



January 9, 2023

Dear Northwest Senior Services Board Members:

Our next meeting of the NWSSB will be held on **Tuesday, January 9, 2024.**

The agenda for the meeting includes:

- Electing a new board chair and co-chair
- A review of state AAA legislative priorities and associated 1-pagers
- An update on the 2024 budget
- A review of the new Area Plan for 2024-2027
- A review of our Clinical Programs, presented by our Clinical Director, Elizabeth Anderson.

Please review the enclosed materials as your perspectives and thoughts are a key part of the process. If you are unable to attend the meeting, please notify Bethany Chamberlin on our staff.

If you have trouble connecting to the meeting virtually, please contact our administrative staff for technical assistance at (360) 676-6749.

Sincerely,

A handwritten signature in blue ink, appearing to read "Amanda McDade", with a stylized flourish at the end.

Amanda McDade
Executive Director

Northwest Senior Services Board
January 9, 2023
1:00 pm – 3:30 pm
Hybrid Meeting

In-Person
Mount Vernon NWRC Office
301 Valley Mall Way, Suite 100
Mount Vernon, WA
(360) 676-6749

[Join Zoom Meeting](#)
Meeting ID: 814 4973 0953
Passcode: 522849
One tap mobile
+12532158782, 81449730953# US (Tacoma)

AGENDA

Agenda Topic	Action Required	Time
1. Call to Order Chair- <ul style="list-style-type: none">• Introduction of guests• Roll call• Review of September minutes• Announcements• Public Comment	Motion	1:00 pm – 1:05 pm
2. Nomination and Vote for Chair Board Members Terms Expiring Board Members Committee	Motion	1:05 pm – 1:15 pm
3. 2024 Meeting Dates	Information	
4. Executive Director Updates <ul style="list-style-type: none">• Agency Updates – Review<ul style="list-style-type: none">○ 2024 Budget overview○ Legislative priorities○ Staffing changes	Information	1:15 pm – 1:30 pm
5. Strategic Plan	Discussion	1:30 pm – 1:45 pm
6. Break		1:45 pm – 2:00 pm
7. Clinical Programs Overview	Discussion	2:00 pm – 2:30 pm
8. Bylaws - Sub-committee Review/update	Discussion	2:30 pm – 2:45 pm
4. State Council on Aging Update (SCOA)	Information	2:45 pm – 3:00 pm
5. Updates from our Communities	Information	3:00 pm – 3:30 pm
6. Adjourn	Motion	

****The next meeting of the NWSSB will be held on March 12, 2024**

Anyone needing special accommodations to participate in a meeting should contact NWRC at least 48 hours in advance of the scheduled meeting.

<p>For more information, please contact the NWRC office at (360) 676-6749 600 Lakeway Drive, Bellingham, WA 98225</p>

Northwest Senior Services Board Meeting Minutes

September 12, 2023

Members Present and via Zoom or Telephonically: Carl Bender, Shirley Bennett, Georgiann Dustin, George Edward, Marshall Gartenlaub, Mary Kanter, Bob Monize, Stephen Shubert

Members Absent: Doug Cornelson, Jana Finkbonner, Alberta Horn, Jennifer Lautenbach, Mike Shaw, Jodi Sipes

Staff Present: Amanda McDade, Bethany Chamberlin, Jeri Johansen

Guest: James Blaisdell

Call to Order at 1:00 PM

Review of July 11, 2023, Minutes:

Motion put forward by Bob Monize to accept the minutes from the July 11, 2023, meeting. Motion was granted by Georgiann Dustin and seconded by Stephen Shubert. **Motion Passed.**

Announcements: None.

Public Comment: None.

Nomination and Vote for Chair: Nomination postponed until November 14 meeting.

Executive Director Updates

Agency Updates – Review

Last week we had our exit interview with the Washington State Auditors and there were no corrections or deficiencies noted, the audit was clear.

The Budget to Actual Report was provided to Governing Board. Amanda will make a budget matrix available for NWSSB members.

Hospital Care Coordinator positions at Peace Health (Whatcom) and Skagit Valley Hospital (Skagit) have performed well and are now a permanent position.

WA Cares

Everyone should keep checking the website for information. Overview - who can utilize the funds and when if needed. Payout amount per individual can be up to \$37,000.00. NWRC will be getting outreach training to answer questions regarding WA Cares.

Discussion of the caregiver shortfall and the diminishing number of family caregivers in the coming years. The need to promote caregiving as a profession at an educational level. Bethany noted that a group of Western students met with her about starting a gerontology club at Western. Mention was made of NWRC's Caregiver Outreach Program and that the State is now funding seven other positions of this type as the need for caregivers is great.

Break – Board members opted to continue through the break.

NWRC Video

NWSSB members viewed the long version of the promotional video for NWRC. Discussion ensued regarding moving it to a more prominent position on the website. All members seemed pleased with the presentation.

October Virtual Advocacy Day Planning

Senior Citizen Advocacy Day (W4A) will be virtual – information to be confirmed. Bethany took a count of those interested in attending: Shirley Bennett, Georgiann Dustin, George Edward, Marshall Gartenlaub, Mary Kanter, and Stephen Shubert.

Bylaws

Bethany Chamberlin

The last meeting of the Sub-committee review/update of the bylaws went unattended. Members need to attend to complete review/update.

NWSSB members needed to sit in on interviews for applicants for vacant positions. George Edward will attend.

State Council on Aging Update (SCOA)

Georgiann Dustin

SCOA has been on hiatus. Georgiann has reached the term limit and Stephen Shubert will attend beginning next term.

Communities

Bellingham: WCOA was granted more than \$50,000.00 for meals and to update the kitchen at the Senior Center.

Lynden: None.

Mount Vernon: None.

Orcas: Presentation for seniors regarding diabetes and diet. Meal attendance has grown (Mulis). Solar power for food bank through grant.

Snohomish/Island Counties: None.

Adjourn:

A motion was made to adjourn by Shirley Bennett and seconded by George Edward **Motion passed.**

The meeting adjourned at 2:25 PM

Jeri Johansen, Administrative Assistant

Reviewed and approved by the Northwest Senior Services Board at the November 14, 2023, meeting.

Bob Monize, NWSSB Co-Chair

2024 Draft Meeting Schedule

NORTHWEST REGIONAL COUNCIL

(8 Elected Officials, two from each county)

Meetings begin at 10:00 AM and end at 12:00 PM

- April 18
- July 18
- December 12

NW SENIOR SERVICES BOARD

(22 members appointed by their respective counties)

Regular Meetings begin at 1:00 PM and end at 3:30 PM

- January 9
- March 12
- May 14
- July 9
- September 10
- November 12



Washington Association of Area Agencies on Aging

Fund \$2.58 million for In-Home Case Managers for Long term care clients without caregivers

- **Area Agency on Aging (AAA) Medicaid Case Manager workforce is “catching up,” thanks to 2022 and 2023 budget investments.** Recent state investments in case management are succeeding in reducing workloads and providing capacity for case managers to support increasingly complex clients. In previous years, case managers were overwhelmed and “fighting fires” with clients in crisis every day.
- **Now we face a long-term care workforce crisis. Area Agencies on Aging are serving more clients without caregivers.** By SFY25, AAAs will support over 4,800 clients who do not have a paid in-home caregiver. With less paid caregivers in the workforce, clients may wait for months before getting care.
- **Clients without caregivers need more case manager time than those with a caregiver in the home.** Medicaid in-home care has tools to help clients manage needs until an in-home care provider is in place like Assistive Technology, home modifications, behavioral supports, and more – but those tools take extra time, communication, and planning. AAA case managers need the capacity to visit more often and spend more time with clients who do not have in-home assistance to set up supports, help clients recruit caregivers from their family and community networks, and help caregivers navigate training and employment systems.
- **Area Agencies on Aging should get paid to case manage all clients with no personal care.** Clients that don’t have a home care agency or independent caregiver assigned in the state’s payment system are not counted in caseload counts. This means that time-intensive case management provided for 700 clients isn’t being paid. This group needs to be included for payment and reduced caseloads, to make sure they get the help they need to stay safe at home.
- **Solution: Fund \$2.58 million GF-S in the 2024 budget to reduce caseloads to 55:1 for case managers of clients without caregivers in the home.**

Stories from case managers supporting clients without caregivers:

- **Seattle:** Jeff had a spinal cord injury that left him bed bound. He had great family support, his mom was a retired nurse and his dad a retired firefighter. They had a tough time getting caregivers to fill all the hours they needed, as they lived in Ballard, without a bus stop within a mile of his house. His parents were very burnt out because of the high level of care need.
- **Bellingham:** Sally is in her early sixties, lives alone, and struggles with mental health conditions that make it difficult to find and keep a caregiver. She has hoarding behaviors which led to her eviction and becoming homeless. I can't find a residential placement to meet her needs, due to her history of self-harm and substance use. My main difficulty is the sheer number of contacts I make on her behalf. She will accept a service, then refuse it after its started, then later want to receive it again. I'm working to coordinate with hazmat cleaners, primary care, the landlord, PACT team, hospital and many more. This one client has involved over one hundred calls and contacts in a six month period.
- **Kennewick:** Margaret is in her mid-seventies, lives alone and is estranged from her family. She has gone through so many caregivers we lost count. She refuses mental health treatment. She is verbally abusive and sometimes physically abusive to her care providers—throwing objects, screaming obscenities, and accusing them of theft. Caregivers often refuse to return. Because of her behaviors, she also doesn't have a regular medical care provider and seeks care at the local hospital because they can't refuse to treat her. I spend a lot of time trying to help keep caregivers in place and working with other community providers to try to stabilize Margaret's care.
- **Seattle:** Finding caregivers to work in Queen Anne is next to impossible. I have one client in who has been actively looking for a caregiver for over six months now. Each time she obtains a new caregiver they end up quitting after one shift because the commute is longer than they expected. Many caregivers don't have cars, so their commute relies on public transportation. I worry about my client's safety, many experience falls and hospitalizations without a caregiver in place to help.
- **Tacoma:** Nari is an older Korean woman who lives alone. She is very particular about her care, and how it is provided. She can be challenging to work with, and we have a limited number of Korean-speaking caregivers in our community. I spend a lot of time trying to help her keep caregivers in place by talking with her and her caregivers to mend and maintain relationships.
- **Spokane:** Shane was in a motorcycle accident in his early 20s, which gave him a severe brain injury. He needs a lot of help to stay independent in his apartment as he is fully paraplegic. His dad often helped with backup care, but now that he is in his eighties, he can't help as much and is afraid of what will happen to Shane when he passes away. Shane struggles with depression and often has outbursts at his caregivers. It's hard needing care when you are young when you thought your life would be different. I worked with Shane to get him to accept counseling and a behavior support specialist. It has helped stabilize his caregivers so his dad can get a needed break.

Connecting Patients to Health Care Through Transportation

\$7 million (+Inflation) Annual Increase Needed for NEMT

Access to transportation is an essential part of the health care system and a critical social determinant of health. When patients can't get to their doctor's office, they aren't getting the critical screenings, treatments, and check-ups needed to maintain their health and manage illnesses and chronic disease.

Transportation is an essential link to health care such as cancer patients undergoing chemotherapy, kidney disease patients receiving dialysis treatment, and opioid-addiction patients needing access to mental health services.

Non-Emergency Medical Transportation

The Health Care Authority covers non-emergency medical transportation (NEMT) for eligible clients to and from covered services through contracted brokers. There are six transportation brokers who serve 13 geographic regions that cover all 39 counties in Washington. Our community-focused NEMT brokerage system has been recognized as one of the best in the country.

The NEMT program ensures those eligible for medical transportation to Medicaid-covered medical appointments are served timely, professionally, and consistently to support their health and wellbeing. While only about 3% of the total Medicaid population uses the NEMT program, a significant number are some of the most vulnerable high-need/high-cost clients in the state.

Increased Demand and Costs / Flat Funding for Program Operations

Stagnant administrative rates that are unresponsive to economic forces have resulted in service erosion in the NEMT program. This trend started prior to the pandemic, and the ensuing economic instability has further exacerbated the situation.

The impact of insufficient funding is longer wait times for patients trying to schedule transportation, higher rates of abandoned calls, inability to respond to short notice trips, and lack of investment in innovation or efficiency. All of this results in clients being at risk of not accessing critical health services, such as dialysis or substance use disorder treatment, which can result in poorer health outcomes and increased costs to the health care system. Barriers to NEMT services can be catastrophic and puts transportation disadvantaged clients at risk while reducing health equity.

NEED UPDATED GRAPHIC

Source: Health Care Authority – comparison of NEMT program operations to NEMT service costs

Investing to Ensure Quality and Access to NEMT

The NEMT brokers request a \$7 million (\$2.767mil GFS/\$4.233 mil federal for FY24) per year increase for Non-Emergency Medical Transportation program operations. We further request this funding increase be provided ongoing and include a mechanism to allow for normal inflationary growth such as a consumer price index (CPI). This request amount is based on a [decision package](#) from the Health Care Authority. Increased funding will help ensure stability for the NEMT program so we can provide a high level of service for comprehensive trip coordination for medical appointments for Medicaid patients.



Seniors Face a “Perfect Storm” of Hunger \$15.2 Million Needed to Sustain Services

- **1,382,782 meals for 18,686 seniors and individuals with disabilities will be unfunded in SFY 2025.** Area Agency on Aging (AAA) nutrition programs provide hot meals at community sites, senior center food pantries, mobile food pantries, meals on wheels, and other nutrition services. We face the loss of 39% of nutrition funding.
- **Meals combat loneliness.** Some clients say their hot meal is the only time they socialize during the week. Loneliness and isolation have far-reaching impacts, with health consequences as bad as smoking 15 cigarettes a day. AAA programs fund group meals which foster community connections and mutual care, as well as home-delivered meals which ensure people who are not able to leave the house have some human contact. If clients are having trouble, meal providers may be able to connect people to essential social services to avert a crisis.
- **Meals prevent hospitalization and delay residential care.** Seniors and people with disabilities are at particular risk of frailty and falls if they do not have adequate nutrition including high-protein foods. Seniors who are food insecure are 65% more likely to be diabetic. They are also more likely to suffer from conditions such as congestive heart failure, high blood pressure, asthma, obesity, and gum disease. Hospitalization can lead to a frail person losing so much muscle that they become too weak to return home and need to find a scarce placement in an adult family home or other residential care setting.
- **Meals sustain community safety nets.** AAA meal programs fund dozens of community-based organizations which have expanded to serve hot meals to 30% more seniors and people with disabilities in recent years. Senior centers serve as hubs for volunteers delivering meals as well as other services such as haircuts and foot care. AAA nutrition funding leverages volunteer hours and complimentary services to enhance clients' independence and dignity.

Nutrition Services: Individual and Community Impact

Home Delivered Meals

Seattle: It is so nice to see a smiling face when my meals are delivered. Sometimes I can feel so alone and apart from the world in my home. The program is so valuable to me.

Vancouver: Mary was a nurse for 40 years. She understands the importance of good nutrition. But over the past year, it became harder for Mary to afford nutritious, high-quality food. "Inflation caused a great change in my life," she said. After six months of eating mostly Cheerios and tuna fish, a friend helped Mary sign up for meal delivery through Meals on Wheels People – and Mary said it saved her life: "I'm alive because of what you guys do. I probably was going to starve to death. Now, I've got actual real food to eat every day."

Group Meals

Richland: We got a call from a daughter who was really concerned about her mom. After her dad died a year ago, her mom was struggling with depression and was "wasting away." We sent meals on wheels out, and at first, she would barely open the door to take the meal. Over time, she got to know the volunteers and built friendships. Today, she volunteers to deliver meals and runs a widow's support group at the meal site with her friends.

Port Angeles: I'm homeless and live in a shelter. I come to the senior center for normalcy. The meals here put protein into me. I know I'm having a good meal.

Pasco: We have a meal site that serves cultural meals twice a week. One Hispanic gentleman who participates took me aside, he was so excited. He had just come from the doctor who said, "Whatever you are doing, keep doing it." He comes to the meal site with his friends, and thanks to the meals he is eating vegetables. They joined an exercise club together, and for the first time in ten years his diabetes is under control. He now brings friends to the meal site to "get healed."

Colton: We started by setting up a few tables, and people spread out to eat. They eventually congregated to one table or another with friends, as the group grew. Last week, the seniors at the site decided this is how they wanted their tables set up... like one big family!

NWRC Clinical Services

Behavioral Health (BH) Program

The BH Program provides in-home therapy for individuals with complex behavioral health concerns who are eligible for Medicaid or both Medicare and Medicaid. Services are provided by a skilled counselor for Mental Health counseling (and soon to be Substance Use treatment) to those individuals who have barriers to attending traditional in-office therapy elsewhere in the community.

Goal: Provide focused behavioral health counseling services to community members in their homes.

Who is eligible: Adults with Medicaid who have any of the following Managed Care Organizations administering their Medicaid benefit: Molina, CHWP, Amerigroup, or United Healthcare. Additionally, the program is tailored to adults who have barriers to getting counseling outside of their homes.

Care Coordination Programs

The Care Coordination (CC) programs help individuals who face challenges related to chronic and complicated health problems as they navigate complex systems so that they can be less overwhelmed and receive better and more effective care.

- **Health Home Program:** This program provides a skilled CC to help individuals who face challenges related to complex health conditions to navigate various systems of care more effectively. They provide transition of care, care coordination, health promotion, comprehensive care management, support, and referrals.

Who is eligible: Those with chronic illnesses who are eligible for Medicaid or both Medicare and Medicaid who are also at significant risk for health problems that can lead to unnecessary use of hospitals, emergency rooms, and other expensive institutional settings such as psychiatric hospitals and skilled nursing homes.

- **Humana Care Coordination:** Links a CC with individuals who face challenges related to complex health issues. The CC partners with the individual, their families, doctors, mental health providers, chemical dependency services, long-term services and supports, and other agencies to ensure coordination across these systems of care.

Who is eligible: Those with chronic illnesses who have health insurance through Humana. This program is provided by NWRC CCs in partnership with Humana.

-
- **Hospital Care Coordination:** Provides individuals discharging from a hospital setting (in Skagit and Whatcom County) access to a Care Coordinator (CC) to assist with the transition. The CC partners with the individuals, their families, doctors and other providers, and community agencies to ensure coordination across these systems of care.

Goal: To reduce unnecessary readmissions to the hospitals by increasing the efficient use of community-based agency resources and increasing the development of cross-organizational and integrated community connections.

What can they do: The CC acts as a liaison between patients and staff at the hospital to link the most appropriate community resources and reduce lag time to acquire necessary information by accessing NWRC sources, thereby increasing efficiencies when planning for discharge. The CC can also provide home visits to patients after discharge to offer transitions of care support.

Who is eligible: Those residing in Skagit County or Whatcom County who are also at significant risk for health problems that can lead to unnecessary use of services, emergency rooms, and readmission to the hospital.

- **Recovery Care Coordination:** Links a skilled Recovery Care Coordinator (RCC) with individuals (in Skagit County) who face challenges related to substance use, mental health, and complex medical issues. The RCC partners with the individual, their families, doctors, mental health providers, chemical dependency services, long-term services and supports, and other agencies to ensure coordination across these systems of care.

Goal: To reduce barriers to treatment and increase access to resources that are available in Skagit County to aid in support and recovery.

Who is eligible: Those residing in Skagit County who need support with navigating the complex recovery systems.

Jail Health

Provides medically necessary, integrated healthcare to individuals housed in the Whatcom County (WC) Jail and the minimum-security Work Center. Services provided include medical screening at booking, physical examinations, care for serious chronic medical conditions, life threatening emergency medical or psychiatric care, follow-up of recent ongoing medical care started by outside practitioners, some vaccine administration, specific health testing, and pregnancy related services. Services are also offered to provide Medications for Opioid Use Disorder treatment.



Memorandum

TO: Northwest Senior Services Board

FROM: Amanda McDade, Executive Director

Date: January 9, 2024

SUBJECT: Northwest Senior Services Board Bylaws

In 2023 a sub-committee of the NWSSB met, reviewed, and recommended the attached changes to the NWSSB Bylaws. These changes were last reviewed at the September 12, 2023, NWSSB meeting. We are requesting NWSSB to recommend that the proposed changes be presented to the NWRC Governing Board for adoption.

PROPOSED MOTION:

The NWSSB recommends the proposed changes to the NWSSB Bylaws be presented to the NWRC Governing Board for adoption.

1Northwest Senior Services Board

2By-Laws

3As amended and ratified April 2024, by the Northwest Regional Council

5 Introduction

6 The Northwest Regional Council's Area Agency on Aging (hereinafter referred to as the
7 "Area Agency on Aging") is the local agency, mandated by Federal and State law, to
8 plan for and coordinate a comprehensive service delivery system for persons 60 years
9 and older and functionally disabled people of all ages in Island, San Juan, Skagit, and
10 Whatcom Counties. The Area Agency on Aging is governed by the Northwest Regional
11 Council Governing Board (hereinafter referred to as the Governing Board), a body of
12 two county commissioners each from Island, San Juan, and Skagit Counties and one
13 member of the Whatcom County Council and the Whatcom County Executive. The
14 Area Agency on Aging and the governing board are assisted and advised by the
15 Northwest Senior Services Advisory Board (hereinafter referred to as the "Advisory
16 Board) in planning and coordinating services in the four-county area. Advisory Board
17 members have a responsibility to represent the needs and interests of older persons
18 and other functionally disabled people in the region.

20 Goals, Authority, and Responsibilities

22 I. Program Goals

24 The goal of the Northwest Regional Council Area Agency on Aging is the
25 development and enhancement of a comprehensive service delivery system which
26 meets the physical, social, and psychological needs of older and other disabled
27 people within Island, San Juan, Skagit, and Whatcom Counties and which removes
28 the barriers that may interfere with the ability of older adults and those who are
29 persons with disabilities to live independently and with dignity in the most
30 appropriate setting.

32 The goal will be accomplished through the development of contracts for service,
33 through coordination with other service providers, through motivation of agencies
34 to meet their responsibilities in serving older adults and functionally disabled
35 persons of all ages, and through stimulating the development of new or expanded
36 services.

38 II. Authority

40 The Board is established by the Northwest Regional Council to advise the Council
41 and its staff on senior and long-term care services planning, coordination, and
42 management, pursuant to the terms and requirements of the Older Americans Act
43 of 1973. As amended, the Washington State Senior Citizens Services Act, Title XX
44 of the Social Security Act, and other programs assigned by the Legislature,
45 Congress, or the Northwest Regional Council.

III. Relationship with Northwest Regional Council Governing Board

1. The Northwest Senior Services Advisory Board members serve as advisors to the Governing Board members and the Executive Director on issues as specified in Section IV, 1-13. As advisors to the Governing Board, the Chairperson of the Advisory Board, or his/her designee, acting in a liaison role shall attend as appropriate, Northwest Regional Governing Board meetings to explain and support the recommendations of the Advisory Board. The Chairperson or designee shall also report back to the Advisory Board on actions taken by the Governing Board.
2. Advisory Board recommendations must have Governing Board approval prior to implementation of recommended policy, program, budget, plan, and/or by-law changes. The Advisory Board may, however, represent the Area Agency on Aging and promote programs for seniors and persons with disabilities within the approved Area Plan, without prior Governing Board approval.

IV. Northwest Senior Services Advisory Board Responsibilities

1. Coordinate with private and public agencies on aging issues (Ch. 4, 3C7)
2. Represent interests of older and persons with disabilities in the area; (Section 3:C:3);
3. Assist and advise in the development and administration of the Comprehensive Area wide Plan;
4. Conduct public meetings, forums and conferences for input and education (Section 3:C:2);
5. Review annual budget.
6. Review grant applications and discuss impact as time allows.
7. Assist and advise the Area Agency staff in development of the Area Plan and evaluating programs under the Area Plan.
8. Review and monitor reports on contracted services and submit any recommendations to the Governing Board;
9. Review and comment on policies, programs and actions which affect older persons and people with disabilities; (Section 3:C:4)
10. Review and make recommendations, and participate in advocacy efforts on proposed legislation, and AAA program priorities which could affect older adults and persons with disabilities.

- 95 11. Identify the needs of older adults and people with disabilities, creating community
96 understanding of the needs and advocate for the development of services to
97 meet these needs; (Section 3:C:1 ALTSA manual)
98
99 12. Form task forces or subcommittees to assist in planning, analysis, policy and
100 goal recommendations, and such other functions as the Governing board or the
101 Executive Director deems necessary (Section 3:C:3);
102
103
104 13. Undertake such additional duties and responsibilities as are delegated by the
105 Governing Board.
106
107 14. Participates in selection of the Area Agency on Aging Executive Director and
108 participate in selection of other staff at the discretion of the Executive Director.
109 (Section 3:C:5)
110

111 **V. Meetings**

112
113 The NWSSB will meet once per quarter, in person or via zoom meeting and on the
114 call of the Chairperson. Written notice of the time and place of any meeting shall
115 be sent to all members of the Board at least ten (10) days prior to the meeting
116 date.
117

118 The Chairperson, the Executive Director of the Area Agency on Aging, or any five
119 (5) Board members, notifying the Executive Director, may call a special meeting.
120 Notice of a special meeting must be made to all NWSSB members at least three
121 (3) days prior to the special meeting.
122

123 Meetings are open to the public.
124

125 **VI. Minutes**

126
127 The actions of the NWSSB shall be recorded. Its deliberations summarized in the
128 form of minutes, which shall be distributed to all members of the Board, as soon as
129 practical following each meeting, but at least published prior to the next quarterly
130 meeting with the notification of the next regular NWSSB Board meeting. Minutes
131 will also be provided to the Governing Board.
132

133 **VII. Quorum and Rules**

134
135 A quorum shall consist of a majority of the current full-voting members.
136

137 **VIII. Debate and Action**

138
139 Only duly appointed members of the NWSSB and Area Agency on Aging staff or
140 persons specifically invited to appear before the NWSSB by the Chairperson shall
141 be permitted to participate in the discussion of any matter before the NWSSB,
142 unless recognized by the Chairperson.

The NWSSB acts by the adoption of motion or through resolution of full voting members.

IX. Conflict of Interest

In order to assure the impartiality and objectivity of the NWSSB, any member who is employed by an agency contracting or seeking to contract with the Northwest Regional Council, or whose immediate family member is likewise involved, is deemed to have a conflict of interest on a particular issue before the NWSSB. The member may speak to the matter at issue but shall abstain from voting on that issue; this abstention will be noted in the minutes. Elected public officials shall not be considered employees under the language of this paragraph.

Challenges of conflict of interest - Any member is qualified on motion, if seconded, to challenge the authority of any other member to vote on any issue. A majority vote will determine qualification to vote based on the above provisions.

Regarding review of competing proposals, the following process will be followed:

An individual shall be considered to have potential conflict of interest for the purpose of review of competing proposals in the Northwest Regional Council Request for Proposal process if the individual:

- Is an employee, or member of the immediate family of an employee, of the proposer, or has been an employee within the last two years;
- Is a member of a board of directors, a trustee, an NWSSB/committee member of the proposer, or has served in one of these roles within the last two years;
- Has a financial interest in the proposer's business entity.

Such individuals shall not participate in the review/scoring/appeal of proposals in a competitive situation involving a proposer with which they are so affiliated.

Membership

X. NWSSB Composition and Appointments

The NWSSB shall be composed of a majority of older adults and persons with disabilities shall include representatives of local elected officials, minority group(s), health care provider organizations, supportive service provider organizations, persons with leadership experience in the private and voluntary sectors, persons with disabilities under the age of 60, and the general public.

The NWSSB shall consist of at least twenty-three (23) but not more than twenty-eight members, of which at least one member shall be an elected official who shall serve as a liaison and shall have full voting rights and privileges.

Twenty-two (22) members of the NWSSB are appointed by the Boards of County Commissioners of Island, San Juan, and Skagit Counties and Executive/County Council members of Whatcom County, apportioned as follows:

Island County	4 full members
San Juan County	3 full members
Skagit County	6 full members
Whatcom County	9 full members

The elected official shall be selected by the Governing Board, and the term of appointment shall be for a two-year period. In addition, the Northwest Regional Council Governing Board, at its option, may appoint up to a maximum of five (5) at large members, to assure that the needs for appropriate representation are met. Furthermore, no more than two of the at-large members may come from any one county.

NWRC Elected Official	1 member
At large	5 members (optional)

Individuals who are employed by or contracted to agencies or organizations receiving financial assistance from the Area Agency on Aging, or whose immediate family is likewise involved, are not eligible for appointment as members to the NWSSB. This includes employees, but does not include elected public officials or volunteer members of advisory and governing bodies of such agencies and organizations.

The representative appointed by the governor to represent our area on the State Council on Aging shall serve as an Ex Officio member of the Northwest Senior Services Board.

XI. Term

Appointments to membership on the Board will be for three years beginning on January 1 and ending on December 31st three years hence.

Any member who misses three (3) consecutive meetings or four or more regularly called Board meetings within a twelve (12) month period, unless excused by the Chairperson, will have his/her membership automatically terminated, unless otherwise recommended by the Board and approved by the Council.

XII. Officers

The NWSSB Board shall elect from its membership a Chairperson and Vice-Chairperson. The Vice-Chairperson shall preside at the meeting of the NWSSB

Board in the absence of the Chairperson. In the absence of both the Chairperson and the Vice-Chairperson, the Area Agency on Aging Executive Director shall request another member to serve as Acting Chairperson. The Area Agency on Aging Executive Director shall serve as Secretary to the Board.

Nominations will occur at the September meeting and election for NWSSB officers shall be held at the November meeting. The term of office shall be the calendar year. Then Board members shall be given notice at the meeting immediately prior to the one in which the election is to be held.

Upon resignation of any officer, the NWSSB at its next regular meeting shall elect a replacement.

XIII. Committees

In order to most efficiently carry out its responsibilities, the NWSSB shall establish Standing Committees and an Executive Committee. In addition, the NWSSB may establish Ad-Hoc Committees or Task Forces, as determined useful and necessary. The members and chairperson shall be appointed by the Chairperson of the NWSSB and serve for such terms as may be designated by the Chairperson, in consultation with the NWSSB.

Standing Committees

Standing Committees shall be established and reviewed at the beginning of each calendar year, which specialize in service areas identified by the NWSSB as important to older and persons with disabilities including, but not limited to, those services which are provided through funding from the Northwest Regional Council.

1. Composition

- a. Each full NWSSB member will be appointed to at least one standing Committee.
- b. The chairpersons of the standing committees will be selected by the NWSSB executive committee.
- c. Standing Committee Chairpersons shall be selected insofar as possible so that the appropriate county representation on the Executive Committee is (See Article XIII, Section B.1.) achieved.

2. Responsibilities

Each Standing Committee shall have the following responsibilities related to those services and issues within its purview:

- a. To review financial considerations and make recommendations regarding service to the Governing Board.

b. ;

c. To assume additional responsibilities as authorized by the NWSSB.

Executive Committee

1. Composition

a. The Executive Committee shall consist of the following members:

- (1) Chairperson of the Advisory Board;
- (2) Vice-Chairperson of the Advisory Board;
- (3) Chairpersons of the Standing Committees;
- (4) Representative to the State Council on Aging;
- (5) Immediate Past Chairperson to serve one (1) year;
- (6) Other appointments as necessary to assure appropriate geographical representation.

b. The Advisory Executive Committee, in so far as possible, must include at least one representative from each of the four counties.

c. The Chairperson of the Advisory Board shall serve as Chairperson of the Executive Committee.

2. Responsibilities

a. To review recommendations regarding requests for funding and make service and funding level recommendations to the Advisory Board.

b. To assume additional responsibilities as authorized by the NWSSB or Governing board.

c. Select Chairperson of standing committees when possible.

By-Law Amendments

These by-laws, in force when adopted by both the Northwest Regional Council Governing Board and NWSSB, may be amended by proposal by any Board member. Each proposed amendment, or a substitute set of by-laws, shall be submitted in writing to a regular meeting and be acted on at the next regular meeting. A two-thirds vote of the members present is required to adopt an amendment to the by-laws. Such amendments are subject to review and approval by the Northwest Regional Council Governing Board.

The business of the NWSSB and its standing committees shall be conducted in accordance with the Roberts' Rule of Order, Revised Edition, unless otherwise provided for by these by-laws.

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These by-laws take full force and effect following adoption by the Northwest Regional Council Governing Board and the Northwest Senior Services NWSSB.