

## ISSUE AREAS, GOALS AND OBJECTIVES

### C. LOCAL AND STATE/NATIONAL ISSUE AREAS:

#### 1 a. FAMILY CAREGIVER SUPPORT PROGRAM

**Background:** Former First Lady Rosalynn Carter has observed, “There are four kinds of people in the world: those who have been caregivers; those who currently are caregivers; those who will be caregivers; those who will need caregivers.”

Family members, one quarter of whom are themselves elderly, provide an estimated 75-80% of the long term, home, and community based care for the elderly. (Spillman and Pezzin, 2000) Nationwide, family caregivers provide an estimated \$375 billion annually in unpaid care to their elderly and disabled loved ones and friends. (National Family Caregivers Association, 2008) The cost of this care would otherwise fall to the states or federal government.

Providing personal care to loved ones is not without stress. Family caregivers may be physically and emotionally unprepared for the many new tasks they face. More often than not, they fail to recognize that their former familial role has been supplanted by their new caregiving one. This disparity can be a source of tremendous stress and depression. (Montgomery and Kosloski, 2006)

Family caregivers are far more likely to neglect their own health rather than that of their care recipients. The 24/7 nature of their work leaves them little time for self

care. Oddly enough, hospitalization of an ill spouse actually increases the risk of death for the well spouse. (Christakis and Allison, 2006) They have been running on fumes. Guilt, frustration, and burnout can be common side effects of caregiving. Caregiver burnout often leads to premature placement of loved ones outside of the home.

Seeing the wisdom of providing needed support to those struggling to care for loved ones in the least restrictive setting, Washington State authorized the State Family Caregiver Support Program (SFCSP) in June of 2000. On the national level, the Older American’s Act (OAA) followed suit with an amendment to include Title III E, Family Caregiver, on November 11, 2000. Specifically, the amendment addresses the needs of America’s family caregivers and provides for services to help maintain the elderly at home.

The National Family Caregiver Support Program (NFCSP) has five components:

1. Information to caregivers about available services.
2. Assistance to caregivers in gaining access to services.
3. Individual counseling, organization of support groups, and caregiver training to assist caregivers with decision-making and problem-solving in their caregiver roles.
4. Respite care expanded hours.
5. Supplemental Services to complement the care provided by caregivers.

## **Challenges in the Family Caregiver Support Program**

No one ever calls SE/ALTC to request help with being a better wife, son, daughter-in-law, or parent. Family members providing care need to see themselves in a different light. Perhaps the biggest challenge facing the Family Caregiver Support Program (FCSP) is helping caregivers recognize that they are now caregivers first and family members second. Once they realize that they are assuming a new role, one with a set of skills they may not already possess and with a set of challenges they may not know how to meet, they may be at the point of seeking help.

Another major hurdle faced by the FCSP is the reluctance of family members to accept help with their role. Cultural norms and family expectations are often barriers to seeking or accepting help. Finding effective ways of educating the public about services and bridging the gaps in service to minorities remain challenges for the FCSP.



*Coming of Age seminars helped seniors and their families prepare for the future*

Service delivery is always more complicated when dealing with rural areas. Isolation

makes it difficult for caregivers to attend support groups or conferences. Not only must the caregiver be gone for the length of the activity but also for the transit time, often over an hour each way. Finding ways of offering services in smaller, isolated communities in a cost-effective manner is another challenge.

From the six community planning forums held at various locations throughout SE/ALTC, data was gathered about the challenges confronting family caregivers. Some of the biggest challenges facing caregivers include trying to balance caregiving with other family obligations; barriers to accepting help, whether it be reluctance to having strangers in the home, family or cultural expectations, or feelings of guilt; and juggling work and caregiving responsibilities. Language barriers, rural and social isolation, and a lack of awareness of the programs and services available pose additional problems.

The forums also sought to identify unmet needs experienced by unpaid caregivers. Many of the unmet needs take a physical toll on caregivers. These can stem from a lack of availability and number of hours of respite care. But family caregivers need more than just help with their loved one's personal care. They often need help with transportation, housekeeping, yard work, and snow removal.

Caregiver training is an undermet need. Caregivers rarely have the time or the opportunity to learn the essential skills taught to paid providers in Fundamentals of Caregiving classes. The uncertainty of how to safely perform difficult personal care tasks adds to their stress and also places

them and their care recipients at greater risk for injury. With the 24/7 nature of the work, family caregivers often cannot find the time to attend training outside of the home without someone to cover for them. Another factor is the lack of trained caregivers to provide respite for those living on remote farms far from the nearest towns, as is the lack of a ready bilingual workforce.

Unmet emotional needs can be just as dire as the physical ones. Caregivers, especially those in rural areas without family close by, can feel isolated. This often leads to depression. Isolated caregivers do not have opportunities for socialization, and even if they did, may not feel they have time for such. Being in an unrelenting state of depression can have a profound effect on health. Their own depression is too often a factor neglected by caregivers, along with other potential health concerns.

The generally conservative political and social climate of Eastern Washington can also impede service delivery to traditionally underserved populations. For example, trying to locate and contact gay, lesbian, bisexual, and transgender (GLBT) populations is problematic due to the fact that these groups are not as politically active and therefore not as visible here as they may be in the more metropolitan parts of the state.

Financially, family caregivers have numerous unmet needs. Affordable adult day care, with hours of operation coinciding with work schedules, is vital for the caregiver who must continue to earn a living while providing care. Health and dental care is often too expensive for caregivers who have had to reduce work hours or quit their

jobs altogether in order to provide care. Resource limits are too low for many who are encumbered by other debts stemming from health expenses. The choice between paying privately for personal care to spell the family caregiver and other, more pressing bills is not an easy one to make.

These challenges and unmet needs are exacerbated by the rural nature of the expansive territory covered by SE/ALTC. The total area is only slightly less large than that of Massachusetts and Connecticut combined. Of the eight counties served, two are among those with the lowest income per capita in the state. One of the counties has only one incorporated town. Reaching family caregivers with services that are cost effective while taking into consideration the time and financial constraints faced by caregivers in remote and impoverished areas becomes a real challenge. Using TCARE will help identify gaps in service and generate reports informing the State of these gaps so solutions can be considered.

### **What is TCARE?**

TCARE stands for Tailored Caregiver Assessment and Referral. This is the evidence-based assessment tool adopted by the Washington State Legislature. Legislators have seen the wisdom of supporting family caregivers, but they also see a need to measure the effectiveness of the support services. They also noted inconsistencies in family caregiver programs and services across the state. Since its inception, the Family Caregiver Support Program has looked different in each AAA.

In January of 2008 the TCARE Policy Development Team was formed, comprised

of representatives from Aging and Disability Services Administration, Information Technology, and from seven AAAs, including SE/ALTC. While the TCARE model is being used in several states, Washington is the first to have a software program developed to support it. A phased rollout of TCARE began in June. SE/ALTC staff will be trained in policy and application in December 2009 and will begin using the tool in January 2010.

TCARE assists AAAs by giving them a consistent process that tailors caregiver services to meet the specific needs of caregivers. It will facilitate offering the right caregiver services at the best time to maximize benefit and provide a cost effective way to support our unpaid caregivers.

TCARE is grounded in the Caregiver Identity Theory developed by Dr. Rhonda Montgomery of the University of Wisconsin, Milwaukee. It is based on her 25+ years of experience working with family caregivers. The theory describes caregiving as “a systematic process of identity change, a significant factor influencing the type and level of caregiver stress or burden.” (Montgomery, Rowe, & Kosloski)

Three ALTC offices have been participating in the University of Wisconsin Milwaukee TCARE research project. This has gained us valuable insight into how TCARE will impact caregivers and how to use this assessment tool in the field.

Each ALTC office will have staff trained to screen family caregivers using the TCARE tool. The screen includes six measures

designed to assess the emotional levels and needs of the caregiver. Those caregivers who show high levels of stress will be referred for a full TCARE assessment from which a plan of care will be developed.

SE/ALTC offices in Clarkston, Walla Walla, the Tri-Cities, Ellensburg, and Yakima will all have TCARE certified assessors. Garfield County caregivers needing assessment will be served by the Clarkston office TCARE assessor, Columbia County will use the Walla Walla assessor, and the Lower Yakima Valley will be served by Yakima’s assessor.

Knowing the nature of the burdens experienced by caregivers, as well as the length of time they have been providing care, enables the assessor to tailor a plan of care that fits the stage of the caregiver’s journey. The care plan is analogous to a physician’s plan of care: if the right medicine is given in the right dose at the right time, it is more likely to be effective.

The FCSP Coordinator will be charged with training assessors and screeners for SE/ALTC and will hold refreshers and debriefings as needed. She will also be in the roll of back up assessor should the need arise. The Coordinator has been an active member of the Policy Development Team since it was formed. This team will continue to meet beyond the TCARE rollout to address issues and concerns that will inevitably arise.

### **Current services and efforts**

During 2007, three new FCSP services have been instituted. To encourage socialization, good nutrition, and to help with financial

constraints on caregivers, FCSP will pay for the meals of unpaid family caregivers under 60 years of age who accompany their loved ones to Senior Nutrition meal sites.

Also new is the Housekeeping and Errand Service. This program provides 5 hours per month of light housekeeping on a sliding scale fee. The caregiver must live with the care recipient and be present in the home at the time of service.

To help meet the training needs of family caregivers, FCSP can now authorize a home visit by SE/ALTC nurses. These RNs offer instruction on basic nutrition, skin care, medication management, and safety techniques. This essentially offers the family caregiver some of the information and training they would receive at a Fundamentals of Caregiving class, but in their home environment on a one-on-one basis.

In addition to these three new services available throughout SE/ALTC's eight-county area, massage therapy is being piloted in the Lower Yakima Valley.

**Powerful Tools for Caregivers** classes are offered regularly in Asotin, Benton/Franklin, and Walla Walla counties. These have received rave reviews from participants who have made statements such as "I can be a much better caregiver," "This class has literally saved my life," "So much information, so much wisdom," and "It's been a time for understanding problems that seem overwhelming – knowing I can overcome." Because efforts to find trained class leaders in the private sector for Yakima and Kittitas counties have been fruitless, plans are in the works for

SE/ALTC staff to be trained as leaders in the near future.



*Coming of Age seminar*

In the past two years, SE/ALTC has collaborated with Yakima Valley Memorial Hospital and others to sponsor a seminar series entitled **Coming of Age with Aging Loved Ones**. This eight-week series of information on topics of interest to seniors and their caregivers has been very well received both years, drawing nearly 1000 attendants in 2007. Caregiver conferences are also held each year in Clarkston, Walla Walla, Cle Elum, and Ellensburg.

Efforts are being made to reach Hispanic caregivers. In 2007, caregiver conferences held in Yakima and Sunnyside were presented in Spanish. Valdez and Associates, a counseling firm with bilingual counselors on staff, has signed a contract to provide counseling/training in Benton, Franklin, and Yakima counties. Efforts to start a Spanish speakers caregiver support group in the Yakima Valley have not yielded results as yet. The factors inhibiting these efforts are being reviewed.

Support groups have been an integral part of the services offered to family caregivers. Currently FCSP sponsors support groups in Asotin, Columbia, Kittitas, Walla Walla, and Yakima counties. Family caregivers in Benton and Franklin counties are encouraged to attend support groups offered through the Neurological Center in the Tri-Cities.

Respite care continues to be a priority for FCSP, funds being used to augment respite program dollars. FCSP funds are also used to secure home safety evaluations, assistance with obtaining durable medical equipment, and minor home modifications such as the installation of ramps and grab bars. Solution-focused counseling/training by licensed counselors is offered to caregivers battling stress in all eight counties served by SE/ALTC. In Yakima and Kittitas counties, family mediation services and dietary consultations by registered dieticians are available through FCSP. SE/ALTC maintains a resource library for family caregiver use containing information in video and print format.

Yakima Valley Memorial Hospital is partnering with Highgate House, a facility specializing in dementia care, to offer free memory screenings to the community at different venues. SE/ALTC will offer TCARE caregiver screenings at these events in 2010. Space permitting, TCARE screenings will be offered at wellness conferences and senior expos as well.

### **Suggestions for the future**

The community forums yielded ideas for future family caregiver support services. Suggestions included establishing geriatric

care centers. These centers could borrow the “one-stop-shopping” concept of Children’s Village where physical and mental health therapy needs could be addressed in the same location offering geriatric health care, adult day care, and support groups. Transportation to and from the geriatric center could be routed at regular intervals, reducing the wait now experienced by those using Dial-A-Ride and public transportation. Senior Information and Assistance (I&A) could be housed in such a center, eliminating the frustration inherent in wondering where to turn for help.

Retooling the insurance industry to be more responsive to caregiver situations was another idea. Private insurance could offer coverage for a dependent elderly or disabled loved one on a caregiver’s insurance. Conversely, Medicare could be authorized to cover the uninsured caregiver’s healthcare expenses, making it easier for caregivers to attend to their health needs. Changes in the tax structure giving dependent status to care recipients and tax credits to caregivers could be sought from Congress. These ideas may seem too radical, but, it should be remembered that Social Security was once considered such, as well.

Respite issues must become a priority for caregiver advocates. Increases in the availability and amount of respite will become ever more necessary as Washington ages. Adequate respite can help delay out-of-home placement. Raising resource limits will allow more people to take advantage of this service. Increasing the number of hours available for Housekeeping and Errand Service would also help. Creating and subsidizing adult day care centers with hours

corresponding to the work hours of employed caregivers would allow those in the “sandwich generation” to continue to be productive, tax-paying wage earners.

Other ideas discussed in the planning forums include more in-home services offered to monolingual caregivers; counselors who check in with isolated caregivers by phone; regularly scheduled Powerful Tools classes, some of which would be offered in Spanish; and increased coordination of volunteers from churches and civic organizations.

**GOAL: SE/ALTC will increase the number and quality of caregiver assessments**

**OBJECTIVES:**

- SE/ALTC will utilize an evidence-based assessment tool, TCARE, to better target family caregiver resources. The rollout date for the use of TCARE for screening and assessing family caregivers by SE/ALTC is scheduled for January 2010. *Ongoing*
- FCSP Coordinator will advocate for a role in policy development for implementation of TCARE to ensure consideration of issues inherent in serving large rural geographic regions. Since its inception in January 2008, the FCSP Coordinator has served on the TCARE Policy Team. This team will continue to meet beyond the TCARE rollout statewide to address issues that may arise. *Ongoing*

- FCSP Coordinator will be responsible for keeping AAA staff abreast of updates and/or policy changes in TCARE. The FCSP Coordinator has been a member of the team that created WA state TCARE policy and was a part of the groups that developed the policy training curriculum. The Coordinator has also been certified as a TCARE assessor trainer and will be used by SE/ALTC to train all new staff who will be using TCARE in any capacity. Once the TCARE rollout has occurred, the Coordinator will be the TCARE resource person to field questions that may arise at the local level. In-service trainings will be scheduled at least once a year at each office, more often as needed. *Ongoing*

- Outlying SE/ALTC offices will increase number of referrals to FCSP. The total number of referrals in all eight counties increased from 274 in 2007 to 305 in 2008. Referrals from Franklin County increased by 40% and Asotin County’s more than doubled in 2008. *Ongoing*
- FCSP Coordinator will conduct annual in-service review of FCSP services with outlying office staff and updates as necessary to increase awareness of services available. *Ongoing*
- FCSP Coordinator will personally meet with new case managers, information specialists, and case aides in all offices to acquaint them

with FCSP services and procedures.  
*Ongoing*

- SE/ALTC and Yakima Advisory Board will monitor quality of caregiver to client stresses. *Ongoing*

**GOAL: Washington State has bundled funding for the Respite program with the Family Caregiver budget. Respite care will not be adversely affected by this change.**

**OBJECTIVES:**

- SE/ALTC will advocate for increased funding for respite services, including establishing and/or expanding adult day services. *Ongoing*
- SE/ALTC will seek other sources of funding, such as United Way dollars, to augment Respite funds. *Ongoing*
- SE/ALTC and Walla Walla County Advisory Board will develop volunteer teams to provide Respite in the client's home. *Ongoing*
- SE/ALTC and Garfield County Advisory board will advocate for increased funding for Respite services. *Ongoing*

**GOAL: Caregivers will receive training and support for dealing with stresses and responsibilities of their role.**

**OBJECTIVES:**

- Powerful Tools for Caregivers classes will be available to caregivers in all eight counties.

Class leaders have been secured for classes to be held in Ellensburg, Yakima, Walla Walla, and Clarkston. Caregivers in Columbia County will be invited to attend classes in Walla Walla and Garfield County caregivers will be encouraged to attend Clarkston classes. *2009*

- SE/ALTC will seek training for staff in order to offer Powerful Tools classes in Kittitas and Yakima counties as no trained class leaders are currently available in these counties. Class leaders were trained for these locations in March of 2008. *2008*
- Scheduling for Powerful Tools classes will be offered on a more regular basis. *Ongoing*
- SE/ALTC will explore possible ways of offering telephone consultations with licensed counselors for caregivers in remote locations. *Ongoing*
- SE/ALTC will support and screen for the Yakima County Sheriff's Department program, Project Lifesaver, and will offer the same service to any of the other seven counties that may be considering instituting such a program. *Ongoing*
- SE/ALTC will partner with local collaboration team members to present the Coming of Age seminar series annually in Yakima. *Ongoing*

- SE/ALTC will explore possible partnerships to enable a seminar series modeled after the Coming of Age series to be offered in the Tri-Cities area. *Ongoing*
- FCSP will present caregiver conferences annually in Walla Walla, Clarkston, Ellensburg, and Cle Elum. *Ongoing*
- SE/ALTC and Walla Walla County Advisory Board will coordinate community educational offerings for appropriate caregivers and clients. *Ongoing*
- SE/ALTC and Garfield County Advisory Board will advocate for the Powerful Tools class to be provided to caregivers in need. *Ongoing*
- SE/ALTC will partner with the Yakama Nation AAA to hold Family Caregiver conferences in Yakima and the Lower Yakima Valley every two years as funding permits. *Spring 2009*
- SE/ALTC will share its video and print resources with the Yakama Nation AAA. *Ongoing*
- SE/ALTC will establish a support group for Spanish speaking family caregivers in the Lower Yakima Valley. Efforts to start a Spanish speakers caregiver support group in the Yakima Valley have not yielded results as yet. The factors inhibiting these efforts are being reviewed. *December 2009*

**GOAL: SE/ALTC will continue outreach to traditionally underserved populations.**

**OBJECTIVES:**

- FCSP Coordinator will contact the supervisors of hospital discharge planners and/or social workers in each county to offer in-service training on FCSP supplemental services. *December 2008*
- SE/ALTC will collaborate with agencies and organizations that provide support to non-traditional families, those who are limited English-speaking, and/or families caring for developmentally disabled adults and children for the purpose of increasing awareness and use of FCSP services. *Ongoing*
- FCSP Coordinator will continue to offer presentations on FCSP to churches and other groups serving GLBT populations and other non-traditional family units. Internet searches will be employed to try to reach GLBT groups with information about FCSP services. *Ongoing*
- SE/ALTC will establish and finance support groups for GLBT caregivers in Walla Walla and Yakima counties, should such an interest be expressed. *2010*
- SE/ALTC will continue to offer in-home counseling/training by bilingual counselors to monolingual and bilingual Spanish speaking family caregivers in Benton, Franklin, and Yakima counties. *Ongoing*

- SE/ALTC will continue to seek out bilingual providers with whom to contract for FCSP services to bilingual family caregivers in all eight counties. *Ongoing*



*Kinship Caregiver Family Retreat at Camp Chaparral in Yakima County*

## **1 b. KINSHIP CAREGIVER SUPPORT SERVICES**

Washington State and the US Congress have seen the wisdom of and fiscal benefits resulting from support services to unpaid family caregivers in delaying or eliminating premature placement of loved ones in more costly residential facilities. The same principle applies when it comes to kinship caregivers providing care for relative children placed in their care rather than in more costly foster care. This has led to the passage of legislation to support kinship caregivers in their efforts to provide stable homes for displaced relative children. SE/ALTC coordinates and monitors three programs designed to assist kinship caregivers.

The first program is the National Family Caregiver Support Program (NFCSP)

serving kinship caregivers 60 years of age and older who provide primary care for children living with them who are under the age of 19. SE/ALTC has contracted with Catholic Family and Child Services (CFCS) to provide information and assistance to this group of caregivers. Respite, support groups, and counseling for kin caregivers and the children in their charge are some of the supplemental services available through this program. Federal funding is limited to 10% of the FCSP budget. Each year since its inception, this program has used all of these available funds in service of grandparents and other relatives over 60 who have selflessly taken in their vulnerable relative children.

The second program is the Kinship Caregivers Support Program (KCSP), funded by the Washington State Legislature. CFCS is the contracted agency for this program as well. The program is designed to provide services to adult kinship caregivers of any age who are at the greatest risk of being unable to maintain their caregiving role. Funding is limited and must be dispersed to those kinship caregivers experiencing the most urgent/emergent needs. In 2008 274 unduplicated kinship caregivers received information and assistance through the Kinship Navigator and KCSP programs.

The third program is the Kinship Navigator Program. The Washington State legislature partially funded two Navigator positions, one in King County and one in Yakima. SE/ALTC has again contracted with CFCS to house and supervise this position, dovetailing well with the other kinship programs they administer. The Kinship Navigator provides information and referral

to kin caregivers concerning a range of services, resources, and supports including:

- ❖ Child care
- ❖ Legal issues
- ❖ Respite care
- ❖ Medical, dental, vision, mental health, and chemical dependency services for caregivers and the youth in their charge
- ❖ Assistance navigating the education system
- ❖ Assistance navigating the child welfare system
- ❖ Parenting skills education and training
- ❖ Emergency financial assistance
- ❖ Caregiver support groups

The Kinship Navigator offers advocacy and follow-up. Navigator services are offered throughout SE/ALTC's eight-county area. Referrals for this service often come from SE/ALTC Information Specialists and Case Managers

The Kinship Navigator and the FCSP Coordinator both serve on the Kinship Oversight Committee for Washington State. In addition, the Navigator has been an integral part of a Yakima Valley collaboration with representatives from agencies involved with kinship and foster care concerns and including some kinship caregivers themselves. This collaboration, called KINdred Spirits, publishes a quarterly newsletter and has been instrumental in starting kinship support groups both in Yakima and the Lower Yakima Valley. In 2008 the KINdred Spirits collaboration began publishing a Spanish language version of this newsletter. Efforts to reach monolingual and limited English speaking kin caregivers have included interviews with

the Kinship Navigator for Spanish-speaking kin caregivers on KDNA, the Spanish language radio station serving the Yakima Valley.

One story from the Yakima Valley illustrates the importance and value of kinship support groups. Julie, a 59-year-old widowed grandmother raising five grandsons, had been instrumental in starting such a kinship support group in Yakima. When her 14-year-old grandson was airlifted to Seattle's Harborview Medical Center with severe injuries after being hit by a train, Julie was in a quandary. She knew Stephen needed her by his side as he clung to life. But how could she leave her other four grandsons who needed her as well? Julie's support group stepped up to the challenge, providing meals, transportation, and supervision for the other children during Julie's entire stay in Seattle. Julie credits her support group with helping to save Stephen's life by allowing her to be there for him to keep his spirits up. A support group could not function any better than this.



*Kinship Caregivers Support Group meeting at the Wapato Community Center in Yakima County*

**GOAL: KCSP and Navigator services will assist kinship caregivers at risk of being unable to continue to provide care.**

**OBJECTIVES:**

- Navigator will work with such groups as schools, churches, Department of Children and Family Services (DCFS), and Casey Family Services to identify kinship caregivers in need. *Ongoing*
- Navigator will work with KINDred Spirits group. *Ongoing*
- Navigator will allocate emergent funds to qualifying kin caregivers according to State and Federal guidelines. *Ongoing*
- SE/ALTC and Garfield County Advisory Board will encourage Kinship caregivers to attend the Powerful Families class. *Ongoing*

**GOAL: Awareness of and referrals to KCSP and Navigator will increase throughout eight county region.**

**OBJECTIVES:**

- Navigator will present in-service training to staff in Walla Walla, Benton/Franklin, Kittitas, and Yakima SE/ALTC offices once yearly to increase awareness and referrals. *Beginning in 2008*
- KINDred Spirits newsletter will be published quarterly. Since 2008 this newsletter has been published on a bi-monthly basis. *Ongoing*

- Copies will be mailed to those on existing mailing lists. *Ongoing*
- Efforts will be made to create and distribute Kinship Caregiver newsletters containing information pertinent to providers in outlying counties. *2008*
- Special emphasis will be placed on reaching Spanish speaking kin caregivers through outreach to Hispanic churches and community groups. *Ongoing*
- Referrals to Navigator from counties other than Yakima will increase by 5%. *By 2009*
- Navigator will distribute a client satisfaction survey to kinship caregivers served through 2008 to be tallied by FCSP Coordinator in 2009 in order to better target KCSP resources. Budget cuts necessitating staff reductions at CFCS have hampered efforts to create and distribute a client satisfaction survey. This objective will be postponed until 2010 or 2011 as staffing levels allow. *2010*
- ALTC and Yakima Advisory Board will receive the newsletter, KINDred Spirits *Ongoing*