2018 GRANT SUMMARY PAGE

MENTAL HEALTH, CHEMICAL DEPENDENCY, AND THERAPEUTIC COURTS RFP KITSAP COUNTY HUMAN SERVICES DEPARTMENT

Organization name: KITSAP COUNTY DIVISION OF AGING & LONG TERM CARE

Proposal Title: <u>Partitlers in Memory Care:</u> Please Check One	·	Grant
Proposal Please check which area of the Co		
XX Prevention, Early Intervention and Training □ Crisis Intervention □ Outpatient treatment	☐ Medical and Sub-Acu☐ Acute Inpatient CareXX Recovery Support Se	
Proposal Summary: This project will provide new resources to haddress challenging behaviors associated disorders, referred as the "dementia spectrapproach to bring new dementia-friendly sindividual's ability to pay or funding source 1. a new subcontract creating a memory provide home-based personalized ed challenging behaviors (formal and information based staff, in order to prevent and provide workshop called Powerful Tools for Command the grass-roots Alzheimer Associated Support groups in Kitsap that pand peer support for individuals diagraceregivers	with aging and mild to majorum". The project proposes upports to our community, it is loss and dementia consult ucation and options for stratormal) to individuals, caregiveserve placement changes an evidence —based commaregivers; sociation sponsored Memorovide on-going education,	or neurocognitive is a three pronged regardless of an stant dedicated to stegies for sivers and facility-is; nunity-based ry and Dementia socialization,
The resources created through this propositive thereby maintaining placements, delaying decreasing unavoidable emergency room	institutionalizations of their	loved ones,
Requested Funds Amount: \$ 100,000		
Matching/In-kind Funds Amount: \$_18,616 (15%)	
Street Address: 614 Division Street, MS- 5 (loca	ated in Givens Community Cel	nter)
City: Port Orchard	State: WA	Zip: 98366
Primary Contact: Stacey Smith Phone: (360)	337-5624 E-Mail: sasmith	@co.kitsap.wa.us
Non-Profit Status: Yes 501C3 of the In	nternal Revenue Code? ☐ Ye	s ⊮ N o
 Federal Tax ID Number: 91-6001348 If incorporated, attach a list of the member and addresses- NA. If not incorporated (sole proprietor or paragedresses of the principals- NA. 		_
Alley /mx	Administrator	July 25, 2017
Signature	Title	Date

	•		

ATTACHMENT B- Narrative

			•

1. Organizational Capacity

A. Organizational Governance

Kitsap County Aging and Long Term Care, the designated Area Agency on Aging (AAA) for Kitsap County, is a division under the Kitsap County Department of Human Services.

There are 618 AAAs across the United States and 13 AAAs in Washington State. As the local AAA, Kitsap AAA is responsible for planning, developing, coordinating, advocating, and delivering a comprehensive system of services to promote healthy aging and support choices for aging and older adults with disabilities to live as independently and with as much dignity as possible.

Grant and contract revenue for providing administration and direct services, to meet the responsibilities above, is administered by Kitsap AAA. Revenue sources include:

- Federal funding- The Older Americans Act, Title XIX of the Social Security Act,
- State funding- The Long Term Care Ombudsman program, Senior Citizens Services Act, Family Caregiver Support, Office of Insurance Commissioner Statewide Health Insurance Benefits Advisors program, Title V Senior Employment, Medicare Improvement Patient Provider Act, Senior Drug Education,
- Kitsap County General Fund- 30% support of the Long Term Care Ombudsman program, only.

As a County entity, Kitsap AAA has a positive track record of abiding by strict County fiscal policies and procedures. Kitsap AAA is subject to annual State Auditing as part of the regular County monitoring process. As a subcontractor of the Washington State Department of Social and Health Services Aging and Long Term Support Administration (ALTSA), Kitsap AAA received a 3 year program monitoring in 2016, annual Medicaid Quality Assurance review, and receives routine desk monitoring of contract deliverables.

- 2016 State Auditors Review- no findings
- 2016 DSHS Aging and Long Term Support Administration Program (ALTSA)
 Approved correction action plan with revised cost allocation pool using standard accounting method adopted January, 2017. No misappropriated funds.
- Annual DSHS ALTSA Medicaid Quality Assurance reviews 2016 approved performance improvement plan for two assessment items. 2017- in process.

Full monitoring reports will be provided upon request.

B. History of Project Management

Kitsap AAA has a strong track record of implementing and managing a multitude of specialized services, programs, and a network of subcontractors. The CY 2017 total revenue was approximately \$4,022,000. In 2018, it is projected to grow to \$4,142,000-not including these requested funds.

As outlined in the 2016-2019 Kitsap AAA Area Plan, the larger programs are listed below:

Medicaid Case Management \$2,000,000 revenue; implemented in 2000; serves 950 individuals daily

- Senior Information & Assistance \$ 440,300 revenue; implemented in 1989; serves approximately 450 individuals quarterly
- State Family Caregiver Support \$440,000 revenue, implemented in 2010, serves approximately 120 individuals quarterly
- Statewide Health Insurance Benefits Advisors \$ 22,000 revenue, implemented in 2010, serves approximately 300 individuals quarterly
- Long Term Care Ombudsman \$ 96,100 revenue, implemented in 2000, serves approximately 20-50 residents monthly
- Senior Employment \$ 181,000 revenue (includes participant wages and benefits), implemented in 2007,12 employment positions
- Network of subcontractors provide the following services: personal care services, adult day health, senior nutrition, legal information/assistance, mental health/ substance abuse counseling, and kinship (grandparents) services.
 2016 Total subcontracted revenue: \$ 1,500,000.

C. Staffing Capacity

Kitsap AAA was established in 1989. The organization delivers expertise for serving the aging population and their caregivers. In June 2017, AARP ranked Washington State's Long Term Services and Supports #1 nationally due to client choice, exceptional quality, and quantity of available services.

Division Administrator: Stacey Smith, M.Ed., WA State Licensed Mental Health counselor, specialists credential. 25 years' experience in public Medicaid mental health-providing direct service and administrative program management at local non-profit agency (Kitsap Mental Health Services) and at the regional plan (Peninsula Regional Support Network). 2015 PRSN annual budget= \$32 million.

- This position will directly oversee the subcontracted entity providing consultation services.
- This strategy will be subcontracted- no additional staff hired.

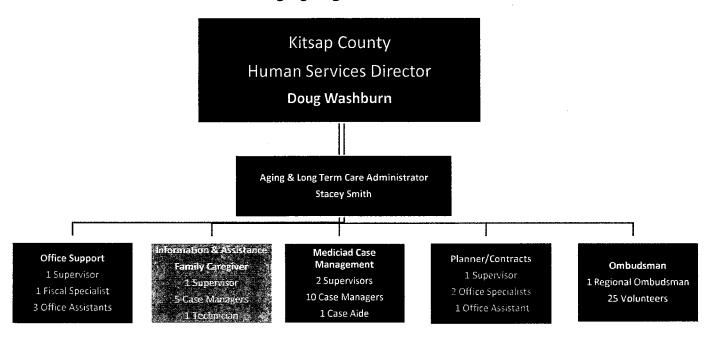
Division Planner: Tawnya Weintraub, MA.Management. 20 years' experience at Kitsap AAA in progressive positions that include: case manager, program supervisor, planning and contracts supervisor. Successful implementation of state programs, contract negotiations, and monitoring of subcontractors.

- This position will oversee the Dementia Café subcontract expansion through the Alzheimer's Association.
- No additional staff will be hired for this strategy.

Aging and Disability Program Supervisor: Jennifer Calvin-Myers, MSW, WA State Licensed Independent Clinical Social Worker. 5 years' experience in social service program management. Exceptionally skilled at coordinating community events, public speaking, and process improvement strategies.

- This position will oversee recruitment and training for the Powerful Tools for Caregivers class facilitator leaders and oversee the workshop implementation.
- Staffing plan includes two existing Kitsap AAA staff and recruitment of two volunteers for Powerful Tools for Caregivers class leader roles.

Division of Aging Organization Chart-Overview



A comprehensive organization chart is included in attachment I.

2. Community Needs and Benefit

A. Needs Assessment

Kitsap County continues to experience significant population growth for the aging population. As illustrated in chart 1, the 2010 census data indicate that the 60+ population is 49,674; representing an increase of 51% from 2000 and 84% from 1990. This data also indicated that the 85+ population is 4,510; representing an increase of 46% from 2000 and 137% from 1990.

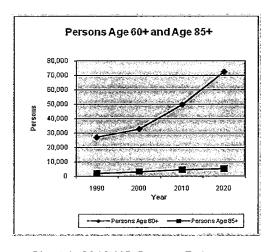


Chart 1-2010 US Census Data

In 2010, 20% of all people living in Kitsap County comprised of older adults. It is projected in 2020, 25% (1:4) of all County residents will be 60 years or older. This is the fastest growing age demographic in Kitsap. Further, as life expectancy rises, the number of "oldest old" (age 85+) also increases. For this reason, programs and policies directed

to the 60+ population must take into account the needs of at least two generations of older adults.

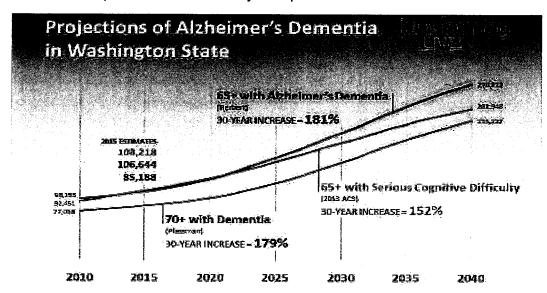
According to a 2015 National Council on Aging survey, a top concern of older Americans second only to maintaining their physical health was their concern about memory loss. In Washington State, an estimated 110,000 individuals have Alzheimer's disease or a related dementia. Americans fear Alzheimer's disease more than any other disease, including cancer (Marist Institute for Public Opinion 2012).

Alzheimer's disease is the sixth leading cause of death in the United States, and the third leading cause of death in Washington State (2016 Washington State Alzheimer's Plan). While death rates for cancer, stroke and heart disease have declined, the death rate for Alzheimer's is on the rise – currently, more than 107,000 people in Washington have Alzheimer's or other dementias, and unfortunately, that number is expected to double in the next 25 years. Community-based social services are ill equipped for this surge and demand for specialized care.

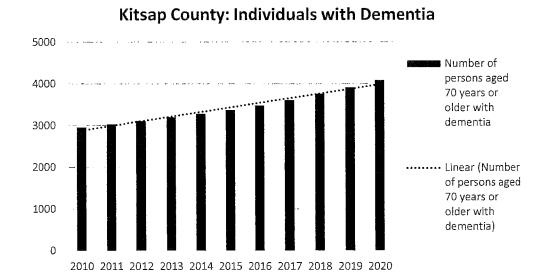
For Kitsap County, Alzheimer's disease is a major concern. The Centers for Disease Control rates Kitsap County Alzheimer's deaths in the "worse" quartile compared to other counties at a rate of 58.6 per 100,000 people.

Dementia is being diagnosed earlier than in previous years and individuals are often aware of their dementia diagnosis in the early stages of the disease. Alzheimer's disease is the most common form of dementia, accounting for 60-80% of cases, and vascular dementia is the next most common at around 17% of cases (Plassman, et al. 2007). Other causes include: Lewy body dementia, mixed dementia, Parkinson's disease dementia, frontotemporal dementia and Creutzfeld-Jakob disease. All of these brain disorders are included in the Diagnostic and Statistical Manual of mental Disorders (DSM-5).

As outlined in the chart below, over the next 30 years it is projected that in Washington State, the total number of people age 65 and older with Alzheimer's and dementia will increase by 181 percent. For those ages 65 and older with serious cognition, the number is likely to increase by 152 percent. While the number of people with dementia who are age 70 years and older, is expected to increase by 179 percent.

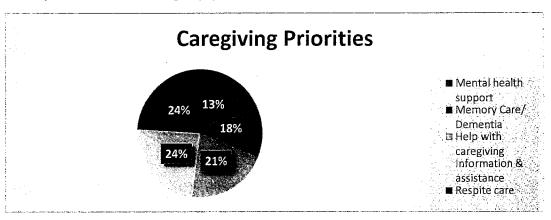


According to Washington State ALTSA Community Connections database, dementia in individuals over the age of 70 will rise significantly in the next three years.



The needs of someone with an early diagnosis of dementia are much different from one diagnosed later on. As a result, the informal family caregivers support role fluctuates based on need. Currently, it is estimated that family or unpaid caregivers provide 80% of care to the aging population. 7% of the care being provided by caregivers is over the age of 75. Family caregivers spend an average of 34 hours per week on caregiving. Almost half report caring for a spouse; the others assist siblings and other relatives, friends or neighbors, most who are also 75 or older.

As a part of the Kitsap AAA 2016-2019 Area Plan, 2015 survey results from Kitsap County caregivers reported the following top priorities:



Research studies find high rates of depression and anxiety among caregivers and increased vulnerability to health problems. Caregivers frequently cite restriction of personal activities and social life as problems. They often feel they have no control over events, and that feeling of powerlessness has a significant negative impact on caregivers' physical and emotional health. https://www.powerfultoolsforcaregivers.org/about/

Innovative service and programs that focus on abilities, strengths, and bringing together individuals with early stage diagnosis are vital. Additional supports for caregivers with dementia-specific challenging behaviors are needed at all stages of the diagnosis.

The proposal is a three prong strategy designed to address these support needs. It will provide individualized services to informal caregivers, healthcare professionals, and the individual who demonstrates challenging behaviors such as aggression, anxiety, confusion, agitation, repetition, suspicion, wandering and trouble sleeping.

 The consultant will provide information to better understand a concerning behavior, discuss strategies, refer to current resources and provide support in order to maintain a placement. This may be to the caregiver, hospital or facility-based staff.

This innovative approach targets a reduction in emergency room use, hospital admissions and length of stays, as well as preservation of formal and informal long-term services and systems.

• Powerful Tools for Caregivers provides concrete information and successful coping strategies-through a structured workshop format, to a caregiver.

This evidence-based workshop format targets early intervention of caregiver burnout, refers to local resources, and preserves natural caregiving "systems".

• Expanded community-based Memory and Dementia Cafés will provide an informal venue for socialization, peer support, and education to individuals diagnosed with memory loss and their caregivers.

This innovative approach targets prevention and early intervention of caregiver burnout, education regarding brain health, and strategies to delay the disease progression.

In CY 2018, it is anticipated we will serve:

Activity	Projected	Comment
	number served	
Consultant: Individual	10 per month	Contingent on referrals
consultations (out of facility)	(April- December)	
Consultant: Individual	10 per month	Contingent on referrals
consultations (in facility)	(April- December)	
Consultant: Community	2 Conferences per year	
presentations at conference	 Total attendees 250 	
	people per year	
Powerful Tools for Caregivers –	12 attended per	Contingent on referrals
2 workshop series	workshop series- 24	
	total	
Memory and Dementia Café	100 per month	Currently attendance is
		approximately 90 per month
		(total) from various locations. Adding 1 location increases
		total to 100 per month.
		Total to roops. Months

B. Outreach

It remains a challenge to increase community awareness and distribute useful information to older people and caregivers so they can make informed choices. In the Kitsap AAA 2016-2019 Area Plan, the survey responses for information was the Internet, followed by friends or neighbors. Publications, such as AARP, Senior or community centers, newspapers and Kitsap AAA Senior Information and Assistance, and family were the next top sources of information.

Kitsap AAA will development an Outreach Plan that includes:

- Utilizing in-house Senior Information & Assistance referrals;
- Utilizing in-house Family Caregiver Support Program referrals;
- Partnering through Long Term Care Alliance monthly meetings: 1 presentation of new project/ resources to the group in CY 2018

 – to generate program referrals;
- Expanding the promotion of Dementia Cafés through the Alzheimer's Association;
 Presentation to Kitsap Ombudsman -referrals to preserve facility-based placements;
- Presentations to local ancillary partners- such as hospital and emergency room staff, Project Connect, Kitsap Mental Health Services Older Adult Outpatient and Crisis Response Teams, and quarterly network provider meetings;
- Post information on Kitsap County Human Services Department and AAA websites;
- Publicize through Kitsap County social media platforms;
- Publicize through Kitsap County "Inside Report"- video presentation highlighting specific services and programs;
- Announce at annual Fall Family Caregiver and Older Americans Conferences;
- Expand on existing Alzheimer's Association written information with local program and resource information; and
- Add to existing Kitsap AAA general informational brochure and community PowerPoint presentation.

Kitsap AAA made a major commitment to increase visibility and expand services through the Senior Information & Assistance Program (I&A) over the last 16 years. To help facilitate seamless service delivery, a client management and resource directory information system was created. The system is a platform to create seamless linkages between clients needing information and the services available. Kitsap AAA provides information, screening for program eligibility, service referral, assistance, and advocacy. The Senior I&A program is also responsible for taking a lead role in coordinating public education efforts and maintaining a directory of community resources.

C. Link Between Community Needs and Strategic Plan

Local funding will be used to create "dementia-friendly" treatment strategies that do not currently exist in Kitsap. Medicaid and Medicaid mental health benefits do not cover the types of home-based consultation and workshop approaches outlined in this proposal.

This proposal supports the following 2017 Kitsap County behavioral health goals:

- Improve the health status and wellbeing of Kitsap County residents.
- Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.

People with dementia have more potentially avoidable hospitalizations due to complications of diabetes and hypertension – conditions that could be prevented through active care management. (Alzheimer's Association, 2015) and links to social services.

Dementia presents distinct challenges for long-term supports and services systems (LTSS) because of "its high prevalence, progressive nature, effects on behavior and ability to self-manage care due to impaired cognitive and decision-making capabilities, frequency of care transitions, risk of elder abuse, high rate of comorbid health conditions, heavy reliance and resulting health impacts on caregivers, and higher costs associated with LTSS compared to other chronic conditions in late life" (2016 Washington State Alzheimer's Plan, Shih, et al, 2014).

Washington State currently has limited policy language on Alzheimer's disease in legislation, relating to required training on dementia for adult family homes and assisted living facilities. Washington Administrative Code (WAC) addresses requirements for assisted living facilities to obtain specific information for a resident who has symptoms consistent with dementia including resident's significant life experiences, resident's patterns of behavior, and requirements related to restricted egress. The consultant will provide education to facility staff regarding the disease progression, and offer solutions to accompanying challenging behaviors, that may place a resident's placement at risk.

The 2016 Washington State Alzheimer's Plan includes a quote from Governor Jay Inslee "While there is still no known way to prevent or cure Alzheimer's, even though local researchers in our world-class bioresearch sector may be getting close to new effective treatments, our state plan proposes common sense steps that we can take to promote brain health; address legal, financial and care planning; improve the quality of life for those living with dementia; ease the strain on family caregivers and reduce associated costs in the future."

This proposal shares similar strategies outlined in the 2016 Washington Alzheimer's Plan to target prevention, early intervention, and recovery support strategies. The prevention and early intervention strategies include supporting a shared plan, training all systems on community resources, and providing behavioral health education to key individuals (formal and informal) working with the aging population. The recovery support strategies include assessing and identifying the mental health service needs of Kitsap's aging population.

Goal 2, 2016 Washington State Alzheimer's Plan: Prepare Communities for Significant Growth in the Dementia Population by:

- Including Alzheimer's, dementia and healthy aging in state and local government plans;
- Infusing age-friendly and dementia-friendly concepts into local communities;
- · Promoting healthy aging and brain health.

Goal 4, 2016 Washington State Alzheimer's Plan: Ensure Access to Comprehensive Supports For Family Caregivers by:

- Providing guidance and support for dementia caregivers in navigating service systems.
- Increasing availability of, and access to, education and support services.
 - Increase availability of evidence-based programs for people with dementia and their family caregivers, e.g. early stage memory loss groups and Powerful Tools for Caregiving, and expand supportive services.
 - Increase availability and delivery systems of education for family members about dementia communications skills, understanding and responding to non-verbal cues and behaviors, and home care activities such as assuring home safety, managing medications, using effective approaches for personal care, addressing hearing loss and other sensory deficits, and incorporating physical and meaningful activity into the day.
- Increasing availability of, and referral to, support groups for caregivers.
 - > Explore strategies to expand support groups, particularly in rural areas.
 - Expand and promote implementation of early stage memory loss groups for people with cognitive impairment/dementia and their care partners.
- Reaching individuals and family members early in the disease process through collaborative models of social engagement.
- Increasing the number of culturally and linguistically-diverse caregivers who
 participate in education and support programs.
- Developing supports for family caregivers who are employed, caring for people with developmental disabilities and dementia, and those living with early onset Dementia.

Mostly, caregivers need a "roadmap" – what to expect as the disease progresses. Each family's situation is unique, and the supports a family caregiver will need vary depending upon the family's situation. There is a need for help understanding what basic services and supports are available, options to help families before they reach the end of their rope, and caregiver supports available across the state.

Support groups are vital to a caregiver's ability to continue to provide care. Family members credit support groups with helping them learn how to better address support needs and learn about behavioral interventions. Family members also benefit from improved mental and emotional health.

Every part of our community is touched by neurocognitive memory loss and other dementias. The impact is already being felt on individuals and families who bear the greatest emotional and financial responsibility, on businesses through lost productivity of family caregivers, and on local communities and the State that incur significant costs for care and services.

3. Project Description

A. Project Design

The proposal is a three pronged approach to providing connected (leveraging existing resources) and impactful new services and resources throughout Kitsap County.

First Strategy

Add a consultant service through a professional service subcontract to provide 1:1 home-based consultation and educational services to informal and formal support (caregivers, facility staff, systems, etc.) in dealing with challenging behaviors related to neurocognitive disorders. This subcontracted position is available to individuals (regardless of their funding resources) with challenging behaviors associated with a neurocognitive disorder and their caregivers, as well as skilled nursing home and assisted living staff for enhanced training.

The consultant will provide information to better understand concerning behavior(s), discuss strategies, refer to current resources and provide support in order to maintain a placement. The consultant would provide individualized consultation, training to facility staff, co-facilitate community educational workshops, connect families to existing community resources (collective impact), as well as provide expertise to existing ancillary agencies through a collective impact model.

This innovative approach targets maintaining current placement, increasing connections to existing community resources, decreasing emergency room use, decreasing hospital admissions and length of stays, as well as preserves formal and informal long-term services and systems.

Second Strategy

Start-up and implementation of Powerful Tools for Caregivers evidence-based workshops. Powerful Tools for Caregivers provides concrete information and evidence-based strategies to a caregiver to successfully navigate their journey.

This evidenced-based format targets prevention of and early interventions of for caregiver depression and burn out, refers to local resources, and preserves natural caregiving "systems."

Third Strategy

Expansion of community-based Memory and Dementia Cafés provides an informal venue for socialization, peer support, and education to individuals diagnosed with memory loss and their caregivers.

This innovative approach targets prevention of and early intervention for caregiver burnout, education regarding brain health, increased socialization and support, and strategies to delay the disease progression.

Timeline: Service Implementation

on
8
18
18
}
1

B. Evaluation – reference Attachment D SMART worksheet

Data will be collected, measured and analyzed with each strategy. Please reference Attachment D for a description on project goals, activities, and measurable objectives.

Kitsap AAA will continue to utilize a community-based satisfaction survey, such as the one associated with the 2016-2019 Area Plan, to guide planning.

C. EBP or Promising Practices

The proposal is a three-pronged approach are recognized at varying degrees of efficacy to evidence —based/ promising practices/ innovative practice. Of note, according to the Administration of Community Living, people with Alzheimer's or other dementias have been explicitly excluded from some studies of non-pharmacological treatments and care practices intended for older people in general. More than half of the articles about

research that explicitly excluded people with cognitive impairment and dementia gave no reason for the exclusion.

Evidence-based:

 Powerful Tools for Caregivers is recognized as an evidence-based workshop. In 2012 the Powerful Tools for Caregivers program was deemed to have met the highest-level criteria of evidence-based disease prevention and health promotion programs by the Administration for Community Living/Administration on Aging.

Powerful Tools for Caregivers (PTC) and all materials were developed over 3 years of pilot testing, refinement and evaluative research to assess the program's effectiveness. Initiated through grant funding, the program has been offered since 1998. Currently, nearly 4,000 Class Leaders have been trained in 40 states.

PTC is based on the highly successful Chronic Disease Self-Management Program developed by Dr. Kate Lorig and her colleagues at Stanford University. Powerful Tools for Caregivers is a national program sustained by extensive collaborations with community-based organizations. (https://www.ncoa.org/wp-content/uploads/Title-IIID-Highest-Tier-Evidence Feb.-2017-1.pdf (page 18))

In the six weekly classes, caregivers develop a wealth of self-care tools to: reduce personal stress; change negative self-talk; communicate their needs to family members and healthcare or service providers; communicate more effectively in challenging situations; recognize the messages in their emotions, deal with difficult feelings; and make tough caregiving decisions. Class participants also receive a copy of *The Caregiver Helpbook* developed specifically for the class.

The 6-week PTC class has been shown to have a positive impact on caregiver health for a diverse group of caregivers including rural, ethnic minorities, adult children of aging parents, well-spouses/partners, caregivers at differing stages in their caregiving role, living situations, financial and educational backgrounds.

Innovative Practices:

Consultant for challenging behavioral associated with a neurocognitive Disorder, such as dementia, is an innovative idea. This strategy was launched from a historical local (Kitsap) Medicaid consultation service provided to nursing homes by a specialized mental health team to address challenging and complex behavioral health cases. The nursing homes found this to be a successful and tremendously impactful service in maintaining placements for difficult to serve and complex needs individuals. Due to funding constraints, this consultation service only marginally exists today for nursing homes able to contract for the service.

This proposed consultant strategy builds off the previous project successes and expands the vital service to all individuals in Kitsap, regardless of funding sources, inhome or facility-based care, with the focus to maintain current placement.

The New York University Caregiver Intervention (NYUCI) is a similar evidence-based approach intended to increase caregivers' emotional and physical well-being and ability

to provide care at home to avoid or postpone nursing home placement. Counseling is provided in the person's home or another community setting. The caregiver is encouraged to join a support group.

Memory or Dementia Café is an innovative grassroots practice that provides "a social gathering for people with memory loss and their care companions to meet in a safe, supportive environment. Guests can share conversation over a cup of coffee in a relaxed atmosphere that sometimes includes music or art. Cafés are hosted at a variety of locations including community centers, museums, libraries and restaurants/café." (https://alzheimersspeaks.com/memory-cafes)

Kitsap AAA uses T-Care ® to assess individuals for the Family Caregiver program. T-Care ® is an evidence-based practice tool. https://www.ncoa.org/wp-content/uploads/Title-IIID-Highest-Tier-Evidence Feb.-2017-1.pdf (page 24)

D. Community Collaboration, Integration and Collective Impact

Kitsap AAA has *strong* partnerships and local community connections with local networking groups, cross-system referral sources, subcontractors, and local providers. Kitsap AAA has been at the heart of community partnerships since the early 1980's.

- Some examples are: Kitsap Information & Referral Network, Kitsap Mesa Redonda, Provider Breakfast, Long Term Care Alliance, Continuum of Care Coalition, Vulnerable Adult Task Force, Tribal Social Services and other networking and community collaborations.
- The Long Term Care Alliance was established as a result of the AAA leading discussions and promoting community collaboration amongst long term care providers.

Most recently, exciting new partnerships have been spurred by the Aging Advisory Council. Council members have taken an active role in bridging non-traditional partners with Kitsap AAA.

- Some examples include: faith communities, military and veterans services, senior centers, guardians, disability providers, service clubs, and other advocacy groups.
- The quarterly call volume has increased three-fold since the Aging Advisory Council began targeted outreach efforts.

The proposal will develop additional resources, as well as leverage and expand on existing resources.

- Kitsap AAA will use two existing staff members to be trained in the Powerful Tools for Caregivers model. These positions are supported using Older Americans Act federal funding at the AAA.
- Kitsap AAA is a member of The Long Term Care Alliance, a 501-3c, which
 operates as a coalition of long term care facilities and providers. Members meet
 monthly for information sharing and planning the annual Older Americans
 Conference.

In their letter of commitment, "the Alliance" offers dedicated time at the monthly meeting to report on the proposal strategies, a seat on the conference

planning committee, referrals to new services, as well as potential dedicated confidential space at member facilities for providing the proposal strategies in the community.

 The Alzheimer's Association regional chapter provides support to the Kitsap Early Memory Loss support groups and Dementia Cafés. They recruit and train group facilitators, provide community-based educational workshops and promote groups.

In their letter of commitment, the Alzheimer's Association offers on-going support to the existing Memory and Dementia Cafés. This proposal leverages their on-going support.

 Project Connect is an outreach program devoted to ending homelessness in Kitsap.

In their letter of commitment, Project Connect offers joint care coordination for older individuals at-risk of housing due to behaviors associated with a neurocognitive disorder. This proposal blends two specific resources to maximize impact.

4. Project Financial Feasibility

A. Budget Narrative- reference Attachments E-G

This proposal is for two new services that do not currently exist and do not have dedicated funding in Kitsap- a consultant and Powerful Tools for Caregivers workshops. The funds dedicated to the Memory and Dementia Cafés will expand to add one additional site, as well as advertise and promote established sites that are facilitated using volunteers.

These funds do not supplant current project funding and all other funds will be utilized prior to the use of these funds. Please reference Attachment E-G for details.

B. Additional Resources and Sustainability

The proposal will leverage and expand on the following existing resources.

- Kitsap AAA will provide in-kind space for Powerful Tools for Caregivers class leader training and workshops.
- Kitsap AAA will provide matching funding to augment the existing two staff to be trained as a Powerful Tools class leader.
- The Long Term Care Alliance is a coalition of long-term care facilities and providers in Kitsap that provide a range of services.
- The Alzheimer's Association regional chapter provides support for the Kitsap Memory and Dementia Cafés.
- Project Connect is an outreach program devoted to ending homelessness in Kitsap.

Kitsap AAA will strive to seek alternative funding to partner or sustain the funded strategies. Each strategy has promising sustainability.

Consultant Sustainability Plan: Depending on the interest of the consultant, the education and consultation services provided could be eligible for a Medicaid Long Term

Services and Support subcontract for professional services. This funding would allow services to be reimbursed through an hourly rate for individuals being served through the Medicaid Long Term Care system.

If this strategy is not selected for continued funding, Kitsap AAA will explore Star-C as an alternative approach to providing a similar service.

Powerful Tools for Caregivers Sustainability Plan: This proposal allows for start-up and training funds to establish the evidence-based workshops. Once workshop facilitators are trained, the workshops could be sustained through the Medicaid Long Term Services and Supports subcontract for caregiver training and/or the state Family Caregiver program.

Early Memory Loss Support Groups and Dementia Cafés Sustainability Plan: The Alzheimer's Association would continue to fund the local Memory and Dementia Café's at current capacity. The Alzheimer's Association currently supports volunteer facilitator recruitment and provides community-based educational presentations sites. The expanded Early Memory Loss support group and additional Dementia Café site may be able to self-sustain once it is established.

				·
-				
			,	

ATTACHMENT C- Not Applicable

-			
			-

ATTACHMENT D- Evaluation Worksheet SMART Goals

		ú		
	÷			

G.SOURCE	Completed Assessment and Referral with each consultation	Completed Disposition with each consultation.	Total number of workshop facilitators. Completed number of workshop attendees by 12/31/2018.
E.BASELINE Dataendtime	0 as of 1/1/2018 Up to 20 consultation s per month as of 6/1/2018	0 as of 1/1/2018 Up to 5 ED trips were delayed per self-report, per month as of 6/1/2018	4 workshop facilitators are trained by 7/1/2018. At least 2 workshop series are completed by 12/31/2018.
E.TIMELINE	XX Short Medium Long Start date: 4/1/2017 Frequency: Cauarterly Cami-annual Annual XX Other: Monthly	XX Short Medium Long Start date: 4/1/2017 Frequency: Quarterly Semi-annual Annual XX Other: Monthly	XX Short Medium XX Long Start date: 6/1/2018 Frequency: Quarterly Semi-annual XX Annual Other:
D. TYPE OF MEASURE	XXX Output: Total served Outcome: Participant satisfaction Outcome: Rnowledge, attitude, skill Outcome: Practice or behavior Outcome: Impact on overall problem Carturn-on-investment or cost-benefit If applicable: Fidelity measure	□Output: Total served XX Outcome: Participant satisfaction □Outcome: Knowledge, attitude, skill XX Outcome: Practice or behavior XX Outcome: Impact on overall problem XX Return-on-investment or cost-benefit If applicable: □Fidelity measure	XX Output: Total served Outcome: Participant satisfaction XX Outcome: Rnowledge, attitude, skill XX Outcome: Impact on overall problem XX Neturn-on-investment or cost-benefit If applicable: XX Fidelity measure for Powerful Tools
A. GOAL B. ACTIVITY C.SMARTOBLECTIVE	Provide up to 10 consultations to individuals at home and up to 10 consultations to facility staff a month.	As part of the documentation with each consultation, provide disposition information. Inquire if ED usage was avoided (self-report).	Maintain 4 trained workshop facilitators. At least 14 participants will complete the workshops in 2018.
B. ACTIVITY	Provide consultation services for individuals exhibiting challenging behaviors as a result of neurocognitive DO and at risk of placement.	Provide consultation services for individuals exhibiting challenging behaviors as a result of neurocognitive DO and at risk of placement.	Recruit 2 volunteers as facilitators 2.2 staff and 2 volunteers complete facilitator training 3. Complete 2 workshop series
A. GOAL	Maintain current placement of individuals diagnosed with neurocognitive DO and exhibiting challenging behaviors.	Consultant: Decrease hospital ED use	Establish Powerful Tools For Caregiving workshops

G, SOURCE	Each group will include a monthly attendance tabulation. Satisfaction Survey	Satisfaction Survey
F.BASELINE Data and time	Collect baseline attendance from January to June 2018. From July to December 2018 increase average attendance by 25%.	0 as of 1/1/2018. 80% of clients report a moderate to high satisfaction with services by 12/31/2018
E TIMELINE	☐Short XX Medium ☐Long Start date: 1/1/2018. Frequency: ☐Quarterly ☐Semi-annual XX Annual XX Other: Monthly	☐ Short XX Medium ☐ Long Start date: 1/1/2018 Frequency: ☐ Quarterly ☐ Semi-annual XX Annual XX Other: Monthly
D. TYPE OF MEASURE	XX Output: Total served Outcome: Participant satisfaction Outcome: Rnowledge, attitude, skill Outcome: Practice or behavior XX Outcome: Impact on overall problem Return-on-investment or costbenefit If applicable: If applicable: If applicable:	□ Output ☑ Outcome: Participant satisfaction □ Outcome: Rnowledge, attitude, skill □ Outcome: Practice or behavior □ Outcome: Impact on overall problem □ Return-on-investment or cost- benefit If applicable: XX Fidelity measure
Coffee, Tea & Tools C. SMART OBJECTIVE	Increase support group and Café attendance. Establish one additional Café in Kitsap County.	Clients report a moderate to high satisfaction with services received as measured by the client satisfaction survey.
PROJECT NAME: Partners in Memory Care: Col A. GOAL B. ACTIVITY G.	1. Collaborate with Alzheimer's Association in marketing support groups and adding 1 additional Cafe. 2. Ensure local community calendars (newspapers, website, etc) list local support groups and Cafés. 3. Complete Annual Satisfaction survey to assess increased knowledge of community resources. Consultant: Annually, a random sample of 20 clients are surveyed by phone. Powerful Tools: Utilize the EBP class participant evaluation at the end of workshop series. Cafes: Annually, conduct one time satisfaction survey of all group participants.	Complete Annual Satisfaction survey to assess satisfaction of services. Consultant: Annually, a random sample of 20 clients are surveyed by phone for satisfaction with consultation services. Powerful Tools: Utilize the EBP class participant evaluation at the end of workshop series. Cafes: Annually, conduct one time satisfaction survey of all group participants.
PROJECT NAME: A. GOAL	Increase awareness of community- based Early Memory Loss support groups. Establish one additional Dementia Cafés	Consultant, Powerful Tools, and Cafes: Clients are satisfied with the services received.

ATTACHMENT E- Total Agency Budget & Supporting Details

Total Agency or Departmental Budget Form

Agency Name: Kitsap County Division of Aging &	····		Project:	Partners in Memory Care Coffee, Tea &
Long Term Care				Tools
		Accrual	XXX	Cash

		Accrual		XX	X Cash				
		2016			2017	2018			
AGENCY REVENUE AND EXPENSES		Actual	Percent		Budget	Percent		Budget	Percent
AGENCY REVENUE									
Federal Revenue	\$	2,850,825		\$	3,001,354		\$	3,121,354	75%
WA State Revenue	\$	967,006	25%	\$	981,459	24%	\$	981,459	24%
Local Revenue	\$	39,865	1%	\$	39,865	1%	\$	39,865	1%
Private Funding Revenue	\$	_	0%	\$	-	0%	\$		0%
Agency Revenue	\$	_	0%	\$		0%	\$	-	0%
Miscellaneous Revenue	\$		0%	\$	<u> </u>	0%	\$		0%
Total Agency Revenue (A)	\$	3,857,696	100%	\$	4,022,678	100%	\$	4,142,678	100%
AGENCY EXPENSES									
Personnel					· ·		<u> </u>		
Managers	\$	580,382		\$	590,048	<u> </u>	\$	641,741	15.50%
Staff	\$	1,065,169	28%	\$	1,117,394	28.00%	-	1,190,562	10.450/
Total Benefits	\$	658,770	17%	\$	733,113	18.00%	\$	763,486	18.45%
Subtotal	\$	2.304.321		<u>_\$</u>	2.440.555	60.50%	\$_	2,595,789	62.70%
Supplies/Equipment	_L			ļ			<u> </u>		r
Equipment	\$	6,960	0%		5,100	0%		5,253	0%
Office Supplies	\$	13,850	20.	\$	19,750	0%		20,342	0%
Other (Scheduled Computer Equipment Upgrades)	\$	-	0%	\$	21,100	0%	<u>'</u>		ļ
Subtotal	\$	20,810	.10%	\$	45,950	1.00%	\$	25,595	.60%
Administration							<u> </u>		2004
Advertising/Marketing	\$	10,373	.30%		11,800	.30%		12,240	.30%
Audit/Accounting	. \$	_	0%	_	-	0%		77.700	0% .49%
Communication	\$	22,853	.60%		22,005	.50%	- american	22,700	1 .49% 09
Insurance/Bonds	\$	- 44.520	0%		10.000	.50%	-	20,500	.49%
Postage/Printing	\$	14,528	.40%		19,850 49,800	1.25%		51,000	1.25%
Training/Travel/Transportation	\$	38,496 224,029	1.00% 5.80%		230,109	5.70%		237,000	5.72%
% Indirect	\$ \$	32,561	.80%		50,549	1,25%		52,000	1.25%
Other (Miscellaneous/Leases)	\$	342,840	8.90%		384,113	9,50%	_		9.50%
Ongoing Operations and Maintenance	╅	342,040	0.50 //	1		1 5.557	1		1
Janitorial Service	\$		0%	ó \$	-	0%	\$	_	0%
	\$		0%			0%	\$		0.9/
Maintenance Contracts Maintenance of Existing Landscaping	\$		0%		_	0%	1	_	0%
	_		09/			09/	~		09
Repair of Equipment and Property	- <u>\$</u> \$		09			09	1	-	09
Utilities		-		_		09		_	09
Other (Describe)	. \$	·	09	_					09
Other (Describe)	\$_	-	1	6 \$	-		\$	_	-
Other (Describe)	\$	<u>-</u>	09	_			6 \$		09
Subtotal			0%	<u>6</u> \$	-	1 0%	<u>.</u> \$		09
Other Costs Senior Employment	\$	143,471	4.00%	\$	161,402	4.00%	\$	148,490	3.60%
			27.00%	_	990,658	25.00%			
Other (Network Subcontracts)	\$	1,046,254		_		29.00%	4		
Subtotal	\$	1,189,725	31.00%	\$	1,152,060	29.00%	<u> </u>	1,123,654	21.27
Total Direct Expenses	\$	3,857,696		\$	4,022,678		\$	4,142,678	100%

NOTE: If an expenditure line item is larger than 10% of the budget, include an attachment showing detail.

•	Please see attached details for 2016-2018 revenue sources, network subcontracted services, and personnel	expenses
---	--	----------

i	•

ATTACHMENT F- Special Project Budget

Special Project Budget Form

Agency Name: Division of Aging & Long Term Care

Project: Partners in Memory Care: Coffee, Tea & Tools

Enter the estimated costs associated		Total Funds			Requeste	d Funds	Other Matching Funds		
with your project/program	В	udget	Percent	В	udget `	Percent		Budget	Percent
Personnel					····				
Managers	\$	7,956	6.70%	\$	3,350	3.35%	\$	4,606	24.70%
Staff	<u> </u>	400	.34%	\$	400	.40%	\$	4,505	24.70%
Total Benefits	 \$	2,716	2,29%	\$	1,250	1,25%	\$	1,466	7,90%
SUBTOTAL									
Supplies & Equipment	\$	11,072	9.33%	\$	5,000	5.00%	\$	6,072	32.60%
Equipment	\$	_	0%	\$	-		\$		0%
Office Supplies	\$		0%	\$		0%	\$	-	0%
Other (Describe):	\$		0%	\$	-	0%	\$	-	0%
SUBTOTAL	\$		0%	Ś	_	0%	\$		0%
Administration	₹		0 70	. 3		0.70	-		
Advertising/Marketing	\$		0%	\$	-	20%	\$	-	0%
Audit/Accounting	\$	-	0%	\$	-	0%			
Communication	\$	_	0%	\$	-	0%			
Insurance/Bonds	\$	-	0%	\$	-	0%	\$	-	
Postage/Printing	\$	_	0%	\$	-	0%	\$		
Training/Travel/Transportation	\$	15,000	12.65%	\$	15,000	15.00%	\$		
% Indirect (Limited to 10%)	\$	10,000	8.45%	\$	10,000	10.00%	\$		
Other (Describe): Professional Services	\$	65,000	54.80%	\$	65,000	65.00%	\$		
SUBTOTAL	. \$	90,000	75.90%	\$	90,000	90.00%	\$		0 ₇ ,
Ongoing Operations & Maintenance							_		
Janitorial Service	\$	-	0%	\$		0%	\$	-	0%
Maintenance Contracts	\$		0%	\$	-	0%	\$	-	0%
Maintenance of Existing Landscaping	\$	-	0%	\$	-	0%		-	0%
Repair of Equipment and Property	\$	-	0%	\$		0%		-	0%
Utilities	\$	-	0%	\$	-	0%	<u>'</u>	-	0%
Other (Describe): Rentals/Leases	\$	6,380	5.37%	\$	-	0%	\$	6,380	34.25%
Other (Describe): Computer IS Services	\$	6,164	!	\$		0%		6,164	33.15%
Other (Describe):	\$	-	0%	\$	-	0%	\$	-	0%
SUBTOTAL	\$	12,544	10.57%	\$		0%	\$	12,544	67.40%
Öther	<u> </u>			<u> </u>					
Debt Service	\$	-	0%	\$	-	0%	'		0%
Other: Alzheimer's Association Subcontract	\$	5,000	4.20%	\$	5,000	5.00%	\$	-	09
SUBTOTAL	\$	5,000	4.20%	\$	5,000	5.00%	\$		0%
Total Project Budget	\$	119 616	100.0%	\$	100,000	100.0%	<u>.</u>	18,616	100.00%

AGING PERSONNEL EXPENSES FOR 2018

Managers	Salary plus	
(Staff ID#)	Longevity	Benefits
P-13	\$ 102,423	\$ 42,126
P-16	\$ 88,022	\$ 36,705
P-10	\$ 69,272	\$ 28,886
P-46	\$ 68,582	\$ 28,599
P-39	\$ 79,259	\$ 33,051
P-42	\$ 77,040	\$ 32,126
P-44	\$ 77,795	\$ 32,441
P-98	\$ 79,348	\$ 33,088
TOTALS	\$ 641,741	\$ 267,022

Professional/	·					
Clerical Staff		Salary plus				
(Staff ID#)	·	Longevity		Benefits		
P-17	\$	35 <i>,</i> 579	i	\$	14,836	
PB-2	\$	35,579	, ,	\$	14,836	
PA-5	\$	29,517		\$	12,309	
P-14	\$	55,658		\$	23,209	
P-58	\$	65,570	-	\$	27,343	
P-47	\$	54,100		\$	22,560	
P-60	\$	60,299		\$	25,145	
P-54	\$	51,098		\$	21,308	
P-64	\$	41,350		\$	17,243	
P-59	\$	57,401		\$	23,936	
P-36	\$	54,037		\$	22,533	
P-34	\$	58,238		\$	24,285	
P-50	\$	46,781		\$	19,508	
P-55	\$	65,896		\$	27,479	
P-65	\$	64,284		\$	26,806	
P-37	\$	49,157		\$	20,498	
P-48	\$	64,284		\$	26,806	
P-35	\$	65,897		\$	27,479	
PA-4	\$	50,218		\$	20,941	
P-57	\$	50,218		\$	20,941	
P-49	\$	50,218		\$	20,941	
P-67	\$	34,965		\$	14,580	
P-41	\$	50,218		\$	20,941	
TOTALS	\$	1,190,562		\$	496,464	

GRAND TOTALS	Ċ	1.832.303	 ė	763,486
GRAND TOTALS	, P	1,032,303	7	703,400

AGING REVENUE SOURCES FOR 2016 - 2018										
Older Americans YEAR Act - FEDERAL		Medicaid- FEDERAL		STATE		LOCAL		TOTALS		
2016	\$	835,538	\$ 2,015,287	\$	967,006	\$	39,865	\$	3,857,696	
2017	\$	851,675	\$ 2,149,679	\$	981,459	\$	39,865	\$	4,022,678	
2018	\$	851,675	\$ 2,269,679	\$	981,459	\$	39,865	\$	4,142,678	

AGING SUBCONTRACTORS FOR 2018					
Network Subcontracted Services	Am	ount			
Caregiver Training/Health Insurance	\$	202,364			
Family Caregiver	\$	175,000			
Kinship Caregiver	\$	35,000			
Mental Health	\$	48,000			
Senior Nutrition	\$	435,000			
Overflow Nursing	\$	50,000			
Senior Legal	\$	32,000			
SUBCONTRACTOR TOTALS	\$	977,364			

ATTACHMENT G- Project Salary Summary

Project Salary Summary

Description		
Number of Professional FTEs (Includes Match)		0.03
Number of Clerical FTEs (Includes Match)		0.01
Number of All Other FTEs		0.00
Total Number of FTEs (Includes Match)		0.04
Salary Information		
Salary of Executive Director or CEO	\$	100,415
Salaries of Professional Staff	\$	164,806
Salaries of Clerical Staff	\$	39,354
Other Salaries (Describe Below)	· \$	-
Description:	\$	-
Description:	\$	-
Description:	\$	-
Total Salaries	\$	304,575
Total Payroll Taxes	\$	23,300
Total Cost of Benefits	\$	37,590
Total Cost of Retirement	\$	38,133
Total Payroli Costs	\$	99,023

ATTACHMENT H- Letters of Commitment

RECEIVED



JUL 07 2017
DIV OF AGING
& LONG TERM CARE

1 July 2017

Kitsap County Citizens Advisory Board C/O Kitsap County Human Services 614 Division Street MS-23 Port Orchard, WA 98366

Re: Letter of Commitment to provide Mental Health, Chemical Dependency and Therapeutic Court Programs

Dear Citizens Advisory Committee:

I am writing to express my support and commitment as the Chair of the Long Term Care Alliance (also referred to as the "Alliance") of Kitsap County for the Kitsap County Division of Aging and Long Term Care grant application to provide Mental Health, Chemical Dependency and/or Therapeutic Court programs.

The "Alliance" is a coalition of long-term care facilities and providers throughout Kitsap County. The Alliance was founded 25 years ago. It is an engaged and active coalition of community partners that provide a range of long term home and facility-based services to individuals of Kitsap County. The Alliance, in partnership with Kitsap County Division of Aging and Long Term Care, host the annual free Kitsap Older Americans Conference each May.

Kitsap County Division of Aging and Long Term Care is a governmental non-profit agency that is proposing the following strategies to address the gap of services for challenging behaviors associated with neurocognitive disorders, such as dementia:

- Establish a behavioral consultant/specialists for neurocognitive disorders. The
 consultant would be available to provide no cost consultation and technical
 assistance to family members, caregivers and facility staff in order to preserve
 placements and prevent disruptions.
- Train Powerful Tools evidence-based community-based workshop facilitators.
 Provide one workshop series dedicated to caregivers to learn foundational tools for navigating their caregiver journey; while addressing challenging behaviors associated with older adult neurocognitive brain disorders.
- Expand on the existing Dementia Cafes in Kitsap County- add another locations and days of the week to current support group sites.

The Alliance will commit the following resources to the proposal submitted by Kitsap County Division of Aging and Long Term Care:

 Use of monthly Alliance meeting to report on Consultant project goals, such as number of individuals served, community trends, new community strategies and resources. Provide education and technical assistance to Alliance coalition.

- Alliance members from facilities (such as nursing home, assisted living or adult family homes) may opt to provide private space to the consultant to visit with family members, caregivers, and facility care teams.
- Older American Conference Planning Committee seat to assist with bringing educational and resource information directly to the community.
- Refer community members to the new project resources.

The Alliance is a coalition that was developed using a collective impact framework. It represents membership from skilled nursing homes, assisted living facilities, adult family homes, home health, personal care agencies, Department of Social and Health Services Home and Community Services staff, Adult Protection Service staff, Long Term Care Ombudsmen, Division of Aging and Long Term Care staff, and others. The intent is to share formal and informal information, resources, discuss concerns and develop solutions related to Kitsap gaps and service needs.

 The Alliance provides a free annual Older American Conference dedicated to the topics of interest to others over the age of 60 years in Kitsap County.

We believe our support and commitment will significantly improve the availability of Mental Health services dedicated to older adults of Kitsap County and we look forward to working with you on this exciting endeavor.

Sigrid\Howard, Chair

Long Term Care Alliance

Long-Term Care Alliance c/o 12362 Keyport Road Poulsbo, WA 98370 RECEIVED

JUL (7 2017

DIV OF AGING & LONG TERM CARE



Kitsap County Citizens Advisory Board C/O Kitsap County Human Services 614 Division Street MS-23 Port Orchard, WA 98366

Re: Letter of Commitment to provide Mental Health, Chemical Dependency and Therapeutic Court Programs

Dear Citizens Advisory Committee:

I am writing to express support and commitment for the Kitsap County Division of Aging and Long-Term Care grant application to provide Mental Health, Chemical Dependency and/or Therapeutic Court programs.

Kitsap County Division of Aging and Long-Term Care is a governmental non-profit agency that is proposing the following strategies to address the gap of services for challenging behaviors associated with neurocognitive disorders, such as dementia:

- Establish a behavioral consultant/specialist for neurocognitive disorders. The consultant would be available to provide no cost consultation and technical assistance to family members, caregivers and facility staff to preserve placements and prevent disruptions.
- Train Powerful Tools for Caregivers evidence-based community-based workshop facilitators.
- Expand on the existing Memory and Dementia Cafes in Kitsap County- add another locations and days of the week to current support group sites.

We believe the Kitsap Division of Aging and Long-Term Care proposal will provide much needed resources in assisting older persons with neurocognitive disorder, such as dementia. As we work to secure placement for older persons, it is clear that additional community supports are needed.

Kitsap Connect will commit the following resources to the proposal submitted by Kitsap County Division of Aging and Long-Term Care:

- Refer community members to the new project resources- such as consultation, workshops and community memory cafés.
- Provide one staff meeting for Kitsap AAA to present new resources.
- Collaborate with the Kitsap AAA consultant regarding housing support services for Kitsap Connect older clients with challenging behaviors and neurocognitive disorders.

We believe our support and commitment will significantly improve the availability of behavioral health services dedicated to older adults of Kitsap County.

Sincerely,

Susan Turner, MD, MPH, MS

Health Officer



			÷.
	·		

alzheimer's \Re association

July 21, 2017

Kitsap County Citizens Advisory Board C/O Kitsap County Human Services 614 Division Street MS-23 Port Orchard, WA 98366

Re: Letter of Commitment to provide Mental Health, Chemical Dependency and Therapeutic Court Programs

Dear Citizens Advisory Committee:

I am writing to express support and commitment for the Kitsap County Division of Aging and Long Term Care grant application to provide Mental Health, Chemical Dependency and/or Therapeutic Court programs.

Kitsap County Division of Aging and Long Term Care is a governmental non-profit agency that is proposing the following strategies to address the gap of services for challenging behaviors associated with neurocognitive disorders, such as dementia:

- Support and expand on the existing Early Memory Loss support groups and Dementia Cafes in Kitsap County.
- Establish a behavioral consultant to support individuals at risk of placement disruptions due to challenging behaviors associated with neurocognitive disorders, such as Dementia.
- Recruit and train Powerful Tools for Caregivers evidence-based facilitators and provide community-based workshops.

We support the efforts of the Kitsap Division of Aging and Long Term Care proposal to provide much needed resources in dealing with older persons with neurocognitive disorder, such as dementia.

The Alzheimer's Association, Washington State Chapter, will commit the following resources to the proposal submitted by Kitsap County Division of Aging and Long Term Care:

- On-going support for the existing Early Memory Loss support groups, Early Stage Educational Seminars, and Dementia Cafés in Kitsap - including staff time to recruit and train meeting facilitators
- Collaboration and technical assistance to promote existing support group and café location - increase public awareness

- Collaboration and technical assistance to provide dementia-specific community educational presentations
- Share successful strategies for increased community awareness and education demonstrated in other areas in Washington State

We believe our support and commitment will build upon existing resources that the Alzheimer's Association currently provides to Kitsap.

Sincerely,

Joanne Maher, MSW

Director of Programs and Services

imaher@alz.org 206-529-3872

ATTACHMENT I- Organizational Chart

