

## CHIP Workgroup - Senior

June 11, 2021, 2-3pm

Meeting via Zoom Link

The CHIP partnership is an innovative collaboration between

Jefferson Healthcare (JCH), Jefferson County, the City of Port Townsend, and Jefferson County Public Health (JCPH), devoted to identifying the most pressing health priorities for Jefferson County and activate efforts that will lead to improvements

## C Agenda

- Introductions & Any Relevant Roundtable Updates since 5/12 meeting 5 minutes
- Foundation Setting Susie Brandelius, 03A and SHIBA Advisor, Laura Cepoi/03A Exec Dir
  - What resources are available for caregiver respite?
  - CHIP framework content at the intersection of ARA Funding/03A Priorities?
- Review and Refine Framework Draft 40 minutes
  - What to incorporate from O3A's presentation into Strategic Framework?
  - Metric source for progress on addressing social isolation Laura Cepoi, O3A
  - Review Senior Strategic Framework draft updated 6/10
- Timeline for Completion of Strategic Framework 5 minutes
- Next Steps- 5 Minutes

Note: CHIP's Senior Age-Band Workgroup-related meeting materials are posted at: <a href="https://www.behealthyjefferson.com/seniorworkgroup">https://www.behealthyjefferson.com/seniorworkgroup</a>



## Welcome & Introductions



# Foundation Setting

Insight from O3A



#### Jefferson County Caregiver Resources

Caregiving is a challenge.

Many caregivers aren't
aware help is available, how
to find it and why it's so
important.

Getting information, support, and services today is the best way to make sure you are there for your loved ones in the future.

Caregiving can be rewarding, but it also takes it's toll. Stress is the number one challenge facing many family caregivers caring for loved ones.

Help is available. Contact us. You are not alone.

411 W. Washington Sequim, WA 98382

915 Sheridan St. #202 Port Townsend, WA 9886 Information & Assistance Family Caregiver Support Servi P.O. Box 1644 Forks, WA 98331



**Family Caregiver Support Program** 

Helping
Family
Caregivers

Information and Assistance and Olympic Area Agency on Aging

#### FAMILY CAREGIVERS

Many people caring for a loved one, friend, or neighbor don't think of themselves as caregivers. If you're helping an adult with tasks, such as preparing meals, personal care, errands, phone check-ins or doctor appointments, you are a caregiver.

The Family Caregiver Support Program\* helps support unpaid caregivers of adults 18 and older. Staff can help you:

- Find local resources/services
- Find caregiver support groups and counseling
- Get training on specific caregiving topics or caregiver supplies and equipment
- Get respite care if you need a break
- Talk through specific issues you are having and offer practical information and caregiving suggestions
- Certain eligibility requirements may apply and services may vary from community to community.

In the summer of 2009, Washington State's Family Caregiver Support Program introduced a new screening and assessment process to better tailor support and services to a family caregiver's unique needs.

The Tailored Caregiver Assessment and Referral (TCARE®) process was developed by nationally respected caregiving expert Rhonda Montgomery, Ph.D., and her colleagues at the University of Wisconsin.

The survey is designed as a screening tool to quickly provide you and the caregiver specialist with a better understanding of your current situation and the sources and level of your stress.

You can take the survey over the phone with a caregiver specialist recording your answers or download it off the internet and fill it in at home. Using the results of your survey, a caregiver specialist can then offer you tailored one-on-one consultation and support.

#### Find Information on the Internet

Helpful information and resources are available at:

www.altsa.dshs.wa.gov/caregiving

Find articles, booklets, tips, shortcuts, and information about services that can address your needs, questions, and challenges.

#### HELP IS ON THE WAY!

Information & Assistance and the Olympic Area Agency on Aging recognize the crucial role unpaid caregivers play in helping older adults and adults with disabilities remain in their homes.

Family Caregiver Support Services can be reached by calling:

EAST CLALLAM COUNTY
Nancy McCarty
360-417-8559
800-801-0070

WEST CLALLAM &
WEST JEFFERSON COUNTIES
Susie Brandelius
360-374-9496
1-888-571-6559

Jan Svien 360-344-3013 1-800-801-0050

Additional information and services can be located at:

www.o3a.org

The Olympic Area Agency on Aging (O3A) serves
Clallam, Grays Harbor, Jefferson, and Pacific Counties
through local Information & Assistance offices.
O3A is an active part of a nationwide
Aging Network, Area Agencies on
Aging, which was created through the
Older Americans Act to help local
communities meet the needs of
elders and adults with disabilities.



#### Jefferson County Caregiver Resources

- Family Caregiver Support Program
  - a Federal and State funded program
  - Covers those over 55 raising grandkids, relatives as parents, kinship and caregiver support
  - Capped at 32 hours a month, or 8 hours a week (not enough)
  - Income limits decides if/what is paid for the support (\$25-30/hr)
- Currently O3A's Port Townsend office has 18 people receiving respite care services for 32 hours/month, and 10 on the waiting list (for months)
- Not enough Workforce for the level of need. Paid \$13.69
   minimum wage some get up to \$17-18/hour

Action: Add a strategy to address empathy exhaustion/lack of a respite system for caregivers.
 Pull in Laura/O3A for better understanding of resources available, where gaps are, how to better raise the profile, etc. Add content to framework that addresses outcome of that conversation.



### **Foundation Setting**

How can CHIP support Caregiver Respite Solutions?

What is at the intersection of

CHIP/ARA Funding/03A Priorities?



# Strategic Framework

Review and Refine



### Today's Framework Review Goals

- Whittle our Framework so noted actions toward established priorities are paired with realistic bandwidth expectations and spread between immediate-, mid-, and long-term timeframes.
- Get to 90% on the proper wording for the goal and objective; establish metric source/metrics; Assign ownership/leadership/accountability.

It is all worthy of time and resources.

Who or what organization has the bandwidth to move it all forward?



#### Strategic Results Framework – Draft page 1 of 4

#### Senior Age Band Workgroup - Strategic Framework Development - As of 6/10/2021 Goals: Objectives: Activities Inputs Strategy: What are the objectives, if completed, going to lead to? What measurable goals has the workgroup decided on to make sure that it How are we going to implement our workgroup What types of things do we need to develop to help met goals? How are the deliverables from the strategy meets the purpose of the group? These should our objectives? What deliverables will we have after we What steps need to happen to make sure that we can complete the What do we need to make be SMART goals. going to be maintained? perform the activities? strategy? the activities happen? Goal 1: Objective 1: Strategy 1A Activities Inputs 1A.1 Engage O3A, SHIBA, etc. to assess existing resource Identify individual to Determine and address gaps in Understand current Strategy 1A: Create a resource map and make it available listings for county resources. Identify what can be act as point of contact current system to support environment for available and coordination. to Seniors leveraged and integrated with additional information into a county seniors aging well. services for Seniors more comprehensive listing. Coaelesce information; create Develop and implement a plan Metric: Milestine goal completed by 6/2022 digital/web and print resources; distribute; determine who Metrics: ? that supports county seniors is responsible for resource maintenance and the update to maintain the highest /resdistribution schedule. functional level possible by 2023 Activities Inputs Objective 2: Strategy 2A Support existing plans that 2A.1 Who collaborates to define the steps/actions for this Identify individual to Strategy 2A: act as point of contact Improve access to social services through strategy? Can this group serve as a basis for on-going strengthen senior services collaboration on Senior issues in our community? and coordination. coalition building Metric: Decreased % of Elderly experiencing Assess gaps in social service connection and address. Metrics: ?? social isolation Support Elders maintaining engagement by retention of Data Source: BRFSS? Uof W? O3A? gate, strength, balance, and general mobility.

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draft of
Senior
Strategic
Framework

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#### Strategic Results Framework – Draft page 2 of 4

#### Senior Age Band Workgroup - Strategic Framework Development - As of 6/10/2021 Goals: Activities Objectives: Strategy: Inputs What are the objectives, if completed, going to lead to? What measurable goals has the How are we going to implement our workgroup workgroup decided on to make sure that it What types of things do we need to develop to help met meets the purpose of the group? These should goals? How are the deliverables from the strategy our objectives? What deliverables will we have after we What steps need to happen to make sure that we can complete the What do we need to make be SMART goals. the activities happen? going to be maintained? perform the activities? strategy? Goal 1 - Cont'd: Objective 2 - Cont'd: Strategy 2B Activities Inputs **2B.1** Partner with existing agencies like the Affordable Identify individual to Determine and address gaps in Support existing plans that Strategy 2B: Housing committee to make sure the needs of Seniors are act as point of contact Ensure Senior Housing is addressed in county current system to support strengthen senior services housing planning process and action plan well represented. and coordination. county seniors aging well Develop and implement a plan Metrics: ?? Metric: Homeless rate among seniors that supports county seniors to maintain the highest Data Source: OAAA survey? functional level possible by 2023 Strategy 2C Activities Inputs Strategy 2C: Work with Jefferson Transit to 2C.1 Create Survey for Elders to define their transportation Identify individual to improve Senior Transportation access where act as point of contact and coordination. **2C.2** Ensure Seniors are represented on Jefferson Transit gaps exist. Advisory Board. Metric: Senior ridership in JT Metrics: ?? Data Source: JT stats? Current State: ?

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draft of Senior

**Strategic** 

Framework



## Strategic Results Framework – Draft page 3 of 4

#### Senior Age Band Workgroup - Strategic Framework Development - As of 6/10/2021

Goals:	Objectives:	Strategy:	Activities	Inputs
hat are the objectives, if completed, going to ad to? What measurable goals has the orkgroup decided on to make sure that it eets the purpose of the group? These should SMART goals.	How are we going to implement our workgroup goals? How are the deliverables from the strategy going to be maintained?	What types of things do we need to develop to help met our objectives? What deliverables will we have after we perform the activities?	What steps need to happen to make sure that we can complete the strategy?	What do we need to mai the activities happen?
Goal 1 - Cont'd:	Objective 2 - Cont'd:	Strategy 2D	Activities	Inputs
current system to support county seniors aging well Develop and implement a plan that supports county seniors to maintain the highest functional level possible by 2023  Objective 3  Develop new programs	Support existing plans that strengthen senior services	Strategy 2D: Support WA state's Roadmap (name other plans?) to address dementia in Jefferson County  Metric: 25 residents of Jefferson County have dementia care plan by 2023.  Data Source: ?	2D.1 Review the WA state Dementia Roadmap to evaluate if the tools can be used in Jefferson County  2D.2 Work with local agencies like OAAA and local dementia care facilities to implement Roadmap.	Identify individual to act as point of conton and coordination.  Metrics: ??
	Objective 3	Strategy 3A	Activities	Inputs
	Develop new programs that strengthen senior services	Strategy 3A: Work with local care agencies like Jefferson Healthcare to develop Palliative Care Program  Metric: Milestone Goal Program is in place by 2023  Data Source: ?	<b>3A.1</b> Members of this team to meet with Jefferson Healthcare Home Health Department to understand plan for Palliative Care model and provide support and integration with other agencies in the community.	Identify individual to act as point of conton and coordination.  Metrics: ??

Link to 6/10
draft of
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Framework

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## Strategic Results Framework – Draft page 4 of 4

Goals:	Objectives:	Strategy:	Activities	Inputs
What are the objectives, if completed, going to ead to? What measurable goals has the vorkgroup decided on to make sure that it neets the purpose of the group? These should be SMART goals.  Goal 1 - Cont'd:	How are we going to implement our workgroup goals? How are the deliverables from the strategy going to be maintained?  Objective 3 - Cont'd:	What types of things do we need to develop to help met our objectives? What deliverables will we have after we perform the activities?  Strategy 3B	What steps need to happen to make sure that we can complete the strategy?  Activities	What do we need to make the activities happen? Inputs
		-		
Determine and address gaps in current system to support county seniors aging well	Develop new programs that strengthen senior services	Strategy 3B: Work with SHIBA and local Law Enforcement to develop a Anti-Fraud Campaign for Seniors in this community.	<b>3B.1</b> This team to work with SHIBA and local Law Enforcement to develop a campaign to raise awareness about fraud perpetrated on seniors over the internet and phone.	Identify individual to act as point of conta and coordination.
that supports county seniors to maintain the highest		Metric: Milestone goal, campaign in place by 2023.	<b>3B.2</b> Provide printed materials in places that seniors frequent to help them avoid fraud.	Metrics: ??
functional level possible by 2023		Data Source: ?		
		Current State: ?		
		Strategy 3C	Activities	Inputs
		Strategy 3C: Implement community risk reduction programs. Can we get a better definition of what would be involved in this program	3C.1 Who collaborates to define the steps/actions for this strategy? (03A)	Identify individual to act as point of containant coordination.  Metrics: ??

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draft of Senior

**Strategic** 

**Framework** 



#### Discussion: Framework Completion Timeline

- Assure development and documentation of Senior Age-Band Strategic Framework action plan is completed by August for inclusion in the 2021 CHIP Update.
- Activity ownership assigned before August
- 2021 CHIP Update Presented to Joint Board for Approval
- Address any Joint Board Feedback and seek Final Approval
- Upon approval, CHIP begins to facilitate Age-Band Workgroups to execute Strategic Plan



# Next Steps & Meeting



### Next Steps? Next Meeting

Next Steps/Agenda Items for Next Meeting?

Next Meeting: Wednesday, July 14, 1-2pm



# Thank You for all your hard work