Clark County Commission on Aging
1300 Franklin Street, 6th Floor

Meeting Notes

Tuesday, September 19, 2017 4:30 p.m. – 5:45 p.m.

Members Present: Marian Anderson, Marjorie Ledell, Ali Caley, Donna Roberge, Linda O'Leary, Temple Lentz, Amy Gross, Pat Janik, and Chuck Frayer

Members Absent:

1. **Welcome and Call to Order:**
   Marjorie Ledell opened the meeting.

   Approval of Agenda: The agenda was unanimously approved by the commission.

   Approval of Aug 15, 2017 meeting minutes: The August 15th meeting minutes were approved unanimously.

2. **Public Health Advisory Committee Update:** Ali Caley made a motion to appoint Amy Gross as an additional liaison to this committee. The motion was seconded and Amy was unanimously approved for appointment.

3. **Area Agency on Aging & Disabilities of Southwest Washington (AADSWA) update:** Linda O'Leary gave the update on their Aug 16 meeting. The state legislature's budget increase funds for AADSWA advocacy by 2% for the next two years. AADSWA's Care Coordination program has realized a savings of $64.5 million in Medicaid monies. This years' caregiver's conference will be Oct 28 at Peace Health. The Senior Lobby Conference will be held Oct 18-19, 2017.

4. **Introduction to Speakers:** Peggy McCarthy and Janet Ragan, National Alliance on Mental Illness (NAMI), will discuss the toll depression can take on an older adult's health. Depression can complicate treatment of chronic medical conditions such as diabetes, heart disease or cancer and make caring for yourself or seeking treatment more difficult.

   Janet Ragan:

   DEPRESSION IN OLDER ADULTS: Mental health disorders such as depression and anxiety are frequently considered part of the aging processing in adults 65 and older. Depression, in fact, is not a normal part of aging. Yet it is a widely under recognized and undertreated medical illness. Health professionals may mistakenly think that persistent depression is an acceptable response to other serious illnesses and the social and financial hardships that often accompany aging - an attitude often shared by older people themselves. This contributes to low rates of diagnosis and treatment in older adults.

   AGE IS NOT A RISK FACTOR for depression and anxiety in older adults:

- **Chronic health conditions are the biggest risk factor.** Approximately 80% of older adults have at least one chronic disease, and 77% have at least two. Heart disease, cancer, stroke, and diabetes are the four highest.
- Death of a loved one: We expect that this age group will experience more bereavement as they are more likely to experience the loss of friends and loved ones.
- Caregiving: For many older adults this means witnessing the illness or disability of a loved one, such as a spouse, and the potential to transition into the role of caregiver. Older adult caregivers face a double jeopardy: while they provide supportive care to their declining loved one, they too often suffer multiple chronic conditions and decline. Increased levels of depression and stress are related to the caregiving role.
- Significant loss of independence and limitation of activities care among the issues that lead to late life mental health challenges. Loss of ability to manage activities of daily living—self-care, managing finances, making appointments, transportation to appointments and social activities.
- Loss of societal roles: As people age; they start losing roles as active parents, employees, and spouses. This often leads to feelings of loss of control over life.

Depression in older adults: What should we look for? The diagnostic criteria for major depression apply to all ages, including older adults. Older adults may display fewer symptoms than younger adults, but must still meet the criteria of five or more symptoms for a diagnosis of major depression. Common symptoms in older adults also may include:

- Unexplained Physical Complaints are often a sign of depression in this age group. Older adults with depression may complain of physical problems, such as fatigue and headaches, or sleep disturbances, rather than feeling sad or depressed.
- Expressions of Hopelessness
- Anxiety
- Worry
- Loss of pleasure
- Confusion
- Memory Loss
- Agitation

Anxiety in Older Adults (Age is not a risk factor):

- Chronic medical conditions
- Overall feelings of poor health
- Sleep disturbance
- Side effects of medications
- Alcohol or prescription medication misuse or abuse
- Physical limitations in daily activities
- Stressful life events
- Negative or difficult events in childhood
- Health Anxiety
- Fear of falling
- House boundedness

We also need to look at misconceptions regarding anxiety in older adults, it is not age that is a risk factor.

Common presentations of anxiety in older adults are:

- **Health anxiety.** People with health anxiety worry persistently that physical symptoms are indicative of a serious illness, despite reassurance from medical professionals. Repeated investigations and specialist referrals can reinforce anxiety and the behavior of seeking repeated investigations to relieve distress may become maladaptive. It is important to note that health anxiety is more common in a person with a chronic illness or a past serious illness, suggesting that older people are actually more prone to this condition.
- **Fear of falling.** Community studies have found that fear of falling is common, even among older people who have not fallen (33 to 46% prevalence). In the elderly who did not initially have a fear of falling but who then experienced a fall, 45% go on to develop a fear of falling, and in about 60% this is persistent. Fear of falling leads to an increase in the risk of falls from maladaptive changes in gait, reduction and avoidance of physical and social activity, social isolation, depression and poor quality of life.
- **House boundedness.** Older people may develop a fear of being in situations outside of the home environment and develop behaviors to avoid these situations or reduce their distress, such as not leaving home without a family member. In contrast to agoraphobia in young people, which tends to follow panic attacks, late-onset agoraphobia usually develops in response to disability, physical illness or a traumatic event such as a fall.

Evidence-based Treatments deemed effective

1. **Therapy**
   - Cognitive Behavioral Therapy (CBT) challenges pessimistic or self-critical thoughts, emphasizing rewarding activities and decreasing behavior that reinforces depression.
   - Problem Solving Therapy (PST) teaches patients to address current life problems by identifying smaller elements of larger problems and specific steps to solving these.
   - Interpersonal Therapy (IPT) is a method of treating depression. IPT is a form of psychotherapy that focuses on you and your relationships with other people. It's based on the idea that personal relationships are at the center of psychological problems.
2. **Medication**
   Medication treatment of depression and anxiety is generally safe and effective and is often used in conjunction with therapy.

3. **Complementary and Alternative Treatment**
   Complementary and alternative practices may be used to treat anxiety and depressive disorders. We advise that you speak with your primary physician and/or mental health provider before selecting any alternative/complimentary treatment.
   - Stress and relaxation techniques
   - Yoga
   - Acupuncture

Barriers to Receiving Help: If we have treatment that has proven successful, why are not more older adults receiving it?

- Stigma: Their association with mental illness is based on images frequently propagated by the mass media and popular culture.
- Denial of problems
- Failure of professionals to recognize/identify the signs and symptoms of mental illness. In a recent survey, only 55% of internists felt confident diagnosing depression and only 35% felt confident prescribing antidepressants.

- Shortage of trained geriatric medical and mental health providers
- Access barriers, such as transportation (lack of a car, inability to drive or take public transportation, income being too high to be eligible for transportation services but too low to actually pay for transportation services)
- Lack of collaboration between primary care, mental health and aging service providers
- Funding issues
- Gaps in services, such as social services to assist older adults with financial challenges, food scarcity, in-home services, affordable housing, transportation services.

Overcoming Barriers for Successful Treatment Specific to Older Adults

- Address Stigma: An emphasis on recovery and recovery-focused care is the most effective way to encourage those who need behavioral health services – no matter the age – to seek help. We can do this through more educational outreach to reduce the impact of the stigma surrounding mental illness and more community conversations on mental health, accessing services.

- Increase the Workforce (infusing geriatric training into the workforce):
  - We need to figure out how to get more Geriatric physicians, geriatric peer specialists, and community-based geriatric outreach workers. We need more Certified Peer Specialist (CPS) programs used in mental health, whereby men and women with psychiatric disability (persons with lived experience) are trained to work with other persons with lived experience. A trained CPS can work both in the behavioral and primary care health setting. The program could be directed towards caring for seniors.
  - We need community-based geriatric outreach workers. The problem is, while they do not have to be social workers or a person with formal education to be effective, insurers with their credentialing processes require certain educational standards before they will even consider reimbursing the costs of these workers. This needs to change in order to address the workforce issues.
- Promote legislative awareness: Advocacy for policy and legislative changes that address the problems of workforce development, funding, research, coalition-building and integrated service systems.
- "Gatekeeper" Model: Trains community members to identify and refer community-dwelling older adults who may need mental health services. Effective at identifying isolated elderly, who received no formal mental health services
- Increase advocacy to secure better funding for research on mental health.

Suicide in Older Adults

- September is National Suicide Prevention Month
- Older adults have the highest rate of completed suicide in the U.S.
- Warning Signs of Acute Risk
  - Threatening to hurt or kill him/herself, or talking of wanting to hurt or kill him/herself
  - Looking for ways to kill him/herself by seeking access to firearms, available pills, or other means, and/or
  - Talking or writing about death, dying, or suicide, when these actions are out of the ordinary
- Prevention
  - Optimize function and reduce isolation,
  - Restrict access to lethal means, and
  - Diagnose and prevent depression.

Older adults have the highest rates of suicide compared to any other age group. According to the National Strategy for Suicide Prevention, on average, there is one suicide among persons aged 65 and older every 90 minutes. Moreover, older adults comprise 13% of the population and yet represent 19 percent of all suicide deaths. Older Caucasian men have the highest rates of completed suicide of all individuals 65 years of age and older; 84 percent (DHHS, 2001b). Even though older adults are less likely to attempt suicide, they are more likely to succeed with suicide than any other age group. They use more lethal methods than younger age groups including, firearms (71%), overdose (11%) and suffocation (11%).

Tragically, many of these suicides may have been prevented, as many older adults who die by suicide reached out for help; 20 percent see a doctor the day they die, 40 percent the week they die, and 70 percent the month they die. Yet depression is frequently missed by physicians because older adults are more likely to seek treatment for other physical ailments than they are to seek treatment for depression.

Research has found that older adults who live alone are more likely to commit suicide, particularly if they are divorced or widowed. People considering suicide often withdraw from their normal social engagements, but staying active can improve moods and decrease the likelihood of depression. Exercising, spending time with loved ones, developing a new hobby, and joining a support group are good ways for older people to avoid depression and suicide. Family and community members can serve as strong support systems and encourage behavior that keeps them active and connected.

Easy access to handguns can also place seniors at a greater risk of suicide. Statistics show that older people with handguns in their households are more than twice as likely to commit suicide as those without access to firearms. Lethal weapons are the most common method of suicide by the elderly and result in a very high completion rate. By being aware of handguns in the home of an older loved one, family and friends may be able to prevent an imminent suicide.

It is also critical to recognize the signs of depression in the elderly. Sixty to 75 percent of suicide victims age 75 and older have diagnosable clinical depression. Older adults may experience slightly different symptoms than younger depression patients—typical symptoms include anxiety, fatigue, loss of interest in hobbies, isolation, unexplained weight loss, and suicidal thoughts.

In addition to predicted signs for all ages, the following warning signs could mean an older adult could be in immediate danger:

- making statements such as "Life's not worth living" or "Everyone would be better off without me", giving away belongings,
- a new preoccupation with "getting their affairs in order,
- buying a firearm or stockpiling pills when they have not done so before, and
- saying goodbye to family and friends.

Assistance Resource SW WA

- **Area Agency on Aging & Disabilities of Southwest Washington:**
  http://www.helpingelders.org/contact-us/
  Information & Assistance Program
- **Clark County** 360-694-8144 • 888-637-6060
  Send us a confidential e-mail
  Physical Address: 201 NE 73rd Street, Suite 201 • Vancouver, WA 98665
  Normal Hours of Operation: Monday – Friday, 8:00 a.m. to 5:00 p.m.

- **Cowlitz and Wahkiakum Counties** 360-577-4929 • 800-682-2406
  Send us a confidential e-mail
  Physical Address: 1338 Commerce Avenue, Suite 309 • Longview, WA 98632
  Normal Hours of Operation: Monday – Friday, 8:00 a.m. to 5:00 p.m.
- **Skamania County** 509-427-3990
  Send us a confidential e-mail
  Physical Address: SW 710 Rock Creek Drive • Stevenson, WA 98648
  Normal Hours of Op*eration: Monday – Friday, 8:30 a.m. to 4:30 p.m.*

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Peggy McCarthy:

NAMI is in all 50 states. NAMI of Southwest Washington serves Clark, Cowlitz, Skamania and Wahkiakum counties. NAMI's major focus is Education/Support/Advocacy:

- Helps all people affected by mental health issues
- Provides services in Clark and Skamania counties (Southwest Washington region)
- Provides services in Cowlitz and Wahkiakum County (Great Rivers BHO)
- Provides education, support, and advocacy for individuals and families/caregivers, at no charge
- Uniquely recognizes that external support – family, friends, community - is key to recovery from mental health disorders

NAMI Signature Programs

Program	Function
Family to Family (Familia a Familia)	12-week education course for families of loved ones with a mental health diagnosis
HomeFront	6-week education class for families of veterans
Basics	6-week course for families newly experiencing a mental health diagnosis with a child
Parents and Teachers as Allies and Ending the Silence	Education for school staff and for parents about mental health signs and symptoms and program for teens who want to advocate for friends with diagnoses
Peer to Peer	10-week peer-led training for individuals with mental health issues as first step to working with other
Connection	Recovery support group to reconnect recovering individual with community and employment
Family Support Group	Peer-led drop-in group for family and loved ones

- The Family to Family program is for families with loved ones diagnosed with mental health. The class is life changing for those who attend it.
- Home Front is designed to address the needs of families of war veterans from any war. Veterans tend to do okay as long as they are working, but when they retire or get laid off or stop working for other reason, then they suddenly can go into deep depression and can become suicidal.
- Our peer-to-peer class is for individuals living with mental health issues.
- Family Support Group is a drop-in group that any family member can come to for support with family member with mental health issue.

Unique Services Beyond the Traditional

Program	Function
Crisis Intervention Training ("CIT")	40-hour training for law enforcement officers in the community and corrections
SEE ME (Sharing Experiences and Empathy with Mental Illness)*	2- or 4-hour workshop presented to over 2,500 residents in the last 3 years that has raised knowledge about mental illness to >85%
STRivE * and First Steps	Weekly psycho-educational program for individuals with mental health diagnoses
Women's Support Group	Addresses challenges for women; (Vancouver only)
Pain Support Group	Pain support (Medicaid only)
Benefits Counseling	Assists individuals with conditions to understand and obtain benefits
Genetics testing for medication metabolism and medication counseling	DNA testing at no cost to individual to identify what meds can be metabolized; counseling for optimum medication regimens
ACES Education	Adverse Childhood Experiences, an important factor in predicting chronic conditions including mental health issues

The See Me program has trained over 2500 people in under three years in SW WA. We are working with a doctoral student who will be writing several journal articles for nursing and emergency medical journals on this program.

Program	Function
LBGTQ+ Support Group	Weekly drop-in group for any person questioning or choosing alternative sexuality (Vancouver only)
Art Therapy Group	Weekly drop-in groups, Vancouver and Longview, for learning socialization and experiencing various art techniques
Writers' Group	Weekly drop-in sharing group for those who like to write non-fiction or fiction
Seated Exercise Group	Weekly drop-in group for people who want to begin to move their bodies a bit

NAMI's Advocacy Role

- Corrections
- Court system/law and justice
- State and federal legislatures
- County councilors/commissioners and community leaders
- Other non-profits and providers to the mental health community

NAMI Helping Individuals and Families in Crisis

- Staff spends an average of 30 hours/week on the phone or meeting with individuals in crisis (or their families) who need assistance with advocacy, service acquisition or simply support
- Staff identifies solutions for urgent mental health needs before they escalate to Crisis Line, hospital emergency room, or law enforcement/jail
- These solutions actually help the individual to recover in many cases

Questions from the COA members with speaker's responses:

How do citizens access these classes and are there costs?
All of NAMI's classes are free and anyone can walk into our offices and receive free services.

Are you a mental health service provider for the county? Are most of the people you see experiencing chronic mental illness?
Yes, we are a service provider for the county. Yes, we work with people experiencing chronic mental illness and provide services that they cannot get elsewhere.

Questions from the audience with speaker's responses:

What if we can't get a diagnosis of mental health illness for our loved one?
If they are on Medicaid they can go to our mental health services. A family member should come to our Family Support Group to find a way to have a conversation with their loved one to help them move forward to get diagnosis and treatment.

How many of our police officers are trained in crisis intervention?
In Vancouver, over 90% have been trained. They get training every year and the city has been doing this for over a decade. It's required training for officers.

What do you mean by your statement "Washington state is taking baby steps to collaborate with primary care providers and mental health providers"? What is WA state doing?
Clark County is looking at integrating behavioral and physical health. There is training going on, workshops, and conferences to educate the mental health providers and primary care providers to integrate these two systems.

I work for a home care agency and we work with isolation and depression. Do you advocate for homecare providers who can help address these issues with the population?
Yes, we do advocate for this and for creating training for home care providers. NAMI can do a See Me training for homecare providers to train them how to interact with mental health patients.

5. **New Business:**
   Affordable Housing Fund Update:
   Alishia Topper, City of Vancouver City Council member.
   I came to discuss the city's programs to increase the availability of affordable housing for our homeless population, low income families, disabled veterans, and seniors.
   - Vacancy rates reached historic lows in 2015-16 (below 2%) leading to dramatic increases in rents.
   - Vancouver Mayor Tim Leavitt convened a 21 member Affordable Housing Task Force to explore options to increase housing supply and increase renters. We looked at ways to

increase and preserve affordable housing stock. We brought in rental association, private developers, housing non-profits, landlords and others who care about affordable housing.

- City council declared citywide Housing Emergency in April 2016.
- City is currently implementing Task Force policy recommendations in addition to existing programs serving low-income renters and homeowners.

Housing Rehabilitation Loan Program offered by City of Vancouver and Clark County

- Loans of up to $25,000 to homeowners in Vancouver to make basic home repairs (health, safety, accessibility).
- Households earning up to 80% AMI are eligible to apply ($58,650 for family of four).
- Loan is at 3% interest and doesn't require monthly payments
- Loan is paid back when the home is refinanced, transferred or owner no longer lives in the home.
- Limited grants available to mobile home owners demonstrating need (they have hard time getting traditional financing from banks).

Affordable Housing Fund

- Affordable housing levy for affordable housing approved by voters Nov 2016
- $6 million annually for 7 years ($42 million total)
- Serves households earning up to 50% Area Median Income (AMI is $37,350 for family of four)
- Helps most vulnerable residents: seniors, families with children, people with disabilities and other special needs, veterans, people experiencing homelessness
- Goals of the fund:
  - Increase housing supply by 40% for affordability
  - Preserve existing housing (27%) (to help keep people in their homes and rentals)
  - Prevent homelessness (30%) (small amount set aside for shelters)

We are focused on how to use voter approved and federal funded assets to make our community welcoming to diverse populations regardless of your age, ability and income.

Questions and Discussion:

There are a lot of undocumented persons in our community. Do you have suggestions for reaching them?

Usually they will have greater difficulty getting approved for housing in the private sector and you find them doubled up in housing with someone who can get approved. The city does not have a sanctuary city label but we have a council proclamation and are a friendly city.

Does the city not allow tiny homes to be allowed to be built?

The State of WA restricts the development of tiny home on wheels. Tiny homes can be built in Vancouver on foundations and need to be connected to sewer and water.

Can RVs in an RV park be used to help the homeless? These aren't legal permanent dwellings; they are considered temporary recreation vehicles.

Some churches are doing this on their lots as a safe camping lot for free. State law preempts some jurisdictions from pursuing this. But non-profit churches can do this.

6. **Announcements:**

The COA's next meeting will be on October 17th and the speaker will focus on Socialization and its importance to seniors.

One audience member made an announcement and placed flyers at the back of the room to make people aware of the work of the SHIBA program in Skamania County, which provides support on how to use Medicare.

An audience member announced that Sept 30, from 10-2 is the Veterans Stand Down. Veterans and volunteers are welcome.

Meeting adjourned at 5:45 pm

The Clark County Commission on Aging provides leadership and creates community engagement in addressing the needs and opportunities of aging.