



# **Area Plan**

Area Agency on Aging  
Seattle-King County, Washington  
2016–2019



*Aging and Disability Services*

AREA AGENCY ON AGING FOR SEATTLE-KING COUNTY

# Aging and Disability Services (ADS)

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Washington State DSHS / Aging and Long-Term Support Administration

Washington State Health Care Authority



October 2015

Dear Friends:

Over the past decade, our region has experienced a significant growth in the number of older adults and adults with disabilities. This growth, commonly referred to as the “age-wave,” is expected to increase dramatically as the baby boomer generation ages. Although this significant demographic shift poses many challenges, it also brings many new opportunities for partnerships, advocacy, creativity, leadership, education, healthy aging, and community engagement.

The Aging and Disability Services (ADS) 2016–2019 Area Plan for Seattle-King County charts the course that ADS will follow as we seek to create communities that are great places for older people and people of all ages and abilities. The Area Plan is a guide to help us meet the challenges and opportunities before us by focusing on five issue areas:

- Long-Term Services and Supports
- Delay of Medicaid-funded Long-Term Services and Supports, Health Promotion and Disease Prevention
- Service Integration and Systems Coordination
- Older Native Americans
- Livable Communities

As we strive to address these areas, we will do our best to ensure the services we provide are relevant, accessible, and culturally competent and meet the needs of our region’s increasingly diverse population, especially those who are most vulnerable. We will employ evidence-based approaches that have been shown to produce successful results, and we will track our progress using nationally-recognized indicators to measure trends and help us assess our work.

Each of us takes pride in being a part of the three-sponsor organizational model that constitutes the Area Agency on Aging for King County. Together, the City of Seattle Human Services Department, King County Department of Community and Human Services, and United Way of King County coordinate planning and investments to create choices for elders and people with disabilities in King County through a complete and responsive system of services and supports. We are confident that this partnership will continue to make the region a great place to live for people of all ages.

We look forward to hearing from you with your thoughts and suggestions as we strive to provide and promote high-quality services to elders and people with disabilities around the region.

Sincerely,

**Catherine Lester**  
Director, Seattle Human  
Services Department  
City of Seattle

**Adrienne Quinn**  
Director, Department of  
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**Sara Levin**  
Vice President,  
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## Section A: Area Agency Planning & Priorities

## A-1: Introduction

Aging and Disability Services (ADS)—the Area Agency on Aging for King County—is delighted to present the 2016–2019 Area Plan for King County (Planning and Service Area #4). This plan guides the work of our agency over the course of four years. It reflects the needs of our community and highlights our goals for developing livable communities.



Our agency was created in May 1971 when Seattle Mayor Wes Uhlman created a Division on Aging within the City of Seattle’s Office of Human Resources. In 1973, in accordance with the federal Older Americans Act (OAA), the State of Washington designated 13 Area Agencies.

The same year, an interlocal agreement was signed by the City of Seattle, King County, and United Way, establishing the Area Agency on Aging structure we know today, with three sponsors and a planning council (now known as the Seattle-King County Advisory Council on Aging & Disability Services). The Division on Aging eventually came to be called Aging and Disability Services, which operates as a division within the City of Seattle’s Human Services Department. Subsequent interlocal agreements have refined the relationship between the three sponsoring organizations.

The Area Agency on Aging works with a volunteer Advisory Council that assists in identifying unmet needs, advises on needed services, and advocates for policies and programs that promote quality of life. As required by the OAA, this Area Plan incorporates suggestions from the Advisory Council as well as numerous community partners. To better understand local needs, ADS engaged community members through focus groups, forums, surveys, and workshops (see [Section A-3: Planning and Review Process](#)).

ADS serves over 38,000 clients each year (unduplicated count, through all fund sources). Our most recent [Demographic Profile](#) compiles the demographic attributes of clients served by ADS programs in 2014, including age, ethnicity/race, income, and region.

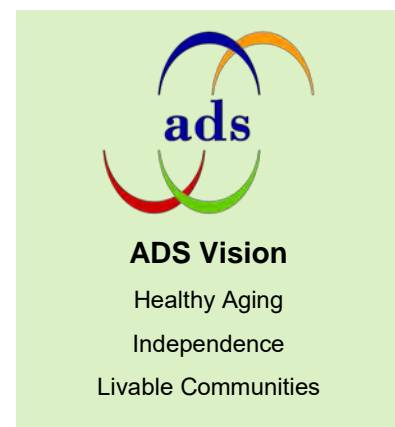
For more information, contact Aging and Disability Services (Maureen Linehan, Director) at 206-684-0660 or [aginginfo@seattle.gov](mailto:aginginfo@seattle.gov), or visit [www.agingkingcounty.org](http://www.agingkingcounty.org).

## A-2: Mission, Vision and Values

The mission of Aging and Disability Services (ADS) is to develop a community that promotes quality of life, independence, and choice for older people and adults with disabilities in King County.

To accomplish our mission, we will:

- Work with others to create a complete and responsive system of services.
- Focus on meeting the needs of older people and adults with disabilities.





- Plan, develop new programs, educate the public, advocate with legislators and other policymakers, and provide direct services that include the involvement of older adults and others representing the diversity of our community.
- Promote a comprehensive long-term care system.
- Support intergenerational partnering, planning, and policy development.

In fulfilling our mission, we follow these values:

- Older people, adults with disabilities, and their families have a right to be treated with respect and dignity and to make decisions affecting their lives.
- Diversity brings richness to our community and within our agency and supports a wealth of ways to capitalize on this strength.
- The support and nurturing provided by family, domestic partners, and friends are important, and we seek to strengthen this capacity.
- Community partnerships are central in bringing together funders, providers, consumers, and community members to develop solutions that address changes in housing, education, health, long-term care, and advocacy needs.
- The concerns of low-income older people, adults with disabilities, and traditionally underserved groups are recognized, as well as the needs and potential of every member of the community.
- Efforts that encourage independence and enable individuals to remain in their community for as long as possible provide our focus.
- It is important that older people, adults with disabilities, and those having cultural and language differences within our community have knowledge of and access to the services for which they are eligible.
- Accountability to the public trust means the programs we oversee are consumer-guided, responsive, and useful.
- Leadership is shared with our regional, state, and federal partners and other city institutions as they develop ways to serve older people and adults with disabilities.

## A-3: Planning and Review Process

The planning process for the Area Plan included a broad range of community engagement activities, conducted throughout 2014 and early 2015, to gather information on community needs, emerging trends, and promising practices.

### Community Outreach & Engagement

In an effort to inform two 2015 Request for Investment processes, ADS staff engaged with over 110 aging network and community providers throughout King County, including organizations representing immigrant/refugee communities and people with disabilities. This series of focus groups and meetings helped ADS identify the challenges and opportunities facing local communities. These results informed the development of the Area Plan issue areas ([Section C: Issue Areas, Goals and Objectives](#)) and are summarized in the following report: [www.agingkingcounty.org/docs/2014-community-engagement-summary.pdf](http://www.agingkingcounty.org/docs/2014-community-engagement-summary.pdf).



*Participants discuss priorities at a Community Living Connections event in Bellevue. Photo by Lorraine Sanford.*

## Area Plan Survey

The ADS Advisory Council hosted an online questionnaire to gather input for the Area Plan. The survey was available from January to March 2015 and was promoted through the Advisory Council's e-newsletter ([AgeWise King County](#)) and through social media. Print and (by request) Braille copies were also available. The survey link was sent out to 138 community organizations, 232 churches, and 46 service organizations, and circulated among the general public via local blogs. Survey distribution also focused on specific language and geographic populations, including Filipino, Chinese, East African, and rural communities.

Survey categories included identifying top needs, such as caregiving, transportation, housing, food security, healthy aging, livable communities, and information and assistance. In all, 580 individuals completed the questionnaire. About 60 percent of those who completed the survey were between age 60 and age 74.

Top Three Needs of Older Adults	Top Three Needs of Adults with Disabilities
Housing Health and Wellness Transportation	Transportation In-home Assistance Housing

Results from 2015 Area Plan Survey

## Focus on the Future Community Forums

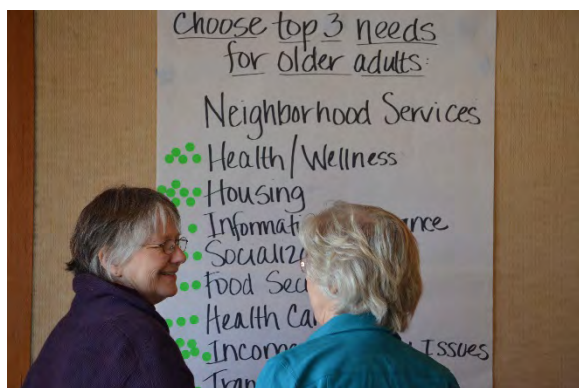
Three public forums informed the development of specific sections of the Area Plan. ADS coordinated with several regional partners to host these events: Snohomish County Division of Long-Term Care & Aging, Pierce County Community Connections, and the City of Bellevue Human Services Department

Over 100 community members participated in the series, which featured local experts and information on emerging issues, demographic trends, and evidence-based approaches to meet the needs of older people and adults with disabilities. At the end of each forum, participants had an opportunity to identify the issues that were of greatest concern or need.

- [Health and Well-Being](#) (March 6, 2015), Mountlake Terrace Senior Center. The needs identified by participants were income and financial assistance, housing, health, and transportation.
- [Community Design & Healthy Aging](#) (March 30, 2015), Mountain View Community Center, Edgewood. Top needs identified were transportation, health, and socialization.
- [Behavioral Health & Memory Care](#) (April 3, 2015), Bellevue City Hall. Top needs



Participants discussed behavioral health and memory care at the 2015 Focus on the Future Forum in Bellevue. Photo by Lorraine Sanford.



At each forum, participants identified the top needs of older adults and individuals with disabilities. Photo by Lorraine Sanford.

identified included housing, income and financial assistance, transportation, in-home assistance, and socialization

**Feet First Board of Directors:** On February 18, 2015, Aging and Disability Services staff provided a brief presentation on the five goals of the 2012–2015 Area Plan—improve health care quality, address basic needs, improve health and well-being, increase independence for frail older adults and people with disabilities, and promote aging readiness—to the Feet First Board of Directors. The presentation focused on common interests—transportation and community mobility, universal design, accessibility, and healthy aging (including fitness).

**Seattle Commission for People with disAbilities:** On February 19, 2015, ADS staff facilitated a discussion about access to information and services among approximately 20 individuals who attended the monthly Seattle Commission for People with disAbilities. Staff discussed the purpose of the Area Plan survey and the importance of public comment in preparing the plan.

### **Our Elders, Our Selves: Visiting the Past, Planning for Our Future**

ADS produced a 40-minute documentary about the evolution of aging programs and services in King County. [Our Elders, Our Selves: Visiting the Past, Planning for Our Future](#) premiered on February 19, 2015. Approximately 80 older adults, caregivers, consumers and providers attended. Following the screening, attendees engaged in a discussion and survey of top needs, which were identified as transportation, affordable housing, and safety.



### **Alzheimer's Disease Working Group Community Listening Session**

On April 1, 2015, ADS staff attended the Alzheimer's Disease Working Group Community Listening Session at North Seattle College. About 40 community members and providers provided input regarding needs and what could be improved to better help people with Alzheimer's and dementia, and their family caregivers.

### **White House Conference on Aging**

On April 2, 2015, ADS staff and Advisory Council members participated in the White House Conference on Aging, a regional forum in Seattle with over 200 older adults, caregivers, advocates, and community leaders. The conference highlighted contributions of older adults and provided an opportunity to hear directly on key issues such as ensuring retirement security, promoting healthy aging, providing long-term services and supports, and protecting older adults from financial exploitation, abuse and neglect.

### **Aging the LGBTQ Way Town Hall Meeting**

About 75 individuals attended the Aging the LGBTQ Way Town Hall meeting on May 13, 2015. The event was co-sponsored by the University of Washington School of Social Work and ADS, and facilitated by Dr. Karen Fredriksen-Goldsen, principal investigator of Caring and Aging with Pride over Time, the first national federally-funded longitudinal project on lesbian, gay, bisexual, and transgender older adults and their caregivers. Additional co-sponsors included the UW Healthy Generations Hartford Center of Excellence; UW School of Social Work Safe Zone; LGBTQ Allyship; Mature Friends Seattle; Northwest LGBT Senior Care; Older Lesbians Organizing for Change; Sage Olympia; Senior Services; SEIU 775; and the Tacoma Older LGBT.

Participants voiced their concerns about the future of LGBTQ aging in our region and identified opportunities to address the needs of this community, including:

- Provide sensitivity training for medical and social service providers.
- A community center for LGBTQ seniors for socialization and to access services.
- Increase support for the transgender community, and housing that is LGBTQ friendly.

For more information, visit The National Health, Aging, and Sexuality Study: Caring and Aging with Pride over Time at [www.caringandaging.org](http://www.caringandaging.org).

### Area Plan Public Hearings

The ADS Advisory Council hosted three public hearings on the draft Area Plan:

- East King County: July 28, 2015 (Bellevue, WA)
- South King County: July 29, 2015 (Kent, WA)
- Seattle and North King County: August 3, 2015 (Seattle, WA)

In addition, ADS accepted written comments through August 13, 2015. All public comment received is documented in [Appendix E: Public Process](#).

The information gleaned from all of these planning activities and events has been incorporated into this Area Plan. In particular, [Section C-5: Livable Communities](#) addresses key issues that older King County residents and adults with disabilities identified during our planning process.

For more information about Area Plan development, contact ADS planner Karen Winston at [karen.winston@seattle.gov](mailto:karen.winston@seattle.gov) or visit [www.agingkingcounty.org/update\\_process.htm](http://www.agingkingcounty.org/update_process.htm).

## A-4: Prioritization of Discretionary Funds

ADS sub-contracts with over 60 agencies to provide a network of in-home and community services and supports for older adults and adults with disabilities. In 2014, over 38,000 older adults, family caregivers and adults with disabilities in King County received services through this aging network.

The 2015 budget totals \$38 million, of which \$24 million is “non-discretionary and earmarked for specific services, such as Medicaid Title XIX case management, U.S. Department of Agriculture meals, and state-funded caregiver support and respite care.”

The budget also includes \$5.8 million of one-time “discretionary” funds from the federal Older Americans Act, the state Senior Citizens Services Act, and the City of Seattle General Fund. Discretionary funding has some flexibility and can be directed to meet priority needs in King County.



*Dr. Karen Fredriksen-Goldsen, Caring and Aging with Pride over Time (left), and ADS director Maureen Linehan. Photo by Lorraine Sanford.*



*ADS Advisory Council members Berta Seltzer, Katty Chow, and Marsha Andrews. Photo by Lorraine Sanford.*



The ADS Advisory Council's Planning and Allocations (P&A) Committee recommends strategies to increase or decrease discretionary funding to service areas. The committee consists of the Advisory Council chair and six members from the three ADS sponsor organizations (City of Seattle, King County, and United Way of King County).

For the 2016 discretionary allocations process, the P&A Committee considered the following in their deliberations:

- ADS Sponsors allocation guidelines.
- 2015 discretionary allocations approved by Sponsors.
- Service area trends and issues.
- Prioritization of services that enable elders to access services, especially in the midst of difficult economic times.

Should a net increase in discretionary funding occur in 2016, the P&A committee recommends that additional allocations be made to priority core services:

- Case Management
- Elder Abuse
- Nutrition
- Transportation
- Community Living Connections (formerly Information & Assistance)

If funding increases or decreases in the future, the P&A Committee will re-convene for an additional allocation process. As part of this process, they will examine the most updated global revenue picture for services for older residents in King County and will consider existing funding principles. The resulting funding recommendations will be subject to public review and Sponsors' approval.



*The Seattle-King County Advisory Council for Aging & Disability Services is a dedicated volunteer group that helps ADS identify the needs of older people and adults with disabilities in our community; advises on services to meet these needs; and advocates for local, state and national programs that promote quality of life for these populations.*

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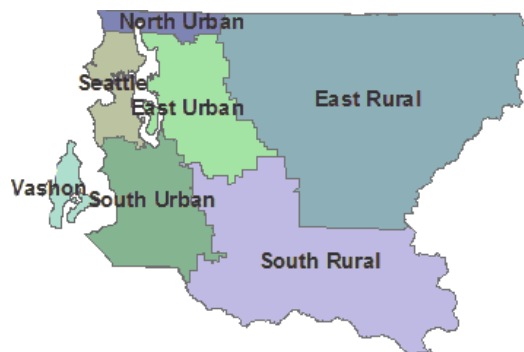


## Section B: Planning & Service Area Profile

## B-1: Population Profile and Trends

ADS uses the following sub-regional areas in its planning processes to identify and respond to demographic trends and ensure that services are fairly distributed relative to King County's population:

- North Urban
- Seattle
- East Urban
- East Rural
- South Urban
- South Rural



A snapshot of King County, below, shows that 17 percent of the population is age 60 and older. This population is expected to grow to nearly 25 percent by 2040, as the “age wave” settles on King County.

Age	Population	% Total	Male	% Total	Female	% Total
Total King	2,007,779	100%	1,001,982	100%	1,005,797	100%
60-69	191,838	10%	92,397	9%	99,441	10%
70-79	87,790	4%	39,936	4%	47,854	5%
80+	64,907	3%	23,885	2%	41,022	4%
<b>Total age 60+</b>	<b>344,535</b>	<b>17%</b>	<b>156,218</b>	<b>16%</b>	<b>188,317</b>	<b>19%</b>

Table 1. King County population age 60+ snapshot<sup>1</sup>

Figure 1, below, illustrates the “age wave” in King County, as the baby boomer generation (born 1946–1964) has aged. Since the year 2000, the 55–69 year old cohorts have expanded in size. By 2035, all of the baby boomers will have moved into the rank of the older (60+) population.

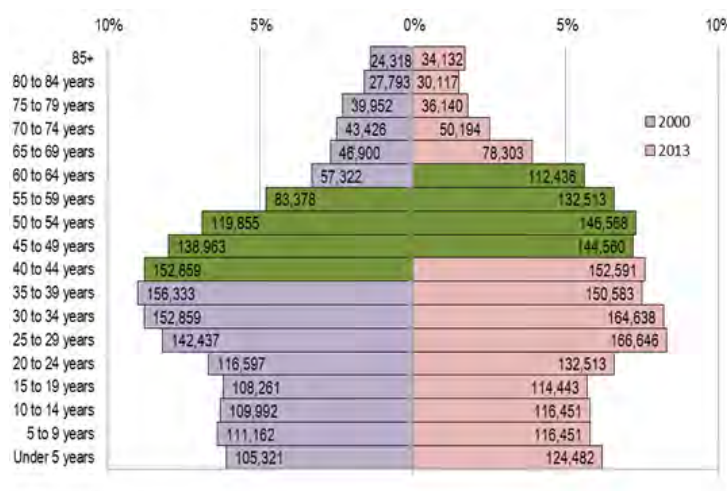


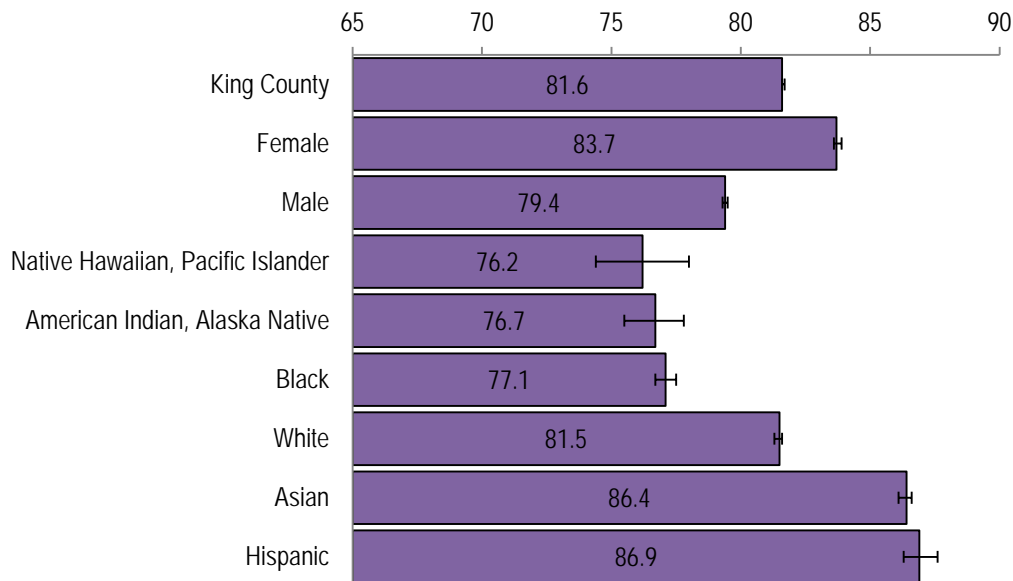
Figure 1. King County Baby Boomers compared to other age cohorts, 2000–2013<sup>2</sup>

<sup>1</sup> American Community Survey (2011–2013 three-year estimates), King County

<sup>2</sup> Ibid.

Over the past decade, average life expectancy in King County has climbed to 81.6 years of age. Increased life expectancy will strengthen the wave of aging boomers and steadily increase their total number contained within the elderly sub-population.

Figure 2, below, shows the average life expectancy at birth by gender and race. In the figure, the brackets on the bars represent the confidence interval for the estimated percentage of older adults in fair or poor health. If the brackets don't overlap, the estimates are significantly different and are not due to sampling error. As shown, there are statistically significant differences in life expectancy across race. While life expectancy has increased for most older adults, benefits vary due to socioeconomic status, race, and gender (see [B-2: Targeting Services](#)). In King County, who you are and where you live are factors in how you age.



**Figure 2. Life Expectancy at Birth, 2008–2012 Average<sup>3</sup>**

The average person aged 65 in Washington state can expect to live 19 more years if the current age-specific death rates stay the same for his or her life; however, only 15 of these years are expected to be years of healthy life.<sup>4</sup>

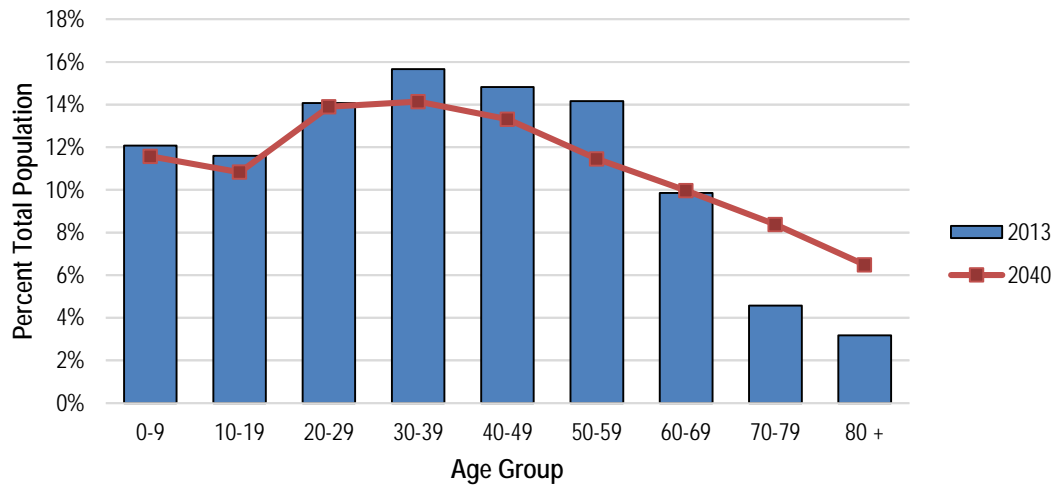


[Sound Steps](#) participants Roberta and Janet enjoy a walk around Seattle's Green Lake.

<sup>3</sup> Center for Health Statistics, Washington State Department of Health, 08/2014.

<sup>4</sup> Centers for Disease Control and Prevention, State-Specific Healthy Life Expectancy at Age 65 Years

Current population projections are illustrated in Figure 3, showing that King County's elder population (age 60+) will near 25 percent of the total population by 2040. The fastest-growing segment of the total population is the oldest old—those 85 and over. The number of the United States population in the oldest old age group is projected to grow from 5.8 million in 2010 to 8.7 million in 2030.<sup>5</sup>



**Figure 3. King County Projected Population Growth by Age Cohort, 2013–2040<sup>6</sup>**

Overall, from 2000–2013 King County's older adult population grew by more than 42 percent. Table 2 indicates that about 80 percent of the total numerical growth in the 60+ population happened in Seattle, South Urban and East Urban sub-regions.

Sub-Region	2000	2013	Number Growth	Sub-region Growth as Percent of Total Growth
East Rural	3,292	6,161	2,869	3%
East Urban	52,985	82,332	29,347	28%
North	21,406	28,575	7,169	7%
South Rural	5,799	10,643	4,844	5%
South Urban	70,152	103,492	33,340	32%
Seattle	87,063	111,362	24,299	24%
Vashon	1,800	3,310	1,510	1%
<b>Total King</b>	<b>242,497</b>	<b>345,875</b>	<b>103,378</b>	<b>43%</b>

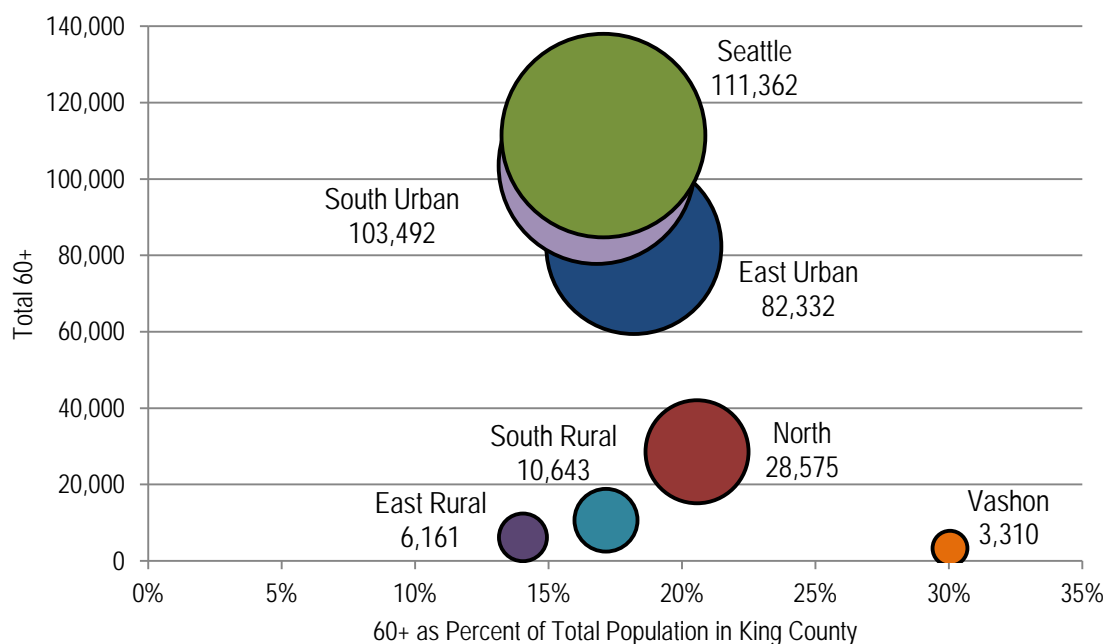
**Table 2. Growth in Age 60+ Population by Sub-Region<sup>7</sup>**

<sup>5</sup> United States Census Bureau. The Next Four Decades. The Older Population in the United States: 2010 to 2050. Population Estimates and Projections

<sup>6</sup> Washington State Office of Financial Management 'medium' 2012 population projections, plus American Community Survey (1995 & 2005) estimates and decennial Census (2000 & 2010) counts.

<sup>7</sup> Washington State Office of Financial Management. 2013 Population Count and Estimates

Figure 4 shows the current sub-regional distribution of the 60+ population in King County. Although small in number, the Vashon Island population currently has the largest percentage of older adults of any sub-region in King County, followed by the North and Seattle sub-regions. The Seattle and South Urban sub-regions have the greatest number of older adults.



**Figure 4. Age 60+ by Sub-Region<sup>8</sup>**

An estimated 20 percent of rural residents are 60 years and over. The median age of rural residents in King County is 45.5 years compared to 42.7 nationally.<sup>9</sup> Table 3, below, shows the number of King County residents 60+ residing in rural areas. [Older adults in rural areas are geographically isolated and they are also more likely to live alone.](#) Of the total King County population 65 and older, 69,655 (21 percent) individuals live alone in. About 70 percent of the older adults living alone are women.<sup>10</sup>

Rural King County	
Total Rural Population	61,938
60 and 61 years	2,017
62 to 64 years	2,640
65 and 66 years	1,328
67 to 69 years	1,691
70 to 74 years	1,943
75 to 79 years	1,227
80 to 84 years	798
85 years and over	694
<b>Total 60+</b>	<b>12,338</b>

**Table 3. Rural Residents by Age, 2010, King County<sup>11</sup>**

<sup>8</sup> Ibid.

<sup>9</sup> 2010 United States Census, King County

<sup>10</sup> American Community Survey (2011–2013 three-year estimates), King County

<sup>11</sup> 2010 United States Census, King County.



As the aging demographic in King County is changing, so is the racial and ethnic diversity. Much of the King County's diverse growth can be accounted for by immigrant and refugee arrivals. Overall, about 22 percent of the King County population is foreign born. Individuals are considered foreign born if born outside the United States, or its possessions, to non-U.S. parents. Foreign born people may be classified by their naturalization status (citizen or non-citizen).

Foreign Born Population	
Total King County Population	2,007,779
Total Foreign Born Population	407,841
55 to 64 years	11%
65 to 74 years	6%
75 to 84 years	3%
85 years and over	2%
Speak English only	16%
Speak a Language other than English	84%
Speak English less than "very well"	43%
Below Federal Poverty Level	16%

**Table 4. Foreign Born Population by Age, Language and Poverty, King County, 2009–2013<sup>12</sup>**

From October 2013–July 2014, Washington had 2,430 reported refugee arrivals. This represents an increase from 2012 arrivals by 265 individuals or 12 percent.<sup>13</sup> Over half of the new refugee arrivals in Washington resettle throughout King County, predominately in South King County.<sup>14</sup> Table 5, below, shows a breakout of foreign born population by sub-region.

Foreign Born Population by Sub-Region						
East Rural	East Urban	North	Seattle	South Rural	South Urban	Vashon
8%	25%	17%	18%	6%	24%	6%

**Table 5. Foreign Born Population by Sub-Region<sup>15</sup>**

King County's diversity is also reflected in the older adult population. About 23 percent (78,504) of King County residents age 60 and older are people of color, a four percent increase from 2011. Figure 5, below, illustrates the overall racial composition of King County's elders. It is estimated that 1.4 percent (or 5,174) of the King County population age 60 and older is all or part American Indian/Alaska Native, though this population has been shown to be undercounted.<sup>16</sup> There are two federally-recognized tribes in King County—the Muckleshoot Indian Tribe and the Snoqualmie Indian Tribe. See [Section C-4: Native Americans](#).

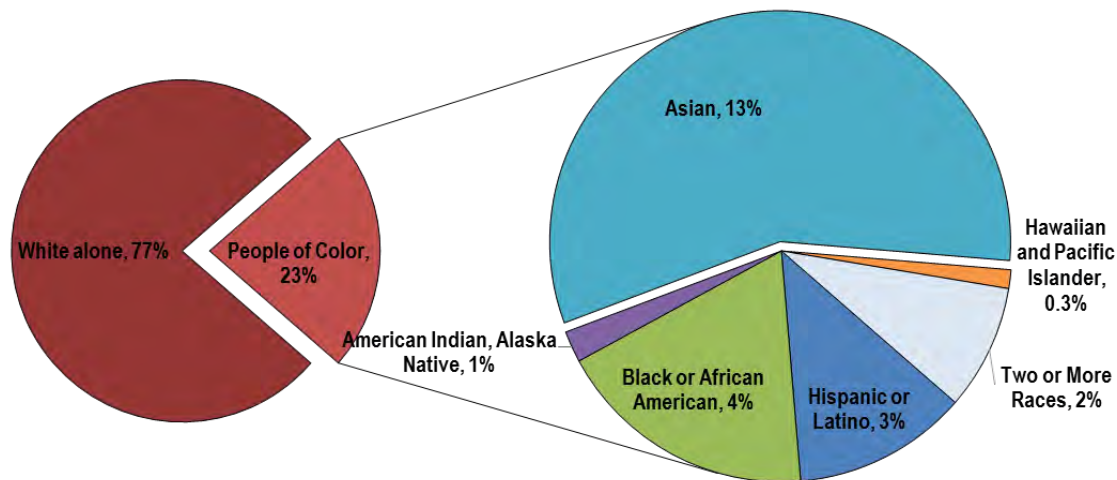
<sup>12</sup> American Community Survey (2009–2013 five-year estimates).

<sup>13</sup> Washington Office of Refugee and Immigrant Assistance. Refugee Health Screenings, 2012–2014.

<sup>14</sup> Ethnomed. (2011). *Toolkit for primary care providers treating refugees*. "Background and Need". Accessed at <https://ethnomed.org/clinical/refugee-health/toolkit>.

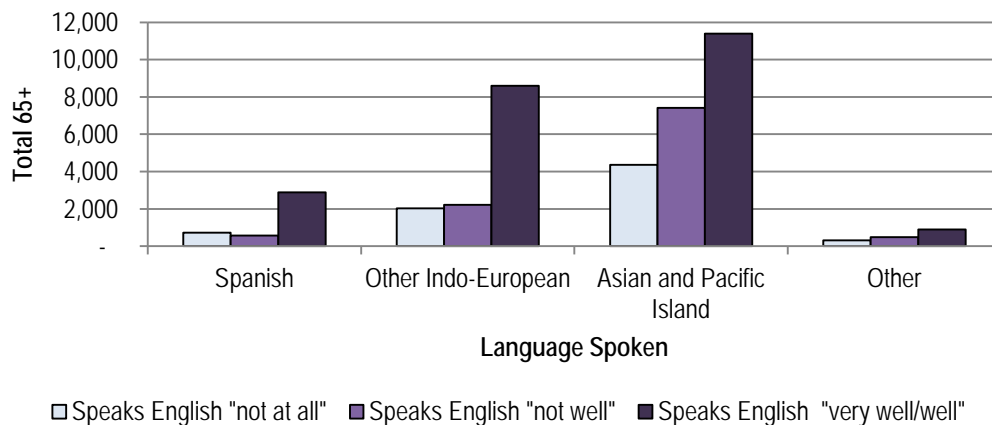
<sup>15</sup> American Community Survey (2009–2013 five-year estimates), King County.

<sup>16</sup> American Community Survey, Public Use Micro Sample (PUMS), King County (2009–2013)



**Figure 5. King County Population Age 60+ by Race<sup>17</sup>**

King County's aging population is also linguistically diverse. Among King County residents age 65 or older, 41,899 (19 percent) speak a language other than English at home, and 7,431 (3 percent) of these residents do not speak any English. As shown by Figure 6, among older King County residents who do not speak English "very well," the largest group speaks an Asian or Pacific Island language.<sup>18</sup>



**Figure 6. 65+ English Proficiency by Language Spoken, King County<sup>19</sup>**

Table 6, below left, shows the major languages, other than English, spoken in King County by residents over age five and over age 60. It is estimated that 27 percent of King County residents over age 5 speak a language other than English. Figure 7, below right, shows the major languages spoken by the 60+ population.

<sup>17</sup> American Community Survey (2011–2013 three-year estimates), King County

<sup>18</sup> Language categories are presented as defined by the American Community Survey. See [www.census.gov/programs-surveys/acs/technical-documentation/code-lists.html](http://www.census.gov/programs-surveys/acs/technical-documentation/code-lists.html) for subject definitions.

<sup>19</sup> American Community Survey (2011–2013 three-year estimates), King County

Language	Total Population 5+
English	1,371,265
Spanish	121,960
French	12,464
German	10,685
Slavic	35,189
Other Indo-European	51,490
Chinese	60,327
Vietnamese	32,718
Tagalog	27,359
Korean	21,178
Japanese	14,190
Other Asian	34,155
Other Pacific Islander	13,522
Native North American	669
Other	44,589
<b>Total Other Language:</b>	<b>480,495</b>

**Table 6 (above left). Languages Spoken by King County Residents over Age 5<sup>20</sup>**



**Figure 7 (above right). Major Languages Spoken by King County Residents 60+<sup>21</sup>**

As the older adult population becomes more diverse, the number of lesbian, gay, bisexual, and transgender (LGBT) older adults is also expected to grow. Based on national estimates, 2.4 percent (or 2.4 million) adults age 50 and older identify as lesbian, gay, bisexual, or transgender. This number is expected to double in the coming decades, alongside the growth the wider older population. Table 7, below, presents the sexual orientation of elders 60+ in King County. Approximately 2.5 percent of elders in King County report being non-heterosexual. Recent estimates suggest that 0.3–0.5 percent of the adult population identify as transgender.<sup>22</sup>

Sexual Orientation	King County 60+
Heterosexual	97%
Lesbian, Gay, Bisexual	2%
Other	0.5%

**Table 7. Sexual Orientation 60+, King County, 2010–2014<sup>23</sup>**

Socioeconomic disparities may become more pronounced as we see an increasingly diverse cohort of King County residents get older. As shown in Table 8 below, a greater percentage of American Indian and Alaska Native older adults live below the federal poverty line compared

<sup>20</sup> American Community Survey (2009–2013 five-year estimates), King County

<sup>21</sup> American Community Survey (2011–2013 three-year estimates), King County

<sup>22</sup> Gates, G.J. (2011). How many people are lesbian, gay, bisexual and transgender?. Los Angeles: The Williams Institute

<sup>23</sup> Behavioral Risk Factor Surveillance Survey, King County, 2010–2014

with all King County adults over 60, as are Hispanics/Latinos, African Americans, Asians, and Pacific Islanders.

Race/Ethnicity	Percent of 60+ Living in Poverty
American Indian, Alaskan native	23%
Black or African American	18%
Native Hawaiian and Pacific Islander	18%
Asian	17%
Hispanic or Latino	17%
Other	13%
White	7%
<b>All 60+</b>	<b>9%</b>

**Table 8. Poverty Rate by Race, King County residents age 60+<sup>24</sup>**

Table 9, below, shows that the poverty rate among the 65+ population is highest in Seattle and South Urban sub-regions and lowest on Vashon Island, further illuminating disparities in poverty.

East Rural	East Urban	North	Seattle	South Rural	South Urban	Vashon
5%	6%	8%	15%	6%	10%	2 %

**Table 9. Residents age 65+ living in poverty, by sub-region<sup>25</sup>**

Thirty-one percent of King County elders lived in Seattle, but Seattle was home to 45 percent of the county's poor elders. Table 10 presents the number and rates of poverty among elders in Seattle. Downtown Seattle, Kent, Renton/Skyway, central Seattle, Bellevue and Beacon Hill/Georgetown/South Park have the largest numbers of poor elders. These six health reporting areas account for 39 percent of all poor elders.<sup>26</sup>

Health Reporting Areas	65+ in poverty, 2009–13	65+ poverty rate, 2009–13	Change since 2000 <sup>27</sup>
City of Seattle	8972	13%	Up↑
Downtown	1783	29%	No
BeaconHill/G'town/S.Park	1080	23%	Up↑
Central Seattle	1147	23%	No
Delridge	484	17%	No
SE Seattle	779	16%	Up↑
NW Seattle	823	14%	Up↑
North Seattle	663	13%	Up↑
Ballard	413	8%	No
Fremont/Greenlake	289	8%	No
NE Seattle	471	7%	No
QA/Magnolia	490	7%	No
West Seattle	263	4%	No

**Table 10. Poverty Rate age 65+ in Seattle by Health Reporting Area, 2009–2013**

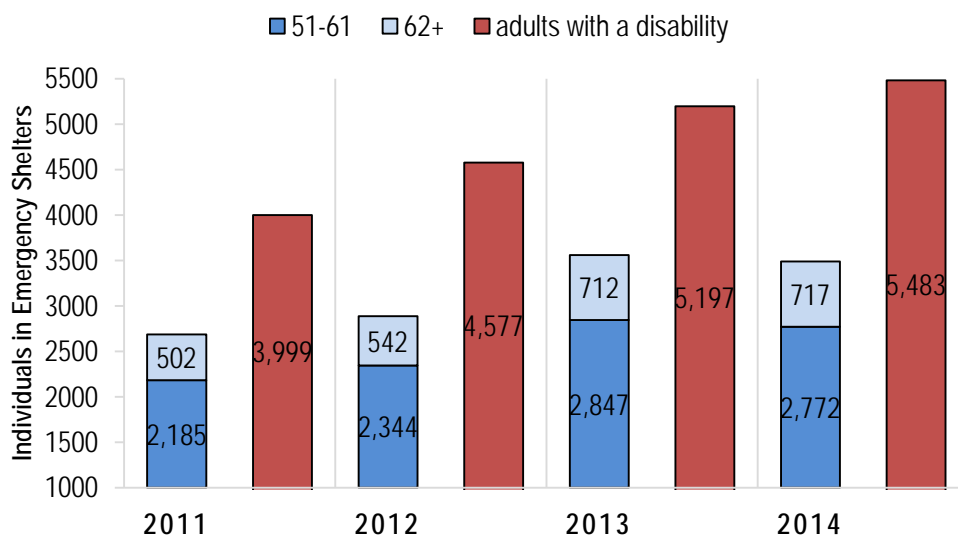
<sup>24</sup> American Community Survey, Public Use Micro Sample (PUMS), King County (2009–2013).

<sup>25</sup> American Community Survey, Public Use Micro Sample (PUMS), King County (2009–2013).

<sup>26</sup> 2009–2013 American Community Survey, Table B17001 (HRA) & S1701 (Seattle, King County).

<sup>27</sup> 'Up' or 'Down' indicates that the 95% confidence intervals for the 2009–2013 rate do not contain the 2000 rate.

Financial insecurity among the older population in King County highlights importance of establishing stable, safe, and affordable housing for this growing population. With limited income for necessities such as food and medicine, low-income older adults are particularly vulnerable to homelessness. Figure 8, below, presents the trending use of emergency shelter access in King County by age and disability.



**Figure 8. Emergency Shelter Use, Age and Disability, King County, 2011–2014<sup>28</sup>**

Across these characteristics, emergency shelter use has increased since 2011. Growth in the 51 and older population using Emergency Shelters in Seattle-King County, accounts for 26 percent of the total increase in use.

Adults using Emergency Shelters	2011	2014	Number Growth	Growth as a Percent of Total Growth
18-30	1393	2542	1149	37.75%
31-50	3411	4504	1093	35.89%
51-61	2185	2772	587	19.29%
62+	502	717	215	7.06%
<b>Total 51+</b>	<b>2687</b>	<b>3489</b>	<b>802</b>	<b>26.35%</b>
<b>Total Seattle-King Adults</b>	<b>7490</b>	<b>10535</b>	<b>3045</b>	<b>40.65%</b>

**Table 11. Growth in Adults Using Emergency Shelters, Seattle-King County, 2011–2014<sup>29</sup>**

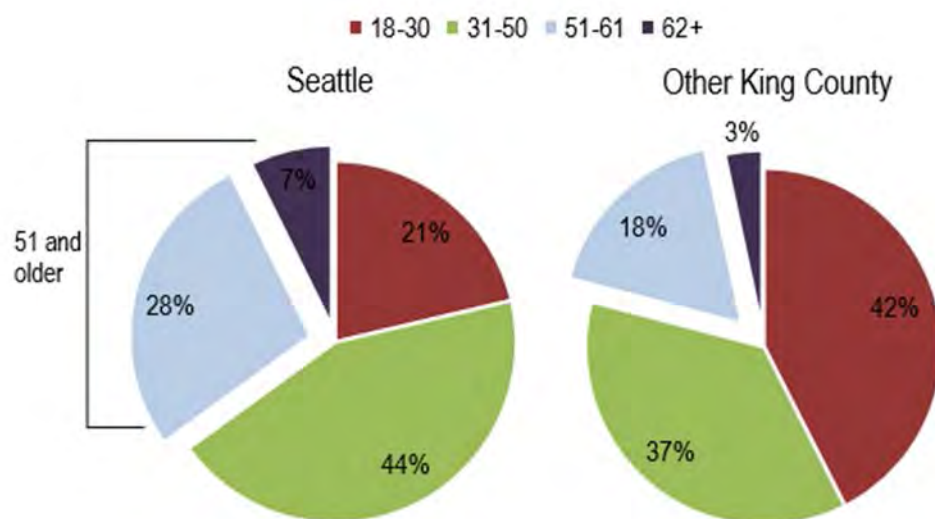
From 2013-2014, 26 percent of individuals accessing Seattle-King County Emergency shelters was age 50-61. Approximately 7 percent was over age 62. Figure 9, below, presents the ages of adults using Seattle Emergency Shelters, as well as those using other King County Emergency Shelters. By 2025, an estimated 53,793 older adults will be in poverty, requiring 15,913 more housing units or vouchers than are available today.<sup>30</sup>

<sup>28</sup> Safe Harbors. 2011, 2012, 2013, 2014 Annual Homeless Assessment Report (AHAR). King County Demographic Report. Data may not be unduplicated across Seattle and King County.

<sup>29</sup> Ibid.

<sup>30</sup> Cedar River Group. (2009). Quiet Crisis: Age Wave Maxes out Affordable Housing. King County 2008–2025.





**Figure 9. Adults using Seattle and King County Emergency Shelters, 2014<sup>31</sup>**

As the older adult population lives longer with chronic illnesses, they face an increased likelihood of acquiring a disability. The Behavioral Risk Factor Surveillance Survey defines disability as a physical or mental condition that limits an individual in any activity or using special equipment such as a wheelchair, special bed, etc. Table 12, below, shows the self-reported number of adults with disabilities in King County by age. About half of adults 60 years and older living below the federal poverty level have a disability. While older adults have higher rates of disability, there are a greater number of persons under 60 with a disability; currently, [23 percent of adults 18 and older live with a disability](#).

Adults with Disabilities		
Age 18+	Age 60+	60+ in poverty
23%	38%	51%

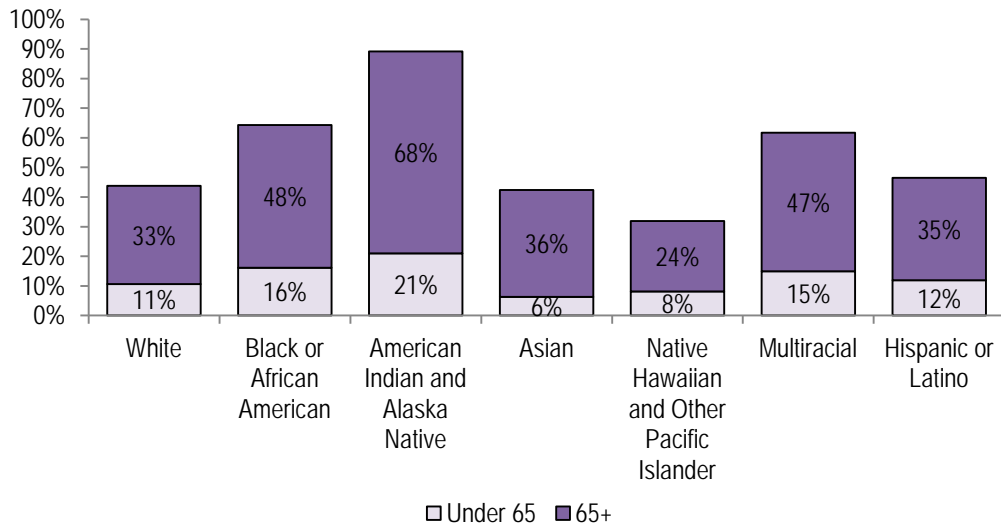
**Table 12. Rate of Disabilities by Age and Poverty, King County, 2011–2014<sup>32</sup>**

While disabilities affect people of all races, ethnicities, languages, gender identities, and sexual orientations, they do not occur equally across racial and ethnic groups. Minorities with disabilities experience additional health disparities, economic barriers, and difficulties accessing care as a result of their disability.<sup>33</sup> Figure 10, below, shows the percent of individuals in King County with disabilities by age and race. It is important to note that this data reflects rates of disability; not numbers of persons with disabilities.

<sup>31</sup> Safe Harbors. 2011, 2012, 2013, 2014 Annual Homeless Assessment Report (AHAR). King County Demographic Report

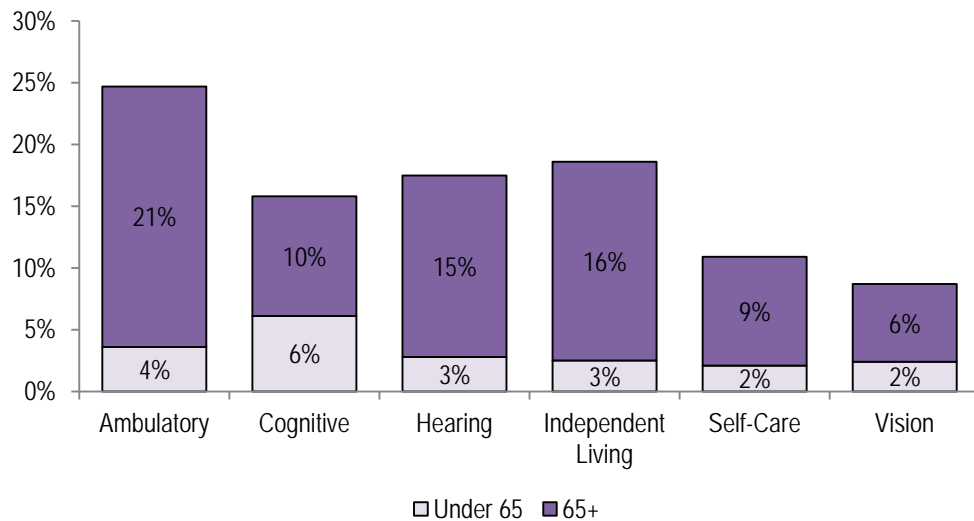
<sup>32</sup> Behavioral Risk Factor Surveillance Survey, King County and United States, 2011–2013.

<sup>33</sup> Yee, S. (2011). *Health and health care disparities among people with disabilities*. Disability Rights Education & Defense Fund.



**Figure 10. Rate of Disability by Age and Race, King County, 2009–2013<sup>34</sup>**

Figure 11, below, presents self-reported limitations by age. The most common sources of limitation among the 65 and older population are ambulatory difficulties, independent living limitations and hearing problems. Among the population under 65, the most frequently self-reported limitations are cognitive difficulties, ambulatory difficulties, and independent living difficulties.<sup>35</sup>



**Figure 11. Rates of Functional Limitation by Type and Age, King County, 2009–2013<sup>36</sup>**

<sup>34</sup> American Community Survey (2009–2013 five-year estimates).

<sup>35</sup> Cognitive difficulty was derived from a question which asked respondents if due to a physical, mental, or emotional condition, they had serious difficulty concentrating, remembering, or making decisions. Ambulatory difficulty was derived from a question which asked respondents if they had serious difficulty walking or climbing stairs. Independent living difficulty was derived from a question which asked respondents if due to a physical, mental, or emotional condition, they had difficulty doing errands alone such as visiting a doctor's office or shopping.

<sup>36</sup> American Community Survey (2009–2013 five-year estimates).

Even as boomers reach retirement age, a significant proportion of the cohort will continue to work full time. Figure 12, below, shows the number and percent of U.S. adults 55+ who reported working full time from 2005–2015. Currently, over one third of men age 55+ and nearly one quarter of women age 55+ report working full time. In King County, 48 percent of men and 37 percent of women age 55+ were employed (full and part time) in 2009–2013.<sup>37</sup>

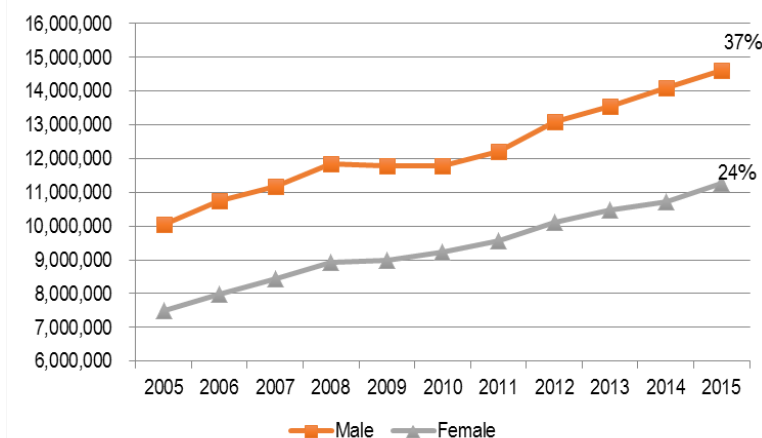


Figure 12. 55+ Employed Full Time, By Gender, 2005–2015, U.S.<sup>38</sup>

Given the rise in technology, older adults are also increasingly connected to their communities through social networks, employment and civic engagement opportunities. As of 2012, more than half of U.S. adults 65 years and older are using the internet. Figure 13, below, shows the trend growth in the proportion of older adults who go online.

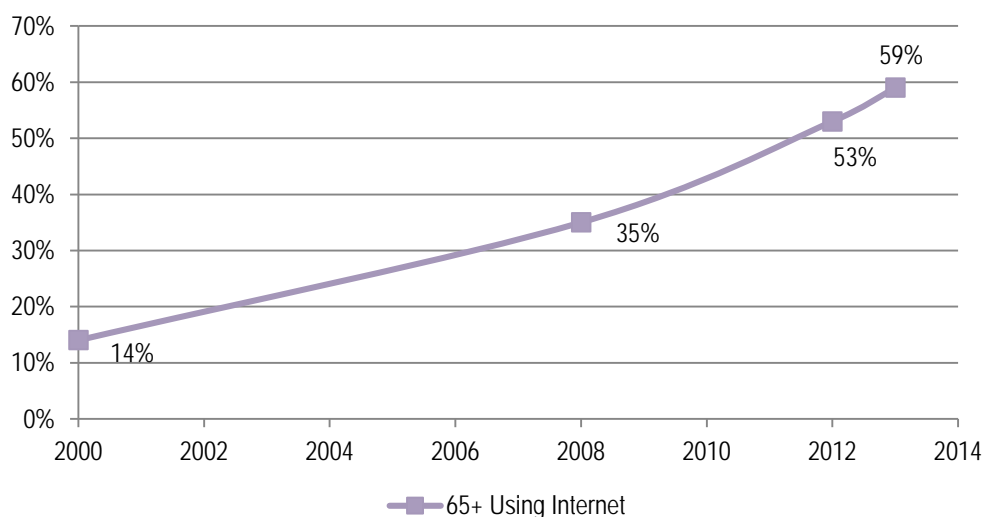


Figure 13. U.S. Adults 65+ Who Use Internet, 2000–2013<sup>39</sup>

<sup>37</sup> Ibid.

<sup>38</sup> Bureau of Labor Statistics. Labor Force Statistics from the Current Population Survey. 2006–2015

<sup>39</sup> Smith, A. (2014). Older Adults and Technology Use. Pew Research Center. Accessed at [www.pewinternet.org/2014/04/03/older-adults-and-technology-use/](http://www.pewinternet.org/2014/04/03/older-adults-and-technology-use/)

## Indicators

Better  
than  
National  
Baseline

### I. Percent 65+ Paying >30 Percent of Income towards Housing

N

Paying more than 30 percent of income for housing is an indicator of housing cost burden. Households with this burden are more vulnerable to food insecurity, lack of adequate healthcare, loss of housing and other difficulties as a result of cost pressures.<sup>40</sup> Figure 14, below, presents a comparison of King County and United States elders who pay more than 30 percent of their total income on housing, by year. The proportion of King County renters who pay more than 30 percent of their income on housing has grown 5.5 percent from 2008 to 2013.

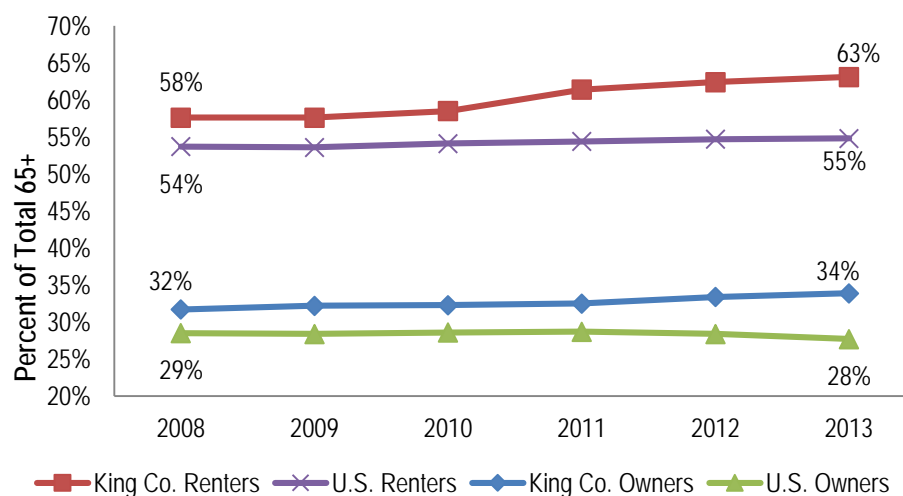


Figure 14. Percent of 65+ Paying >30% of Income towards Housing, by year<sup>41</sup>

### II. Percent 65+ Using Public Transportation

Y

Transportation is an important element of connection between communities, individuals and services. Twenty-six percent of King County residents age 65+ report using public transportation to get to and from their neighborhoods. Table 13, below, presents a proportional comparison of King County elders with United States elders who use public transportation.

65+ Using Public Transportation	National	King County
Around Neighborhood	23% (2009)	26% (2011)
Commuting to Work	4% (2013)	8% (2013)

Table 13. 65+ Using Transportation to Work and Neighborhood, U.S. and King County<sup>42</sup>

<sup>40</sup> Viveiros, J., Sturtevant, L. (2014). *The Housing affordability challenges of America's working households*. Housing Landscape 2014. Center for Housing Policy.

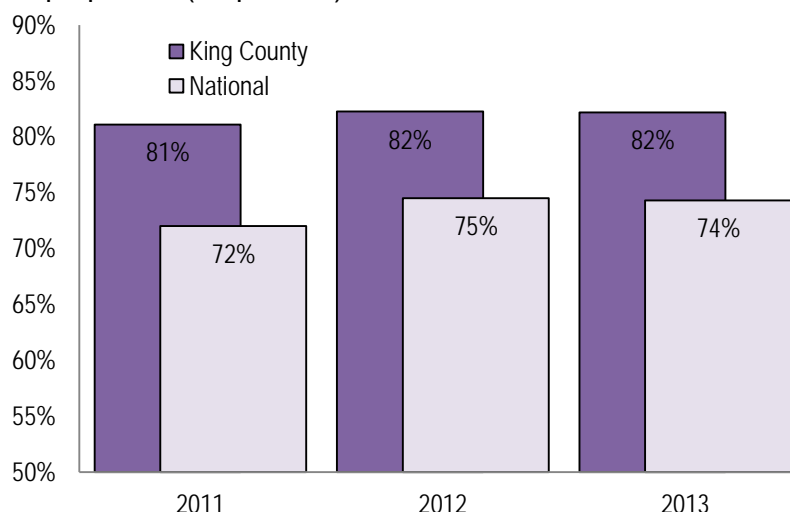
<sup>41</sup> American Community Survey (2011–2013 three-year estimates)

<sup>42</sup> Ibid.; King County Communities Count Survey, 2011; 2009 National Household Travel Survey

### III. Percent 65+ reporting “Good to Excellent” Health

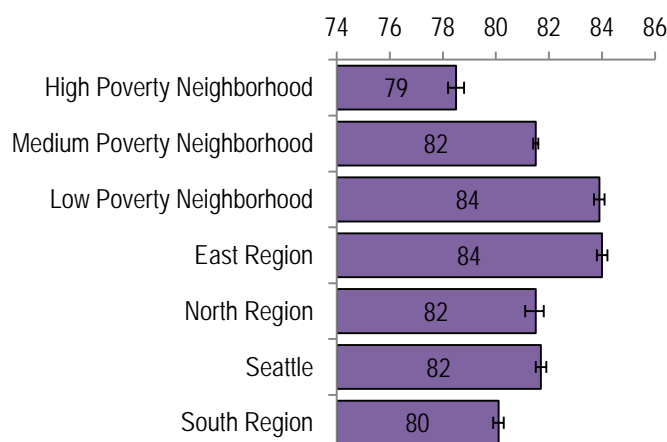
Y

Age is a consistent correlate of fair or poor health. Figure 15, below, shows that 82 percent of King County adults 65+ report being in “good” to “excellent” health, higher than the U.S. proportion (74 percent).



**Figure 15. Proportion 65+ In Good to Excellent Health, By Area, 2011–2013<sup>43</sup>**

Socioeconomic conditions, such as concentrated poverty and the accompanying stressful conditions are major social determinants of health. Figure 16, below, presents the average life expectancy in King County by neighborhood poverty and sub-region.



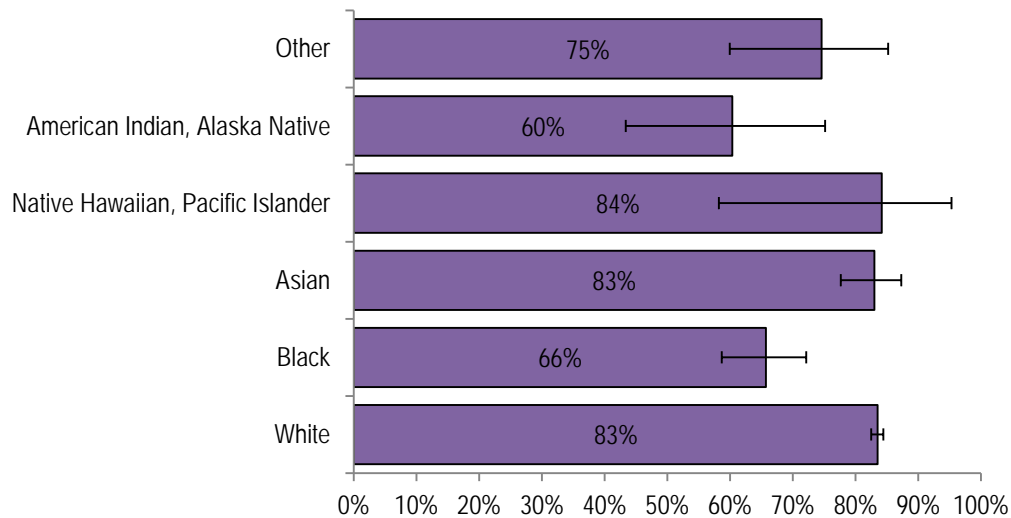
**Figure 16. Average Life Expectancy by Poverty and Sub-Region, King County, 2008–2012<sup>44</sup>**

Data indicates that communities of color report being in poorer health than whites. Figure 17, below, presents the estimated percentage of King County adults 60+ who report being in good to excellent health by race. The wide confidence intervals for the AIAN and NHPI populations reflect the small sample of these adults in the population.

<sup>43</sup> Behavioral Risk Factor Surveillance Survey, King County and United States, 2011–2013

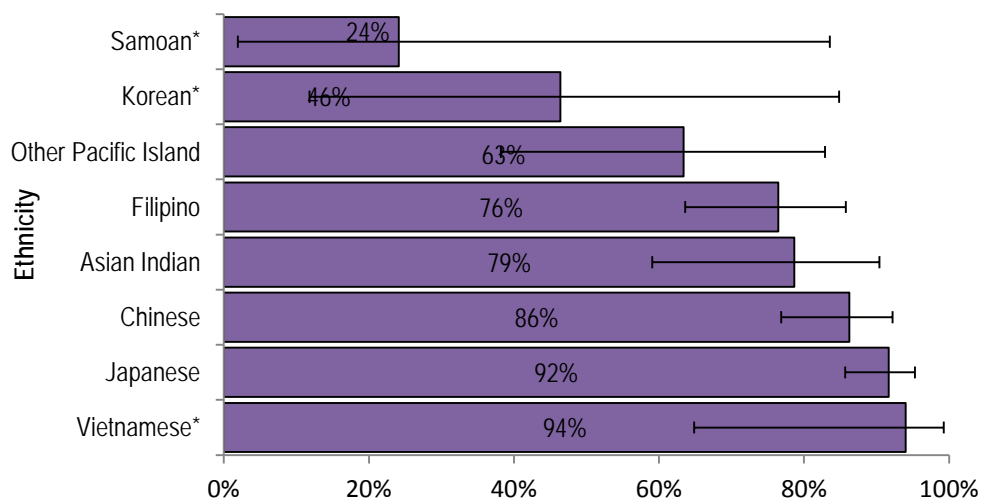
<sup>44</sup> Center for Health Statistics, Washington State Department of Health, 08/2014.





**Figure 17. Adults 60+ Reporting Good to Excellent Health by Race, King County, 2011–2013<sup>45</sup>**

There are further disparities present within ethnic subgroups. Figure 18, below, presents the estimated percentage of Asian and Pacific Island adults 60+ reporting good to excellent health in King County. The wide confidence intervals reflect the small sample sizes within the data source and the margin for sampling error.



**Figure 18. Percent of Asian Pacific Islander 60+ Reporting Good to Excellent Health by Ethnicity<sup>46</sup>**

#### IV. Percent 65+ Cutting or Skipping Meals Due to Lack of Money

**N**

<sup>45</sup> Behavioral Risk Factor Surveillance Survey, King County, 2011–2013

<sup>46</sup> Behavioral Risk Factor Surveillance Survey, King County, 2004–2014

Food adequacy/inadequacy is determined by survey responses to questions about running out of food, being able to eat balanced meals, skipping or cutting the size of meals, eating less than people feel they should, or going hungry. Table 14, below, presents the percentage of adults in King County age 65+ who report cutting or skipping meals in the last 12 months because there wasn't enough money for food.<sup>47</sup>

Percentage 65+ Skipping Meals	
King County	National
5% (2014)	4% (2003)

Table 14. Adults 65+ cutting or skipping meals, U.S and King County

<b>V. Percent 65+ Consuming At least One Serving of Fruits and Vegetables</b>	<b>Partial</b>
---	----------------

84 percent of King County adults age 65+ consume more than one serving of fruits per day and 75 percent consume more than one serving of vegetables each day. Table 15, below, presents the fruit and vegetable servings consumed by King County adults age 65+ compared to U.S. adults 65+.

Fruit and Vegetable Consumption	King County	National
At least 1 serving of fruits/day	85% <b>Y</b>	70%
At least 1 serving of vegetables/day	75% <b>N</b>	80%

Table 15. Fruit and Vegetable Consumption, King County and U.S, 2011–2013<sup>48</sup>

<b>VI. Percent 65+ Meeting Physical Activity Recommendations</b>	<b>Y</b>
--	----------

The loss of strength and endurance attributed to aging is partially caused by reduced physical activity. The Office of Disease Prevention and Health Promotion developed physical activity guidelines by age. Figure 19, on the following page, presents the percentage of adults 65+ in King County and the U.S. who meet physical activity guidelines.

<sup>47</sup> Behavioral Risk Factor Surveillance Survey, King County, 2007–2014 plus AdvantAge Survey, 2003.

<sup>48</sup> Behavioral Risk Factor Surveillance Survey, 2011–2013.

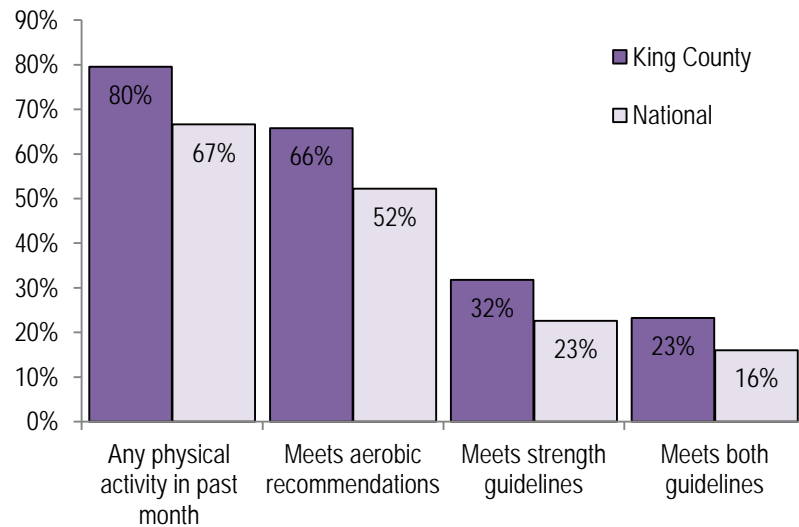


Figure 19. Physical Activity 65+, King County and U.S., 2011–2013<sup>49</sup>

## VII. Percent 65+ with Flu Shot or Vaccine

**N**

Figure 20, below, presents the trend percentage of elders 65+ who report receiving a flu shot or vaccine in the past 12 months. From 2001 (76 percent) to 2014 (60 percent) the percentage of elders 65+ who report receiving flu shots and vaccines has declined in King County. National immunization levels appear to be on the rise.

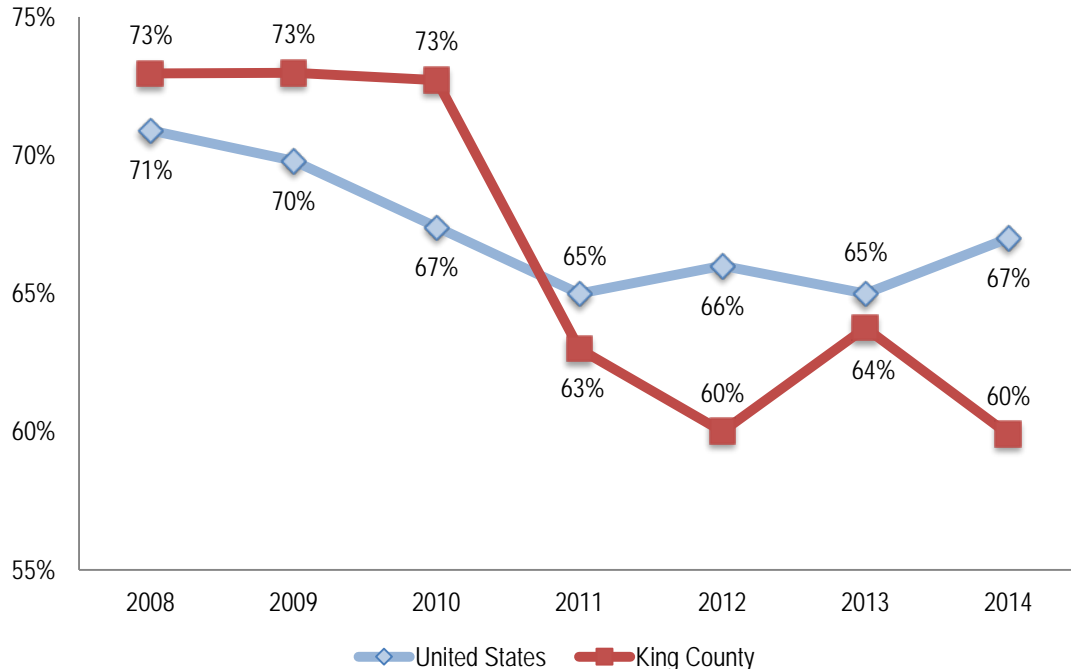


Figure 20. 65+ with Flu Shot or Vaccine, King County and U.S., 2008–2014

<sup>49</sup> Ibid.

**VIII. Percent 65+ Who Have Someone Available to Help****N**

Family and social support are important factors in supporting well-being in older adulthood. Lack of family and social support is adversely related to both mental and physical well-being.<sup>50</sup> Table 16 presents the percentage of King County and U.S. adults who did not have someone available to help them in the past 12 months with specific activities.

Help Available	King County	National
if confined to bed	72%	74%
with chores if sick	77%	-

Table 16. Help Available, by Type of Assistance, U.S and King County, 2011<sup>51</sup>

**VIV. Percent 65+ Participating in Social and Civic Engagement Activities****Partial**

Table 17, below, presents proportion of adults 65 years and older who participate in social and civic engagement activities in the United States and King County.

Activity	King County <sup>52</sup>	National <sup>53</sup>
Social Enrichment	71% <b>N</b>	89%
Volunteering	47.5% <b>Y</b>	24%

Table 17. 65 + Social and Civic Engagement, King County and United States, 2011–2013<sup>54</sup>

<sup>50</sup> White AM et al. "Social Support and Self-Reported Health Status of Older Adults in the United States." American Journal of Public Health 99(10):1872–1878, 2009

<sup>51</sup> King County Communities Count Survey, 2011 plus National Elder Mistreatment Survey 2008

<sup>52</sup> Engages in three or more social enrichment activity

<sup>53</sup> Engages in at least one social enrichment activity

<sup>54</sup> King County Communities Count Survey, 2011; Behavioral Risk Factor Surveillance Survey, United States, 2013

## B-2: Targeting Services

ADS provides services to older adults and people with disabilities throughout King County, with a priority focus on meeting the needs of our most vulnerable community members, including limited English-speaking elders; residents under 60 with disabilities; elders in low-income communities of color; rural elders; lesbian, gay, bisexual, and transgender elders; and others with great economic and social need.

### Limited English-speaking elders

Over 400,000 immigrants and refugees reside in King County, about six percent of whom are 65 years or older. English proficiency is considered to be a gateway to economic opportunity for immigrants. Limited English-speaking immigrants tend to be concentrated in low-paying jobs, earning up to 40 percent less than their English-proficient counterparts. About 43 percent of foreign-born residents in King County speak English less than “very well”. Among older King County residents who do not speak English “very well”, the largest number speaks an Asian or Pacific Island language.



*Ukrainian elders participated in an ADS focus group. Photo by Karen Winston.*

Lack of English proficiency can be a significant barrier for older adults and people with disabilities in accessing information and services. Clients who are able to access services may face other challenges, such as inadequate or inconsistent access to interpretation and services that are not responsive to their cultural preferences and needs. These challenges may result in decreased quality of care and increased errors.



*Bhutanese elders participated in an Aging and Disability Services forum. Photo by Karen Winston.*

In order to address language access and inequity, ADS subcontracts with agencies that have the language capacity to appropriately serve limited English-speaking populations. Internal and subcontracted case management staff serve clients who speak languages such as Cambodian, Cantonese, Farsi, Korean, Laotian, Mandarin, Nepalese, Punjabi, Russian, Samoan, Spanish, Tagalog, Ukrainian, and Vietnamese. Several congregate meal sites are also tailored to the language and cultures of immigrant and refugee elders. In 2014, 31 percent of clients served across all ADS service areas were limited English speaking.

Community partners that work with linguistically diverse populations in King County have highlighted the importance of increasing the language capacity of staff providing aging and

health-related services. Staff should have a strong cultural understanding of the communities they are serving, and information and materials should be available in the respective languages. This is particularly important when attempting to determine eligibility for government programs.

Community engagement results highlighted the value of trust and relationships. Individuals prefer to meet with staff with whom they feel a connection, even though other staff may be



available. Ensuring quality care and provision of services begins with asking how other individuals want to be treated. This is an essential step towards developing relationships built on respect, inclusivity and sensitivity—relationships that are critical to serving culturally, ethnically and linguistically diverse populations.

## People Under 60 with Disabilities

One of the myths of aging and disability is the assumption that disability is a fact of old age. In fact, disabilities affect people of all ages. Some individuals are born with one or more disabilities and others acquire them over the course of their lifetime, whether through illness, injury or other causes. While adults age 60 and older have higher rates of disabilities, there are a greater number of persons with disabilities who are under the age of 60. The Behavioral Risk Factor Surveillance Survey defines disability as a physical or mental condition that limits an individual in any activity or using special equipment such as a wheelchair, special bed, etc.



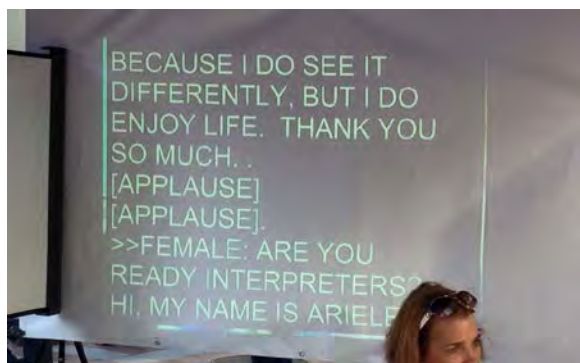
*Aging and Disability Services and the Northwest Universal Design Council participated in the 25th anniversary celebration of the Americans with Disabilities Act (ADA) at Westlake Plaza in downtown Seattle on July 22, 2015.*

In King County, 23 percent of the population 18 and older has a self-reported disability. The most frequently self-reported activity limitations among the population under 60 years are cognitive and ambulatory, plus problems performing a variety of activities of daily living (i.e., basic tasks of everyday life, such as eating, bathing, dressing, and toileting).

While no single disability affects individuals in exactly the same way, persons with disabilities face many similar challenges when it comes to access and service equity. Some of these challenges are due to a lack of education and awareness; others may be due to attitudes and actions that are widely held by people in the community. As a result, individuals with disabilities often encounter professionals who are unprepared to identify and meet their needs. Not only are information materials and services rarely adapted for use by persons with disabilities, but many service providers do not acknowledge persons with disabilities as knowledgeable partners in their care. Persons with disabilities report being excluded from conversations or provided very limited information in healthcare settings. Due to the interrelated roles of awareness, physical access, communication and inaccessible information formats, barriers to receiving support seem to be intensified for individuals with sensory disabilities.

Persons with disabilities are in need of accessible, appropriate and comprehensive care and services that enable them to live full lives in the community. In community engagement events attended by ADS, service providers in King County stressed that services for the disability community need to be appropriate for the person, delivered in the appropriate format and at the right time. For example, staff may need to provide the service at the person's home or other convenient location for the individual due to transportation or other mobility issues. Persons with disabilities may also need additional support accessing and navigating services, including getting to a service, getting around the service setting, and communicating with staff about their

needs. Additionally, service providers should use adaptive and assistive technologies when developing information materials, and should offer community events in accessible formats.



*CART (Communication Access Real-Time Translation) captioning allows people with slight to severe hearing loss, as well as English language learners, to follow proceedings in public meetings.*

In King County, Community Living Connections will integrate disability access services into a comprehensive service delivery system. Central access advocates are trained to respond to issues that individuals of any age and ability might be facing. Contracted providers will also receive training to provide support that is tailored to the preferences and needs of people with disabilities across the lifespan.

As people with disabilities live longer, they will contribute to the growing rates of disabilities in the older population. Through strengthened partnerships and collaboration across service and healthcare systems, persons with disabilities will have increased opportunities to engage in their communities and stay well as they age.

## Low-Income Communities of Color

As shown in [Table 8](#), communities of color in King County are disproportionately affected by poverty. Sub-regional differences in poverty also illuminate these disparities, as the poverty rate among the older population is highest in the Seattle and South Urban sub-regions and lowest on Vashon Island. Of Seattle's total low-income population, 40 percent reside in north Seattle, specifically.

In King County, as elsewhere, those with lower income are more likely to be in fair to poor health. Socioeconomic factors such as concentrated poverty and neighborhood are correlated with disparate outcomes across health, life expectancy and disability measures. On average, communities of color fare considerably worse across these areas than white adults 60 years and older. Further contributing to this issue, the cost of housing has increased significantly in King County. As a result, individuals are moving to suburban regions, where housing is more affordable. This geographic segregation by income exacerbates health, employment, educational and racial disparities.

As identified through community engagement and outreach activities in suburban King County communities, public transit is limited or difficult to access outside of urban areas. Yet many health and social services are centralized in urban areas like Seattle. Therefore individuals may face personal travel expenses in order to access needed services, especially if organizations do not have the capacity to travel to a particular region. This places an economic burden on low-income communities of color, compromising access to social services and healthcare. Not only are many of these communities geographically isolated, but isolation as a result of culture, race and ethnic status may further restrict ability to access needed services.

As the aging service network continues to meet the needs and expectations of diverse populations, access and equity are critical components of service delivery. Offering services and programs in the communities where people reside is one strategy to increase access and

decrease the social and economic burden placed on low-income communities of color. ADS has implemented this strategy in Community Living Connections. The goal of this place-based model is for services to be available when and where they are needed, and delivered in a culturally-responsive manner.

## Rural Elders

The Administration on Aging defines rural areas as any non-urban area (a central place and its adjacent densely settled territories with a combined minimum population of 50,000), and incorporated areas with less than 20,000 inhabitants. King County has several distinct types of rural regions: towns near the Skykomish River valley; islands such as Vashon and Maury; and small towns such as Fall City, Carnation, Duvall, and Black Diamond. An estimated 20 percent of rural residents are 60 years and over. This number has steadily increased in the past decade; however, total rural population growth continues to be limited, indicating that the growth in older adults may be due to the aging within the community rather than migration.

ADS currently serves over 2,300 rural clients across its programs. The people living in these areas face significant barriers due to geographic isolation, including difficulties accessing food, transportation and healthcare. Additionally, housing in these areas is often small or unsafe due to lack of available housing repair programs and interest from housing developers. The most isolated elders in rural areas are those who live alone, most of whom are women.

As reported in community engagement and outreach activities, many of the older adults in rural areas live without cars and do not have caregivers nearby to help transport them to medical appointments. Community members also voiced concerns about a lack of sidewalks in their communities, increasing their isolation as they feel unable to safely leave their homes.

During ADS outreach events and community meetings, rural community members expressed several creative strategies to address the needs of elders in their communities. One such idea was building the capacity of the [Volunteer Transportation](#) programs in those regions. This successful program recruits volunteers, who use their own cars to provide rides to essential appointments. Historically, it has been difficult to find volunteer drivers for rural areas.

As developmental pressures grow alongside the population, increased demand will be placed on our forestland, farmland, and biodiversity. It is critical to ensure that all of King County, including its rural communities, remains a healthy and vibrant place to age.

## Lesbian, Gay, Bisexual and Transgender Elders

Lesbian, gay, bisexual, and transgender (LGBT) elders have historically been undercounted, understudied and underserved. While there have always been LGBT elders, few have been open about their sexual orientation and/or gender identity due to the historical and social context in which they came of age. Having faced severe stigma and the criminalization of same-sex behavior in their lifetimes, concealing one's identity has been a means of survival for many LGBT elders. National estimates of this population vary greatly and existing surveys often use categories and language that may not be welcoming to respondents. Reliable sources currently estimate that 2.4 million (2.4 percent) of adults age 50 and older identifies as lesbian, gay, bisexual or transgender. Local government sources estimate that two percent of older adults in King County identify as LGB. This number is expected to double in the coming decades, alongside the wider older adult population.

Aging service providers will have to develop programs and inclusive strategies to meet the needs of this population, which vary from heterosexual and non-gender variant people for social, cultural and legal reasons. Social stigma associated with being LGBT continues to be a barrier to full participation and equal access to services for many LGBT elders. More than half of LGBT older adults have encountered discrimination in employment, health care, and housing. As a result, many fear mainstream services due to how they may be treated because of sexual orientation or gender identity. Illustrating this point, more than one in ten LGBT older adults report being denied or provided inferior health care because they are LGBT. Fifteen percent of these individuals also report that they fear accessing healthcare services outside the LGBT community.



*ADS co-sponsored an LGBTQ Town Hall meeting in May 2015. Photo by Lorraine Sanford.*

Transgender older adults report higher rates of victimization and discrimination than non-transgender LGB older adults. More than a quarter of transgender adults have experienced discrimination by a physician or have been denied enrollment in health insurance due to their gender identity. Lifetime victimization is associated with health disparities among LGBT elders. Compared to heterosexuals of similar age, higher rates of poor health, disability, depression and living alone have been documented in this population, increasing their risk of social isolation.

The availability of caregivers and social support is closely linked with wellbeing in older age. LGBT elders rely more heavily on non-traditional caregivers than on family members. Many LGB older adults do not have children or legally-recognized family members to help them, instead relying on unmarried partners and friends of similar age for assistance. Studies of social support available to transgender adults indicate that social support is limited, even within the LGB community. Social isolation places LGBT elders at higher risk for cognitive impairment and premature mortality.

LGBT elders are also less financially secure than the wider older adult population. Transgender adults in particular have less household income and are more likely to be unemployed than non-transgender adults. A lifetime of employment discrimination translates into earning disparities, reduced life-long earnings, smaller Social Security payments, fewer opportunities to build pensions, and more limited access to health care.

In the Aging the LGBTQ Way Town Hall Meeting (see [Section A](#), above), community members spoke to the need for expanded local resources and options available for LGBT older adults. Additionally, participants identified the need for aging service providers to receive training on working with LGBT elders. The more that aging service providers work together to create a community that is informed, sensitive to and supportive of LGBT elders, the more likely it will be that LGBT elders will feel safe to access services and support.

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## B-3: AAA Services

Aging and Disability Services funds more than 20 different services for older adults and adults with disabilities in King County. ADS invests a mixture of federal, state and local funds in services provided by a network of organizations located throughout King County, who provide services to people within their communities. In 2014, ADS served over 38,000 older adults, adults with disabilities, and caregivers. For more information on the services below, visit [www.agingkingcounty.org/](http://www.agingkingcounty.org/)

### Adult Day Services

These programs are designed to meet the needs of functionally and/or cognitively impaired adults in a community-based group setting. Programs are structured and comprehensive and provide a variety of health, social, and other related support services so adults who need supervised care are in a safe place outside the home during the day.

**Adult Day Care** programs include core services, such as personal care (eating, positioning, transferring, toileting, etc.), social services, routine health monitoring (vital signs, weight, etc.), general therapeutic activities (recreational activities, exercises, etc.), general health education (nutrition, disease management, etc.), a nutritious meal and snack, supervision, assistance with arranging transportation, and first aid as needed.

**Adult Day Health** programs include the core services mentioned above and also a skilled medical service such as skilled nursing, physical therapy, occupational therapy, speech therapy, or psychological or counseling services.

### Community Living Connections

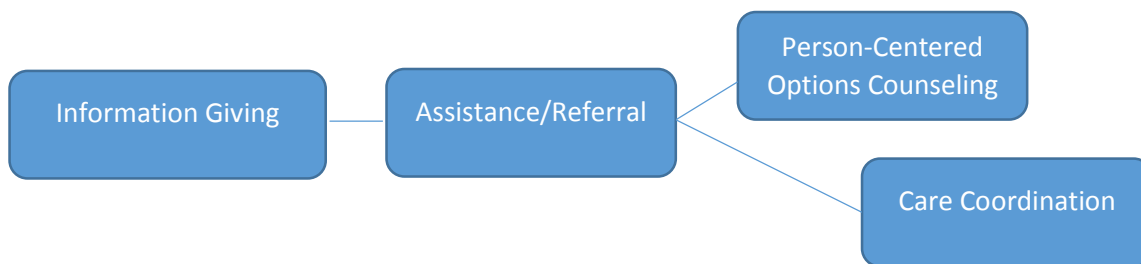
#### **King County's Aging & Disability Resource Network**

Community Living Connections is Washington State's term for Aging and Disability Resource Centers or ADRCs. Community Living Connections address the needs of older adults and people with disabilities by connecting them with services and supports that enable them to live in community based settings. Federally-required core service components include:

- Information, referral and awareness
- Options counseling and assistance
- Streamlined eligibility determination for public programs
- Person-centered transition support
- Consumer populations, partnerships and stakeholder involvement
- Quality assurance and continuous improvement

ADS subcontracts with community-based organizations to provide the continuum of services that comprise Community Living Connections:

- Information and Assistance/Referral (I&A/R)
- Person-Centered Options Counseling (PCOC)
- Care Coordination



**Figure 21. Community Living Connections Components**

### **I&A/R**

Older adults, people with disabilities and their family members can access information through the central I&A/R contact over the telephone or through an electronic medium. The Central I&A/R will also provide assistance to access services for clients who are unable to do so themselves. Trained I&A/R staff screen clients to determine whether they need referrals to more extensive services, which may include Person Centered Options Counseling or Care Coordination. If further assistance and service planning is needed they will be referred to another agency in the network.

### **Community I&A/R**

Culturally-relevant, place-based I&A/R services are available for older adults, people with disabilities and family members that may have language, cultural, racial or social barriers to accessing main stream services. Currently, ADS funds Community I&A/R services for Asian, Pacific Islander, East European, Latino, East African, African American and homeless populations.

### **Person-Centered Options Counseling (PCOC)**

PCOC is an interactive process where individuals receive guidance so that they can make informed choices and live independently in the community. PCOC is an extension of information and assistance and includes conducting a personal interview, identifying available options, facilitating decision support, developing an action plan, and conducting ongoing follow-up.

### **Care Coordination**

Care Coordination provides short term services to participants who need assistance with at least one activity of daily living (ADL) or two instrumental activities of daily living (IADL); are unable to access services on their own; and do not have assistance from someone else to help them access and obtain community-based resources. Care coordination includes conducting a comprehensive assessment of client needs, creating a service plan to meet those needs, and conducting follow-up with participants to monitor and adjust the service plan as needed. I&A/R agencies conduct the screening and referral for care coordination services, which are provided by ADS staff and through subcontracted agencies for specific language and culturally-appropriate services.

### **Specialized Community Living Connections Services**

Persons with sensory disabilities have greater barriers to accessing information, supports, and services. Specific challenges for individuals with hearing loss, deafness, blindness, and low vision include awareness of what services are available; physical access to services; and communication needs, such as accessible formats for information. In response to these challenges, ADS subcontracts with agencies that have expertise in delivering accessible and

culturally-appropriate services to the deaf, deaf-blind, and hard of hearing communities. These agencies are part of the Community Living Connections provider network and offer a continuum of services to clients with sensory disabilities.

## Behavioral Health

### **Program to Encourage Active, Rewarding Lives (PEARLS)**

PEARLS is a community-integrated program to treat older adults with minor depression, available to adults age 55+, veterans and/or spouses/domestic partners of veterans in King County. Services for older adults and veterans are provided by ADS and sub-contracted agencies funded by the King County Veterans and Human Services Levy. The levy will be up for renewal in 2017.

The PEARLS program is an outgrowth of a five-year research project conducted in collaboration with the [University of Washington's Health Promotion Research Center \(HPRC\)](#). The research study showed PEARLS home-based depression management counseling significantly reduced depression symptoms and improved health status in chronically medically ill older adults with minor depression.

### **Geriatric Regional Assessment Team (GRAT)**

GRAT is a program with Evergreen Health that provides consultation and evaluation services to assist aging services providers in working with difficult-to-serve clients. ADS contracts with GRAT to provide long-term care case managers with individual and group consultation, training, client evaluation, and assistance with care planning.

### **Substance Use Disorder Services**

Substance use disorder services provide a unique service to an underserved population in King County—people with substance abuse and chemical dependency issues. ADS is partnering with the King County Department of Community and Human Services (KCDCHS) to contract directly with Asian Counseling & Referral Service (ACRS) to create one full-time equivalent (FTE) chemical dependency professional (CDP). The CDP will be located at both Renton and Seattle offices of Aging and Disability Services to provide outreach, engagement, screening, referral, and treatment services for adults age 60+ and ADS Medicaid Long-Term Care Case Management clients age 18+. The CDP will also provide training and consultation regarding SUD and geriatric mental health issues to case managers.

## Brain Health

**Memory Care and Wellness Services (MCWS)** is a specialized day program for people with dementia and their caregivers. MCWS provides a safe, social and therapeutic environment with meaningful services and activities, including a structured, evidence-based fitness program and health assessments by RNs and occupational therapists. Family caregivers receive support and service coordination as they strive to maintain their own health, wellness, and optimal functioning.

### **Dementia Capable Options Counseling**

Dementia Capable Options Counseling (DCOC) is a component of Community Living Connections (see page 39). DCOC is a person-centered approach that values all human lives, regardless of cognitive ability, and recognizes the uniqueness of each individual. DCOC aims to understand the world from the perspective of the person with memory loss and promote a living

environment that supports the individual's health and safety needs while balancing their psychological needs including security, connectedness, meaningful life experiences, and joy. Staff who provide services receive appropriate training to work with clients and the larger community for the purpose of:

1. Educating the public about brain health and participating in research
2. Identifying people with possible early stage memory loss and dementia, and encouraging them to pursue a medical evaluation and where to turn
3. Ensuring that program eligibility and resource allocation account for cognitive disabilities
4. Ensuring services are person and family-centered and culturally appropriate
5. Educating workers to identify possible dementia, understand its symptoms, and provide appropriate services
6. Implementing quality assurance systems that measure dementia service impact
7. Encouraging development of dementia-friendly communities
8. Providing information about available evidence-informed early state memory loss programs (Staying Connected and Staying in Motion)

### **Staying Connected**

Staying Connected is a program to improve social participation and family communication for people who are experiencing early stage memory loss. Small group seminars are held once a week for four weeks. Screening and registration are required.

### **Staying in Motion**

Staying in Motion is also geared specifically toward individuals with early stage memory loss and their care partners. This intervention is based on the belief that physical activity can improve memory by increasing both blood flow to the brain and brain volume. Small group sessions are held once a week for four weeks. Participants learn how regular physical activity can reverse age-related decline; safe stretching, balance, flexibility and endurance exercises; and the importance of rest and relaxation. Screening and registration are required.

### **Star-C**

STAR-C is an evidence-based intervention for Alzheimer's and dementia care that help caregivers with managing difficult behaviors associated with Alzheimer's disease. Four one-hour in-home visit and two 15-30 minute phone calls are conducted over six weeks with four follow-up phone calls. The program lowers depression in caregivers and decrease problem behaviors in the person with dementia.

### **Reducing Disability in Alzheimer's Disease (RDAD)**

RDAD is an evidence-based intervention for Alzheimer's and dementia care that provides exercise training for caregivers and care receivers, and behavioral management skills for the caregiver. The in-home intervention is delivered over a six-week period with subsequent monthly check-ins over the following four months.

## **Caregiver Information and Support**

### **King County Caregiver Support Network**

KCCSN is a network of Family Caregiver Support Program (FCSP) and Respite Care providers. FCSP supports unpaid caregivers so they are able to continue caring for their loved one. Culturally and linguistically appropriate services and supports offered through FCSP include information and assistance, counseling, support groups, training/consultation, an evidence-

based assessment and referral protocol called TCARE®, and emergency respite coordination. Services also include in-home and out-of-home respite for caregivers needing a break from caregiving duties, housework and errands and purchasing supplemental goods and services.

### **Kinship Care**

Kinship Care services support relatives who are raising children other than their own (e.g., grandparents raising grandchildren). These services include information and assistance, support groups, and purchasing supplemental goods and services.

Kinship Coordination is a network of kinship care providers and advocates in King County whose purpose is to improve access to and coordination of kinship services. In 2015, the state eliminated funding to support this network; however, local advocates are working to identify funding to continue this service.

## **Care Management**

### **Care Transitions**

The ADS Care Transitions program began in 2013 when a cohort of ADS Social Workers and Registered Nurses attended training to become Care Transitions (CT) Coaches. CT Coaches assist patients and their caregivers to follow their physicians' discharge orders and manage their health care more effectively. The Care Transitions program, based on the Dr. Eric Coleman model of Care Transition Intervention, includes four pillars:

- Medication Self-Management
- Personal Health record
- Follow-up with primary care physician/health care provider
- Knowledge of “red flags” or when to call the health care provider for a health care problem related to a chronic condition.

With input from community agencies, including local hospitals, kidney dialysis centers, Qualis Health—the Medicare Quality Improvement Organization/Network for Washington and Idaho, and others, ADS developed chronic disease self-management plans “flags,” which have expanded over time.

Care Transitions is available to long-term case management clients and to managed care participants through a contract with Community Health Plans of Washington.

### **Client Flexible Fund**

The Amy Wong Client Fund is a charitable fund available to long-term care case management clients. The fund provides services individually tailored to meet a client's specific needs so that the client can remain in his or her own home. These services are authorized by case managers and provided by ADS service providers and outside vendors.<sup>55</sup>

### **Medicaid Home & Community Based Services (HCBS)**

The HCBS waiver program provides Medicaid clients with an alternative to providing long-term care in institutional settings. The state's Aging and Long-Term Support Administration (AL TSA) determines eligibility for HCBS services through a standardized assessment tool. Eligibility is based on an individual's functional unmet needs and a Medicaid financial determination. ADS

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<sup>55</sup> Amy Wong Fund: [www.amywongfund.org](http://www.amywongfund.org)



and three sub-contractors provide in-home care management, long-term care services and supports (LTSS) for the following HCBS programs:

- *Medicaid Personal Care (MPC)* is a state entitlement plan that pays for personal care for individuals needing assistance with the Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). Personal care services may include help with bathing, eating, walking, dressing, and medication management. An individual must have personal care needs to also receive household services such as meal preparation, shopping, and housework.
- *Community First Choice Options (CFCO)*—Effective July 2015, this state entitlement plan replaced the MPC program. In addition to personal care services, this program also includes skills training, personal emergency response systems, and training on how to hire and manage personal care providers, community transition services, nurse delegation, and specialized medical equipment and/or assistive technology.
- *Community Options Program Entry System (COPES)* is a state waiver program for individuals who are not eligible for MPC or have needs beyond the amount, duration and scope of MPC. In addition, the assessment shows a nursing facility level of care. In addition to personal care services, COPES clients may also receive ancillary waiver services such as home delivered meals, personal emergency response systems, skilled nursing, client training, and adult day services.
- *New Freedom* is a participant directed state waiver program with the same functional and financial eligibility as COPES. Participants have flexibility in their service by using a monthly budget to purchase services, goods, and supports.
- *Veterans-Directed Home Services (VDHS)* is a participant directed program for VA Puget Sound Health Care System enrollees who are eligible for home and community based services. Participants manage their own budget to purchase goods and services to remain independent in the community
- *Chore* assistance for individuals who need help with activities such as bathing, walking, eating, etc. Clients pay for these services according to their income, up to a predetermined amount. State funds provide the balance of the money. Chore was frozen to new applicants as of August 2001. Current Chore clients have been grandfathered into the program.

ADS sub-contracts with Asian Counseling Referral Services and Chinese Information Services Center to provide culturally appropriate care management to King County long term services and supports (LTSS) clients. In addition, they provide “front-door” services for limited English speaking clients. In addition, Evergreen Care Network is a case management sub-contractor that covers East King County.

### **LTSS Managed Care**

Program of All-Inclusive Care for the Elderly (PACE) is a managed care model where clients receive medical, behavioral health and long-term care under one capitated payment. PACE is provided by Providence ElderPlace in four locations throughout King County. The PACE provider assumes case management responsibilities, except for the annual assessment and/or a significant change. The latter are provided by an AAA case manager in coordination with the PACE provider and client.

### **Nursing Services Program**

The Nursing Services Program provides nursing expertise to high-risk case management clients upon referral from case managers. RN Consultants focus on medically complex clients with

unstable health conditions. Their services include case reviews, home visits, coordination with health care professionals, and input on the care plan.

### **Community Transition Services**

- *Roads to Community Living (RCL)* provides intensive one-on-one relocation support for participants moving from qualified institutional settings such as nursing homes to qualified community settings. These services are provided only as authorized by case management staff in the participant's service plan. Participants have access to all services available under the Medicaid state plan and the waiver programs.
- *Washington Roads* provides additional funding to relocate adults who desire to move from institutions to a home and community-based setting, specifically for those clients who do not meet RCL eligibility or will not discharge to an RCL qualified setting. Washington Roads also provides funding to assist adults who are at risk of losing their current community placement.

### **King County Care Partners (KCCP)**

ADS contracts with Community Health Plans of Washington to provide transitional care services and intensive care coordination to Medicaid Healthy Options clients. ADS staff visit clients in the hospital and then in the community to prevent re-hospitalization. Transitional care services include post-discharge service coordination, medication reconciliation, problem-solving, care plan development, and follow-up to support self-management. Care coordination services include comprehensive assessment, ongoing consultation, cross-system coordination, individual and family support, referral to community and social support services, and helping provide a connection to primary care.

KCCP began in 2006 through a partnership with Harborview Medical Center and four community health systems to provide specialized care management for Medicaid fee-for-service clients. In 2012, the Healthcare Authority moved all Medicaid-only SSI blind and disabled clients to five managed care organizations under the Healthy Options program. ADS continues to contract with one MCO to provide care coordination and transitions of care services.

### **Housing Access Services Program (HASP)**

The contract with the King County Housing Authority (KCHA) provides expanded housing options to people with disabilities. The program funds a local nonprofit to provide housing search and stability services for voucher holders referred by King County disability systems.

### **Seattle Housing Authority (SHA) Case Management**

The ADS case management program, Asian Counseling and Referral Service, and Chinese Information and Service Center provide building-based case management services to older adults and adults with disabilities living in 52 SHA buildings. Case managers maintain regular building hours, provide training for building management on a variety of topics such as domestic violence, substance abuse, disability or aging issues, and how to handle difficult client situations. In the event of a crisis situation, case managers work with residents to avoid an escalation of the issue. Case managers also provide early-intervention activities such as outreach, information and referral, eviction prevention, client assessment, evaluation, and service planning, ongoing client monitoring, and supportive counseling.

## Elder Abuse Prevention

### Coordinated Response to Abuse, Neglect & Exploitation

- *Prevention Training*—ADS trains first responders, professionals, and community members to recognize and respond to signs that a vulnerable adult is at risk of abuse, neglect, or exploitation.
- The residential *Long-Term Care Ombudsman Program* improves the quality of life for residents of nursing homes, congregate care facilities, boarding homes, and adult family homes. With the assistance of trained volunteers, the Ombudsman investigates and resolves complaints made by or on behalf of residents, and identifies problems that affect a substantial number of residents. The Ombudsman may also recommend changes in federal, state and local legislation.
- *Elder Abuse Advocate*—In 2011, ADS received a grant from the Department of Justice, Office of Violence Against Women to provide advocacy and service coordination for survivors of abuse in later life. The funding, which supported King County residents age 50+, ended in April 2013; however, with support from the ADS Advisory Council, ADS allocated funding for this program into the base discretionary budget.

## Health Promotion

**Enhance Fitness** is a sequence of specially designed and tested exercises developed for older adults. These exercises focus on four key areas critical to the health and fitness of older adults: stretching and flexibility; low impact aerobics; strength training; and balance. The program consists of one hour classes that meet two to three times a week and are designed to be supportive, socially stimulating, and tailored to meet the cultural needs of the elders. ADS contracts with two agencies to serve older adults in rural areas, with a priority to reach underserved racial and language groups, and low-income elders.

**Chronic Disease Self-Management Education (CDSME)** is a community-based self-management program that assists people with chronic illness. A six-week series of workshops are held in community settings such as senior centers, churches, libraries and hospitals, where people with different chronic health problems attend together. Two trained leaders facilitate the workshops, one or both of whom are non-health professionals with chronic diseases themselves. The program is especially helpful for people with more than one chronic condition, as it gives them the skills to coordinate all the things needed to manage their health and helps them keep active.

**Matter of Balance** is an evidence-based fall prevention program that emphasizes practical strategies to reduce the fear of falling and increase activity levels. Participants learn to view falls and fear of falling as controllable; set realistic goals to increase activity; change their environment to reduce fall risk factors; and exercise to increase strength and balance. The program is a series of eight (8) two-hour small group sessions led by trained facilitators. Matter of Balance is offered at senior centers throughout King County.

**Senior Drug Education** is a program that uses nurses and/or pharmacy consultants to train adults 65 and older on the appropriate use of medications. Training is provided in either individual or group settings.

## Legal Services

**Legal Services** provides group legal representation—including class action lawsuits, advocacy training and information—to service providers, private attorneys and volunteer advocates, and individual client legal services. Legal Services helps older people secure rights, benefits, and entitlements under federal, state and local laws, and seeks to effect favorable changes in laws and regulations that affect older people. In addition, Legal Services strives to maintain public and private resources that benefit low-income older people.

## Nutrition

The Senior Nutrition Program is a federal program authorized under Title III of the Older Americans Act (OAA) to improve the health and well-being of older adults by providing them with nutritious meals, opportunities for social engagement, and access to other services and health promotion related activities. In King County, this program includes the following components:

**Congregate Meals** help meet the social and dietary needs of older people by providing nutritionally sound meals in a group setting. In addition to the meal, congregate programs provide nutrition education, opportunities to socialize, and offer activities and access to other services for older adults.

- Currently, ten agencies manage over 45 [nutrition sites](#), including sites that provide ethnic and culturally appropriate meals for specific populations: African American, Hispanic, Native American, Asian, East African, and Eastern European elders.
- Meals are served in senior centers, community centers, and other types of facilities; most meals are cooked from scratch.
- In partnership with Seattle Parks & Recreation, the Food and Fitness program offers congregate meals and fitness programs Korean, Vietnamese and East African elder in several community centers in Seattle.

**The Home Delivered Meal program** provides nutritious meals to older people who are homebound and unable to prepare meals for themselves. Two agencies deliver frozen meals to individuals throughout King County, including rural communities. Meals contain at least one-third of the daily Recommended Dietary Allowances. Specialized meal options and liquid supplements are available for those with chronic medical conditions. Program participants are assessed in their homes at least annually and referred to other social services and resources, as appropriate

A **Registered Dietician** consults with the contractors who serve immigrant and refugee elders, to ensure that their meals and service comply with program requirements. The RD also works with sites to incorporate more fresh produce into their menus.

ADS is also engaged in efforts to increase access to local produce for elders in King County. These include:

- The **Senior Farmers Market Nutrition Program (SFMNP)** enhances access to fresh fruits and vegetables for seniors and supports local sustainable agriculture. This program is funded primarily through USDA with additional support from Washington State.

- Each summer, one-time SFMNP vouchers are provided to low-income older adults. The vouchers can be redeemed at farmers markets throughout King County.
- When funding is available, baskets of fresh produce are delivered to homebound seniors, along with newsletters and other information about unfamiliar foods, recipes, and information about the farmers.
- **Farm to Table** is a partnership effort to bring fresh local produce to programs serving children and older adults in Seattle and King County. Activities include:
  - Identifying affordable purchasing options, including the Puget Sound Food Hub (link) and directly buying from local farmers.
  - Building skills and knowledge through community kitchen trainings, farm tours and other educational opportunities.
  - Helping communities develop low-cost shared purchasing models, such as the Good Food Bag, for ordering bulk produce to distribute in natural gathering places.

#### *Recent Funding Changes and Impacts*

Demand for senior congregate and home delivered meal programs has been increasing. Programs have been consistently over-performing in King County, and have had to reduce services or find other resources to meet demand.

Demand for SFMNP also exceeds available resources. In response to high demand for this program, ADS implemented a lottery system for applications. The process prioritizes participants who were not selected from the lottery in the previous year. The produce home delivery component lacks a steady and reliable source of funding.

## Senior Employment

### **Age 55+ Employment Resource Center**

The Seattle Mayor's Office for Senior Citizens (MOSC)—a unit of Aging and Disability Services— helps Seattle residents age 55+ find jobs to support their basic needs and helps local employers find experienced, dedicated and reliable employees through its [Age 55+ Employment Resource Center](#). Registered clients are eligible to take free computer skill-building classes through the MOSC's [Seniors Training Seniors](#) program, in which computer-savvy trained volunteers teach both basic and intermediate workplace Word and Excel skills. Services are free to both job seekers and employers.



*Senior employment clients benefit from Seniors Training Seniors computer skills classes.*

## Senior Centers

Senior Centers are places where older adults can access a range of activities and services to improve their health, well-being, and independence, and where people of all ages can actively engage in their community. Senior Centers are an integral part of the aging service network,



providing a trusted and welcoming place where older adults can connect to needed services. Senior Centers are also important community and neighborhood hubs that raise awareness of aging issues, promote aging readiness and generate support for healthy aging in their communities.

#### *Funding*

- ADS administers local funds that support operations at 11 independent Senior Centers in the city of Seattle.
- Senior Centers in other parts of King County are supported by their local municipalities, King County and United Way. The AAA does not directly fund operations at these centers, however, OAA funds support many of the programs and services that are delivered at senior centers, such as Congregate Meals and Health Promotion.

#### *Challenges and Trends*

Senior centers are adapting to serve the needs of an increasingly diverse aging population with different generational, cultural, ethnic and socioeconomic backgrounds. Participants are presenting more complex social and physical needs, including dementia, economic insecurity and homelessness. At the same time, traditional funding sources have decreased. In response, centers are actively developing partnerships that leverage existing resources and working to identify and secure new sources of funding.

#### [List of King County Senior Centers](#)

## Transportation

ADS funds two types of transportation programs:

- The **Nutrition Transportation Program** coordinates and manages shuttle services within King County to ADS funded congregate nutrition sites, focusing on access to ethnic and rural meal sites.
- **Volunteer Transportation** provides individual, door-to-door rides to medical appointments and other essential trips for elders who are unable to use other available forms of transportation, or when needed transportation services are nonexistent. Services are provided throughout King County by volunteer drivers using personal vehicles.

## B-4: Non-AAA Services

In addition to the programs directly supported by ADS, older adults and people with disabilities in King County have access to many other services and supports. This section includes a brief description of known programs and emerging partnerships, as well as links for the most updated information. Resources for individuals facing aging and disability issues can be located through [Community Living Connections](#).

### Information and Assistance/Referral

In addition to Community Living Connections, King County residents are able to access community information through the national [2-1-1 system](#). This phone number links callers needing services to programs in their area through 2-1-1 call centers. King County 2-1-1 is operated through Crisis Clinic, a non-profit agency located in Seattle.

Specialized information may also be accessed directly through a number of community agencies. These services may be targeted to specific linguistic, ethnic and cultural populations or may address specialized needs. People with disabilities may access information and referral through [Independent Living Centers](#) and the [Arc of King County](#).

### Disability Services and Programs

The [King County Developmental Disabilities Division](#), a division of the King County Department of Community and Human Services, provides services and supports that assist King County residents with developmental disabilities and their families to live full lives in their communities. Services include employment assistance, housing support, information and referral, community integration services and behavior support services.

Persons with disabilities in King County are also served by Centers for Independent Living (CILs). CILs are non-residential, private, non-profit, consumer-controlled, community-based organizations. They provide services and advocacy by and for persons with all types of disabilities. Services include information and referral, employment assistance, benefits planning, housing and utilities assistance. King County is served by the [Alliance of People with disAbilities](#), which has offices in Seattle and Bellevue. South King County is served by the [Center for Independence \(CFI\)](#), located in Lakewood, WA.

### Financial Assistance and Benefits Counseling

Energy assistance programs are typically accessed through the municipal government or energy providers in the form of a discounted rate, rebate or tax refund. Some community agencies may also offer utility bill assistance when an individual faces disconnection. In King County these programs are made widely available to older adults, residents with disabilities, and low-income households. Recently, there has been an increased effort to raise awareness of these services to ensure that more eligible individuals enroll.

Additional emergency financial assistance may be available to help older adults or low-income individuals with rent, gasoline, bus fare, and prescription costs. This support is offered by

community food banks and multipurpose community centers but is often limited to one-time or temporary support.

Benefits Counseling may be offered by organizations and disease specific societies in combination with advocacy services and legal aid programs. This service typically focuses on veteran's benefits, public assistance, pensions, protections for individuals with disabilities and unemployment insurance. Federal, state, or county offices are often tasked with benefits application/enrollment processing and eligibility determinations. Free health insurance counseling is available through the [Statewide Health Insurance Benefit Advisors \(SHIBA\) Program](#). SHIBA recruits and trains volunteers to provide health insurance counseling, appeals assistance, billing assistance, and education on health insurance issues. King County SHIBA offices are located at Senior Services, Chinese Information and Service Center, and the Latino Community Fund.

## Elder abuse prevention

[Adult Protective Services \(APS\)](#) are available through the local Department of Social and Health Services (DSHS), Home and Community Services, through their offices in Seattle, Auburn, and Lynnwood. APS evaluates alleged abuse, neglect and exploitation of vulnerable adults. With the consent of the vulnerable adult, APS assists the individual to obtain needed services.

In response to the growing older adult population, the [King County's Prosecuting Attorney's Office](#) created a unit trained to address the abuse of vulnerable adults, including adults with disabilities and older adults. The Elder Abuse Team prosecutes cases of neglect, financial exploitation and sexual assault; works collaboratively with police, social service agencies, and medical professionals to improve the referral, investigation, and, ultimately, prosecution of cases of abuse and neglect of vulnerable adults.

APS and the King County Prosecutor's Office work with local police and fire departments, social service agencies, and health care professionals to address the special needs of older adults who experience abuse, neglect or financial exploitation. [Seattle Police Department](#) is one of few police departments with a designated elder abuse unit. Detectives in this program have specialized expertise in the area of elder abuse, including financial exploitation. These agencies convene monthly with other partners as part of the King County Elder Abuse Council. The council is a multidisciplinary network that works to identify education and service gaps in Elder Abuse Prevention. Public awareness and consumer education regarding elder abuse is conducted through presentations at senior centers, congregate meal seats and community dining sites throughout King County.

## Employment Programs

Employment programs may include job readiness training, job search assistance, asset development services, and/or other assistance navigating barriers to employment. These services are often targeted towards persons with specialized needs such as limited English speakers, older adults and people with disabilities. In addition to the Mayor's Office for Senior Citizens' Employment Resource Center, employment counseling for low-income individuals age 55 and older is available through the [Senior Community Service Employment Program \(SCSEP\)](#). This program is funded by the Department of Labor and operated through national and state sponsors. In King County, SCSEP is operated through the AARP Foundation and located in Seattle.

People with disabilities can receive individualized employment services and counseling through the [Division of Vocational Rehabilitation Resources](#) (DVR). DVR provides training to employers about the employment of people with disabilities and partners with the King County Regional Support Network and Workforce Development Council to assist job seekers with disabilities.

[WorkSource](#) is a partnership of organizations dedicated to addressing the employment needs of Washington residents. Services include job referral and placement, referral to training and other community services, one-on-one consultations and free use of technology and other career resources.

King County manages and operates WorkSource Renton, the full-service WorkSource Center in King County. Affiliate sites located in Seattle, Redmond, and Auburn serve special populations through self-serve resource rooms and job search activities.

The [King County Library System](#) and [Seattle Public Library](#) also offer job readiness programs, one-on-one resume assistance and computer literacy classes that may assist older adults in navigating the job application process.

## Oral Health and Health Support Services

Low-cost dental hygiene services for older adults are available at several senior centers throughout King County. Many of these services are provided by Healthy Pearls for Seniors, a mobile dental care unit that provides accessible and affordable dental care to residents 60 years and older. Services are arranged by appointment and feature dental cleanings along with oral cancer screenings. In addition, many members of the [Washington State Dental Association](#) participate in WSDA Outreach, a low-cost dental program for low-income elderly, disabled and Alzheimer's patients who meet specific criteria. General low-cost dentistry is available through public dental clinics.

In 2015, the Senate passed the Older Americans Act (OAA) reauthorization bill (S.192). For the first time since the OAA's enactment in 1965, oral health would be specifically referenced in the statute. The new provision would allow Area Agencies on Aging to use funds for disease prevention and health promotion activities to conduct oral health screenings.

A majority of King County senior centers also offer blood pressure screenings, foot care and personal hygiene services, and medical equipment loans for older residents of their respective locales.

## Alzheimer's Disease & Other Dementia Services and Supports

These services include support groups, education and training, consultation, adult day care or day health programs and respite options. Programs address the needs of the individual with Alzheimer's disease, as well as the needs of their care partners. Reflected in these services is an ongoing shift towards reaching and serving people who are navigating the early stages of memory loss, encouraging early diagnosis and planning.

[The Alzheimer's Association](#) offers a variety of support groups, programs and resources in King County including a 24/7 helpline. The Connections Care Program offers individualized guidance for families to address immediate needs while planning for the future. It also provides ongoing support to families throughout the course of the disease. The El Portal Northwest program focuses on education and referral services for the growing Latino community in King County. The program guides Latino families by helping them find support and additional resources. Support groups in Spanish for Latino families are included as part of the program.

Several other creative efforts have emerged in recent years to build support for individuals with Alzheimer's disease and their caregivers. This includes partnerships with municipal governments, community partners and private non-profits throughout King County. [Full Life Care](#) hosts several Alzheimer's Cafes and maintains a list of Alzheimer's Cafes in the Puget Sound region. Alzheimer's cafes are held in Edmonds, Greenlake, Greenwood, Rainier, and Renton. [Southeast Seattle Community Center](#) provides programs and support for people living with memory loss and care partners, including a drum circle. [West Seattle Senior Center](#) offers programs and support for persons living with memory loss and care partners, including a singing group and Memory Lane Café. [Greenwood Senior Center](#) offers programs and support for people living with memory loss and care partners, including a weekly early stage memory loss enrichment program, song circle, book groups, and monthly Alzheimer's Café.

[Seattle Parks and Recreation](#) piloted Dementia-Friendly Recreation in 2014 in response to the growing number of community members living with memory loss. They work with a variety of local partners to offer engaging programs like watercolor painting in the park, walks at the zoo, volunteering at the food bank, and more. Programs are mainly geared toward persons living with Early Stage Memory Loss.

## Behavioral Health Services

Behavioral health services, including mental health and substance use disorder treatment, are currently provided by a network of community mental health and substance use disorder treatment providers managed by the King County Mental Health, Chemical Abuse and Dependency Services Division. Significant changes are coming to the behavioral health system in April 2016 that may impact how and where people access behavioral health services.

On March 12, 2014, the Washington State Legislature passed legislation (Second Substitute Senate Bill 6312) that will fundamentally change the way Medicaid-funded health services are purchased and delivered in the state. The legislation calls for the creation of new Regional Service Areas (RSA) for Medicaid purchasing by the state. There are 10 new RSAs. King County has been established as a single county RSA. The legislation calls for the integrated purchasing of mental health and substance use disorder treatment services (behavioral health) through a single managed care contract by April 1, 2016 and for the full integration of physical health and behavioral health by January 1, 2020.

Beginning April 1, 2016, Behavioral Health Organizations (BHOs) will replace the current Regional Support Networks (RSNs) and County Chemical Dependency Coordinators to administer publicly-funded behavioral health services. There will be one BHO per RSA. King County Mental Health, Chemical Abuse and Dependency Services Division will serve as the BHO for the King County region. The BHO will be responsible for ensuring a comprehensive network of inpatient and outpatient mental health and substance use disorder providers to serve eligible Medicaid and low-income individuals who meet medical necessity criteria.

The transition to integrated behavioral health care will mean some changes in how services are delivered and paid for. Those changes primarily impact substance use disorder treatment services as that system moves from its current fee for service model to managed care. Responsibility for administration and monitoring of substance use disorder treatment services will also move from the state to the BHO. For King county, this means new benefit models, new types of business, a new integrated data system, and expanded responsibilities around contracting, network development, utilization management, and authorization of services.

Moving to integrated mental health and substance use services and ultimately integrated physical and behavioral healthcare provides significant opportunity for the region and is consistent with the County's Equity and Social Justice Initiatives, the King County Strategic Plan, and the King County Health and Human Services Transformation Plan. Research shows that providing integrated mental health, substance use, and physical health care results in improved health and social outcomes and better experience and quality for individuals. It also provides an opportunity to focus more on prevention and emergency department use and jails and potentially lowering per capita costs.

King County offers a full range of prevention and treatment options, including assessment, outpatient individual and group treatment, psychiatric evaluation and medication management, medication assisted treatment, detox, sobering services, a continuum of crisis services, and inpatient and residential care. Individuals in need of mental health and/or substance use disorder treatment can go to any one of King County's 40+ contracted providers and request an assessment. King County supports a network of providers throughout the region, including cultural and other specialty providers. Language translation, including services for clients who are deaf and hard-of-hearing, is also available within the network. If an individual is a Medicaid recipient but does not qualify for mental health services through the King County BHO, that individual may receive mental health services through his or her Apple Health plan.

## Case management

Case management programs develop plans for the evaluation and care of individuals who, because of age, illness, disability or other difficulties, need assistance in planning and arranging for services. Services involve an assessment of the individual's needs, development of a care plan, coordination of needed services, and follow up to ensure that services are obtained and are beneficial. Outside of ADS' Case Management and Care Coordination services, case management is generally not covered by public or commercial health insurance. Some long-term care insurance policies may cover geriatric care management, and some nonprofits or public agencies may offer it on a sliding-scale basis; otherwise, it tends to be a private-pay service. Private case management may be accessed through community agencies, the VA Puget Sound Health Care System, the National Association of Professional Geriatric Care Managers and several disease specific societies.

## Transportation

Transportation services may include local public transportation and bus services, para-transit, transportation orientation, and senior center/ senior ride programs. These services are operated by government entities and/or through partnerships with community agencies. King County Metro (King County Department of Transportation) and Sound Transit (Central Puget Sound Regional Transit Authority) serve Seattle and the following cities in the East and South regions



of King County: Auburn, Black Diamond, Burien, Des Moines, Enumclaw, Federal Way, Kent, SeaTac, Tukwila, Vashon, and White Center. Metro provides accessible transportation, including paratransit, and two [discounted fares](#) for people with disabilities and low-income individuals.

[Access](#) is King County's Paratransit provider, which provides next-day shared rides to grocery stores, work, school, haircuts, medical appointments or social gatherings. Accessible transportation for elders and persons with disabilities is also offered through [Hyde Shuttle](#). Hyde Shuttles are a free van service operated by Senior Services that transports seniors and people with disabilities to hot meal programs, medical appointments, senior centers and other destinations within a neighborhood.

In partnership with the Department of Social and Health Services (DSHS), Hopelink coordinates transportation to and from medical appointments for low-income residents on Medicaid assistance. Hopelink also operates [Dial-a-Ride Transit \(DART\)](#) under a contract with King County Metro. DART offers variable routing in some areas within King County. It operates on a fixed schedule with more flexibility than regular Metro Transit buses. In partnership with community agencies, including Aging and Disability Services, Hopelink received a Healthcare Access Mobility Design Challenge planning grant from the National Center for Mobility Management. The grant is focused on developing a single solution concept to increase access to post-hospitalization medical care in order to help people avoid unnecessary re-hospitalizations.

Transportation is limited in suburban and rural King County, though some suburban cities have additional transportation services to meet the mobility needs of its seniors and other citizens with limited travel options. Accessing and navigating transportation may also be difficult due to age, disability, income, and limited English proficiency. The [King County Mobility Coalition](#) is an advisory group that brings together individuals and organizations to share information, assess the needs of the transportation network, and provide recommendations and education to improve mobility for those populations. There are three sub-regional mobility coalitions in King County: Eastside Easy Ride Collaborative, North King County Mobility Coalition and South King County Mobility Coalition. Transportation orientation programs and tools also allow people to find and access transportation. [Vets-Go](#) acts as a gateway to transportation options in the King County area for veterans, persons with disabilities, older adults and others with special transportation needs. It provides links to transportation tools such as the transit trip planner, and includes a searchable database.

## Housing

It is estimated that public housing, Section 8 and Section 202 housing, adult family homes, and assisted living houses 53 percent of seniors in King County with incomes up to 150 percent of the poverty level. The current need for safe and affordable housing for older adults in King County greatly surpasses the supply. [Seattle Housing Authority](#) and [King County Housing Authority](#) alone provide housing for 43 percent of seniors in poverty. In addition to the local housing authorities, the [Seattle Office of Housing](#) and [King County Department of Community and Human Services](#) fund affordable rental housing for seniors and persons who have a disability.

As individuals live longer in their communities, there is a need for housing alternatives that accommodate the changing needs and preferences of older adults and people with disabilities.

Currently, the three most common types of senior housing are congregate senior housing (independent living), assisted living, and continuing care retirement communities (CCRCs). CCRCs offer a tiered approach to the aging process. Upon entering, people can reside independently in single-family homes, apartments or condominiums. When assistance with everyday activities becomes necessary, they can move into assisted living or nursing care facilities. There are several CCRCs in King County; however, these communities often require an entrance fee as well as monthly charges, making them out of reach for many older adults.

The Village (or “virtual village”) Model offers another alternative for older adults who wish to age in place. Members pay an annual fee to have access to a network of service providers for home repairs, yard work, or any service required to live at home. Screened vendors offer their services at a discount to village members and a network of volunteers is available to provide transportation to a medical appointment, computer help, minor home repairs or shopping assistance. [Wider Horizons](#), [Phinney Neighborhood Association](#), and [North East Seattle Together \(NEST\)](#) coordinate village programs in the Seattle area.

[Cohousing](#) is a collaborative housing model in which residents actively participate in the design and operation of their neighborhoods. Townhomes or condos contain all the features of conventional homes, but residents also have access to extensive common facilities such as open space, courtyards, a playground, and a common house. Many of these projects are multigenerational, though some are age 50+. Cohousing projects have been completed in Seattle, Bothell, and Vashon and new sites continue to be built.

The [King County Housing Repair Program](#) offers home repair services to low-income homeowners. Approximately 70 percent of the households served through this program are seniors. Homeowners generally access the program through their respective city’s program. The program covers necessary, quality of life improvements such as replacing a roof, installing a new septic system, or making entrances more accessible. Funds are also available to make units more accessible for renters with a disability.

## Homeless Programs

A recent count of individuals on the street, in emergency shelters and in transitional housing indicates that homelessness impacts as many as 10,000 people on any given night in King County. In response to this growing trend, government entities and community organizations have partnered to support efforts and implement programs that address homelessness. On a county level, [The Homeless Housing Program](#), a section of the [King County Housing and Community Development Program](#), funds organizations to provide services to people who are homeless or at risk of homelessness. The Seattle Human Services Department and Seattle Office of Housing are the primary City departments that fund homelessness programs.

One strategy to address homelessness has been to prevent individuals and families from losing their homes. The [King County Housing Stability Program](#) offers one-time rental and mortgage assistance, as well as referrals to stabilization programs for households at risk of homelessness due to a short-term financial emergency. Once an individual or family experiences homelessness, emphasis is placed on helping them regain stable housing. Emergency shelters provide a short-term alternative to the street for homeless individuals and families. Services may range from basic overnight shelter to intensive case management. Transitional housing provides temporary housing and supportive services to help homeless individuals and families transition to long-term housing within 24 months. Transitional housing includes case management and

other support, depending on the needs of the population being served. Emergency shelters, transitional housing and other supports, including food pantries, clothing banks, and emergency financial assistance, can be accessed through Crisis Clinic/211.

Local municipalities, King County and United Way of King County support a number of joint projects to address homelessness including [All Home](#) (formerly The Committee to End Homelessness in King County). All Home is comprised of government, business and non-profit leaders from 21 cities around the county. These leaders convene sub-committees and workgroups to identify strategies to meet needs in Seattle, North King County, South King County and East King County. All Home's strategies to address homelessness are outlined in their strategic plans and the Ten-Year Plan to End Homelessness in King County.

[Safe Harbors](#) is a web-based Homeless Management Information System used to measure the extent of homelessness in Seattle and King County. The system is being used in emergency shelters, transitional and permanent housing programs as well as supportive service and homeless prevention programs that receive public funds. Data gathered from partner programs is used to inform funders and planners at the local, state and federal level.

Another collaborative effort to address homelessness in the region includes [The Seattle/King County Coalition on Homelessness](#). The coalition is comprised of local government departments, public housing authorities, social action committees, advocacy groups, professional associations, religious congregations as well as people who are homeless. Every year, the Coalition partners with volunteers and organizations to organize a point-in-time count of unsheltered homeless people across King County. [The Annual One Night Count of Homeless People in King County](#) helps to document the extent and nature of homelessness in King County.

## Programs for LGBTQ Elders

There is not currently a dedicated LGBTQ Community or Senior Center in the region; however, some Seattle-based senior centers offer activities or gatherings for LGBTQ older adults. Rainbow Bingo first started at Senior Center of West Seattle, is now offered at three different senior centers—Senior Center of West Seattle, Northwest Senior Center and SE Seattle Senior Center. Additionally, The Southeast Seattle Senior Center hosts facilitated Aging Lesbians in South Seattle (ALISS) Lunch Gatherings.

[Mature Friends](#) is a group of gay and lesbian individuals and couples over 50 who meet regularly in downtown Ballard to share common interests such as traveling (both locally and internationally), attending arts events, playing bridge or pinochle, reading and discussing books, making investments, touring gardens, taking walks and going on hikes, choosing among many options for dinners and lunches, cooking, and tasting fine wines from our own state, from other states, and from around the world.

[Gay City](#) is a Seattle-based non-profit that promotes wellness in LGBT communities by providing health services, connecting people to resources, fostering arts and building community. Gay City offers a Resource & Referral program which can link individuals to resources by phone or online. Gay City also provides drop in service referrals as part of the LGBT Resource and Referral Service at the Michael C. Weidemann LGBT Library.

The National Health, Aging, and Sexuality Study: [Caring and Aging with Pride over Time](#), is the first ever on-going national project designed to better understand the health and well-being of lesbian, gay, bisexual, and transgender (LGBT) adults 50 years of age and older. Caring and Aging with Pride is a project designed to better understand the aging and health needs of LGBT adults 50 years of age and older. This project is a collaboration between 16 community agencies (see Community Partners) serving LGBT older adults around the nation and the Institute for Multigenerational Health at the University of Washington. It is funded through a major federal grant from the National Institutes of Health (NIH) and the National Institute on Aging (NIA).

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## Section C: Issue Areas, Goals and Objectives



## C-1: Long-Term Services & Supports

Aging and Disability Services (ADS) has a goal of maximizing current program, funding and staff capacity to meet the needs of complex long-term services and supports (LTSS) clients.

### Background

Washington is a national leader in offering home and community-based LTSS for people with significant disabilities under the Medicaid program. Washington residents can choose to receive support in adult family homes, in assisted living, in their own homes, or in a nursing home. As expected, about 75 percent choose to receive care in their homes, either from an agency or an individual provider of their choosing.

Not only is in-home care the preferred LTSS option, it is the most cost-effective. It costs less than \$2,000 per month, on average, for in-home care compared to over \$5,000 per month for care in a nursing home. In-home care makes efficient use of funding. Rather than assuming the cost of full, 24/7 complete care, it supplements what individuals and families can do for themselves with intermittent, paid, gap filling services and supports. To ensure success and safety, plans of care must be tailored to each situation because every individual and family differs widely in what they can do for themselves.

The number of people 65 and older is growing, and people with disabilities of all ages are living longer with multiple chronic conditions. In response to this demand, Washington's in-home program has developed capacity and expertise to support people with moderate to severe physical limitations as well as those who are medically complex, including clients with significant behavioral and cognitive challenges.

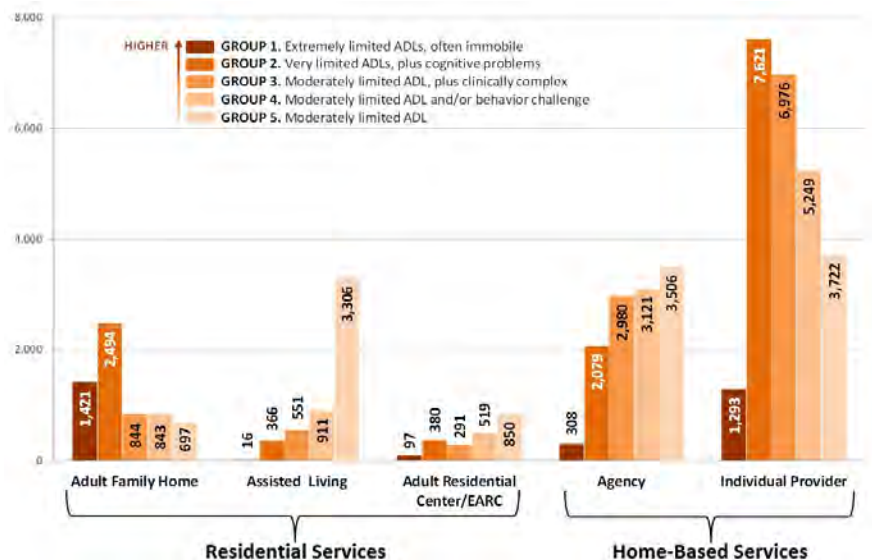


Figure 22. Long-Term Care Assessment by Setting and Acuity

As the Figure 22, above, demonstrates, statewide there are approximately 38,000 people in the home and community-based portion of Washington's LTSS system who face a broad range of challenges to their health and independence. All need assistance to accomplish daily activities such as bathing, dressing, preparing meals, personal hygiene and moving about.



About 30 percent (11,300 people) of those have very little ability to accomplish daily activities (e.g., eating, dressing, bathing) due to physical mobility and cognitive limitations. That is roughly equal to the number of Washington's nursing home residents with similar conditions who are covered by Medicaid. Another 30 percent are slightly more able to accomplish daily activities but are challenged by a complex combination of difficult to manage diagnoses and health conditions.

The levels of acuity among LTSS clients have continually increased over the past decades and require increasingly sophisticated service planning, coordination, and monitoring to maintain independence, health, and safety.

### **Case Management of In-home Long-term Services and Supports**

In any given month, the AAA manages around 10,500 in-home LTSS clients, and 12,000 individuals over the course of a year. Clients receive a comprehensive assessment of their functional and health support needs. After assessment, they receive an individual service plan that authorizes personal care help with activities of daily living such as bathing, personal hygiene, ambulation and meal preparation. In addition, the case manager can authorize other supportive services such as personal emergency response systems and medication management. On average, Case Managers authorize about \$2,000 per month in supportive services.

Beyond what is directly authorized for payment, the case management team (which includes nursing and social services professionals) helps people access healthcare and other services in the community. To monitor care and maintain safety of this very vulnerable population the case manager does home visits and maintains contact with family and providers to monitor the effectiveness of the plan of care.

As clients increase in complexity, the responsibility of helping them meet health outcomes will also shift in the next four years. Legislation passed in 2013 (HB 1519) directs DSHS and Health Care Authority (HCA) to establish accountability measures for service coordination agencies such as Behavioral Health Organizations (BHOs) and Area Agencies on Aging (AAAs). Within the next four years, outcome measures will be added to AAA contracts.

For the first time in many years, the 2015–2017 state budget included an increase in maintenance level funding for the Medicaid Case Management program. The additional \$10.5 million statewide translates to a nine percent increase in reimbursement rates and will enable AAAs to better balance revenue and expenditures through the next biennium. Unfortunately, following years of flat funding and increases in both client complexity and operational costs, the nine percent increase is still significantly short of what is needed to restore the program to pre-recession capacity and quality levels.

To address this shortfall, a state convened workgroup that included AAA staff and directors identified opportunities for programmatic changes and cost saving strategies. Some of the workgroup's recommendations will be effective with the 2016 contract year and are aimed at reducing administrative burden and case manager staff time. At the same time, ADS has been pilot testing internal operational changes that improve both efficiency and quality of service for clients while managing higher caseloads.

While these efforts will keep the program operational, more funding is needed to maintain these critical services and to ensure quality of care, minimize risk for staff and clients, and support positive health outcomes. In-home monitoring of care, inclusion of nurse expertise on the care team, supervisory quality control and quality of care planning will continue to challenge the AAA at current levels of funding. If not rectified by FY2017, it will be necessary to reduce or eliminate related quality assurance benchmarks.

## C-1: Long-term Services and Supports: Goal

Maximize current program, funding and staff capacity to meet the needs of complex Long-Term Services and Supports (LTSS) clients.

### Long-term Services and Supports: 2016–2019 Objectives

1. Explore opportunities to address the increase in medical complexity of LTSS clients.
  - a. Pilot a medication management program to help clients meet health care goals.
  - b. Hold four trainings per year on disease- or health-related topics.
2. Advocate for full funding to maintain quality in-home case management so that individuals receive stabilized care that allows them to stay in home as long as that is their choice.  
**Goal:** Ongoing advocacy
3. Implement operational changes, such as team-based staffing approaches, to improve efficiencies and reduce costs.  
**Goal:** Identify baseline measures for efficiency (2016).

## C-2: Health Promotion, Disease Prevention, and Delay of Medicaid-funded Long-Term Services and Supports

Aging and Disability Services (ADS) has a goal of delaying Medicaid-funded long-term services and supports by encouraging health promotion and disease prevention.

Pre-Medicaid services help delay entrance into more expensive Medicaid-funded long-term services, such as nursing homes and in-home care. These upstream efforts focus on providing information and connecting older adults, people with disabilities and family caregivers to programs and services that help them stay healthy, active and engaged in their communities.

ADS pre-Medicaid strategies focus on the following program areas:

- Community Living Connections & Family Caregiver Support
- Alzheimer's, Dementia and Memory Care
- Health Promotion
- Falls Prevention

### C-2-1: Community Living Connections & Family Caregiver Support

Access services help people understand what options and resources are available to meet their needs and assist people in connecting to these resources. In King County, access services are provided through a strong network of provider agencies that comprise Community Living Connections and Family Caregivers Support programs.

#### **Community Living Connections**

Across the country, Aging & Disability Resource Centers (ADRCs) are a key component in strategies to reach people upstream to prevent or delay more costly services later in life. In Washington state, these centers are part of [Community Living Connections](#), a network of access services delivered through each of the state's 13 Area Agencies on Aging. The system employs a "no wrong door" approach, connecting people of all ages and abilities seamlessly and efficiently to the services they need, regardless of how or where they enter the system.



A new service of Community Living Connections—Person-Centered Options Counseling—was pilot-tested with three agencies in 2014 and will be implemented throughout King County. Detailed description of this service as well as all other Community Living Connections services are described in [B-3: AAA Services](#).

In King County, Community Living Connections launched in the fall of 2015, integrating existing access services (Information & Assistance, Disability Access Services, and non-Medicaid Case Management) into one comprehensive service delivery system. The service delivery system was developed in response to community input in which staff from over 100 agencies

participated in more than 30 community engagement activities. Place-based services was the salient theme that emerged, that services need to be accessible in the community where people reside.

The geographic hub model was designed to be a coordinated effort with network agencies that contract with Aging and Disability Services to deliver specific Community Living Connections services, as well as partner agencies that participate through letters of agreement. Following are access points and roles:

- **Central Access**—The main phone line responds to information calls and links people to needed services. Staff also follow-up as needed and refer people to other agencies if they need more hands on assistance.
- **Region Leads**—To make it easier for people to access services in their communities and neighborhoods, Community Living Connections has identified lead agencies that will be responsible for developing and expanding the network in three geographic service regions—South, East and North King County/Seattle. Region lead roles include identifying new partners, formalizing partnerships roles through letters of agreement, convening partner agencies for training and information sharing, and conducting outreach and marketing specific to their region. They are considered the local expert and primary point of contact for providers in their respective regions. They also bring the unique perspective of their region, including service gaps and emerging trends, to the larger Community Living Connections network.
- **Network Agencies** are contracted providers that deliver a range of Community Living Connections services, including Information & Assistance/Referral, Person-Centered Options Counseling and Care Coordination that are responsive to the cultural and language preferences and needs of the communities they serve.
- **Partner Agencies**—Partner agencies are non-contracted providers that participate in the Community Living Connections network through letters of agreement, referrals, information sharing, meetings and trainings. Partner agencies are essential to the Community Living Connections network.

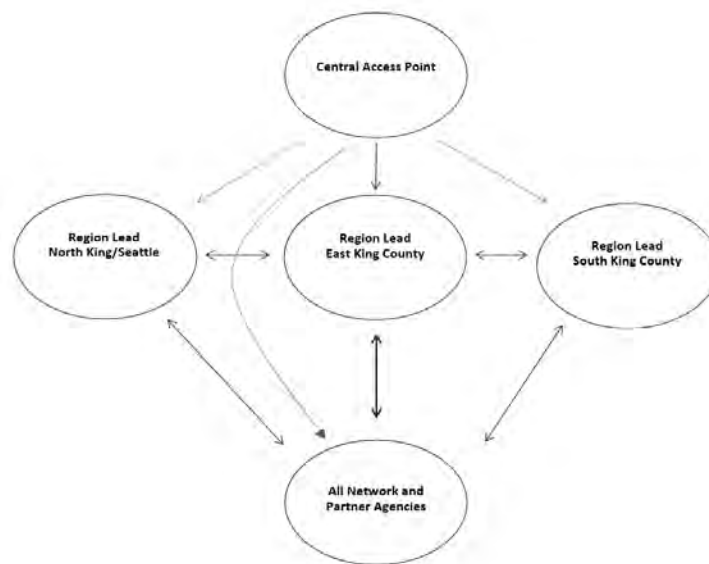


Figure 23. Community Living Connections Structure

To help facilitate seamless service delivery, the State of Washington is implementing a client management and resource directory information system called [GetCare](#). The system includes a public portal where consumers can search for resource information, complete an assessment, and self-refer to programs and services. Agencies using GetCare can access client service history and case notes and are able to seamlessly refer clients throughout the network. ADS launched a marketing campaign in the fall of 2015 to raise awareness for Community Living Connections. The goal is to make sure people know where to go or who to call to find information.

### Family Caregiver Support Program

As the “front door” long-term supportive services, Community Living Connections helps connect family caregivers with the [King County Caregiver Support Network](#) for services that are tailored to their caregiving needs. Contracted providers in this coordinated network offer a range of family caregiver support programs and services that ensures caregivers receive the right services, at the right time, and in a way that meets their needs.



All providers in the network have staff who are trained in administering the [Tailored Caregiver Assessment and Referral \(TCARE®\)](#) protocol. This evidence-based tool assesses caregiver burden and identifies what services and supports are needed to reduce that burden. TCARE® has demonstrated significant success in improving well-being and mental health outcomes for caregivers.

### Network Expansion

Aging and Disability Services conducted Request for Proposal (RFP) processes in 2015 to identify providers for both Community Living Connections and Family Caregiver Support. The processes expanded the scope of services and the reach to new populations and communities that will be served through Community Living Connections and King County Family Caregiver Support Network. Combined, these networks will be able to provide cultural and language appropriate services to the following populations: African American; homeless; Adults with disabilities including intellectual disabilities, deaf and hard of hearing, and deaf-blind; people with limited English proficiency including Asian, Pacific Islander, East European, Spanish speaking, and East Africans.

Through 2016, King County is receiving additional funding from the State Unit on Aging to develop and expand these networks and implement Community Living Connections. The funding is from a federal ADRC implementation grant to Washington State. At this time, funding is used for planning, coordination, marketing and other implementation related efforts. Should additional funding become available, ADS will direct those funds to subcontracted network providers to increase their capacity to serve more clients.

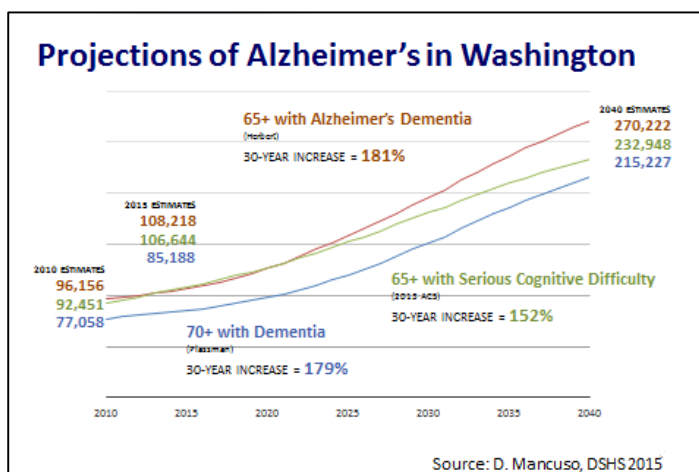
## C-2-2: Alzheimer's, dementia and memory care

Alzheimer's disease is the largest unrecognized public health crisis of the 21<sup>st</sup> Century. It is the sixth leading cause of death in the United States and the third leading cause of death in King County. The disease is a significant driver of increasing healthcare and long-term care costs, and it takes a devastating toll on the health and wellbeing of families and caregivers -- financially, mentally and physically.

In Washington state, an estimated 110,000 individuals have Alzheimer's disease or a related dementia. This number is projected to increase significantly with the age wave – over the next 30 years, the number of people age 65 and older with Alzheimer's and dementia will increase by 181 percent.

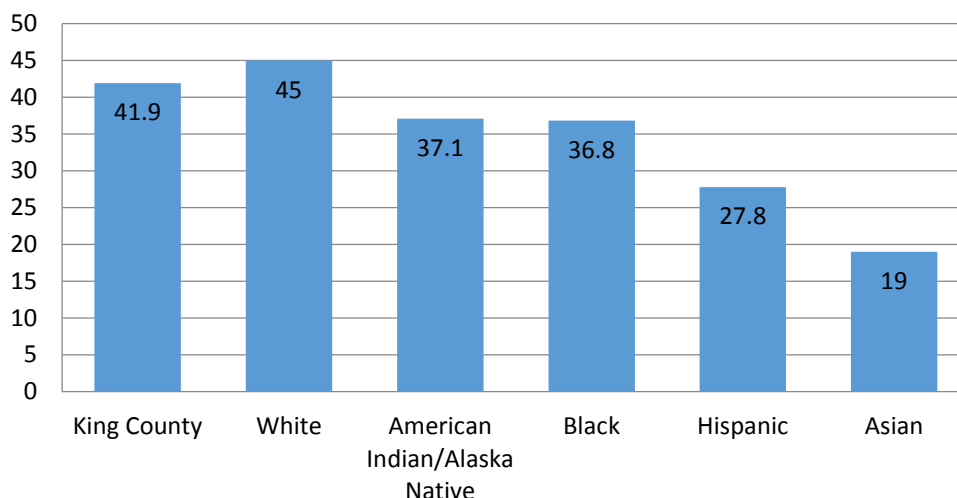
Alzheimer's disease is similar to other diseases in prevalence and disproportionately impact certain populations by race, ethnicity and gender:

- The most frequently cited national estimates show that older African Americans are about two times more likely than whites to have Alzheimer's disease.
- Hispanics age 60 and older are about 1.5 times more likely than non-Hispanic whites to have Alzheimer's disease or related dementias.
- In King County, deaths per year for women, as a result of Alzheimer's disease, almost double the counts for men.



**Figure 24. Projected Increase of Individuals with Alzheimer's in Washington, 2010–2040**

As the U.S. population ages and minorities become a higher proportion of the older population, a higher percentage of people with Alzheimer's disease will be minorities.



**Figure 25. King County Alzheimer's Death Rates, by Race/Ethnicity, 2008–2012**  
Rate = Death per 100,000, All Ages

## Preparing for Crisis

In 2011, recognizing the need to address this pending crisis, President Barack Obama signed the National Alzheimer's Project Act into law, laying the groundwork for the first National Plan to Address Alzheimer's Disease. Released in 2012, the plan requires states to develop and implement plans to guide their respective governments on critical dementia issues and to improve services and supports for families affected by the disease.



### *State Alzheimer's Plan*

To develop its plan, Washington State convened an [Alzheimer's Disease Working Group](#), comprised of people with dementia, caregivers of people with dementia, state agency leadership, legislators, health care providers, home and residential care providers, health policy advocates, and researchers. During 2014, the Working Group engaged essential stakeholders throughout the state to gather input and shape the plan. The completed plan, due to the governor on January 1, 2016, will: 1) define the scope of the economic and social impact of the disease; and 2) set the direction for the state to become "dementia capable." Dementia capable communities involve everyone, including residents, consumers, faith-communities, businesses, and organizations taking action to create a supportive environment for people with dementia and their families.

### *Memory Care Wellness—Dementia Capable Pilot*

In 2014, Aging and Disability Services collaborated with the Washington State Department of Social and Health Services, Alzheimer's Association, University of Washington, Washington Department of Health, and four other Area Agencies on Aging on a three-year grant to increase the dementia-capability of the Community Living Connections. The grant will provide funding to train staff to identify people with possible dementia and provide dementia-capable services. The goal is to increase access for people with dementia and their family caregivers to evidence-informed early stage memory loss programs and behavioral support. The project will use a statewide data system to track referrals and service utilization by participants. Specifically, the project hopes to see an increase in the number of people with possible or early stage dementia who are referred to physicians for evaluation and to support services.

## C-2-3: Health Promotion

Health promotion programs help people manage their chronic conditions and live healthier lives, and are a key strategy in delaying more expensive long-term care services. Aging and Disability Services supports these programs directly by administering federal funds, and indirectly through advocacy and facilitation.

In 2016, Aging and Disability Services will conduct an investment process for Health Promotion services, which are funded under Title III-D of the Older Americans Act. The goals for this investment are to:

- Facilitate access to a menu of evidence-based health promotion programs available for community-dwelling older adults and adults with disabilities, and
- Expand opportunities for high-need populations to participate in evidenced-based Chronic Disease Self-Management Programs (CDSMP), Chronic Pain Self-Management (CPSMP) workshops, and Tai Ji Quan: Moving for Better Balance®.

These programs—CDSMP and CPSMP—were initially funded through a state pilot grant that ended in August 2015.

In addition to direct investments, ADS is working to raise awareness among public health, community clinics, and other healthcare professionals about health promotion programs to

### **Evidenced-based health promotion programs in King County**

[A Matter of Balance](#)

[Chronic Disease Self-Management Program](#)

[Diabetes Self-Management Program](#)

[EnhanceFitness](#)

[EnhanceWellness](#)

[PEARLS \(Program to Encourage Active and Rewarding Lives\)](#)

increase the number of patients referred to and participating in these programs. This is the first step toward a long-term strategy of embedding health promotion programs in the healthcare system. ADS has been engaging with managed care organizations and other healthcare systems to further this work.

Aging and Disability Services also supports and facilitates quarterly network meetings made up of organizations that coordinate CDSMP workshops. The network works to ensure that workshops are offered throughout King County and are also accessible to cultural and ethnic communities.

## C-2-4: Falls Prevention

Falls are a preventable public health concern impacting quality of life, health care costs, and premature institutionalization.

### Fall rates increase sharply with advancing age

- In Washington State, one in every three people age 65 and older living in the community falls each year, and fall rates increase sharply with advancing age.<sup>56</sup>
- In King County, 21 percent of adults 60 and older reported having fallen in the previous three months, and about 20 percent of those falls resulted in an injury that limited activities or made them see a doctor.<sup>57</sup>

### Impact on Hospitals and Emergency Response Systems

- In 2012, falls were the leading cause of all injury-related hospitalizations in Washington State leading to over 14,000 hospitalizations.<sup>58</sup>
- Fall hospitalization rates among older adults are significantly higher in urban and large town rural areas, like King County, compared to other areas of Washington.<sup>59</sup>
- In King County, 18 percent of Emergency Medical Services 911 calls from older adults are fall related incidents.<sup>60</sup>
- For adults 60 and older in King County, falls accounted for 72 percent of all injury hospitalizations in this population.<sup>61</sup>



*ADS distributes magnets to elders at high risk of falling.*

<sup>56</sup> Washington State Department of Health - The Health of Washington State, 2008.

<sup>57</sup> Behavioral Risk Factor Surveillance Survey 2009-2013.

<sup>58</sup> Washington State Department of Health - Research, Analysis & Data, November, 2013.

<sup>59</sup> Washington State Department of Health, Hospital Discharge, July 2013.

<sup>60</sup> Public Health: Seattle & King County, Division of Emergency Medical Services, 2013.

<sup>61</sup> Washington State Department of Health, Office of Hospital and Patient Data Systems, Hospitalization Discharge Data: 2008-2012.

- Although the rate of hospitalizations due to falls has declined in King County for adults age 60 and older since 2000, the number of hospitalizations for this age group increased 17 percent between 2000 and 2012, reflecting larger number of adults age 60 and older.<sup>62</sup>

### Falling can lead to premature institutionalization

- Among Washington State older adults who were hospitalized for a fall in 2008, 53 percent were discharged to skilled nursing facilities for additional care.<sup>63</sup>
- In 2013, the total direct medical costs of fall injuries for people 65 and older, adjusted for inflation, was \$34 billion.<sup>64</sup>
- In Washington State, the estimated costs for fall hospitalizations for adults 65 years and older was \$473 million.<sup>65</sup>

### Partnerships to Prevent Falls

Developing partnerships and supporting programs to prevent falls are key strategies in reducing healthcare and long-term care costs, promoting healthy aging, and supporting independence and aging in place.

Creating linkages and partnerships is critical to strengthening community responses to falls. Older adults need to be aware of their fall risk before a fall occurs, while healthcare providers need to be informed about available community programs and resources for patient referrals. At the same time, community systems and organizations must work together to increase awareness, coordination and support for vulnerable adults. Work is well underway to increase access and awareness of availability of evidence-based interventions. For more information, visit [B-4: Non-AAA Services](#).



*ADS has successfully reduced falls among Russian and Ukrainian speaking SHAG residents.*



<sup>62</sup> Washington State Department of Health, Office of Hospital and Patient Data Systems, Hospitalization Discharge Data: 2008-2012.

<sup>63</sup> Washington State Injury and Violence Prevention Guide, January 2013, DOH 530-090.

<sup>64</sup> Stevens JA, Corso PS, Finkelstein EA, Miller TR. The costs of fatal and nonfatal falls among older adults. *Injury Prevention* 2006a;12:290–5.

<sup>65</sup> Washington Office of Financial Management, 2013.

## C-2: Health Promotion, Disease Prevention, and Delay of Medicaid-funded Long-Term Services and Supports: Goal

Delay Medicaid-funded long-term services and supports by encouraging health promotion and disease prevention; increasing awareness about Alzheimer's disease, memory care and wellness for older adults and adults with disabilities; and reducing the incidence of falls.

### C-2: Health Promotion, Disease, Prevention, and Delay of Medicaid-funded Long-Term Services and Supports: 2016–2019 Objectives

#### C-2-1: Community Living Connections & Family Caregiver Support Program

1. Develop a Seattle-King County Community Living Connections marketing and communications plan.  
**Goal: 2016**—Complete and implement 20% of the marketing and communication plan, develop website. **2017**—Implement 60% of the marketing and communication plan and update website. **2018–2019**—Implement 100% of the marketing and communication plan, revise as needed, and maintain website
2. Develop geographic hubs delivering Information Assistance/Referral, Options Counseling and Care Coordination in Seattle/North King County, South King County, and East King County.  
**Goal:** Region leads will conduct 6 networking meetings each year
3. Provide Person-Centered Options Counseling to individuals needing assistance with long-term support service planning  
**Goal: 2016**—350; **2017**—375; **2018**—400; **2019**—425
4. Provide cross-system training and meeting opportunities for CLC and FCSP providers to improve referral network, including resources for and working with priority populations (LGBTQ elders, rural elders, adults under 60 with disabilities).  
**Goal:** One event per year
5. Provide Family Caregiver Support Services to caregivers of African or African descent.  
**Goal:** Provide services at least 1.5 the rate of King County population of African or people of African descent annually
6. Provide TCARE® assessment and care plan to family caregivers who show moderate to significant caregiver burden.  
**Goal:** 800 per year

#### C-2-2: Alzheimer's, dementia, and memory care

7. Provide Early Stage Memory Loss (ESML) workshops to caregivers caring for someone with Alzheimer's disease or dementia.  
**Goal: 2016**—14 groups; **2017**—14 groups

8. Provide STAR-C training to caregivers to help caregivers manage behavioral symptoms of their care recipient with Alzheimer's disease or dementia.  
**Goal:** 2016—15 clients; 2017—15 clients
9. Partner with the Mayor's Council on African American Elders to conduct outreach on Alzheimer's and related dementias, and promote brain health and the importance of early detection.  
**Goal:** At least one community forum per year
10. Coordinate with partners, such as Public Health and Alzheimer's Association on implementing the Alzheimer's state plan with a focus on communities of color.  
**Goal:** 2016—Develop a joint action plan with partners to increase awareness of Alzheimer's in King County. 2017-2019 – Monitor and implement plan

### **C-2-3: Health Promotion**

11. Expand evidence-based health promotion programs within communities of color through the 2016 investment process.  
**Goal:** 2016—Plan and release a Request for Investment application for evidence-based programs. 2017—Finalize contracts for the evidence-based health promotion investment process.
12. Collaborate with healthcare professionals to expand and sustain Chronic Disease Self-Management Education (CDSME) programs throughout King County.  
**Goal:** 2016—Pilot CDSME with Harborview Medical Center - 36 participants will complete at least four or six chronic pain workshops; 2017— 36 participants will complete at least four or six chronic pain workshops
13. Seek funding from non-traditional sources, such as insurance providers and local levies, in support of evidenced-based health promotion workshops.  
**Goal:** One meeting with a potential funder (e.g., Boeing) to support evidence-based health promotion workshops for their employees.

### **C-2-4: Falls prevention**

14. Increase awareness of consumers and health care professionals about fall risk, prevention, and related resources.  
**Goal:** At least one article per year
15. Increase access to evidence-based falls prevention programs and resources.  
**Goal:** Conduct at least three falls prevention presentations annually.
16. Collaborate with fire departments, Emergency Medical Services, healthcare, and housing providers to strengthen the community infrastructure and ensure coordinated support for vulnerable adults.  
**Goal:** Make five presentations and/or trainings per year.
17. Provide falls prevention training for case managers and health care professionals on the recognition/identification of older adults at fall risk and appropriate referrals to programs and services.  
**Goal:** One training per year

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## C-3: Service Integration & Systems Coordination

### Health care reform in Washington

The passage of the Patient Protection and Affordable Care Act (ACA) in 2010 created opportunity for innovation in achieving the triple aim: Better Health. Better Care. Lower Cost.

In 2012, the State of Washington received Centers for Medicare and Medicaid Services (CMS) funding to develop an innovative [integrated service delivery plan](#) for beneficiaries who are eligible for Medicare and Medicaid (“dual-eligible”). The Washington State Health Care Authority and DSHS collaborated on two strategies for dual integration: [Health Homes](#) and [Health Path Washington](#), a fully-integrated capitation model delivered through managed care organizations. While Health Homes was launched throughout the state, King County chose to participate in Health Path Washington. From 2013–2015, Aging and Disability Services (ADS) participated in planning sessions with the managed care plans and King County Regional Support Network and Public Health—Seattle & King County.

In 2015, the state discontinued implementation of Health Path Washington when one of the two managed care plans withdrew their participation; however, the collaboration and partnership-building provides a base for future integration efforts.

### AAA experience with managed care

In 2006, ADS partnered with Harborview Medical Center and four community health systems to form King County Care Partners, a managed care pilot program that provided specialized intensive chronic care management for Medicaid fee-for-service clients. The goals of the program were to improve health outcomes, support health home development, and prevent avoidable medical costs by improving self-management skills.

In 2012, the Health Care Authority moved all Medicaid-only SSI blind and disabled clients to five managed care organizations (MCO) under the Healthy Options program (now called Apple Health). ADS was able to continue King County Care Partners by contracting with one MCO—Community Health Plan of Washington. ADS staff visit clients in the hospital and then in the community to prevent re-hospitalization. Transitional care services include post-discharge service coordination, medication reconciliation, problem-solving, care plan development, and follow-up to support self-management. Care coordination services include comprehensive assessment, ongoing consultation, cross-system coordination, individual and family support, referral to community and social support services, and help connecting to primary care.

ADS plans to continue working with MCOs through Apple Health and other new health reform initiatives or pilots.

### Local health reform efforts

The state revealed the [Washington State Health Care Innovation Plan](#) in December 2013. The plan is guided by three core strategies: improve how we pay for services, ensure health care

focuses on the whole person, and build healthier communities through a broad collaborative regional approach. In 2015, the Center for Medicare and Medicaid Innovation awarded the State \$65 million to implement their innovation plan, now called [Healthier Washington](#).

As the State devised the Healthier Washington plan, King County also charted its course for health and human services transformation by 2020. The [King County Transformation Plan](#) looks at affecting both the individual/family and the community through strategies designed to improve access to person-centered, integrated, culturally competent services and improve community conditions where people live, work, learn, and play.

A strategy of both Healthier Washington and King County Transformation Plan is creating an Accountable Community of Health (ACH). The State recognized that innovation and collaboration are already occurring in local communities with public and private entities working together on shared health goals. During the span of this Area Plan, ADS will collaborate and align with Accountable Community of Health goals, ensuring that AAA initiatives such as Community Living Connections and Chronic Disease Self-Management are integrated into the structure. ADS participates in the Interim Leadership Council created to guide the Accountable Community of Health design.

## Care transitions and beyond—complex client coordination

Coordination of care and services is vital to Seattle-King County older adults and those with disabilities who are discharged from the hospital or skilled nursing facility to the community. Medical facilities are penalized for unnecessary readmissions while most of a person's care is in the community. ADS works with community partners to provide an overview of services and supports, and to help integrate the services and supports into the transitions across settings. ADS supports person-centered planning so patients are empowered to be active members of their health care team.

ADS' experience with chronic care management, managed care, caring for over 10,000 complex clients in-home, and coordinating an aging and disability network positions the AAA to coordinate activities between the health care system and community. ADS is active in a variety of groups convened to address coordination, including:

- **South King County Care Links:** This group's purpose is to create an encompassing network of health and social service providers who are dedicated to creating consistent, thoughtful, and safe care transitions for patients and families across the care continuum.
- **Auburn Care Coordination:** This group coordinates services for residents living in the three Auburn Court Apartments operated by the Senior Housing Assistance Group (SHAG). The service coordination helps to provide education, decrease avoidable 911 calls, and improve the life/safety of residents.
- **Mobile Integrated Health-Community Paramedics:** This statewide group includes more than 25 healthcare industry organizations and community partners—fire chiefs, health plans, Home Care Association of Washington, King County Medic One, University of Washington School of Medicine, Washington Ambulance Association, Washington State Council of Firefighters, Washington State Department of Health, Washington State Health Care Authority, Washington State Hospital Association, and Washington State Nurses Association.
- **King County Vulnerable Population Strategic Initiative:** Work is underway to ensure that King County residents receive the best possible emergency services regardless of age, race, ethnicity, socioeconomic status, gender, culture, or language spoken. The

initiative focusses on three EMS components: dispatch service, on-scene service, and after-care community service. Under this initiative, ADS has pilot-tested a collaboration with Seattle Fire Department (SFD) to work with older adults experiencing abuse and neglect. During a nine-month period ending in June 2015, the AAA responded to 223 referrals and followed up with feedback to the SFD referents.

These groups work to improve EMS services and transitions of care among hospital, skilled nursing facility, and community providers and caregivers. Recent data indicates that the South King County community is improving their hospital admissions and re-hospitalizations. Since 2012, the data show a 10 percent improvement in all-cause re-hospitalizations for Medicare recipients. Although the trend lines look positive, continued effort and coordination is needed to continue reduction of avoidable hospitalizations.

In addition to participating in workgroups and pilots, ADS plays a convening role in the community. For example, since 2011, ADS has coordinated four community-based care transitions conferences and expects to facilitate annual conferences in the future. The conferences relate to health care quality as well as issues related to care transitions. Community partners, family caregivers, patients, professionals providing direct care services, leaders of community-based agencies, including hospitals, skilled nursing facilities, home health care agencies, and home care provider agencies attend the conferences. In 2014, the conference drew 160 attendees from 70 community organizations. In 2015, more than 200 people participated in the conference.



ADS case manager Keith Rapacz was among more than 200 participants in [The Waves of Change in Health Care conference](#) on June 4, 2015. Photo by Lorraine Sanford.

In King County, the biggest challenge the AAA has in implementing strategies for change is working with vast health and community systems and a multitude of initiatives. King County has 12 hospitals and health systems, several with multiple campuses; more than 60 skilled nursing facilities; and hundreds of community-based health and human services provider organizations. Challenges in this environment include accountability, alignment of ongoing initiatives, staff continuity in planning meetings, and constant education of services and supports.

Strategies to address the challenges include active participation in bigger health care reform efforts such as the Accountable Communities of Health. The AAA can also continue to be a convener of health and community organizations. Last, the AAA can use its Community Living Connections network to educate the health system on community-based services and create competency within the network on health outcomes. In 2015, ADS collaborated with the University of Washington on the Northwest Geriatric Workforce Enhancement Center grant. A component of the grant is to establish a new community-based role (primary care liaison) and function to link primary care to the community.

## Elder justice coordination

Preventing elder abuse is an important issue to consider in systems coordination and health reform. A startling number of elders continue to face abusive conditions. Every year an estimated five million older adults (one in ten individuals age 60-plus) experience abuse, neglect, or exploitation, and many experienced it in multiple forms.

The incidence of elder abuse in America is so pervasive that the Centers for Disease Control and Prevention now consider it a major public health problem. Elders who experience abuse have a 300 percent higher risk of death when compared to those not abused. In addition, abused elders have more health care issues, including increased bone or joint problems, digestive problems, depression or anxiety, chronic pain, high blood pressure, and heart problems. Elder abuse is also associated with increased rates of hospitalization. Those who had experienced abuse are twice as likely to be hospitalized as other elders.

The AAA has played a significant role in supporting elder abuse prevention and awareness for the community. In 2011, the AAA partnered with the King County Prosecuting Attorney's Office to pilot a much-needed program that filled a gap of advocacy and service coordination for survivors of elder abuse, neglect and exploitation. A designated case manager provided safety planning, information and assistance, service referrals, court accompaniment, coordination of services, and personal advocacy. The pilot ended in 2013, but the ADS Advisory Council has continued to support the work by allocating 1.0 FTE in the base budget. In 2014, the elder abuse program served 81 older adults experienced abuse.

Although King County has one of the finest elder abuse prosecuting teams and many trained law enforcement partners, there is still a need for awareness and training. Lack of training affects community-wide response to elder abuse. Law enforcement, first responders, city prosecutors, judges, social service providers, and medical professionals need training and re-training to understand the nature and scope of elder abuse in order to recognize signs, report appropriately, and coordinate effectively with victim services.

### C-3: Service Integration & Systems Coordination: Goal

Integrate Aging and Disability Network services with other health and human services systems for better health and better care at a lower cost.

#### C-3: Service Integration & Systems Coordination: 2016–2019 Objectives

1. Participate in the development of the King County Accountable Communities of Health.  
**Goal: 2016**—a) Attend monthly meetings and report back to Advisory Council, Sponsors and community partners on status at least four times per year; b) Conduct at least one joint ACH and Community Living Connection publication.
2. Coordinate with health care providers, hospitals, and community partners on an annual care transitions conference.  
**Goal: 2016–2019:** One annual conference

3. Participate in multi-stakeholder collaborations that strive to improve health outcomes and reduce unnecessary EMS and Emergency Department use.  
**Goal: 2016**—Facilitate a pilot program in older adult housing.
4. Increase county-wide access and awareness of elder abuse, neglect, and financial exploitation.  
**Goal: 2016**—Provide case management to 80 elder abuse victims. **2017**—a) Provide case management to 100 elder abuse clients; b) Help develop a training module for first responders and train two fire departments.
5. Strengthen connections with prosecutors, law enforcement, and first responders to better coordinate a response for older adult victims of abuse and neglect.  
**Goal: 2016**—Develop a strategy to fund a multi-disciplinary team who meets regularly to staff cases; **2017**—Formalize a multi-disciplinary team to staff cases.
6. Increase awareness of Community Living Connections in the primary care health system.  
**Goal: 2016–2018**—Primary care liaison will complete four outreach visits to clinics per month.

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## C-4: Native Americans



Muckleshoot elder  
Doris Allen.  
Photo by John Loftus.

Aging and Disability Services is working to address the health and social needs of Native Americans age 60 and older—including Indians, Eskimos and Aleuts—who live in King County.

Of the 1.9 million people living in King County, 39,117 (two percent) identify as American Indian/Alaskan Native (AI/AN) alone or in combination with another race. It is estimated that 1.4 percent (5,174) of the King County population age 60 and older is all or part American Indian/Alaska Native, though this population has been shown to be undercounted. See [B-1: Population Profile and Trends](#).

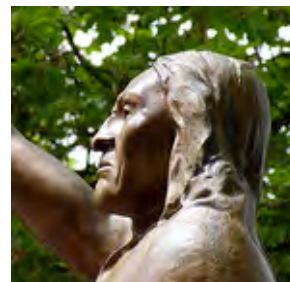
The American Community Survey (2009–2013) estimates that 669 individuals speak a Native North American language in King County, including American Indian and Alaska Native languages. Of those individuals, seven percent speak English less than “very well.” Persons 65 years of age and older account for 5.8 percent of AI/AN in King County, compared to 10.9 percent of the general population.

### Urban Native Americans

Beginning with the federal relocation program and continuing through the decades following, AI/ANs from more than 100 tribes and Alaska villages migrated to King County, primarily Seattle. In addition, there are a large number of Canadian Indian or First Nations people who are part of the urban Indian community.

In 1970, two organizations were formed to provide social and health services—United Indians of All Tribes and the Seattle Indian Health Board. During the 1990s, the Seattle Indian Health Board served individuals from more than 200 tribes.

AI/AN people in King County are more likely to be poor, with 24 percent living in poverty, as compared to just 10.2 percent of the general population. American Indians and Alaska Natives living in cities face poverty, unemployment, disability and inadequate education at rates far above other populations. These and other risk factors have contributed to a health crisis in this population despite an ongoing effort to eliminate health care disparities across all races and ethnicities.



*Statue of Chief Seattle  
at Tilikum Place, a  
small park at 5<sup>th</sup> &  
Denny in downtown  
Seattle. City of Seattle  
Archives photo.*

#### Duwamish Tribe

The people known as the Duwamish Tribe are descendants of Chief Seattle. Their ancestral homeland includes the cities of Seattle, Mercer Island, Renton, Bellevue, Tukwila, and much of King County. The Duwamish have about 600 enrolled members.

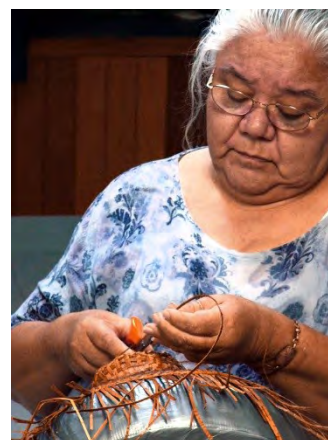
For decades, Duwamish tribal members have fought for federal recognition but courts have denied their petitions. In the absence of federal recognition, funding, and human services, Duwamish tribal services have struggled to provide social, educational, health and cultural programs. Recognized status would provide access to many federal benefits, including fishing rights and healthcare.



## 7.01 Implementation Plans

In addition to a large urban Indian population in the greater Seattle area, there are also two federally recognized tribes within King County: the Muckleshoot Indian Tribe and the Snoqualmie Indian Tribe.

In compliance with the Washington State 1989 Centennial Accord and current federal Indian policy, 7.01 plans are created in collaboration with Recognized American Indian Organizations in the planning of the Washington Department of Social and Health Services and Area Agencies on Aging (AAA) service programs, to ensure quality and comprehensive service delivery to all American Indians and Alaska Natives in Washington state. The plans address concerns identified by tribal members, identify tribal leads and AAA staff, action steps to address each concern, and provide a yearly summary of the progress.



*Muckleshoot elder  
Leah Moses.  
Photo by John Loftus.*



### **Muckleshoot**

The Muckleshoot Indian Tribe comprises descendants of the Duwamish and Upper Puyallup. The 2000 Census reported a resident population of 3,606 on reservation land, of which 29 percent reported solely Native America heritage. Of these, approximately 600 are age 60 and older. Aging and Disability Services has collaborated with Muckleshoot tribal members on 7.01 Implementation Plans since 2005.

[Policy 7.01 Implementation Plan \(Muckleshoot Indian Tribe\)](#)



### **Snoqualmie**

The Snoqualmie Indian Tribe comprises approximately 500 members. Of these, approximately 125 are age 60 and older. The tribe lost federal recognition in 1953, but regained Bureau of Indian Affairs recognition in 1999. This allowed the tribe to develop the Snoqualmie Casino, which financially supports services and resources for tribal members and the local community. Today, many live in Snoqualmie, North Bend, Fall City, Carnation, Issaquah, Mercer Island and Monroe.

[Policy 7.01 Implementation Plan \(Snoqualmie Nation\)](#)

Both 7.01 Implementation Plans are available among the [Appendices](#) to this plan.

## C-4: Native Americans: Goal

Ensure greater success for Native American elders in King County.

### C-4: Native Americans: 2016–2019 Objectives

1. Strengthen ADS ability to serve community groups that have not been served previously (i.e., urban Native Americans)  
**Goal: 2016–2018**—Connect the Seattle Indian Health Board to the Community Living Connections network, with at least one meeting per year.
2. Collaborate with social and health services organizations that serve Native American elders on yearly in-service trainings.  
**Goal:** Participate in at least one in-service training per year.
3. Continue 7.01 Implementation Plan collaboration with federally recognized tribes in King County.  
**Goal: 2016–2019**—Conduct at least two 7.01 update meeting annually.

## Sources

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- Wikipedia, [en.wikipedia.org/wiki/Muckleshoot](http://en.wikipedia.org/wiki/Muckleshoot)

## C-5: Livable Communities

In devising this Area Plan, ADS conducted a wide variety of community outreach and engagement events and activities in 2014 and early 2015 (see [A-3: Planning and Review Process](#)). The most frequent themes heard were:

- Health and wellness
- Housing
- In-home assistance
- Income/financial assistance
- Safety
- Socialization
- Transportation

Much of this can be summed up as the desire for “livable communities.”

The greater Seattle region has many strengths. It is acknowledged by the general population as a great place to grow up and live. By reducing physical and social barriers to aging in place; promoting creative ways for older adults to maintain, share, and grow their talents, skills, and experiences; and ensuring livable communities for all ages, Seattle-King County can also be a great place to grow old.

### Characteristics of a livable community

AARP defines a livable community as “one that has affordable and appropriate housing, supportive community features and services, and adequate mobility options, which together facilitate personal independence and the engagement of residents in civic and social life.”

When residents can live comfortably—regardless of ability—and age in place, everybody benefits. According to the World Health Organization, cities that encourage active aging and enhanced quality of life share eight characteristics:

1. Outdoor spaces and buildings
2. Transportation
3. Housing
4. Social participation
5. Respect and social inclusion
6. Civic participation and employment
7. Communication and information
8. Community support and health services



#### Related AAA Programs, Services & Partnerships

[Coordinated Response to Abuse, Neglect & Exploitation](#)

[Housing Development Consortium](#)

[King County Mobility Coalition](#)

[Northwest Universal Design Council](#)

[Older Americans Month](#)

[Puget Sound Regional Council Special Needs Transportation Committee](#)

[Senior Centers](#)

[Senior Coffee Hours](#)

[Senior Community Service Employment Program](#)

[Seniors Training Seniors](#) (computer classes)

[Social media](#)

#### For more information, visit:

Create Livable Communities

[www.agingkingcounty.org/livable-communities.htm](http://www.agingkingcounty.org/livable-communities.htm)

Encourage Financial Security

[www.agingkingcounty.org/financial-security.htm](http://www.agingkingcounty.org/financial-security.htm)

Promote Healthy Aging/  
Stay Connected

[www.agingkingcounty.org/healthy\\_aging.htm#connected](http://www.agingkingcounty.org/healthy_aging.htm#connected)

## Trends and challenges

- The need for affordable housing in King County greatly surpasses the supply. An additional 936 subsidized housing units need to be created each year until 2025 just to maintain the current ratio of affordable housing to less-affluent older adults.
- A [higher percentage](#) of King County residents age 65 and older pay more than 30 percent of their income for housing, as compared to U.S. residents of the same age.
- A [higher percentage](#) of King County residents age 65 and older use public transportation than U.S. residents of the same age.
- Older adults outlive their ability to drive safely by an average of 7–10 years.
- Older adults will choose to age in place rather than relocate to retirement facilities or communities where access to services is more convenient.
- Individuals with limited mobility have difficulty accessing basic needs, including food, employment and health care, and face inactivity, social isolation, and exclusion.
- The monthly housing costs for elder homeowners without a mortgage in King County typically exceeds \$600/month. On average, elders with a mortgage pay \$1,617/month.
- Social Security is the only source of income for about three in ten Washingtonians age 65+.
- The Elder Economic Security Standard Index for Seattle-King County shows that monthly household expenses greatly exceed the average Social Security benefit. Elders in poor health have even more difficulty meeting the cost of living in the greater Seattle area.
- Many Seattle-King County residents will not have the resources they need to cover basic needs and healthcare expenses in their retirement.
- Loneliness and social isolation are a threat to longevity. Lack of social relationships influences the risk of death comparable to well-established mortality risk factors such as smoking and alcohol consumption, and exceeds the influence of other risk factors such as physical inactivity and obesity.



[The Green Way to Travel in Your Neighborhood](#) (AgeWise King County, May 2015). Seattle Department of Transportation photo.

## C-5: Livable Communities: Goal

Promote/develop a regional framework to increase awareness about the aging population; and influence municipalities, stakeholders, policy and decision makers, and consumers to prepare their communities for the aging population; and encourage people of all ages to keep moving and stay connected.

### C-5: Livable Communities: 2016–2019 Objectives

#### C-5-1: Housing

1. Update existing housing data and reports to advocate for expansion of affordable, accessible housing including development of alternative housing for aging in place.  
**Goal:** Update Quiet Crisis: Age Wave Maxes Out Affordable Housing, King County 2008-2025 by 2017

2. Provide education about the benefits of Universal Design (UD) and promote the inclusion of UD principles in capital construction programs by facilitating the Northwest Universal Design Council and coordinating public program meetings.  
**Goal:** 4+ events per year
3. Utilize websites, newsletter, and social media to promote community-based options for home repair, weatherization, and conservation that can help older adults live more comfortably and save money.  
**Goal:** 12+ posts per year
4. Work with HSD and community partners to enhance services (increase hours and services) for individuals age 50+ in existing or new shelters such as the Roy Street Shelter.  
**Goal:** By 2017

#### **C-5-2: Community Mobility**

1. Advocate to increase the availability of transportation options.  
**Goal:** Ongoing
2. Advocate/work to increase funding for older adult transportation programs such as the Hyde Shuttle.  
**Goal:** Ongoing
3. Promote community design that supports mobility, such as public transportation, walking, and bicycling.  
**Goal:** 1+ forums each year

#### **C-5-3: Economic Security**

1. Participate in public education and marketing campaigns to promote individual savings for later life.  
**Goal:** Ongoing
2. Encourage hiring and retention of older workers, allowing them to work and save longer, by promoting age 55+ employment programs and training opportunities.  
**Goal:** Produce weekly bulletins

#### **C-5-4: Social and Civic Engagement**

1. Advocate for increased funding for senior centers and related services to reduce social isolation.  
**Goal:** Ongoing
2. Utilize current technology to enhance access to aging information, programs and services as well as social and civic engagement for older adults.  
**Goal:** 50+ posts per year
3. Expand opportunities for older adults to volunteer through the Mayor's Office for Senior Citizens' Seniors Training Seniors program.  
**Goal:** 2016 program review

## Sources

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- [Senior Driver Safety](#), Automobile Association of America.
- [Social Relationships and Mortality Risk: A Meta-analytic Review](#), Holt-Lunstad J, Smith TB, Layton JB (2010). PLoS Med 7(7)
- [Social Security: 2014 Washington Quick Facts](#), AARP (2014).
- [Talking With Your Older Patient: A Clinician's Handbook](#), National Institute on Aging, National Institutes of Health, U.S. Department of Health and Human Services, October 2008.

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## Section D: Area Plan Budget Summary

D-1 Area Plan Budget Summary  
D-2 Expenditure/Revenue Detail by Funding Source

# Area Plan Budget

## 2016 Estimated Revenue

<b>FEDERAL FUNDS</b>		<b>STATE FUNDS</b>	
Older Americans Act (OAA)		Sr. Citizens Services Act	\$2,177,000
-Title III-B, III-C, III-D, III-E	\$6,516,256	State Family Caregiver	\$3,118,117
-Title VII Elder Abuse Prevention	\$18,895	Senior Drug Education	\$17,560
-NSIP (USDA/Food)	\$644,856	Kinship Caregiver	\$216,316
		Kinship Navigator	\$84,785
		Veteran Directed Home Services	\$20,000
<b>Total OAA</b>	<b>\$7,180,007</b>	<b>Total State Funds</b>	<b>\$5,719,086</b>
<b>Medicaid (Title XIX)</b>		<b>City of Seattle</b>	
Case Management	\$18,616,068	General Fund	\$4,271,527
Title XIX Admin. Claiming	\$1,126,195	Mayor's Office for Senior Citizens	\$528,667
Core Svcs Contract Mgmt	\$1,350,032	Dept of Info Technology	
Caregiver Training/Trng Wages	\$1,450,649	Cable Fund	\$22,802
<b>Total Medicaid</b>	<b>\$22,542,944</b>	<b>Total City Funds</b>	<b>\$4,822,996</b>
<b>Other Federal Resources</b>		<b>Other Local</b>	
Seattle Housing Authority	\$359,744	Amy Wong Client Fund	\$4,500
Senior Farmers Market	\$144,802	KC Levy (PEARLS)	\$356,000
ADRC Options Counseling	\$70,000	KC Care Partners	\$150,000
Medicare Improve. for Patients & Providers	\$33,806	Qualis	\$26,000
		UW Geriatric Workforce Enhance.	\$88,000
		UW RDAD	\$8,287
<b>Total Other Federal</b>	<b>\$608,352</b>	<b>Total Other Local Funds</b>	<b>\$632,787</b>
<b>TOTAL FEDERAL FUNDS</b>	<b>\$30,331,303</b>	<b>TOTAL LOCAL FUNDS</b>	<b>\$11,174,869</b>
<b>GRAND TOTAL</b>		<b>\$41,506,172</b>	

Table 18. Area Plan Budget—2016 Estimated Revenue

2016 Estimated Revenue	
<b>OAA</b>	\$7,180,007
<b>State Funds</b>	\$5,719,086
<b>Medicaid (Title XIX)</b>	\$22,542,944
<b>City of Seattle</b>	\$4,822,996
<b>Other Federal</b>	\$608,352
<b>Other Local</b>	\$632,787
<b>TOTAL</b>	<b>\$41,506,172</b>

Table 19. Area Plan Budget—2016 Revenue Summary

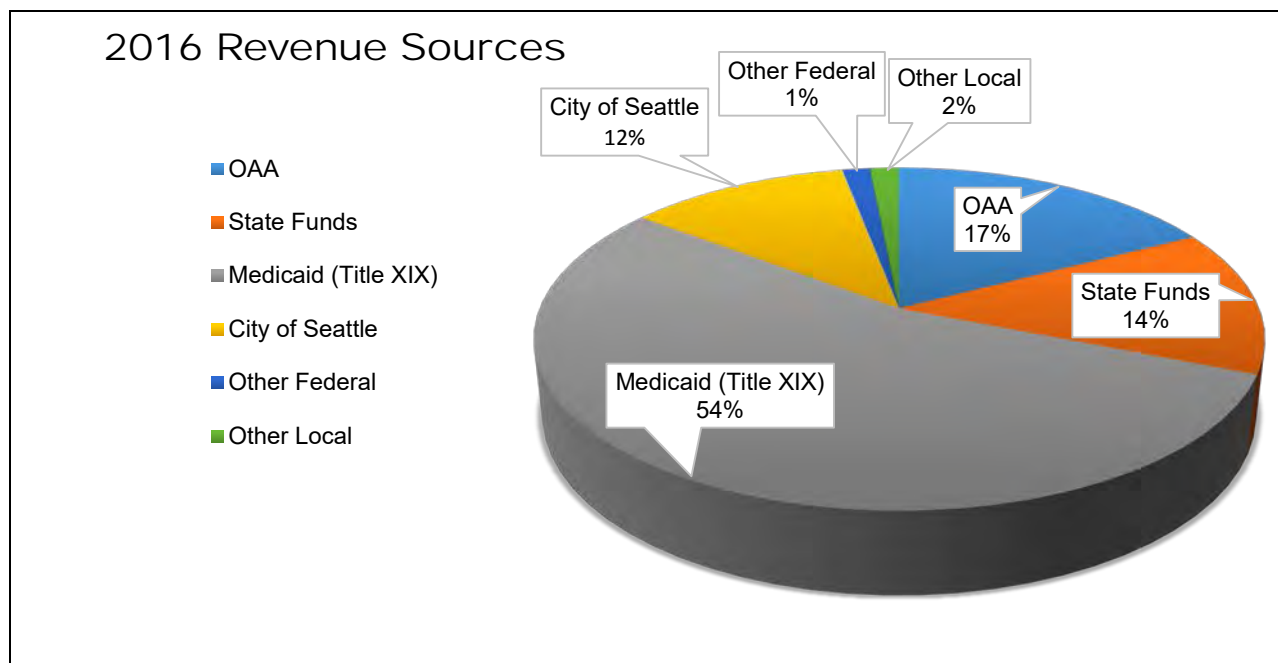


Figure 26. Area Plan Budget—2016 Revenue Sources

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# Appendices

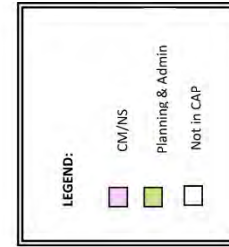
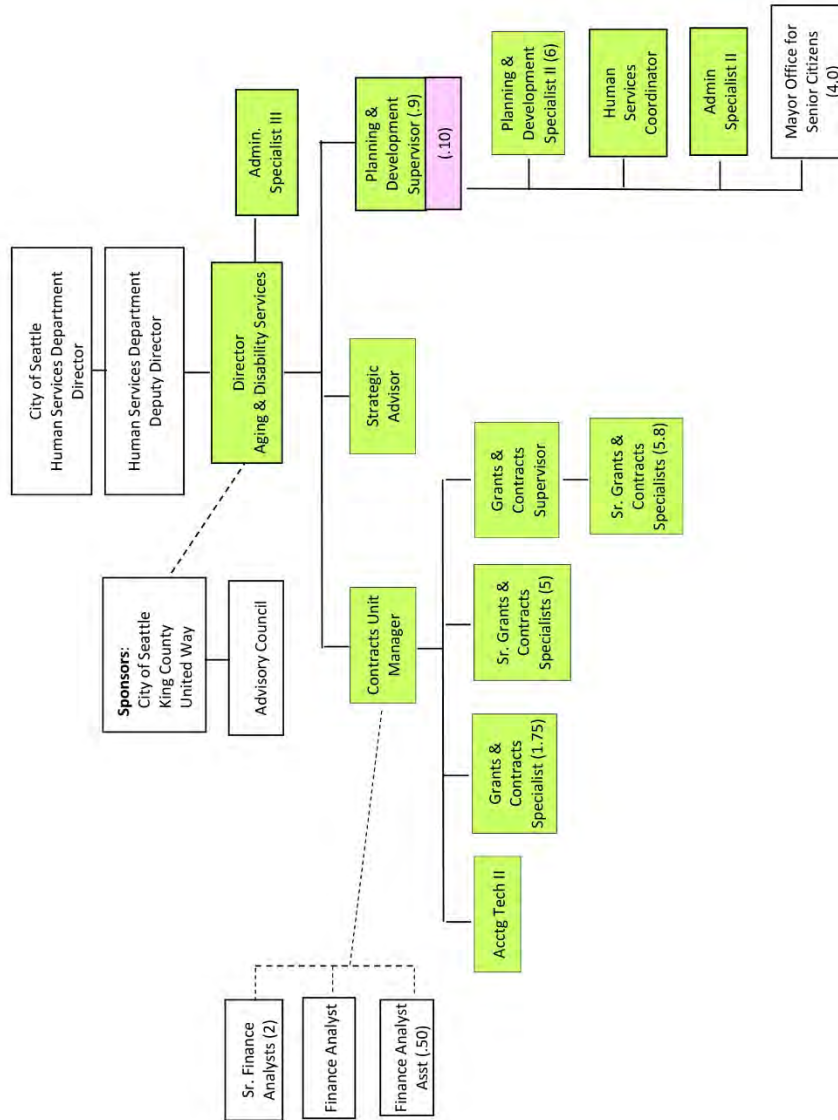
- A. [Organization Chart](#)
- B. [Staffing Plan](#)
- C. [Emergency Response Plan](#)
- D. [Advisory Council](#)
- E. [Public Process](#)
- F. [Report on Accomplishments of 2014–2015 Area Plan Update](#)
- G. [Statement of Assurances and Verification of Intent](#)
- H. [Policy 7.01 Implementation Plan \(Muckleshoot Indian Tribe\)](#)
- I. [Policy 7.01 Implementation Plan \(Snoqualmie Nation\)](#)

## APPENDIX A: ORGANIZATION CHARTS





Aging and Disability Services  
Planning and Administration  
2016 Organizational Chart





## Appendix B: Staffing Plan

POSITION TITLE	TOTAL STAFF (Full- & Part-Time)	POSITION DESCRIPTION
<b>Planning &amp; Administration</b>		
Director	1 FTE	Directs and supervises all AAA activities.
Strategic Advisor	1 FTE	Conducts strategic planning, policy development, and health aging coordination activities in support of Area Plan objectives.
Planning & Development Supervisor	1 FTE	Oversees all planning functions and data application systems.
Planning & Development Specialist II	6 FTE	Conduct planning functions: Area Plan development and implementation, systems coordination, research and analysis, advocacy coordination, fund procurement processes. Advisory Council support.
Human Services Coordinator	1 FTE	Outreach and program support for the Geriatric Workforce Enhancement Grant.
Contracts Manager	1 FTE	Oversees all contracted services and AAA budget.
Grants & Contracts Supervisor	1 FTE	Supervision of contracts unit staff, contract development, and coordination of monitoring activities.
Sr. Grants & Contracts Specialist	10.8FTE (12 staff)	Conduct program & contract monitoring, negotiation, training & technical assistance to subcontractors.
Grants & Contracts Specialist	1.75 FTE (2 staff)	Manages application process for Medicaid contracts, supports contracting and monitoring activities.
Accounting Technician II	1 FTE	Performs fiscal & invoice payment support.
Administrative Specialist III	1 FTE	Assistant to the AAA director.
Administrative Specialist II	1 FTE	Provides support for general planning functions, contract development, and database management.
Office/Maintenance Aide	0.72 FTE	Provides clerical support (from the Supported Employment Program).
<b>Case Management Program</b>		
Case Management Program Director	1 FTE	Directs the in-house Case Management Program, serves as disaster coordinator.
Case Management Program Manager	2 FTE	Direct supervision of the Seattle and South King County case management offices.
CM Team Supervisor	10 FTE	Each supervises a team of case managers.
Counselor (case manager)	79.23 FTE (80 staff)	Provide case management services to in home clients.

<b>POSITION TITLE</b>	<b>TOTAL STAFF (Full- &amp; Part-Time)</b>	<b>POSITION DESCRIPTION</b>
Assistant Counselor	4 FTE	Performs case management tasks to support Counselors.
Registered Nurse Consultant	8 FTE	Serve as nurse consultants to the case managers.
Administrative Specialist I	7 FTE	Provide administrative support.
Administrative Specialist II	1 FTE	Serves as IP coordinator and may assist in administrative support.
Administrative Supervisor	2 FTE	Supervise administrative support staff.
Administrative Support Assistant	2 FTE	Serve as receptionists and provide administrative support.
Accounting Technician II	1 FTE	Provides fiscal support.
Social Service Aide	10 FTE	Provide support to case managers.
Training & Education Coordinator	3 FTE	Provide and coordinate training for CM staff and subcontractors.
Fair Hearing Coordinator	2 FTE	Fair hearing activities.
Respite Program Coordinator	3 FTE	Perform client assessment and scheduling for Respite services, coordinate with service providers.
Senior Counselor	1 FTE	Clinical Staff lead for Community Living Connections including oversight of Family Caregiver Program respite services and CLC Care Coordination.
<b>Mayor's Office for Senior Citizens</b>		
Human Services Supervisor	1 FTE	Supervision of MOSC activities.
Program Intake Rep	2 FTE	Employment program support.
Volunteer Coordinator	.5 FTE	Volunteer outreach and coordination.
Admin Support Assistant	.5 FTE	Reception.

Total number of full time equivalent 168.5

Total number of staff positions 172

Total number of ethnic minority staff 63

Total number of staff over age 60 20

Total number of staff indicating a disability N/A

Information on staff indicating disability is not available in the HR database.

# Appendix C: Emergency Response Plan

Area Agency on Aging Policy & Procedures Manual Chapter 1 Elements	Responses
1. A designated staff person to oversee planning tasks and determine how emergency management is carried out in the local jurisdiction	<ul style="list-style-type: none"> <li>• Jill Watson, Emergency Management Coordinator, Seattle Human Services Department</li> <li>• ADS Case Manager</li> <li>• ADS Contracts Staff</li> </ul>
2. Letters of agreement between the AAA and local emergency operations leadership that identify responsibilities	The ADS AAA role is identified in the City of Seattle's Comprehensive Emergency Management Plan in the Emergency Support Function #6 Mass Care, Housing and Human Services Matrix.
3. Preparedness activities done by the AAA	<ol style="list-style-type: none"> <li>1. Updated the Human Services Department (HSD) Continuity of Operations(COOP) planning Emergency Response Team Roster (June 2015)</li> <li>2. Participates in annual HSD Floor Wardens meeting to review responsibilities and procedures in the event of an emergency.</li> <li>3. Participates in annual Seattle Housing Authority emergency preparation workshops.</li> <li>4. Participates on the Emergency Preparation Committee (includes Red Cross and other community providers)</li> <li>5. Participates in the Emergency Support Function 6 (ESF 6) Mass Care, Housing and Human Services Group, which includes preparedness activities and exercises.</li> <li>6. Participates in emergency preparedness exercises with the City of Seattle Office of Emergency Management.</li> </ol>
4. Criteria for identifying high-risk clients in the community	<p>Lives alone, has 100 hours and</p> <ol style="list-style-type: none"> <li>1. CPS score <math>\geq 4</math></li> <li>2. Med management/self-administration: Must be administered</li> <li>3. Medical treatment/treatment list               <ol style="list-style-type: none"> <li>a. IV/nutritional support</li> <li>b. Bowel program</li> <li>c. Gastrostomy/Peg care</li> <li>d. Tracheostomy care</li> <li>e. Tube feedings</li> <li>f. IV medications</li> <li>g. CPAP or BiPAP</li> <li>h. Dialysis</li> <li>i. Nebulizer</li> <li>j. Oxygen</li> <li>k. Suctioning</li> <li>l. Ulcer care</li> <li>m. Ventilator or respirator</li> <li>n. Skilled Nursing</li> </ol> </li> <li>4. Indicators/Skin screen/Pressure ulcers: Number of current pressure ulcers <math>\geq 1</math></li> <li>5. Mobility/locomotion outside of room/self-performance: Extensive assistance or total dependence or did not occur/client not able.</li> <li>6. Eating/Self-performance: Total</li> </ol> <p><b>ADDITIONAL INFORMATION NEEDED</b></p> <ol style="list-style-type: none"> <li>1. Home care agency</li> <li>2. Hours authorized</li> <li>3. Collateral name</li> <li>4. Collateral phone</li> <li>5. Language</li> <li>6. CM name</li> <li>7. DOB</li> <li>8. Address</li> <li>9. Phone</li> <li>10. Office</li> <li>11. Supervisor</li> </ol>
5. Plan for contacting high-risk clients and referring to first responders as necessary	<ol style="list-style-type: none"> <li>1. HSD Department Director or their official designee sends out notification to HSD staff.</li> <li>2. Check-in with all home care agencies directors, ESF-6 group and other key partners, such as schools, transportation systems, etc. for impacts to services and operations.</li> </ol>

Area Agency on Aging Policy & Procedures Manual Chapter 1 Elements	Responses
	3. HSD Communications, Emergency Management Coordinator or Public Health-Seattle & King County Vulnerable Populations (Notification language is aligned with the Seattle's Mayor's Office and, if activated, ESF 15) 4. Coordinator sends out notice to community partners. 5. If needed and not already included, communicate to HSD contracted agencies.
6. Local partners such as the American Red Cross	<u>Primary Departments</u> 1. Seattle Parks and Recreation Department 2. Seattle Human Services Department <u>Support Departments and Agencies</u> 1. Seattle Office of Emergency Management 2. American Red Cross 3. The Salvation Army 4. City of Seattle potential shelter site facilities 5. Crisis Clinic/2-1-1 6. Catholic Community Services 7. Seattle Center 8. Seattle Department of Finance and Administrative Services 9. Seattle Fire Department 10. Seattle Department of Planning and Development 11. Seattle Office of Housing 12. Seattle Office of Immigrant and Refugee Affairs 13. Seattle Library 14. Seattle Police Department 15. Seattle Public Utilities 16. Seattle Commission for People with disAbilities 17. Seattle Housing Authority 18. Seattle Public Schools 19. Public Health – Seattle & King County 20. King County Metro 21. King County Office of Emergency Management 22. Administration for Children and Families 23. Federal Emergency Management Agency 24. Other Non-Governmental and Religious Organizations 25. Private Sector
26. Cooperation with the appropriate community agency preparedness entities when areas of unmet need are identified	Areas of unmet need during an emergency are coordinated through the Office of Emergency Management (Seattle or King County) and with the ESF 6 Group partners, which includes governmental and non-government agencies.
27. A system for tracking unanticipated emergency response expenditures for possible reimbursement	The Human Services Department Financial Department (which includes ADS) tracks emergency response expenditures as directed by the City of Seattle Office of Emergency Management.
28. An internal Business Continuity Plan that emphasizes communications, back-up systems for data, emergency service delivery options, and transportation	Human Services Department (HSD) Continuity of Operations Plan (COOP) updated June 2015, includes these elements.

## Appendix D: Advisory Council

The Advisory Council on Aging and Disability Services (ADS) is comprised of 27 community members, as mandated by the Older Americans Act of 1965. The Council has a significant role in guiding Aging and Disability Services as it administers services for older people in King County. The mission of the Advisory Council is to:

- Identify the needs of older people and adults with disabilities in our community;
- Advise on services to meet these needs; and
- Advocate for local, state and national programs that promote quality of life for these populations.

Council members advise ADS on issues, services and policies that affect older people and adults with disabilities. As advocates, the council recommends legislation and policy measures, informs the community about critical issues and needs of older persons and adults with disabilities.

Sponsors of ADS and its Advisory Council are:



The Advisory Council accomplishes its work through its committees and task forces:

- Advocacy Committee
- Communication Committee
- Planning and Allocations Committee

Currently, there are 24 Advisory Council members:

Mary Anderson  
Marsha Andrews  
David Baker\*  
Claire Brannan  
Katty Chow  
George Dicks  
Kris Fredrickson  
Ava Frisinger

Carolyn Heersema  
Beverley Heyden  
Molly Holmes  
Eric Martenson  
Kathe Matrone  
Mac McIntosh  
Kate Miller  
Tom Minty

John Okamoto\*  
Elizabeth A. Phelan, MD  
Tony Provine  
Dave Rogers  
Berta Seltzer  
Sue Shaw  
Lorna Stone  
Kathleen Wilcox

\* Elected official

Total age 60 years or older: 18

Total people of color: 7

Total self-Indicating a disability: 1

## Appendix E: Public Process

The public review period for the 2016-2019 Area Plan and the draft 2016 discretionary allocation recommendations was July 20 thru August 14, 2015. During that time, three public hearings were held on July 28, 29 and August 3, in Seattle, East and South King County. Overall, about 40 individuals, network providers and Advisory Council members attended. Approximately 42 percent were age 60 and older. Comments and responses are summarized below.

### Summary of Public Hearing Comments

Agency	Comments/Questions	ADS Responses
City of Bellevue Human Services	Community Living Connections – Which provider was selected as the hub lead for East King County? The east hub should involve eastside cities, (such as Bellevue, Issaquah, Kirkland and Redmond) and coordinate with entities such as the Eastside Human Services Forum. The hub should work with these groups to understand the service landscape and how eastside partners leverage funds. A big issue is serving people under age 60. Many fall through the cracks. It is an important issue for Bellevue FD CARES, a program that works to reduce repeat calls to 911. The program utilizes MSW practicum students, who assist with finding resources for those in need.	The "hub" model is a place-based service delivery strategy, adapted to meet the needs of residents in the communities where they reside. This model promotes accessible services, coordinated across a network, and located where there is need. This model includes a lead organization for each regional "hub". Senior Services is the region lead for east and north King County and Seattle. Neighborhood House is the regional lead for south King County. The east Region Lead will coordinate with local service providers such as the Eastside Human Services Forum, King Council Library System, the Bellevue Network on Aging, and the Kirkland Senior Council.
City of Bellevue Human Services	United Way of King County – The United Way Strategic Plan 2015-2020, will discontinue funding programs for older adults. When this happens, will they continue to be an ADS Sponsor?	United Way has indicated they will no longer designate funding specifically for older adult programs, however, their new Strategic Plan focuses on issues that impact people of all ages, including older adults, such as homelessness, poverty and access to services. As both the Area Plan and United Way's strategic plan are implemented, the ADS Sponsors will address potential impacts on the composition, roles and responsibilities of sponsor agencies.
King County Library System	King County 211 – Many services are moving toward using the 211 information system. How much training will be provided for the new CLC providers?	Community Living Connections central access function is operated by King County 211. There will be a separate number and dedicated staff for their specialized program tailored for older adults and adults with disabilities. Staff go through extensive training to be knowledgeable about the resources in the community. ADS will ensure additional trainings are provided as needed.



Agency	Comments/Questions	ADS Responses
King County Library System	Care Transitions coordination – What are some of the outcomes from this coordination?	ADS is committed to reducing unnecessary readmissions at local hospitals. A few of the care transitions coordination outcomes include: 1) Collaboration with health care providers to enable more effective transitions from hospitals to home; 2) Annual Care Transition Conferences since 2011; 3) Continue coordination with new partners in South King County.
King County Library System	Is anyone tracking the “hot spots” in King County?	Current “hot spot” efforts involve working to reduce frequent 911 callers in the Seattle area; working with ADS clients residing in Auburn senior housing buildings, and other vulnerable populations in South King County, to improve safety and coordination.
King County Library System	From a librarian’s perspective, what should we inform the public of regarding services for older people and people with disabilities? The King County Library System has website for adults age 50 and older: <a href="http://www.kcls.org/50plus/">www.kcls.org/50plus/</a> .	ADS is excited to partner with the King County Library System on public education and outreach. The library system is an integral part of the Community Living Connection regional hub partnerships. We look forward to future trainings and working together on information to share.
Congressman Dave Reichert’s Office	Congressman Reichert is very supportive of the Community Living Connection and the hub model. We can assist with referrals and facilitating community partnerships, for example with the Enumclaw Regional Healthcare Foundation that works to make the Foothills communities healthy and safe for families and older adults.	ADS appreciates Congressman Reichert’s support with development of the new Community Living Connection model and will make sure the South King County Regional Hub lead follows up with his office.
Congressman Dave Reichert’s Office	More resources are needed for people who don’t yet qualify for Medicare or Medicaid.	ADS understands the need for more resources for individuals approaching age 65. ADS will be looking for opportunities to expand funding for disabled adults under age 60.
Nikkei Concerns	Our agency serves mostly Asian individuals. Many do not speak English, especially the WWII generation, who are now older. Many live on the eastside, but language is a barrier.	ADS will facilitate a connection with the Community Living Connection East King County Region Lead to increase access to culturally appropriate service providers.
Judson Park Retirement Community Board member and Resident	Judson Park, a continuing care retirement community, recently began work on a strategic plan. We have strengths and want to use them in the community, such as our memory care support and exercise programs. We are interested in ways to partner with ADS.	ADS looks forward to partnering with the Judson Park Retirement Community. We will also make sure the Community Living Connections South King County Region Lead connects with Judson Park to leverage respective strengths.

Agency	Comments/Questions	ADS Responses
Greater Maple Valley Community Center	Transportation is a huge issue for rural communities. We are happy that transportation is addressed in the Area Plan.	Referenced Issue Area C5.
City of Kent	We're seeing an increase in Iraqi elders who are experiencing high rates of isolation and depression from trauma. Lutheran Community Services Northwest recently opened a new office in Sea-Tac that provides a variety of multicultural social and healthcare services for south King County residents. They also have a contract with Harborview Medical Center to assist individuals with specialty trauma.	Thank you for the information. ADS will connect with the provider to make sure they are aware of all of the existing services and also to explore further collaboration.
City of Kent	United Way of King County is withdrawing support for older adults. How will that impact the Area Plan?	United Way has indicated they will no longer designate funding specifically for older adult programs, however, their new Strategic Plan focuses on issues that impact people of all ages, including older adults, such as homelessness, poverty and access to services. As both the Area Plan and United Way's strategic plan are implemented, the ADS Sponsors will address potential impacts on the composition, roles and responsibilities of sponsor agencies.
Congressman Adam Smith	We often receive calls from older people asking for information. Is there a number that we can refer them to for assistance?	The Community Living Connections main line is 206-962-8467 or Toll Free at 1-844-348- KING (5464).
Pike Place Market Senior Center	Housing for seniors is a big issue, but no funding is allocated it in the plan. About 50 percent of the people we serve are homeless and many spend more than 30% of their income on rent.	ADS recognizes the critical need for housing for older adults and people with disabilities. Although ADS does not directly fund housing, through coordination with housing planning processes and public funders, ADS advocates prioritizing funding for affordable senior housing and housing for people who have disabilities. As noted in this report, as more baby boomers enter their elder years, the need for a range of senior housing options will increase.
Pacific Asian Elders Program	Has the one-time-only funding for 2015 been allocated yet? If not, what will the process be?	Due to underspent 2014 discretionary funds, approximately \$400,000 of one-time only discretionary funding was allocated for 2015. The Advisory Council Planning and Allocations Committee's recommended allocations for the one-time only funding were adopted by ADS Sponsors. Some of the funds have been allocated, however, funds earmarked for nutrition and health promotion will be allocated through a process in fall 2015.

Agency	Comments/Questions	ADS Responses
Seattle Public Library	I'm happy to see libraries included in Section C-5 Livable Communities. What we hear from library patrons is reflected in the plan. We're seeing a number of individuals turning to libraries for ways to get advice and counseling, especially regarding affordable health care. Libraries are working to reinvigorate creative ways to engage older adults.	Thank you for your comments. ADS is excited to partner with libraries.
UW School of Social Work	Thanks for co-sponsoring the May 13 LGBTQ Town Hall meeting. Three things missing in the plan: 1) LGBT older adults experience health disparities, including higher rates of disability; 2) Many are socially isolated; 3) Social isolation places them at higher risk for cognitive impairment and premature mortality.	Revisions made to <a href="#">Section B-2: Targeting Services</a> .
Columbia Legal Services	The priorities in the Area Plan are also what we are seeing at our agency, especially among low-income seniors. We are also seeing the number of homeless seniors increasing. From a legal services perspective, we're researching how to better deal with housing and are working to create a Bill of Rights for nursing home residents. We also work with immigrant and refugee elders, and we are also working to address elder abuse and neglect.	ADS welcomes opportunities to partner with Columbia Legal Services on advocating on these issues in the future, particularly during the next legislative session.
Wallingford Senior Center	I'm glad to see recognition of the changing demographics in north Seattle. It is very different, especially for communities of color. I'm also glad the plan includes livable communities. This should be a collaborative process and it is important to engage the Department of Neighborhoods. Glad senior centers are mentioned in the plan. These centers will be key in providing assistance with navigating services. Accessibility is key for all people and senior centers are a vital part of the network.	ADS agrees that senior centers serve as vital access points for older adults. Senior centers will be an integral part of the Community Living Connections, particularly for the regional hubs.
Wallingford Senior Center	United Way has been a partner in funding programs for seniors, but the funding will sunset leaving a gap.	The new United Way plan will shift funding away from aging programs, however, their focus will be on issues that impact people of all ages, including older adults, such as homelessness, poverty and access to services. It is unclear how the funding will be re-allocated, however, this will be a topic at upcoming meetings United Way is hosting with providers impacted by the funding shift.

## Summary of Written Comments

Agency	Comments/Questions	ADS Responses
J. Messier	Requested consideration of adding Naturally Occurring Retirement Community (NORC) programs and senior shared housing opportunities in the Area Plan.	ADS intends to update the <a href="#">Quiet Crisis</a> housing report over the next four years. The update will reflect current demographic trends; current needs of older adults and people with disabilities; and the evaluation of traditional and non-traditional senior housing options. Strategies in the report will also be revisited, including identifying new partnerships. <b>New objective (Issue Area C-5) to read:</b> Update 2009 Quiet Crisis Senior Housing Report to reflect current demographic trends and reexamine proactive steps and strategies.
A. Joiner, Senior Advocacy Specialist	My work involves deaf blind seniors and I am a member of the Puget Sound Association of the Deaf. Both groups have expressed concerns about finding an assisted living facility that would be “self-contained” for deaf and blind senior individuals so they could receive services in the same place, thus reducing isolation and costs for interpreting services.	Although we recognize the need for housing for people with disabilities, as an Area Agencies on Aging, ADS does not receive funding to provide or operate housing stock. ADS will continue to advocate for affordable housing options and will work with housing and service providers to ensure access to affordable housing for older adults and people with disabilities.
J. Winchester	Expressed concerns about limited on-site management available in SHA senior housing buildings and is also frustrated with the slow response time when requests are made for clean-up and/or repairs.	ADS staff forwarded letter to the Mayor’s Office for Senior Citizens. An Information & Assistance Advocate will investigate expressed concerns and will follow-up.
Washington Dental	I’ve identified two areas where <b>oral health</b> could be called out: 1. Highlight the addition of oral screenings as an addition to the OAA and allocate funds to assist with dental hygiene services at the senior centers. Include oral health treatment services, dentures, etc., in the prioritization of discretionary funds, especially for those most in need.	In 2015, the U. S. Senate passed the Older Americans Act reauthorization bill (S.192). For the first time since its enactment, oral health is specifically referenced. The new provision would allow Area Agencies on Aging to use funds for disease prevention and health promotion activities to conduct oral health screenings. The bill must now pass through the House, hopefully, before 2016.
P. Piering, Healthy Aging Consultant	<b>Re: Objective C5, 1-d:</b> I believe that the Plan should identify the connection between this objective and the newly-announced City-funded shelter for homeless men age 60+ or with a disability on Queen Anne. It seems to me the objective should be revised to reference this new shelter, and it might speak to coordination of services for elders at this setting. At a minimum, I would imagine that the AAA would want to advocate for more services (if not 24/7) for these participants who have chronic conditions. As it stands now, I believe that there is no food service of any kind planned at the new	Revisions have been made to <a href="#">Section C-5 objectives</a> . Revised objective: Work with HSD and community partners to enhance services (increase hours and services) for individuals age 50+ in existing or new shelters such as the Roy Street Shelter.

Agency	Comments/Questions	ADS Responses
	shelter, and that the shelter hours are from 10 pm to 6 am only.	
Columbia Legal Services (CLS)	<b>Re: B-2: Targeting Services</b> It is important to ensure inclusivity in providing services to seniors and persons with disabilities, such that all programs reflect the needs of all people. These considerations should not be an after-thought, but built into the foundation and structure of the services offered.	Although programs are designed to include all people, due to limited funding, the State instructs Area Plans to address those in greatest social and economic need, with particular attention to low-income minority individuals, limited English speaking people, older individuals residing in rural areas, LGBT individuals and people under age 60 with disabilities.
Columbia Legal Services (CLS)	<p><b>Re: C-1: Long-Term Services &amp; Supports, Medicaid Case Management</b> - CLS supports the goal of clients remaining in their homes if that is their choice. CLS advocates this position with the Washington State Health Care Authority and Department of Social and Health Services during the implementation of new programs. CLS will continue to work with ADS on these goals, locally and at the state level.</p> <p><b>Re: Pre-Medicaid Services 2016–2019 Objectives</b> - Clients should be aware of the Senior Pamphlets and Bulletins provided and regularly updated by civil legal service providers, such as Columbia Legal Services and Northwest Justice Project among others, with important information on Medicaid Planning, Long-Term Care Services, Food and Cash Benefits, Supported Decision Making, Wills and Estates, and numerous other issues facing seniors (and disabled adults) at every income level, including very low-income.</p> <p><b>Service Integration &amp; Systems Coordination: 2016–2019 Objectives</b> These efforts should include civil legal services providers, such as Columbia Legal Services and others, because victims of abuse often need significant support and guidance on civil legal issues, as well as criminal.</p>	<p>ADS appreciates the collaboration with Columbia Legal Services on these goals.</p> <p>ADS agrees. Resources, pamphlets and bulletins are available on our website at <a href="http://www.agingkingcounty.org">www.agingkingcounty.org</a>, and are also shared via emails with case managers.</p> <p>ADS agrees. See <a href="#">Section C-3: Elder Justice Coordination</a>.</p>

# Appendix F: Report on Accomplishments of 2014 Area Plan Update

1. Expand access to chronic care management (CCM) through the King County Care Partners network.
  - a. Expand to Medicaid/Medicare (duals) in long-term services and supports (LTSS). 2014 Goal: 25 dual clients  
**a. KCCP program served 19 clients during 2014. Due to staffing issues, the program was unable to expand.**
  - b. Through a contract with Community Health Plans of Washington (CHPW), ADS served 121 unduplicated Healthy Options clients in 2014.
2. Participate in a translational study of the Reducing Disabilities for people with Alzheimer's disease (RDAD) in-home exercise and problem-solving therapy model for Alzheimer's patients and their family caregivers. 2011 Baseline: 0 clients; 2012–2015 Goal: 13 dyads per year  
**2014 Accomplishment: 8 Dyads**
3. Maintain the number of older adults, including veterans/spouses, who show improvement in their level of minor depression as measured by the PHQ-9 assessment tool. Annual Goal: 80 clients, including 40 veterans/spouses  
**During 2014, 78 clients improved their level of minor depression. Of these clients, 40 were veterans or veteran spouse.**

4. Strengthen relationships with area hospitals and health care providers, and provide care transitions coaching and other interventions, to support reduction of unnecessary hospital readmissions.
  - a. **2014 & 2015 Goal: 4 Hospital briefings and 1 Community meeting**

February 2014	<ul style="list-style-type: none"> <li>• Arrowhead Gardens</li> <li>• Hospital Safe Tables</li> </ul>
April 2014	<ul style="list-style-type: none"> <li>• Highline Home Health and Hospice</li> <li>• Home Care Association of WA presentation</li> </ul>
May 2015	<ul style="list-style-type: none"> <li>• Vendor Fair-Resource Table Information session at Multicare/Auburn</li> </ul>
July 2014	<ul style="list-style-type: none"> <li>• Meeting with Talbot Rehab Administration/Social Work and Nursing Staff</li> </ul>
August 2014	<ul style="list-style-type: none"> <li>• Swedish Medical Group-Presented to RN's, SW, patient navigators</li> <li>• Rainer Community Festival</li> <li>• Presentation to Capitol Hill Housing Group</li> </ul>
October 2014	<ul style="list-style-type: none"> <li>• Meeting with Polyclinic-discussed CDSME and other programs</li> </ul>
November 2014	<ul style="list-style-type: none"> <li>• Carolyn Downs staff presentation</li> <li>• Presentation to Valley Medical RNs and Social Workers</li> <li>• Leading Age of WA Conference</li> </ul>

- b. **ADS served 370 Healthy Options clients through a transitional care contract with CHPW.**
  - c. **Of the 82 AAA clients referred for transitional care, 37 percent prevented a hospital readmission within 30 days.**
5. Expand CDSMP workshops in King County to include limited English-speaking immigrant communities. Coordinate and support local CDSMP providers network. 2014 Goal: 10 workshops  
**Six workshop series were offered throughout King County. Two were held in subsidized housing buildings; two were held in public health clinics (one on diabetes); one offered for**



Chinese-speaking older adults; and one offered in collaboration with a mental health agency. In addition, diabetes cross-trainings were held for Master Trainers and Lay Leaders. It was a very successful in-service training that brought 50 Lay Leaders together from all provider agencies.

6. Participate in HealthPath WA Strategy 2 by providing health home and long-term care services, network management, and other negotiated services. 2014–2015 Goal: Contract with at least two managed health care organizations  
**ADS had weekly meetings with representatives from King County DCHS and Public Health to design a service delivery model for the local duals project. ADS also worked closely with United Health Plan Community and Regence/AmeriHealth to contract for care management and network management. Regence ended up pulling out of the duals program and the state chose Community Health Plans of Washington (CHPW) to replace them. CHPW decided they could not move forward with the pilot and the state cancelled HealthPath WA.**
7. Increase awareness about fall risk among community-dwelling older adults by conducting falls prevention presentations to ADS staff and other relevant healthcare professional groups. 2014-2015 Goal: One presentation per year  
**ADS planners conducted three “Lunch & Learn” fall prevention workshops during September for Renton senior residents at Golden Pines and Houser Terrace, and for City of Seattle employees. A combined total of 60 individuals participated in the workshops. Of the attendees, two-thirds were age 65 and older, 25 percent were males and many were family caregivers. An article entitled “Strong Today, Falls Free Tomorrow” was also featured in an online monthly newsletter AgeWise King County.**
8. Partner with the Harborview Falls Prevention Clinic to conduct monthly consultations about clients with a six month or greater history of falls. 2014 Goal: 10 to 12 consultations; 2015 Goal: 10 to 12 consultations  
**During 2014, Dr. Elizabeth Phelan, foundering director of the Fall Prevention Clinic at Harborview Medical Center, conducted seven consultations with ADS case managers.**
9. Partner with the Mobile Dental Clinic to target eligible case management clients at-risk for poor oral hygiene. 2014 Goal: 6 dental clinics in SHA buildings and serve 38 clients  
**During 2014, 10 dental clinics were completed and served 114 older adults at-risk for poor oral hygiene.**
10. Expand existing Information & Assistance (I&A) service delivery system to implement core components of ADRCs: 1) Information, Referral, and Awareness; 2) Options Counseling and Assistance; 3) Person Centered Transition Supports; 4) Streamlined Eligibility (Access) Determination; 4) Consumer Populations, Partnerships and Stakeholder Involvement; and 5) Quality Assurance and Continuous Improvement. 2011 Baseline: 20% of core components implemented; 2014 Goal: 60% of components implemented; expansion of pilot projects to ADRC network.  
**Aging and Disability Resource Centers are called Community Living Connections in WA State. In King Co., the program is called Community Living Connection-Aging and Disability Resource Networks (CLC-ADRN). Federally, core components include 1) Information, Referral, and Awareness; 2) Options Counseling and Assistance; 3) Person Centered Transition Supports; 4) Streamlined Eligibility (Access) Determination; 4) Consumer Populations, Partnerships and Stakeholder Involvement; and 5) Quality Assurance and Continuous Improvement. Information, Referral, and Awareness is an established service provided by six community agencies. These agencies were encouraged to expand their services to include the other core ADRC components. Over 70 staff, from existing and other agencies participated in the two-day Options Counseling training. Three agency providers piloted Options Counseling services. Trainings and service delivery will continue in 2015. Also, about 60 staff from 45 agencies participated in the first convening of stakeholders to learn about the CLC philosophy to create a seamless service delivery system.**

11. Increase the number of King County older adults and people with disabilities who use Washington Connection, either directly or with the help of I&A/ADRC advocates, to complete applications for benefits. 2012 Baseline: Applications for benefits for ages 60+ - 6,996 direct and 1,165 community partner; 2014: Increase access by 10% from 2012  
**Initial request for 2014 information was sent to DSHS in March, 2015 with no response. ADS will review accessible data points and revise objective accordingly.**
12. Increase access to housing with services for low-income residents to age in place. (2014) a. Advocate at the federal and state levels to maintain funding for low-income housing and to reduce barriers to providing services to seniors in subsidized housing (Ongoing); b. Advocate for increasing access to affordable housing for older adults and people with disabilities. (Ongoing)  
**The ADS Advisory Council focused on housing and homelessness at their August 2014 meeting. Mark Putnam, Director, Committee to End Homelessness and Todd Burley, Communications Director, Seattle Office of Housing were the presenters. AC members received an update on the Ten-Year Plan to End Homelessness and learned what the City of Seattle funds to keep people in their homes to avoid homelessness. The AC Advocacy Committee received a briefings from Ben Miksch, Affordable Housing Policy & Advocacy Specialist from the WA State Low Income Housing Alliance, on the loss of funding for the housing trust fund. Sharon Lee, Executive Director, Low Income Housing Institute and Katie Porter, Housing Developer, Capitol Hill Housing discussed the importance of affordable housing.**
13. Maintain the percentage of eviction prevention services that result in maintaining SHA residency for seniors and adults with disabilities. Annual Goal: 80 percent  
**95 percent of clients that received an eviction notice were successfully helped to maintain their SHA residency**
14. Advocate maintaining funding for neighborhood transportation options, including community shuttles and volunteer transportation, to keep pace with population growth. 2011 Baseline: \$3,069,075; 2015 Goal: \$3,222,529  
**The 2011 ADS contracts total \$571,335, which is a difference of \$2,497,740 from the baseline below. The 2011 baseline and 2015 goal is a five percent increase and the ADS transportation contracts (total \$609,112) met that.**
15. Partner with the King County Asset Building Collaborative (KCABC) to promote financial literacy education for people of all ages to build financial literacy, promote economic self-sufficiency, and prepare for retirement. (Ongoing)  
**In 2014, ADS restructured its online strategic initiatives to include Encourage Financial Security, with a new webpage was created to share information about the Elder Economic Security Index and elder abuse (including financial exploitation) as well as access to Information & Assistance, Free Tax Prep, and senior employment programs. ADS continues to host the Age 55+ Employment Resource Center (Mayor's Office for Senior Citizens) and contract with Pike Market Senior Center and the YWCA for senior employment services.**
16. Advocate for the reauthorization of the Older Americans Act and advocate for improved economic security in King County, especially among older women. (Ongoing)  
**In January 2014, the ADS Advisory Council Advocacy Committee sent a letter to Congressman Dave Reichert to encourage him to support/restore funding to all Older Americans Act; provide adequate resources for Medicare Part D enrollment assistance; provide funding to the Elder Justice Act; and allocate funding for Prevention and Public Health to fund evidence-based programs for older adults.**
17. Increase awareness of the Elder Economic Security Standard Index for Washington, and specific data that details how much income an older adult needs for self-sufficiency in Seattle & King County. (Ongoing)

**The Elder Economic Security Index was mentioned in several discussions, forums and on social media throughout 2014, but there is still more that can be done to raise awareness about the importance of the tool.**

18. Partner with other jurisdictions in King County to develop strategies for increasing meal programs for older adults. (Ongoing) 2011 Baseline: 322,782 congregate meals  
**As a result of the Request for Investments (RFI) for Senior Nutrition Program Services, released in 2013, 13 agencies now provide meals at 50 sites throughout King County, including programs targeting rural residents (Maple Valley), East African elders in Lake City, and Korean and Eastern European elders in Federal Way. Contracts for new sites were effective January 1, 2014. Congregate meals served during 2014: 383,510**
19. Increase the number of people who participate in evidenced-based health promotion programs and show positive health behavior change. 2012 Baseline: 1,223 (includes participants of color and immigrants & refugees); 2014 Goal: 1,480  
**2014 contract goal was 1,064 participants with 660 showing maintenance or improvement. 1157 participated with 478 showing maintenance or improvement in health behaviors.**
20. Seek funding and community partners for outdoor fitness stations geared towards older adults and adults with disabilities. 2011 Baseline: 0; 2015 Goal: 1 senior fitness facility  
**ADS continues to seek out community members who are interested in creating an outdoor fitness area specifically for older adults.**
21. Advocate for social and recreational programming adapted to support people as they age. (Ongoing)  
**ADS has coordinated numerous programs advocating for Universal Design principles that reduce physical and social barriers in homes and communities, including a Seattle Design Festival 2014 workshop on community mobility and Universal Design, which involved local transportation experts. The ADS Advisory Council provided input to the several suburban cities regarding their comprehensive plan updates, with appeals to broaden their plan's focus to serve all ages and abilities. New webpages were created to promote social connectivity through volunteer activities, lifelong learning, and involvement in the arts. Several AgeWise King County newsletter articles promoted the same themes.**
22. Provide a TCARE assessment and care plan to family caregivers who show moderate to significant caregiver burden. 2011 Baseline: 600; 2013 Goal: 700; 2014 Goal: 750  
**During 2014, the total number of TCARE assessment and care plans completed is 828.**
23. Develop training curriculum for family caregivers who have loved ones with mental illness and difficult behaviors. 2011 Baseline: 0; 2015 Goal: 1 curriculum  
**No activity to report.**
24. Advocate to increase language capacity and class schedules and to reduce class size for home care independent provider training to better meet the language needs and training requirements of the independent provider workforce. (Ongoing)  
**For limited English proficiency (LEP) students, 2014 activities included: 1) Conducted a comprehensive analysis of where LEP students reside to better understand class access needs for LEP students; 2) Developed a commitment to deliver 12 languages in relevant WA state counties; 3) Increased the number of refresher courses offered to assist with preparing students for the certification exam; 4) Conducted outreach to employers with large LEP students to better understand the training needs.**
25. Advocate with Aging and Long-Term Support Administration (AL TSA—formerly called Aging and Disability Service Administration) and the state legislature to match required tasks (e.g., frequency of client contact) for Medicaid case management with available Medicaid case management resources. (Ongoing)

During 2014 and 2015, AAA directors met with ALTSA staff to identify opportunities for programmatic changes and cost saving strategies. The MB H15-050 outlining case management work efficiencies was released in July 2015.

26. Conduct cultural competence staff trainings on emerging immigrant and refugee populations. Goal: 1 training per year  
Valuable Area Plan input was received in 2014 at Community Living Connections-Aging and Disability Resource Network (CLC\_ADRN) outreach events and activities. In September, ADS staff presented the CLC-ADRN information at the Refugee and Immigrant Forum.
27. Advocate for ALTSA to implement Web portal improvements, efficiencies and better reporting for the participants and care consultants. (Ongoing)
  - a. Work with ALTSA to standardized SSPS processes outside the portal when efficiencies can be realized for the care consultant, consumers and providers;
  - b. Work with ALTSA to require new consumer staffing before transfers to address the consequences of not having personal care in place and the ability to accumulate funds while unstaffed.

A work group with representatives from ADS, Pierce County Community Connections and a Program Manager from DSHS Aging and Long-Term Support Administration (ALTSA) developed a list of needed improvements in 2014. It is anticipated that during 2015, ALTSA and Public Partnerships LLC will continue to collaborate on planning and securing funding for recommended improvements.

  - a. In October 2014, PPL was released from issuing payment to providers when personal care services authorizations transitioned to the DSHS SSPS payment authorization system. This change eliminated significant payment challenges for the program. This change also added some additional responsibilities to the care consultants. As of January 2015, Provider One was scheduled to replace the SSPS system for home care agency payments. Due to Provider One and portal synchronization problems, payment workarounds were in place from January to March 2015. Individual providers' personal care payments are scheduled to transition to Provider One in 2016.
  - b. All new intakes received from Home and Community office require a provider in place at the time of transfer. Unfortunately, this change also resulted in an extreme reduction in the number of Home and Community Service intakes to the New Freedom program. The change appeared to remove an incentive to offer the New Freedom option as service option to consumer.
28. Advocate with the Veteran's Administration to increase the number of clients referred to the Veterans-Directed Home Services. (Ongoing)  
During 2014, the number of clients in King County remained at an average of seven per month. There were approximately 38 eligible Veteran's on the wait list. An ADS case manager checks in regularly with a VDHS program representative about the wait list and possible referrals to King County AAA services.
29. Work with the Elder Abuse Council to increase coordination among service and criminal justice agencies. (Ongoing)
  - a. Seek funding to expand support for victims of elder abuse to navigate the system;
  - b. Completed in 2013;
  - c. Increase training for domestic violence support, staff capacity to respond and mandatory reporters on resources available for abused elders, using methods such as webinars, Web-based training videos and in-service training;

2011 Baseline: \$0; 2014 Goal: \$50,000  
From 2012 to 2014, ADS Case Management staff provided assistance to 245 clients who experienced abuse, neglect or financial exploitation. This includes direct case management services and consultations with staff and providers. ADS was recognized in a King County and City of Seattle proclamations for World Elder Abuse Awareness Day in June 2014. Staff attend monthly King County Elder Abuse Council meetings and participated on a planning committee for WA State's 11th Annual Conference. In November 2014, ADS staff was interviewed by KUOW in a segment to raise awareness about elder abuse. In September 2014, ADS received \$50,000 from the Seattle Fire Department (SFD) and King County Emergency Medical Services (EMS) to designated 1FTE Case Manager to respond to reports of abuse and

neglect, identified by SFD. Project partners include the UW School of Public Health, Seattle Police Dept. and Adult Protective Services. The goal of the pilot is to increase SFD's mandatory reporting of vulnerable adults and provide a coordinated response.

30. Advocate for transportation, pedestrian, street and land use policies and projects that promote walkable communities and pedestrian safety, and support people as they age. (Ongoing)  
**Northwest Universal Design Council conducted presentations on remodeling for accessibility, Universal Design in education, community mobility, and home safety.**
31. Educate policy makers and community members about the advantages of incorporating Universal Design (UD) principles into standards for all types of housing development. Annual Goal: 2 presentations  
**ADS staffs the Northwest Universal Design Council, which advocates for good design for all ages and abilities (this accommodates aging in place). Meetings have included "How to Live Happily Ever After (January); Community Mobility & Universal Design (April); and Falls Prevention (July). Other public awareness strategies include four websites; social media (Facebook, Twitter, and Pinterest); and coordinated brochures and flyers.**
32. Support technology that enhances access to aging information, programs and services as well as social and civic engagement for older adults. (Ongoing) a. Increase public awareness of resources available for aging in place, including family caregiver resources, long-term care support, and end-of-life care and support. (Ongoing); b. Celebrate positive aging and the powerful impact that people age 50+ have on their community, utilizing social networking media; 2011 Baseline: n/a; Goal: 50 posts to social sites per year.  
**ADS promotes public awareness of resources for aging in place via its website (www.agingkingcounty.org), Facebook (ADS, NWUDC, MOSC and W4A), Twitter, Pinterest, and AgeWise King County, an online newsletter published on behalf of the ADS Advisory Council. ADS staff taught a statewide social media workshop at W4A staff development day and an NCOA social media webinar. ADS staff researched, wrote and worked with a videographer to create a 40-minute documentary on the development of the Aging Network in Seattle-King County. The Seattle Mayor's Office for Senior Citizens, a unit of ADS, continues to coordinate Seniors Training Seniors, providing access and literacy support for older adults who want to learn computer skills. Numerous public forums were held in 2014, including:**
  - **ADS Advisory Council forums on Alzheimer's disease, Medicare, and legislative district elections.**
  - **Northwest Universal Design Council presentations on remodeling for accessibility, Universal Design in education, community mobility, and home safety.**
  - **Mayor's Office for Senior Citizens coffee hours, held monthly downtown and periodically in community venues, featuring local programs and services.**
33. Conduct at least one community conversation per quarter, with an emphasis on target populations (communities of color, rural, immigrant and refugees, LGBT). 2011 Baseline: n/a; 2014 Goal: 2 meetings/year  
**During the summer of 2014, ADS staff conducted community engagement activities in an effort to inform two RFP processes scheduled for 2015. Community conversations were held with participants and providers throughout King County, including immigrant/refugee communities and advocates for people with disabilities**
34. Collaborate with faith-based communities to support successful aging to increase awareness about the aging network. 2011 Baseline: n/a; Goal: 1 workshop per year  
**No activity to report.**
35. Increase outreach to target populations in order to achieve a five percent (%) increase in participation within ADS-funded services. (Ongoing) Baseline: 33,662 (unduplicated client level)



Year	Goal	Actual	%Increase
2012	35,345	37,620	6.4%
2013	39,501	39,377	0.31%
2014	41,345	39,055	5.53%

36. Conduct outreach activities within diverse communities by coordinating at least one ADS Advisory Council meeting a year with a focus on older people and adults with disabilities who reside in East and South King County areas. (Ongoing); Goal: One meeting per year.
- The Advisory Council's March 2014 meeting was held at the Central Area Senior Center. An in-depth presentation was provided about Alzheimer's disease, care options and culturally competent care. Bob LeRoy, Executive Director, from the Alzheimer's Association was the guest speaker. In May, the Advisory Council meeting was held in the International District, at the International Community Health Clinic (ICHS). The presentation focused on ICHS services; health disparities among immigrant and refugee communities; and how health services respond to uninsured populations. For September, the AC meeting was held on Vashon Island. The topic was Alzheimer's disease and featured a documentary called "The Forgetting: A Portrait of Alzheimer's disease."**



## Appendix G: Statement of Assurances and Verification of Intent

For the period of January 1, 2016 through December 31, 2019, the Aging and Disability Services—the Area Agency on Aging (AAA) for Seattle-King County—accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) (P.L. 106-510) and related state law and policy. Through the Area Plan, Aging and Disability Services shall promote the development of a comprehensive and coordinated system of services to meet the needs of older individuals and individuals with disabilities and serve as the advocacy and focal point for these groups in the Planning and Service Area. Aging and Disability Services assures that it will:

Comply with all applicable state and federal laws, regulations, policies and contract requirements relating to activities carried out under the Area Plan.

Conduct outreach, provide services in a comprehensive and coordinated system, and establish goals objectives with emphasis on: a) older individuals who have the greatest social and economic need, with particular attention to low-income minority individuals and older individuals residing in rural areas; b) older individuals with significant disabilities; c) older Native Americans Indians; and d) older individuals with limited English-speaking ability.

All agreements with providers of OAA services shall require the provider to specify how it intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas and meet specific objectives established by Aging and Disability Services for providing services to low-income minority individuals and older individuals residing in rural areas within the Planning and Service Area.

Provide assurances that the Area Agency on Aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with significant disabilities, with agencies that develop or provide services for individuals with disabilities.

Provide information and assurances concerning services to older individuals who are Native Americans, including:

- A. Information concerning whether there is a significant population of older Native Americans in the planning and service area, and if so, an assurance that the Area Agency on Aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under the Area Plan;
- B. An assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides with services provided under title VI of the Older Americans Act; and
- C. An assurance that the Area Agency on Aging will make services under the Area Plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

Provide assurances that the Area Agency on Aging, in funding the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of Title III funds expended by the agency in fiscal year 2000 on the State Long-Term Care Ombudsman Program.

Obtain input from the public and approval from the AAA Advisory Council on the development, implementation and administration of the Area Plan through a public process, which should include, at a minimum, a public hearing prior to submission of the Area Plan to DSHS/ALTSA. Aging and Disability Services shall publicize the hearing(s) through legal notice, mailings, advertisements in newspapers, and other methods determined by the AAA to be most effective in informing the public, service providers, advocacy groups, etc.

9/25/15

Date



Maureen Linehan, Director  
Aging and Disability Services

9/25/15

Date



Ava Frisinger, Chair  
Seattle-King County Advisory Council on Aging & Disability Services

9/25/15

Date



Catherine Lester, Director  
Seattle Human Services Department

9/25/15

Date



Adrienne Quinn, Director  
King County Department of Community and Human Services

9/25/2015

Date



Sara E. Levin, Vice-President  
United Way of King County

## Appendix H: Policy 7.01 Implementation Plan (Muckleshoot Tribe)

<b>Policy 7.01 Implementation Plan (Muckleshoot Indian Tribe)</b> Seattle Human Services Department Aging and Disability Services Biennium Timeframe: January 1, 2016 to December 31, 2017				
Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the previous year - 2015
<b><u>Medicaid Case Management</u></b> 1. Improve communication between ADS, HCS and Muckleshoot Tribal staff re case transfers, and CARE Plan development. 2. Assign one ADS Case Manager for all Muckleshoot CMP clients for continuity. 3. Increase focus on non-tribal members on the reservation and in the community. 4. Follow all persons referred by ADS to HCS to confirm that they are set up on services based on eligibility.	(1) Modify consent form to identify Tribal Affiliation for case management clients. (2) Assign all Muckleshoot CMP clients to one ADS Case Manager. (3) ADS Case Manager will receive referrals for all discretionary clients 60 yrs old and older from Tribal staff. (4) ADS Case Manager will encourage Tribal staff to refer all clients under 60 years old directly to HCS, assist clients with the benefits application process, and notify ADS Case Manager once application is sent to HCS. (5) ADS Case Manager will contact Tribal staff to coordinate home visits with a tribal representative for all initial home visits and as	<ul style="list-style-type: none"> <li>Improved communication and coordination between ADS, HCS and Tribal staff re all Muckleshoot client cases.</li> <li>Coordinated joint case staffing with ADS &amp; HCS RE: tribal members and non-tribal community member clients bi-monthly or whenever APS or court-ordered cases are involved.</li> <li>Tribal staff will help ADS Case Manager establish rapport with CMP clients so that</li> </ul>	December 31, 2014  <b>Hilary Cross, CMP</b> Deputy Director  <b>Hiroko Evans,</b> CMP Supervisor  <b>Keith Rapacz,</b> Case Manager  <b>Bobbi Keeline-Young,</b> Division Director Muckleshoot Human Services  <b>Wendy Burdette,</b> Program Manager Muckleshoot Senior Services  <b>Karen Cantrell-Kennedy,</b> Program Manager, Elder In-	Meetings were held with Bobbie Keeline-Young, Director of Muckleshoot Human Services Department, and HCS staff March 23 and August 31, 2015. Included a briefing of case management rate issues.  50 and older tribal members – 425 Lunches served daily – 200 Elders receiving in-home care – 52 (June 2015) A 50% increase since January 2015. MIT is planning to hire a consultant to create a home care agency. RNs, LPNs and Social Worker provide wound care, diabetes management and medication management. Advocate to Nurture & Guide an Empowered Life (ANGELs) – 3 focus is on prevention and work primarily with elders who are reluctant to seek services. They work to keep elders active and also provide chore and transportation services. Wood services (provision, stacking, kindling are provided to elders during the winter; The Elders Complex and Pentecostal Church are used for respite from heat/cold or other emergencies.

## Policy 7.01 Implementation Plan (Muckleshoot Indian Tribe)

Seattle Human Services Department

Aging and Disability Services

Biennium Timeframe: January 1, 2016 to December 31, 2017

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the previous year - 2015
5. ADS will encourage Tribal staff to communicate directly w/ HCS/ADSA re: offering New Freedom Program to CMP clients during initial assessments.	<p>preferred by CMP clients and/or staff.</p> <p>(6) Tribal staff will coordinate client releases.</p> <p>(7) Tribal staff and ADS Case Manager will conduct monthly joint case staffings.</p>	<p>Case Manager will be able to provide services for CMP clients if Tribal staff is not required for each home visit.</p> <ul style="list-style-type: none"> <li>Increased referrals and coordination of LTC services for Tribal and non-Tribal community members.</li> </ul>	Home Support Services	<p><u>3<sup>rd</sup> Quarter Caseload</u></p> <p>Monthly case staffing: ADS Case Manager &amp; APS Liaison</p> <p>Core Cases - 4</p> <p>CMP Assistance Level Cases - 36</p> <p>New Referrals - 18</p> <p>Initial Assessments - 1</p> <p>Care Transitions – 0</p> <p>MIT Elder In-Home Support Services – 52</p> <p>Money Follows the Person -</p>
<p><u>Medicaid Case Management Continued</u></p> <p>6. ADS Case Manager will provide initial eligibility determination and on-going case management for Muckleshoot Tribe and tribal community members residing in-home and who request LTC core services, per the agreement HCS has</p>			<p>December 31, 2014</p> <p><b>Hilary Cross</b>, CMP Deputy Director</p> <p><b>Hiroko Evans</b>, CMP Supervisor</p> <p><b>Keith Rapacz</b>, Case Manager</p> <p><b>Bobbi Keeline-Young</b>, Division Director</p>	<p><u>Special events for tribal elders</u></p> <ul style="list-style-type: none"> <li>- Native Caring Conference, Feb. 15-16, Oregon</li> <li>- Caregivers Conference, February 26-27</li> <li>- End of Season Salmon Dinner, February 27</li> <li>- Gardening at MIT Elders Complex, Feb-March</li> <li>- Elders Luncheon at Emerald Downs, April 29</li> <li>- Veterans Pow Wow, June 19-21</li> <li>- Elders Luncheon, Grand Ronde, Oregon, July 13</li> </ul> <p><u>Other activities involving tribal elders</u></p> <ul style="list-style-type: none"> <li>- Winter Pow Wow, February 14</li> <li>- Spring Pow Wow, March 14</li> </ul>

## Policy 7.01 Implementation Plan (Muckleshoot Indian Tribe)

Seattle Human Services Department

Aging and Disability Services

Biennium Timeframe: January 1, 2016 to December 31, 2017

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the previous year - 2015
<p>with the Muckleshoot Tribe and ADS.</p> <p>7. ADS Case Manager and the Muckleshoot Senior Services Program Manager will work to increase communication and coordination client referrals and services by creating a partnership with the Tribal Health &amp; Wellness Program.</p>			<p>Muckleshoot Human Services</p> <p><b>Wendy Burdette,</b> Program Manager Muckleshoot Senior Services</p>	<ul style="list-style-type: none"> <li>- Halibut Fishing Trip, May 20-22</li> <li>- Fish Canning, July 21-22</li> <li>- Men's Fishing Trip, August 6-7</li> <li>- Mountain Berry Picking, August 6 &amp; 11</li> <li>- Skopabsh Pow Wow, August 21-23</li> <li>- Jam Making, August 26</li> <li>- Beading Work &amp; Drum Making, Weekly</li> <li>- Harvesting for Medicine Making Classes, Tuesdays</li> <li>- Cedar Weaving Classes, Wednesdays</li> <li>- Medicine Making Classes, Thursdays</li> <li>- Pendleton Sewing Classes, Fridays</li> <li>- Elders Breakfast, last Saturday of every month</li> </ul> <p><u>Other special events for tribal elders</u></p> <ul style="list-style-type: none"> <li>- Ongoing - Farm-to-Table with focus on the Muckleshoot Ternstra garden introduced to augment home-grown vegetables dispersed to elders, various programs and for traditional medicines. Tribal members continue to work on expanding the garden.</li> </ul>

## Policy 7.01 Implementation Plan (Muckleshoot Indian Tribe)

Seattle Human Services Department

Aging and Disability Services

Biennium Timeframe: January 1, 2016 to December 31, 2017

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the previous year - 2015
<b>Training</b> 1. ADS will identify key training opportunities for Tribal Senior Services staff and caregivers.  2. Plan and schedule a training offered by tribal staff re Native American cultural beliefs and practices  3. <b>Elder Abuse Training</b>	(1) ADS will inform and offer training opportunities to Tribal staff for trainings offered to ADS case managers.  (2) Coordinate and schedule training with ADS staff.  (1) Develop Memorandum of Understanding (MOU). Reporting requirements regarding elder abuse cases will be spelled out in the MOU	<ul style="list-style-type: none"> <li>Increased training opportunities for Tribal staff.</li> <li>Conduct at least one training during 2011.</li> <li>MOU in place.</li> </ul>	Dec. 31, 2014 <b>Keith Rapacz</b> , Case Manager  Dec. 31, 2014 <b>Bobbi Keeline-Young</b> , Division Director Muckleshoot Human Services  September 30, 2014 <b>Gigi Meinig</b> , Planner	



## Policy 7.01 Implementation Plan (Muckleshoot Indian Tribe)

Seattle Human Services Department

Aging and Disability Services

Biennium Timeframe: January 1, 2016 to December 31, 2017

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the previous year - 2015
4. <b>Medicare Care Transitions</b>	(1) Involve MIT in the So. County focus group regarding the root causes analysis of hospital readmissions. (2) Even if grant is unfunded, continue to work with MIT in reducing hospital readmissions.	<ul style="list-style-type: none"> <li>Conduct focus group and coordinate any follow-up activities and planning regarding reducing hospital readmissions.</li> </ul>	Dec. 31, 2014 <b>Keith Rapacz</b> , Case Manager and Care Transitions Coach  <b>Bobbi Keeline-Young</b> , Division Director Muckleshoot Human Services  <b>Wendy Burdette</b> , Program Manager Muckleshoot Senior Services	Attended the Care Transition Conference, June 2015
5. <b>Family Caregivers Support Program (FCSP)</b> – helps unpaid caregivers of adults age 18 and older, by helping to reduce stress, and enable care receivers to remain at home and independent.	(1) Develop strategy to determine who will be conducting the T-Care Assessments. (2) Identify MIT caregivers in need of support. (3) Set goal for number of caregiver referrals. (4) Set goal for number of caregiver assessments to be conducted.	<ul style="list-style-type: none"> <li>Referrals to local support groups, counseling and other resources.</li> <li>Provide advice on use of supplies and equipment.</li> <li>Caregiver training(s)</li> <li>Respite care, if needed.</li> </ul>	<b>Angela Miyamoto</b> ADS Planner          <b>Karen Winston</b>	Caregivers Conference, February 26-27, 2015 T-Care Assessments -          CDSMP Update: 2015 Workshops: 0

## Policy 7.01 Implementation Plan (Muckleshoot Indian Tribe)

Seattle Human Services Department

Aging and Disability Services

Biennium Timeframe: January 1, 2016 to December 31, 2017

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the previous year - 2015
6. <b>Chronic Disease Self-Management Program</b> - is a two & a half hours workshop, once a week, for six weeks, in community settings, involving people with different chronic health problems. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with chronic diseases themselves.	(1) Case manager will work with MIT to refer tribal and community members to trainings.	----- <ul style="list-style-type: none"> <li>Track the number of referrals to CDSMP.</li> <li>Improvements in exercise and self-management of chronic diseases.</li> <li>Fewer hospitalizations and days spent in the hospital.</li> </ul>	ADS Planner	

## Policy 7.01 Implementation Plan (Muckleshoot Indian Tribe)

Seattle Human Services Department

Aging and Disability Services

Biennium Timeframe: January 1, 2016 to December 31, 2017

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the previous year - 2015
<p><b><u>Emergency Preparedness</u></b></p> <ol style="list-style-type: none"> <li>ADS &amp; Tribal staff will work to educate and assist CMP clients in preparing for possible increased flood risk to residents residing in Green River Valley &amp; hillsides.</li> <li>Plan for possible alternate worksite for ADS Case Manager.</li> </ol>	<ol style="list-style-type: none"> <li>ADS and Tribal staff will discuss client emergency preparedness and work to inform CMP clients of their need to be prepared with adequate emergency supplies, evacuation plans and inform CMP clients about their local jurisdiction's warning and notification systems, evacuation routes, shelters, and flood insurance.</li> </ol>	<ul style="list-style-type: none"> <li>Increase client preparedness</li> <li>Reduce impact to MIT tribal &amp; community members &amp; their property.</li> <li>Reduce disruption of home care services.</li> <li>Tribal staff develops an alternate work site on the reservation for ADS Case Manager.</li> </ul>	<p>Dec. 31, 2014 <b>Keith Rapacz</b>, Case Manager</p> <p>Dec. 31, 2014 <b>Bobbi Keeline-Young</b>, Division Director Muckleshoot Human Services</p>	<p>ADS staff and tribal member continue to discuss planning for client emergency preparedness.</p>

# Appendix I: Policy 7.01 Implementation Plan (Snoqualmie Nation)

<b>Policy 7.01 Implementation Plan (Snoqualmie Indian Tribe)</b> Seattle Human Services Department Aging and Disability Services Biennium Timeframe: January 1, 2016 to December 31, 2017				
Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the previous year - 2015
<b>HCS</b> 1. Miscellaneous Training opportunities for Tribal Senior Services Staff and Caregivers.	Region 2 HCS will, as available, offer training slots to Tribal staff for miscellaneous Social Services trainings held at Region 2 HCS.	Tribal Senior Services Staff and Caregivers will have training opportunities.	Anita Canonica, Region 2 HCS SS Program Manager (206-341-7615)	<ul style="list-style-type: none"> <li>No 701 meeting were held during 2015, due to significant tribal staff turnover. Working to schedule a meeting before the end of 2015.</li> </ul>
2. Provide training to the Snoqualmie Tribe on Long-Term Care Services Eligibility at the tribe's request	The Social Services Program Consultant and the Financial Program Consultant will provide the training	The information will provide a better understanding of programs and eligibility for Tribal members	Michelle Joseph, HCS Financial Program Consultant (206-568-5711)	
3. To ensure that all persons referred for HCS services are assessed appropriately and set up on services based on eligibility.	Persons referred from the Snoqualmie Tribe to Region 2 Home & Community Services will be identified on the referral form at Intake to indicate tribal affiliation. The assigned case manager will inform Anita Canonica, Region 2 HCS Tribal Liaison that they have received a referral where tribal affiliation has been identified.	Eligible clients will receive requested HCS services.	On-going Bronwyn Freer, SS Program Manager HCS, Tribal Staff, HCS staff (206-341-7633)  LouAnn Carter, HCS (206-341-7760)	
4. HCS will inform clients who are affiliated with	If the client wishes HCS to contact the Snoqualmie to provide them	Eligible clients will receive all	Tribal Staff HCS staff	

## Policy 7.01 Implementation Plan (Snoqualmie Indian Tribe)

Seattle Human Services Department

### Aging and Disability Services

Biennium Timeframe: January 1, 2016 to December 31, 2017

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the previous year - 2015
Tribes other than the Snoqualmie and the Muckleshoot that they may be eligible for services from the Snoqualmie Tribe	with their contact information, then HCS obtain the client's consent and forwards the information to Snoqualmie Tribal Contact.	accessible services	Bronwyn Freer, HCS Program Mgr. (206-341-7633)  Anita Canonica, HCS Program Manager (206-341-7615)	
<u>HCS</u> (New) 5. Benefit Management	HCS will work toward providing a single point of contact with an upper level case manager to help the tribe manage clients currently enrolled in Apple Health. That contact is Michelle Joseph: phone 206-341-7881	<ul style="list-style-type: none"> <li>Improve coordination of benefits and services for tribal members.</li> <li>Provide current information to Apple Health</li> </ul>	Kate Miller, Title VI and Cultural Activities Director (425-831-2100 ext 6229) Andrew Deusen, Snoqualmie Tribal Staff (425-292-3718)  Michelle Joseph, HCS Financial Program Consultant (206-568-5711)	

## Policy 7.01 Implementation Plan (Snoqualmie Indian Tribe)

Seattle Human Services Department

### Aging and Disability Services

Biennium Timeframe: January 1, 2016 to December 31, 2017

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the previous year - 2015
<b>ADS</b> 1. Work with Tribal staff to facilitate health promotion trainings and workshops for unpaid caregivers.	ADS staff will work with Tribal members to coordinate Chronic Disease Self-Management Program (CDSMP) and Chronic Pain Self-Management (CPSMP) training sessions via Wisdom Warriors.	Implement CDSMP workshop sessions.	Dorie Wallace, Tribe Outreach RN (425-531-8611)  Karen Winston, ADS Planner (206-684-0706)	<ul style="list-style-type: none"> <li>No 701 meeting were held during the first three quarters in 2015, due to significant tribal staff turnover. Working to schedule a meeting during 4<sup>th</sup> quarter 2015.</li> <li>An Elder Outreach RN is scheduled to take the Wisdom Warriors Native American CDSMP program before the end of 2015.</li> </ul>
2. Explore the possibility of implementing care transitions program in East King County.	<p>Increase connection with Evergreen Hospital. New Social Worker will be able to work with tribal members to prevent hospital re-admissions.</p> <p>Share ADS Flags regarding chronic illnesses:</p> <ul style="list-style-type: none"> <li>Asthma</li> <li>Diabetes</li> <li>Chronic Pain</li> <li>COPD</li> <li>Congestive Heart Failure</li> <li>Eyes</li> <li>Falls Prevention</li> <li>Heart Disease</li> <li>Medication Management</li> <li>Oral Health</li> <li>Skin Health</li> </ul>	<ul style="list-style-type: none"> <li>Improved coordination of patients' transition from hospital to home.</li> <li>Able to address both social and health issues.</li> <li>Reduce or eliminate unnecessary hospital readmissions.</li> <li>Increased independence.</li> </ul>	<p>Kate Miller, Title VI and Cultural Activities Director (425-831-2100 ext 6229)</p> <p>Dorie Wallace, Tribe Outreach RN (425-531-8611)</p> <p>Andrea Yip, ADS Planning Unit Supervisor (206-386-0035)</p> <p>Maureen Linehan, ADS Director (206-684-0104)</p> <p>Karen Winston, ADS Planner (206-684-0706)</p>	<ul style="list-style-type: none"> <li>Snoqualmie tribal members have hired an Elder Outreach RN and an LPN to do in-home visits and assessments.</li> <li>The tribe is providing in-home and respite care to tribal elders who assess as needing the service but do not qualify to receive services through the COPES program.</li> </ul>



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