caregivers in all three counties, as funding allows. Trainings will address needs as identified by family caregivers in our region. Trainings may address topics such as dementia/Alzheimer's Disease, family relationships, caregiving skills, coping skills, grieving, comfort therapies, legal issues, etc. Speakers will be contracted to provide these trainings as needed.

Timeline: Ongoing.

2010 Update:

- *Workshop series on grief, end of life care, nutrition, and fall prevention for caregivers presented by Providence Sound HomeCare and Hospice in Olympia, April/May 2008.*
- *"Caregiver Survival Guide" workshop series presented by David Robinson in Olympia, September/October 2008.*
- *"Third Thursdays for Caregivers" series presented monthly, rotating locations throughout the three counties. Topics included setting limits, financial planning and changing roles, family caregiver experiences, navigating the medical system, grief and caregiving, maintaining your mental and emotional health, and maintaining your physical health, throughout 2009.*
- *"Caregiver Survival Guide" workshop series presented by David Robinson in Olympia, October/November 2009.*

Objective 9: The LMTAAA will maintain four family caregiver resource libraries in all four LMTAAA offices in Lewis, Mason and Thurston Counties. Materials will be available to check out or use on site, including brochures, magazines, books, videos/DVDs, and tapes.

Timeline: Ongoing.

2010 Update: Resource libraries continue to be updated and maintained in all offices; however, due to limited space in the Morton office, most materials in Lewis County are in the Chehalis office.

Objective 10: LMTAAA will provide a Housework and Errands program as a Supplemental Services option for family caregivers. Home care agencies will be subcontracted to provide home care aides to assist with housework and simple errands.

Timeline: Ongoing, as funding allows.

2010 Update: Housework and Errands continues to be a helpful service for family caregivers. Currently up to 15 caregivers are being served throughout the region, providing a maximum of 192 hours per year.

Objective 11:

LMTAAA will subcontract with the Center for World Indigenous Studies to provide Polarity Therapy and other relaxation therapies to authorized family caregivers as a Supplemental Services option.

Timeline: Ongoing, as funding allows.

2010 Update: This objective has been discontinued. It was decided to focus FCSP funding on other services such as Housework and Errands, Counseling, Respite, and Nurse Consultation.

Objective 12: Provide outreach to older individuals caring for severely disabled people, including children of all ages and people with developmental disabilities. Identify partner organizations to help reach these individuals.

Timeline: By December 2008.

2010 Update: Timeline moved to September 2009.

Objective 13: LMTAAA will develop a counseling program to be offered to family caregivers in all three counties. Counselor familiar with the problems faced by family caregivers will be subcontracted to provide the service. Since this will be a new service offered through the FCSP, the program may start with a small number of caregivers, due to the need to stretch our FCSP funds as far as possible within all core areas.

Timeline:

March 2008 Develop policies and procedures for this new service.

June 2008 Develop subcontracts with local counselors.

July 2008 Refer family caregivers for counseling services.

2010 Update:

- *Policies and procedures for FCSP Counseling were developed March 2008.*
- *An RFQ for qualified providers took place in May 2008 and contracts with five counselors, covering the three counties, were finalized by July 2008.*
- *The first caregiver was authorized for services in October 2008. Referrals have been very slow, as we find it difficult to find caregivers who are interested in counseling. However, we have renewed contracts in July 2009 for continued services and continue to find ways to find caregivers who are interested in this service.*

Objective 14: Provide outreach to non-traditional family caregivers who may not be recognized as family, such as Gay/Lesbian/Bisexual/Transgender (GLBT) partners who are not legally married. Identify partner organizations to reach GLBT individuals.

Timeline: By December 2008.

2010 Update: *Due to staff turnover in 2008, this objective was extended to September 2009.*

- *Organizations serving GLBT individuals identified and added to FCSP mailing list, May 2009.*
- *FCSP Assistance Specialist staffed an information table at the Capital City Pride Day in Olympia (gay pride parade and festival), June 21, 2009.*

Objective 15: Provide outreach to families caring for disabled veterans of all ages living within our region. Identify media outlets and organizations that have contact with veterans and their families.

Timeline: By December 2008.

2010 Update: *Due to staff turnover in 2008, this objective was extended into 2009.*

- *FCSP Assistance Specialist met with the Policy Academy Team for Washington State which included WA State Dept. of Veterans Affairs and other state agencies interested in returning veterans, September 25, 2008.*
- *FCSP Assistance Specialist met with WA Dept. of Veterans Affairs management team, October 13, 2008.*
- *FCSP Assistance Specialist participated in a health fair at American Lake Medical Facility, May 15, 2009.*

Objective 16: As a result of outreach to minority and limited English-speaking family caregivers (see Goal 1, Objective 3), new partnerships with community providers who serve these populations will be developed, and new populations will be reached. LMTAAA will partner with a community provider of services to immigrant populations in order to provide one training for minority and limited English-speaking family caregivers, on a topic identified as a need by that population. LMTAAA will also be able to provide Supplemental Services to these families as they are identified through the outreach efforts, and start to contact LMTAAA for family caregiver resources.

Timeline:

December 2008	As stated in Objective 3, brochures and articles will be disseminated to minority populations.
January 2009	Plan and develop training with community partner
April 2009	Provide one training to minority and limited English-speaking family caregivers.
Ongoing	Provide services such as Respite, Counseling and Supplemental Services to minority and limited English-speaking family caregivers.

2010 Update: *Due to staff turnover in 2008, this objective was extended into 2010.*

- *Services have been provided to limited English-speaking caregivers as a result of translation provided by Spanish-speaking and Korean-speaking LMTAAA staff.*
- *Handbooks and brochures will be purchased in other languages and the FCSP brochure will be translated into one or more languages other than English by December 2009.*
- *Training for minority and limited English-speaking family caregivers moved to April 2010.*

Goal #2:

To provide relatives raising children with support, training, respite, information and assistance and other services to help them continue their caregiving responsibilities, with the provision of culturally relevant services and information for targeted populations.

Objective 1: The LMTAAA will provide funding through the National Family Caregiver Support Program to subcontract with Child Care and Educational Services, (dba Family Education and Support Services) to provide support groups, educational sessions and associated child care for kinship caregivers in Lewis, Mason and Thurston Counties, as funding allows.

Timeline: Ongoing.

2010 Update: *Financial support through the FCSP Title III-E is continuing to be provided through a subcontract with Family Education and Support Services for support groups, educational sessions and child care associated with those events in all three counties. Support groups are now held in Centralia, Lacey, Yelm/Rainier, and Shelton; however, attendance at the Yelm/Rainier and Shelton support groups has been low.*

Objective 2: LMTAAA will provide the Kinship Caregiver Support Program for kinship families in Lewis, Mason and Thurston Counties through a subcontract with Child Care and Educational Services, (dba Family Education and Support Services). Emergent needs for kinship families will be identified and goods and services will be provided to families in an amount of \$1,000 per family, once per year.

Timeline: Ongoing.

2010 Update: The KCSP program is continuing to help kinship families through a subcontract with Family Education and Support Services. 2008 KCSP funds were spent out by March and additional funds offered by other AAAs and awarded to LMTAAA were spent by July 2009, increasing the number of families we were able to help. Although we have set a maximum of \$1,000 per family per year, needs are prioritized, and most families are served with approximately \$700 - \$800 in order to spread the funding further to more families.

Objective 3: LMTAAA will provide for a full time Kinship Navigator and a part time bi-lingual Navigator through the Kinship Navigator Program in Lewis, Mason and Thurston Counties. The Navigators will be subcontracted through Child Care and Educational Services (dba Family Education and Support Services). Services will be specifically targeted to rural, low-income and minority populations in all three counties. Kinship Navigators will connect grandparents and other relatives who are raising children with community services in order to create long term stability needed to keep their children out of foster care.

Timeline: Ongoing, through June 2009.

2010 Update: The Kinship Navigator Program will continue through June 2010 and beyond, as funding continues to be available. Family Education and Support Services continues to hire a full time Kinship Navigator and part time bi-lingual Spanish-speaking Navigator Assistant who has greatly increased the outreach efforts to Spanish-speaking families in all three counties. The Navigators continue to help more families looking for help with family services, children's services, legal assistance, financial assistance and other support.

NEW

Goal #3:

Implement the new Tailored Caregiver Assessment and Referral (TCARE) protocol within the Family Caregiver Support Program.

Objective 1: Provide two direct service staff responsible for working with unpaid family caregivers, including activities related to TCARE. One FTE will be housed in Olympia to cover Mason County and much of Thurston County and .75 FTE will be housed in Chehalis to cover Lewis and southern Thurston County. These staff will be responsible for TCARE screening, assessment, plan development and monitoring, referral, authorization of LMTAAA FCSP services, consultation, and coordination in accordance with ADSA program requirements. The two positions will provide back up for each other, with additional backup from supervisors when necessary.

Timeline: Full staffing and implementation of TCARE will occur upon completion of our final training session on January 15, 2010.

Objective 2: Adequate training will be provided to direct service staff.

Timeline: October 2009 through January 15, 2010 direct service staff, supervisors and Program Manager will attend applicable TCARE trainings provided by ADSA.

Objective 3: Adequate supervision will be provided to direct service staff.

Timeline: The Training and QA Supervisor will supervise both positions. She has been certified as a Master Trainer in TCARE. She will oversee the implementation of TCARE and its compliance with the requirements, as well as provide on-going training to staff. She will report progress and issues to the Program Manager.

ISSUE AREA: INFORMATION and ASSISTANCE SERVICES as AGING & DISABILITY RESOURCES CENTERS (ADRCs)

Profile:

Information and Assistance (I&A) is an important part of our local system of services for older adults, and LMTAAA has been an integral part of the access services provided in our communities. I&A services focus on the 60+ population and provide a wide range of current information, including referrals to appropriate services. The service is primarily provided over the phone, although walk-ins are welcome and in-person appointments are offered if the issues seem complex or difficult to discuss by phone. I&A staff advocate for those who are unable to access services on their own, and screen callers for eligibility for specific services and programs, such as Respite, Family Caregiver Support services, and Medicaid Personal Care. LMTAAA I&A staff also assist in the compilation and updating of the Senior Resource Directory for Lewis, Mason, and Thurston Counties, which is published by LMTAAA.

LMTAAA was directly involved in the recent development of a local 211 system. The new system serves all age groups and L&I staff are still in the early stages of developing working relationships with 211 staff and facilitating referrals. Aging and Disability Resource Centers (ADRCs) are also focused on combining information and assistance services for older adults with the same types of information and services for persons of all ages.

Problem/Need Statement: LMTAAA I&A staff and Case Management staff have much experience working with the 60+ population, and Case Management staff also have experience with younger disabled adults. With the introduction of ADRCs, LMTAAA staff will have to expand their knowledge and expertise into new areas of non-publicly funded support options, such as counseling, employment services, and services for children. In order to do this, LMTAAA will have to develop relationships with a variety of community resources serving the younger disabled population as well as develop its own ability to expand into new service areas. Currently there is no funding to support the expansion of services, so the implementation of any goals and objectives would be dependent upon adequate funding.

Goal #1:

Secure adequate funding to provide a coordinated system of comprehensive information and services as an ADRC.

Objective 1: In conjunction with ADSA and W4A, advocate with the Washington State legislature to appropriate adequate funding to support ADRCs through the AAA system.

Timeline: Throughout the 2008 Legislative session, January through April.

2010 Update: LMTAAA worked in conjunction with many other advocates to seek funding for ADRCs, including testifying in 2008 at the Legislature on behalf of a House bill that included such funding. These efforts failed, as well as efforts in 2009.

Efforts will continue in 2010-11 to seek funding, as well as advocating for the passage and implementation of Project 2020 on the national level.

Goal #2:

Identify community services and options that are outside the current purview of LMTAAA.

Objective 1: Become familiar with the ADRCs that are operating in other areas and note the partnerships that have been critical to the realignment required by AAAs.

Timeline: Dependent upon funding.

2010 Update: LMTAAA has worked closely with Pierce County to learn from their ADRC experience and has collected materials and websites that will be helpful. Efforts at identifying funding from the State Legislature were not successful, thus limiting LMTAAA from advancing further.

Objective 2: Identify local resources and providers who serve younger persons.

Timeline: Dependent upon funding.

2010 Update: Funding from State and Federal sources was not realized, so this objective will be continued as we search for additional funds. LMTAAA staff have worked closely with the Senior Action Network of long term care providers to expand our relationship to a wider variety of providers, including banks, insurance and other commercial enterprises that serve both older and younger disabled persons.

Objective 3: Organize meetings with 211 personnel to improve mutual knowledge and facilitate appropriate referrals.

Timeline: March 2008.

2010 Update: Objective completed. LMTAAA and local 211 staff met to discuss and share information, March 2008. In mid-2009, the 211 organization was reorganized, with the LMTAAA region now being served by two separate offices. LMTAAA staff contacted 211 staff in each office and updated agency information, August 2009.

Objective 4: Provide staff training to increase knowledge of community resources.

Timeline: Dependent upon funding.

2010 Update: Funding from State and Federal sources was not realized, so this objective will be continued as we search for additional funds. We have linked with and participated in trainings offered by Choice Regional Network through a series of workshops aimed at providing all local service providers a broader awareness of other social and health service options. LMTAAA staff will continue to participate in additional trainings to improve our utilization of other service options in the community throughout 2010-11.

NEW

Objective 5: Write and submit two informational “Did You Know” articles about housing options to local news publications with high senior utilization (*Senior News* and *Senior Dynamics*).

Timeline: December 2010.

Goal #3:

Develop new community relationships.

Objective 1: Identify and contact other service providers with whom we do not currently have working relationships because they serve different populations.

Timeline: Dependent upon funding.

2010 Update: Relationships with the Senior Action Network and the Choice Regional Network Connxtions program support development of these relationships. We will continue to work with these and other groups throughout 2010-11.

Objective 2: Develop working agreements that delineate mutual referral processes.

Timeline: Dependent upon funding.

2010 Update: Funding from State and Federal sources was not realized, so this objective will be continued as we search for additional funds.

Objective 3: Expand our web site to include a wider range of services and resources available to all age groups.

Timeline: Dependent upon funding.

2010 Update: Objective not complete—funding not available.

NEW

Objective 4: The WA State Department of Health will develop a registry for those with Advance Directives. LMTAAA will provide information about this service and a link on our website to promote the use of Advance Directives and the DOH registry.

Timeline: August 2010.

ISSUE AREA: IN-HOME SERVICES

Profile: In-home care is an essential service that is currently used by about 1,500 clients in the LMT service area. Services that address basic activities of daily living including personal care tasks such as bathing, toileting, eating, dressing, walking, etc., are critical in order for adults with functional disabilities to remain in their homes. Other tasks, considered to be instrumental activities of daily living, such as transportation, shopping, housework, are also necessary if people are to maintain enough independence to avoid unwanted institutional placement.

COPES and Medicaid Personal Care services provide exactly this type of assistance, which is delivered by qualified individual providers or licensed home care agencies. The Case Management unit of LMTAAA is responsible for the annual functional assessment and authorization of services for each COPES and MPC client. Respite care, which is focused on providing relief to unpaid caregivers, also offers these types of services as incidental care while temporarily assuming caregiving duties. Case Managers also assess and authorize Respite Care services annually.

Problem/Need Statement: With the caseload for in-home services growing at a consistent rate of four percent each year in the LMT service area, adequate funding, staffing, and in-home providers must be in place in order to meet the needs of this growing population. In addition to the growth in numbers, there is also an increase in client medical acuity and complexity, requiring improved expertise on the part of RNs, Case Managers, and in-home providers, in order to maintain quality.

Goal #1:

Assure adequate staffing levels for Case Management services.

Objective 1: Advocate with the Washington State Legislature for adequate funding of AAA Case Management services.

Timeline: Throughout the 2008 Legislative session, January through April, and ongoing.

2010 Update: In conjunction with W4A and other advocate groups, LMTAAA Director did and will continue to testify on behalf of Case Management services funding with WA State Legislature. Collaborate and support Aging & Disability Services Administration's decision package on Case Management funding.

Goal #2:

Assure an adequate number of qualified in-home providers are available for home care clients.

Objective 1: Inform Case Managers and clients about the role of the Home Care Referral Registry through presentations to consumer groups, Case Management staff meetings, and marketing materials included in 30-day client visit packets.

Timeline: Current and ongoing.

2010 Update: Complete and ongoing.

Objective 2: Provide every client with a list of information about currently contracted home care agencies, Individual Providers and the Home Care Referral Registry and facilitate their ability to exercise choice.

Timeline: At annual reassessments and 30-day visits.

2010 Update: Complete and ongoing.

Goal #3:

Assure that RNs, Case Managers, and in-home providers have the expertise necessary to meet the increasing medical complexity of the in-home caseload.

Objective 1: Survey RNs and Case Managers regarding medically oriented training needs and develop a training plan with specific timelines for implementation.

Timeline:

June 2008 Survey RNs and Case Managers

Sept. 2008 Develop training plan

2010 Update: Objective not complete; discontinued.

Objective 2: Review Continuing Education topics provided in Lewis, Mason and Thurston Counties for individual providers and home care agencies and assure that they continue to meet client needs.

Timeline: May 2008.

2010 Update: Objective completed December 1, 2008. Continuing Education topics determined to be adequate.

Objective 3: Provide an in-service training for home care agency supervisors and office staff on communicating and working with clients with mental illnesses.

Timeline: April 2008.

2010 Update: Objective completed November 21, 2008.

Objective 4: Conduct client satisfaction survey through the Home Care Referral Registry.

Timeline: June 2008, and annually thereafter.

2010 Update: The Home Care Quality Authority currently conducts monthly satisfaction surveys and sends the results to LMTAAA for review. The results will be used to evaluate areas needing attention.

Objective 5: Monitor the results of home care agency client satisfaction surveys and assure home care agencies address problem areas.

Timeline: During annual monitoring visits.

2010 Update: Client satisfaction surveys are reviewed at each full assessment of home care agencies. If problem areas are identified, they are discussed with the agency for resolution.

ISSUE AREA: HEALTHY AGING

Profile Area #1:

Research has demonstrated that virtually all individuals will benefit from regular physical activity. Regular physical activity also helps to maintain the functional independence of older adults. A Surgeon General's report on physical activity and health concluded that moderate physical activity can reduce substantially the risk of developing heart disease, diabetes, obesity, and high blood pressure.

Profile Area #2:

Today, people are living longer, and gum disease has supplanted tooth decay as the most common cause of tooth loss in adults. The disease affects about 80 percent of Americans over age 65, according to the American Dental Association. At the turn of the last millennium, then—U.S. Surgeon General David Satcher called periodontal disease the “silent epidemic” in his landmark report, *Oral Health in America*. A growing body of research suggests that periodontal disease may play a role in a variety of systemic health problems as wide ranging as diabetes, respiratory illness, pregnancy complications and heart disease.

Profile Area #3:

Federal initiatives have highlighted the need to focus vaccination resources on adults. Vaccination has proven to be an effective strategy to reduce illness and deaths due to pneumococcal disease and influenza. With the aging of the U.S. population, increasing numbers of adults will be at risk for these major causes of illness and death. Persons with high-risk conditions (i.e. heart disease, diabetes and chronic respiratory disease) remain at increased risk for pneumonia and influenza, as do persons living in institutional settings.

Problem/Need Statement #1:

Unfortunately, few individuals engage in regular physical activity despite its documented benefits. For individuals who do not engage in any physical activity during their leisure time, taking the first step toward developing a pattern of regular physical activity is important. Activities that promote strength and flexibility are important because they may protect against disability, enhance functional independence, and encourage regular physical activity participation. These benefits are particularly important for older people—a good quality of life means being functionally independent and being able to perform the activities of daily living.

Problem/Need Statement #2:

Oral health care is expensive. It is not covered by Medicare and minimally covered by Medicaid. And for those who do have Medicaid, finding an oral health provider to accept Medicaid reimbursement is extremely difficult. If supplemental oral health insurance carriers can be identified, the premiums are often prohibitive. Therefore, many seniors and adults with disabilities go without preventative, as well as medically necessary, dental care. As a result, oral, and ultimately physical health, frequently declines.

Problem/Need Statement #3:

Influenza and pneumococcal vaccines are covered by Medicare; thus vaccinating greater numbers of adults aged 65 years and older is feasible. High-risk adults aged 18 to 64 years may not have insurance coverage for influenza and pneumococcal vaccines. Continuing education of providers and the community is needed to increase awareness of and demand for adult vaccination services. Opportunities for vaccination outside of primary care and other traditional health care settings could be increased to reach adults who do not routinely access primary care.

Goal #1:

Improve the health and quality of life of older persons through daily physical activity. Offer opportunities to ensure that physical activity and fitness become part of regular healthy behavioral patterns. By promoting healthy aging, the need for long term care services will be delayed.

Objective 1: LMTAAA will work in partnership with Thurston County, where applicable, on the Steps for a Healthier Washington grant which is a comprehensive, community driven, prevention-based approach centered on physical activity, good nutrition and less tobacco use.

Timeline: Actively participate on the Healthy Aging Coalition of Thurston County on a bi-annual basis and apply for or actively encourage local providers to apply for applicable grant funds when available.

2010 Update: *Objective discontinued. Grant is no longer available.*

Objective 2: LMTAAA will support and promote the Puget Sound Senior Games, age 50+ competitive sporting events held annually within our PSA.

Timeline: Annually throughout 2008-11.

2010 Update: *LMTAAA continues to support and promote the Puget Sound Senior Games annually each summer.*

Objective 3: LMTAAA will support a public wellness campaign, promoting physical activity, through a variety of media outlets.

Timeline: By December 2008.

2010 Update:

- *Timeline moved to February 2009 and ongoing. An RFP was released by LMTAAA May 2009, using Health Promotion and Disease Prevention funds, to support short term projects that enhance physical activity for seniors in the three counties. Projects funded included the purchase of Nintendo Wii systems and games for several Tribal and senior centers, as well as equipment and supplies for other exercise programs.*
- *As stated in Objective 2, the Puget Sound Senior Games are promoted through efforts of LMTAAA.*

- *Through the Thurston County fall prevention coalition, LMTAAA staff were involved in obtaining a Governor's Proclamation for Fall Prevention Awareness Day, September 2008 and September 2009.*
- *Fall Prevention Awareness and Exercise calendars were purchased through statewide fall prevention coalition efforts. Distribution of 2,000 calendars to high risk adults will occur throughout the region late 2009/early 2010.*

Objective 4: LMTAAA will actively support and encourage the development of exercise and fall prevention programs throughout our PSA. Through our participation in the Fall Reduction, Exercise, and Education Coalition of Thurston County, we will work toward the development of a statewide coalition. Additionally, we will work with this group toward the development of local Fall Prevention Coalitions in Lewis and Mason Counties.

Timeline: Mason County – December 2008
Lewis County – December 2009

2010 Update:

- *Regular participation in monthly fall prevention coalition meetings in Thurston County, throughout 2008-09. Continued 2010-11.*
- *Participation in statewide Fall Prevention Coalition meetings, May and December 2008. LMTAAA staff unable to attend in June 2009, but received meeting notes and connected with other local organizations that were present.*
- *Submitted letter of support for Physicians of Southwest Washington for a fall prevention grant through the Department of Health, September 2008.*
- *Connected with interested in organizations in Lewis County, July 2009. This is a loosely connected group rather than a formal coalition. LMTAAA staff added to their email distribution list.*
- *Formal Mason County coalition has not been established. Objective for Mason County moved to December 2010.*

Objective 5: Through our participation in the Healthy Aging Coalition of Thurston County, LMTAAA will prepare a quarterly insert for the Senior News, which focuses on fall prevention.

Timeline: Throughout 2008.

2010 Update: *Objective discontinued. Funding not available.*

Objective 6: LMTAAA will fund one project through our Health Promotion/Disease Prevention RFP process that emphasizes fall prevention.

Timeline: Completion by end of 2008.

2010 Update: *Funded five projects throughout the region specifically focused on fall prevention, April 2008.*

Goal #2:

Improve the oral health of older and disabled adults.

Objective 1: LMTAAA will explore the use and support of mobile dental clinics within our PSA and will report to the Advisory Council on the impact of this activity no later than the November 2008 meeting.

Timeline: By November 2008.

2010 Update: Mobile dental clients are operating independently throughout the region. A contract was established with the Olympia Union Gospel Mission to support the Senior Oral Hygiene Project, April 2008. However, the contract funds were not accessed, as services were provided in whole utilizing other funds.

Objective 2: LMTAAA I&A staff will write two articles in local news publications (possibly in a “Did You Know...” format) that provide information about low-fee alternative dental care providers.

Timeline: By December 2008.

2010 Update: Objective Complete.

- *A “Did You Know” article was published in the Thurston/Mason Senior News, July 2008.*
- *An informational email was sent to our senior providers distribution list outlining low cost dental care options, September 24, 2008.*

Objective 3: I&A staff will provide quarterly public and group presentations which address dental care options.

Timeline: Throughout 2008.

2010 Update: Objective complete.

Objective 4: As a member of the Eldercare Alliance, LMTAAA will co-sponsor an oral health campaign during the first quarter of 2008, which will include paid ads promoting oral health.

Timeline: First quarter of 2008.

2010 Update: Objective complete. Campaign was supported through participation in the W4A.

Goal #3:

Increase the awareness of older and high-risk adults about the importance and availability of influenza and pneumococcal vaccines.

Objective 1: LMTAAA will support a public wellness campaign, through a variety of media outlets, promoting information about the availability of vaccinations. Information about vaccinations and where they will be available within the PSA will additionally be

posted on the LMTAAA website. LMTAAA will write articles for the Senior News, which reaches 18,000 households and the Senior Dynamics, which reaches 7,500 households, at the beginning of flu season.

Timeline: September - October 2008.

2010 Update: Objective complete and ongoing annually in 2010-11.

- *Vaccination information, including locations to receive flu vaccinations was posted on LMTAAA website and emailed to various media outlets and senior providers, September 2008.*
- *Information was distributed to medical offices and submitted to The Olympian health website, November 2008.*

Objective 2: LMTAAA I&A staff will write one informational article about influenza and pneumococcal vaccines and publish it in senior newspapers within our PSA.

Timeline: October 2008.

2010 Update: Objective complete and ongoing annually in 2009-11.

- *Information submitted to various media outlets, September and November 2008.*

ISSUE AREA: OLDER NATIVE AMERICANS

Profile:

Lewis, Mason and Thurston counties are home to five tribes: Chehalis Tribe, Cowlitz Tribe, Nisqually Tribe, Skokomish Tribe and Squaxin Island Tribe, as well as the South Puget Intertribal Planning Agency (SPIPA). Often Tribes care for their own, and proudly serve their members with Title VI programs including health services, home care, family caregiver support and nutrition services. However, there continues to be some barriers that limit Tribal awareness and use of programs available in the larger community.

Problem/Need Statement:

LMTAAA has had some successes in outreach to Tribal Elders, through visits to Tribal centers and health fairs by I&A and FCSP Assistance Specialists, and also interaction with Case Managers. However, further relationship building is necessary. Cultural barriers may keep Tribal Elders from making full use of locally available services and programs.

Goal:

Continue to build relationships with local Tribes, in a collaborative effort between LMTAAA and each Tribe to assist one another to better serve Tribal Elders in our community.

SEE 7.01 PLAN (ATTACHED)

Policy 7.01 Implementation Plan

Lewis-Mason-Thurston Area Agency on Aging

Biennium Timeframe: January 1, 2010 to December 31, 2011

Plan Due Dates:

October 1st of each odd numbered year a complete Implementation plan is due for the coming biennium.

October 1st of even numbered years a progress report is due.

Implementation Plan					Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Previous Year	
Discuss Policy 7.01 Implementation Plan for 10/11 Biennium	Regularly meet with representatives from all regional Tribes – Chehalis, Cowlitz, Nisqually, Skokomish, Squaxin Island – as well as representatives from South Puget Intertribal Planning Agency (SPIPA)	Discuss challenges and successes of past coordination efforts and improve upon current and future coordination and collaboration between LMTAAA and regional Tribal communities	-Director, Projects Coordinators and Training and QA Supervisor for Case Management Program, as needed -Meetings will occur bi-annually, in the spring and fall		
-Discuss issues and needs specific to the individual Tribal communities -Seek input on RFP development	-Meet with the administration of SPIPA and the Chehalis, Cowlitz, Nisqually, Skokomish, Squaxin Island Tribes -Meet with the SPIPA coordinated Elders Workgroup	Become intimately familiar with each Tribal community and the issues it faces	-Projects Coordinators -Administration: as needed -Elders Workgroup: bi-annually or more frequently as requested		

Policy 7.01 Implementation Plan

Lewis-Mason-Thurston Area Agency on Aging

Biennium Timeframe: January 1, 2010 to December 31, 2011

Plan Due Dates:

October 1st of each odd numbered year a complete Implementation plan is due for the coming biennium.

October 1st of even numbered years a progress report is due.

Implementation Plan					Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Previous Year	
<p>Ensure Tribal communities receive agendas and minutes from LMTAAA Advisory Council and Council of Governments meetings, employment opportunities, RFP/RFQs for LMTAAA funded programs, notices of area planning, Family Caregiver Support Program newsletters and flyers, other relevant community event dates, training opportunities.</p> <p>Continue Tribal representation and Tribal Elder input to the LMTAAA Advisory Council</p>	<p>Include Tribal contacts in postal and email distribution lists</p> <p>-Specifically target and recruit Tribal Elders for membership</p> <p>-Encourage Tribal Elders to attend as guests</p>	<p>Increase Tribal awareness of LMTAAA and community activities, available funding, planning activities and training opportunities</p> <p>-Continue to have a least one Tribal member from our region as a member of the LMTAAA Advisory Council</p> <p>-Tribal Elders will feel welcome at the LMTAAA AC meetings and provide regular input/feedback on topics of interest</p>	<p>-Administrative Secretary, Projects Coordinators</p> <p>-Ongoing throughout the year</p> <p>-Director, Projects Coordinators, current Advisory Council members</p> <p>-A Tribal member from the Cowlitz Tribe was appointed to the LMTAAA Advisory Council in May 2007, with the term ending in May 2013</p>		

Policy 7.01 Implementation Plan

Lewis-Mason-Thurston Area Agency on Aging

Biennium Timeframe: January 1, 2010 to December 31, 2011

Plan Due Dates:

October 1st of each odd numbered year a complete Implementation plan is due for the coming biennium.

October 1st of even numbered years a progress report is due.

Implementation Plan					Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Previous Year	
<p>-Increase individual and community emergency preparedness in the Tribes and larger community</p> <p>-Include SPIPA and the Chehalis, Cowlitz, Nisqually, Skokomish, and Squaxin Island Tribes in emergency preparedness efforts</p>	<p>-Coordinate with the Chehalis, Cowlitz, Nisqually, Skokomish, Squaxin Island Tribes to ensure previously distributed group emergency supply kits are stocked with updated and usable items; LMTAAA will work to identify funding to purchase items that are outdated</p> <p>-Inform and encourage Tribal representatives to participate in County specific emergency planning efforts</p>	<p>-Individuals and the community at large will be better prepared in the event of an emergency</p> <p>-Increase Tribal awareness of and participation in emergency planning efforts in the community</p>	<p>-Projects Coordinators</p> <p>-Identify items in previously distributed supply kits that are outdated and replenish by June 30, 2010</p> <p>-Information about emergency planning groups is discussed at every 7.01 planning meeting and distributed via email as needed</p>		
<p>Increase individual and community awareness, in the Tribes and community at large, of the preventative measures, precautions and advised treatment for seasonal and pandemic influenza</p>	<p>Related information will be shared between LMTAAA and the Tribes</p>	<p>Individuals and the community at large will be better prepared to deal with the impact of seasonal and pandemic influenza</p>	<p>-Projects Coordinators</p> <p>-As information is obtained, throughout 2010 and 2011</p>		

Policy 7.01 Implementation Plan

Lewis-Mason-Thurston Area Agency on Aging

Biennium Timeframe: January 1, 2010 to December 31, 2011

Plan Due Dates:

October 1st of each odd numbered year a complete Implementation plan is due for the coming biennium.

October 1st of even numbered years a progress report is due.

Implementation Plan					Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Previous Year	
<ul style="list-style-type: none"> -Increase consumption of fruits/vegetables, and thereby the nutritional status of Tribal Elders -Increase local funding for the Senior Farmer's Market Nutrition Program (SFMNP), specifically to increase the number of SFMNP checks available to Tribal Elders Increase collaboration between Family Caregiver Support Programs (FCSP) and Tribal family caregiving programs, including Kinship Care 	<ul style="list-style-type: none"> -Target regional Tribes as distribution sites for SFMNP checks -Submit grant requests to local Tribal casinos and other funding sources -Share ideas for programming and resources -Provide outreach to families of the Chehalis, Cowlitz, Nisqually, Skokomish, Squaxin Island Tribes -Provide newsletters, and notices of trainings and special events to Tribal caregiving, social service and health departments. -Collaborate with Tribes on family caregiving conferences and/or local trainings for Tribal members 	<p>An adequate amount of SFMNP checks will be available and easily accessible to Tribal Elders</p> <ul style="list-style-type: none"> -Broaden the view and scope of both AAA and Tribal Family Caregiver Support Programs, including Kinship Care -Increase use of FCSP services by Tribal members -Increase opportunities for training for Tribal family caregivers. 	<ul style="list-style-type: none"> -Projects Coordinators -Grant requests will be submitted according to individual timelines, prior to 2010 and 2011 distribution -Distribution of SFMNP checks to occur in May/June 2010 and May/June 2011 -Projects Coordinator and FCSP I&A staff, and Kinship Care subcontractor -Meetings and outreach bi-annually or more frequently as needed -Newsletters and notices quarterly or as occurs. -Conferences and trainings as opportunities are identified, throughout 2010 and 2011 		

Policy 7.01 Implementation Plan

Lewis-Mason-Thurston Area Agency on Aging

Biennium Timeframe: January 1, 2010 to December 31, 2011

Plan Due Dates:

October 1st of each odd numbered year a complete Implementation plan is due for the coming biennium.

October 1st of even numbered years a progress report is due.

Implementation Plan					Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Previous Year	
Share information about the new TCARE unpaid caregiver assessment and learn how best to administer the assessment with Tribal families.	Organize a meeting with the Tribes to explain the TCARE assessment and solicit feedback regarding implementation	The TCARE tool will be utilized with Tribal caregivers in the most effective method possible	-Director, Projects Coordinator, Training and QA Case Management Supervisor -No later than March 31, 2010		
Promote direct contracts with SPIPA and the Chehalis, Cowlitz, Nisqually, Skokomish, Squaxin Island Tribes	Provide technical assistance in contract application, reporting and billing	Increase successful direct contracts with regional Tribal communities	-Projects Coordinators -As applicable, and upon release of RFP for contracts and ongoing throughout the year as needed		
Increase awareness of Native American elders about community services, including COPES/MPC, Family Caregiver Support Programs (FCSP), legal assistance, living wills/POA, home modification assistance, transportation options, prescription drug coverage, etc.	-Maintain regular Information and Assistance visits to the Chehalis, Cowlitz, Nisqually, Skokomish, Squaxin Island Tribes for education and outreach purposes -Provide written materials to SPIPA and regional Tribes for distribution to members -Attend and set up an informational booth at Tribal Health/Community Fairs	Increase Tribal awareness of community services and resources	-I&A and FCSP staff -Visits to Tribes occur as frequently as requested by the individual Tribes -As Health/Community Fairs occur		

Policy 7.01 Implementation Plan

Lewis-Mason-Thurston Area Agency on Aging

Biennium Timeframe: January 1, 2010 to December 31, 2011

Plan Due Dates:

October 1st of each odd numbered year a complete Implementation plan is due for the coming biennium.

October 1st of even numbered years a progress report is due.

Implementation Plan					Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Previous Year	
Increase community awareness of Tribal services and resources	-Inform Tribes of opportunities to attend and set up display at Health/Community Fairs -List announcements specific to Tribal events on LMTAAA website	Increase community awareness of Tribal services and resources	-I&A staff -As Health/Community Fairs occur -Announcements of Tribal events will be posted on the LMTAAA website as requested by the Tribes		
Increase LMTAAA staff awareness of culturally sensitive issues and relevant resources	In-service training for LMTAAA Case Management staff by Tribal representatives	Increase LMTAAA staff awareness of culturally sensitive issues and relevant resources	-Training and QA Case Management Supervisor -No later than June 30, 2010		
Increase awareness of and potentially access Federal stimulus funding	Seek out Federal funding, via usual aging network and/or other Federal agencies, applicable to seniors/Tribal Elders	Expand current services and/or create services available to seniors/Tribal Elders	-Director, Projects Coordinators -As opportunities are identified, throughout 2010 and 2011		
Increase Tribal awareness of and access to transportation funding available through the Medicaid Brokerage program	Set up a meeting between applicable organizations to provide information, answer questions and provide technical assistance	Tribal transportation programs may obtain a contract for services under the Medicaid Brokerage program	-Director, Projects Coordinators -No later than December 2010		

Policy 7.01 Implementation Plan

Lewis-Mason-Thurston Area Agency on Aging

Biennium Timeframe: January 1, 2010 to December 31, 2011

Plan Due Dates:

October 1st of each odd numbered year a complete Implementation plan is due for the coming biennium.

October 1st of even numbered years a progress report is due.

Implementation Plan					Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Previous Year	
Increase awareness and knowledge of Elder abuse and neglect issues and applicable laws	Organize a meeting between the State and the Tribes to discuss the laws and expectations of reporting elder abuse and neglect	-Increased awareness of elder neglect and abuse issues -Elder abuse and neglect will be reported and addressed more effectively	-Director, Projects Coordinators -No later than December 2010		

ISSUE AREA: EMERGENCY PREPAREDNESS

Profile:

Emergency preparedness is a growing concern for individuals and businesses. Seniors and disabled adults are especially vulnerable in emergency situations. While we can rely on government infrastructure to a degree, personal preparedness is crucial.

“Continuity of business” plans in the event of an emergency are also an important planning piece for social and public service agencies that provide service to senior and disabled adults. In order for our community to successfully pull through a short or long term disaster, it is critical that both businesses and individuals need to have thought out and planned for such an emergency in advance.

Problem/Need Statement:

Many individuals and businesses do not think about the effects of a disaster until it occurs, leaving numerous unprepared and thus taxing available services. Many seniors and disabled adults have special needs on a daily basis, making them especially vulnerable in the event of an emergency. These special needs include limited mobility, a need for specialized and regular medication, impaired judgment and limited sensory ability such as blindness or deafness, just to name a few. They may receive services from one or more agencies, but a lot of these agencies do not have a plan as to the continuation of services in the event of a short or long term disaster. It is imperative that all individuals and businesses receive information and education as to the importance of individual and community preparedness.

Goal #1:

Assist in community planning efforts and emergency preparedness information dissemination throughout Lewis, Mason and Thurston Counties. Provide funding, advocacy and technical assistance to individuals and/or local businesses serving seniors and/or disabled adults in following through on making a plan and obtaining necessary supplies.

Objective 1: LMTAAA will distribute information related to personal and business emergency preparedness to Case Management clients and agencies serving senior and disabled adults throughout Lewis, Mason and Thurston Counties as pertinent information is made available.

Timeline: Quarterly throughout 2008.

2010 Update: A variety of information, generic and disaster specific, was distributed as available. Information was distributed in March, June, September, November, December 2008 and January, July 2009. A significant amount of information was shared regarding snow storms, flooding and extreme heat. Similar efforts will continue throughout 2010-11.

Objective 2: LMTAAA will participate in local planning efforts around emergency preparedness and specifically, pandemic flu. LMTAAA staff will maintain regular membership and participation on Thurston County's Disaster Assistance Council, Mason County's Emergency Management Planning Team, and continue to seek out similar efforts in Lewis County.

Timeline: Monthly throughout 2008-11.

2010 Update: Objective completed in 2008-09 and will continue in 2010-11. Regular planning meetings do not occur with Lewis County social service providers, but LMTAAA staff have been added to the Lewis County Emergency Management email distribution list and information is shared via this method.

Objective 3: LMTAAA will identify Case Management clients in Lewis, Mason and Thurston Counties as a high, medium or low risk for health and safety in the event of an emergency. The list will be updated monthly and maintained internally as well as at Thurston County Emergency Management.

Timeline: Monthly throughout 2008-11

2010 Update: CM clients are reviewed monthly and upon new assignment for high, medium or low risk identification. The lists are updated internally and shared with Emergency Management Divisions in all three counties on a monthly basis.

Objective 4: LMTAAA will continue to work towards identifying an appropriate agency to establish a partnership to perform health and welfare checks on high risk/priority clients in Thurston County in the event of a declared emergency. Similar venues and working agreements will be sought out in Lewis and Mason Counties.

Timeline: October 2008.

2010 Update: Objective completed (in Mason County) and discontinued (in Thurston and Lewis Counties). Mason County Emergency Management volunteers may perform such health and welfare checks as requested. A similar partnering agency has not been identified in Thurston and Lewis Counties.

Goal #2:

Strengthen the internal emergency preparedness plan for LMTAAA and its employees.

Objective 1: LMTAAA will develop a business continuity plan, for the issues that are within our control, to be used in the event of an emergency.

Timeline: March 2009.

2010 Update: Objective completed December 2007.

Objective 2: LMTAAA has and will continue to encourage its employees to discuss and make a personal emergency plan for their families. A one-time benefit of two hours of

alternative leave will be given to all employees who have made a personal emergency plan.

Timeline: Ongoing throughout 2008-11.

2010 Update: *Completed and ongoing.*

Objective 3: LMTAAA has provided each employee two emergency preparedness packs, one for their office space and one for their vehicle. Existing packs will be inspected with missing and expired items replaced as needed.

Timeline: Physical inspection of the packs will occur when staff leave the Agency and upon new employment with the Agency. Items with a shelf life will be replaced for all employees beginning in December 2008 and ongoing according to expiration dates.

2010 Update: *Completed and ongoing.*

Objective 4: One to two employees from each office will comprise an employee safety committee. The safety committee will provide all employees a Tip of the Month related to safety and/or emergency preparedness. The committee will additionally provide input to LMTAAA management on how to address related issues in the workplace.

Timeline: Ongoing throughout 2008-11.

2010 Update: *Completed and ongoing.*

ISSUE AREA: ADVOCACY FOR SENIORS AND DISABLED ADULTS

Profile:

The Washington State Legislature will convene in January 2008 to deal with supplemental budget requests and other issues brought before them during the 60-day session. During the past few legislative sessions, greater emphasis has been placed on provider rates which, while necessary, have limited capacity building which is necessary due to the increasing demand for services seen at the local level.

The State Legislature has not followed through with plans for system redesign in light of the impending "age wave". Community and individual expectations for service assistance is will inevitably increase. LMTAAA, working with local and statewide advocacy groups, will advance proposals aimed at short term community needs with an eye towards enhancement in an effort to better prepare the aging and long term care system to respond to future increases in demand for service.

Problem/Need Statement:

The State Legislature needs to invest in increased service delivery for our elders as it prepares for the "boomer wave" of the future. The Legislature should begin implementing the work of its Long Term Care Task Force and continue work on analyzing future long term care financing plans.

Goal #1:

Advocate for statewide issues within the Legislature.

Objective 1: LMTAAA will support efforts and advocate for a reasonable vendor rate increases.

Timeline: Throughout the 2008 Legislative session, January through April.

2010 Update: In conjunction with W4A, the Senior Lobby and other advocate groups, effectively advocated for a slight vendor rate increase in 2008. No vendor rate increase was given in 2009. Continue advocacy throughout 2010-11.

Objective 2: LMTAAA will seek an increase in funding dedicated to funding senior nutrition programs.

Timeline: Throughout the 2008 Legislative session, January through April.

2010 Update: Objective completed. In conjunction with the Elder Care Alliance, efforts were unsuccessful at the State Level. With support of AoA and N4A, national level increases were successful. Dedicated ARRA funding was allocated in 2009-10.

Objective 3: LMTAAA will support efforts and advocate for obtaining continued support from the Legislature for the Senior Farmers Market Nutrition Program (SFMNP).

Timeline: Throughout the 2008 Legislative session, January through April.

2010 Update: Efforts were successful at the Legislative level in 2008-09 and will continue in 2010-11. Fundraising efforts were additionally successful on the local level, with more local funds contributed in 2009 than any previous year.

Objective 4: LMTAAA will advocate for livable communities for all ages by supporting an Elder Readiness Initiative which will require all State departments to report on their readiness to serve the aging population.

Timeline: Throughout the 2008 Legislative session, January through April.

2010 Update: A 2008 Aging Readiness bill failed. In conjunction with W4A in 2009, a joint memorial from Legislative Resolution 4001 was sought, but the Legislature failed to act. LMTAAA will continue to work with W4A to revive this joint Legislation in 2010-11.

Objective 5: LMTAAA will seek an increase in Family Caregiver funding, on both state and national levels.

Timeline: Throughout the 2008 Legislative session, January through April.

2010 Update: An increase in funding was received in 2008; efforts for additional increased failed in 2009. Continue to advocate for adequate funding for family caregivers in 2010-11.

Objective 6: LMTAAA will support efforts and advocate for increased affordable dental care for the elderly.

Timeline: Throughout the 2008 Legislative session, January through April.

2010 Update: In conjunction with the Eldercare Alliance, pilot projects for adequate dental care for low income seniors were funded in 2008. Efforts to expand these pilot projects failed in 2009. Continue to protect current projects and advocate for expansion in 2010-11.

Objective 7: LMTAAA will support efforts and advocate for chronic care programs.

Timeline: Throughout the 2008 Legislative session, January through April.

2010 Update: Efforts were successful in obtaining funding through the Legislature. LMTAAA submitted a proposal to operate a chronic care project, but was not accepted. LMTAAA asked to be included as a funded program in 2009. Efforts will continue in 2010-11 to seek opportunities to partner with ADSA and/or HRSA to operate chronic care management for high end users.

Objective 8: LMTAAA will seek an increase in funding for Aging and Disability Resource Centers (ADRC) to allow for full implementation statewide.

Timeline: Throughout the 2008 Legislative session, January through April.

2010 Update: LMTAAA worked in conjunction with many other advocates to seek funding for ADRCs, including testifying in 2008 at the Legislature on behalf of a House bill that included such funding. These efforts failed, as well as efforts in 2009. Efforts will continue in 2010-11 to seek funding, as well as advocating for the passage and implementation of Project 2020 on the national level.

Goal #2:

Advocate for statewide and local issues by coordination with local organizations, groups and coalitions.

Objective 1: LMTAAA staff will represent the agency, seniors and disabled adults in the statewide and regional perspective on such groups as the Washington Association of Area Agencies on Aging, Senior Lobby/Senior Foundation, Eldercare Alliance, 211 planning efforts, and Puget Sound Senior Games.

Timeline: Monthly throughout 2008.

2010 Update: Completed and ongoing.

Objective 2: LMTAAA staff will represent the agency, seniors and disabled adults in Lewis County on such groups as the Lewis County Seniors, and other community groups.

Timeline: Quarterly throughout 2008.

2010 Update: Completed and ongoing.

Objective 3: LMTAAA staff will represent the agency, seniors and disabled adults in Mason County on such groups as Regional Transportation Partners, Mason County Emergency Planning Team, Save Our County's Kids, and other community groups.

Timeline: Quarterly throughout 2008.

2010 Update: Completed and ongoing.

Objective 4: LMTAAA staff will represent the agency, seniors and disabled adults in Thurston County on such groups as the Disaster Assistance Council, Thurston County Council on Aging, United Way, Thurston County Food Bank, Human Services Transportation Forum, the Human Services Review Council, and other community groups.

Timeline: Quarterly throughout 2008.

2010 Update: Completed and ongoing.

NEW

Objective 5: LMTAAA will help to organize a community forum on aging readiness to include local government, business, community services, and individuals.

Timeline: This topic was discussed and the concept developed with the LMTAAA Advisory Council in 2009, but due to staff illness, unable to implement. LMTAAA will seek funding and organize a forum no later than June 2010.