

Senior Services Advisory Council

DATE: Friday March 15, 2019

TIME: 1:30 p.m. – 2:30 p.m.

LOCATION:

Lane Council of Governments
5th Floor, Buford Meeting Room
859 Willamette Street
Eugene, OR 97401

CONTACT: Kate Scott, 541-682-4137; kscott2@lcog.org

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1. Agenda & Minutes

Documents:

[SSAC AGENDA 3-15-19.PDF](#)
[SSAC MINUTES 1-18-19.PDF](#)



MEETING NOTICE

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AGENDA

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|-----------|---|------------|
| 1:30 p.m. | 1. Call to Order, Introductions | Diane R. |
| 1:31 p.m. | 2. Consideration of and Additions to Meeting Agenda | Diane R. |
| 1:33 p.m. | 3. Consideration of the last Council Meeting Minutes | Diane R. |
| 1:35 p.m. | 4. Action Items | |
| | a. Senior Meals Food Service RFP Recommendation | Heather D. |
| | b. Senior Law RFP Recommendation | Kate S. |
| 2:15 p.m. | 5. SSAC Recruitment Needs & Brainstorm | Tammy |
| 2:30 p.m. | 6. Call for Next Meeting Agenda Items and
Reminder of Next Council Meeting | Diane R. |
| | May 17th, 2019 1:30PM – 2:30PM
859 Willamette Street, 5 th Floor Buford Meeting Room
Eugene, OR 97401 | |
| | 7. Adjourn | Diane R. |

MINUTES
SENIOR SERVICES ADVISORY COUNCIL

Friday, January 18, 2019
1:30 - 2:30 p.m.
Buford Room — Park Place Building
859 Willamette Street – Eugene, Oregon

MEMBERS PRESENT: Diane Rogers, Tom Mulhern, Brittany Oom, Amy Scott, Brooke Emery, Hoover Chambliss, Judy Dashney, Emily Farrell, Rod Holst, Suzanne Huebner-Sannes, Kay McDonald, Tom Mulhern, Barbara Susman, Ken Viegas.

EXCUSED: Julie Austin, Jim Cole.

GUESTS: Sarah Levine.

STAFF: Jody Cline, Kate Scott, Haven Pav.

1. Call to Order/Welcome New Members/Introductions

Chair Diane Rogers called the meeting to order at 1:30 p.m.

Those present introduced themselves.

2. Consideration of and Additions to Meeting Agenda

Emily Farrell requested to discuss the City of Eugene Franklin Boulevard planning process.

Diane Rogers requested a report on the status of the 2019 government shut down.

Barbara Susman had announcements for the group.

There were no other adjustments to the agenda. SSAC members approved the agenda changes.

3. Consideration of last Council Meeting Minutes

MOTION: Mr. Mulhern moved, seconded by Mr. Holst, to approve the November 16, 2018 minutes as presented. The motion carried unanimously.

4. Additional Agenda Items

a. Announcements

Ms. Susman acknowledged Michelle Slater, who provided a presentation about Senior and Disability Services (S&DS) volunteer opportunities for 10 to 15 of the residents at Cascade Manor.

Mr. Susman was a NAACP education member. That coming Monday was the celebration day of Martin Luther King Jr. and many events were planned. She passed out a flyer highlighting the activities during January 2019,

Ms. Susman announced Cascade Manor was always hiring servers and housekeepers. Additionally, there was a new initiative at Cascade Manor to prepare for the first three out lesbian couples at

the facility. Administration was enthusiastically conducting staff training and resident education in partnership with S&DS.

b. City of Eugene Planning for Franklin Boulevard Re-Design

Ms. Farrell passed out flyers on the Eugene Franklin Boulevard planning process. She received request for feedback from the City of Eugene. The project looked at ways to ensure the Franklin Boulevard exchange was more accessible to people needing assistance crossing the street and/or navigating the street.

Ms. Farrell also handed out a list of community workshop meetings, where the public could provide feedback.

c. Update on 2019 Government Shut-down

Ms. Emery was helping S&DS navigate the recent government shut down. She provided an update on what staff knew at that point.

Ms. Emery said SNAP benefits would be distributed early; all February 2019 benefits were released that day (January 18). The message out to community members was recipients wouldn't be receiving benefits in February, as benefits were received early. If the shutdown ended, the next allotment would be received in March, so consumers would need to stretch their food benefits longer than usual. People could still apply for SNAP benefits, but it was unknown when they would receive an allotment.

Ms. Emery and Ms. Farrell sent letters to community partners notifying them about benefits. S&DS was anticipating a lot of anxiety from consumers, and was staffing up in order to meet the number of questions. Food resources were also placed in the lobby.

Ms. Huebner-Sannes asked how the shut-down was being handled in outlying areas. Ms. Emery said everything was changing hourly, so the focus had been formulating a plan for the greater Eugene area. Flyers were being distributed to outlying communities. Ms. Hueber-Sannes asked if a staff member was available for clients in those areas. Ms. Emery said yes, if needed staff was committed to providing that service.

Ms. Farrell explained no one really knew what to expect, as it was the longest shut down in the nation's history. LCOG hoped conditions would change, but it was challenging to foresee what would happen. Staff was working to solve any needs as fast as possible.

Mr. Chambliss said his SNAP stopped and he also missed an opportunity to apply for Low Income Home Energy Assistance Program (LIHEAP) in November 2018. He was unsure what to do at that point. Ms. Emery would connect with Mr. Chambliss directly.

Ms. Rogers clarified that staff was unsure whether DHS would receive money for SNAP benefits in March 2019. Ms. Farrell said yes, that was true. LCOG and S&DS would provide as many resources as possible. She and Ms. Emery would provide updates as they learned more.

4. Veteran Benefit Specialist Update

Sara Levine introduced herself as co-coordinator of the Oregon Money Management Program, and as the new Veteran's Benefit Specialist. She described the role. The position was part-time and served veteran's and their families with information, assistance, referral, and in-home options counseling services. The goal of the options counseling was to empower the veteran to overcome barriers to accessing any VA benefits they may qualify for.

Ms. Levine highlighted some of the greatest barriers, including lack of knowledge about the program and the criteria for qualifying; the incorrect assumption that someone won't qualify; hesitancy by a veteran in admitting that help was needed; and a stigma around the Veteran's Administration (VA) system being too complicated to ever successfully navigate.

When Ms. Levine met with clients, she listened to veterans' and families' stories, and then together they conducted a person-centered assessment to determine goals, needs, supports, and challenges faced.

From there, Ms. Levine and the client and/or family created an action plan together, specifying goals, tasks, responsibilities, and timelines for completion. Oftentimes, the plans included applying for military discharge records in order to apply for benefits. Ms. Levine's most common referral was to Lane County Veterans' Service Office where highly skilled veteran service officers (VSO) were available to help veterans apply for benefits and establish plans for follow-up.

Ms. Levine also attended appointments with clients upon request and/or assisted in arranging transportation. Sometimes, she assisted the veteran by filling in paperwork but always reviewed it with a VSO. Ms. Levine also referred to the VA caregiver support program and community health programs, including homebased primary care; the Choice Program; and Homemaker Home Health Aid Program. All of the programs were available to veterans and their families.

Ms. Levine explained she always encouraged veterans to apply for, and enroll, in VA healthcare. Ms. Levine always referred a struggling veteran to counseling and shared the crisis line, a 24-hour, 365-day hotline focused on suicide prevention.

Ms. Levine shared that yesterday, the VA secretary Robert Wilkie promoted a relatively new resource, the White House VA Hotline. Mr. Wilke emphasized his priorities as preventing veteran suicide, implementing the Mission Act further by increasing access to programs, and implementing electronic medical access across the country's VA system.

Ms. Levine received her referrals from the Aging and Disability Resource Connection of Oregon (ADRC), case managers, Senior Connections area coordinators, VSOs, and a few hospices. Her goals for the Veteran's Benefit position included increased outreach to several VA program staff and to programs in rural areas, where there was clearly a high population of underserved veterans.

Ms. Levine shared some statistics. Funding for her position, via the Oregon Department of Veterans' Affairs (ODVA) grant, began July 1, 2018. Since then, the program served 51 veterans. Her goal was to serve 100 veterans by June 30, 2019 and she was confident they would reach it.

Ms. Levine passed out a magazine from ODVA about veterans' benefits and her business card. The best way to make a referral for, or connect a family with, services was to call the ADRC. The number was on her business card.

Ms. McDonald wondered if referrals from ADRC or Senior Connections were automatic once coordinators learned of a veteran. Ms. Levine responded yes. Ms. McDonald asked if Ms. Levine had attended the monthly VetNet. Ms. Levine had not yet but planned to.

Mr. Chambilss wondered how many eligible veterans existed within the community. Ms. Levine said eligibility was relative, as there were many different ways to qualify. The eligibility requirements were based on need, ADLs, and some benefits were financially based. Mr. Chambilss asked if an entity was providing rides for veterans. Ms. Levine said the VA and RideSource provided transportation options.

Mr. Chambilss clarified that Ms. Levine would likely serve 100. Ms. Levine said yes. Mr. Chambilss asked how many more people would be identified beyond the 100. Ms. Levine was unsure but she hoped to reach many more. Mr. Chambilss wondered if Ms. Levine saw a direct relationship between veterans and homelessness. Ms. Levine was unsure statistically, but there were far too many homeless veterans.

Ms. Farrell shared that she and Ms. Emery were working on identifying homeless veterans, seniors, and folks with disabilities, to provide them support through S&DS. It was challenging as there were many changes happening within Lane County's homeless population. It would take some time to engage meaningfully with the community, it was a priority for the next year.

Mr. Mulhern said that Lane County Human Services maintained a veterans homeless list that was updated weekly. Ms. Levine thanked him, as she wasn't aware of the list. Mr. Mulhern asked what age the Veterans' Benefits program served. Ms. Levine said 18 and over.

Ms. Rogers had a concern about how people knew of new programs. She wondered what Ms. Levine was doing regarding publicity, and if the ODVA magazine was distributed within the community. Ms. Levine responded that she conducted outreach at the Lane County Stand Down event and conducted outreach to rural communities. All of her area coordinators knew to share information about the program. As for the ODVA magazine, ODVA distributed it as desired, but she had boxes of them and placed some in rural offices and in packets for home visits.

Mr. Chambilss said it was very obvious veterans were falling through cracks. He wondered how S&DS connected with housing developed specifically for veterans.

Ms. Farrell said S&DS didn't provide housing, but the organization did have lists of housing available. As consumers came into the office, staff connected to wraparound services.

Ms. Susman suggested releasing a public service announcement. Veterans' assistance was a hot issue, so she thought most entities would play one, such as KRVM Radio. Kembra Ward was the General Manager, and Ms. Susman thought she could have her folks help construct a PSA that could be used for KLCC and KVAL, plus connect them to the Register Guard and Eugene Weekly.

5. Older Adult Behavioral Health Initiative Update

Ms. McDonald, Older Adult Behavioral Health Specialist, provided an update.

Ms. McDonald explained her position was related to a statewide initiative by the Centers for Medicare and Medicaid (CMS), OHA, and Portland State University (PSU) Institute on Aging. The revenue stream was via U.S. government, to the state, and then to the county. There were 25 Older Adult Behavioral Health Specialist spread throughout the state. The specialists were assigned to areas based on the number of older adults or people living with disabilities. There were two assigned to Lane County; Ms. McDonald's colleague in the initiative was Chris Eilers.

Ms. McDonald explained the basic premise of the initiative, which was a three-pronged approach. One of the basic functions of the specialist was to promote, build, and maintain multi-system partnerships across the county; identify where the gaps in services were; and eliminate barriers.

Ms. McDonald also provided consultations to ensure older adults and people with disabilities received the appropriate behavioral health care at the right time. Another purpose of her position was to increase direct service workers' knowledge about how mental health conditions manifested themselves in the populations served. Ms. McDonald's primary function in the initiative was working with SDS case managers, including Senior Connections, and Pearl Street counselors.

Ms. McDonald's purpose of being with case managers was to assist them in navigating the system and to be a resource for them. Ms. McDonald clarified it was not a direct service initiative, meaning she didn't communicate with clients but assisted those who did. Chris Eilers was the primary trainer, and he offered sessions on subjects like depression, anxiety, isolation, loneliness, et cetera.

Ms. McDonald was co-located with both S&DS plus Trillium Behavior Health (TBH), which was a delegate for Trillium Community Health Plan for the authorization of behavioral health services. TBH staff were not Trillium employees, but county employees. The co-location gave her a great advantage in bridging the gap between medical services, behavioral health, and aging services.

Ms. McDonald was a participant on Lane County's high-risk team, chaired by one of the APS investigators, which was also part of S&DS.

Ms. McDonald explained why to focus on aging. Americans born between 1946 and 1964 were the largest cohort moving through society, and that would continue until 2029. She listed some statistics including: 15% to 20% of older adults have depression, men age 75 and older had the highest suicide rate, up to 15% of older adults are at risk drinkers, and up to 20% deal with prescription drug misuse.

Ms. McDonald explained why to focus on disabilities. In 2015, 24% of Oregonians reported living with a disability, compared to 23% nationally. Of those individuals, 58.5% reported mobility conditions and 24% cognitive. PSU collected data for the partnership. Once a quarter, the specialists across the state submitted reports to PSU staff, who then ran aggregate reports.

Ms. McDonald passed out information recently provided by PSU. The document was entitled,

"Behavioral Health Challenges for Older Adults and People with Disabilities in Oregon and the United States." She highlighted some statistics.

Mr. Holst asked if there were programs that contacted people living by themselves on a regular basis, in order to help prevent isolation. Ms. McDonald thought the data was gathered by the state through DHS and APD assessments because they identified whether people lived alone or in a facility. It was not part of the data collected through the initiative.

Ms. Rogers asked for clarification on the older adult male suicide rate. Ms. Rogers thought greatest danger of suicide was white males who retired the previous year. Ms. McDonald clarified PSU broke the data down by percent of males over 75 years of age and 85 years of age.

Ms. McDonald provided a document entitled, "Behavioral Health initiative for Older Adults and People with Disabilities: Quarterly Report Data Summary." She pointed to Complex Case Consultations, and noted the highest percentage occurred for people with complex or co-occurring medical conditions; for people who lacked family and natural supports; and for systems navigation. Ms. McDonald also noted that under Statewide Challenges on Page 4, barriers were outlined. Lack of affordable housing was identified as the biggest issue.

Ms. McDonald explained restrictive eligibility. One of the biggest issues seen during the initiative were individuals who did not qualify and were not eligible for behavioral health residential services and people who were not eligible for aging services. On December 9, 2018 the initiative held a forum in Salem that was sponsored by OHA and PSU. The forum was open to department heads and legislators. One of the recommendations brought forth was that aging services and the behavioral health division work out a solution to the two-waiver system. Presently, the funds for behavioral health and aging services were separate. It was difficult because sometimes people had dual conditions.

Ms. McDonald explained historically, those with chronic mental health issues died at a much younger age than they did in current times. People with severe and persistent mental illness were now developing aging conditions. A client may initially be in the mental health system, and later also require additional assistance with activities of daily living (ADL). At that time, the behavioral health system wouldn't provide ADL, so clients were moved to the aging services division; however, that division wasn't equipped for mental health conditions. There was an enormous gap.

Ms. McDonald provided SSAC a copy of the recommendation coming out of the forum.

Mr. Chambliss asked if people between the ages of 55 and 60 were not being connected with helpful services. Ms. McDonald said there were gaps in the age group, but not necessarily due to lack of connecting to services. Ms. McDonald clarified she was speaking about residential facilities, and not outpatient clients. It was difficult to blend the two services because they were funded by federal dollars.

Mr. Mulhern asked if provider capacity for behavioral health services was adequate in Lane County. Ms. McDonald responded that a lot of clients were the same between Trillium and the aging services and behavioral health divisions. Lane County Behavioral Health primarily focused on

servicing the severely and persistently mentally ill (SPMI) population. There were a lot of contracted providers through Trillium's community health plan including agencies, such as Looking Glass, and private therapists. Access to behavioral health wasn't the issue, the difficulty was around residential for those who could no longer live alone.

Mr. Holst asked for an update on the mental health facility in Junction City. Ms. McDonald said the Oregon State Hospital was open and running. They were accepting new clients, but she was unsure how full the hospital was. People weren't generally turned away.

Ms. Dashney had trouble understanding the gap between 55-60 for mental health issues,

Ms. McDonald clarified she was discussing adult foster homes.

Ms. Rogers stated the conversation would need to be tabled for a future time.

Ms. Rogers highlighted some improvements over the past year on Page 4.

Ms. McDonald passed out one final document, "Making a Difference." Any additional questions could be directed to her via email at kay.mcdonald@co.lane.or.us or kmcdonald@lcog.org.

7. Call for Next Meeting Agenda Items and Reminder of Next Council Meeting

March 15, 2019, 1:30 – 2:30 PM

859 Willamette Street, 5th Floor Buford Meeting Room
Eugene, OR 97401

6. Adjourn

The meeting adjourned at 2:32 p.m.

(recorded by Marina Brassfield)