



Area Plan Update

Area Agency on Aging
Seattle-King County, Washington
2018–2019



Aging and Disability Services

AREA AGENCY ON AGING FOR SEATTLE-KING COUNTY

Aging and Disability Services (ADS)

Cathy Knight, Director

Partners

Catherine Lester
Director, Seattle Human
Services Department
City of Seattle

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

Patty Hayes
Director, Public Health
Seattle & King County

Seattle-King County Advisory Council on Aging and Disability Services

Mary Anderson
Hon. David Baker
Irma Farsch
Ava Frisinger
Carolyn Heersema
Beverly Heyden
Molly Holmes

Debora Juarez
Florence Klein
Larry Low
Eric Martenson
Kathe Matrone
June Michel
Mac McIntosh

Tom Minty
Dave Rogers
Sue Shaw
Cynthia Snyder
Lorna Stone
Sue Weston
Dick Woo

Special Acknowledgements

Area Plan Coordination & Production

Karen M. Winston, MSW, ADS Planner

Area Plan Contributors

Allison Boll, MSW, ADS Human Services
Program Coordinator
Karen I. Fredriksen-Goldsen, PhD, University of
Washington School of Social Work
Maureen Linehan, ADS Strategic Advisor
Susan Kinne, PhD, Seattle Human Services
Department & Public Health—
Seattle & King County
Maria Langlais, ADS Strategic Advisor

Gigi Meinig, MPA, ADS Planner
Angela Miyamoto, MPH, ADS Planner
Jon Morrison Winters, ADS Planner
Mary Pat O'Leary, RN, BSN, ADS Planner
Lorraine Sanford, ADS
Administrative Specialist II
Andrea Yip, MPA, ADS Planning Manager

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October 2017

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
- Age-Friendly Communities

As we strive to address these areas, we will do our best to ensure the services we provide are relevant, accessible, and culturally and linguistically appropriate 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.

In 2018, we launch a new governance structure for the Area Agency on Aging. ADS will work in partnership with King County’s Department of Community and Human Services and Public Health-Seattle & King County to coordinate planning and investments for older adults and people with disabilities through an inclusive county-wide system of services and supports. We are proud to have had United Way of King County as a AAA sponsor for over forty years, and we want to acknowledge their critical role in laying the foundation for our local aging network. Although their sponsorship role is ending, we look forward to continuing to partner with them to make our region a better place for people of all ages and abilities to live, work, and thrive.

We are pleased to share our 2018-2019 Area Plan Update for King County with you, and we welcome your thoughts, suggestions, and contributions as we strive to provide and promote high-quality services to elders and people with disabilities throughout the region.

Sincerely,

Cathy Knight, Director
Aging and Disability Services

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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 2018–2019 Area Plan Update for King County (Planning and Service Area #4). This plan guides the work of our agency over the course of the next two years. It reflects the needs of our community and highlights our goals for developing age-friendly communities.

Our agency was formed 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.

In response to changes in both demographics and the funding landscape, the interlocal was revised again in 2017 to shift AAA governance from a multi-agency sponsorship to a collaborative partnership between the AAA and King County. United Way mutually agreed to end their role as a AAA sponsor, and King County will increase its role in coordinating with the AAA on aging services and systems through both the Department of Community and Human Services and Public Health – Seattle & King County. Legislation to effect this change will be introduced to both Seattle City Council and King County Council in fall 2017.

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 48,000 clients each year (unduplicated, across all fund sources). Our most recent [Demographic Profile](#) compiles the demographic attributes of clients served by ADS programs in 2016, including age, ethnicity/race, income, and region.

For more information, contact Aging and Disability Services (Cathy Knight, Director) at 206-684-0660 or aginginfo@seattle.gov, or visit 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 Update included a range of community engagement activities, conducted during 2016-2017, to gather information on community needs, emerging trends, and promising practices. The review process concluded with input from our partners at King County and a public hearing on August 2, 2017. In addition, over 200 individuals participated in special events that were organized to help inform development of the Age Friendly Seattle Action Plan.

Housing and Aging Forum (November 2016)

ADS co-sponsored a Housing and Aging Forum along with the Housing Development Consortium, the Seattle Office of Housing, LeadingAge, and the Washington State Housing Finance Commission. The goal of the forum was to engage housing sector partners to age friendly housing strategies. Over 125 individuals participated in the forum.

HIV is Ageless (March 2017)

The Mayor's Council on African American Elders and African American Reach & Teach Health Ministry (AARTH) along with a variety of partners hosted an HIV is Ageless Forum. About 40 community members, including older adults and agency representatives were in attendance. The purpose of the event was to increase awareness about HIV/AIDS among adults age 50 years and older.



2017 Care Transitions (June 2017)

ADS coordinated the 7th community-based Care Transitions Conference, which focused on health care quality, as well as issues related to care transitions. Approximately 300 participated, represented over 80 organizations in Washington state.

Aging the LGBTQ Way: A Forum on Equity, Respect & Inclusion (June 2017)

ADS, Age Friendly Seattle and community partners coordinated the “Aging the LGBTQ Way: A Forum on Equity, Respect & Inclusion”. The event was requested by former Seattle Mayor Ed Murray and the Seattle City Council via Age Friendly Seattle Resolution 31739. Data from the event was used to inform the Area Plan Update, as well as the Age Friendly Seattle Action Plan for 2018–2021. About 150 individuals were in attendance.

The 2017 Care Transition Conference keynote speaker Tim McNeill, Healthcare consultant, with Keith Rapacz, ADS case manager. Photo by Lorraine Sanford.

The information gleaned from these planning activities and events has been incorporated into the 2018-2019 Area Plan Update. In particular, [Section C-5: Age-Friendly 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 or visit 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 2016, over 48,000 older adults, family caregivers and adults with disabilities in King County received services through this aging network.



ADS Advisory Council members Dick Woo, Larry Lo and Irma Farsch. Photo by Lorraine Sanford.

The 2017 budget totals \$43 million, of which \$31 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, and the state Senior Citizens Services Act. Discretionary funding has some flexibility and can be directed to meet priority needs in King County.

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 mix of six members from the City of Seattle, and King County.

For the 2017 discretionary allocations process, the P&A Committee considered the following in their deliberations:

- ADS Sponsors allocation guidelines.
- 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 2018, the P&A committee recommends that additional allocations be made to priority core services:

- Case Management
- Elder Abuse
- Nutrition
- Transportation
- Community Living Connections

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, ADS Advisory Council, and the City of Seattle Human Services 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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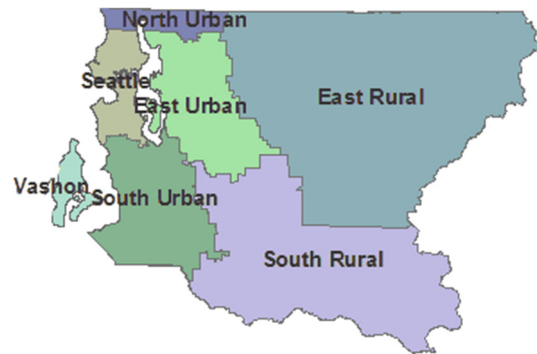


Section B: Planning & Service Area Profile

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%
Total age 60+	344,535	17%	156,218	16%	188,317	19%

Table 1. King County population age 60+ snapshot¹

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.

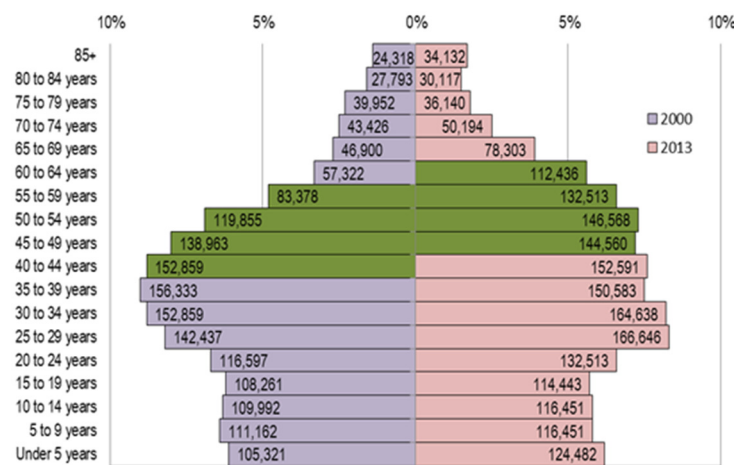


Figure 1. King County Baby Boomers compared to other age cohorts, 2000–2013²

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

² 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.

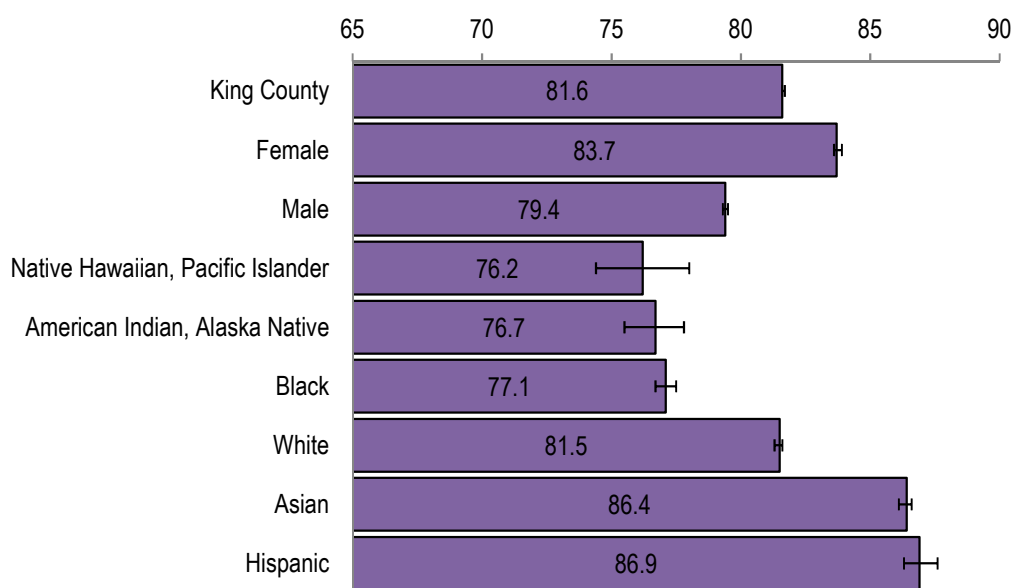


Figure 2. Life Expectancy at Birth, 2008–2012 Average³

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 their life; however, only 15 of these years are expected to be years of healthy life.⁴



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

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

⁴ 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 2030.⁵

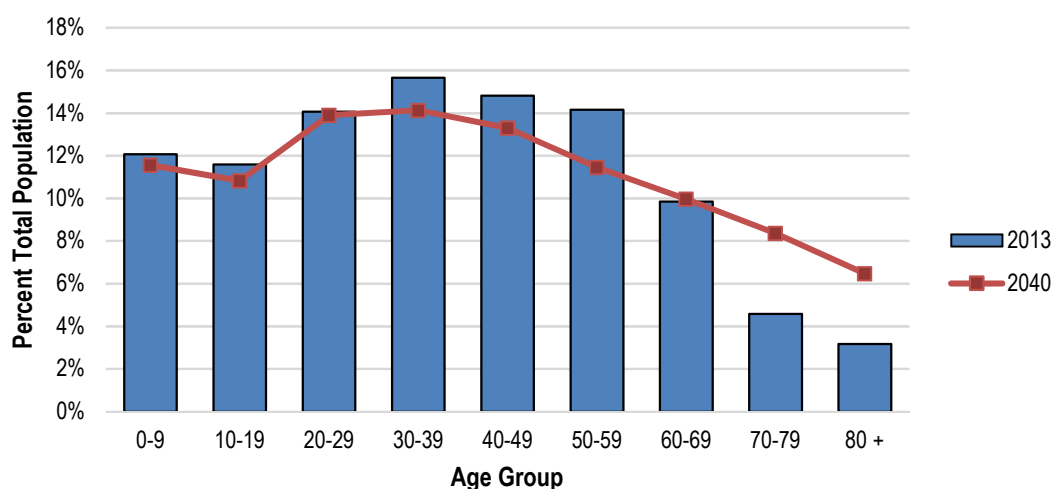


Figure 3. King County Projected Population Growth by Age Cohort, 2013–2040⁶

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%
Total King	242,497	345,875	103,378	43%

Table 2. Growth in Age 60+ Population by Sub-Region⁷

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

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

⁷ 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.

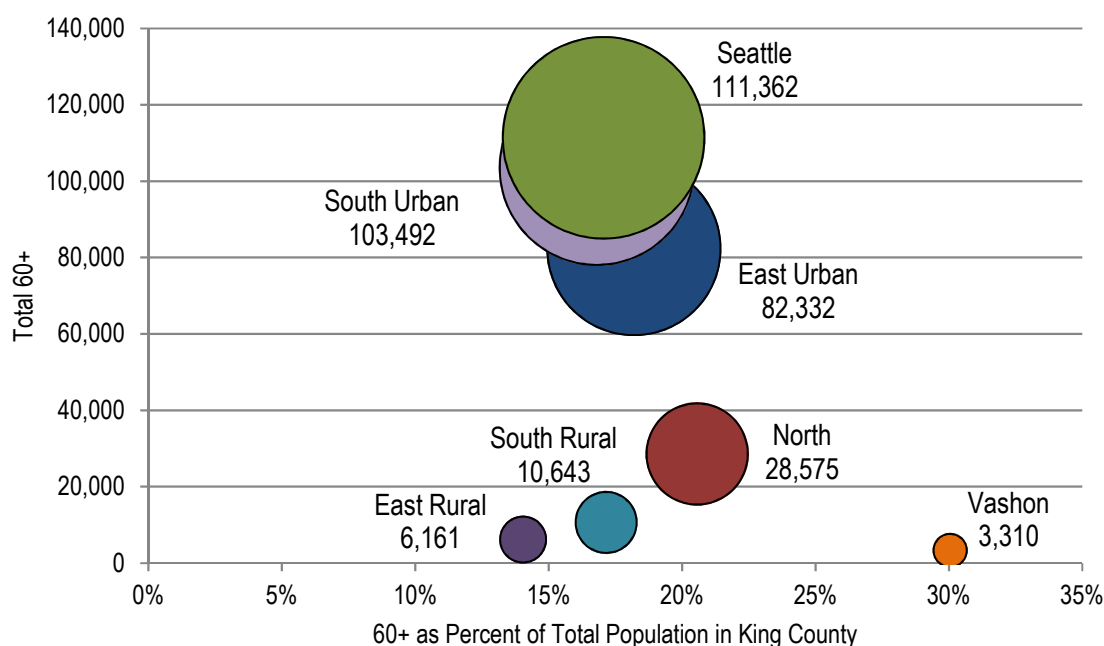


Figure 4. Age 60+ by Sub-Region⁸

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.⁹ 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.¹⁰

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
Total 60+	12,338

Table 3. Rural Residents by Age, 2010, King County¹¹

⁸ Washington State Office of Financial Management. 2013 Population Count and Estimates

⁹ 2010 United States Census, King County

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

¹¹ 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, 2009–2013¹²

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.¹³ Over half of the new refugee arrivals in Washington resettle throughout King County, predominately in South King County.¹⁴ 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-Region¹⁵

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, on the following page, 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.¹⁶ There are two federally-recognized tribes in King County—the Muckleshoot Indian Tribe and the Snoqualmie Indian Tribe. See [Section C-4: Native Americans](#).

¹² American Community Survey (2009–2013 five-year estimates).

¹³ Washington Office of Refugee and Immigrant Assistance. Refugee Health Screenings, 2012–2014.

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

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

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

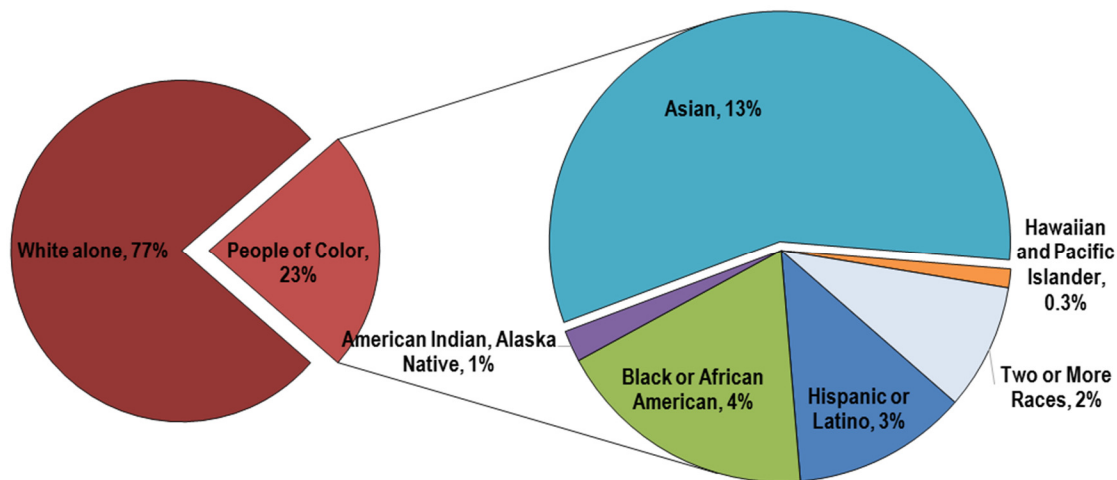


Figure 5. King County Population Age 60+ by Race¹⁷

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.¹⁸

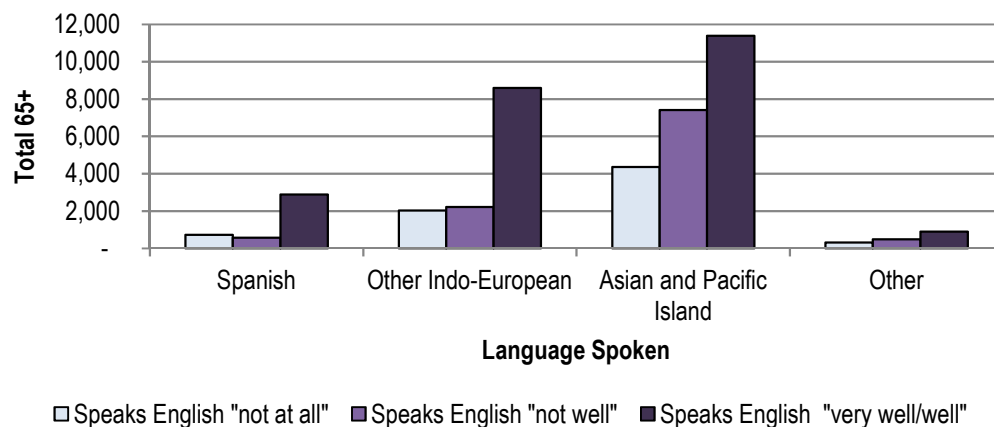


Figure 6. 65+ English Proficiency by Language Spoken, King County¹⁹

Table 6, 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, shows the major languages spoken by the 60+ population.

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

¹⁸ Language categories are presented as defined by the American Community Survey. See www.census.gov/programs-surveys/acs/technical-documentation/code-lists.html for subject definitions.

¹⁹ 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
Total Other Language:	480,495

Table 6 (above left). Languages Spoken by King County Residents over Age 5²⁰

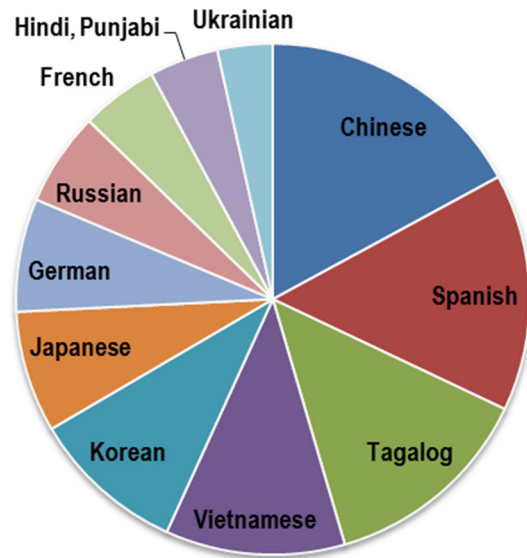


Figure 7 (above right). Major Languages Spoken by King County Residents 60+²¹

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 in the United States identify as transgender.²²

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

Table 7. Sexual Orientation 60+, King County, 2010–2014²³

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

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

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

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

²³ 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%
All 60+	9%

Table 8. Poverty Rate by Race, King County residents age 60+²⁴

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-region²⁵

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.²⁶

Health Reporting Areas	65+ in poverty, 2009–13	65+ poverty rate, 2009–13	Change since 2000 ²⁷
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

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

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

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

²⁷ '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 the 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.

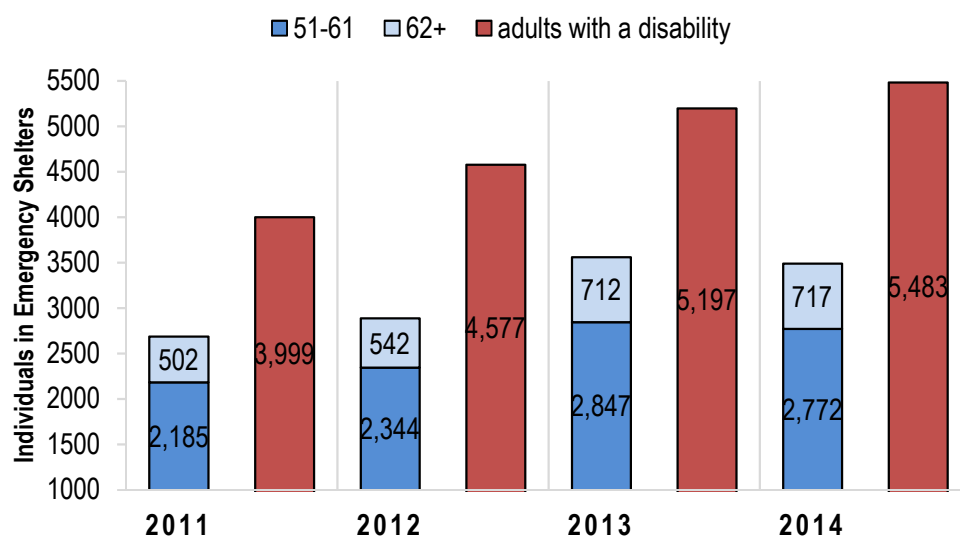


Figure 8. Emergency Shelter Use, Age and Disability, King County, 2011–2014²⁸

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%
Total 51+	2687	3489	802	26.35%
Total Seattle-King Adults	7490	10535	3045	40.65%

Table 11. Growth in Adults Using Emergency Shelters, Seattle-King County, 2011–2014²⁹

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.³⁰

²⁸ 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.

²⁹ Ibid.

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

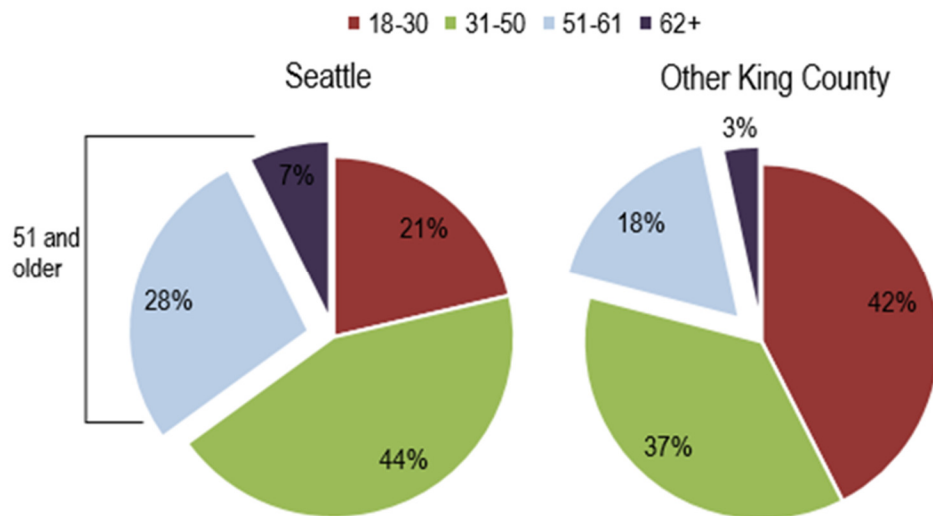


Figure 9. Adults using Seattle and King County Emergency Shelters, 2014³¹

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, 2011–2014³²

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.³³ 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.

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

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

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

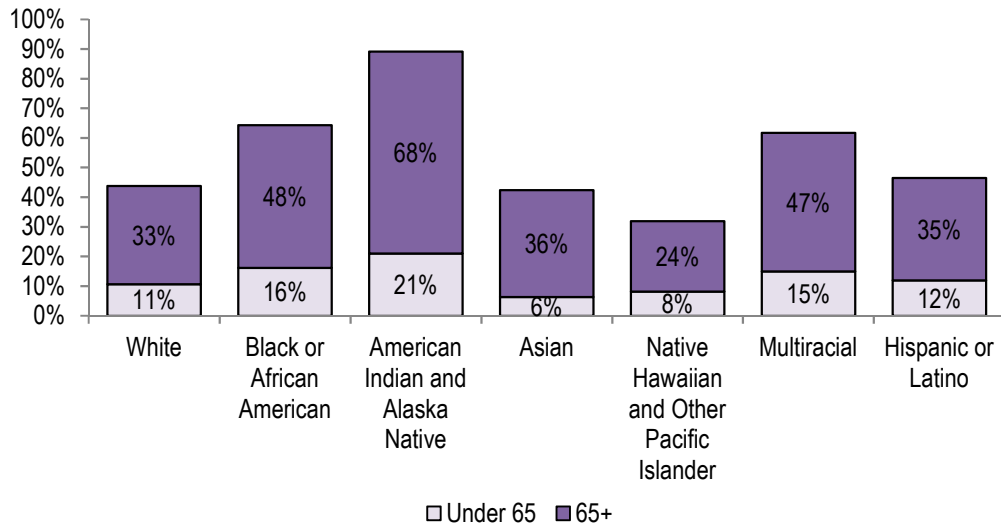


Figure 10. Rate of Disability by Age and Race, King County, 2009–2013³⁴

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.³⁵

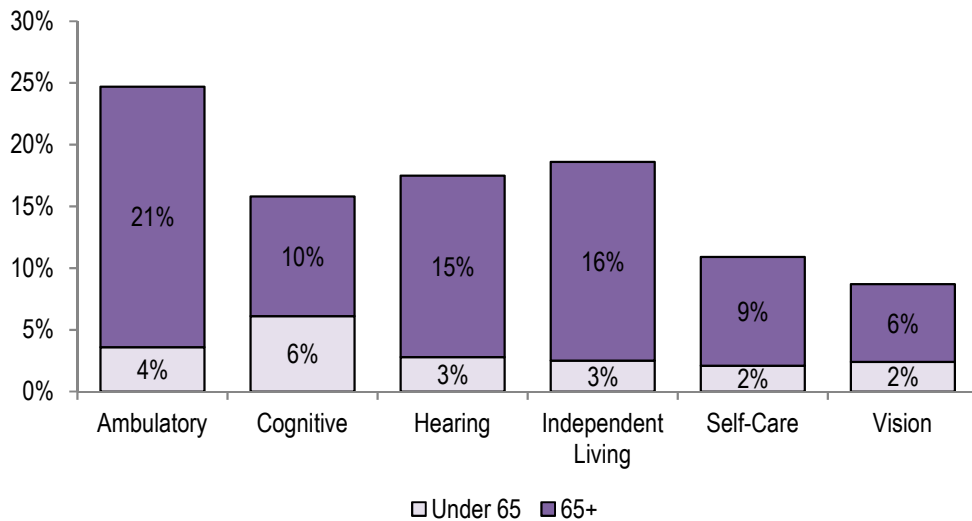


Figure 11. Rates of Functional Limitation by Type and Age, King County, 2009–2013³⁶

³⁴ American Community Survey (2009–2013 five-year estimates).

³⁵ 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.

³⁶ 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 2009–2013.³⁷

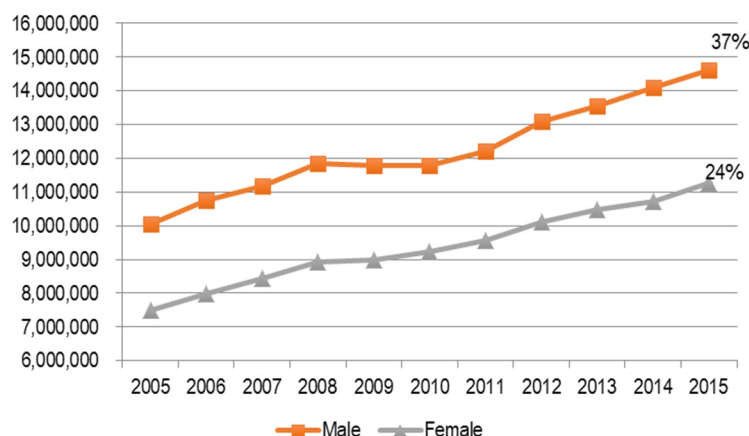


Figure 12. 55+ Employed Full Time, By Gender, 2005–2015, U.S.³⁸

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.

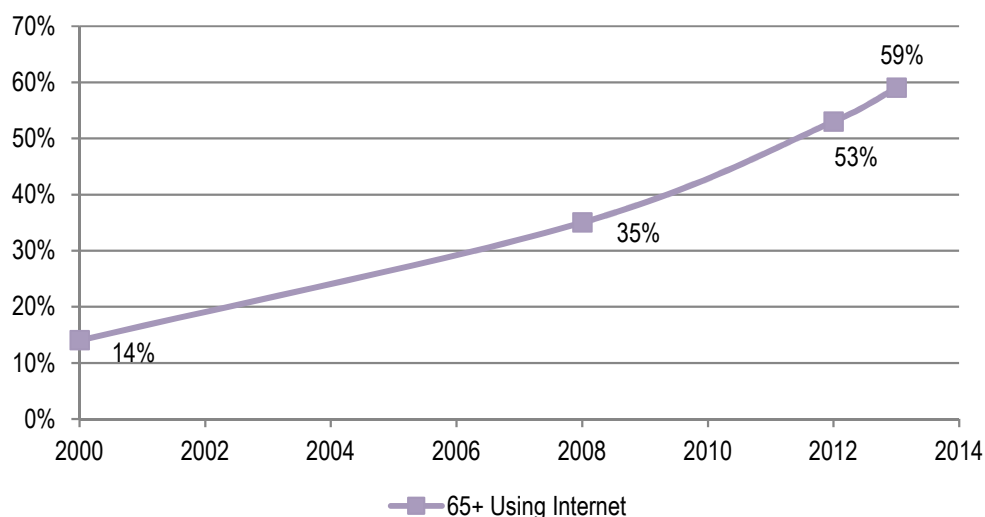


Figure 13. U.S. Adults 65+ Who Use Internet, 2000–2013³⁹

³⁷ Ibid.

³⁸ Bureau of Labor Statistics. Labor Force Statistics from the Current Population Survey. 2006–2015

³⁹ Smith, A. (2014). Older Adults and Technology Use. Pew Research Center. Accessed at 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.⁴⁰ 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.

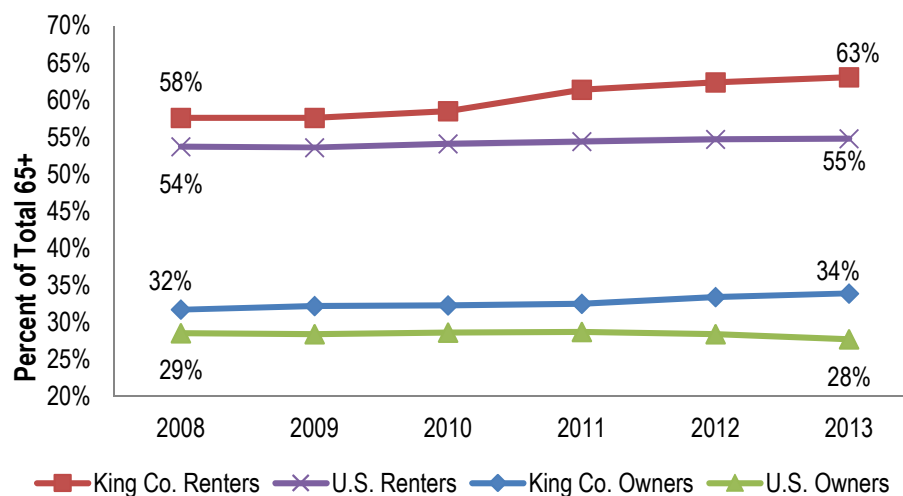


Figure 14. Percent of 65+ Paying >30% of Income towards Housing, by year⁴¹

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 County⁴²

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

⁴¹ American Community Survey (2011–2013 three-year estimates)

⁴² 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).

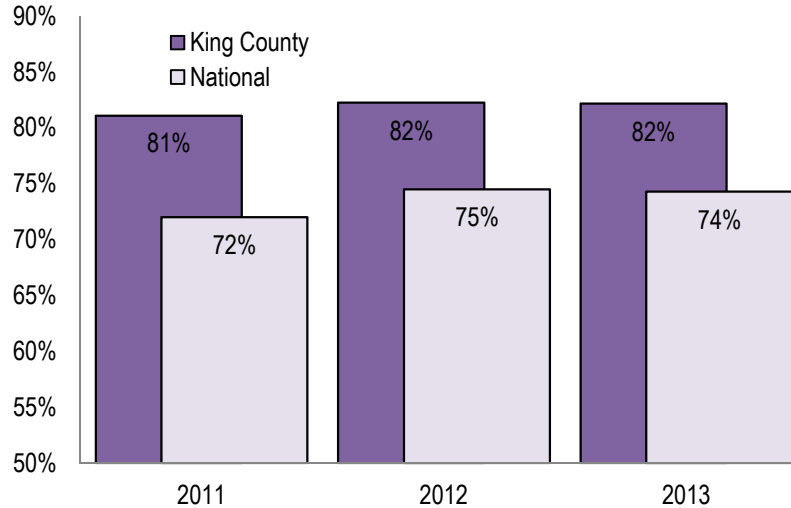


Figure 15. Proportion 65+ In Good to Excellent Health, By Area, 2011–2013⁴³

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.

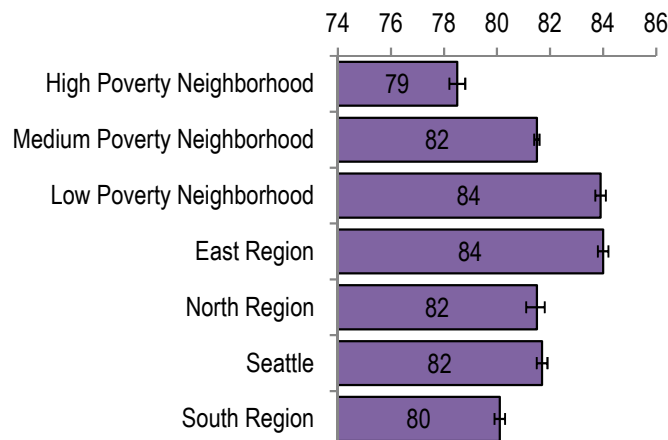


Figure 16. Average Life Expectancy by Poverty and Sub-Region, King County, 2008–2012⁴⁴

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 American Indian, Alaska Native and Native Hawaiian, Pacific Islander populations reflect the small sample of these adults in the population.

⁴³ Behavioral Risk Factor Surveillance Survey, King County and United States, 2011–2013

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

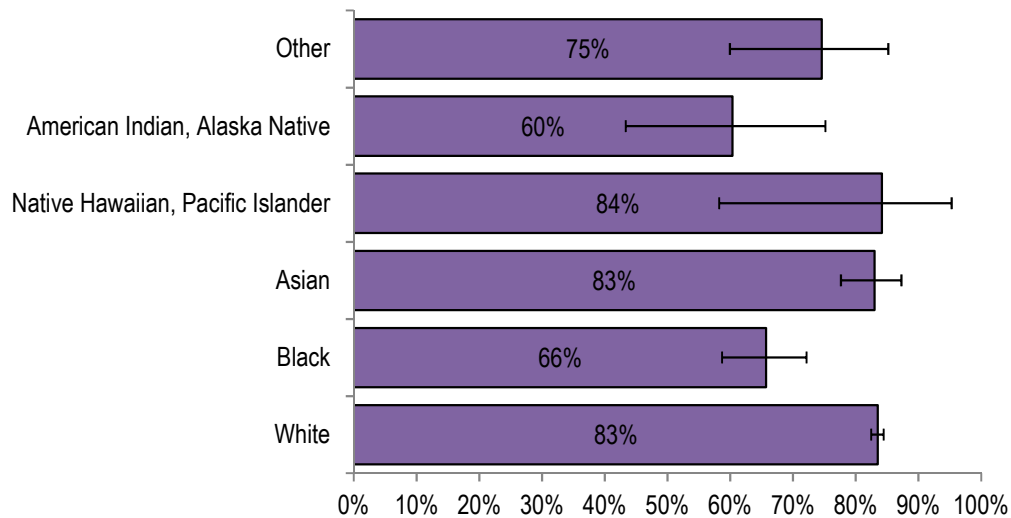


Figure 17. Adults 60+ Reporting Good to Excellent Health by Race, King County, 2011–2013⁴⁵

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.

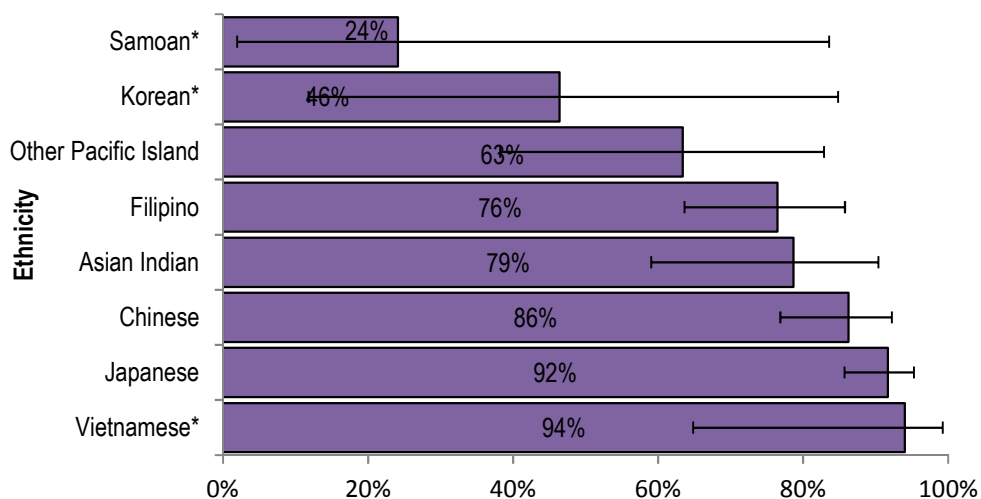


Figure 18. Percent of Asian Pacific Islander 60+ Reporting Good to Excellent Health by Ethnicity⁴⁶

⁴⁵ Behavioral Risk Factor Surveillance Survey, King County, 2011–2013

⁴⁶ Behavioral Risk Factor Surveillance Survey, King County, 2004–2014

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

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.⁴⁷

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

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

V. Percent 65+ Consuming At least One Serving of Fruits and Vegetables**Partial**

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% Y	70%
At least 1 serving of vegetables/day	75% N	80%

Table 15. Fruit and Vegetable Consumption, King County and U.S, 2011–2013⁴⁸

VI. Percent 65+ Meeting Physical Activity Recommendations**Y**

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.

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

⁴⁸ Behavioral Risk Factor Surveillance Survey, 2011–2013.

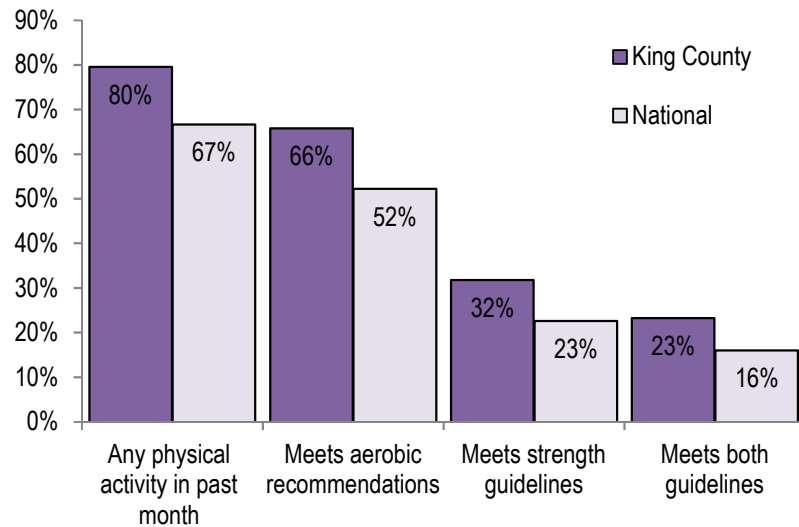


Figure 19. Physical Activity 65+, King County and U.S., 2011–2013⁴⁹

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.

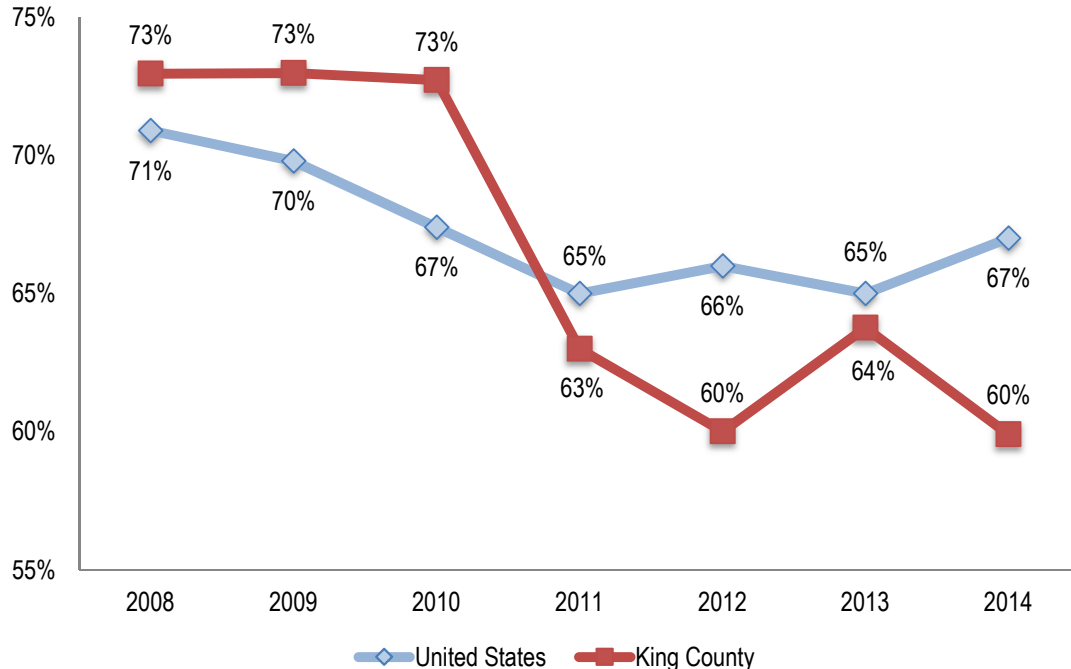


Figure 20. 65+ with Flu Shot or Vaccine, King County and U.S., 2008–2014

⁴⁹ 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.⁵⁰ 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, 2011⁵¹

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 ⁵²	National ⁵³
Social Enrichment	71% N	89%
Volunteering	47.5% Y	24%

Table 17. 65 + Social and Civic Engagement, King County and United States, 2011–2013⁵⁴

⁵⁰ 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

⁵¹ King County Communities Count Survey, 2011 plus National Elder Mistreatment Survey 2008

⁵² Engages in three or more social enrichment activity

⁵³ Engages in at least one social enrichment activity

⁵⁴ 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 age 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 System 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.



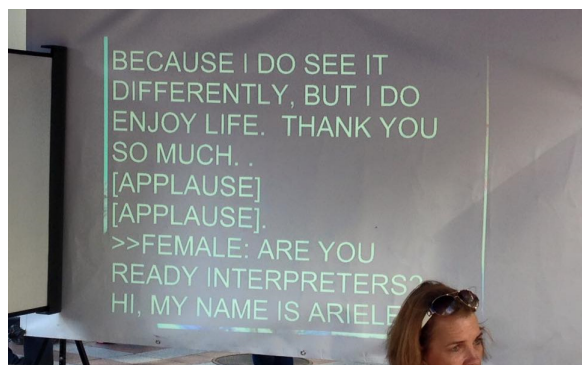
Aging and Disability Services and the Northwest Universal Design Council participated in the 25th anniversary celebration of the Americans with Disabilities Act (ADA) at Westlake Plaza in downtown Seattle on July 22, 2015.

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 United States Department of Health and Human Services, 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 Aging The LGBTQ Way: A Forum on Equity, Respect & Inclusion, in June 2017. 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(ADS) 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 2016, ADS served over 48,000 older adults, adults with disabilities, and caregivers. For more information on the services below, visit www.agingkingcounty.org/

Adult Day Services

ADS contracts with Adult Day facilities to provide programs 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.

Beginning in 2018, ADS will fund dementia adult day services provided by Washington State Department of Social and Health Services (DSHS) approved facilities per [WAC 388-71-0704 or WAC 388-71-0706](#) to ensure that older adults with memory loss maintain independence.

Services in dementia adult day programs are similar to adult day care and health, but may also have a caregiver support component. See also Brain Health.

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

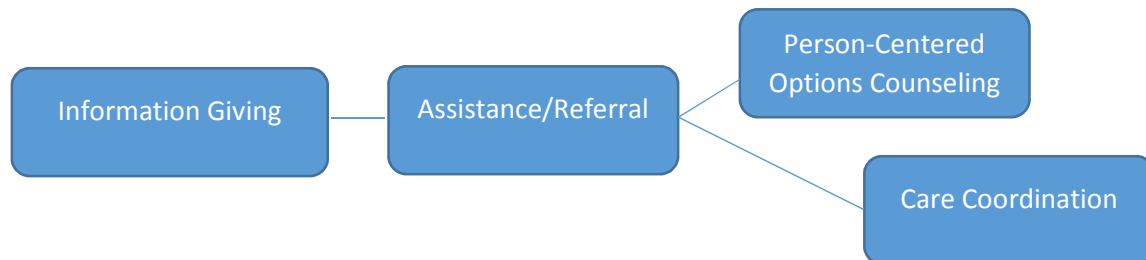


Figure 21. Community Living Connections Components

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.

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 stage 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.

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.

Kingship 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 health home participants.

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.⁵⁵

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 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

⁵⁵ Amy Wong Fund: www.amywongfund.org

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.
- *Medicare Improvement for Patients and Providers (MIPPA)* program provides grants to states and tribes to help older adults, individuals with disabilities, and their caregivers apply for special assistance through Medicare. ADS is no longer providing this service.

ADS sub-contracts with Asian Counseling Referral Services, Chinese Information Services Center, and Neighborhood House 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, Lifelong 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.

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, 14 agencies manage over 48 [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. Although recent funding by the state legislature helped with home delivered meals, the congregate meal sites 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 and King County. 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. This program is funded by the Department of Labor and operated through national and state sponsors. In King County, the Senior Community Service Employment Program is operated through the AARP Foundation, and the [National Asian Pacific Center on Aging](#) (NAPCA) 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 [Behavioral Health and Recovery Division](#).

In 2014, the Washington State Legislature passed legislation (Second Substitute Senate Bill 6312) that changed the way Medicaid-funded health services are purchased and delivered in the state. The legislation called 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) replaced the current Regional Support Networks (RSNs) and County Chemical Dependency Coordinators to administer publicly-funded behavioral health services. King County Behavioral Health and Recovery Division is the BHO for the King County region. The BHO is 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.

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.

[Generations Aging with Pride](#) is a nonprofit organization that offers important new opportunities to develop and test multigenerational solutions to the challenges facing LGBTQ midlife and older adults, building on the many strengths across the generations. Utilizing research findings from [Caring and Aging with Pride](#) and [Aging with Pride](#), ***Generations Aging with Pride*** assesses the needs and designs trainings and services for LGBTQ people, their families and communities. The goal of this partnership is to develop and test the first evidence-based trainings for providers of care to LGBTQ older adults and their families. In addition, the organization partners with local organizations to create evidence-based cross generational support programming that will help reduce isolation of LGBTQ older adults and enhance their success as they age-in-community. This project is funded by the City of Seattle.

[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.

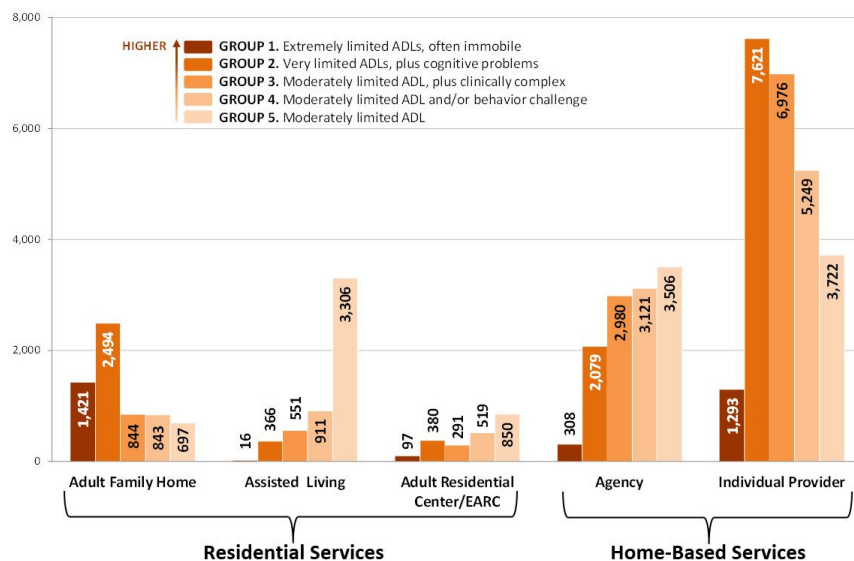


Figure 22. Long-Term Care Assessment by Setting and Acuity

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.

Figure 23, below shows the number of new clients to the AAA has continued to increase with a net increase of 391 more clients served during 2016.* Caseloads remained high for case managers throughout 2016. The Case Management Program has been preparing for two new programs, Health Homes and the Medicaid Transformation Demonstration Project, and worked on transferring approximately 1,300 clients from one case management subcontractor to two new case management subcontractors. This period of growth has lead ADS to examine areas needing efficiency improvements while maintaining the quality of services for clients.

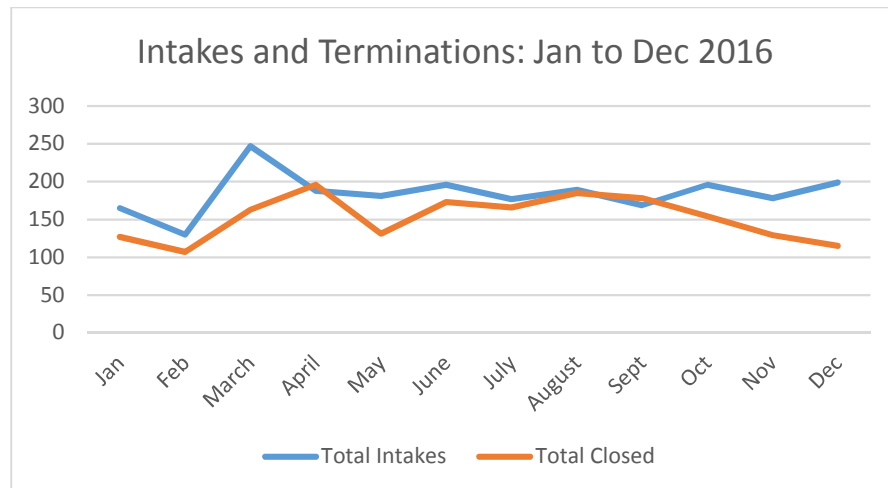


Figure 22. Long-Term Care Assessment by Setting and Acuity

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: 2018–2019 Objectives

1. Increase participation in Health Home program.
Goal: 220 Health Action Plans for clients referred and engaged in the program
2. Expand pilot medication management program to housing providers in South King County
Goal: Provide 84 hours of consultation and education
3. Advocate for full funding to maintain quality in-home case management where individuals receive stabilized care that allows them to stay in their homes for as long as possible.
Goal: Continued monitoring of caseloads to ensure they do not exceed 90 cases per case manager
4. Implement Individual Providers (IP) Lean process.
Goal:
 - a. Increases the IP hiring rate by 75 percent;
 - b. Decrease the time to hire to 21 days;
 - c. Decrease the time to complete a Character, Competency, and Suitability staffing decision to 7 days;
 - d. Decrease the time to identify IP Plan Action Notices by 50 percent;
 - e. Increases timely closed IP authorizations to 100 percent.

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.

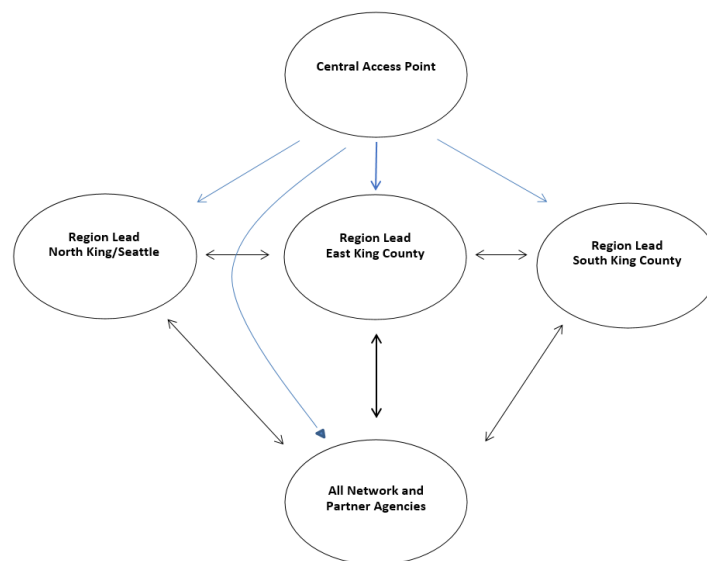
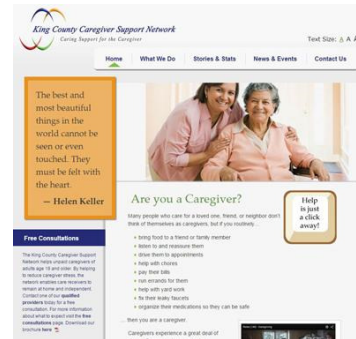


Figure 23. Community Living Connections Structure

To help facilitate seamless service delivery, the State of Washington has 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 21st 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.

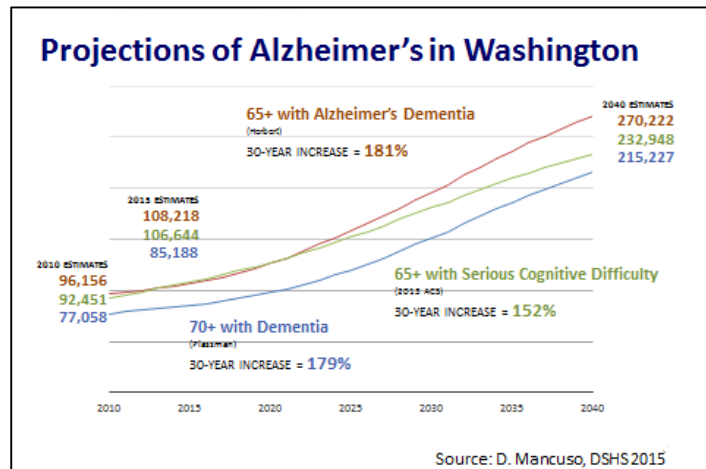


Figure 24. Projected Increase of Individuals with Alzheimer's in Washington, 2010–2040

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.

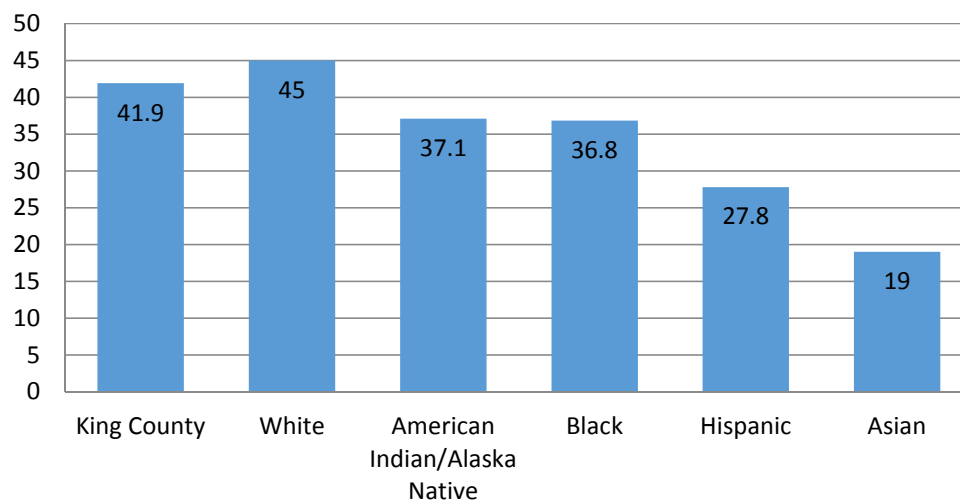


Figure 25. King County Alzheimer's Death Rates, by Race/Ethnicity, 2008–2012
Rate = Death per 100,000, All Ages

Preparing for Crisis

In 2016, the Washington State legislature created an Alzheimer's Disease Working Group (ADWG) that developed the first State Plan to Address Alzheimer's Disease and Other Dementias. The group later evolved into the Dementia Action Collaborative (DAC) to provide oversight on implementation of the plan. The plan identifies goals, strategies and recommendations to enhance the dementia-capability of systems of care and support for people

with memory loss and/or dementia and their caregivers. Recommendations in the plan are consistent with ADS goals for King County, including: promoting dementia-friendly communities; strengthening and expanding dementia-capability through Community Living Connections; improving services and supports for caregivers and families; and providing ongoing public outreach and education about healthy aging and brain health. ADS participates in multiple DAC committees.

Dementia-friendly communities

Creating dementia-friendly communities is about breaking down stigma to actively accept and value people with dementia. Alzheimer's Disease International states that dementia friendly communities, "not only seek to preserve the safety and wellbeing of those living with dementia, [but] also empower all members of the community to celebrate the capabilities of persons with dementia, and view them as valuable and vital members of the towns, cities, villages and countries in which they reside."⁵⁶

Dementia friendliness is largely about training, education, awareness, and dismantling stigma.

In Seattle and King County, many opportunities already exist for people with memory loss or dementia, including Alzheimer's Cafes; Memory Loss Zoo Walks; Library Book Clubs for people with memory loss; Taproot Theater; Frye Art Museum gallery and studio program for persons with dementia; and Early Stage Memory Loss workshops.



The 2016 pioneering group of the Our Time Has Come workshop culminated in a community action project to raise dementia awareness in the younger generation. Photo by UW Medicine Memory Brain & Wellness Center.

In creating dementia friendly community, ADS has three strategies. 1) Work with the Community Living Connections network to increase the dementia-capability through education and training 2) Integrate with the Age Friendly Initiative; 3) Support existing programs and connect with new partners. For example, in 2017 ADS co-hosted the [Changing Aging](#) Tour that featured workshops on disrupting dementia.

⁵⁶ Alzheimer's Disease International. 2015. Dementia Friendly Communities (DFCs): New domains and global examples. <https://www.alz.co.uk/adi/pdf/dementiafriendly-communities.pdf>.

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 conducted 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 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.

Evidenced-based health promotion programs in King County

[A Matter of Balance](#)

[Chronic Disease Self-Management Program](#)

[Diabetes Self-Management Program](#)

[EnhanceFitness](#)

[EnhanceWellness](#)

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

C-2-4: Falls Prevention

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

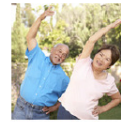
Fall rates increase sharply with advancing age

- 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.⁵⁷
- 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.⁵⁸

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.⁵⁹
- 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.⁶⁰
- In King County, 18 percent of Emergency Medical Services 911 calls from older adults are fall related incidents.⁶¹
- For adults 60 and older in King County, falls accounted for 72 percent of all injury hospitalizations in this population.⁶²

What You Can Do to Prevent Falls



Begin a regular exercise program.

Make your home safer.



Have your vision checked.

Have your doctor review your meds.



ADS distributes magnets to elders at high risk of falling.

⁵⁷ Washington State Department of Health - The Health of Washington State, 2008.

⁵⁸ Behavioral Risk Factor Surveillance Survey 2009-2013.

⁵⁹ Washington State Department of Health - Research, Analysis & Data, November, 2013.

⁶⁰ Washington State Department of Health, Hospital Discharge, July 2013.

⁶¹ Public Health: Seattle & King County, Division of Emergency Medical Services, 2013.

⁶² 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.⁶³

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.⁶⁴
- In 2013, the total direct medical costs of fall injuries for people 65 and older, adjusted for inflation, was \$34 billion.⁶⁵
- In Washington State, the estimated costs for fall hospitalizations for adults 65 years and older was \$473 million.⁶⁶

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.

Falls Prevention Partnerships



⁶³ Washington State Department of Health, Office of Hospital and Patient Data Systems, Hospitalization Discharge Data: 2008-2012.

⁶⁴ Washington State Injury and Violence Prevention Guide, January 2013, DOH 530-090.

⁶⁵ Stevens JA, Corso PS, Finkelstein EA, Miller TR. The costs of fatal and nonfatal falls among older adults. *Injury Prevention* 2006a;12:290–5.

⁶⁶ 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. Integrate Community Living Connections marketing and communications plan into Age-Friendly communications planning.
Goal: 2018–2019—Marketing and communication plans are integrated.
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 planning to individuals needing assistance with long-term support service planning.
Goal: 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 STAR-C training to caregivers to help caregivers manage behavioral symptoms of their care recipient with Alzheimer's disease or dementia.
Goal: 2018—6 clients; **2019**—6 clients
8. 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

9. 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: 2018—Develop an action plan with partners to increase awareness of Alzheimer's in King County. **2019** – Monitor and implement plan

C-2-3: Health Promotion

10. Conduct Chronic Disease Self-Management Education (CDSME) trainings for lay leaders in King County.
Goal: One training per year
11. Coordinate quarterly network meetings for organizations offering CDSMP workshops in King County.
Goal: 2018—Four network meetings; **2019**—Four network meetings

C-2-4: Falls prevention

12. Increase awareness of consumers and health care professionals about fall risk, prevention, and related resources.
Goal: At least one article per year
13. Increase access to evidence-based falls prevention programs and resources.
Goal: Conduct at least three falls prevention presentations annually.
14. 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.
15. 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 represents the LTSS sector on the governing board and staff participate in sub-committees

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:

- **Mobile Integrated Health-Community Paramedics:** This statewide group led by Department of Health 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.
- **Caring Beyond Healthcare:** in partnership with Qualis Health, ADS is working with local hospital such as Harborview, MultiCare, and Valley Medical to address the social

determinants of health (SDOH). The hospitals will screen for SDOH to help make referrals to Community Living Connections.

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 six 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. The 2016 conference drew nearly 250 participants from more than 75 organizations. The 2017 conference saw continued growth; 300 participants from over 80 organizations attended this one day conference.



More than 300 participated in Care Transitions: We're All In It Together Conference on May 10, 2017. 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 King County Accountable Communities of Health.
Goal: 2018—2019: a) Attend monthly governing board meetings and report key information back to ADS leadership and Advisory Council; b) keep community partners informed about ACH activities at least four times per year.
2. Coordinate with health care providers, hospitals, and community partners on an annual event or forum.
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: 2018—Provide case management to 60 clients involved in the low-acuity alarm program.
4. Increase county-wide access and awareness of elder abuse, neglect, and financial exploitation.
Goal: 2018—2019 a) Provide case management to 100 elder abuse clients; b) Help develop an online training module for first responders for continuing education program 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: 2018—Develop a strategy to fund a multi-disciplinary team who meets regularly to staff cases; **2019**—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](#).

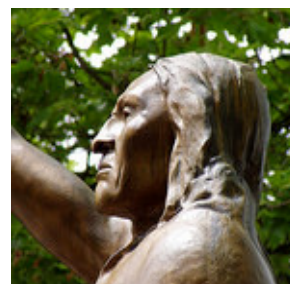
The American Community Survey (2009–2013) estimates that 669 individuals speak a Native North American language in King County, including American Indian and Alaska Native languages. Of those individuals, seven percent speak English less than “very well.” Persons 65 years of age and older account for 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 5th &
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: 2018–2019—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: 2018–2019—Conduct at least two 7.01 update meeting annually.

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C-5: Medicaid Transformation Project Demonstration

The Medicaid Transformation Demonstration (MTD) is part of Healthier Washington and will transform the delivery system for the 25% of Washington's population served by Medicaid, engaging and supporting Apple Health clients, providers, and communities in achieving improved health, better care, and lower costs.

The demonstration has two main long term services and supports components:

1. Medicaid Alternative Care (MAC) – will assist unpaid caregivers in getting supports needed to avoid or delay the need for more intensive Medicaid-funded services. This is a benefit package for individuals who are eligible for Medicaid, but not currently enrolled in Medicaid-funded long term services and supports (LTSS).
2. Tailored Supports for Older Adults (TSOA) – is a new eligibility category and benefit package for people “at-risk” of future Medicaid LTSS use, but do not meet Medicaid financial eligibility criteria. It will provide a limited set of services and supports to help individuals avoid or delay the need for Medicaid-funded services.

MAC and TSOA include the following benefits:

1. Caregiver Assistance Services
2. Training and Education
3. Specialized Medical Equipment & Supplies
4. Health Maintenance & Therapies
5. Personal Assistance Services (TSOA only)

ADS contracts with a network of eleven Community Living Connections & nine Family Caregiver Support Program agencies who represent the diversity of communities throughout King County. These agencies represent over twelve various languages and cultures and are valuable resources for their communities. The network staff will serve as a front door service providers where individuals will be pre-screened for MAC, TSOA, as well as Family Caregiver Support Program services. Individuals who appear eligible will be referred to ADS where the Medicaid Transformation Demonstration (MTD) Program case managers will determine presumptive eligibility. The ADS Discretionary Case Management programs will also serve as an entry point for MAC & TSOA.

C-5: Medicaid Transformation Project Demonstration: Goal

Delay Medicaid-funded long-term services and supports by offering new services to support family caregivers, help people to stay at home, and delay or avoid the need for more intensive care.

C-5: Medicaid Transformation Project Demonstration: 2018–2019 Objectives

1. Implement the Medicaid Transformation Demonstration by engaging new family caregivers and other individuals who are potentially eligible for the new programs and services.

Goal: 2017: 94; 2018: 696; 2019: 1,408

C-6: Age-Friendly 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

These can be summed up as the desire for age-friendly 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 an age-friendly community

According to the World Health Organization (WHO), cities that encourage active aging and enhanced quality of life share [eight domains of livability](#):

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

In 2016, the City of Seattle joined the AARP Network of Livable Communities, an affiliate of the WHO Global Network of Age-Friendly Cities and Communities. In 2017, Seattle's Mayor and City Council passed Age Friendly Seattle [Resolution 31739](#), which formalized Seattle's commitment to become a more age-friendly city in each of the domains of livability listed above.

Aging and Disability Services has been charged with managing Age Friendly Seattle—carrying out the early actions outlined in the resolution and crafting an action plan through the year 2021. Aging and Disability Services is a resource for any community in King County wishing to become more age-friendly.

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](#)

For more information, visit:

Age-Friendly Communities

www.agingkingcounty.org/what-we-do/age-friendly-communities/

Age Friendly Seattle

www.seattle.gov/agefriendly

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-6: Age-Friendly 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-6: Age-Friendly Communities: 2016–2019 Objectives

C-6-1: 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

C-6-2: Community Mobility

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

C-6-3: 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: a) support 2 employment fairs per year; b) 200 older adults employed through ADS supported employment programs

C-6-4: 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. Provide leadership for age-friendly communities throughout King County.
Goal: **2018-2019** - One city or community added to the network of age-friendly cities.
4. Implement the Age Friendly Action plan.
Goal: Regular reports on progress to key stakeholders including Advisory Council, City Council, and the Age Friendly Taskforce.

6. Develop materials and training to support best practices for communication, events, and meetings.

Goal: 2018-2019 a) 2 publications posted online and shared with local government and community partners; b) 2 trainings for staff and partners.

Sources

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- [Social Security: 2014 Washington Quick Facts](#), AARP (2014).
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Section D: Area Plan Budget Summary

D-1 Area Plan Budget Summary

AREA PLAN BUDGET
2018 ESTIMATED REVENUE

FEDERAL FUNDS		STATE FUNDS	
Older Americans Act (OAA)		Sr. Citizens Services Act	\$2,184,045
-Title III-B, III-C, III-D, III-E	\$6,449,141	State Family Caregiver	\$3,161,869
-Title VII Elder Abuse Prevention	\$17,886	Senior Drug Education	\$17,560
-NSIP (USDA/Food)	\$684,931	Senior Farmers Market	\$176,995
Special Projects		Senior Nutrition (SB 5736)	\$165,279
Health Home	\$100,000	Kinship Caregiver	\$185,704
Special Project (OAA)	\$97,142	Kinship Navigator	\$86,518
Title XIX CSCM Fund		Dementia Capable Systems	\$29,000
Balance	\$367,600	Veteran Directed Home Services	\$20,000
Total OAA	\$7,716,700	Total State Funds	\$6,026,970
Medicaid (Title XIX)		City of Seattle	
Case Management	\$21,131,201	General Fund	\$4,882,747
Title XIX Admin. Claiming	\$780,908	Mayor's Office for Senior Citizens	\$689,605
Core Svcs Contract Mgmt	\$1,424,738	Seattle Fire Department	\$98,000
Caregiver Training/Trng Wages	\$1,442,895		
Medicaid Transformation Demonstration	\$1,060,475		
KC Care Partners (FLC/Amerigroup)	\$150,000		
Total Medicaid	\$25,990,217	Total City Funds	\$5,670,352
Other Federal Resources		Other Local	
Seattle Housing Authority	\$386,649	Amy Wong/Taylor Bequest Funds	\$10,500
Senior Farmers Market	\$57,331	Community Shuttles (King County)	\$245,520
Community Shuttles (WA DOT)	\$304,480	Food Bank - Pike	72,386
UW Geriatric Workforce Enhance.	\$45,000	Home Repair (HSI)	70,506
		Interest Income	21,500
		KC Levy (PEARLS)	\$356,000
		King County EMS	\$30,000
		Western Health Connect (Providence)	\$30,000
Total Other Federal	\$793,460	Total Other Local Funds	\$836,412
TOTAL FEDERAL FUNDS	\$34,500,377	TOTAL LOCAL FUNDS	\$12,533,734
GRAND TOTAL	\$47,034,111		

Table 18. Area Plan Budget—2018 Estimated Revenue

2018 ESTIMATED REVENUE	
OAA	\$7,716,700
State Funds	\$6,026,970
Medicaid (Title XIX)	\$25,990,217
City of Seattle	\$5,670,352
Other Federal	\$793,460
Other Local	\$836,412
TOTAL	\$47,034,111

Table 19. Area Plan Budget—2018 Revenue Summary

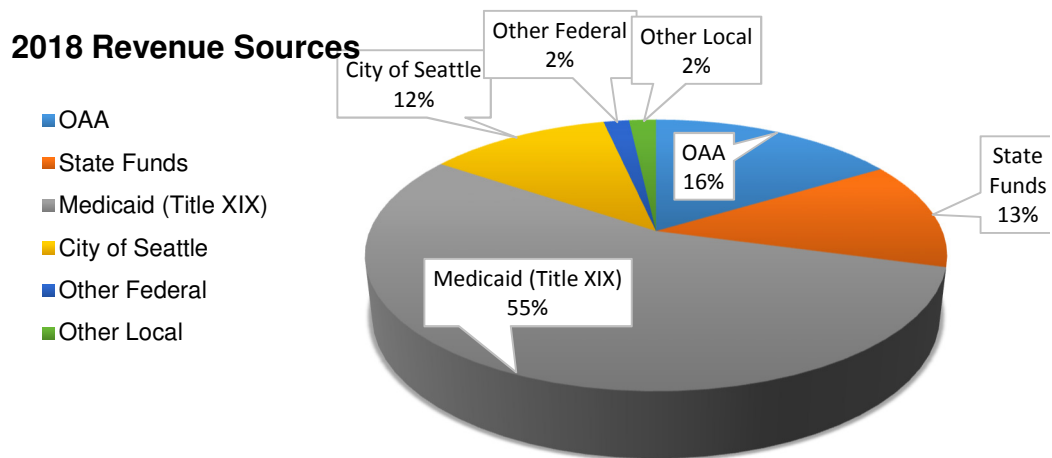


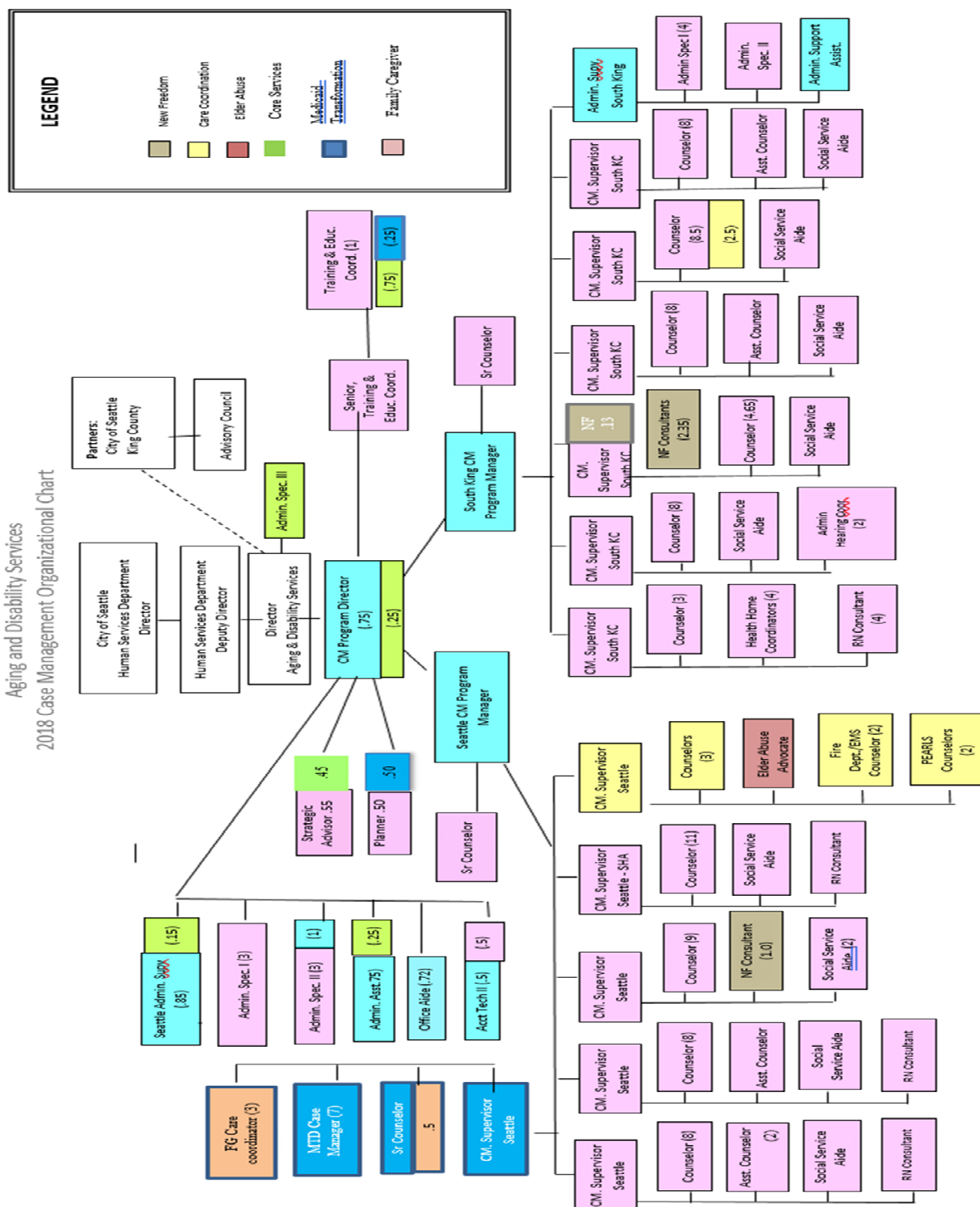
Figure 26. Area Plan Budget—2016 Revenue Sources

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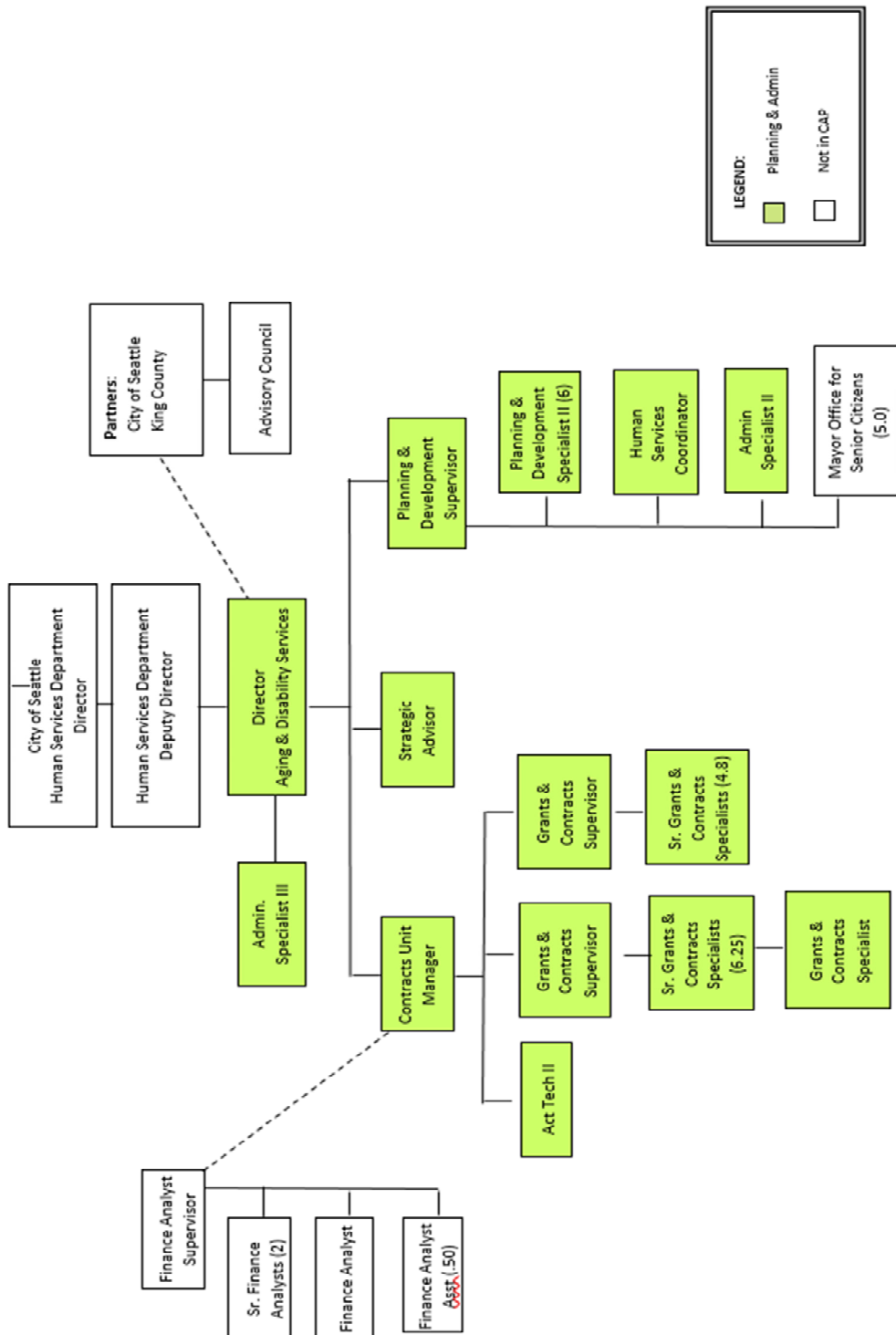


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- F. [Report on Accomplishments of 2014–2015 Area Plan Update](#)
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- H. [Policy 7.01 Implementation Plan \(Muckleshoot Indian Tribe\)](#)
- I. [Policy 7.01 Implementation Plan \(Snoqualmie Nation\)](#)

Aging and Disability Services
2018 Case Management Organizationa

Aging and Disability Services
Planning and Administration
2018 Organizational Chart



Appendix B: Staffing Plan

POSITION TITLE	TOTAL STAFF (Full Time & Part Time)	POSITION DESCRIPTION
Planning & Administration		
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	2 FTE	Supervision of contracts unit staff, contract development, and coordination of monitoring activities.
Sr. Grants & Contracts Specialist	11.05 FTE (13 staff)	Conduct program & contract monitoring, negotiation, training & technical assistance to subcontractors.
Grants & Contracts Specialist	1 FTE	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.
Administrative Support Asst	.25FTE	Seattle reception
Administrative Supervisor	.15FTE	Supervise administrative support staff.
Total	28.45FTE	
Direct Service Programs		
Case Management Program Director	1 FTE	Directs the Case Management Program; oversees in-house & contracted services.
Case Management Program Manager	2 FTE	Direct supervision of the Seattle and South King County case management offices.
Strategic Advisor	1 FTE	Supports CMP director, QA, risk management, compliance, subcontractors.
CM Team Supervisor	12 FTE	Each supervises a team of case managers including Title XIX, discretionary and health homes.

POSITION TITLE	TOTAL STAFF (Full Time & Part Time)	POSITION DESCRIPTION
Counselor (case manager)	94 FTE	Provide case management services to in home clients for Title XIX, discretionary and health home programs.
Assistant Counselor	4 FTE	Performs case management tasks to support Counselors.
Social Service Aide	10 FTE	Provide support to case managers.
Registered Nurse Consultant	7 FTE	Serve as nurse consultants to the case managers.
Administrative Specialist I	3 FTE	Provide administrative support.
Administrative Specialist II	6 FTE	Serves as IP coordinator and may assist in administrative support.
Administrative Supervisor	1.85 FTE	Supervise administrative support staff.
Administrative Support Assistant	1.75 FTE	Serve as receptionists and provide administrative support.
Accounting Technician II	1 FTE	Provides fiscal support.
Office Aide	.72 FTE	General office support of CMP
Training & Education Coordinator	2 FTE	Provide and coordinate training for CM staff and subcontractors.
Training and Ed Coordinator, Senior	1FTE	Overall training development plan and implementation. Supervisors the training team
Fair Hearing Coordinator	2 FTE	Fair hearing activities.
Family Caregiver Care Coordinators	3 FTE	Perform client assessment and scheduling for Respite services, coordinate with service providers.
MTD Care Managers	7 FTE	Assessment and eligibility determination for MAC and TSOA, ongoing care management
Planner	1FTE	Planning activities for CMP including MTD
Senior Counselor	1FTE	Clinical Staff lead for Family Caregiver Program and support for TXIX program.
Senior Counselor	2 FTE	Clinical and programmatic support for case managers and CMP Supervisors
CMP Total	164.32 FTE	
Grand Total in cost allocation plan	192.77	
Mayor's Office for Senior Citizens		
Human Services Supervisor	1 FTE	Supervision of MOSC activities
Program Intake Rep	2.5 FTE	Employment program support
Volunteer Coordinator	.5 FTE	Volunteer outreach and coordination
Admin Support Assistant	1 FTE	Reception

Total FTE Based on 40 Hour Work Week: 196.77

Total Number of Full Time Staff: 201

Total Number of Part-Time Staff: 6

Total number of ethnic minority staff 76

Total number of staff over age 60 - 30

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"> • Jill Watson, Emergency Management Coordinator, Seattle Human Services Department • ADS Case Manager • ADS Contracts Staff
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"> 1. Updated the Human Services Department (HSD) Continuity of Operations(COOP) planning Emergency Response Team Roster (June 2015) 2. Participates in annual HSD Floor Wardens meeting to review responsibilities and procedures in the event of an emergency. 3. Participates in annual Seattle Housing Authority emergency preparation workshops. 4. Participates on the Emergency Preparation Committee (includes Red Cross and other community providers) 5. Participates in the Emergency Support Function 6 (ESF 6) Mass Care, Housing and Human Services Group, which includes preparedness activities and exercises. 6. Participates in emergency preparedness exercises with the City of Seattle Office of Emergency Management.
4. Criteria for identifying high-risk clients in the community	<p>Lives alone, has 100 hours and</p> <ol style="list-style-type: none"> 1. CPS score ≥ 4 2. Med management/self-administration: Must be administered 3. Medical treatment/treatment list <ol style="list-style-type: none"> a. IV/nutritional support b. Bowel program c. Gastrostomy/Peg care d. Tracheostomy care e. Tube feedings f. IV medications g. CPAP or BiPAP h. Dialysis i. Nebulizer j. Oxygen k. Suctioning l. Ulcer care m. Ventilator or respirator n. Skilled Nursing 4. Indicators/Skin screen/Pressure ulcers: Number of current pressure ulcers ≥ 1 5. Mobility/locomotion outside of room/self-performance: Extensive assistance or total dependence or did not occur/client not able. 6. Eating/Self-performance: Total <p>ADDITIONAL INFORMATION NEEDED</p> <ol style="list-style-type: none"> 1. Home care agency 2. Hours authorized 3. Collateral name 4. Collateral phone 5. Language 6. CM name 7. DOB 8. Address 9. Phone 10. Office 11. Supervisor
5. Plan for contacting high-risk clients and referring to first responders as necessary	<ol style="list-style-type: none"> 1. HSD Department Director or their official designee sends out notification to HSD staff. 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.

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 21 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.

Partners 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
Hon. David Baker*
Irma Farsch
Ava Frisinger
Carolyn Heersema
Beverly Heyden
Molly Holmes

Debora Juarez*
Florence Klein
Larry Low
Eric Martenson
Kathe Matrone
June Michel
Mac McIntosh

Tom Minty
Dave Rogers
Sue Shaw
Cynthia Snyder
Lorna Stone
Sue Weston
Dick Woo

* Elected official

Total age 60 years or older: 18
Total people of color: 4
Total self-Indicating a disability: 1

Appendix E: Public Process

The public review period for the 2018-2019 Area Plan Update and the draft 2018 discretionary allocation recommendations was July 20 thru August 2, 2017. One public hearing was held on August 2, in Seattle, hosted by the Advisory Council Planning and Allocations Committee. No one attended the public hearing, nor were any written comments submitted. Therefore, no changes were made to the draft documents.

Appendix F: Report on Accomplishments for 2016-2017 Area Plan

C-1: Long-term Services and Supports

1. Explore opportunities to address the increase in medical complexity of LTSS clients.
During 2016, ADS had an initial discussion about the complexity of long-term care services and supports with case management staff. Due to staffing changes, further discussions were tabled until 2017.

Health Home planning meetings were implemented in 2017, and started developing policies and procedures, and reviewing multiple Managed Care Plan requirements.

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.
Advisory Council members conducted 52 meetings with legislators and held two forums in partnership with Washington Association of Area Agencies on Aging (W4A). The Governor's 2016 budget did not include additional funds. The Advisory Council's 2017 legislative priorities will include a request of \$5.18 million for case management.

Full funding to maintain quality in-home case management was included in the ADS Advisory Council's 2017 legislative advocacy agenda. As a result, the legislature approved a two percent rate increase in the operating budget, effective July 1, 2017. The item is also included in Advisory Council's 2018 advocacy agenda, and four pre-legislative session meetings with local legislators have been scheduled.

3. Implement operational changes, such as team-based staffing approaches, to improve efficiencies and reduce costs.
An ADS case management team piloted a team-based staffing approach during 2016. Some of the benefits included: (1) a rotation of assignments; and (2) team exposure to all aspects of care. The pilot will continue in 2017.

The pilot has been adopted during 2017, and is operating in case management one team in the Seattle office. Case managers assigned to the team report a high level of satisfaction with how the team is set up and functions. The team meets weekly to discuss work on each case manager's client caseload. The team has one telephone where all client calls are received, and each team member takes a turn on telephone coverage every week.

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

1. Develop Seattle-King County Community Living Connections marketing and communications plan.
During 2016, ADS staff completed the following: (1) a Marketing Tool Kit and training; (2) developed a Community Living Connections promotional video. (2) created a Community Living Connection website <http://www.communitylivingconnections.org>

During 2017, ADS staff worked on integrating the Community Living Connections and the Age-Friendly marketing and communications plans.

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.
ADS staff conducted a total of 10 networking meetings during 2016.

ADS staff conducted a total of six networking meetings during 2017.

3. Provide Person-Centered Options Counseling to individuals needing assistance with long term support service planning.

For 2016, the year-end total was 327 individuals served.

For 2017, the total number of clients served was 216, through the end of August.

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).

ADS staff conducted a professional staff training and development day, held May 25, 2016.

Approximately, 140 providers attended, representing 38 organizations.

During 2017, a joint Community Living Connections and Family Caregiver Support Program providers training was held on April 27. The focus was Developmental Disabilities. Also, on October 31, a joint training was held on Elder Abuse.

5. Provide Family Caregiver Support Services to caregivers of African or African descent.

One hundred percent of caregivers were served through the Family Caregiver Support Program identified as Black, African-American or African, compared to the overall King County African Americans 4.7%.

For 2017, 10.4% of clients served identified as Black, African-American, or Other African.

6. Provide TCARE® assessment and care plan to family caregivers who show moderate to significant caregiver burden.

For 2016, the year-end total was 838 caregivers served.

For 2017, 646 caregivers were served, as of the end of September.

7. Provide Early Stage Memory Loss (ESML) workshops to caregivers caring for someone with Alzheimer's disease or dementia.

During 2016, five Staying Connected series were held that served 11 dyads (caregivers & care receivers). Locations included north Seattle, northeast Seattle, and West Seattle. A new AmeriCorps volunteer started in October and completed the Staying Connected training in November. More sessions are planned for 2017.

During 2017, four Staying Connected series were completed that served 15 dyads. A new AmeriCorps volunteer started in September.

8. Provide STAR-C training to caregivers to help caregivers manage behavioral symptoms of their care recipient with Alzheimer's disease or dementia.

During 2016, a total of eight dyads received STAR-C training. Recruiting caregivers to participate has been a major challenge. A STAR-C training is scheduled in 2017 to train additional staff to provide the intervention.

During 2017, a total of eight dyads received STAR-C training.

9. Partner with the Mayor's Council on African American Elders to conduct outreach on Alzheimer's and related dementia, and promote brain health and the importance of early detection.

Due to low membership on the MCAAE, planning an Alzheimer's and related dementia community forum was postponed. Members did join a planning team that will resume planning efforts in 2017.

Members of the MCAAE participated in planning efforts for the African American Caregivers Forum, scheduled for October 21, 2017. Expert speakers for the forum include Mark Snowden, M.D., UW Associate Professor; Murray Raskind, M.D., Veterans Administration Psychiatry and

Geriatric Psychology; George Dicks, Harborview Medical Center Geriatric Mental Health Practitioner; and Stephanie Haslam, Attorney. Presentation topics will focus on the latest on Alzheimer's disease research; diagnosing Alzheimer's and related disorders; legal and financial planning for caregivers.

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.

In 2016, ADS staff participated in subcommittees and project teams of the Dementia Action Collaborative (DAC), that involved partners from throughout Washington state. Specifically, staff joined the Long-Term Support & Services subcommittee and the project team addressing recommendations #4.F.1 and #4.G.1. Both address engaging tribal representatives, as well as leaders and organizations from diverse populations.

During 2017, ADS staff continued participation on the DAC Long-Term Support & Services subcommittee and project work team, addressing recommendations #4.F.1 and #4.G.1, which both address outreach and engagement of tribal representatives, as well as leaders and organizations from diverse populations.

11. Expand evidence-based health promotion programs within communities of color through the 2016 investment process.

The final funding decisions and contract awards were completed in 2016. Three agencies were awarded contracts, including Kin On Community Health; African Americans Reach & Teach Health; and Sound Generations.

Completed in 2016

12. Collaborate with healthcare professionals to expand and sustain Chronic Disease Self-Management Education (CDSME) programs throughout King County.

Pilots were launched during 1st quarter 2016.

Workshop #1 - 22 individuals registered; a total of eight completed.

Workshop #2 - 28 individuals registered; a total of six completed.

Workshop #3 - 16 people registered; 10 attended at least one class, 8 completed

This objective was completed in 2016

13. Seek funding from non-traditional sources, such as insurance providers and local levies, in support of evidenced-based health promotion workshops.

Harborview Hospital contracted directly with African Americans Reach & Teach Health (AARTH) to offer Chronic Disease Self-Management Program (CDSMP) workshops and Qualis Health funded AARTH and KinOn for CDSMP/DSMP workshops for Medicare.

This objective was completed in 2016

14. Increase awareness of consumers and health care professionals about fall risk, prevention, and related resources.

During 2016, two articles were written about falls prevention for the online newsletter AgeWise. Eight additional health-related articles were written. Topics included: Kidney health; Brain health; Medication management; Diabetes; Veterans; and the Geriatric Workforce Enhancement Project.

During 2017, four articles were written about falls prevention and related resources, including foot care, chronic disease self-management, and wellness and active aging. In recognition of Falls Prevention week, ADS staff also conducted a workshop on falls prevention at the Issaquah Senior Center.

15. Increase access to evidence-based falls prevention programs and resources.
During 2016, six fall prevention presentations were conducted throughout Seattle and King County, in conjunction with Neighborhood House and the King County Housing Authority. Staff also participated on the planning committee for the 4th quarter statewide falls prevention network meeting.

During 2017, ADS planning staff collaborated with the One Step Ahead Program on a falls prevention presentation that was held at the Issaquah Senior Center. Staff also prepared an article for the September issue of AgeWise - [10 Years Standing Together to Prevent Falls](#).

16. Collaborate with fire departments, Emergency Medical Services, healthcare, and housing providers to strengthen the community infrastructure and ensure coordinated support for vulnerable adults.
During 2016, presentations were made at the following meetings: King County EMS; 911 call center; and CHI Franciscan Health in Federal Way. Shoreline Fire Department and HDC Resident Affinity Group.

During 2017, presentations were made at the following meetings: Mobile Integrated Health/Community Paramedics; Housing Development Consortium; and in Kent at a senior housing facility.

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.
Trainings for case managers in 2016 did not include falls prevention. The last fall related training was conducted in 2015. Fall-related training for health care professionals occurred through ADS participation in case consultations with physicians and family medicine residents.

During 2017, ADS staff reviewed Personal Emergency Response System data and made coordinated referrals to the One Step Ahead falls prevention program for clients who live in south King County. Due to staff turnover, training for case management staff has been delayed until 2018.

C:3: Service Integration & Systems Coordination

1. Participate in the development of the King County Accountable Communities of Health (ACH).
ADS staff participated in monthly meetings for the ACH Interim Leadership Council and provided reports and updates to the Advisory Council, Sponsors and community partners.

In 2017, ADS was an active participant in the development and activities of the ACH. ADS director is on the governing board and ADS staff participate in sub-groups and committees. The Advisory Council has been updated throughout the year.

2. Coordinate with health care providers, hospitals, and community partners on an annual care transitions conference.
A successful May 17, 2016 conference drew 250 registrations representing 75 organizations, six counties, and 12 other states; 34 sponsors/exhibitors; \$25K in sponsor/exhibitor/registrations; 2 keynote speakers; and sessions on telehealth, transportation strategies for follow-up appointments, community partnerships that improve medication management; health literacy; health care cost/quality; and healthcare for people with disabilities. A poster session featured six programs. A new custom app made materials distribution, communication, and networking easier.

The 2017 conference took place on May 10, at the Four Points by Sheraton Seattle Airport South, Des Moines. "Care Transitions: We're All In It Together" saw attendance from 300 health care and human services providers. Conference welcome speakers included Senator

Karen Keiser. The keynote speaker was Tim McNeill, RN, MPH, a national healthcare consultant specializing in health program development and sustainability. AAAs in Pierce and Snohomish counties joined the planning team and provided financial and in-kind support.

3. Participate in multi-stakeholder collaborations that strive to improve health outcomes and reduce unnecessary EMS and Emergency Department use.
No activity to report for 2016.

During 2017, the Seattle Housing Authority (SHA) released a Request for Proposals for Aging in Place. ADS planning staff participate on the Housing Development Consortium (HDC). The HDC and SHA have not started addressing EMS and Emergency Department calls

4. Increase county-wide access and awareness of elder abuse, neglect, and financial exploitation.
During 2016, ADS staff continued the Vulnerable Adult Program in conjunction with the Seattle Fire Department. Planning was implemented to begin countywide expansion which now includes Kirkland. Responded to over 1700 abuse, neglect, and exploitation reports. Monthly average – 40 reports.

During 2017, ADS continued the Vulnerable Adult Program with the Seattle Fire Department, and expansion occurred countywide. ADS now receives referrals from Kirkland and Redmond. In April, the program expanded to Woodinville, Duvall, and unincorporated King County. ADS now has a designated case manager who works with these departments. By the end of September, the program had responded to over 2,000 reports of abuse, neglect and exploitation. The monthly average remains about 40 per month. August 2017 was the highest month with 48 reports, including 15 from the city of Redmond.

5. Strengthen connections with prosecutors, law enforcement, and first responders to better coordinate a response for older adult victims of abuse and neglect.
Highlights of 2016 activities include: (1) Elder Abuse Case Management, served an average of 25-35 cases per month; (2) ADS staff joined the Seattle Fire Department (SFD) on a Steering Committee for the Low Acuity Alarm Program launched in July; (3) An ADS case manager, co-located at SFD headquarters, provided outreach and coordination of services for high utilizers; (4) In conjunction with the King County Prosecuting Attorney's Office, conducted 3 mandatory reporting training sessions; (5) ADS staff participated on a planning committee to create a training module on mandatory reporting for all King County EMS personnel, to be completed in 2017.

Highlights for 2017 include: (1) Elder Abuse Case Management, continued to serve an average of 25-35 cases per month; (2) ADS continues to participate in monthly steering committee meetings for the Low Acuity Alarm Program; (3) Since co-locating an ADS case manager at the Seattle Fire Department, we are starting to see initial success with outreach, and a reduction in call volumes by high utilizers; (4) On November 1, ADS staff will facilitate a Vulnerable Adult Program breakout session at the WA State 14th Annual Abuse of Elders & Adults with Disabilities; (5) The training module on mandatory reporting was implemented in 2017. The module is an online continuing education module that King County EMS personnel are required to complete. The module also received national recognition.

6. Increase awareness of Community Living Connections in the primary care health system.
A total of 48 visits and consults were completed with health care providers and trainees by end of 2016. Results included: (1) An increased awareness of community living connections, demonstrated by new referrals to the central access point; (2) A Powerful Tools for Caregivers workshop series will be offered at a primary care clinic in Seattle; and (3) Facilitated the enrollment of several primary care and hospital-based teams in the 2017 Geri Series education.

Ongoing meetings continued during 2017, between ADS, three Seattle-King County hospitals, and Qualis Health to launch the Caring Beyond Healthcare Pilot. The pilot involves social determinant of health screenings and referrals to Community Living Connections for patients with unmet needs identified upon discharge.

C-4: Native Americans

1. Strengthen ADS ability to serve community groups that have not been served previously (i.e., urban Native Americans)

ADS and DSHS Home & Community Services conducted two preliminary meetings with the Seattle Indian Health Board to discuss development of a 7.01 Implementation Plan. The first formal 7.01 meeting is scheduled for 2017.

During 2017, two 701 meetings were held with the Seattle Indian Health Board, ADS, and DSHS Home & Community Services.

2. Collaborate with social and health services organizations that serve Native American elders on yearly in-service trainings.

ADS staff piloted mobile computer classes in conjunction with the Seattle Indian Health Board. A total of 14 elders participated. A wait-list was created, and additional classes are scheduled for spring 2017.

During 2017, the mobile computer classes continued, and 11 additional students received computer training during the spring 2017.

3. Continue 7.01 Implementation Plan collaboration with federally recognized tribes in King County. During 2016, the DSHS Office of Indian Policy was unable to coordinate 701 meetings, due to tribal staff turnover. Meetings are scheduled to resume in 2017.

During 2017, ADS staff and DSHS Home & Community Services held one 701 with Muckleshoot tribal staff. The tribe hired Indigenous Consulting firm to help them explore providing long-term care services and supports. The tribe is interested in performing case management functions including determining eligibility and hours of service. ADS staff participated in a follow-up work session to explore case management; discuss potential challenges; and to create a plan to review case management requirements. An additional meeting was held in September to review assessment tools.

C-5: Livable Communities

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.

HDC Senior Affinity Group engaged in two related efforts: (1) Developed recommendations to align the Quiet Crisis recommendations with the Seattle Housing Affordability and Livability Agenda (HALA); and (2) Conducted an inventory of senior housing stock and related attributes; (3) Efforts during 2016 culminated in a Housing & Aging Forum, held in November. Approximately 170 stakeholders attended. The forum served as the “official” kick-off for the planning process to create an Age-Friendly Housing Strategy that will update the Quiet Crisis data.

During 2017, ADS partnered with multiple stakeholders to develop plan to update the Quiet Crisis update. This included identifying \$13,000 of funding support. ADS selected Washington State University as the research/data analysis lead. ADS will receive updated data from WSU by the end of 2017 and full data analysis by Q1 2018. This analysis, along with community and

stakeholder engagement that is currently underway, will inform strategies to improve senior housing and facilitate aging in place for seniors in King County.

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.

The four events held in 2016 were: **January:** "Walk-, Stroll- & Roll-Ability: Designing a Pedestrian Network for All" presented challenges and solutions in developing a pedestrian network for all from a U.D. perspective. About 60 people attended. Related article appeared in March issue of AgeWise. **April:** "Are Your Digital Communications Accessible?" There were over 100 participants, and the Seattle Channel produced 2-hour video. **August:** "Accessible Travel and Tourism," included a panel presentation that focused on what the hospitality industry and other organizations can do to ensure a positive experience for travelers and visitors with disabilities. Approximately 85 people attended. **November:** "The Power of Inclusion: Universal Design in Landscape" featured examples of large urban parks and park-like settings throughout the country. About 25 people attended.

The NW Universal Design Council coordinated a presentation by Marthalee Galeota, access and disability manager at Starbucks Coffee Company, on Accessible Design Integration on February 9, 2017, in conjunction with the Seattle AIA's Center for Architecture & Design exhibit called Open to All: Designing for the Full Range of Human Experience. Also, on Jun 19, 2017, the NW Universal Design Council coordinated a panel presentation on Last Mile Solutions: Improving Access to Healthcare at Bellevue City Hall. Universal Design solutions are critical to address this challenge and improve access to healthcare.

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. AgeWise articles included: Seattle Cuts Utility Bills for Thousands of Low-Income Residents; Repair, Don't Toss, for Earth Day; Tax Breaks for Seniors; Property Owners with Disabilities; Maintain Your Independence with Assistive Technology (Washington Access Fund); How to Start Saving Later in Life; Spend Wisely: 12+ Ways to Save Money; Don't Wait to be Comfortable and Safe in Your Own Home; Housing and Aging: Senior Homelessness is an Emerging Issue; and Changes Seniors Should Know About "Basic Food." There were also multiple social media posts on these and related topics.

During 2017, AgeWise King County articles included information on free smoke alarms; free tax preparation; information on free fix-it events; farmers market vouchers; Seattle's Utility Discount Program; Fresh Bucks; the "village model" for aging in place; scams; and emergency preparedness. In addition, daily social media posts provided additional resources for older adults.

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. During 2017, the Seattle Human Services Department awarded \$34 million in funding awards for homeless services. The awarded agencies propose to move twice as many people into permanent housing in 2018 and will focus on addressing the specific needs of African American/Black and Native American/Alaska Native peoples. The awards also increase funding to keep people from becoming homeless through programs known as diversion and prevention. The new Navigation Center and Compass at First Presbyterian shelters, will continue to provide 24/7 enhanced shelter beds and services.

A new pilot was also implemented to address the challenges of providing long-term care to individuals in permanent supportive housing. ADS continues to support homeless older adults through Senior Center investments – most notably at Pike Market Senior Center. Adding additional social work hours was an important strategy for housing solutions and homelessness prevention.

C-5-2: Community Mobility

1. Advocate to increase the availability of transportation options.

ADS staff continued advocacy efforts to increase availability of transportation options.

For 2017, ADS staff provides information and technical assistance to our Advisory Council. The Council advocates for improved transportation on an on-going basis. Additionally, ADS is exploring options with SDOT and other partners to develop transportation options that may increase the capacity of the transportation network and create person-centered, on-demand transportation solutions.

2. Advocate/work to increase funding for older adult transportation programs such as the Hyde Shuttle. **King County Metro identified grant funding for the Federal Way Hyde Shuttle. The Puget Sound Regional Council (PSRC) forwarded a recommendation that included \$491,039 for ADS. The total budget for this project (not including in-kind support from Metro) is \$1,356,446 for the 2017-2019 biennium. The Advisory Council's goal, of keeping the Hyde Shuttles on the road was accomplished.**

During 2017, ADS explored funding options for transportation programs as part of our Age-Friendly Seattle/Livable Communities work. ADS is currently implementing the new PSRC grant that was awarded in 2016. Through partnerships with WSDOT and King County Metro, this new grant will allow ADS to invest over \$1.1 million over the next two years in Community Shuttle service. This transportation service is being provided by Sound Generations through the Hyde Shuttle program.

3. Promote community design that supports mobility, such as public transportation, walking, and bicycling. **The NW Universal Design Coalition conducted four forums during 2016 (see pg.7) Three of the forums included a portion that focused on mobility challenges and outdoor access issues.**

The NW Universal Design Council coordinated a panel presentation on Last Mile Solutions: Improving Access to Healthcare on June 19, 2017 at Bellevue City Hall. Universal Design solutions are critical to address this challenge and improve access to healthcare.

C-5-3: Economic Security

1. Participate in public education and marketing campaigns to promote individual savings for later life. **In 2016, AgeWise articles included: Gender pay equity & older women; Tax Breaks for Seniors and Property Owners with Disabilities; How to Start Saving Later in Life; Spend Wisely: 12+ Ways to Save Money; Don't Wait to be Comfortable and Safe in Your Own Home; Housing and Aging: Senior Homelessness is an Emerging Issue; Changes Seniors Should Know About "Basic Food." There were also multiple social media posts on these and related topics.**

During 2017, ADS staff shared information received from the Financial Empowerment Network

2. Encourage hiring and retention of older workers, allowing them to work and save longer, by promoting age 55+ employment programs and training opportunities. **In May 2016, an Advisory Council program focused on Employment Strategies for Boomers and Older Adults. Panelists included representatives from Work Source; Lowe's Inc., Seattle Department of Human Resources, AARP Foundation Senior Community Service Employment; and the Mayor's Office for Senior Citizens Employment Program. In addition, the Employment Resource Center (a unit within the Mayor's Office for Senior Citizens) enrolled 280 older adults in 2016, and 165 were hired by December 31, 2016, with support of ERC**

On July 14, 2017, the Advisory Council meeting included a panel of experts who discussed changes in the job market, job search strategies and how their organizations work with older adults to find employment. Panelists included: Jennifer Gahagan, Program Manager, Retired Senior Volunteer Program; Jim Kenney – Program Manager, Senior Community Service

Employment Program, Goodwill Industries; Keith Knappett, Employment Counselor, WorkSource Employment Security; Janelle Tarasewicz, Employment Manager, City of Auburn Human Resources; James Harms, Regional Systems Administrator, Re-entry Division, Dept. of Corrections; Asha Rawlins, Claims Technical Expert, (Working and collecting benefits), Social Security Administration. In addition, the Employment Resource Center (a unit within the Mayor's Office for Senior Citizens) enrolled 200 older adults as of September 30, 2017, and 76 were hired, with support of ERC

C-5-4: Social and Civic Engagement

1. Advocate for increased funding for senior centers and related services to reduce social isolation. King County submitted a Mental Illness & Drug Dependency (MIDD) funding concept proposal for social work services at senior centers serving unincorporated residents. Decisions on concepts will be made in advance of 2017 MIDD levy renewal. ADS staff coordinated with senior centers to apply for United Way Older Adult supplemental funding.

For 2017, ADS coordinated with King County to include an older adult focus on Veterans and Human Services Levy renewal. The ADS Advisory Council and members from the Mayor's Council on African American Elders endorsed the new levy to include a focus on older adults and provided public comment in support of levy renewal proposal. The King County Council approved the levy renewal for the 2017 ballot. If passed by voters, the current levy will double, and one third of the revenue will focus on housing and services for older adults, including senior centers.

2. Utilize current technology to enhance access to aging information, programs and services as well as social and civic engagement for older adults. AgeWise King County and six social media sites promoted successful aging and a wide variety of programs, services, and activities for older adults and individuals with disabilities, with dozens of posts throughout the quarter. In addition, ADS unveiled a new AgingKingCounty.org website, and ensured that all websites (5) meet the Web Content Accessibility Guidelines 2.0 AA, the DOJ standard for ADA compliance. Increased access to aging and disability information, programs and services for people with disabilities by helping to organize and then presenting in a NCOA webinar, "Web Accessibility Compliance: Making Sure Your Website Doesn't Play Favorites" (187 participants).

During 2017, ADS staff promoted information about aging programs and services, accessibility, and healthy aging via social media (Facebook, Twitter, and Pinterest) with daily posts. Staff presented "Using Social Media for Advocacy" to the State Council on Aging, and published "Use Social Media for Advocacy, Now and Throughout the Year" in AgeWise King County.

3. Expand opportunities for older adults to volunteer through the Mayor's Office for Senior Citizens' Seniors Training Seniors program. In October 2016, an article "Seniors Training Seniors: Relaunched, Rebranded, and Repositioned" was featured in AgeWise King County and promoted volunteer opportunities.

With the 2017 planning and launch of Age Friendly Seattle, the function and role of the Mayor's Office for Senior Citizens' is under review.

Appendix G: Statement of Assurances and Verification of Intent

For the period of January 1, 2016 through December 31, 2019, Aging and Disability Services 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.

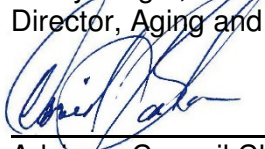
Obtain input from the public and approval from the AAA Advisory Council on the development, implementation and administration of the Area Plan through a public process, which should include, at a minimum, a public hearing prior to submission of the Area Plan to DSHS/ADS. Aging and Disability Services 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.

10-09-2017
Date



Cathy Knight, Director
Director, Aging and Disability Services

10-09-2017
Date



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

10-9-17
Date



Catherine Lester, Director
Seattle Human Services Department

Appendix H: Policy 7.01 Implementation Plan (Muckleshoot Tribe)

Policy 7.01 Implementation Plan (Muckleshoot Indian Tribe) Seattle Human Services Department Aging and Disability Services Biennium Timeframe: January 1, 2017 to December 31, 2018				
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 - 2017
<u>Medicaid Case Management</u> 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"> Improved communication and coordination between ADS, HCS and Tribal staff re all Muckleshoot client cases. Coordinated joint case staffing with ADS & HCS RE: tribal members and non-tribal community member clients bi-monthly or whenever APS or court-ordered cases are involved. Tribal staff will help ADS Case Manager establish rapport with CMP clients so that 	December 31, 2016 Theresa Tanoury, CMP Director Julie Donaldson, CMP Supervisor Keith Rapacz, Case Manager Wendy Burdette, Program Manager Muckleshoot Senior Services Karen Cantrell-Kennedy, Program Manager, Elder In-Home Support Services	February 2017 – A 701 meeting was held with tribal members. <u>3rd Quarter Caseload (2017)</u> Monthly case staffing: ADS Case Manager & APS Liaison Core Cases - 6 CMP Assistance Level Cases – 28 New Referrals - 7 Initial Assessments - 1 Care Transitions – 0 MIT Elder In-Home Support Services – Money Follows the Person – September 2017 – ALTSA provided an option to the Tribe to administer long-term care programs, including MAC and TSOA. Muckleshoot hired a consultant, Indigenous Pact Consulting, to help them evaluate options and determine feasibility. September 2017 – ADS staff participated in a follow-up meeting with ALTSA, Muckleshoot In-home Elder's Support Services (MEIHSS), Indigenous Pact Consulting, to review

Policy 7.01 Implementation Plan (Muckleshoot Indian Tribe)

Seattle Human Services Department

Aging and Disability Services

Biennium Timeframe: January 1, 2017 to December 31, 2018

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 - 2017
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"> Increased referrals and coordination of LTC services for Tribal and non-Tribal community members. 	<p>Theresa Tanoury, CMP Director</p> <p>Julie Donaldson, CMP Supervisor</p> <p>Keith Rapacz, Case Manager</p> <p>Wendy Burdette, Program Manager Muckleshoot Senior Services</p> <p>Karen Cantrell-Kennedy, Program Manager, Elder In-Home Support Services</p>	<p>assessment tools; review certification/license requirements for homecare providers; and to explore how to partner with MEIHSS.</p> <p>September 2017 - "Kickoff Event" for the Office of Violence against Women (OVW) Abuse in Later Life grant awarded to the tribe. Purpose: To increase awareness about the OVW Abuse in Later Life Program.</p> <p>September 2017 - ADS case manager participated in the Muckleshoot's Enhanced Coordinated Community (CCR) team meeting. The focus of the meeting was to create/enhance the CCR which is victim centered, promotes victim safety, and increases offender accountability, and explore next steps.</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-</p>			<p>December 31, 2016</p> <p>Theresa Tanoury, CMP Director</p> <p>Julie Donaldson, CMP Supervisor</p>	

Policy 7.01 Implementation Plan (Muckleshoot Indian Tribe)

Seattle Human Services Department

Aging and Disability Services

Biennium Timeframe: January 1, 2017 to December 31, 2018

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 - 2017
<p>home and who request LTC core services, per the agreement HCS has 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 & Wellness Program.</p>			<p>Keith Rapacz, Case Manager</p> <p>Wendy Burdette, Program Manager Muckleshoot Senior Services</p> <p>Karen Cantrell-Kennedy, Program Manager, Elder In-Home Support Services</p>	

Policy 7.01 Implementation Plan (Muckleshoot Indian Tribe)

Seattle Human Services Department

Aging and Disability Services

Biennium Timeframe: January 1, 2017 to December 31, 2018

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 - 2017
Training 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. Elder Abuse Training	(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"> Increased training opportunities for Tribal staff. Conduct at least one training during 2011. MOU in place. 	Dec. 31, 2014 Keith Rapacz , Case Manager Dec. 31, 2014 Bobbi Keeline-Young , Division Director Muckleshoot Human Services September 30, 2014 Gigi Meinig , Planner	

Policy 7.01 Implementation Plan (Muckleshoot Indian Tribe)

Seattle Human Services Department

Aging and Disability Services

Biennium Timeframe: January 1, 2017 to December 31, 2018

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 - 2017
4. Medicare Care Transitions	(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"> Conduct focus group and coordinate any follow-up activities and planning regarding reducing hospital readmissions. 	Dec. 31, 2014 Keith Rapacz , Case Manager and Care Transitions Coach Wendy Burdette , Program Manager Muckleshoot Senior Services	Attended the Care Transition Conference, June 2017
5. Family Caregivers Support Program (FCSP) – 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"> Referrals to local support groups, counseling and other resources. Provide advice on use of supplies and equipment. Caregiver training(s) Respite care, if needed. 	Terry Light ADS Program Specialist	Caregivers Conference, February

Policy 7.01 Implementation Plan (Muckleshoot Indian Tribe)

Seattle Human Services Department

Aging and Disability Services

Biennium Timeframe: January 1, 2017 to December 31, 2018

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 - 2017
6. Chronic Disease Self-Management Program - 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"> Track the number of referrals to CDSMP. Improvements in exercise and self-management of chronic diseases. Fewer hospitalizations and days spent in the hospital. 	Karen Winston ADS Planner	CDSMP Update: 2017 Workshops: 0

Policy 7.01 Implementation Plan (Muckleshoot Indian Tribe)

Seattle Human Services Department

Aging and Disability Services

Biennium Timeframe: January 1, 2017 to December 31, 2018

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 - 2017
<p><u>Emergency Preparedness</u></p> <p>1. ADS & Tribal staff will work to educate and assist CMP clients in preparing for possible increased flood risk to residents residing in Green River Valley & hillsides.</p> <p>2. Plan for possible alternate worksite for ADS Case Manager.</p>	<p>1. 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.</p>	<ul style="list-style-type: none"> • Increase client preparedness • Reduce impact to MIT tribal & community members & their property. • Reduce disruption of home care services. • Tribal staff develops an alternate work site on the reservation for ADS Case Manager. 	<p>Dec. 31, 2014 Keith Rapacz, Case Manager</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)

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				
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(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the previous year - 2017
HCS 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"> No 701 meeting were held during the first three quarters in 2017. Working to schedule a meeting during 4th quarter 2017.
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 Tribes other than the	If the client wishes HCS to contact the Snoqualmie to provide them with their contact information, then	Eligible clients will receive all	Tribal Staff HCS staff	

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Snoqualmie and the Muckleshoot that they may be eligible for services from the Snoqualmie Tribe	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)	
HCS (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"> Improve coordination of benefits and services for tribal members. Provide current information to Apple Health 	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)	

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ADS 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"> No 701 meeting were held during the first three quarters in 2017. Working to schedule a meeting during 4th quarter 2017.
	2. Explore the possibility of implementing care transitions program in East King County. Increase connection with Evergreen Hospital. New Social Worker will be able to work with tribal members to prevent hospital re-admissions. Share ADS Flags regarding chronic illnesses: <ul style="list-style-type: none"> Asthma Diabetes Chronic Pain COPD Congestive Heart Failure Eyes Falls Prevention Heart Disease Medication Management Oral Health Skin Health 	<ul style="list-style-type: none"> Improved coordination of patients' transition from hospital to home. Able to address both social and health issues. Reduce or eliminate unnecessary hospital readmissions. Increased independence. 	Kate Miller, Title VI and Cultural Activities Director (425-831-2100 ext 6229) Dorie Wallace, Tribe Outreach RN (425-531-8611) Andrea Yip, ADS Planning Unit Supervisor (206-386-0035) Maureen Linehan, ADS Director (206-684-0104) Karen Winston, ADS Planner (206-684-0706)	

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