

Area Plan 2020–2023 for Seattle and King County, Washington

*Final draft Area Plan submitted October 4, 2019
to Washington State Unit on Aging for review*



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Letter from the Area Agency on Aging Partners



Jason Johnson

We are pleased to present the 2020–2023 Area Plan for Seattle-King County, the roadmap for a responsive system of aging and disability services that promote quality of life, independence, and choice for older people, adults with disabilities, caregivers, and their family members.

Aging and Disability Services (ADS) is division of the Seattle Human Services Department designated by the State of Washington as the Area Agency on Aging for King County. It serves as a vital part of the Aging Network established by the Older Americans Act of 1965 to help older people live independently in their homes and communities. The Seattle Human Services Department, King County Department of Community and Human Services, and Public Health—Seattle & King County collaborate on strategic planning for the Area Agency on Aging; review the four-year Area Plan and annual Area Plan updates, including the ADS budget, and ADS' discretionary funding allocation process; and appoint members to the ADS Advisory Council.

This letter confirms that ADS has assessed community needs. This Area Plan outlines those needs as well as current and proposed programs and services that focus on those needs.



Leo Flor

ADS contracts with local service providers to deliver a broad range of direct services, including meals and transportation. ADS and local sub-contractors also provide case management that support in-home care and caregiver support services. In addition, ADS coordinates and funds Community Living Connections—professional, confidential telephonic and in-person information and referrals for any adult with a question about aging, disabilities, or caregiving. Community Living Connections also assesses individuals for long-term care service eligibility. For services, call (toll-free) 1-844-348-5464.



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Public Health—Seattle & King County

Washington State Department of Social and Health Services, Aging and Long-Term Support Administration
Washington State Health Care Authority

Section A – Area Agency Planning and Priorities

A-1: Introduction

This Area Plan guides the work of Aging and Disability Services (ADS)—the Area Agency on Aging for Seattle-King County. ADS roots date back to 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 between the City of Seattle and King County established the Area Agency on Aging (AAA) structure in existence today, including a planning council 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. The current interlocal designates key partners—the City of Seattle and King County—that the AAA will coordinate with toward a shared result of promoting healthy aging and ensuring older adults and adults with disabilities experience stable health throughout King County (also known as Planning and Service Area 4). Coordination includes consultation and representation on investment process, community engagement, and joint appointments to the Advisory Council.

In 2017, King County voters approved the [Veterans, Seniors and Human Services Levy](#) (VSHSL). This six-year levy (2018–2023) will add roughly \$18 million in new funding for older adult programs. The levy focuses on five result areas—housing stability, financial stability, social engagement, healthy living, and service system access and improvement. ADS staff are excited about increased opportunities to collaborate with King County on aligned priorities.

The volunteer Advisory Council assists ADS in identifying unmet needs and 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 and numerous community partners. To better understand local needs, ADS also engaged consumers through listening sessions, surveys, and workshops (see [Section A-3: Planning and Review Process](#)).

In 2018, ADS served 46,227 people (an unduplicated count) with both direct and contracted services (through all fund sources). This plan provides current service area demographic attributes, including age, ethnicity/race, income, and region (see [Section B-1: Population Profile and Trends](#)).



Community Living Connections is the “front door” to most ADS services. Call (toll-free) 1-888-348-5464 for professional, confidential information and referrals, free of charge.

A-2: Mission, Values, Vision

ADS' mission is to develop a community that promotes quality of life, independence, and choice for older people and adults with disabilities in King County.

We will accomplish this by:

- Working with others to create a complete and responsive system of services.
- Focusing attention on meeting the needs of older people and adults with disabilities.
- Planning, developing new programs, educating the public, advocating with legislators, and providing direct services that include the involvement of older adults and others representing the diversity of our community.
- Promoting a comprehensive long-term care system.
- Supporting intergenerational partnering, planning, and policy development.

A-3: Planning and Review Process

The planning process for the 2020-2023 Area Plan included a review of existing data and reports and a range of community engagement activities. Overall, about 190 individuals from throughout King County provided input on community needs, strengths, emerging trends, and promising practices.

Approximately 30 percent of the participants were age 60 and older. Input sessions were conducted with the following groups and organizations:

- ADS Advisory Council Retreat (January 2019)
- ADS Case Management Program (March 2019)
- African American Elders Program (March 2019)
- Mayor's Council on African American Elders (March 2019)
- Seattle Office on Civil Rights, Native American Engagement Session (March 2019)
- Redmond Fire Department Mobil Integrated Health (April 2019)
- King County Refugee Forum (April 2019)
- Snoqualmie Tribal Members (April 2019)
- Snoqualmie Valley Healthy Communities Coalition (April 2019)
- Puget Sound Advocates for Retirement Action (May 2019)

The information gleaned from these engagement activities identified key issues faced by older King County residents and adults with disabilities and have been incorporated into the Area Plan. The public review and comment period concluded with input from our King County partners and two public hearings were held on July 18 and August 5, 2019. See [Appendix E: Public Process](#).

A-4: Prioritization of Discretionary Funding

ADS sub-contracts with over 75 agencies to provide a network of in-home and community-based services and supports for older adults and adults with disabilities. In 2018, more than 46,000 older adults, family caregivers, and people with disabilities in King County received services through this Aging Network.

The 2019 budget totals \$54.5 million, of which \$47 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 \$7 million of “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 at least five Advisory Council members, with consideration given to geographic representation. The Council chair also serves as an ex-officio member.

For the 2020 discretionary allocations process, the P&A Committee considered the following in their deliberations:

- Priority Areas—Case Management, Information & Assistance, Elder Abuse Prevention, Nutrition, and Transportation
- Service area trends and issues
- Impacts from the King County Veterans, Seniors, and Human Services Levy¹

If funding increases or decreases in the future, the P&A Committee will convene to consider additional allocation strategies. They would examine the most updated revenue forecast for older adult services in King County and consider the funding guidelines listed above. Their recommendations are subject to ADS Advisory Council review, public review, and City of Seattle Human Services Department approval.

¹ The six-year King County Veterans, Seniors and Human Services Levy (VSHSL) was approved by King County voters in 2018. The VSHSL is referenced in several places in this plan.

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Section B – Planning and Service Area Profile



B-1: Population Profile and Trends

Overview

The “Population Profile and Trends” section is organized into four subsections:

- General Demographics
- Priority Population
- Health
- Affordability

Each of these subsections provide data that looks at three key demographic characteristics: age, geography, and race.

One of the primary purposes of the Area Plan is to describe the Area Agency on Aging’s future activities for older adults and individuals with disabilities; thus, most of the data presented is by age or age group. A variety of sources were used, which is why some data is presented for adults age 60+ and other data is for adults age 65+.

In addition to age, data is shown by geography. There are notable differences in outcomes depending on where a person lives, so it is essential to provide this information.

Most of the geographic data is presented by subregions, which are determined by the ADS and defined by ZIP codes.

The subregions are:

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

Race also plays an important role in the outcomes of individuals, so we’ve provided race-related data whenever possible. It is worth noting that many of the figures that include race have confidence



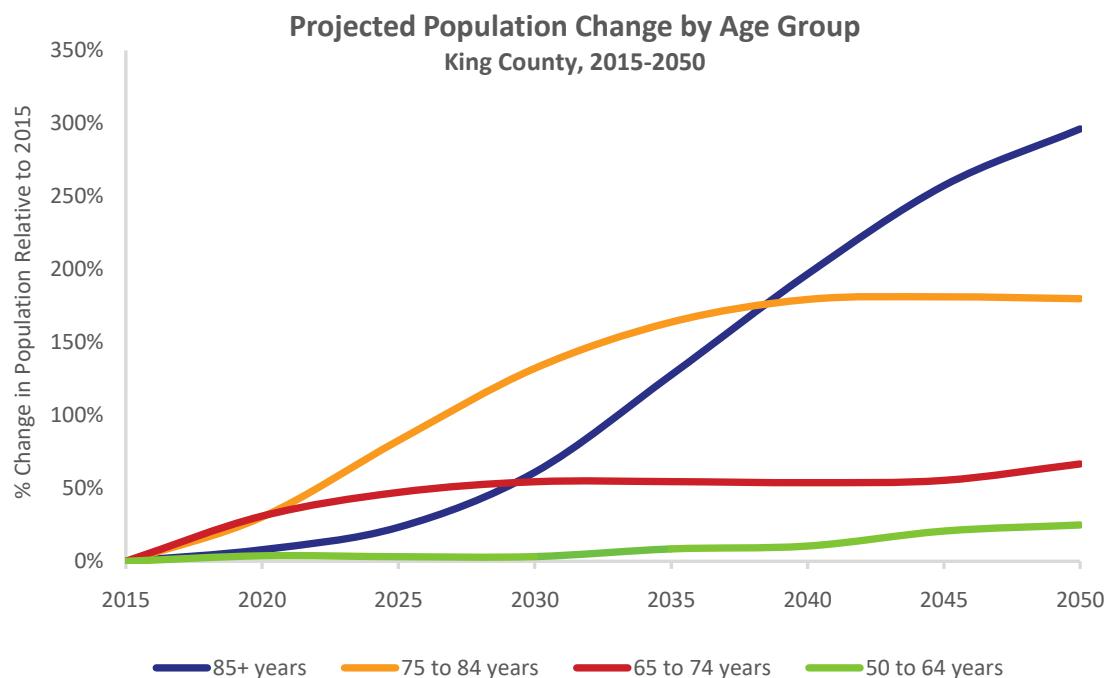
intervals: a series of bold lines across the chart. These lines show the range of values, including the true average for the population 95 percent of the time. A large—or “wide”—confidence interval usually means the estimate is less precise for that population. Data sources that rely on surveys can have small sample sizes, which will more likely result in wide confidence intervals.

Another note about the race data is that many of the data sources available do not have disaggregating race information. This means ADS is not able to break down data into smaller subpopulations. For example, data for the total Asian population is provided but not individual data for Chinese, Japanese, Korean, Vietnamese, etc. is not available. This limitation may mask difference between subgroups.

The data does provide improved representation of Hispanic/Latinos. This was done by reporting Hispanic/Latinos as an exclusive race group in all tables and figures (unless otherwise noted). This approach was taken because demographic data often collects race and Hispanic ethnicity as two separate concepts, which can make it difficult to understand disparities. By presenting Hispanic/Latino as a race instead of an ethnic group, disproportionalities are highlighted more effectively and outcomes are quantifiable.

General Demographics

The General Demographics subsection includes data on the total population of adults aged 60 and older in King County by subregion, race, and gender. This information is used to track the general trends and characteristics of our older-adult population.



Source: WA State Office of Financial Management, Forecasting Division, 2017 Projections, County Growth Management Population Projections by Age and Sex.

King County's population is aging. Estimates indicate that by 2050 the adults age 85+ population will increase almost 300 percent.

One notable implication of this trend is that the healthcare system will face significant challenges to meet the needs of the aging population. Already, per-person healthcare expenditures for adults age 65 and older have historically been 5 times greater than expenditures for children and 3 times greater than those for working-age adults. Healthcare systems need to prepare for this important demographic shift with adequate workforce capacity and accessible services.²

² King County, Public Health-Seattle & King County, *King County Community Health Needs Assessment*, 2018/2019, p. 15, accessed at www.kingcounty.gov/depts/health/data/community-health-indicators/~media/depts/health/data/documents/2018-2019-Joint-CHNA-Report.ashx.

Age 60+ Population Growth by Subregion						
King County, 2000-2018						
Subregion	2000	2010	2013	2018	Change Between 2013 and 2018	
					Count	Percent
East Rural	3,400	5,900	6,800	7,700	900	13%
East Urban	53,000	73,600	84,000	93,900	9,900	12%
North	14,000	26,000	19,600	30,400	10,800	55%
Seattle	77,400	98,700	100,400	129,600	29,200	29%
South Rural	5,800	9,500	10,700	11,800	1,100	10%
South Urban	68,100	95,100	103,500	117,700	14,200	14%
Vashon Island	1,800	3,000	3,300	3,400	100	3%
King County Total Population*	239,900	312,600	349,500	394,900	45,400	13%

*Subregion totals will not sum to the King County total due to rounding.

Source: WA State Office of Financial Management, Forecasting Division, Single Year Intercensal Estimates, 2001–2018.

The older-adult population has continued to grow in King County’s urban areas as well as rural regions. As this population migrates to areas outside the urban core—where the cost of living is generally lower—many face increasing challenges to finding, accessing, and receiving adequate health care and support. This is exacerbated by limited transportation access, particularly for people with disabilities.³

Age 60+ Population by Race		
King County, 2018		
Race	Population	Percent
American Indian/Alaska Native	2,151	.5%
Asian	58,025	15%
Black/African American	19,196	5%
Hispanic/Latino	12,369	3%
Native Hawaiian/Pacific Islander	1,350	.3%
Two or More Races	5,310	1%
White	296,473	75%
60+ Total Population	394,874	
King County Total Population	2,190,200	

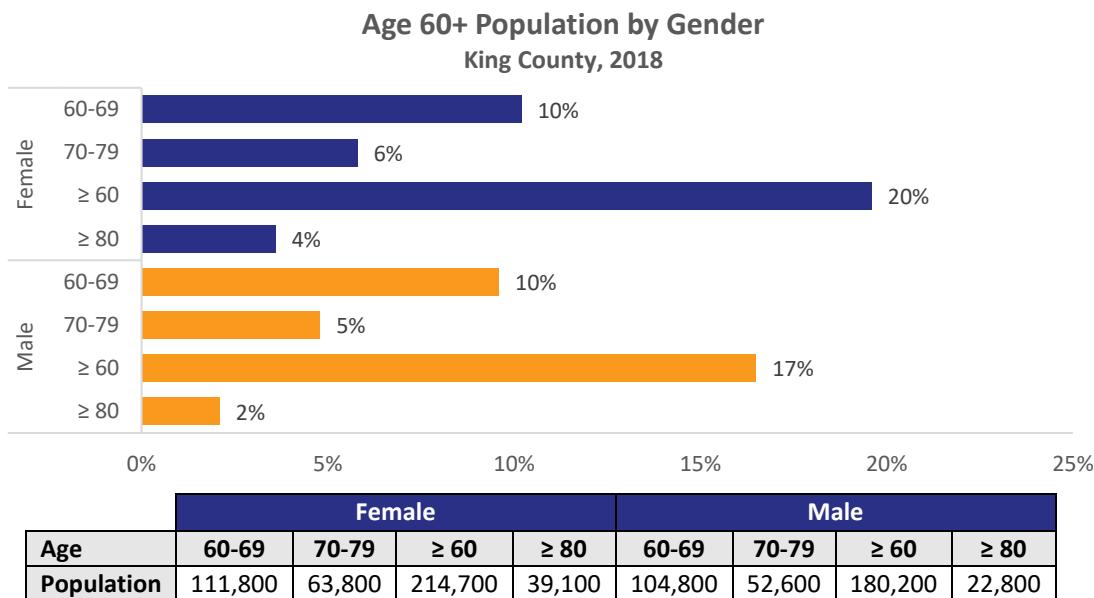
Source: WA State Office of Financial Management, Forecasting Division, Single Year Intercensal Estimates, 2001–2018.

King County’s 60+ population is predominantly white; however, the county has grown by more than 150,000 residents since 2010—with most of this increase attributed to people of color.⁴ The most recent estimate, from 2018, indicated that 40 percent of the population are people of color.⁵ This suggests that in the future, the older-adult population will be increasingly more diverse.

³ King County, Public Health-Seattle & King County, *King County Community Health Needs Assessment*, p. 29.

⁴ Ibid., p. 41.

⁵ WA State Office of Financial Management, Forecasting Division, Single Year Intercensal Estimates, 2001-2018.



Source: WA State Office of Financial Management, Forecasting Division, Single Year Intercensal Estimates, 2001–2018.

While women are living longer, they are not necessarily living healthier lives. Compared to men, women 65 and older are more likely to experience fall-related fractures and develop debilitating health conditions such as arthritis and dementia. Additionally, older women may be more vulnerable to financial hardship due to work, family, and retirement decisions made over the course of a lifetime in conjunction to the negative effects of the gender pay gap.⁶

⁶ P. Scommegna, “Older Women Live Longer, But With More Disability and Financial Challenges Than Men.”, Population Reference Bureau, accessed September 22, 2019 <https://www.prb.org/women-live-longer-than-men/>.

Priority Population

This subsection provides data that focuses on some of our most vulnerable community members, including limited English-speaking elders, residents under the age of 60 with disabilities, and lesbian, gay, bisexual, and transgender elders.

Foreign-Born Population by Age, Language, and Poverty King County, 2013-2017 Average	
Total Foreign-Born Population	22%
Age	
55 to 64 years	11%
65 to 74 years	7%
75 to 84 years	4%
85 years and over	2%
English Proficiency	
Speaks English only	17%
Speaks English less than “very well”	41%
Poverty	
Percent Below the Federal Poverty Level	13%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2013-2017.

Foreign-born residents, including immigrants and refugees, account for almost half of King County's population growth in the past 25 years. As of 2017, the population of King County was 22 percent foreign born, compared to 13 percent nationally.⁷ Fueling the growth of foreign-born population ages 65 and older are two trends: the aging of the long-term foreign-born population and the recent migration of older adults as part of family reunification and refugee admissions.⁸

Foreign-Born Population by Subregion King County, 2013-2017 Average						
East Rural	East Urban	North	Seattle	South Rural	South Urban	Vashon
9%	29%	17%	18%	7%	25%	7%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2013-2017.

The highest percentage of foreign-born populations currently reside within East Urban and South Urban King County. The cities of Bellevue and Redmond in the East Urban Subregion and Tukwila and SeaTac in the South Urban Subregion each have about 40 percent foreign-born residents, which is more than double the 18 percent in Seattle.⁹

⁷ U.S. Census Bureau, American Community Survey 5-Year Estimate, 2013–2017.

⁸ Population Reference Bureau, “Elderly Immigrant in the United States,” accessed 9/22/19 at www.prb.org/us-elderly-immigrants/.

⁹ U.S. Census Bureau, American Community Survey 5-Year Estimate, 2013-2017.

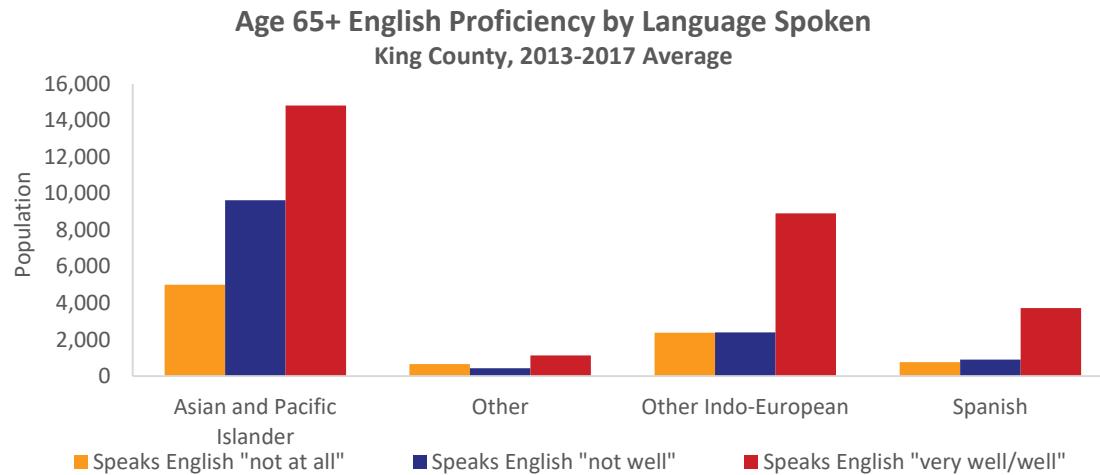
Languages Spoken at Home by Ages 5+ and 60+				
King County, 2013-2017 Average				
Total Population 5+			Total Population 60+	
Rank*	Language	Population Estimate	Language	Population Estimate
1	English	73%	English	81%
2	Spanish	7%	Chinese (incl. Mandarin, Cantonese) †	4%
3	Chinese (incl. Mandarin, Cantonese) †	4%	Spanish	2%
4	Vietnamese	2%	Tagalog	2%
5	Tagalog	1%	Vietnamese	2%
6	Korean	1%	Korean	1%
7	Russian	1%	Japanese	0.8%
8	Hindi	1%	Russian	0.8%
9	Japanese	0.8%	German	0.6%
10	French	0.6%	French	0.4%

*Ranks were not tested for statistical significance.

†Examples include: Mandarin Chinese, Min Nan Chinese (incl. Taiwanese), Yue Chinese (Cantonese).

Source: U.S. Census Bureau American Community Survey, Public Use Microdata Sample, 2013–2017.

Approximately 170 languages are spoken in King County. Spanish and Asian languages are among the 10 most commonly reported languages spoken at home for both the population ages five and older and 60 and older. Immigration from multiple countries has contributed to growing cultural and linguistic diversity in the county.¹⁰



Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2013–2017.

While the majority of adults age 65 and older do not have difficulty speaking English, a sizeable number of older adults speaking Asian and Pacific Islander languages speak English “not well” or “not at all.” Because of this, it’s important to provide translated health and educational materials and access to human service providers who speak languages other than English.

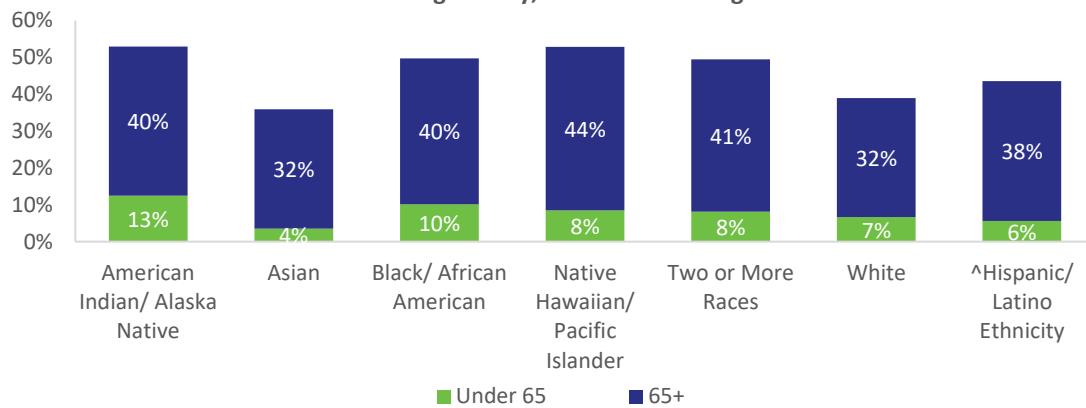
¹⁰ King County, Public Health-Seattle & King County, King County Community Health Needs Assessment, p. 29.

Disability by Age and Poverty Snapshot				
King County, 2018				
Age 18+		Age 60+		60+ in Poverty
134,900	22%	85,500	38%	55%

Source: WA State Office of Financial Management, Forecasting Division, Single Year Intercensal Estimates, 2018-2030; and WA State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, 2013-2016.

Disability¹¹ rates are high for older adults (38 percent in King County) and even higher for older adults living in poverty. Disability can be considered both a cause and consequence of poverty. It is a cause because it can lead to job loss and reduced earnings, barriers to education and skills development, significant expenses, and many other challenges that can lead to economic hardship. It is also a consequence because poverty can limit access to health care services and increase the likelihood that a person's living and working environment may adversely affect their health.¹²

Disability by Age, Race, and Ethnicity
King County, 2013-2017 Average



¹¹ Hispanics may be of any race and are also counted in their preferred race group.

Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2013–2017.

People of color in King County—regardless of age—are more likely to have a disability.¹³ Across a number of health and social indicators, both whites and Asians fare better than others; however, national data suggests that the aggregate category of “Asians” masks disparities within the Asian category. A large body of evidence demonstrates disparities in health outcomes, particularly for Southeast Asians compared to other Asian ethnicities. This is true of other races as well. For example, existing data do not permit us to disaggregate Somali, Ethiopian, and other emerging African communities from multi-generational African-American communities. Nevertheless, the presence of disparities by race and ethnicity underscore the need to further explore the causes of inequities that result in disparate outcomes and identify solutions.¹⁴

¹¹ Behavioral Risk Factor Surveillance System defined as limited in any way in any activities by a mental, physical or emotional condition, OR uses special equipment due to a health condition.

¹² R. Vallas, “Disability is a Cause and Consequence of Poverty,” Talk Poverty, accessed September 22, 2019, <https://talkpoverty.org/2014/09/19/disability-cause-consequence-poverty/>.

¹³ American Community Survey Defines as having hearing, vision, cognitive, ambulatory, self-care, and/or independent living difficulty

¹⁴ King County, Public Health-Seattle & King County, King County Community Health Needs Assessment, p. 19.

Age 60+ Sexual Orientation King County, 2015-2017 Average	
Sexual Orientation	Age 60+
Heterosexual	96%
Lesbian, Gay, Bisexual	3%
Other	1%

Source: WA State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, 2015–2017.

Lesbian, gay, bisexual, and transgender (LGBT) elders have historically been undercounted, understudied, and underserved. An estimated four percent of King County residents age 60 and older identify as non-heterosexual—but because LGBT older adults remain a hard-to-reach population, the actual percentage of adults 60 and older who identify as LGBT is likely higher.¹⁵

While there have always been LGBT elders, few have been open about their sexual orientation 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. It is estimated that 2.7 million (2.4 percent) of adults age 50 and older identify as lesbian, gay, bisexual, or transgender. This number is expected to double in the coming decades, in line with the growing older adult population overall.¹⁶

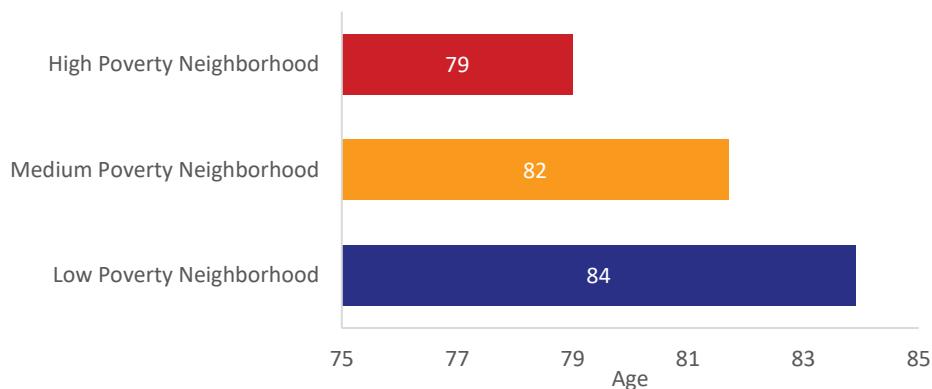
¹⁵ K. I. Fredriksen-Goldsen & H.-J. Kim, "The Science of Conducting Research With LGBT Older Adults- An Introduction to Aging with Pride: National Health, Aging, and Sexuality/Gender Study (NHAS)" *Gerontologist* 57, S1–S14. doi: 10.1093/geront/gnw212

¹⁶ Ibid.

Health

This subsection focuses on the relationship between health outcomes for King County residents and poverty, race, gender, and age. Additionally, this subsection touches on a range of other physical and mental health topics relevant to older adults.

Life Expectancy at Birth by Neighborhood Poverty Levels
King County, 2013-2017 Average



Source: WA State Department of Health, Center for Health Statistics, Death Certificate Data, 2013–2017.

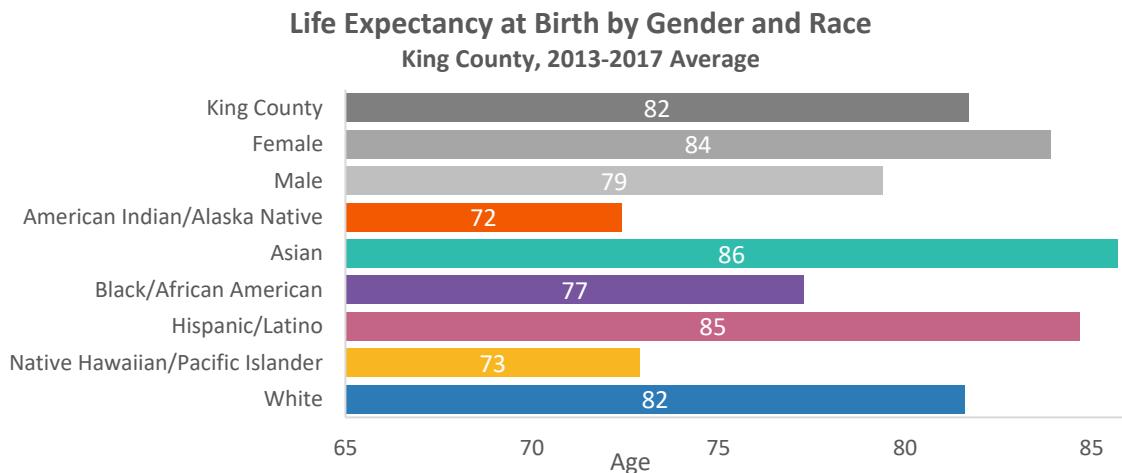
Socioeconomic conditions, such as concentrated poverty, are major social determinants of health. High poverty neighborhoods include 20 percent or more households below the poverty threshold; medium poverty neighborhoods between five percent to 19 percent; and low poverty neighborhoods fewer than five percent.

In King County, there's a five-year life expectancy difference between those living in high poverty neighborhoods (79 years) compared to those in neighborhoods with low poverty concentrations (84 years). Between specific neighborhoods with the highest and lowest life expectancies, the difference can be double that and vary by as much as 10 years.¹⁷

People in affluent areas have greater access to environments and other resources that encourage healthy behaviors. The convergence of these factors, plus disparities in educational attainment, household income, and health insurance coverage can profoundly influence the health of our communities.¹⁸

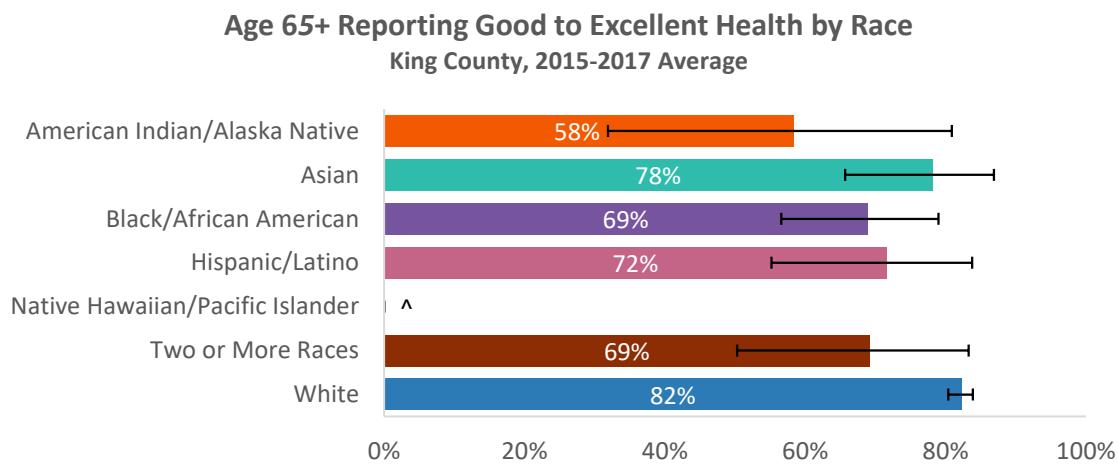
¹⁷ King County, Public Health-Seattle & King County, King County Community Health Needs Assessment, p. 35.

¹⁸ Ibid.



Source: WA State Department of Health, Center for Health Statistics, Death Certificate Data, 2013–2017.

The average life expectancy in King County is estimated at 82 years, which is in the 95th percentile among U.S. counties¹⁹; however, significant disparities exist between race groups. Averaged across a life span, men in King County die at 1.4 times the rate of women, with the life expectancy for men (79 years) being about four years lower than for women (84 years).²⁰



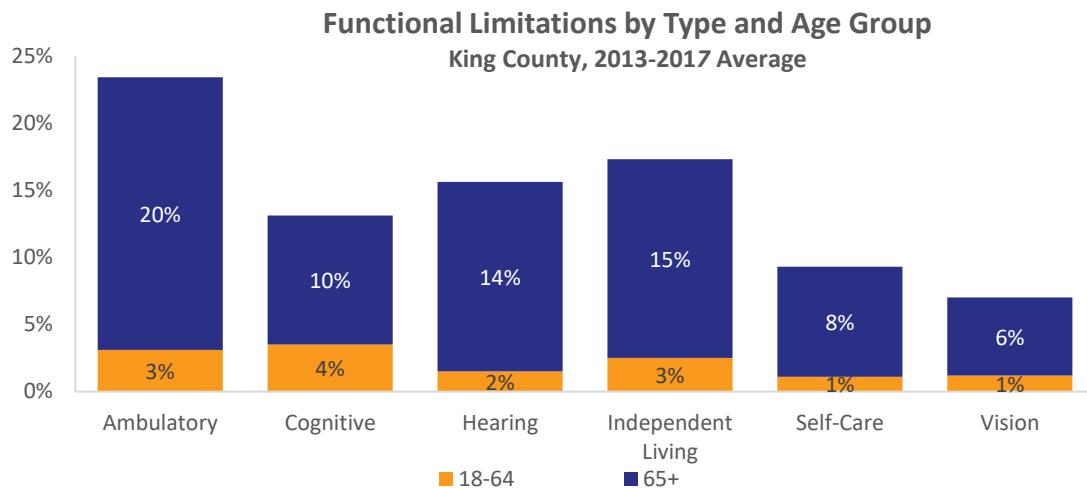
^ = Data suppressed if too few cases to protect confidentiality and/or report reliable rates

Source: WA State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, 2015–2017.

For populations age 65 and older, people of color report being in poorer health than whites. The wide confidence intervals reflect the small sample sizes within the data source and the higher margin for sampling error.

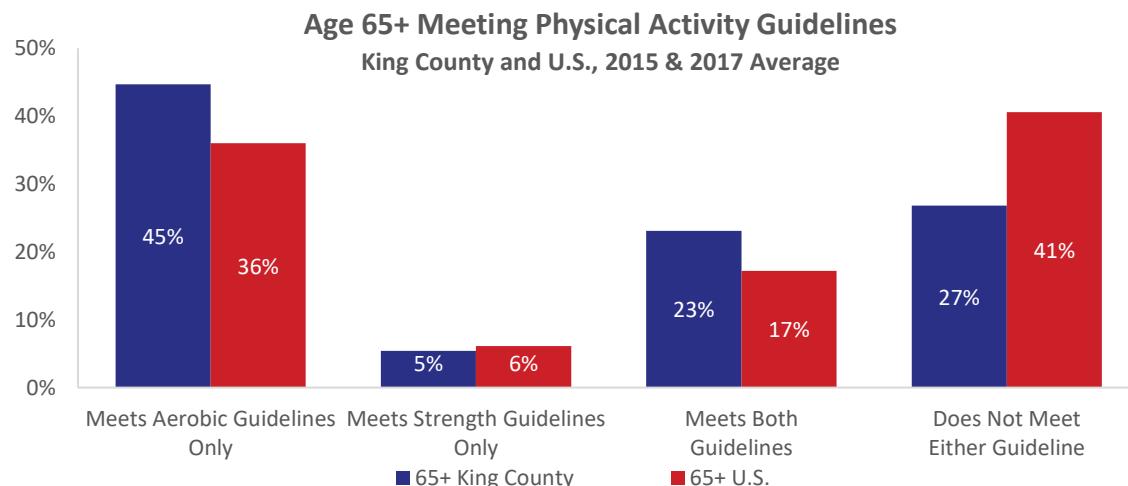
¹⁹ L. Dwyer-Lindgren, RW Stubbs, A. Bertozzi-Villa, et al. "Variation in life expectancy and mortality by cause among neighbourhoods in King County, WA, USA, 1990–2014: A census tract-level analysis for the Global Burden of Disease Study 2015," *Lancet Public Health*, 2(9):e400-e410.

²⁰ [King County Community Health Needs Assessment](#), 2018/2019, Page 55.



Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2013–2017.

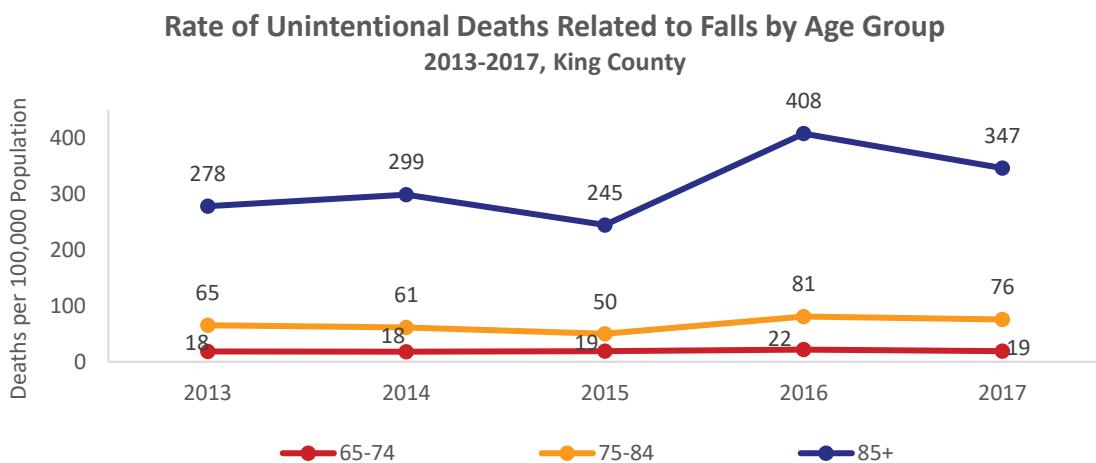
A person has a functional limitation when they, because of a disability, do not have the physical, cognitive, or psychological ability to independently perform the routine activities of daily living. The top self-reported limitation among those age 65 and older is ambulatory, which means the individual has difficulty walking or climbing stairs.



Source: WA State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, 2015 & 2017.

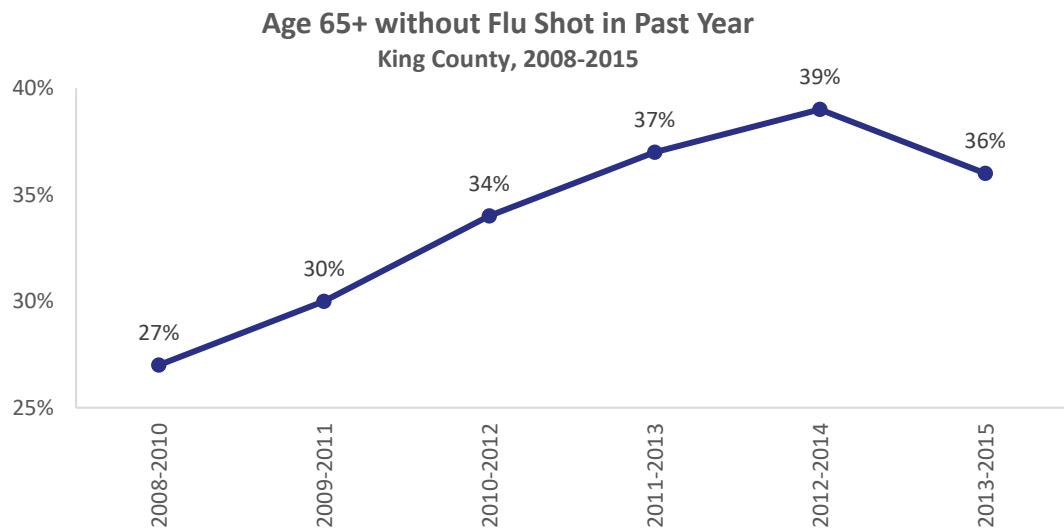
Regardless of a person's age, regular physical activity reduces the risk of many chronic illnesses, helps control weight, boosts mental health, and strengthens bones and muscles. Particularly for older adults, physical activity improves their ability to conduct daily activities and helps prevent falls.²¹ Close to one-quarter of King County adults 65 and older engage in physical activity meeting both aerobic and strengthening guidelines.

²¹ King County, Public Health-Seattle & King County, King County Community Health Needs Assessment, p. 85.



Source: WA State Department of Health, Center for Health Statistics, Death Certificate Data, 2013–2017.

In King County, fall-related deaths are highest among adults 85 years and older. Deaths related to falls have been steadily increasing across the U.S. for older adults. Between 2007 and 2016, the nationwide rate increased 30 percent.²² If this trend continues, data indicates that seven fall deaths will occur every hour by the year 2030.²³

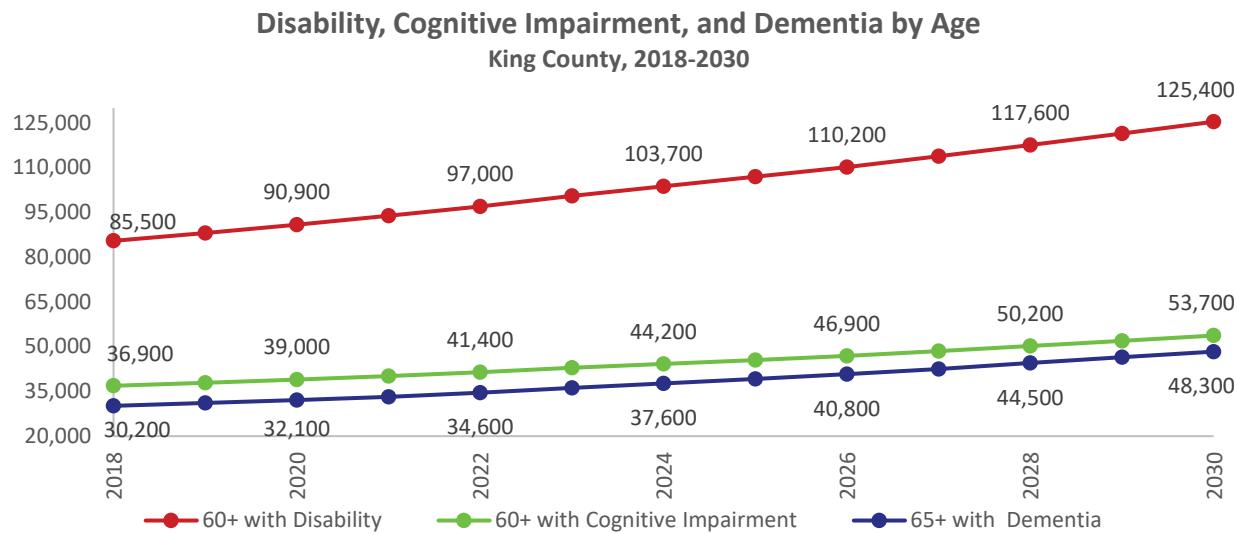


Source: WA State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, 2008–2015.

Flu vaccination is important for those 65 years and older. Compared to young, healthy adults, elders are at greater risk of serious complications from the flu because their immune defenses weaken with age. Local data suggests that about one-third of older adults are without a flu shot in the past year.

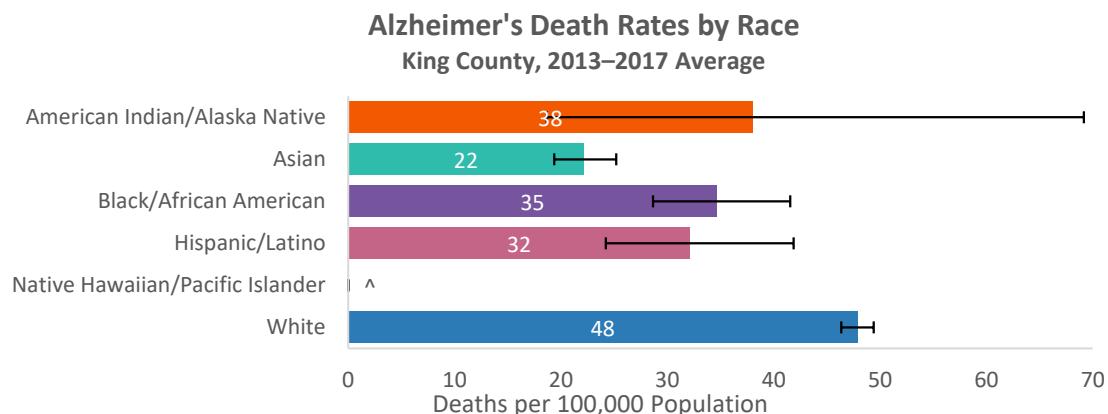
²² Center for Disease Control and Prevention, “Important Facts About Falls,” date last modified February 10, 2017 <https://www.cdc.gov/homeandrecreationsafety/falls/adultfalls.html>.

²³ Ibid.



Source: WA Department of Social and Health Services, Aging and Long-Term Support Administration, Forecasts of the Aging Population, Dementia Prevalence and Use of Long-Term Care Services through 2030 in Washington State.

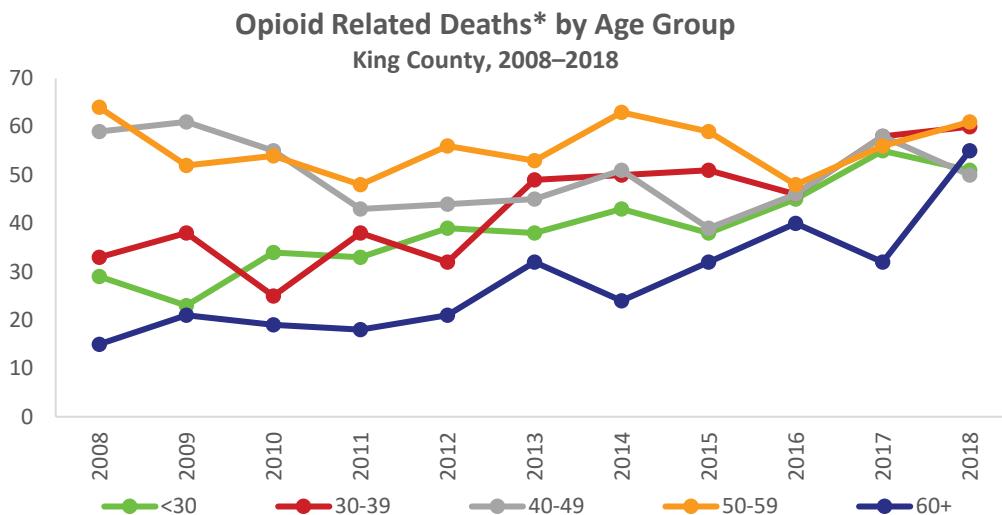
In King County, the number of older adults with disabilities, cognitive impairments, and dementia is projected to increase steadily as the older adult population grows in general. Estimates indicate that by 2030 older adults with disabilities and cognitive impairments will increase over 46 percent and adults over 65 with dementia will increase 60 percent.



Source: WA State Department of Health, Center for Health Statistics, Death Certificate Data, 1990–2017.

Currently in King County, whites have the highest rate of deaths due to Alzheimer's Disease. American Indian/Alaska Natives also have a high rate of Alzheimer's deaths; estimates show that the rate can range from 19 to as high as 69 deaths per 100,000. Looking nationally, older Black/African-Americans are about twice as likely to have Alzheimer's or other dementias as older whites; and Hispanic/Latinos are about one and one-half times as likely to have Alzheimer's or other dementias as older whites.²⁴

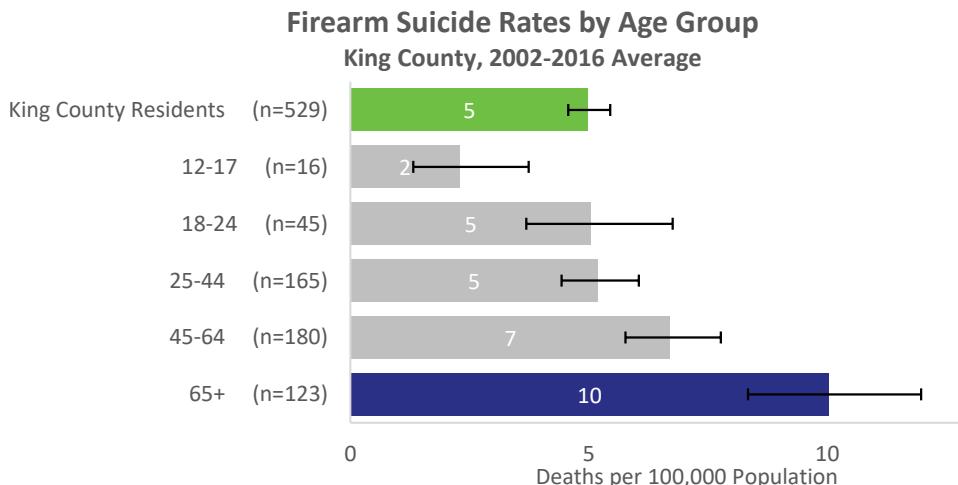
²⁴ Alzheimer's Association, *2019 Alzheimer's Disease Facts and Figures*, p. 21
<https://www.alz.org/media/Documents/alzheimers-facts-and-figures-2019-r.pdf>



* Includes confirmed drug overdose deaths in which the toxicology report showed the presence of opioids—fentanyl, heroin, and/or RX opioids—alone or in combination with other drugs at the time of death.

Source: King County Medical Examiner's Office

Since 2008, the 60+ age group has seen the largest increase of opioid-related deaths—with a notable rise between 2017 and 2018. Older adults are affected by this problem because they often use prescription opioids to cope with surgical procedures or painful chronic conditions like arthritis. They may use prescription opioids for an extended period to treat chronic pain, which presents a risk for developing an opioid use disorder.²⁵



Source: WA State Department of Health, Center for Health Statistics, Death Certificate Data, 2002–2016.

Suicide is the leading type of firearm death among all residents of King County, and the highest rate occurs among older adults. Additionally, suicide rates in general are highest among this age group.²⁶

²⁵ Administration for Community Living, *The Opioid Public Health Emergency and Older Adults*, (December 2017), <https://www.acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/OUD%20issue%20brief%20final%20508%20compliant%202-8-17.docx>

²⁶ King County, Public Health-Seattle & King County, King County Community Health Needs Assessment, p. 24.

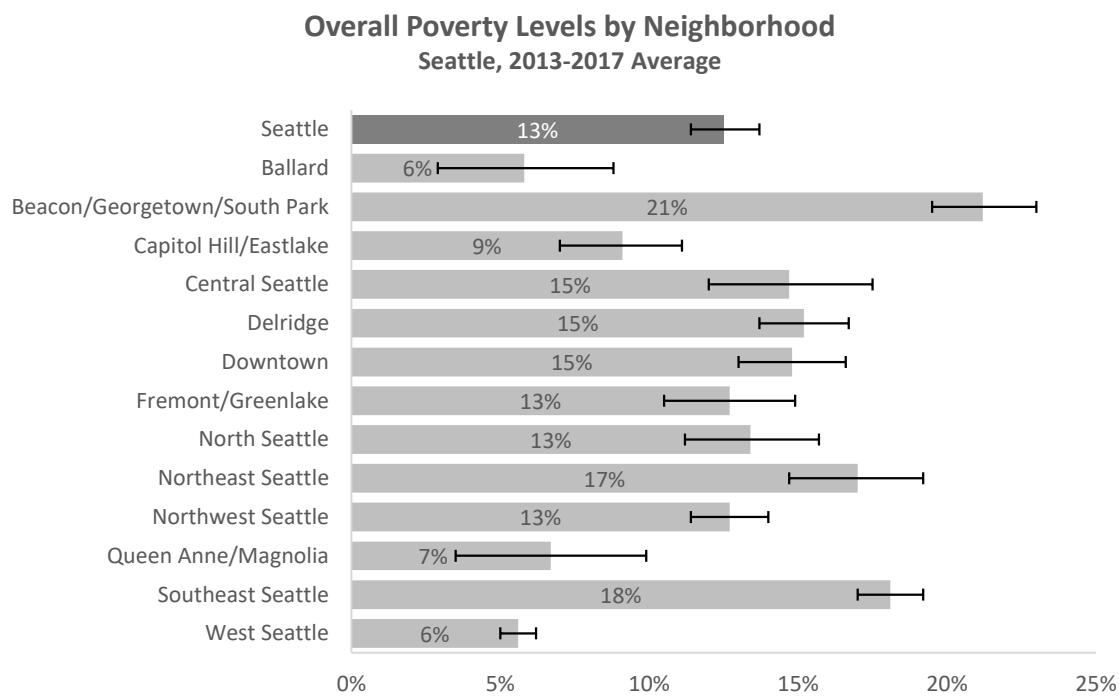
Affordability

This subsection examines how poverty affects different populations based on geography, race, age, and gender. It also includes data on a variety of other economic topics such as SNAP (Supplemental Nutrition Assistance Program, formerly Food Stamps) participation, employment, and homelessness.

Age 65+ Living in Poverty by Subregion King County, 2013–2017 Average						
East Rural	East Urban	North	Seattle	South Rural	South Urban	Vashon
5%	6%	8%	11%	8%	8%	6%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2013–2017.

Poverty among the 65 and older population is highest in Seattle and the South Rural and Urban subregions. South King County is home to some of the most racially and ethnically diverse communities in our county, and it has some of the highest concentrations of poverty.

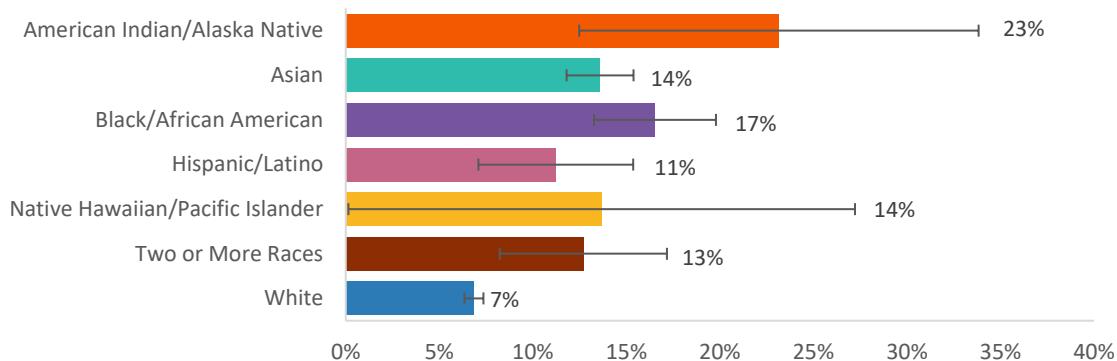


Source: Retrieved (9/24/2019) from Public Health—Seattle & King County, Community Health Indicators.
www.kingcounty.gov/health/indicators.

The overall poverty level in Seattle, for all ages, is about 13 percent²⁷; however, there are marked disparities among neighborhoods.

²⁷ U.S. Census Bureau American Community Survey, Public Use Microdata Sample, 2013-2017.

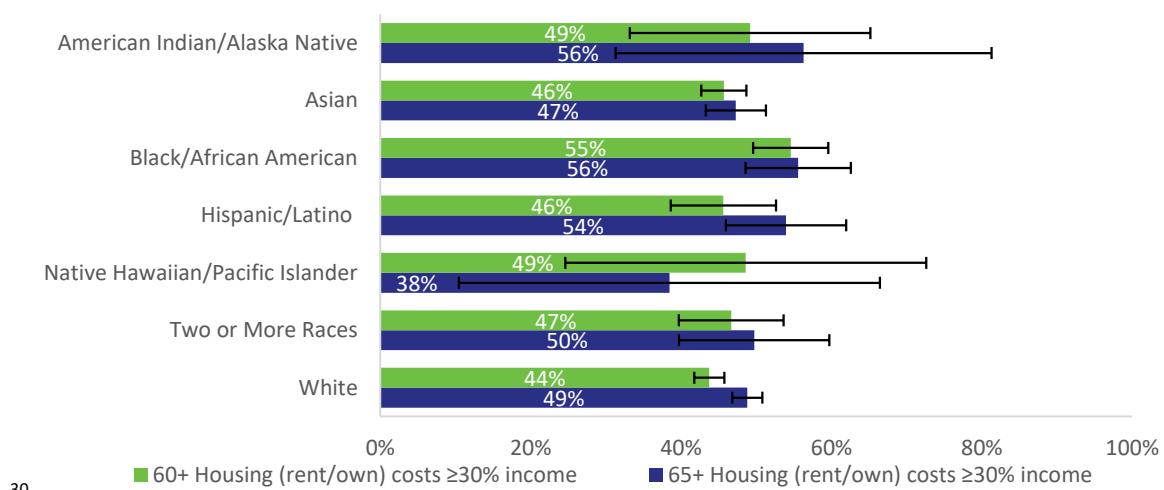
Age 60+ Poverty by Race King County, 2013–2017 Average



Source: U.S. Census Bureau American Community Survey, Public Use Microdata Sample, 2013–2017.

More than 24,600 (nine percent) of older adults in King County live in poverty²⁸, including a disproportionate number are people of color—a result of oppression, historical disadvantages, and discriminatory practices that have been institutionalized.²⁹

Age 60+ and 65+ Paying ≥ 30% of Income Towards Housing by Race King County, 2013–2017 Average



30

Source: U.S. Census Bureau American Community Survey, Public Use Microdata Sample, 2013–2017.

Paying more than 30 percent of one's 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.³¹ In King County, a higher proportion of people of color face housing cost burden, regardless of their status as renters or homeowners.

²⁸ WA State Office of Financial Management, Forecasting Division, Single Year Intercensal Estimates (2018-2030)

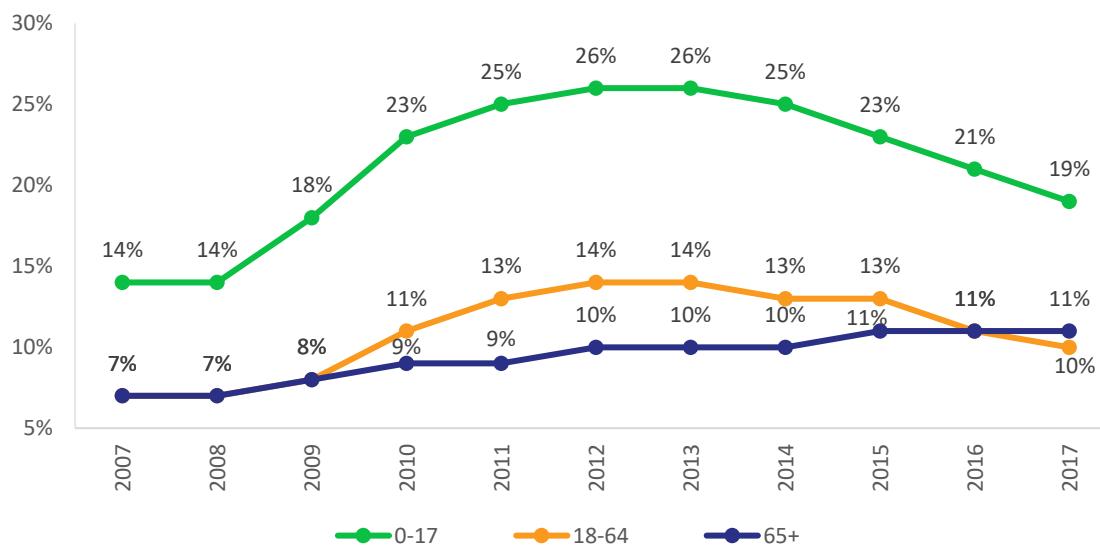
²⁹ Richard Delgado and Jean Stefanic, *Critical Race Theory* (NYU Press, 2017).

³⁰ Richard Delgado and Jean Stefanic, *Critical Race Theory* (NYU Press, 2017).

³¹ Viveiros, J., Sturtevant, L. (2014). *The Housing affordability challenges of America's working households*. Housing Landscape 2014. Center for Housing Policy

Basic Food Participation by Age Group

King County, 2007–2017

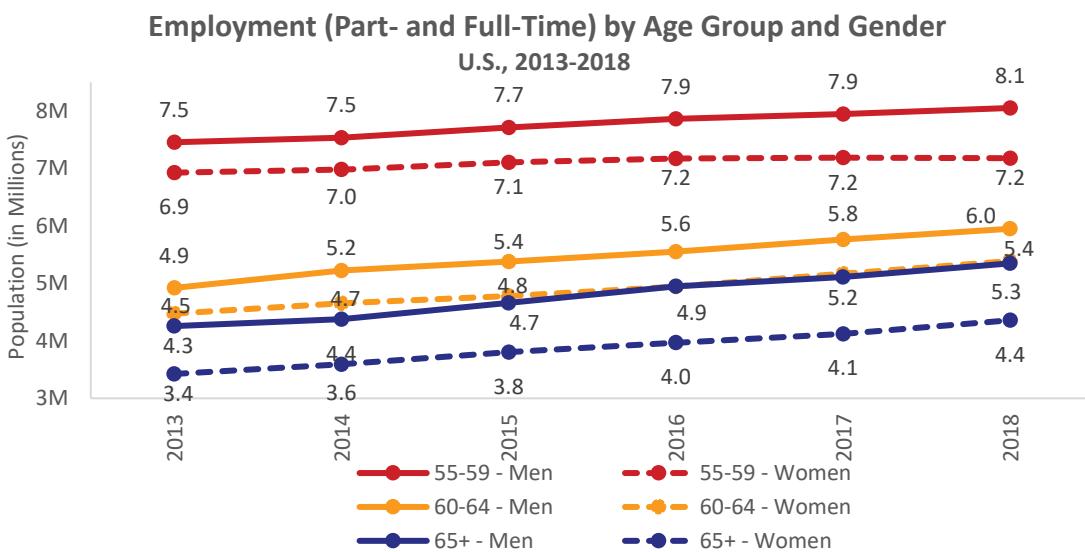


Source: WA State Department of Social and Health Services, Research and Data Analysis, Client Services Database.

Food insecurity is increasing for older adults. The Supplemental Nutrition Assistance Program (SNAP, also called “Basic Food” in Washington state) is designed to reduce food insecurity by providing eligible low-income families and individuals funds to purchase food. While SNAP participation among King County’s 0–17 and 18–64 age groups has gradually declined since 2015, participation among adults age 65 and older has gradually increased.

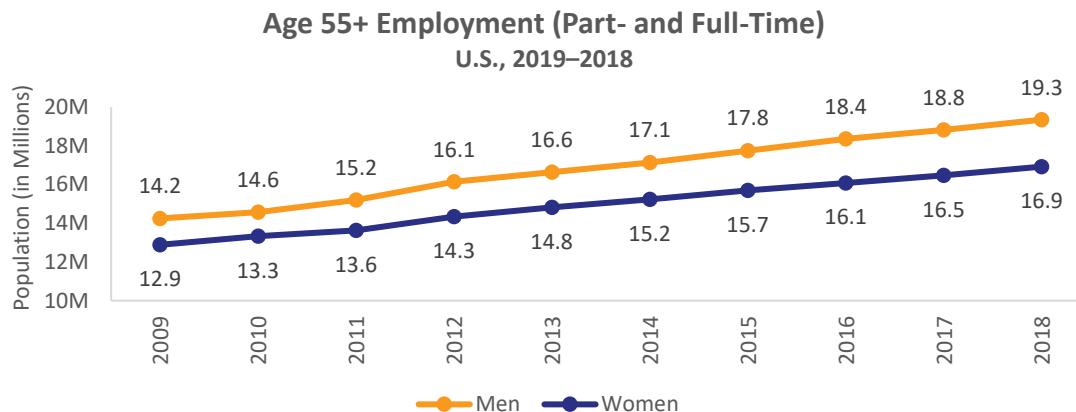
A similar pattern was observed for visits to King County food banks. After the economic impact of the recession faded, the number of children and adults age 18–54 using food banks declined. In contrast, the number of older adult clients continued to increase through 2018.³²

³² Washington State Department of Agriculture, Food Assistance Programs, Emergency Food Assistance Program.



Source: Bureau of Labor Statistics, *Labor Force Statistics from the Current Population Survey, 2015–2018*.

Older adults are working longer and are earning more. The employment-to-population ratio of adults aged 65+ has risen from 12 percent in the mid-1990s to 19 percent in 2018. Additionally, the average full-quarter earnings of adults 65 and older has risen at more than three percent annually since the mid-1990s, higher than any other age group.³³



Source: Bureau of Labor Statistics, *Labor Force Statistics from the Current Population Survey, 2009–2018*.

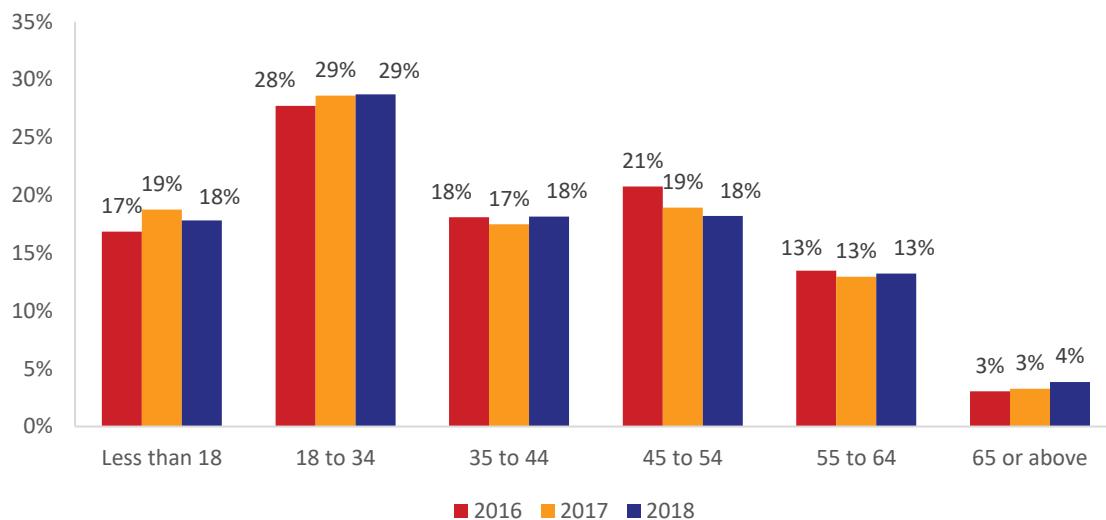
There are growing numbers of older men and women in the workforce. Older women in the workforce are especially vulnerable to economic hardship, as they routinely take on caregiving responsibilities for other family members (typically unpaid) and can lose their income due to changes in their mobility, personal health, or access to transportation, and other support systems.³⁴

³³ United States Census Bureau, *Older People Working Longer, Earning More*, April 24, 2018, <https://www.census.gov/library/stories/2018/04/aging-workforce.html>

³⁴ King County, Public Health-Seattle & King County, King County Community Health Needs Assessment, p. 29.

Adults Using Emergency Shelters by Age Group

King County, 2016–2018



Source: King County Homeless Management Information System (HMIS), 2016-2018 [accessed 7/10/19].

Homelessness is a growing concern for families and individuals in King County, and emergency shelters attempt to address this problem by providing temporary residence. Data shows that while more people are accessing emergency shelters, the percent by age group has stayed relatively steady between 2016-2018.

Change in Adults Using Emergency Shelters by Age Group				
Age	2017	2018	Change Between 2017 and 2018	
			Number	Percent
18-34	5,078	5,168	90	2%
35-44	3,103	3,268	165	5%
45-54	3,362	3,276	-86	-3%
55-64	2,298	2,382	84	4%
65+	579	694	115	20%
Total 55+	2,877	3,076	199	7%
Total Seattle-King Adults	14,420	14,788	368	2%

Source: King County Homeless Management Information System (HMIS), 2016-2018 [accessed 7/10/19].

In 2018, 368 more individuals accessed an emergency shelter than in 2017. More than half of these people were adults over the age of 55. (It's important to note, however, that this data does not necessarily demonstrate the full needs of the community, but rather only the individuals who participated in the system and whose data was collected.)



B-2: AAA Services and Partnerships

ADS funds more than 20 different service areas for older adults and adults with disabilities in King County. ADS invests federal, state, and local funds in services provided by a network of organizations located throughout King County. In 2018, ADS served over 46,000 older adults, adults with disabilities, and caregivers. In addition to programs directly supported by ADS, there are many other programs and services in King County. Resources can be located through Community Living Connections (ADS-funded services described below).

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. These structured programs are comprehensive and provide a variety of health, social, and other related support services, ensuring that adults who need supervised care are in a safe place outside the home during the day. These services include:

- **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 a skilled medical service such as skilled nursing, physical therapy, occupational therapy, speech therapy, or psychological or counseling services.

In 2018, ADS initiated funding for 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 like adult day care and health but may also have a caregiver support component. See the [Brain Health section](#).

Community Living Connections

Community Living Connections links older adults, adults with disabilities, and their caregivers to community resource information. This network of agencies located throughout King County has culturally and linguistically diverse staff who provide 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, East European, Spanish speaking, and East African. By connecting these populations to resources, Community Living Connections enables people to live in a community-based setting of their choice. These agencies function as AAA focal points (see [B-3: Area Agency on Aging Focal Points](#)).

Community Living Connections provides a continuum of supports that enable people to live in their homes and communities. Crisis Connections operates the central access point for Community Living Connections; their advocates respond to phone and online requests for information and provide referrals to available resources. If people need extra help accessing resources, or their situation is more complex than a simple referral, Community Living Connections central access advocates connect them directly to one of the network's contracted providers. These agencies can provide hands-on assistance to help people get the services they need. Direct assistance includes options counseling, which helps people make informed decisions about long-term care supports, and care coordination, which is a short-term case management service for individuals needing extensive assistance with multiple issues.

The Community Living Connections program model also includes specialized services that focus on the needs of unpaid caregivers, helping them connect to community resources so they can continue to care for their loved one. Other services include counseling, support groups, consultation, training, in-home and out-of-home respite for caregivers needing a break from caregiving duties, housework, errands, and purchase of supplemental goods and services.

Caregivers are assessed using an evidence-based assessment and referral protocol called TCARE® that specifies services that are the best fit for the caregiver. Although TCARE® has been shown to have benefits for caregivers, staff are challenged in using the tool as it is not culturally relevant in many communities.

Community Living Connections employs “no wrong door” approach to connect people with programs and services. Participants can get the information and help they need by contacting any agency in the Community Living Connections network. If an agency does not know how to help a participant – or have the capacity to help, they will contact another agency in the network that may be able to help that participant.

Regional Coordinators play a key role in supporting this network. They are responsible for creating networking opportunities for local aging and disability service providers and other organizations that interact with older adults and people with disabilities. These gatherings include representatives from non-contracted service providers, health care, libraries, emergency medical services, housing, and community centers. Through these events, agencies learn more about community resources and local organizations that serve older adults, adults with disabilities, and their caregivers. This network of agencies and organizations, both contracted and non-contracted, increases system capacity and enables people to access information and services quickly, easily, and from organizations they trust. Network

agencies may not have all the answers, but they will know who to call to help clients get the information they need.

Behavioral Health

Program to Encourage Active, Rewarding Lives (PEARLS)

PEARLS is a national evidence-based intervention for late-life depression. It is available to adults age 55+, veterans and/or spouses, spouse survivors, or domestic partners of veterans in King County who are experiencing minor depression. Offered in home- and community-based settings, PEARLS services are provided by ADS staff and sub-contracted agency staff, including the African American Elders Program and the International Drop-In Center. PEARLS receives funding from the King County Veterans, Seniors and Human Services Levy (VSHSL).

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. ADS partnered with the King County Department of Community and Human Services to contract directly with Asian Counseling & Referral Services to maintain one full-time equivalent chemical dependency professional (CDP). The CDP serves people age 60 or older and/or adults eligible for Medicaid Title XIX Case Management Core services and works to integrate treatment and expand capacity to evaluate and work with elderly and individuals with disabilities with substance abuse issues.

Interventions generally occur within the client's natural environment. The chemical dependency professional evaluates clients, provides ongoing counseling, refers clients to appropriate community resources, treatment, and medical care, and in every case develops an individually tailored plan for each client. A variety of approaches are used to build rapport with clients to place necessary resources in the home. In addition, the CDP researches and develops resources, provides training and case staffing, and consults with mental health staff and professionals from community agencies (including the ADS Case Managers) on substance use issues, assessment, and care planning.

Other resources available for behavioral health include [Crisis Connections](#), which operates King County 211 and a 24-Hour Crisis Line.

Brain Health

Dementia Action Collaborative

The [Dementia Action Collaborative](#) (DAC), established in 2016, is a statewide group of public-private partners committed to preparing Washington state for the growth of people with dementia. The DAC includes a range of appointed members including people with dementia, family caregivers, legislators, representatives of advocacy groups, the Aging Network, Alzheimer's organizations, long-term care providers, health care professionals, and governmental agencies, including several Area Agencies on Aging. The mission of the DAC is to guide and support the implementation of the [Washington State Plan to Address Alzheimer's Disease and Other Dementias](#).

This group envisions a future that fosters hope and empowerment for Washingtonians with Alzheimer's disease and related dementias, one in which they and their families will receive the support and care they need through early detection and diagnosis, dementia-capable health and long term supports and services and communities that are prepared to meet their needs. The DAC works through four subcommittees: 1) Advocacy; 2) Public Awareness/Community Readiness; 3) Health and Medical; and 4) Long Term Supports and Services. Currently, ADS participates in the latter two subcommittees.

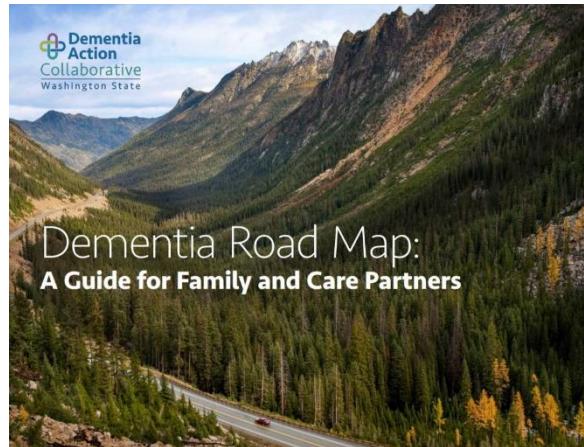
An important accomplishment in 2018 was the creation of the [Dementia Road Map](#). This Washington state-specific "roadmap" was developed to provide family caregivers with information about Alzheimer's and dementia, and what to expect over time, to help them plan. The roadmap is available online and in print (available in English and in Spanish).

Memory Care and Wellness Services

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.

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 visits and two 15-30-minute phone calls are conducted over six weeks, followed by with four phone calls. The program lowers depression in caregivers and decreases problem behaviors in the person with dementia.



The Dementia Action Collaborative's Dementia Road Map can be downloaded at
<https://bit.ly/2sZNuK>.

Caregiver Information and Support

Caregiver Support focuses on both the individual caregiver and the system that supports the caregiver. Depending upon the funding source, services range from kinship care support for grandparents (age 60+) caring for relatives, to support for caregivers caring for persons age 18 and over.

The Community Living Connections program model includes specialized services that focus on the needs of unpaid caregivers. This is explained further in the [Community Living Connections section](#), above.

MAC/TSOA

Under the 1115 Medicaid Demonstration Waiver, two new benefits are available as an alternative to traditional Medicaid long-term care services and supports (LTSS). Medicaid Alternative Care (MAC) provides support services for unpaid family caregivers who support individuals eligible for Medicaid but not currently accessing Medicaid-funded LTSS. Tailored Supports for Older Adults (TSOA) provide a benefit package for individuals at risk of future Medicaid LTSS use. With income and resource limits set higher than traditional Medicaid-LTSS, TSOA can help individuals and their families avoid or having to spend down their assets or prevent estate recovery. Both programs provide necessary supports to unpaid caregivers to enable them to continue to provide high-quality care and focus on their own health and well-being. The assessment and available services are modeled after the Family Caregiver Support Program (FCSP); however, unlike FCSP, an unpaid caregiver is not required to receive TSOA services.

Kinship Care

Kinship Care services support relatives who are raising children other than their own (e.g., grandparents raising grandchildren) who are not formally involved with the public welfare system. These services include information and assistance, support groups, purchasing supplemental goods and services, and training for staff working with kinship caregivers.

King County also has **Kinship Coordination**, a network of kinship care providers and advocates in King County whose purpose is to improve access to and coordination of kinship services.

In 2019, Washington State received a grant to establish an evidence-based tool for the Kinship Care Support Program. The tool will be included in GetCare, the state's intake assessment tool, in partnership with the Department of Children, Youth and Families (DCYF) and the University of Washington. During the 2019 legislative session, the State also received additional funding to expand the Kinship Care Support Program.

Care Management

Building-based Case Management

The ADS case management program and sub-contractor Chinese Information and Service Center provide building-based case management services to vulnerable older adults and adults with disabilities in 52 Seattle Housing Authority (SHA) buildings. Recognizing that many SHA communities have large numbers of residents who receive long-term care services, SHA and ADS have fostered a model that incorporates long-term care case managers into SHA Communities. Twelve Case Managers maintain regular building hours, provide training for building management on a variety of topics such as domestic violence, substance abuse, disability, and aging issues, and how to handle difficult client situations. In the event of a crisis, case managers work with residents to avoid escalation. Case managers also provide early-

intervention activities such as outreach, information and referrals, eviction prevention, client assessment, evaluation, service planning, ongoing client monitoring, and supportive counseling.

Care Transitions

Care transitions (CT) is the movement of patients from one care setting to another. Sometimes these transitions are complicated which can impact patients, their families, and their caregivers. CT services enable patients to successfully transition from hospital to homes and prevent unnecessary readmissions. The ADS Care Transitions program began in 2013 when a cohort of ADS Social Workers and Registered Nurses attended training to become Care Transitions Coaches. CT Coaches assist patients and their caregivers to follow physician discharge orders and manage their health care more effectively. The Care Transitions program, based on the Dr. Eric Coleman model of Care Transition Intervention© that includes four pillars:

1. Medication Self-Management-medication reconciliation
2. The Personal Health Record
3. Timely primary care/specialty care health care provider follow-up
4. Knowledge of “red flags” that indicate a worsening in a health condition and how to respond

ADS collaborated with local hospitals, kidney dialysis centers, and the Medicare Quality Improvement Organization/Network for Washington and Idaho (Qualis Health, now Comagine Health) to develop patient education materials for prevalent chronic conditions. Known as self-management plans, these materials include three “flags.” Green flags indicate good or stable health; yellow flags signal caution or when to contact a health provider for further instruction; and red flags indicate when medical care is urgent. There are now over 30 self-management plans available, with many language translations and low literacy versions.

The Care Transitions Coach typically has a caseload of 12–20 clients. The program is a 12-week intervention, and clients are contacted weekly while in the program. Care Transitions is available to all Health Home participants. They are seen monthly, and every time they have a hospital admission.

Medicaid Home & Community Based Services (HCBS)

The HCBS waiver program provides Medicaid long-term care clients with an alternative to receiving care in institutional settings. The state’s Aging and Long-Term Support Administration (ALTSA) 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. Long-term services and supports (LTSS) are defined as the services and supports used by individuals with functional limitations and chronic illnesses who need assistance to perform daily activities such as bathing, dressing, preparing meals, and administering medications. HCBS programs include:

- **Community First Choice (CFC)** is a Medicaid state plan program for clients who would otherwise require care in a hospital, nursing facility, or other institutional settings. In addition to personal care [assistance with the Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)], this CFC 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.

- **Medicaid Personal Care (MPC)** is a state program that pays for personal care for individuals needing assistance with ADLs and IADLs, but who do not meet institutional level of care eligibility criteria.
- **Community Options Program Entry System (COPES)** is a Medicaid state waiver program that provides wraparound services to clients enrolled in the CFC state plan program. Available services include adult day services, client support training, wellness education, community supports, environmental modifications, home-delivered meals, nursing services, specialized medical equipment and supplies, and transportation.
- **New Freedom** is a participant-directed state waiver program with the same functional and financial eligibility as COPES. Participants have flexibility developing their own monthly service plans and use a 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. The State began phasing out Chore in 2001; current Chore clients have been grandfathered into the program.
- **Client Flexible Funds**, including the Amy Wong Client Fund, are charitable funds available to long-term care case management clients. The funds are used to purchase goods or services individually tailored enabling them to access needed services and supports in their homes and community rather than institutional settings. Funds are authorized by case managers and services are provided by ADS subcontractors and/or outside vendors.

ADS delivers these services directly through a team of 160 case managers and though subcontracts with four community partners. Asian Counseling Referral Services, Chinese Information Services Center, and Neighborhood House provide culturally appropriate care management to King County long term services and supports clients. In addition, they provide “front-door” services for limited English-speaking clients. Lifelong provides case management services in East King County.

LTSS Managed Care

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

Nursing Services

ADS has seen a steady increase in the medical complexity of LTSS clients. More clients are aging in place—not moving to assistive living or nursing homes for long-term care. Client complexities include co-morbidities, behavioral health diagnosis, and substance abuse disorders, with more homeless or

formerly homeless individuals requesting and receiving long-term services and supports. To meet the individual needs of our complex clients, various types of nursing services are provided.

- The **ADS Nursing Services Program** provides nursing expertise to case management clients. Registered Nurse (RN) consultants focus on medically complex clients referred by case managers, including those at high-risk for hospitalization/rehospitalization, and those with unstable health conditions. Nursing staff review the comprehensive assessments, complete home visits, coordinate with health care professionals, and contribute to the development of an individualized client plan of care.
- **Nurse Delegation Program:** Under State law, nursing assistants working in certain settings can perform specific tasks, such as administration of prescription medications or blood glucose testing, normally performed only by licensed nurses. Nurse Delegation is authorized through the CARE assessment. A registered nurse must teach and supervise the nursing assistant, as well as provide nursing assessments of the patient's condition. The Nurse Delegator determines that specific criteria are met and that the patient is in a stable and predictable condition before delegating a task. Registered Nurse Delegators are accountable to the Washington State Nursing Care Quality Assurance Commission.
- **Skilled Nursing Services:** Under the Medicaid Waiver Program, Skilled Nursing Services can be authorized to treat chronic, stable, long-term conditions that cannot be delegated, self-directed, or provided under State Plan skilled nursing. Skilled Nursing services must be included in the plan of care and must be within the scope of the State's Nurse Practice Act.

Community Transition Services

Washington Roads provides services and nonrecurring goods to individuals transitioning from an institution to a community setting and is also available as a resource for challenging or complex cases involving individuals who are currently living in the community, but who are at risk of losing their placement.

Elder Justice Coordination

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.

Long-Term Care Ombudsman Program

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



An ADS elder abuse case manager and vulnerable adult case manager were among presenters at a Seattle City Council lunch-and-learn on City and County coordinated response to abuse, neglect, and exploitation. Click on the image above to watch the event on [The Seattle Channel](#).

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 Prevention

Elder Abuse Advocate

A designated case manager provides safety planning, information and assistance, service referrals, court accompaniment, coordination of services, and personal advocacy for individuals who have experienced elder abuse. In July 2019, ADS was one of 22 successful bidders awarded grants from the Office of Crime Victims Advocacy (OCVA) Services for Victims and Survivors: A Funding Initiative to Address Unmet Victim Service Needs. The funding will be used to hire an additional elder abuse case manager to serve people age 65 and older who have experienced abuse, neglect, and/or financial exploitation. OCVA funds will also create a victim services fund to help meet emergency expenses and fund a cognitive capacity evaluator on a consultant basis.

Elder Abuse Multi-Disciplinary Team

The Elder Abuse Multi-Disciplinary Team (MDT) is an emerging national model for responding to elder abuse by bringing together the necessary disciplines to coordinate services, expert consultations, and investigations with the aim of reducing vulnerable elders' social isolation, protecting them from abuse and exploitation, and improving the criminal justice system's response to their victimization.

As a result of the passage of the King County Veterans, Seniors and Human Services Levy in 2018, funding was allocated to create a vulnerable adult abuse MDT in our county. That money will fund a full-time program coordinator, a full-time financial analyst, data collection, program evaluation, and other needs relating improving services to victims, in a form to be determined. The MDT will be housed in the King County Prosecuting Attorney's Office (PAO). ADS staff who are core members of the MDT will co-locate at the PAO.

The robust establishment of the MDT can ensure that our community more efficiently and effectively responds to the increasing problem of elder abuse in two different ways:

1. Early and rapid intervention with reported cases of abuse that have otherwise fallen through the cracks or are unable to be dealt with effectively by other agencies involved, focusing on providing victim-centered wrap-around services to address all identified needs and engaging in appropriate investigations of that abuse.
2. Training and outreach to law enforcement, social workers, community centers, healthcare professionals, prosecutors, and others about recognizing and reporting elder abuse and the role of the MDT in assisting with the response and investigation of those reports.

Integrated Health and Community Paramedicine

Vulnerable Adult Program

ADS created a Vulnerable Adult Program in 2011 to improve reporting of vulnerable adults by the Seattle Fire Department (SFD) and improve communication between departments that enforce laws and

partners that provide senior services. The program partnership consists of SFD, Seattle Human Services/ADS, Seattle Police Department, Adult Protective Services, and community organizations.

With this coordinated system, when a first responder observes evidence of abuse or neglect, they can report it online. A notification of that report is then sent to Adult Protective Services, Seattle Police Department, and ADS. When SPD receives the information, a dedicated elder abuse unit begins to investigate the report. Concurrent to SPD investigation, ADS can provide case management to survivors of the abuse or financial exploitation.

Low Acuity Alarm Program

ADS partners with Seattle Fire Department to provide services to individuals calling with lower acuity complaints (e.g., calls for service that do not present an immediate danger to life, health, or property). One dedicated ADS case manager engages with high-utilizing individuals and provides education, training, and resources for high-utilizing locations such as shelters, assisted living facilities, medical clinics, and senior living communities.



A dedicated case manager engages with frequent 911 callers.

End Stage Renal Disease Seamless Care Organization

People with End Stage Renal Disease experience higher hospitalization and mortality rates, often the result of underlying disease complications and multiple co-morbidities. ADS collaborates with the Northwest Kidney Care Alliance End Stage Renal Disease Seamless Care Organization (ESCO), the only ESCO in the Pacific Northwest. The ESCO's purpose is to achieve better health and healthcare, with lower costs, through integrated and coordinated care interventions with End Stage Renal Disease beneficiaries.

A subset of ESCO patients receive intensive case management to avoid frequent hospital utilization. Support for these patients includes include home visits and regular follow up; coordination with the ESCO care team, nephrologist, primary care practitioner, other specialists; and home medication management. The Northwest Kidney ESCO formed and implemented the nation's first mobile Rental Support Team.

Hospital Discharge Navigator

In 2018, ADS co-located a discretionary care coordinator at Valley Medical Center. The care coordinator—termed Hospital Discharge Navigator—meets with vulnerable older adults during their inpatient stay and follows them at discharge to help establish an ongoing care team and connect them to community resources. Patients at risk are identified to be 60 and older and have complexity of care due to medical needs, physical and/or cognitive disabilities, and behavioral health concerns. They have limited resources and are at risk to highly utilize health care systems.

The care coordinator is member of the hospital care team and shares documentation with the care team utilizing the hospital's electronic medical record software application.

Health Promotion

Health Promotion includes a broad spectrum of evidence-based programs that empower older adults to take part in their own health and wellness.

EnhanceFitness

EnhanceFitness 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 older adults. ADS currently contracts with one community-based agency to serve low income older adults from underserved racial and language groups. Enhance classes are also available in senior centers, parks and recreation center programs, and other locations.

A Matter of Balance

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.

Living Well (Chronic Disease Self-Management) Programs

Living Well programs are a suite of evidence-based programs developed at Stanford University. These self-management programs assist individuals with chronic illnesses, such as diabetes and chronic pain. Each program in the suite includes workshops held over a period of six-weeks; classes are held in community settings such as senior centers, churches, libraries, and hospitals, where people with different or similar 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 persistent/ongoing health conditions, providing information and problem-solving skills for coordination of the steps needed to self-manage ongoing health conditions and promote healthy living and healthy aging.

Senior Drug Education

Medication nonadherence is an important public health consideration, affecting health outcomes and overall health care costs. Patient nonadherence to prescribed medications is associated with poor therapeutic outcomes, progression of disease, and an estimated burden of billions per year in avoidable direct health care costs.³⁵ The Senior Drug Education program utilizes pharmacists to provide education and information to low-income adults age 60 and older on the appropriate use of medications. The intervention is for those individuals who have current medication problems and/or are at-risk for medication problems. The program is offered in low-income senior housing buildings. The training is provided 1:1 and is tailored to meet the individual needs of each person. Additionally, group training

³⁵ Adherence and health care costs, Aurel O. Iuga and Maura J. McGuire, Risk Management Healthcare Policy, accessed 9/24/19 at www.ncbi.nlm.nih.gov/pmc/articles/PMC3934668/.

and activities address the health issues of older adults, including the relationship between medication management and blood pressure control, oral health, falls prevention, diabetes management, healthy eating, and hydration.

Workforce Development

The growth of the population has highlighted the shortage of health care workers, particularly primary care providers to meet the health care needs of this massive demographic nationally and locally. The Northwest Geriatrics Workforce Enhancement Center (NWGWEC) was established at the University of Washington to lead the Pacific Northwest in optimizing primary care of older adults through collaborative education, trainee engagement, and enhanced community-clinical linkages. NWGWEC delivers geriatrics education activities across the northwest including telehealth conferences, webcasting, and website archiving of educational materials.

NWGWEc partnered with ADS and the Area Agency on Aging for Southwest Washington to develop a new Primary Care Liaison (PCL) position to act as the “bridge” or link between community and primary care. The PCL raises primary care awareness of the aging services network – where services are available to meet their patient needs – and providers can refer their patients.

In addition to conducting targeted outreach and education, the PCL provides stable support to build and sustain cross-system relationships. The PCL is embedded in the landscape of local aging and health related initiatives, such as the Accountable Community of Health, Medicare Quality Improvement Organization projects, Health Homes, Medicaid Transformation, and the Dementia Action Collaborative. Note reference in the [Brain Health section](#).

ADS also coordinates an externship experience for Geriatric Medicine Fellows from the UW School of Medicine and Nurse Practitioner Trainees from the UW School of Nursing. Fellows and trainees work directly with Aging Network providers, preparing them to introduce programs to patients and family members.

Legal Services

Legal services help older adults secure rights, benefits, and entitlements under federal, state, and local laws. Limited funds are put to best use in activities that support advocacy and systemic change, including:

- **Group and organizational legal representation**, including class actions; legislative and administrative analysis and advocacy; and the provision of legal assistance to elder citizens' organizations, groups, and coalitions.
- **Resource development** to increase access to legal assistance for older adults and expand non-lawyer and pro-bono lawyer advocacy.
- **Education and training** for Aging Network advocates and other professionals that work with older adults, including directly answering questions; preparing educational information; and researching legal issues.

While these activities directly and indirectly reach older people who reside in King County, the outcomes of these activities also benefit older people across Washington state.

These services supplement other civil legal fund sources, such as the King County Veterans, Seniors, and Human Services Levy, and ADS works with network partners to coordinate funding and prevent unnecessary service duplication. Consistent with these goals, ADS and King County will coordinate forthcoming civil legal investments to minimize areas of duplication, address unmet needs, and foster collaboration across legal and non-legal grantees.

Since the 2008 recession, state- and nation-wide provision of legal assistance has been greatly impacted by decreased revenue generated from the Interest on Lawyers' Trust Accounts (IOLTA) program. ADS will continue to collaborate with the legal services network and other funders to maintain public and private resources that support the provision of legal assistance for low-income older adults.

Minor Home Repairs

Home repair programs help older adults maintain independence and remain safely in their homes for as long as possible. ADS invests in minor home repair to support older adults aging in place within the City of Seattle. The Minor Home Repair program is supported with City of Seattle Community Development Block Grant funds, and the services are provided by a private nonprofit provider. ADS also supports the King County Repair Assistance Network, a collaborative effort of home repair and modification programs focused on improving coordination and sharing best practices. The [King County Housing Repair Service](#) also provides funding for home repairs to low-income homeowners and special needs renters in most parts of the county.

Nutrition

The Senior Nutrition Program is 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

Congregate (community) 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, 10 agencies manage over 50 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 serving Korean, Vietnamese, and East African elder in several community centers in Seattle.

Home-Delivered Meals

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.

Registered Dietician Services

A Registered Dietician (RD) consults with meal providers 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.

Food Access

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

- **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.

Sweetened Beverage Tax

The Sweetened Beverage Tax (SBT) is a new revenue source to support and expand Seattle-based programs that increase access to healthy food and child health and early learning. The tax was implemented in 2018 by the City of Seattle, and in 2019 it is expected to generate \$18.3 million. The majority of SBT revenue (53 percent) is designated for healthy food access and community-based meal programs, including food banks, home delivered meals, produce vouchers, and nutrition education and health promotion activities. Over the next year, ADS will identify and implement strategies to use SBT funds to address the health and nutritional needs of older adults in Seattle.

Senior Centers

ADS supports senior centers, which are often the first point of contact for older adults connecting to the Aging Network. Senior centers are also service providers and referral hubs, and frequently represent—visually and tangibly—older adult services for the public and for policymakers.

ADS administers funds that support operations at 13 nonprofit senior centers in Seattle. In other parts of the county, ADS relies on King County and/or local municipalities to support senior center operations; however, OAA funds support many programs and services delivered at those senior centers (e.g., congregate meals, health promotion, and transportation to senior congregate meal programs). The King

County Veterans, Seniors and Human Services Levy (VSHSL) provides funding for senior centers throughout the county. As a condition of receiving VSHSL funding, senior centers are required to participate in learning collaboratives and [Community Living Connections](#) networking that are supported by ADS and our partners.

Transportation

ADS funds community transportation programs that improve access to health services and healthy food. Programs are operated by private nonprofit transportation providers who provide transportation in a variety of ways, including shuttle buses, volunteer transportation, and transit subsidies. Providers also partner with for-profit transportation companies to ensure that service is available when and where it is needed.

Our investment in volunteer transportation provides individual, door-to-door rides to medical appointments and other essential appointments for older adults, with the priority being those for whom no other transportation is available. Services are provided throughout King County by volunteer drivers using personal vehicles. Food-access transportation supports senior congregate meal programs and other food-related destinations, with a focus on improving access to ethnic and rural meal sites in King County.

ADS also supports mobility management coordination and travel training, which is designed to empower older adults and others to use the region's public transportation and community transportation systems.

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B-3: Area Agency on Aging Focal Points

Focal points are facilities established to encourage maximum coordination of services for older adults. Services provided by AAA focal points are explained further under Community Living Connections in the [AAA Services section](#).

Organization	Site Name	Address	Phone Number	Language/ Community
Asian Counseling and Referral Service	Bellevue	655 156th Ave SE # 255, Bellevue 98007	206-695-7556	Japanese
Asian Counseling and Referral Service	Center Park	2121 26th Avenue South, Seattle 98144	206-695-7584	Korean
Asian Counseling and Referral Service	Food Bank	919 South King Street, Seattle 98104	206-774-2471	Cantonese, Mandarin
Asian Counseling and Referral Service	Garfield Community Center	2323 East Cherry St., Seattle 98122	206-805-8976	Vietnamese
Asian Counseling and Referral Service	International Drop-In Center	7301 Beacon Avenue South, Seattle 98108	206-805-8954	Tagalog, Ilocano
Asian Counseling and Referral Service	Kawabe House	221 18th Avenue South, Seattle 98144	206-695-7556	Japanese
Asian Counseling and Referral Service	Main Office	3639 Martin Luther King Jr. Way South, Seattle 98144	206-695-7600	Cambodian/Khmer, Japanese, Korean, Tagalog, Ilocano, Vietnamese, Cantonese, Mandarin, Nepali, Hindi, Punjabi
Asian Counseling and Referral Service	Miller Community Center	330 19th Avenue East, Seattle 98112	206-695-7584	Korean
Asian Counseling and Referral Service	Filipino Community of Seattle	5740 Martin Luther King Jr. Way South, Seattle 98118	206-805-8954	Tagalog
Asian Counseling and Referral Service	Wisteria Manor	1400 South Main Street, Seattle 98144	206-695-7556	Japanese
Asian Counseling and Referral Service	Pike Place Senior Center	85 Pike Street, Suite 200, Seattle 98101	206-805-8976	Vietnamese, Cantonese, Mandarin, Spanish
Asian Counseling and Referral Service	Pike Place Food Bank	1531 Western Avenue, Seattle 98101	206-774-2471	Cantonese/Mandarin

Organization	Site Name	Address	Phone Number	Language/ Community
Asian Counseling and Referral Service	ACRS Kent Office	25720 104th Avenue SE, Kent 98030	206-695-5969	Nepali
Catholic Community Services	African American Elders Program	100 23rd Avenue South, Seattle 98144	206-328-5639	African American
Chinese information and Service Center	Issaquah Library	10 W Sunset Way, Issaquah 98027	206-624-5633 x4111	Cantonese, Mandarin
Chinese information and Service Center	Kent Office	18020 80th Avenue S, Kent 98032	206-624-5633 x4103	Cantonese, Mandarin
Chinese information and Service Center	Lake City Community Center	12501 28th Avenue NE, Seattle 98125	206-957-8517	Cantonese, Mandarin
Chinese information and Service Center	Main Office	611 South Lane Street, Seattle 98104	206-624-5633 x4178	Cantonese, Mandarin, Toishanese
Chinese information and Service Center	North Bellevue Senior Center	4063 148th Avenue NE, Bellevue 98007	206-624-5633 x4111	Cantonese, Mandarin
Chinese information and Service Center	Peter Kirk Community Center	352 Kirkland Avenue, Kirkland, 98033	206-624-5633 x4111	Cantonese, Mandarin
Chinese information and Service Center	Newport Covenant Church	12800 Coal Creek Parkway SE, Bellevue, 98006	206-624-5633 x4111	Cantonese, Mandarin
Chinese information and Service Center	South Bellevue Community Center	14509 SE Newport Way, Bellevue, 98006	206-624-5633 x4111	Cantonese, Mandarin
Chinese information and Service Center	Redmond Senior Center	8703 160th Ave NE, Redmond, 98052	206-624-5633 x4111	Cantonese, Mandarin
Deaf Blind Service Center	Main Office	1620 18th Avenue, Suite 200, Seattle 98122	206-323-9178	American Sign Language
GenPride	Main Office	2101 Broadway E, #223, Seattle 98102	206-393-3400	LGBTQ

Organization	Site Name	Address	Phone Number	Language/ Community
Hearing, Speech, and Deaf Center	Main Office	1625 19th Avenue, Seattle 98122	206-323-5772	American Sign Language
Hopelink Mobility Management	Bellevue Office	14812 Main Street, Bellevue 98007	425-943-6760	
India Association of Western Washington	North Bellevue Community Center	4063 148th Ave NE, Bellevue, 98007	425-829-5544	Indian American/South Asians
India Association of Western Washington	Redmond Senior Center	8703 160th Ave NE, Redmond, 98052	425-556-2345	Indian American/South Asians
India Association of Western Washington	Issaquah Senior Center	75 NE Creek Way, Issaquah, 98027	425-829-5544	Indian American/South Asians
India Association of Western Washington	Sammamish Teen Center	825 228th Ave NE, Sammamish, 98074	425-829-5544	Indian American/South Asians
India Association of Western Washington	Peter Kirk Community Center	352 Kirkland Avenue, Kirkland, 98033	425-829-5544	Indian American/South Asians
India Association of Western Washington	Kent Senior Activity Center	600 E Smith Road, Kent, 98030	425-829-5544	Indian American/South Asians
Jewish Family Service	Redmond Office	15446 Bel-Red Road, Suite B-15, Redmond 98052	425-643-2221	Russian, Ukrainian
Jewish Family Service	Seattle Office	1601 16th Avenue, Seattle 98122	206-461-3240	Russian
Korean Women's Association	Federal Way Office	31635 23rd Ave. S. #A, Federal Way, 98003	253-946-1995	Korean, Vietnamese, Cambodian
Neighborhood House	Birch Creek	13111 SE 274th Street, Suite 226, Kent 98030	253-277-1667	Arabic, Cambodian/Khmer, Russian, Spanish, Somali, Ukrainian, Vietnamese
Neighborhood House	Golden Pines	2901 NE 10th Street, Renton 98056	425-496-8220	Arabic, Cambodian/Khmer, Russian, Spanish,

Organization	Site Name	Address	Phone Number	Language/ Community
				Somali, Ukrainian, Vietnamese
Neighborhood House	High Point	6400 Sylvan Way SW, Seattle 98126	206-588-4900	Arabic, Cambodian/Khmer, Russian, Spanish, Somali, Ukrainian, Vietnamese
Neighborhood House	Rainier Vista	4410 29th Avenue S, Seattle 98108	206-461-4568	Arabic, Cambodian/Khmer, Russian, Spanish, Somali, Ukrainian, Vietnamese
Neighborhood House	Wiley Center	9800 8th Avenue SW, Seattle 98106	206-461-4554	Arabic, Cambodian/Khmer, Russian, Spanish, Somali, Ukrainian, Vietnamese
Neighborhood House	Raven Terrace at Yesler	820 Yesler Way, Seattle 98104	206-461-4522	Arabic, Cambodian/Khmer, Russian, Spanish, Somali, Ukrainian, Vietnamese
Neighborhood House	New Holly	7058 32nd Ave S Suite 201, Seattle 98118	206-760-9330	Arabic, Cambodian/Khmer, Russian, Spanish, Somali, Ukrainian, Vietnamese
Open Doors for Multicultural Families	Main Office	24437 Russell Road, Suite #110, Kent 98032	253-216-4479	Cambodian/Khmer, Korean, Mandarin, Somali, Spanish, Amharic, Tigrinya
Pike Market Senior Center	Pike Place Market	85 Pike Street, Suite 200, Seattle 98101	206-728-2773	Homeless, Mandarin, Cantonese, Vietnamese, Spanish
Sea Mar Community Health Centers	Auburn Senior Activity Center	808 9th St SE, Auburn, 98002	206-764-4700	Spanish
Sea Mar Community Health Centers	Ballard NW Senior Center	5429 32nd Ave NW, Seattle, 98107	206-764-4700	Spanish
Sea Mar Community Health Centers	Bellevue Community Center	4063 148th Avenue NE, Bellevue	206-764-4700	Spanish

Organization	Site Name	Address	Phone Number	Language/ Community
Sea Mar Community Health Centers	Burien Community Center	14700 6th Ave SW, Burien, 98166	206-764-4700	Spanish
Sea Mar Community Health Centers	Des Moines Activity Center	2045 S 216th Street, Des Moines	206-764-4700	Spanish
Sea Mar Community Health Centers	Federal Way Community Center	876 S 333rd Street, Federal Way	206-764-4700	Spanish
Sea Mar Community Health Centers	Lake City Community Center	12531 28th Avenue NE, Seattle	206-764-4700	Spanish
Sea Mar Community Health Centers	Peter Kirk Community Center	352 Kirkland Avenue, Kirkland	206-764-4700	Spanish
Sea Mar Community Health Centers	Sea Mar Dental Building	8915 14th Avenue South, Seattle	206-764-4700	Spanish
Sea Mar Community Health Centers	Sea Tac Community Center	13735 24th Avenue South, Sea Tac	206-764-4700	Spanish
Sea Mar Community Health Centers	Tukwila Community Center	12424 42nd Ave S, Tukwila, 98168	206-764-4700	Spanish
Sea Mar Community Health Centers	Senior Center of West Seattle	4217 SW Oregon St, Seattle, 98116	206-764-4700	Spanish
Sound Generations	El Centro de la Raza	2524 16th Ave S, Seattle 98144	206-448-3110	Korean
Sound Generations	Main Office	2208 2nd Avenue, Suite 100, Seattle 98121	206-448-3110	Korean
Sound Generations	Together Center	16225 NE 87th Street, Redmond 98052	206-448-3110	
Sound Generations	Shoreline Lake Forest Park Senior Center	18560 1st Ave NE, Shoreline 98155	206-365-1536	

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Section C – Issue Areas



C-1: Support Healthy Aging

Good health is key to maintaining quality of life, independence, and choice for older people and adults with disabilities in King County. ADS looks for opportunities to positively influence the social determinants of health. These are defined by the World Health Organization (WHO) as “the conditions in which people are born, grow, live, work and age ... shaped by the distribution of money, power and resources at global, national and local levels ... responsible for health inequities—the unfair and avoidable differences in health status.”³⁶

Within the social determinants of health, ADS identified four broad areas of influence that support healthy aging, enhance well-being, and maximize independence:

- Built environment—transportation, housing, buildings, and outdoor spaces
- Social environment— respect and social isolation, social and civic participation, employment
- Community support and health services
- Communication and information

ADS supports strategies that help consumers age healthfully and avoid the need for Aging Network services.

Built Environment

Health is increasingly dependent upon where a person lives. In the past century, the way Americans travel, communicate, and prepare food has changed considerably. Suburban living, convenience foods, and social media have changed relationships among people and between people and the environment. Our built environment—anything made by humans, including the structures for commerce, education, and industry; structures that house our families and friends; and the multifaceted transportation

³⁶ Social determinants of health, World Health Organization, accessed 5/14/19 at <https://bit.ly/2Hwtp24>.

network of ferries, highways, railways, and roads that connect us—contributes to obesity³⁷ and general health status.³⁸

With 38 percent of adults age 60+ self-reporting a disability (see references to disability in [B-1: Population Profile and Trends](#))—many of which are ambulatory³⁹—the design of the built environment is critically important to ensure healthy aging. While federal Americans with Disabilities Act and Fair Housing Act regulations stipulate how individuals with disabilities must be accommodated in the workplace, public spaces, and housing marketplace, these acts do not guarantee accessibility throughout the built environment.

Researchers recognize the importance of pedestrian mobility and exercise in our daily routines. Fewer people accomplish the Surgeon General's daily exercise recommendations by foot travel, walking to public transit, or bicycling.^{40,41,42} Forty-eight percent of children walked to school in the 1969 but only 13 percent did so in 2009.⁴³ The majority of working people drive alone to work.⁴⁴

Through outreach to community members, ADS learned that the built environment remains an obstacle not only for people who live in remote areas that lack services, affordable, nutritious food, and convenient healthcare but also for people who live in urban centers. Older people with limited ability to get around with ease are particularly impacted.

To counter these trends, ADS supports programs and policies that create pathways for accessibility and physical activity throughout the lifespan.

Social Environment

Social participation

Recent studies have shown that a large percentage of older people in the United States experience feelings of loneliness and social isolation. Twenty-two percent of adults say they often or always feel lonely, feel that they lack companionship, feel left out, or feel isolated from others.⁴⁵ A researcher named Julianne Holt-Lunstad compared mortality rates across both social connection and health

³⁷ The global obesity pandemic: shaped by global drivers and local environments, WHO Collaborating Centre for Obesity Prevention, 2011, accessed 9/10/19 at www.nccor.org/annualreport2013/downloads/Obesity-1.pdf.

³⁸ Health, Income, & Poverty: Where We Are & What Could Help, Health Policy Brief, Health Affairs, 10/4/18, accessed 9/10/19 at www.healthaffairs.org/do/10.1377/hpb20180817.901935/full/.

³⁹ United States Census, Mobility is Most Common Disability Among Older Americans, Census Bureau Reports, 12/2/14, accessed 9/10/19 at www.census.gov/newsroom/press-releases/2014/cb14-218.html.

⁴⁰ Walking to Public Transit Steps to Help Meet Physical Activity Recommendations, Besser, L, Dannenberg, A., American Journal of Preventive Medicine, abstracted accessed 9/10/19 at www.ncbi.nlm.nih.gov/pubmed/16242589.

⁴¹ Physical Activity Associated with Public Transit Use—A Review and Modeling of Potential Benefits, Rissel, C. et al, abstract accessed 9/10/19 at www.ncbi.nlm.nih.gov/pmc/articles/PMC3407915/.

⁴² Walking Associated with Public Transit: Moving Toward Increased Physical Activity in the United States Freeland, A., et al., abstract accessed 9/10/19 at www.ncbi.nlm.nih.gov/pubmed/23327281.

⁴³ The Decline of Walking and Bicycling, Safe Routes to School Guide, accessed 9/10/19 at <https://bit.ly/Ojliqa>.

⁴⁴ The Great Divide in How Americans Commute to Work, City Lab, accessed 9/10/19 at <https://bit.ly/2FT261h>.

⁴⁵ Loneliness and Social Isolation in the United States, the United Kingdom, and Japan: An International Survey, Henry J. Kaiser Family Foundation, accessed 9/10/19 at <https://bit.ly/2kaJBwO>.

indicators and found that loneliness was more damaging to our health than smoking 15 cigarettes every day.⁴⁶

People who feel lonely are at increased risk of dementia, diabetes, cardiovascular disease, disability, and early death.⁴⁷ People who are socially isolated are at increased risk of cardiovascular disease, infections, hypertension, and premature cognitive decline. But health care providers do not routinely and systematically assess patients for loneliness and isolation.⁴⁸

Whether it is because health care providers don't address social isolation, or people who live in social isolation or experience loneliness are less inclined to seek care, or they are more likely to use a skilled nursing facility, people who are socially isolated end up costing Medicare \$6.7 billion annually. AARP now calls social isolation "a silent killer" (as hypertension is also described) and a significant public health issue.⁴⁹

Local data indicates that a sizeable percentage of older people live alone⁵⁰, and regardless of living situation, many have only limited contact with other people (29.4 percent of respondents age 45 and older). Many Seattle residents who are age 65 and older live alone (24,000) and a sizeable percentage of Seattleites age 65 and older have a significant disability—neither one, in and of itself, is a problem but may point to greater risk of social isolation.⁵¹

AARP has recommended use of the Welcome to Medicare⁵² preventive visit and Annual Wellness Visits⁵³ to identify people who are socially isolated and connect people to evidence-based interventions. Public health departments can develop and disseminate messages to help overcome stigma some people experience with loneliness.

Outreach by existing Aging Network programs and others involved in lifelong recreation and learning strengthen opportunities for social participation. Programs can include information about how the program promotes health and well-being. ADS can help policy and decision makers, service providers, and consumers understand the consequences of social isolation and depression and promote opportunities for social participation and physical activity throughout the lifespan.

⁴⁶ "[Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review](#)," by Julianne Holt-Lunstad, et al., March 11, 2015. Among many related articles, see also "[Julianne Holt-Lunstad Probes Loneliness, Social Connections](#)," by Selby Frame, American Psychological Association, October 18, 2017.

⁴⁷ Among many sources, see Health Effects of Social Isolation and Loneliness, Clifford Singer, MD, Journal of Aging Life Care, accessed 9/10/19 at www.aginglifecarejournal.org/health-effects-of-social-isolation-and-loneliness/.

⁴⁸ Loneliness is the New Smoking: How Payers and Providers Should Address It, Managed Healthcare Executive, 2/20/19, accessed 9/10/19 at <https://bit.ly/2kDGpdm>.

⁴⁹ Medicare Spends More on Socially Isolated Older Adults, AARP Public Policy Institute, accessed 5/16/19 at <https://bit.ly/2Bh3Tro>.

⁵⁰ "[FYI Guy: Are you living alone? You're not alone](#)," Gene Balk, Seattle Times, November 6, 2015 (source: U.S. Census 2014 Current Population Survey)

⁵¹ "[Livability for All in the City of Seattle, WA: An Age-Friendly Community Survey of Residents Age 45-Plus](#)," AARP Livable Communities, August 2017

⁵² Your "Welcome to Medicare" preventive visit, Medicare.gov, accessed 5/16/19 at <https://bit.ly/2VtyknV>.

⁵³ Yearly "Wellness" visits, Medicare.gov, accessed 5/16/19 at <https://bit.ly/2JKULCI>.

Civic participation

While social participation benefits individuals and their immediate surroundings, civic participation focuses on the activities of individuals that benefit the broader community. Older people have tremendous wisdom and experience that can benefit our communities. This is also true of adults with disabilities. According to the World Health Organization, age-friendly cities and communities provide a range of flexible options for the involvement of older volunteers in public, private, and voluntary sectors. Leaders of those organizations can encourage and facilitate the involvement of older people.⁵⁴

ADS is committed to encouraging opportunities for civic participation among older people and adults with disabilities throughout Seattle and King County. Current strategies include community participation on panels that review funding proposals, candidate forums, and promotion of volunteer opportunities through social media and newsletters, including service on boards and commissions such as the Seattle-King County Advisory Council for Aging & Disability Services, the Northwest Universal Design Council, and the countywide Age Friendly Coalition.

Accessible Communications and Events

Despite the 30-year existence of the Americans with Disabilities Act—federal civil rights legislation passed in 1990—that prohibits discrimination based on disability, ADS has observed that many for-profit, nonprofit, and government entities in our region have limited knowledge of their responsibilities under the law, particularly in regard to accessible communications. This appears to be true across the nation.⁵⁵

ADS has developed and shared expertise in planning accessible events and meetings at local and national conferences. Age Friendly Seattle's *Community Guide to Accessible Events & Meetings*⁵⁶ provides comprehensive guidance to event coordinators who want to welcome and include individuals with disabilities. ADS also advocates for age-friendly print and digital



The Northwest Universal Design Council coordinated “How to Plan an Accessible Event,” featuring presentations by individuals with a range of disabilities (May 2019).

⁵⁴ Checklist of Essential Features of Age-friendly Cities, World Health Organization, accessed 8/14/19 at www.aarp.org/content/dam/aarp/home-and-family/livable-communities/2013-12/3-age-friendly-cities-checklist.pdf

⁵⁵ Despite Americans with Disabilities Act, websites are often inaccessible to the impaired, Cyndi Masters, Courier Journal, 7/11/19, accessed at www.courier-journal.com/story/opinion/2019/07/11/americans-disabilities-act-websites-often-inaccessible/1634566001/

⁵⁶ For the most current edition of the Community Guide to Accessible Events & Meetings, visit the Age Friendly Seattle website (www.seattle.gov/agefriendly) and click on the image of the guide at the top of the page.

communications, including type size, font selection, plain language, and *Person First* language.⁵⁷ Strategies to expand awareness and knowledge on a large scale are needed.

ADS also recognizes the need for accessible communications and communication strategies in the event of emergency or disaster. Community-based preparedness trainings must consider residents with physical limitations, vision or hearing impairments, and cognitive issues (including memory loss) in their emergency response and recovery plans.

Community support and health services

Aging Mastery Program

With better health and an increase in average life expectancy 68 years in 1950 to 79 years in 2014⁵⁸, many of the nation's 76 million baby boomers have been given the unprecedented gift of time.

Maintaining health and economic security is more important now than ever before. More than 84 percent of people aged 65+ are coping with at least one chronic health condition.⁵⁹

Particularly in the South region of King County, on average, residents experience worse health outcomes than residents in other regions.⁶⁰ Higher poverty rates affect financial insecurity, food insecurity, housing quality, existence of advance directives for healthcare decisions, risk for falls and injuries, chronic conditions, social isolation, and medication management. Depending upon what part of King County they live in, men face an 18-year life expectancy gap (68.4 to 86.7 years) while women face a disparity of 14 years (73.6 to 88.4 years).⁶¹

To address these challenges, in 2019 ADS applied for a license from the National Council on Aging's (NCOA) Aging Mastery Program (AMP) and launched the program for ADS staff. AMP is a 10-week class that mixes didactic and interactive learning with an emphasis on peer-to-peer interaction. A trained facilitator covers 10 topics—navigating aging, exercise, sleep, healthy eating, financial fitness, advance planning, healthy relationships, medications, fall prevention, and community engagement. In addition to the in-person core class, there is a Caregiver Support class and AMP Starter Kits. The program shows encouraging and consistent results, including social connectedness, physical activity levels, healthy eating habit, use of advance planning, participation in evidence-based programs, and adoption of several other healthy behaviors.

ADS supported Seattle Parks and Recreation/Lifelong Recreation Program and Phinney Neighborhood Association to obtain licenses for their organizations. Six additional classes were offered at local

⁵⁷ Communicating With and About People with Disabilities, CDC National Center on Birth Defects and Developmental Disabilities, accessed 9/4/19 at www.cdc.gov/ncbddd/disabilityandhealth/pdf/disabilityposter_photos.pdf

⁵⁸ Fact Sheet: Aging in the United States, Population Reference Bureau, accessed 9/10/19 at www.prb.org/aging-unitedstates-fact-sheet/.

⁵⁹ Top 10 Chronic Conditions in Adults 65+ and What You Can do to Prevent or Manage Them, NCOA, 2/2/17, access 9/10/19 at www.ncoa.org/blog/10-common-chronic-diseases-prevention-tips/.

⁶⁰ King County Community Health Needs Assessment 2018/2019, King County Hospitals for a Healthier Community, accessed 9/10/19 at <https://bit.ly/2GNTQyn>

⁶¹ Life expectancy varies by up to 18 years in King County, Institute for Health Metrics and Evaluation, 9/5/17, accessed 9/10/19 at <https://bit.ly/2kuQc5B>

community centers and a senior center. ADS also distributed 25 AMP Starter Kits to older adults, with a focus on offering the kits to those having difficulty attending an in-person class.

As of May 2018, NCOA's Aging Mastery Program met all criteria to qualify as an evidence-based program under Title III-D of the Older Americans Act. A research study was completed and published in the peer-reviewed journal Healthcare.⁶²

Brain Health

Dementia is an umbrella term for several neurological conditions that include decline in brain function. Dementia is caused by the death of brain cells in the region of the brain that is responsible for thoughts, memories, actions, and personality. There are many diseases that may cause dementia, including head injury, tumors, and infections, which are treatable. Most disorders associated with dementia are progressive, degenerative, and irreversible, including Alzheimer's disease, vascular dementia, dementia with Lewy bodies.⁶³

Alzheimer's disease—the leading cause of dementia in older adults—is a public health crisis. Nationally, an estimated 5.7 million Americans currently have the disease. In Washington state, more than 117,000 people are living with some form of dementia, and in King County, the number is a little over 31,000.⁶⁴ Alzheimer's is the sixth leading cause of death in the country⁶⁵, the third leading cause of death in Washington state⁶⁶, and the third leading cause of death in King County.⁶⁷ The number is likely to surge over the next 25 years (estimated as much as 181 percent). Alzheimer's disease is also a leading cause of disability and morbidity.⁶⁸

In 2019, about 2.1 million Americans who have Alzheimer's dementias are age 85 or older, accounting for 36 percent of all people with the disease.⁶⁹ Longer life expectancies and the aging baby boom population segment will lead to an increase in the number and percentage of the oldest-old who develop Alzheimer's dementia. Alzheimer's disproportionately burdens women⁷⁰, African Americans⁷¹,

⁶² Assessing the Effectiveness of the Aging Mastery Program, Healthcare, June 2018, abstract accessed 9/10/19 at www.ncbi.nlm.nih.gov/pmc/articles/PMC6023286/. NCOA will submit a formal application to the Evidence-Based Review Council during the review cycle in 2019. Because the criteria for funding under OAA-Title III-E (Caregiver Supports), AMP for Caregivers and the Aging Mastery Starter kits qualify now as evidence-based programs.

⁶³ Causes of dementia, Dementia.com, accessed 8/14/19 at www.dementia.com/causes.html.

⁶⁴ David Mancuso, PhD and Jingping Xing, Forecasts of the Aging Population, Dementia Prevalence and Use of Long-Term Care Services through 2030 in Washington State. WA State Department of Social and Human Services. PhD. 2019

⁶⁵ Deaths from Alzheimer's Disease, Centers for Disease Control and Prevention, accessed 8/14/19 at www.cdc.gov/features/alzheimers-disease-deaths/.

⁶⁶ Alzheimer's Statistics—Washington, Alzheimer's Association, accessed 8/14/19 at www.alz.org/media/Documents/washington-alzheimers-facts-figures-2018.pdf.

⁶⁷ Leading causes of death, King County (2011–2015), Public Health—Seattle & King County, accessed 8/14/19 at <https://bit.ly/2Mj00AL>.

⁶⁸ 2019 Alzheimer's Disease Facts and Figures, Alzheimer's Association, accessed 8/14/19 at www.alz.org/media/Documents/alzheimers-facts-and-figures-2019-r.pdf.

⁶⁹ Ibid.

⁷⁰ Ibid.

⁷¹ Leading causes of death, King County (2011–2015), Public Health—Seattle & King County, accessed 8/14/19 at <https://bit.ly/2Mj00AL>.

and Latinx Americans⁷², and American Indians.⁷³ Researchers acknowledge that data on Asian American and Pacific Islander subpopulations is lacking.⁷⁴

According to the first longitudinal national study to investigate lesbian, gay, bisexual, transgender and queer (LGBTQ) aging, health and well-being, 77 percent of LGBTQ older adults reported cognitive difficulties.⁷⁵ Moreover, self-reported cognitive difficulties were elevated in LGBTQ older adults who identified as racial-ethnic and gender minorities.⁷⁶

Alzheimer's and dementia are drivers in growing health care and long-term care costs. It takes a shocking toll on families and caregivers—financially, emotionally, and physically. In 2018, more than 16 million caregivers provided an estimated 18.5 billion hours of unpaid care, a contribution to the nation valued at nearly \$234 billion.⁷⁷

Washington is home to more than 800,000 caregivers.⁷⁸ In 2017, more than 340,000 caregivers were caring for someone with dementia.⁷⁹ For some caregivers, the demands of caregiving and stress increase susceptibility to disease and health complications.⁸⁰ A recent analysis found that 29 percent of caregivers of people with Alzheimer's or other dementias report that providing care results in high physical strain compared with 17 percent of caregivers of people without dementia.⁸¹

Dementia Friendly Communities

A dementia-friendly community is one where people living with memory loss fully belong and where people living with dementia and their care partners can engage in a variety of activities and are supported in those activities. In a dementia-friendly community, everyone works together to create a dementia-friendly culture.⁸² Their goal is to create “communities that support individuals living with dementia and brings meaning, purpose, and value to their lives.”

⁷² 2019 Alzheimer's Disease Facts and Figures, Alzheimer's Association, accessed 8/14/19 at www.alz.org/media/dsw/facts2019_report.pdf.

⁷³ Healthy Brain Initiative Road Map for Indian Country, Alzheimer's Association, accessed 8/14/19 at www.alz.org/media/Documents/healthy-brain-initiative-road-map-for-indian-country.pdf.

⁷⁴ Ibid.

⁷⁵ Cognitive Impairment, Alzheimer's Disease, and Other Dementias in the Lives of Lesbian, Gay, Bisexual and Transgender (LGBT) Older Adults and Their Caregivers: Needs and Competencies, Karen I. Fredriksen-Golsen, et al., J Appl Gerontol. 2018 May; 37(5): 545–569, accessed 8/14/19 at www.ncbi.nlm.nih.gov/pmc/articles/PMC5383534/.

⁷⁶ Ibid.

⁷⁷ Alzheimer's Disease Caregivers Factsheet, Alzheimer's Association, March 2019, accessed 8/14/19 at <https://bit.ly/2Ha9pSa>.

⁷⁸ Caregiver Resources, Aging and Long-Term Support Administration, Washington State DSHS, accessed 8/14/19 at www.dshs.wa.gov/altsa/home-and-community-services/caregiver-resources.

⁷⁹ Alzheimer's Statistics—Washington, Alzheimer's Association, accessed 8/14/19 at www.alz.org/media/Documents/washington-alzheimers-facts-figures-2018.pdf.

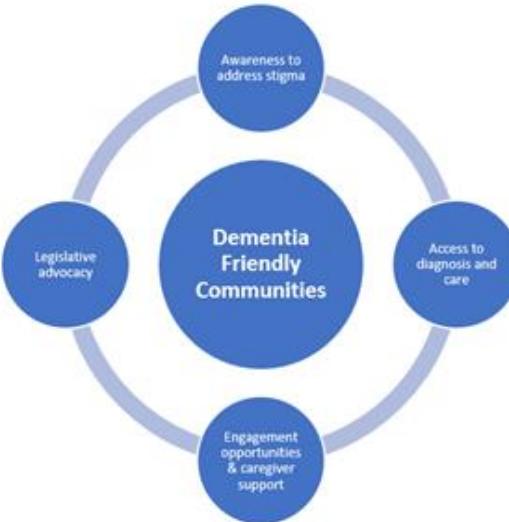
⁸⁰ Family caregivers of people with dementia, Dialogues Clin Neurosci. 2009 Jun; 11(2): 217–228, accessed 8/14/19 at www.ncbi.nlm.nih.gov/pmc/articles/PMC3181916/.

⁸¹ 2019 Alzheimer's disease facts and figures, Alzheimer's Association, Science Direct, accessed 8/14/19 at www.sciencedirect.com/science/article/pii/S1552526019300317.

⁸² Dementia Friendly America, accessed 9/10/19 at www.dfamerica.org.

The Puget Sound region is home to a variety of dementia-friendly activities offered by a growing number of community members and organizations:

- **Momentia Seattle** is a grassroots movement that works to empower people living with memory loss and their loved ones to remain connected and active. The network provides opportunities to participate in activities ranging from music, dance, and other creative expression, to nature walks and even improv theatre.
- **Alzheimer's Cafés** are opportunities for people living with dementia and their friends and family to have the simple yet meaningful experience of connecting with others and enjoying a tasty treat in a community setting.



Dementia-Friendly Community Components

This model utilizes a restaurant or café that provides a special time to especially welcome people living with dementia – with a simplified menu and staff who are aware of the customers' special needs. These settings invite people living with dementia to maintain a place in the community, rather than becoming isolated or having to withdraw from pleasant activities.

- The **King County Library System** is a key collaborator in cultivating dementia-friendly communities. Libraries provide welcoming places that offer educational materials about dementia, memory care, resource information and workshops for caregivers.
- **Dementia Friends** is a campaign that works to remove the stigma people and their caregivers experience after receiving a dementia diagnosis. The program provides training on how to provide an hour-long educational talk in community settings. People who attend the talks become "dementia friends" and commit to positive actions on behalf of those experiencing dementia. The program was created through a partnership between the University of Washington Memory & Brain Wellness Center and the Washington State Dementia Action Collaborative. The model originated in Japan.

ADS also participates in the **Dementia Action Collaborative (DAC)** described in the [Brain Health section](#) of AAA Services and Partnerships, above.

In creating dementia-friendly communities, ADS employs three strategies:

1. Continue working with the Dementia Action Collaborative to assist with implementation of priorities in the Washington State Plan to Address Alzheimer's.
2. Develop trainings to address stigma throughout King County.
3. Support existing programs such as the Dementia Friendly Communities Summit planning team (hosted by the UW Memory and Brain Wellness Center and the DAC) and connect with new partners to increase prevention awareness.

Falls Prevention

Although falls are common, they are not a normal part of aging and most falls can be prevented. The data signals the need for public health intervention:

- In King County, from 2008–2012 the unintentional injury death rate for adults age 65 and older was 3.5 times the county average and for adults age 65 and older, the rate of hospitalization for unintentional injury was 4.1 times the county average.⁸³
- In Washington state, falls were the leading cause of fatal and non-fatal injuries for adults ages 65 and older from 1999 to 2016.⁸⁴ In 2015, three-quarters of all injury-related deaths in adults ages 85 and older as a whole, Washington has had a higher rate of self-reported falls as well as a higher rate of deaths from falls since 2000. The increase in falls-related hospitalizations and deaths is partially attributable to a larger at-risk population—Washington state’s older adult population has nearly doubled in the last 18 years and is now 15 percent of the state’s population.⁸⁵
- Nationwide, the number of deadly falls among older people is rising.⁸⁶ According to the U.S. Centers for Disease Control and Prevention, one in every four Americans aged 65+ falls each year, every 11 seconds and older adult is treated in the emergency room for a fall, and every 19 minutes an older adult dies from a fall. Falls are the leading cause of fatal injury and the most common cause of nonfatal trauma-related hospital admissions among older adults.⁸⁷



Participants in a Tai Ji Quan: Moving for Better Balance® class at Wallingford Community Senior Center improve strength and balance, reducing their risk of injury from falling. This photo by Claire Petersky won first place in the 2018 National Council on Aging Falls Prevention Photo Contest (accessed 8/21/19 at <https://bit.ly/2Zm6pME>).

⁸³ King County Community Health Needs Assessment, 2015/2016, King County Hospitals for a Healthier Community, accessed 9/6/19 at www.chifranciscan.org/content/dam/chi-franciscan/website-files/about-us/community-health-needs-assessment/2015-2016-King-County-CHNA.pdf.

⁸⁴ Fatal Injury Reports, National, Regional and State, 1981–2016, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2/19/17, accessed 9/10/19 at www.cdc.gov/injury/wisqars/fatal.html
Data: Older Adult Falls in Washington State (WA State plan)

⁸⁵ Ibid.

⁸⁶ “Deadly Falls in Older Americans Are Rising. Here’s How to Prevent Them.” New York Times, 6/5/19, accessed 9/6/19 at www.nytimes.com/2019/06/04/health/falls-elderly-prevention-deaths.html.

⁸⁷ Falls Prevention Facts, National Council on Aging, accessed 9/6/19 at www.ncoa.org/news/resources-for-reporters/get-the-facts/falls-prevention-facts/.

- Falls have a significant impact on the individual and on Washington's health care system, from emergency medical services to long-term care providers. Fall injuries are among the 20 most expensive medical conditions, with the average hospital cost for a fall injury over \$30,000.⁸⁸ In 2014, the lifetime cost of falls in Washington State was \$451 million.⁸⁹
- Of the 60,000 admissions to Washington's skilled nursing facilities in 2017, approximately 22,700 were for people who had fallen within 30 days prior to admission.⁹⁰

Solutions for preventing falls are complex, requiring collaboration with older adults, their families, and with many types of elder care and health care providers. Improving the health of Washingtonians includes helping older adults balance independence with safety and mobility.

To address the important issue of fall prevention, Washington State Department of Health and community partners developed "Finding our Balance: 2018 Washington State Action Plan for Older Adult Falls Prevention," a five-year plan to address fall prevention in all regions of our state.⁹¹

Living Well | Self-Management Education

Chronic diseases are among the most prevalent and costly health conditions in the United States. Six in 10 adults have a chronic disease and four in ten have two or more chronic diseases. For older adults aged 65 and older in King County, 73 percent report living with a chronic disease.⁹² Chronic illnesses are among the leading causes of death, disability, and hospitalization in King County.⁹³

Heart disease, cancer, chronic lung disease, stroke, Alzheimer's disease, diabetes, and chronic kidney disease are the leading causes of death and disability and leading drivers of the nation's \$3.3 trillion in annual health care costs. Key lifestyle risks for chronic disease include tobacco use, poor nutrition, lack of physical activity, and excessive alcohol use.⁹⁴

The estimated annual health care costs of obesity-related illnesses such as heart disease, stroke, type 2 diabetes, and cancer exceed \$190 billion each year, or nearly 21 percent of annual medical spending in

⁸⁸ Costs of Falls Among Older Adults, Home & Recreational Safety, Centers for Disease Control, accessed 9/10/19 at www.cdc.gov/homeandrecreationsafety/falls/fallcost.html.

⁸⁹ Haddad,Y.K., Bergen., & Florence, C.S.(2018) "Estimating the Economic Burden related to Older Adult Falls by State." Journal of Public Health Management and Practice, 1.doi:10.1087/phh.0000000000000816

⁹⁰ Centers for Medicare and Medicaid Services. (n.d.). Minimum Data Set 3.0 Public Reports. Retrieved from www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-andSystems/Minimum-Data-Set-3-0-Public-Reports/MinimumData-Set-3-0-Frequency-Report.html

⁹¹ Finding Our Balance: 2018 Washington State Action Plan for Older Adult Falls Prevention, Washington State Department of Health, accessed 9/6/19 at

www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention/OlderAdultFalls/FindingOurBalance

⁹² Chronic Disease Profile, King County, Washington State Department of Health, accessed 9/6/19 at www.doh.wa.gov/portals/1/Documents/Pubs/345-271-ChronicDiseaseProfileKing.pdf

⁹³ King County Community Health Needs Assessment 2018/2019, King County Hospitals for a Healthier Community, accessed 9/6/19 at [www.kingcounty.gov/depts/health/data/documents/2018-2019-Joint-CHNA-Report.ashx](http://www.kingcounty.gov/depts/health/data/community-health-indicators/~//media/depts/health/data/documents/2018-2019-Joint-CHNA-Report.ashx).

⁹⁴ Chronic Diseases in America, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control, accessed 9/10/19 at www.cdc.gov/chronicdisease/resources/infographic/chronic-diseases.htm.

the United States.⁹⁵ By 2030, medical costs associated with obesity are expected to increase by at least \$48 billion annually (as of 2008).⁹⁶

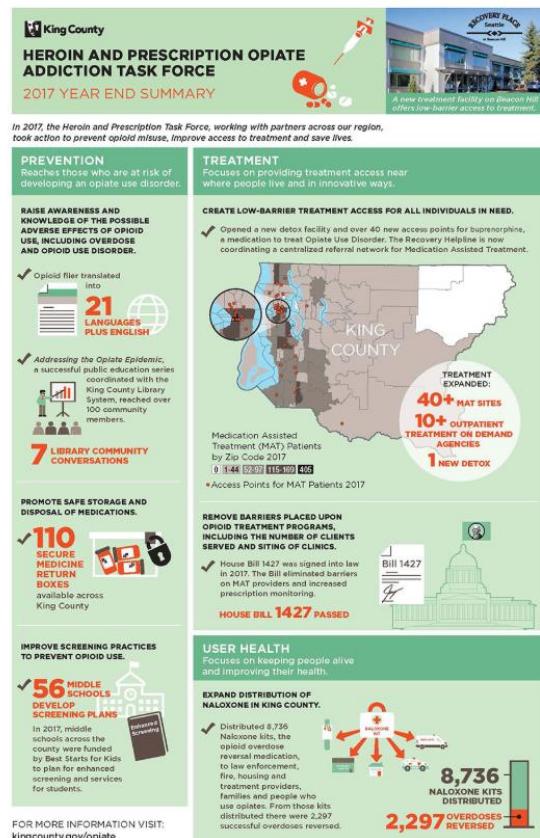
ADS recognizes the need to invest more resources in Living Well chronic disease self-management program⁹⁷ workshops—a series of six weekly workshops held in community settings with two peer leaders, one or both of whom are non-health professionals who have an ongoing health condition or chronic disease themselves. This evidence-based program emphasizes the patient’s role in managing their health conditions; techniques to deal with frustration, fatigue, pain and/or isolation; appropriate nutrition and exercise; appropriate medication use; and communication with health professionals and loved ones.⁹⁸

Opioid Public Health Emergency

Opioid use disorder can affect people of all ages, races, ethnicities, sexual orientations, genders, incomes, and geographic areas. Heroin and opioid use are at crisis levels and overdose is now the leading cause of injury-related death for those 25–65 years of age.

Older adults who use prescription opioids to cope with painful chronic conditions such as arthritis or procedures such as surgery are among the groups affected by this problem. Use of prescription opioids for a long time presents a risk for developing an opioid use disorder. In addition, as people age, medications affect them more strongly and are slower to leave their systems so the side effects of opioids can be severe. Among the risks that older adults who use opioids face are death, hospitalization, and use of emergency departments.⁹⁹

In 2016, the King County Heroin and Opiate Addiction Task Force was convened that brought together a wide range of experts across multiple disciplines to recommend action steps to confront the epidemic. Recommendation components include primary prevention (awareness, safe storage and



King County Heroin and Prescription Opiate Addiction Task Force infographics can be downloaded at <https://bit.ly/2HnnE32>

⁹⁵ Economic Costs of Obesity, National League of Cities, accessed 8/26/18 at www.healthycommunitieshealthyfuture.org/learn-the-facts/economic-costs-of-obesity/.

⁹⁶ Living Well in Washington State, <https://livingwell.doh.wa.gov/>.

⁹⁷ Self-Management Resource Center, accessed 9/10/19 at www.selfmanagementresource.com.

⁹⁸ Living Well, Aging King County, accessed 9/10/19 at www.agingkingcounty.org/what-we-do/healthy-aging/#livingwell.

⁹⁹ The Opioid Public Health Emergency and Older Adults, Jane Tilly, et al., Administration for Community Living, December 2017, accessed 9/10/19 at <https://bit.ly/2GB8tmX>.

disposal, and improved screening), treatment expansion and enhancement, user services, and overdose prevention.¹⁰⁰

Safe home storage of medications is essential. Having unwanted medications in the home poses a danger to children, older people, and pets. About half of the 37,000 phone calls to the Washington Poison Center concern young children who have been poisoned by medicines found at home. Most abusers of medicines, including teens, get the drugs from a friend or relative, often without that person's knowledge. Safe disposal is critical for people and the environment.

Supporting older adults living with chronic conditions requires community collaboration, coordination, and support. ADS continues to lead the Seattle-King County Health Promotion Network. Network partners offer evidence-based programs such as Living Well Chronic Pain Self-Management Program referenced earlier in this plan.¹⁰¹

Oral Health

A healthy mouth is necessary for a healthy body. Oral health can offer clues about our general overall health. Many older adults have high rates of tooth decay and gum disease, which is a form of inflammation that can affect the entire body. The mouth can show early signs of diabetes, cancer, immune disorders, and complications from medications that show up in the gums, teeth, throat, and tongue.

There is ongoing research about how oral health impacts brain health:

- A bacterium involved in gum disease may play a role in causing Alzheimer's.¹⁰²
- Nationwide, 25 percent of people age 65–74 have severe periodontal (gum) disease.¹⁰³ Gum disease has been linked to other serious health problems, including diabetes, heart disease and strokes. Uncontrolled oral infection such as periodontitis will increase the risk for certain long-term complications of diabetes, kidney disease and cardiovascular disease.
- More than 38 percent of all adults in the state have had teeth removed due to tooth decay or gum disease.¹⁰⁴
- Nearly one-fifth of older adults – estimated to be 150,000 people in Washington – have untreated dental cavities.¹⁰⁵

¹⁰⁰ Heroin and Prescription Opiate Addiction Task Force, King County, accessed 9/10/19 at <https://bit.ly/2HnnE32>.

¹⁰¹ Randomized controlled trial of a community-based psychoeducation program for the self-management of chronic pain, S LeFort, et al., Pain, 1998, abstract accessed 9/10/19 at www.ncbi.nlm.nih.gov/pubmed/9520244.

¹⁰² We may finally know what causes Alzheimer's—and how to stop it, Debora MacKenzie, New Scientist, January 2019, accessed 9/10/19 at <https://bit.ly/2T8tIc0>.

¹⁰³ Oral Health in America: A Report of the Surgeon General, National Institute of Dental and Craniofacial Research, U.S. Department of Health and Human Services, 2000, accessed 9/10/19 at <https://profiles.nlm.nih.gov/ps/access/NNBBJT.pdf>.

¹⁰⁴ Washington State Department of Health, Center for Health Statistics (2001). Behavioral Risk Factor Surveillance System, 2001 Data Tables, accessed 9/10/19 at www.doh.wa.gov/ehsphl/chs/chs-data/brfss/BRFSS_2001

¹⁰⁵ Public Health and Aging: Retention of Natural Teeth Among Older Adults—United States, 2002, Centers for Disease Control and Prevention, 12/19/2003, accessed 9/10/19 at www.cdc.gov/mmwr/preview/mmwrhtml/mm5250a3.htm.

- In Washington, 20 percent of older adults have lost all their teeth.¹⁰⁶
- From 2011 to 2015, 30 percent of adults in King County reported that they did not visit a dentist or dental clinic in the past year. This rate has not changed significantly since 2009.
- More than half of adults with household income below \$25,000 had not visited a dentist in the past year, reflecting no change in income disparities for dental care since the 2008-2012 reporting period
- Whites are significantly more likely than other racial or ethnic groups, except Asians, to have had a dental visit in the previous year.
- Regional comparisons show that adults in South region were most likely (35 percent) to report that they had not seen a dentist in the previous year. The percentage of adults without consistent dental care has risen over the past 10 years in South region, while remaining relatively flat in other King County regions.¹⁰⁷

Oral Health and Health Support Services are available at several senior centers in 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 age 60 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 (WSDA) participate in WSDA Outreach, a low-cost dental program for low-income older people, adults with disabilities, and Alzheimer's patients who meet specific criteria. General low-cost dentistry is also available through public dental clinics.

The 2015 reauthorization of the Older Americans Act allowed for the first time since 1965 a provision that would allow Area Agencies on Aging to use funds for disease prevention and health promotion activities to conduct oral health screenings.

The Health Care Authority (HCA) administers the current Apple Health dental fee-for-service program; however, they are directed to develop a plan to improve access to dental health services for Apple Health clients. The HCA will partner with dental stakeholders in the development of this plan.

¹⁰⁶ Washington State Department of Health, Center for Health Statistics (2001). Behavioral Risk Factor Surveillance System, 2001 Data Tables, accessed 9/10/19 at www.doh.wa.gov/ehsphl/chs/chs-data/brfss/BRFSS_2001

¹⁰⁷ King County Community Health Needs Assessment, King County Hospitals for a Healthier Community, accessed 9/10/19 at <https://bit.ly/2kD3qNz>.

C-1: Support Healthy Aging Goals & Objectives

Focus: Help consumers age healthfully and avoid the need for services.

Goal 1: Increase awareness on issues impacting healthy aging with emphasis on communities of color.

Objectives:

- a. Develop and strengthen community partnerships through presentations, media campaigns, and forums that increase awareness and promote healthy aging.
- b. Expand evidence-based programming in King County.
- c. Promote and institutionalize Universal Design in the built environment and ensure that new comprehensive and community plans incorporate age-friendly concepts.

Goal 2: Address the impact of social isolation.

Objective:

- a. Increase understanding of consequences of social isolation and depression among decision makers, service providers, and consumers.

Goal 3: Promote dementia-friendly communities.

Objectives:

- a. Coordinate annually with partners, such as Public Health and Alzheimer's Assn. on implementing outreach strategies in the state Alzheimer's Plan with emphasis on communities of color.
- b. Work with the Dementia Action Collaborative to implement priorities in the Washington State Plan to Address Alzheimer's.



Northwest Universal Design Council and Washington Assistive Technology Act Program volunteers and staff crafted a Seattle Design Festival Block Party exhibit to demonstrate independence and inclusion in the built environment (August 2019).

C-2: Enhance Well-Being

ADS supports strategies that enhance well-being, stabilize, and support consumers, and reduce dependence on Aging Network services.

Housing

Home prices in the Seattle metro area have increased by 54 percent since 2010¹⁰⁸ while rents have increased by 43 percent.¹⁰⁹ As affordability worsens, older adults face economic displacement from their communities. According to the recent report, *Moving Toward Age Friendly Housing in King County*, households with older adults are more likely to live in unaffordable housing.¹¹⁰ Over half of older adult renting households have housing costs that exceed 30 percent of income. About 40 percent of older adult households with a mortgage live in similarly unaffordable housing.

Moving Toward Age Friendly Housing in King County also addressed the accessibility needs of older adults and adults with disabilities. Among those age 75 and older, 50.2 percent have a disability.¹¹¹ Many homes are not designed to support aging in place and do not have features that are considered basic to “visitability,” such as a level entry, doorways and hallways with sufficient clearance for a wheelchair, and

¹⁰⁸ Seattle area's home-price increases lag most big cities, Seattle Times, 5/28/19, accessed 9/6/19 at www.seattletimes.com/business/real-estate/seattle-areas-home-price-increases-lag-most-big-cities/

¹⁰⁹ Local Market Reports, United States and 50 Largest Metro Areas: May 2019, Zillow, Inc., accessed 6/25/19 at www.zillow.com/research/local-market-reports/

¹¹⁰ Moving Toward Age-Friendly Housing in King County, Washington State University, Metropolitan Center for Applied Research & Extension, Seattle, accessed 9/16/19 at www.agingkingcounty.org/wp-content/uploads/sites/185/2018/02/MovingTowardAgeFriendlyHousingInKingCounty.pdf

¹¹¹ Ibid.

an accessible bathroom on the entry level. Universal Design, “an approach to design that incorporates products as well as building features which, to the greatest extent possible, can be used by everyone,” is one approach to addressing the challenges of inaccessible housing.¹¹²

Housing in proximity to services and amenities has also been recognized as a key to support older adults aging in place. Integrated or coordinated supportive services and affordable, accessible housing empower individuals to choose the setting in which they will age.

Transportation

Transportation is frequently identified as among the most important issues for older adults in King County. During community engagement activities conducted in early 2019 and previously, ADS heard about transportation challenges including the multiple barriers faced by those with special health needs, difficulty navigating the transportation system, and the acute need for improved transportation in rural areas. Approximately one third of King County residents have some mobility challenge related to disability, age, or income.¹¹³ Additionally, due to lack of affordable housing, some of the highest-need populations are being displaced to suburban and rural areas that are not well-served by public transit.¹¹⁴ In a recent community needs survey conducted by ADS, cost was the most commonly cited transportation challenge.

Community transportation, also referred to as “special needs transportation,” serves as a lifeline that connects older adults to healthcare, supportive services, social and cultural engagement, and healthy food.¹¹⁵ Several public and private transportation agencies have convened as the King County Mobility Coalition to support innovative, coordinated community transportation and person-centered mobility management.

Caregiver Support

Unpaid caregivers—usually family members, friends, and neighbors—play a significant role in helping people avoid placement in nursing homes and other costly institutional settings and stay in their homes and communities. According to recent data estimates, 40 million caregivers in the United States provide \$470 billion in unpaid services. Caregivers help care for their loved ones by assisting with chores, cooking, shopping, and medical appointments. Caregivers may also be responsible for more physical assistance, such as bathing, transferring, and dressing care recipients.

King County’s caregiver support program helps unpaid caregivers connect to community resources to help them care for their loved one. Description of the program can be found in the [AAA Services](#) section of this plan. In-home respite service is a significant need for unpaid caregivers but hiring qualified help is challenging. There is a shortage of certified paid caregivers in King County, especially in rural areas.

Although caregivers need information and support, they may experience barriers to accessing resources. Caregivers not currently receiving services commonly find information about caregiving from family,

¹¹² www.udinstitute.org/what-is-ud; www.environmentsforall.org/

¹¹³ King County Special Needs Transportation Assessment, King County Mobility Coalition, 2014, accessed 9/6/19 at <https://metro.kingcounty.gov/advisory-groups/mobility-coalition/pdf/2014-NeedsTransportationAssessment.pdf>

¹¹⁴ Confronting Suburban Poverty in America, Kneebone, E., & Berube, A., The Brookings Institute, 2013.

¹¹⁵ Community Transportation Association of America (<https://ctaa.org>) and National Aging and Disability Transportation Center (www.nadtc.org).

friends, health care providers, and the Internet. A comprehensive approach for outreach is needed to reach caregivers, help them identify as caregivers, and market caregiver services.

Community Living Connections

ADS recently began piloting new approaches to making investments in our community that focus on equity and better ensure that services are distributed to populations experiencing the greatest disparities. A Collaborative Funding Process was piloted in the Community Living Connections network (services are explained in the [AAA Services section](#)). The Collaborative Funding Process had two steps:

1. Agencies qualified to provide services.
2. Agencies collectively identified funding and service delivery levels for each of the network provider agencies.

In this process, decision-making power was shifted back to the community. Agencies delivering the services decided how and where services will be delivered and by whom. Collaboration enabled network expansion to new agencies serving LGBTQ and south Asian elders and African American caregivers. In addition, the network strengthened services for south King County residents and improved access to transportation services.

The process was long and arduous, and the network was challenged by the limited amount of funding available. There were 14 existing agencies and eight new agencies qualified to provide network services. Existing fund sources remain flat and there continues to be a lack of fund sources available to support services to adults under age 60 who have disabilities. Funds currently available to support services to this population have restrictions that limit the ability to deploy funds equitably. Agencies were asked to contribute funds to help address this gap.

While the network recognized the value that new providers brought to the system, they also recognized that increased capacity in some communities would result in reduced allocations for many long-time contractors. In the spirit of collaboration, many currently contracted agencies voluntarily adjusted their proposed budgets.

Lessons learned from the Collaborative Funding Process will inform future funding processes. ADS will seek additional fund sources and alignment with the King County Veterans, Seniors and Human Services Levy to enhance its Aging Network.



Aging or disability issues?

Information and access to community resources
Individual consultation and planning
for long term needs
Access to family caregiver support services
Free and confidential

COMMUNITY LIVING CONNECTIONS
Seattle & King County
1-844-348-5464 (toll-free)
www.communitylivingconnections.org

Senior Centers

Senior centers are community hubs where people of all ages can actively engage and older adults can access a range of activities and services, with the goal of improving the health, well-being, and independence of older adults. In the United States, senior centers vary from small, volunteer-run sites to large, government-run, multipurpose centers that include all-ages programming.¹¹⁶ In King County, senior center programming focuses on food and nutrition; health promotion, wellness and fitness; education, recreation, socialization and personal growth; social services; and outreach. Other services that may be offered at senior centers include volunteer opportunities, financial empowerment, transportation services, arts and humanities, employment assistance, and intergenerational programming.

Senior centers are an integral part of the Aging Network, providing a trusted and welcoming place where older adults can connect to the services and supports they need. Senior centers contribute to social and civic capital by raising awareness of aging issues, promoting aging readiness, and generating support for healthy aging in their communities.

In recent years, senior centers in King County have faced challenges associated with rising costs and disinvestment. While some new sources of operations funding have been identified, including additional investments from the City of Seattle and from King County through the Veterans, Seniors, and Human Services Levy, there has not been a corresponding increase in capital dollars. Traditional sources such as Federal Community Development Block Grant funding continues to be severely oversubscribed and local resources are not keeping pace with cost increases.

Long Term Care Trust Act

In 2019, Washington became the first state in the nation to pass a law creating a state-run long-term care insurance benefit. The Long-Term Care Trust Act will enable families to better afford the high cost of long-term care services, helping people age with dignity. The insurance will provide a lifetime benefit of \$36,500 (indexed annually for inflation) that can be used for a range of services and needs, including in-home personal care, equipment, home modifications, adult day health, and residential options such as adult family homes and assisted living.

The benefit will be funded through a payroll tax, effective 2022, and benefits will be available starting in 2025 for active employees and retirees. Eligibility will be based on a person's need for help with at least three activities of daily living such as bathing, dressing, eating, or cognitive issues.



Intergenerational activity at the Chinese Information and Service Center, which received King County Veterans, Seniors & Human Services Levy (VSHSL) funding to support immigrants and their families, honoring their heritage while helping them succeed.

Photo courtesy of King County VSHSL.

¹¹⁶ Krout, J. (1989). The nature and correlates of senior center linkages. *Journal of Applied Gerontology*, 8(3), 307.

This historic bipartisan legislation will strengthen Washington state's highly regarded long-term care system.¹¹⁷ This legislation was advanced by a strong coalition of advocacy organizations and partners, including AARP, SEIU, Washington Senior Lobby, and local Area Agencies on Aging. All partners will continue to play a role in raising awareness about act so that people understand the benefits they will be eligible to receive. AAAs will also play a critical role in implementation; specifically, helping people plan for their care needs and helping people access the insurance benefit and needed services.

¹¹⁷ The Long-Term Services & Supports State Scorecard ranks Washington state #1 in the nation (www.longtermscorecard.org).

C-2: Enhance Well-Being Goals & Objectives

Focus: Stabilize and support consumers and reduce dependence on Aging Network services.

Goal 1. Support a system that delays costly services and empowers people to make informed choices

Objectives:

- a. Align ADS investments with the King County Veterans, Seniors and Human Services Levy to enhance the current Aging Network.
- b. Seek additional funds to support Community Living Connections network.
- c. Facilitate enhanced care planning across social service and healthcare systems.

Goal 2: Support the caregiver workforce.

Objectives:

- a. Participate in advocacy efforts to increase the paid caregiver workforce.

Goal 3: Implement strategies identified in the Moving Toward Age Friendly Housing in King County report.

Objectives:

- a. Implement one advocacy strategy per year in partnership with the ADS Advisory Council and the Mayor's Council on African American Elders, interagency collaborative initiatives, or planning and research.

Goal 4: Support increased coordination of community transportation serving older people.

Objectives:

- a. Implement transportation coordination tool to include web- and/or app-based ride request feature with full adoption by ADS-funded transportation providers.

Goal 5: Support capacity building within senior centers.

Objectives:

- a. Identify opportunities to support the capital and operating needs of existing senior centers so they can provide safe and accessible environments and sustainably meet the needs of the communities they serve.

Goal 6: Prepare the Aging Network and raise awareness about the Washington State Long-Term Care Trust Act.

Objectives:

- a. Raise awareness about the Long-Term Care Trust Act benefit through statewide and local media campaigns focused on consumers and employers.



C-3: Maximize Independence

ADS supports strategies to help clients maintain and maximize independence and avoid the need for costlier care settings.

The number of in-home clients with a complex combination of mental and physical health challenges is rapidly increasing. One in four of the people discharged to long-term care from the state mental health hospitals are placed in-home. One-third are immobile or severely limited in daily activities including eating, dressing, and bathing. Of all people in long-term care living at home:

- One in three have psychotic diagnoses
- Three in five have mania/bipolar diagnoses
- One in four have delirium/dementia diagnoses

As clients get sicker and have more cognitive and mental health problems, they are more vulnerable to abuse and neglect. ADS supports strategies that improve coordination of long-term care and behavioral health services.

Supportive Housing

Since 2016, ADS has partnered with Home and Community Services (HCS), Aging and Long-Term Services Administration (ALTSA), home care providers and supported housing providers, such as the Downtown Emergency Service Center (DESC) and Plymouth Housing, to coordinate long-term care services within supported housing communities. Key elements of this partnership include:

- **Community-focused Long-Term Care Case Management:** ADS created community specific caseloads within DESC and Plymouth Housing communities to reflect the unique needs and service environment of those communities;
- **Outreach and Referral:** ADS case managers work collaboratively with HCS and supported housing providers to identify residents who may be eligible for long-term care services, and coordinate HCS intake and assessments.
- **Coordinated Personal Care:** A new model for providing in-home services was developed for residents needing long-term care services and supports. The model utilized the home care providers to work more effectively with multiple residents. Instead of a certain number of service hours for one client in providing coordination of care, several clients could receive a certain number of service hours during the day, which allowed for efficient utilization of the home care provider, reducing travel time, and addressing transportation issues that might impact driving to multiple clients in different areas of the city/county.

Homelessness

Washington state's homeless population saw one of the biggest increases in the country this year, up by more than 1,000 people over last year. More than 22,000 people were counted in shelters and on the streets in Washington on a single night in 2018. In King County, a total of 11,199 individuals were experiencing homelessness in Seattle/King County on January 25, 2019. Forty-seven percent (47 percent) of the population was unsheltered, living on the street, or in parks, tents, vehicles, or other places not meant for human habitation.¹¹⁸

Many older adults in King County are homeless or at-risk for homelessness. Poverty, a lack of economic security, and a lack of affordable housing are the main causes of homelessness.¹¹⁹ It is projected that the homeless older adult population is growing rapidly and will continue to grow for the next decade.¹²⁰ As King County's homeless population ages and grows, shelters, service providers and hospitals are becoming overwhelmed by both the number of clients they serve and the increasingly severe medical conditions those clients face.¹²¹

Older homeless adults have medical ages that far exceed their biological ages. Research has shown that they experience geriatric medical conditions, such as cognitive decline and decreased mobility at rates that are on par with those among their housed counterparts who are 20 years older.¹²²

The Committee to End Homelessness' data underscores the racial disparity of the experience of homelessness in Seattle. Although seven percent of older adults in Seattle are African American, the study identified 32 percent of Seattle's homeless residents age 50 and above as African American.

¹¹⁸ Seattle/King County Point-In-Time Count of Persons Experiencing Homelessness, 2019.

¹¹⁹ More and more Californians are old, sick and on the streets. Here's how we can fight senior homelessness, Justice in Aging, San Francisco Chronicle, 7/28/19, accessed 9/6/19 at www.sfchronicle.com/opinion/article/Insight-More-and-more-Californians-are-old-sick-14189671.php.

¹²⁰ Ibid.

¹²¹ This new development will provide Seattle's aging homeless population with housing and health care: An on-site clinic at the Downtown Emergency Service Center facility will serve a population that often goes underserved; By David Kroman, *Crosscut*, August 14, 2019.

¹²² Ibid.

Elder Justice Coordination

Preventing elder abuse is an important issue to consider in systems coordination and health reform. Neglect, physical or sexual abuse, and (most often) financial exploitation crimes against older adults are at epidemic proportions in Washington state and across the country. Reported elder abuse cases at Adult Protective Services (APS) increased from 19,000 in 2012 to 49,000 in 2017. In 2018, APS conducted 7,226 investigations in Seattle—1,870 relating to financial exploitation alone, growing 15 percent from 2017. Despite these staggering numbers, research indicates that only a fraction of crimes against vulnerable adults are ever reported to APS or to law enforcement.

The chances of being abused rise for older adults who have increased vulnerability due to mobility limitations, vision or hearing loss, cognitive decline, or dementia or have experienced previous traumatic events. Besides being physically and emotionally devastating, elder abuse often financially devastates its victims, leaving them dependent on Medicaid, subsidized housing, and other public benefits.

Adults who are members of communities of color and other priority populations are disproportionately impacted by abuse, neglect, and exploitation as they are often more disconnected from services and experience significant barriers in reporting. These cases are often complex and require combining the expert knowledge of the Aging Network with the experience and knowledge of law enforcement and legal entities to appropriately respond.

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 retraining to understand the nature and scope of elder abuse to recognize signs, report appropriately, and coordinate effectively with victim services. Connecting a victim quickly to a case manager and to services will have a significant impact on reducing the likelihood of revictimization, lead to earlier stabilization of the victim, and improve cooperation with any investigation that may result.

Health Transformation

ADS recognizes that much of health happens outside the clinical setting and is influenced by where a person lives and the extent of a person's social network. ADS has a long history of developing shared partnerships and aligning our resources with healthcare systems to better address needs of individuals at points of transition, and decrease avoidable healthcare utilization (see [AAA Services section](#)). The biggest challenge the Area Agency on Aging for King County has in implementing strategies for change is working with vast health and community systems and a multitude of initiatives. King County has more than 10 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.

ADS' previous Area Plan forecasted opportunities to contribute to development of Accountable Community of Health (ACH) in King County. During those four years, ADS participated in the development of King County's ACH, [HealthierHere](#), as a member of the Interim Leadership Council. ADS now participates in HealthierHere's established governing structure and contributes to development

and oversight of innovation projects—projects that seek to improve population health and achieve greater health equity. ADS will continue to engage with HealthierHere as an innovation partner, supporting efforts in cross-sector collaboration, training, community-clinic partnerships.

In alignment with the HealthierHere [Innovation Target areas](#), ADS has identified future opportunities to enhance existing coordination with first responders through collaborative dispatch service, on-scene services, and after-care community services. ADS continues to work with our partners to ensure that King County residents receive the best possible emergency services, regardless of age, race, ethnicity, socioeconomic status, gender, culture, and language.

C-3: Maximize Independence Goals & Objectives

Focus: Maximize or maintain client independence and avoid the need for institutionalized care.

Goal 1: Increase staff capacity to address complex clients

Objectives:

- a. Increase AAA staff clinical skills to address the medical complexity of LTSS clients.

Goal 2: Coordinate with King County on reducing unnecessary emergency department use for older adults.

Objective:

- a. Collaborate with first responders to improve health outcomes and reduce unnecessary EMS and hospital emergency department use.

Goal 3: Expand coordinated response with the Seattle Fire Department and Adult Protective Services on cases involving older adult victims of abuse, neglect, and exploitation.

Objective:

- a. Increase awareness and expand case management services for victims of abuse, neglect, and exploitation.

Goal 4: Improve coordination of long-term care, housing, and behavioral health services.

Objectives:

- a. Explore opportunities and alternative ways to deliver long-term services and supports for complex clients such as those experiencing homelessness.
- b. Build sustainable communication among agencies working with complex long-term services and supports clients.
- c. Increase the number of successful referrals to LTSS, e.g. MAC/TSOA



32nd Annual Seafair Powwow (2019) photo courtesy of Janelle Jackson, ADS.

C-4: Partner with Tribes

ADS is working to honor, serve, and support Native Americans age 60 and older—including American Indians and Alaskan Natives (AI/AN)—who live in King County. Consulting with AI/AN and AI/AN organizations is essential to address their health and social needs in service planning since they hold the knowledge to create sustainable solutions.

The U.S. Census Bureau estimates that 2,044,449 residents called King County home in 2017. AI/ANs represent 2.1 percent of this population¹²³. There are approximately 47,852 AI/ANs living in King County who identify with more than 40 different tribes.¹²⁴ This population has been shown to be undercounted; however, 5,174 AI/ANs have identified as age 60 or older.¹²⁵

History

The federal Indian Relocation Act of 1956 offered occupational and housing assistance to AI/ANs who would leave their respective Indian reservations for urban areas.¹²⁶ The goal of this program was to assimilate AI/ANs into Western civilization. Tribes were disbanded with more than 100 tribes and Alaskan Native villages migrating to King County, primarily Seattle. In addition, there are many Canadian Indian or First Nations people who are part of the urban Indian community.

Following the restructure of federal Indian policy in the 1960s to promote tribal sovereignty and self-determination, two organizations were formed in



32nd Annual Seafair Powwow (2019) photo courtesy of Karen Winston, ADS.

¹²³ U.S. Census Bureau

¹²⁴ Urban Indian Health Institute

¹²⁵ Area Agency on Aging for Seattle and King County

¹²⁶ Wikipedia

Seattle to provide social and health services—United Indians of All Tribes and the Seattle Indian Health Board.

Significant Trends

AI/AN people in King County are more likely to be poor, with 23 percent living in poverty, as compared to just 10.2 percent of the general population. Urban AI/AN's face higher rates of poverty, unemployment, disability, lower socioeconomic status, and lower levels of education compared to King County's general population. See [B-1: Population Profile and Trends](#) (Affordability).

Common themes across available data as well as in AI/AN population focus groups that ADS participated in include the need for culturally appropriate services, the lack of affordable housing, and necessary access to professional navigators and community resource experts through the Tribal Assister Program. While these needs align with the top concerns identified for older adults in King County, these issues are exacerbated by lack of community resources available to provide culturally relevant services.

Tribal Recognition

There are two federally recognized tribes within King County—the Muckleshoot Indian Tribe and the Snoqualmie Indian Tribe.

Muckleshoot



The Muckleshoot Indian Tribe comprises descendants of the Duwamish and Upper Puyallup. Since 1875, the Muckleshoot tribe has been and continues to be a major contributor to the local economy and community; advocating for the protection of fish and wildlife habitat and providing jobs.

Snoqualmie



The Snoqualmie Indian Tribe comprises approximately 500 members. The tribe lost federal recognition in 1953, but regained recognition in 1999. The Snoqualmie tribe supports services and resources for tribal members through its largest business enterprises; including the Snoqualmie Casino, Snoqualmie Fireworks Supply, and Crescent Market at Snoqualmie.

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 other parts of King County. The Duwamish have approximately 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 has 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 compliance with the Washington State 1989 Centennial Accord and current federal Indian policy, 7.01 plans are created in collaboration with recognized tribes and American Indian Organizations in the planning of the Washington Department of Social and Health Services (DSHS) and Area Agencies on Aging (AAA) service programs. These plans are designed to ensure quality and comprehensive service delivery to all AI/ANs in Washington state. The plans address concerns identified by tribal members, identify tribal leads and AAA staff, establish action steps to address each concern, and provide a yearly summary of the program.

7.01 Implementation Plans for the Muckleshoot Indian Tribe and Snoqualmie Indian Tribe follow.

Policy 7.01 Implementation Plan (Muckleshoot Indian Tribe)

Seattle Human Services Department

Aging and Disability Services

Biennium Timeframe: January 1, 2020 to December 31, 2020

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 - 2019
<p><u>Medicaid Case Management</u></p> <p>1. Improve communication between ADS, HCS and Muckleshoot Tribal staff re case transfers, and CARE Plan development.</p> <p>2. Assign one ADS Case Manager for all Muckleshoot CMP clients for continuity.</p> <p>3. Increase focus on non-tribal members on the reservation and in the community.</p> <p>4. Follow all persons referred by ADS to HCS to confirm that they are set up on services based on eligibility.</p> <p>5. ADS will encourage Tribal staff to communicate directly w/ HCS/ADSA re:</p>	<p>(1) Modify consent form to identify Tribal Affiliation for case management clients.</p> <p>(2) Assign all Muckleshoot CMP clients to one ADS Case Manager.</p> <p>(3) ADS Case Manager will receive referrals for all discretionary clients 60 yrs old and older from Tribal staff.</p> <p>(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.</p> <p>(5) ADS Case Manager will contact Tribal staff to coordinate home visits with a tribal representative for all initial home visits and as preferred by CMP clients and/or staff.</p>	<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 Case Manager will be able to provide services for CMP 	December 31, 2016 Theresa Tanoury , CMP Director Julie Donaldson , CMP Supervisor Keith Rapacz , Case Manager Theresa Tanoury , CMP Director Julie Donaldson , CMP Supervisor Keith Rapacz , Case Manager	<p>The last 701 meeting was held with tribal members in February 2017. No meeting were scheduled during 2019.</p> <p>Number of 50+ enrolled tribal members – 320</p> <p><u>3rd Quarter Caseload (2019)</u></p> <p>Monthly case staffing: ADS Case Manager & HCS Liaison – As needed</p> <p>Core Cases - 21</p> <p>CMP Assistance Level Cases – 1</p> <p>CMP Discretionary - 3</p> <p>New Referrals - 11</p> <p>MAC & TSOA – 0</p> <p>MIT Elder In-Home Support Services – 51</p> <p>Vulnerable Adult Program (ages 18-49) – 6 persons with disabilities.</p> <p><u>Other 2019 Updates</u></p> <p>Alexandra Cruz-James – Director of Human Services & MIT Elders Complex Program.</p> <p>Reese Ponyahquaptewa – Asst. Director</p> <p>Eve Austin – MEHSS Director</p> <p>Shana Cathey – MEHSS Social Worker</p> <p>Lori Simonson – MEHSS Social Services Specialist.</p> <p>MIT is pursuing a Nurse Delegation contract with ALTSA. MIT will be the first tribe in Washington State with ND contract.</p>

Policy 7.01 Implementation Plan (Muckleshoot Indian Tribe)

Seattle Human Services Department Aging and Disability Services

Biennium Timeframe: January 1, 2020 to December 31, 2020

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 - 2019
offering New Freedom Program to CMP clients during initial assessments.	<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>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>6. ADS Case Manager will provide initial eligibility determination and ongoing case management for Muckleshoot Tribe and tribal community members residing in-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</p>			<p>December 31, 2016</p> <p>Theresa Tanoury, CMP Director</p> <p>Julie Donaldson, CMP Supervisor</p> <p>Keith Rapacz, Case Manager</p>	<p>See 2019 updates noted above.</p>

Policy 7.01 Implementation Plan (Muckleshoot Indian Tribe)

Seattle Human Services Department

Aging and Disability Services

Biennium Timeframe: January 1, 2020 to December 31, 2020

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 - 2019
coordination client referrals and services by creating a partnership with the Tribal Health & Wellness Program.				
<u>Training</u> 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	

Policy 7.01 Implementation Plan (Muckleshoot Indian Tribe)

**Seattle Human Services Department
Aging and Disability Services**

Biennium Timeframe: January 1, 2020 to December 31, 2020

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 - 2019
4. Medicare Care Transitions	<ul style="list-style-type: none"> (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	We are no longer coordinating care transitions.
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.	<ul style="list-style-type: none"> (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	

Policy 7.01 Implementation Plan (Muckleshoot Indian Tribe)

**Seattle Human Services Department
Aging and Disability Services**

Biennium Timeframe: January 1, 2020 to December 31, 2020

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 - 2019
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: 2019 Workshops: 0

Policy 7.01 Implementation Plan (Muckleshoot Indian Tribe)

Seattle Human Services Department Aging and Disability Services

Biennium Timeframe: January 1, 2020 to December 31, 2020

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 - 2019
<u>Emergency Preparedness</u> <ol style="list-style-type: none"> 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. 2. Plan for possible alternate worksite for ADS Case Manager. 	<ol style="list-style-type: none"> 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. 	<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. 	Dec. 31, 2014 Keith Rapacz, Case Manager	No update for 2019.

Policy 7.01 Implementation Plan (Snoqualmie Indian Tribe)

Seattle Human Services Department

Aging and Disability Services

Biennium Timeframe: January 1, 2020 to December 31, 2020

DRAFT

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 - 2019
<u>ADS</u> 1. Work with Tribal staff to facilitate Chronic Disease Self-Management Education (CDSME) trainings and workshops for unpaid caregivers.	ADS staff will work with Tribal members to coordinate Program CDSME training sessions such as Wisdom Warriors; CDSME for Pain; and /or CDSME for Diabetes.	Implement CDSMP workshop sessions.	Lynda Zambrano (425-888-6551) Francesca Curtis, Elder Program Coordinator (425-888-6551) Anetta Townsend, LPN, Elder Care Coordinator (425-888-5511) James Laurino, MD (425-888-5511) Mary Pat O'Leary, RN, ADS (206-684-0683) Karen Winston, ADS Planner (206-684-0706)	<ul style="list-style-type: none"> ADS staff met with tribal members Anetta Townsend, LPN, Elder Care Coordinator; and Francesca Curtis, Elder Program Coordinator on April 3, 2019, to get input on the needs of tribal elders for the Area Plan process. Lynda Zambrano, Health & Wellness Director, is no longer working for the tribe. The tribe continues to serve family caregivers. Tribal staff and ADS are coordinating a workshop on emergency preparedness for 2020.
2. Expand support for tribal elders who need support to live at home through Medicaid Alternative Care (MAC) and Tailored Support for Older Adults (TSOA).	Increase support for unpaid family caregivers and/or support individuals who do not currently have an unpaid caregiver. <ul style="list-style-type: none"> The care receiver must be 55+ and the caregiver must be 18+ in age. Other requirements: Medicaid. 	<ul style="list-style-type: none"> Support for tribal elders and their caregivers. 	Lynda Zambrano (425-888-6551) Theresa Tanoury, ADS CMP Director (206-684-00659)	<ul style="list-style-type: none"> Tribal staff have developed an Elder Care Program. Anetta Townsend, LPN, Elder Care Coordinator.

Policy 7.01 Implementation Plan (Snoqualmie Indian Tribe)
Seattle Human Services Department

Aging and Disability Services

Biennium Timeframe: January 1, 2020 to December 31, 2020

DRAFT

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 - 2019
	<ul style="list-style-type: none"> Both programs provide services and supports, including: Housekeeping & errands, support groups & counseling; specialized medical equipment, respite care, training, adult day health or adult day care, and information about caregiving, resources and available services. 		Karen Winston, ADS Planner (206-684-0706)	
3. Elder Care Program (under development)	<ul style="list-style-type: none"> Provide support, if needed. 	•	Lynda Zambrano (425-888-6551) Franchesca Curtis, Elder Program Coordinator (425-888-6551) Anetta Townsend, LPN, Elder Care Coordinator (425-888-5511)	Anetta Townsend , LPN, Elder Care Program Franchesca Curtis , Elder Program Coordinator

C-4: Partner with Tribes Goals & Objectives

Focus: To ensure greater success for Native American elders in King County.

Goal 1: Ensure recognized tribes and urban Native Americans have access to training and community resources.

Objective:

- a. Coordinate efforts to connect King County tribes and organizations to the Community Living Connections network.

Goal 2: Continue 7.01 Implementation planning with Muckleshoot and Snoqualmie tribal staff to ensure ongoing collaboration and partnership.

Objectives:

- a. Participate in annual 7.01 update meetings with tribal members and Office of Indian Policy staff.
- b. Advocate for culturally relevant delivery of services to Native American tribes and urban Indians.

Section D – Area Plan Budget Summary

2020 BUDGET STILL IN DEVELOPMENT

Appendices

[Appendix A: Organization Charts](#)

[Appendix B: Staffing Plan](#)

[Appendix C: Emergency Response Plan](#)

[Appendix E: Public Process](#)

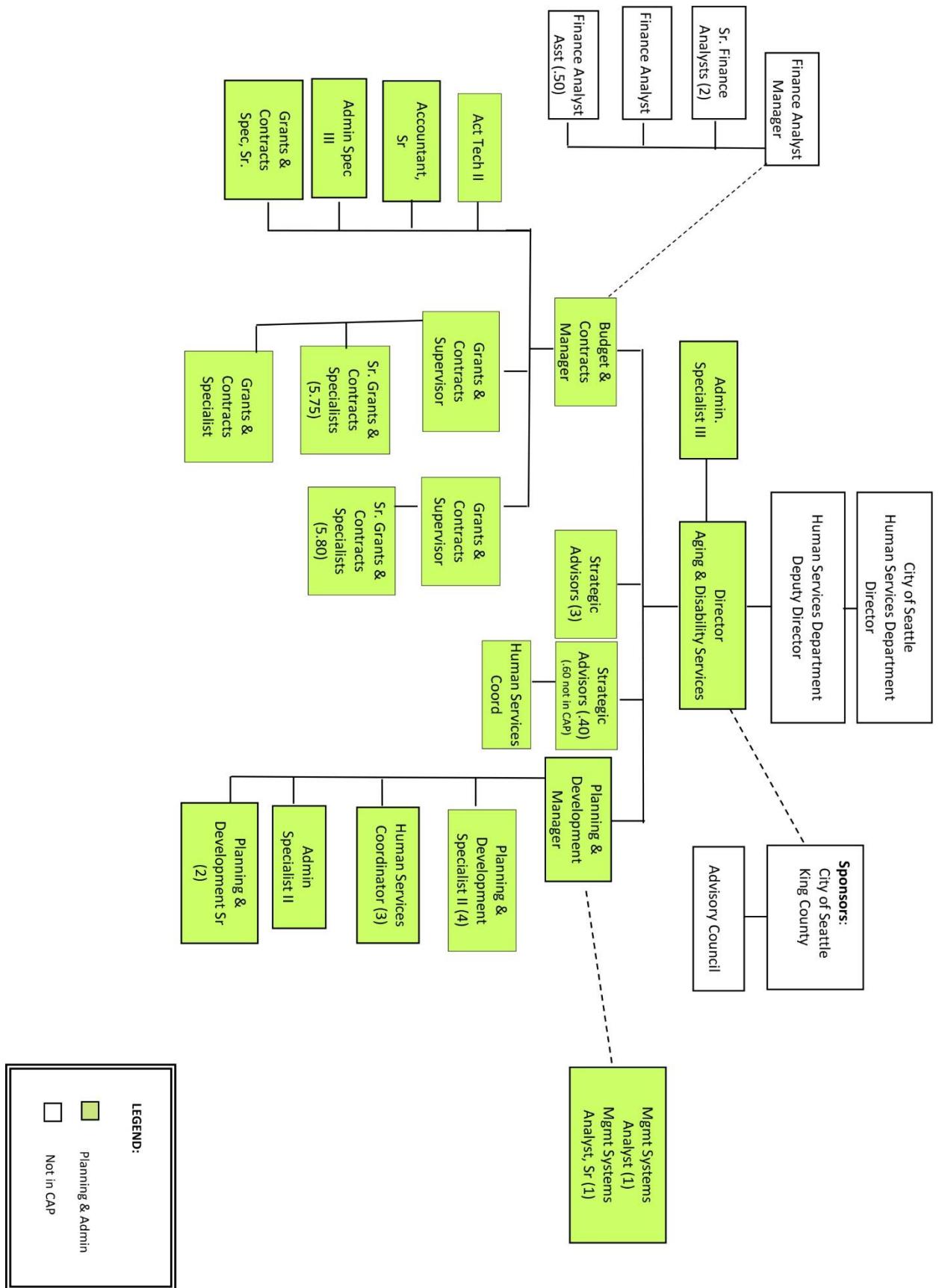
[Appendix F-1: 2018 Report Card](#)

[Appendix F-2: 2019 Report Card](#)

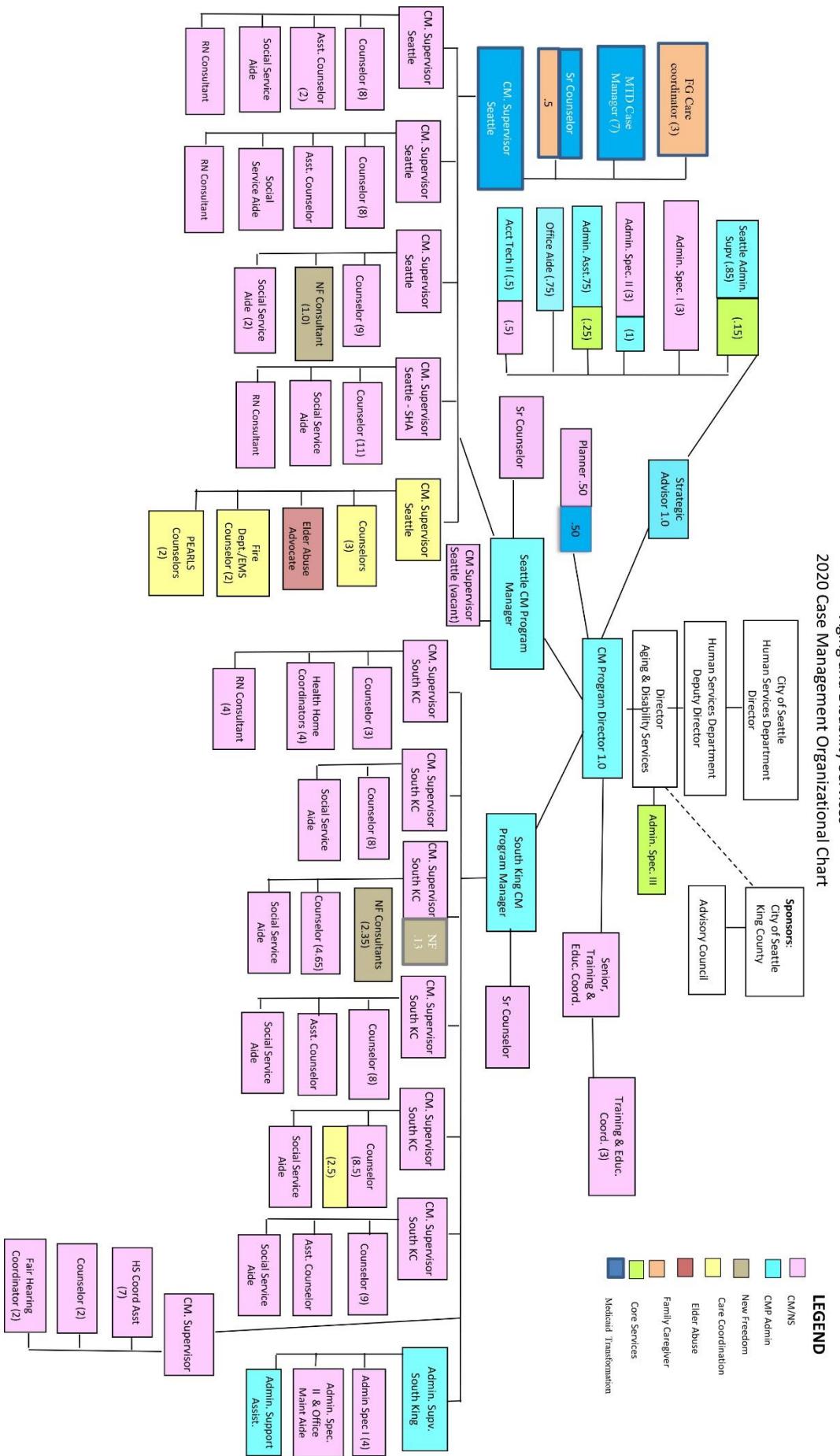
[Appendix G: Statement of Assurances & Verification](#)

**Aging and Disability Services
Planning and Administration
2020 Organizational Chart**

Appendix A: Organization Charts



Aging and Disability Services



Appendix B: 2020 Staffing Plan

Planning & Administration Position Title	Total Staff (full- and part-time)	Position Description
Director	1 FTE	Directs and supervises all AAA activities.
Strategic Advisor	3.4 FTE	Conducts strategic planning, policy development, and health aging coordination activities in support of Area Plan objectives. Coordinates Age Friendly work. Oversees the AAA Communication plan.
Planning & Development Manager	1 FTE	Oversees all planning functions and data application systems.
Planning & Development Specialist Sr	2 FTE	Conducts AAA planning for new projects and service areas.
Planning & Development Specialist II	4 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	4 FTE	Outreach and program support for the Geriatric Workforce Enhancement Grant, Age Friendly initiative, and AAA Advisory Council.
Accountant, Sr.	1 FTE	Responsible for AAA fiscal compliance and coordinates across all services areas on recovery of overpayments, cost analysis, new application review and serves as the AAA subject matter expert on fiscal compliance principles.
Budget & 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.

Planning & Administration Position Title	Total Staff (full- and part-time)	Position Description
Sr. Grants & Contracts Specialist	12.55 FTE (14 staff)	Conduct program & contract monitoring, negotiation, training & technical assistance to subcontractors. Contracts quality assurance.
Grants & Contracts Specialist	1 FTE	Manages application process for Medicaid contracts, supports contracting and monitoring activities.
Management Systems Analyst & Management Systems Analyst, Sr.	2 FTE	Manages the AAA data systems, supports the Age Friendly initiative & supports the MTD project.
Accounting Technician II	1 FTE	Performs fiscal & invoice payment support.
Administrative Specialist III	2 FTE	Assistant to the AAA director. Assistant for the Contracts Team.
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	39.6 FTE	

Case Management Program Position Title	Total Staff (full- and part-time)	Position Description
Case Management Program Director	1 FTE	Directs the Case Management Program; oversees in-house 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	14 FTE	Each supervises a team of case managers including Title XIX, discretionary and health homes.

Case Management Program Position Title	Total Staff (full- and part-time)	Position Description
Counselor (case manager)	103 FTE	Provide case management services to in home clients for Title XIX, discretionary, MTD case managers and health home programs.
Assistant Counselor & HS Counselor Assistants	11 FTE	Performs case management tasks to support Counselors.
Social Service Aide	6 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	4 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	1.75 FTE	General office support of CMP
Training & Education Coordinator	3 FTE	Provide and coordinate training for CM staff and subcontractors.
Training and Ed Coordinator, Senior	1 FTE	Overall training development plan and implementation. Supervises 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.
Planner	1FTE	Planning activities for CMP including MTD
Senior Counselor	3 FTE	Clinical and programmatic support for case managers and CMP Supervisors
CMP Total	171.35	
Grand Total in cost allocation plan	210.95	

Total FTE Based on 40 Hour Work Week:	210.95
Total Number of Full Time Staff:	204
Total Number of Part-Time Staff:	7
Total number of ethnic minority staff:	76
Total number of staff over age 60:	30
Total number of staff indicating a disability:	N/A*

**Staff disability information is not available in the HR database.*

Appendix C: Emergency Response Plan

The ADS Emergency Response Plan dovetails with the City of Seattle's Continuity of Operations Plan, which is undergoing revision as of October 1, 2019. The matrix that follows is from the ADS Area Plan Update for 2018–2019.

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 <ul style="list-style-type: none"> a. IV/nutritional support h. Dialysis b. Bowel program i. Nebulizer c. Gastrostomy/Peg care j. Oxygen d. Tracheostomy care k. Suctioning e. Tube feedings l. Ulcer care f. IV medications m. Ventilator or respirator g. CPAP or BiPAP 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> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1. Home care agency</td> <td style="width: 50%;">7. DOB</td> </tr> <tr> <td>2. Hours authorized</td> <td>8. Address</td> </tr> <tr> <td>3. Collateral name</td> <td>9. Phone</td> </tr> <tr> <td>4. Collateral phone</td> <td>10. Office</td> </tr> <tr> <td>5. Language</td> <td>11. Supervisor</td> </tr> <tr> <td>6. CM name</td> <td></td> </tr> </table>	1. Home care agency	7. DOB	2. Hours authorized	8. Address	3. Collateral name	9. Phone	4. Collateral phone	10. Office	5. Language	11. Supervisor	6. CM name	
1. Home care agency	7. DOB												
2. Hours authorized	8. Address												
3. Collateral name	9. Phone												
4. Collateral phone	10. Office												
5. Language	11. Supervisor												
6. CM name													

Area Agency on Aging Policy & Procedures Manual Chapter 1 Elements	Responses
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. 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	<p><u>Primary Departments</u></p> <ol style="list-style-type: none"> 1. Seattle Parks and Recreation Department 2. Seattle Human Services Department <p><u>Support Departments and Agencies</u></p> <ol style="list-style-type: none"> 3. Seattle Office of Emergency Management 4. American Red Cross 5. The Salvation Army 6. City of Seattle potential shelter site facilities 7. Crisis Clinic/2-1-1 8. Catholic Community Services 9. Seattle Center 10. Seattle Department of Finance and Administrative Services 11. Seattle Fire Department 12. Seattle Department of Planning and Development 13. Seattle Office of Housing 14. Seattle Office of Immigrant and Refugee Affairs 15. Seattle Library 16. Seattle Police Department 17. Seattle Public Utilities 18. Seattle Commission for People with disAbilities 19. Seattle Housing Authority 20. Seattle Public Schools 21. Seattle Health – Seattle & King County 22. King County Metro 23. King County Office of Emergency Management 24. Administration for Children and Families 25. Federal Emergency Management Agency 26. Other Non-Governmental and Religious Organizations 27. 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 21-member Seattle-King County Advisory Council on Aging & Disability Services (ADS) is mandated by the Older Americans Act of 1965. The Council has a significant role in guiding ADS 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.

The City of Seattle and King County are ADS Partners, each appointing Advisory Council members.

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

- Advocacy Committee
- Executive Committee
- Planning and Allocations Committee

Currently, there are 15 active and four pending Advisory Council members:

Hon. David Baker	Hon. Debora Juarez	Lorna Stone
Jenny Becker	Hon. Marli Larimer	Diana Thompson
Connie Bown*	Larry Low	Sue Weston
Edna Daigre*	June Michel	Barb Williams*
Zelda Foxall	Tom Minty	Dick Woo, Vice-chair
Hon. Ava Frisinger, Chair	Andrea Sawczuk	
Joe Hailey*	Cynthia Snyder	

* Pending member

Total age 60 years or older: 11
Total people of color: 5
Total self-Indicating a disability: 1



Appendix E: Public Process

Two public hearings were held in Seattle and in King County—on July 18 and August 5, 2019—to receive comments on the draft Area Plan for 2020–2023 and the 2020 discretionary allocation recommendations. A total of 55 individuals participated, including Amharic and Russian-speaking adults over age 60, Advisory Council members, community members at large, staff, and Aging Network providers. Comments received at hearings are summarized in the first matrix, below, followed by comments received in writing.

Public Hearing Comments and Recommendations

Agency	Comments/Recommendations	ADS Response
Consumer	What is the difference between an Area Agency on Aging, and Aging and Disability Services? And how do they overlap?	ADS is the designated Area Agency on Aging (AAA) for King County. AAA's are mandated through the Older Americans Act. There are 13 AAA in Washington State, and over 600 throughout the country.
Consumer	What number do you call for questions about resources?	Community Living Connections, 1-844-348-5464
Consumer	The healthy aging goals are really good, and they address important issues for older adults.	Thank you.
Wallingford Senior Center	The need for affordable housing is increasing and the need is placing many older adults at risk for homelessness. The housing and transportation pieces are key. ADS should talk to case managers for input on the needs of their clients and talk to communities like South Seattle to make sure everyone's voice is included.	Thank you for your suggestions. We have reached out to our case managers and have incorporated their comments into the plan.
Consumer	Who do you talk to if you have legal questions? I'd like to know what happened to legal services about consumer issues.	Community Living Connections is the best source to get information about all types of services. ADS currently contracts with Columbia Legal Services.
Consumer	Transportation is a huge need in King County, but not reflected very much in the plan.	We agree. The final draft of the full Area Plan will include more detail about transportation.

Agency	Comments/Recommendations	ADS Response
Consumer	At what age are you considered a senior citizen?	This varies by program. For Older American Act programs eligibility is age 60+.
Consumer	I am 89 years old and I live in low-income housing for older adults and people with disabilities. Because I speak Russian and am the only Russian speaker in my building, I am very limited in my ability to socialize with my neighbors. I made a request to move to a building where Russian speakers reside, but I was told I could not relocate. I am asking for help to resolve this issue.	Thank you for bringing this to our attention. We are happy to follow-up with you to get more information.
Consumer	This is a very necessary and excellent information. We (Ethiopian elders) are being served and grateful even though there are short comings that we would like to talk about in the future.	Thank you for your comment. We look forward to hearing about your concerns.
Consumer	How can we advocate for our AAA and influence federal and state legislators?	The ADS Advisory Council is a great place to start! find information about their legislative priorities at www.ageingkingcounty.org/about-us/advisory-council/
Consumer	Any idea when OAA legislation is up?	The Older American Act expires at the end of this fiscal year. Congress is currently working on reauthorization.
Asian Counseling and Referral Service	Re: Area Plan Data – is there disaggregate data we can look at for different groups, specifically related to dementia?	The WA State Alzheimer's Plan has current data on dementia; however, researchers acknowledge that data on Asian Americans/Pacific Islanders subpopulations is lacking.
Asian Counseling and Referral Service	Thank you for the work you've done in putting together this plan. As we're seeing more movement to managed care, how does the plan consider the role of managed care organizations over the next four years?	Opportunity exists to move toward integration of services, in terms of helping clients with more complex needs. ADS will continue to monitor the integration of physical and behavioral health.

Agency	Comments/Recommendations	ADS Response
Consumer	How does the Sweetened Beverage Tax impact the discretionary budget?	The Sweetened Beverage Tax (SBT) provides additional funds to support nutrition services for older adults in Seattle.
Consumer	I encourage ADS to improve coordination between the City and County for investment opportunities so that providers don't have to prepare multiple proposals.	ADS is currently working with the King County Department of Community and Human Services to coordinate funding processes as much as possible.
King County Housing Authority	We are recognizing residents with more complex needs and are working to address their needs through better service coordination and funding opportunities.	We appreciate your partnership and look forward to continuing our work together.
Advisory Council member	There is a lack of dentists in King County who accept Medicaid.	A good resource for dental assistance is offered by the UW Dental Education in the Care of Persons with Disabilities (DECOD). The DECOD provides dental care that is not otherwise available in the community for patients with developmental and acquired disabilities. Website: www.dental.washington.edu/decod .
Consumer	Re Dementia – The WA State Dementia Action Collaborative (DAC) is focusing on early diagnosis. Based on that, I think the number of people with dementia in King County may be higher and will be changing by 2023.	The DAC is doing great work, including addressing the stigma towards people experiencing dementia. ADS will be working closely with the DAC to promote dementia-friendly communities in King County.

Written Comments and Recommendations

Agency	Comments/Recommendations	ADS Response
Facebook	Maybe you could put actual details and links, like what the purpose of King County's plan is, like what is Seattle's part in it? I think the days of people blindly buying into whatever it is King County and its buddy City of Seattle are doing are over. We've seen how they manage the homeless thing. What is	Thank you for your feedback. The final plan will have more details, links, and information.

Agency	Comments/Recommendations	ADS Response
	their great plan for managing seniors now?	
Consumer email	<p>As a former director and administrator, I know that my staff and the agencies I served could not have done the work needed for our clients without the Crisis Connections and King County 211.</p> <p>Many clients served by these efforts are older adults or agencies seeking connections for their older clients. I therefore strongly urge you to consider the importance of 211 in the Area Plan and 211's critical role as the primary means by which persons in need, and human service agencies in this area, are linked to vital resources.</p>	Thank you for your input. Crisis Connection/King County 211 currently operates the Community Living Connections phoneline.
Consumer email	<p>I am very concerned that the new laws on guardianship will allow constitutional rights to be removed from the elderly. Lots of people are put into guardianship who are very much competent but are easily taken advantage of. They are not a lot different than you or me.</p>	Thank you for sharing your concerns.
Jewish Family Services	<p>First, I appreciate that the plan highlights oral health as a need among older adults. Since Medicare doesn't include a dental benefit many older adults who do not qualify for Medicaid have no dental benefits. This is a huge barrier to accessing services. It seems that more than just education is needed to increase access to dental services. Is there anything the AAA can do to actually fund dental services? Can the AAA advocate to allow individuals to use MTD funds for dental needs or does ADS have other ideas to help with this need?</p>	<p>Thank you for these suggestions. ADS is always looking for grant and partnership opportunities.</p> <p>The ADS Advisory Council is very concerned about access to oral health care and it is one of their ongoing advocacy priorities. The State determines essential services for MTD. We will share your comments with State partners.</p>

Agency	Comments/Recommendations	ADS Response
Jewish Family Services	<p>Second, you correctly point out that there is “a shortage of certified paid caregivers in King County, especially in rural areas.” This is also very true in urban eastern part of King County. I think that solving this should be a top priority for ADS. Due to King County’s affordability issues as well as the low wages for home care aides, we are about to face a crisis for clients on COPES/CFC. Should there be a task force working on this? If we don’t invest in home care aides there won’t be anybody to take care of older adults with disabilities who do not have family caregivers. A solution needs to include collaboration with agencies and entities that support the workers, not just older adults. For example, what about improved collaboration with the Employment Security Department/WorkSource to attract more people to these jobs? I recognize these individuals aren’t ADS clients, but without them, ADS clients can’t survive.</p>	<p>Thank you for this suggestion. We agree, workforce issues are a high priority. ADS will share your suggestions with the State and local partners.</p>
Jewish Family Services	<p>Third, there is an overwhelming need for chore services for individuals who are low income but don’t meet the NFLOC definitions in MTD and COPES. Volunteer Chore Services is not adequate to meet people’s needs because there aren’t enough volunteers, although it is a great service. Sometimes it is a person who shouldn’t be doing chores, who has no help, and then falls while trying to clean their home. This might lead to going into an institution or needing COPES, but the money would be much better spent helping people to age in place with paid chore services. Anything the plan can do to address this unmet need would be fantastic.</p>	<p>Thank you for this feedback. We acknowledge that this is a challenge.</p>

Agency	Comments/Recommendations	ADS Response
Consumer email	<p>The new guardianship law will eliminate RCW 11.92.190 which protects people from being placed into an institution against their will. This is a huge step backward to the days when anyone could be pushed into a dementia ward to get them out of the way. The other terrible issue is that a person under guardianship won't be able to get a lawyer without permission. That is a Constitutional violation. Everyone should be able to get a lawyer to protect their interests. These issues with those laws need to be fixed and the Superior court has control over guardianship therefore our county if it wants to make our county safe for seniors should take a definite stand against taking away the rights of a senior to live where they want (and die where they want) and have a lawyer represent them at any time. The courts are already a poor oversight for guardianship. Judges aren't trained in making financial decisions, or health care decisions and shouldn't be the last word in telling each of us where we live and what we can do.</p>	<p>Thank you for sharing your concerns.</p>
Consumer	<p>I am a former family caregiver and current human rights activist. I think it's commendable that independence and choice are part of ADS's mission, but they need to be part of policy and actual practice. One of the goals is Healthy Aging, which is a commendable goal, by making more kinds of healthcare available. However, individual consumers should not be hounded to come in for care or treatment that is not a personal priority for them and have decided to forego. Some individuals may legitimately feel that in their remaining part of their life, however long or short,</p>	<p>Thank you for sharing your concerns.</p>

Agency	Comments/Recommendations	ADS Response
	<p>that their quality of life is better enhanced by pursuing their most deeply held personal goals ("bucket list") and not be making repeated, needless trips to providers' office for some type of treatment or care that may be tedious, highly time consuming, or rigorous. I also see that preventing social isolation is also a goal of the plan, which is a great since seniors and people with disabilities should actively be encouraged to participate in community. But I have observed that bureaucratic burdens of social agencies are themselves a cause of social isolation. Some older people and disabilities spend lots of time gathering documents and compiling information required by various agencies to participate in programs or to receive public benefits. This absorbs so much time for older people and adults with disabilities and cuts into time they have available to socialize with friends and neighbors, keep in touch with distant relatives, or go out and participate in community gatherings. The impact of the paperwork burden especially impact those older people and people with disabilities who have vision impairment that makes it harder for them to search information, find documents, fill out forms, or motor function disorders that limit use of pen, pencil or computer. This impact is especially severe for working or middle class older people who during their working lives may never have had occasion to apply for public benefits (like food stamps,) but they now have special needs and are now being advised to apply for Medicare Savings Program, utility discount programs, and low income energy assistance. All these programs require special set of forms, documentation, information, which are all time consuming and makes</p>	

Agency	Comments/Recommendations	ADS Response
	<p>compliance hard. Big gobs of time are needed to fill out documents that could otherwise be spent addressing social isolation. Another cause of social isolation are practices of transportation and adult day care services. Older people or adults with disabilities who are enrolled may wish to participate in community activities, which may happen in same day as adult day care programs. If they wish to go to another event that would be convenient for them to use transportation, specialized transportation can be used to transport them from the event to home. Some of the dispatchers at transportation services are resistant to rescheduling rides to take older adults any other place than home. Caregivers experience hassle when trying to reschedule, which makes it harder for clients to participate in social gatherings, resulting in social isolation. Likewise, management in adult day care want to discourage participation in other events. One director said all activities happen in-house, and such views discount that their clients may have external gatherings and activities that are more in line with their personal interests.</p>	

Appendix F-1: 2018 Report Card

Area Plan Update on Aging for Seattle-King County 2016–2019

(starts next page—also available online at <https://bit.ly/2k49jmC>)

2018 REPORT CARD

2018 Goal	2018 Final	%	2018 Objectives and Comments
Long-Term Services & Supports			
220 Health Action Plans	172 Health Action Plans	78%	<p>Increase participation in Health Home program.</p> <p>For 2018, the total Health Home Action Plans for clients referred and engaged in the program was 172 clients.</p>
84 hours of consult and education	78 hours of consult and education	93%	<p>Expand pilot medication management program to housing providers in South King County.</p> <p>A total of 60 trainings were provided to approximately 187 older people. ADS was unable to expand to south King County due to lack of pharmacists' capacity; however, expansion did occur in Seattle senior housing buildings where there were high needs. Expansion to south King County will be revisited in 2020.</p>
Continued monitoring of caseloads to ensure they do not exceed 90 cases per case manager	Ongoing monitoring	100%	<p>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.</p> <p>The short 2018 legislative session focused on educating legislators, with no specific ask. The Advisory Council co-sponsored two legislative forums in the fall. The Governor's 2019 proposed budget provides additional support (\$7.2M) for AAA Case Management clients with complex physical and mental health challenges. W4A will advocate for an additional \$2.7M to prevent caseloads from increasing.</p>
Increase IP hiring rate by 75%; Decrease time to hire to 21 days	Hiring rate increased by 77%; Time to hire decreased to an average of 9 days -	100%	<p>Implement Individual Providers (IP) Lean process.</p> <p>1) IP Specialists took over contracting sessions in February of 2018. The data analysis of one case management team showed the average time for IPs between attending a contracting session to first available workday was reduced to an average of 9 days. During the same time frame and collected data, the hiring rate for applicants to complete requirements to work increased to 77%. 2) IP Specialists took over sending out all notifications/PANs from Social Service Aids in March 2018, resulting in IPs having a specific and knowledgeable point of contact to work out any issues related to retention and eligibility requirements. 3) June 2018 the IP team adapted to changes made to the State's background check system (BCCU). Having the team model allowed for IP Specialists to work individually with IPs to help them navigate the system.</p>

AREA PLAN UPDATE ON AGING FOR SEATTLE-KING COUNTY 2016–2019

2018 Goal	2018 Final	%	2018 Objectives and Comments
Health Promotion, Disease, Prevention, and Delay of Medicaid-funded Long-Term Services and Supports			
Integrate marketing and communication plans.	Integration of plans completed	100%	<p>Integrate Community Living Connections marketing and communications plan into Age Friendly communications planning.</p> <p>Community Living Connections marketing plan strategies and messaging were incorporated into the ADS communications plan, Age Friendly communications, and Medicaid Transformation Demonstration communications and materials, including a mailing to MAC/TSOA-eligible Seattle Housing Authority Residents.</p>
6 networking meetings	7 networking meetings	100%	<p>Develop geographic hubs delivering Information Assistance/Referral, Options Counseling and Care Coordination in Seattle/North King County, South King County, and East King County.</p> <p>During 2018, seven meetings were convened by region leads in Seattle/North King County, South King County, and East King County.</p>
400	297	74%	<p>Provide person-centered planning to individuals needing assistance with long-term support service planning. For 2017, 10.4% of clients served identified as Black, African American, or Other African.</p> <p>During 2018, 297 individuals received 1,121 units of options counseling. 18.5% of clients identified as Black or African American.</p>
1 event per year	1 event held	100%	<p>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).</p> <p>Over 200 staff representing 45 different agencies that serve older adults, adults with disabilities and their caregivers participated in Professional Development Day on March 22, 2018. Planning committee of ADS and community representation included Open Doors for Multicultural Families, Full Life Care, Jewish Family Service, Sea Mar, and Neighborhood House.</p>
1.5 the rate of the population of people of African descent in King County	8.8 percent	100%	<p>Provide Family Caregiver Support Services (FCSP) to caregivers who are of African descent.</p> <p>For 2018, 8.8% individuals who received FCSP services were caregivers of African descent, exceeding the annual goal of 8.4% (1.5 times the rate of King County population).</p>
800 per year	865 clients	100%	<p>Provide TCARE® assessment and care plan to family caregivers who show moderate to significant caregiver burden.</p> <p>During 2018, 865 clients received TCARE services.</p>

AREA PLAN UPDATE ON AGING FOR SEATTLE-KING COUNTY 2016–2019

2018 Goal	2018 Final	%	2018 Objectives and Comments
Health Promotion, Disease, Prevention, and Delay of Medicaid-funded Long-Term Services and Supports			
6 clients per year	6 clients	100%	<p>Provide STAR-C training to caregivers to help caregivers manage behavioral symptoms of their care recipient with Alzheimer's disease or dementia.</p> <p>During 2018, a total of six caregivers received STAR-C training.</p>
1 community forum	1 community forum held	100%	<p>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.</p> <p>MCAAE members co-sponsored the 2018 African American Caregivers Forum: Legacy of Love, on November 10. The forum featured George Dicks, Harborview Geriatric Mental Health Practitioner; Cary Goodman, Balm in Gilead, Midlothian, VA; Dr. Jim deMaine, Retired Pulmonary/Critical Care Physician, and Stephanie Haslam, Attorney. Presentation topics focused on caregiver's self-care; Alzheimer's disease research and advocacy; and planning for end-of-life. A panel of family caregivers also discussed personal caregiving experiences. Over 100 individuals attended.</p>
Develop an action plan to increase Alzheimer's awareness in King County.	Action plan created	100%	<p>Coordinate with partners such as Public Health and Alzheimer's Association to implement the Alzheimer's state plan with a focus on communities of color.</p> <p>During 2018, ADS partnered with the WA Department of Health; Public Health—Seattle & King County; Center for MultiCultural Health; and four African American churches to recognize Memory Sabbath/Sunday, held in June. Team members provided information for church bulletins and newsletters, spoke to congregations about Alzheimer's and dementias, and provided resources after church services.</p>
1 training per year	1 trainings held	100%	<p>Conduct Chronic Disease Self-Management Education (CDSME) trainings for lay leaders in King County.</p> <p>An annual Lay Leaders In-service was held on January 22, 2018. A workplace pilot of Living Well with Chronic Conditions was also successfully completed.</p>
4 network meetings	4 network meetings	100%	<p>Coordinate quarterly network meetings for organizations offering Chronic Disease Self-Management Plan (CSDMP) workshops in King County.</p> <p>During 2018, four quarterly meetings were held. Additional meetings were also held in preparation for the 2019 Health Promotion Network in-service.</p>
1 article per year	5 articles	100%	<p>Increase awareness of consumers and health care professionals about fall risk, prevention, and related resources.</p> <p>February—Heart Health; April—Bloodwork; July—SHA/UW fall prevention collaboration; September—Falls Prevention Month; November—Veterans.</p>

Area Plan on Aging for Seattle-King County 2018 Report Card

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AREA PLAN UPDATE ON AGING FOR SEATTLE-KING COUNTY 2016–2019

2018 Goal	2018 Final	%	2018 Objectives and Comments
Health Promotion, Disease, Prevention, and Delay of Medicaid-funded Long-Term Services and Supports			
3 presentations	5 presentations	100%	<p>Increase access to evidence-based falls prevention programs and resources.</p> <p>January—Age Friendly Coffee Hour; April—Sunset Gardens; July—Aegis Gardens; September—WA State Fall Coalition; November—Highline Hospital.</p>
5 presentations per year	Ongoing	100%	<p>Collaborate with fire departments, Emergency Medical Services, healthcare, and housing providers to strengthen the community infrastructure and ensure coordinated support for vulnerable adults.</p> <p>In 2018, presentations were made to NW Kidney Center; Bellwether Housing Resident Service Coordinators; Seattle University nurse practitioner students; SHA buildings; and to the Senior Drug Education Program.</p>
1 training per year	1 training held	100%	<p>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.</p> <p>A presentation was made in November 2018—to both the Seattle and Renton Case Management Program staff—at Combined Team Training on fall prevention.</p>

AREA PLAN UPDATE ON AGING FOR SEATTLE-KING COUNTY 2016–2019

2018 Goal	2018 Final	%	2018 Objectives and Comments
Service Integration & Systems Coordination			
Participate in monthly meetings	Completed	100%	<p>Participate in the King County Accountable Communities of Health.</p> <p>ADS director Cathy Knight was appointed to the HealthierHere board of directors and provided monthly reports to the ADS Advisory Council. ADS staff participated on sub-committees and in strategy sessions.</p>
1 annual conference	0 conference	<50%	<p>Coordinate with health care providers, hospitals, and community partners on an annual event or forum.</p> <p>No conference was not held in 2018; however, ADS continues to maintain the care transition listserv. See also primary care health system work referenced below.</p>
60 clients enrolled low-acuity alarm program	86 clients enrolled low-acuity alarm program	100%	<p>Participate in multi-stakeholder collaborations that strive to improve health outcomes and reduce unnecessary EMS and Emergency Department use.</p> <p>For 2018, ADS provided outreach and case management to 86 clients.</p>
100 elder abuse clients receive CMP services	440 elder abuse clients receive CMP services	100%	<p>Increase countywide access and awareness of elder abuse, neglect, and financial exploitation.</p> <p>For 2018, ADS provided case management to 440 elder abuse clients. Of these, 393 were contacts made by the Seattle Fire Department for abuse, neglect, and exploitation. On July 12, ADS case managers and SFD personnel presented a televised lunch-and-learn on Coordinated Response to Abuse, Neglect & Exploitation in the Seattle City Council Chamber.</p>
1 multi-disciplinary team	1 multi-disciplinary team	100%	<p>Strengthen connections with prosecutors, law enforcement, and first responders to better coordinate a response for older adult victims of abuse and neglect.</p> <p>The King County Prosecuting Attorney's Office was awarded funds to hire a multi-disciplinary team coordinator and forensic accountant effective January 2019. ADS is a core member of this team which consists of two King County prosecuting attorneys, a King County Sheriff's Office detective, an Adult Protective Services investigator, a geriatrician, and a geriatric mental health specialist on a consultant basis. ADS also received additional funds to help supplement two Case Management Program staff on the multi-disciplinary team.</p>
4 outreach visits to clinics per month	4 outreach visits to clinics per month completed	100%	<p>Increase awareness of Community Living Connections in the primary care health system.</p> <p>During 2018, an average of four primary care clinic visits and/or in-person consultation were completed each month. In addition, the ADS hospital discharge navigator pilot was referenced as a promising strategy in the HealthierHere (Accountable Community of Health) Implementation Plan.</p>

AREA PLAN UPDATE ON AGING FOR SEATTLE-KING COUNTY 2016–2019

2018 Goal	2018 Final	%	2018 Objectives and Comments
Native Americans			
At least one meeting per year	0 meetings	<50%	<p>Strengthen ADS ability to serve community groups that have not been served previously (i.e., urban Native Americans)</p> <p>During 2018, no 701 meetings were held with the Seattle Indian Health Board.</p>
At least one in-service per year	No activity	<50%	<p>Collaborate with social and health services organizations that serve Native American elders on yearly in-service trainings.</p> <p>During 1st and 2nd quarters, ADS staff renewed discussions with management staff at the Seattle Indian Health Board; however, additional on-site trainings were placed on-hold pending the outcome of the Seniors Training Seniors computer tech program (previously housed in the Mayor's Office for Senior Citizens, which closed May 2018).</p>
At least two meeting per year	2 meetings	100%	<p>Continue 7.01 Implementation Plan collaboration with federally recognized tribes in King County.</p> <p>During 2018, ADS staff and DSHS Home & Community Services held one 701 meeting with Snoqualmie tribal staff. A second meeting was held to inform tribal staff of the Community Living Connection RFQ, released in the fall. No 701 meetings were held with the Muckleshoot Indian Tribe.</p>
Medicaid Transformation Project Demonstration			
361 enrolled family caregivers	346 enrollees	96%	<p>Implement the Medicaid Transformation Demonstration by engaging new family caregivers and other individuals who are potentially eligible for the new programs and services.</p> <p>The first full year of the MAC/TSOA program implementation was 2018. Because of delayed implementation and systems issues, ALTSA reduced statewide goals. King County's goal was reduced from 696 to 361. ADS staff received and processed 519 referral applications; of those, 346 enrolled in MAC/TSOA services.</p>
Age-Friendly Communities			
Update Quiet Crisis Report	Report completed	100%	<p>Update existing housing data and reports to advocate for expansion of affordable, accessible housing including development of alternative housing for aging in place.</p> <p>The update, "Moving Toward Age-Friendly Housing in King County," was completed in January 2018. ADS and community partners are working to implement strategies in collaboration with the Age Friendly Coalition Housing Workgroup.</p>

AREA PLAN UPDATE ON AGING FOR SEATTLE-KING COUNTY 2016–2019

2018 Goal	2018 Final	%	2018 Objectives and Comments
Age-Friendly Communities			
4+ events per year	3 events	75%	<p>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.</p> <p>In 2018, the NW Universal Design Council held three public forums (Assistive Technology; Designing for Special Populations; and Remodeling for Aging in Place), brought UD information to a King County Mobility Coalition meeting, and with Age Friendly Seattle, reviewed and provided substantive comment on the International Special Review District Design Guidelines.</p>
12+ posts per year	100+ posts	100%	<p>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.</p> <p>During 2018, there were multiple social media posts about available City, County, and other services on a weekly basis.</p>
Ongoing	Ongoing	100%	<p>Advocate/work to increase funding for older adult transportation programs such as the Hyde Shuttle.</p> <p>During 2018, ADS planning staff supported a Hopelink grant application for a coordinated transportation platform.</p>
Ongoing advocacy	Ongoing advocacy	100%	<p>Promote community design that supports mobility, such as public transportation, walking, and bicycling.</p> <p>ADS planning staff presented information about the NW Universal Design Council at a King County Mobility Coalition, focusing on transportation. ADS staff also contributed to two World Cafes on inclusive transportation planning.</p>
Ongoing	Ongoing advocacy	100%	<p>Participate in public education and marketing campaigns to promote individual savings for later life.</p> <p>During 2018, there were multiple social media posts about services about ways to save money and information from the Financial Empowerment Providers Network (everyoneiswelcome.org) was distributed through ADS networks.</p>
2 employment fairs; 200 older adults employed	No activity	<50%	<p>Encourage hiring and retention of older workers, allowing them to work and save longer, by promoting age 55+ employment programs and training opportunities.</p> <p>The employment program (Age 55+ Employment Resource Center) closed at the end of 2017. By March 2018, all clients were referred to ADS community partners. In June 2018, the Mayor's Office for Senior Citizens closed, and remaining services were merged with Age Friendly Seattle.</p>

AREA PLAN UPDATE ON AGING FOR SEATTLE-KING COUNTY 2016–2019

2018 Goal	2018 Final	%	2018 Objectives and Comments
Age-Friendly Communities			
Ongoing advocacy	Ongoing advocacy	100%	<p>Advocate for increased funding for senior centers and related services to reduce social isolation.</p> <p>The ADS Advisory Council's advocacy efforts contributed to passage of Veterans, Seniors, and Human Services Levy which included a significant increase in senior centers funding. A Request for Funding process in August 2018, resulted in funding awards for several senior centers throughout King County.</p>
50+ posts per year	500+ posts per year	100%	<p>Utilize current technology to enhance access to aging information, programs, and services as well as social and civic engagement for older adults.</p> <p>Throughout 2018, there were multiple social media posts on City, County, and other services on a weekly basis. In addition, Age Friendly Seattle facilitated eight monthly Kitchen Table Talks and The Seattle Channel produced: 1) a special 30-minute program on age-friendly programs in Seattle; 2) videotaped and broadcast the NWUDC forums on Special Needs Housing and Remodeling for Aging in Place; 3) two City Council lunch-and-learns (coordinated response to abuse, neglect, and exploitation, and caregiver support); and 4) broadcasted a video recording of the African American Caregivers Forum.</p>
1 city or community added to the network of age-friendly cities	Ongoing advocacy	100%	<p>Provide leadership for age-friendly communities throughout King County.</p> <p>ADS staff facilitated regular meetings of the Age Friendly Coalition for Seattle and King County as well as several Coalition committees. In the fall of 2018, the Seattle Age Friendly program manager presented to Kirkland Senior Council. See also age-friendly communications, below.</p>
Regular reports on progress	Ongoing	100%	<p>Implement the Age Friendly Action plan.</p> <p>The Age Friendly Seattle Action Plan for 2018–2021 was officially submitted to the AARP Network of Age-Friendly States and Communities in July 2018. The Age Friendly Seattle team is leading implementation of 80+ objectives in the plan, prioritizing those of highest interest to the ADS Advisory Council, City of Seattle leaders, and the Age Friendly Coalition for Seattle and King County.</p>
2 publications and 2 trainings for staff and partners.	2 publications 5 trainings	100%	<p>Develop materials and training to support best practices for communication, events, and meetings.</p> <p>In 2018, the ADS communications manager presented Age Friendly Seattle's Community Guide to Accessible Events and Meetings at multiple events, including the ADS Professional Development Day, a Healthy Aging Partnership meeting, the ASA Aging in America national conference, the Hearing Loss Association—WA statewide meeting, and the national AARP Livable Communities conference. Materials are posted at www.seattle.gov/agefriendly/about/highlights. In addition, an ADS Communications Toolkit was drafted and posted for ADS staff review.</p>

Appendix F-2: 2019 Report Card

Area Plan Update on Aging for Seattle-King County 2016–2019

(starts next page)

2019 REPORT CARD

(January 1 to September 30)

2019 Goal	2019 Final	%	2019 Objectives and Comments
Long-Term Services & Supports			
220 Health Action Plans	Health Action Plans	16%	<p>Increase participation in Health Home program.</p> <p>In the first eight months, 36 new clients were referred to and engaged by the Health Home program. The team typically carries an average of 45.4 clients.</p>
84 hours of consult and education	68.33 hours of consult and education	81%	<p>Expand pilot medication management program to housing providers in South King County.</p> <p>During 2019, a total of 68.33 hours of consultation and education. For the 2019/2020 contract, a new resident pharmacist worked to expand services to more senior housing buildings, including south King County. Pharmacists also used the pilot to train new pharmacy students that will have a positive impact on the geriatric workforce. ADS also provided opportunities for Geriatric Medicine Fellows and Advanced Nurse Practitioner students to observe the Senior Drug Education consultations/education.</p>
Continued monitoring of caseloads to ensure they do not exceed 90 cases per case manager	Ongoing monitoring	100%	<p>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.</p> <p>The WA Association on Area Agencies on Aging (W4A) and ADS Advisory Council priorities for the 2019 legislative session included \$7.4M for complex caseloads and \$2.3M for inflation indexing. The legislative session ended with a modest increase for the case management program to address complex caseloads - \$1.7M statewide (~\$200k for King County). Advocacy then focused on raising awareness with City of Seattle leaders and policy makers on need to secure additional funding in next legislative session. This involved a Lunch-n-Learn on the Affordability of Long-Term Care and included Seattle Councilmember Bagshaw; and a Roundtable with U.S. Rep. Adam Smith on recent nursing home closures and challenges to the long-term services and supports system. ADS Advisory Council members also attended W4A advocacy day for the first time!</p>
Increase IP hiring rate by 75%; Decrease time to hire to 21 days	Hiring rate increased by 77%; time to hire decreased to an average of 9 days	100%	<p>Implement Individual Providers (IP) Lean process.</p> <p>The two major objectives of the Individual Provider Lean Process is the efficient and timely hiring of IP's and the reduction of case manager time spent on IP related work. The efficiency goals of increasing IP hiring by 75% and decreasing hire time to 21 days was accomplished. The initial improvement to 77% in the hiring rate and the reduction to 9 days to hire has been maintained throughout this period. Maintaining this rate of hire has been challenging due to the new background check system implemented last year which has created delays. The second goal of reducing case managers time spent on IP related work has been fully realized. The IP Team now manages all contracting responsibilities, tracking of compliance issues and other areas completely. Case managers now have additional time to spend working with client's and providing relevant and timely services. For the remainder of 2019 and 2020 the IP team will be preparing for the transition of all IP's to the new Consumer Directed Employers.</p>

Area Plan on Aging for Seattle-King County 2019 Report Card

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AREA PLAN UPDATE ON AGING FOR SEATTLE-KING COUNTY 2016–2019

2019 Goal	2019 Final	%	2019 Objectives and Comments
Health Promotion, Disease, Prevention, and Delay of Medicaid-funded Long-Term Services and Supports			
Integrate marketing and communication plans.	Integration of plans completed	100%	<p>Integrate Community Living Connections marketing and communications plan into Age Friendly communications planning.</p> <p>This objective was completed in 2018. Community Living Connections messaging and materials are utilized in Age Friendly communications and disseminated at Age Friendly events.</p>
6 networking meetings	5 networking meetings	83%	<p>Develop geographic hubs delivering Information Assistance/Referral, Options Counseling and Care Coordination in Seattle/ North King County, South King County, and East King County.</p> <p>Through 3rd Quarter 2019, five meetings were convened by region leads in Seattle/North King County, South King County, and East King County.</p>
400	176	44%	<p>Provide person-centered planning to individuals needing assistance with long-term support service planning.</p> <p>Through 3rd Quarter 2019, 176 (unduplicated) individuals received assistance.</p>
1 event per year	1 event held	100%	<p>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).</p> <p>In June 2019, region lead organizations coordinated a joint regional meeting. Topics included elder abuse support programs; Veteran Affairs Supportive Housing; Medicaid Demonstration Waiver Program; and the Veterans Seniors and Human Services Levy.</p>
1.5 the rate of the population of people of African descent in King County	10 percent	100%	<p>Provide Family Caregiver Support Services (FCSP) to caregivers who are of African descent.</p> <p>Through 3rd Quarter 2019, 10 percent of caregivers who received FCSP services were black/African American or of African descent, exceeding annual goal of 1.5 times the rate of King County population</p>
800 per year	589 clients	74%	<p>Provide TCARE® assessment and care plan to family caregivers who show moderate to significant caregiver burden.</p> <p>Through 3rd Quarter 2019, 589 (unduplicated clients) received TCARE services.</p>

Area Plan on Aging for Seattle-King County 2019 Report Card

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AREA PLAN UPDATE ON AGING FOR SEATTLE-KING COUNTY 2016–2019

2019 Goal	2019 Final	%	2019 Objectives and Comments
Health Promotion, Disease, Prevention, and Delay of Medicaid-funded Long-Term Services and Supports			
6 clients per year	3 clients	50%	<p>Provide STAR-C training to caregivers to help caregivers manage behavioral symptoms of their care recipient with Alzheimer's disease or dementia.</p> <p>Through the end of 3rd Quarter, three caregivers received STAR-C training.</p>
1 community forum	1 community forum held	100%	<p>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.</p> <p>Five faith communities serving African Americans participated in Memory Sunday on June 9, distributing information about Alzheimer's prevention, treatment, research studies, and caregiving. The 2019 Legacy of Love Caregivers Forum is scheduled for November 9.</p>
Develop an action plan to increase Alzheimer's awareness in King County.	Action plan created	100%	<p>Coordinate with partners such as Public Health and Alzheimer's Association to implement the Alzheimer's state plan with a focus on communities of color.</p> <p>The Dementia Action Collaborative (DAC) works through four subcommittees and various work groups. Two ADS planners participated on a new work group -- Diversity/Disparities Project Team -- established to identify and engage leaders and organizations of diverse populations in education and support, including support for caregivers. The first meeting was held in September. The workgroup discussed strategies to address dementia disparities, such as creating a fact sheet and other dementia-related materials. The State Health Department and Public Health: Seattle-King County also participated on the planning team for Memory Sunday.</p>
1 training per year	1 trainings held	100%	<p>Conduct Chronic Disease Self-Management Education (CDSME) trainings for lay leaders in King County.</p> <p>An annual Lay Leaders In-service was held on January 29, 2019.</p>
4 network meetings	4 network meetings	100%	<p>Coordinate quarterly network meetings for organizations offering Chronic Disease Self-Management Plan (CSDMP) workshops in King County.</p> <p>Through 3rd Quarter 2019, four meetings were held (March, April, June, August).</p>
1 article per year	5 articles	100%	<p>Increase awareness of consumers and health care professionals about fall risk, prevention, and related resources.</p> <p>Through 3rd Quarter 2019, two articles were published in AgeWise King County online newsletter: 1) ADS Nurses: Serving Medically-Complex Clients Who Live in Their Own Homes; and 2) Reducing Fall Risk: You and Your Health Care Provider.</p>

Area Plan on Aging for Seattle-King County 2019 Report Card

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AREA PLAN UPDATE ON AGING FOR SEATTLE-KING COUNTY 2016–2019

2019 Goal	2019 Final	%	2019 Objectives and Comments
Health Promotion, Disease, Prevention, and Delay of Medicaid-funded Long-Term Services and Supports			
3 presentations	4 presentations	100%	<p>Increase access to evidence-based falls prevention programs and resources.</p> <p>Through 3rd Quarter 2019, four presentations were conducted at the following housing locations throughout King County, including: Loyal Heights; Tate Mason; Habitat for Humanity; and Meridian Manor.</p>
5 presentations per year	Ongoing	100%	<p>Collaborate with fire departments, Emergency Medical Services, healthcare, and housing providers to strengthen the community infrastructure and ensure coordinated support for vulnerable adults.</p> <p>Through 3rd Quarter 2019, six presentations were conducted with the following: Wallingford Senior Center;</p>
1 training per year	0 training held	100%	<p>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.</p> <p>No presentations were made, however, falls prevention information and resources were promoted to ADS case managers and staff during September 2019 in recognition of falls prevention month.</p>
Service Integration & Systems Coordination			
Participate in monthly meetings	Completed	100%	<p>Participate in the King County Accountable Communities of Health.</p> <p>ADS director, Cathy Knight, represented to the Long-Term Services and Supports sector on the HealthierHere Board and reported back key information monthly to ADS leadership and Advisory Council members. Staff also participated in sub-committees and strategy sessions.</p>
1 annual conference	0 conference	<50%	<p>Coordinate with health care providers, hospitals, and community partners on an annual event or forum.</p> <p>No conference was not held in 2019; however, ADS continues to maintain the care transition listserv. See also primary care health system work referenced below.</p>
60 clients enrolled low-acuity alarm program	55 clients enrolled low-acuity alarm program	92%	<p>Participate in multi-stakeholder collaborations that strive to improve health outcomes and reduce unnecessary EMS and Emergency Department use.</p> <p>As of 3rd Quarter 2019, Planning is underway for the launch of "Health One" a field response unit that will provide an immediate response to individuals who</p>

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2019 Goal	2019 Final	%	2019 Objectives and Comments
			have activated 9-1-1 for low acuity conditions. This collaborative effort between the Seattle Fire Department and ADS is an innovative program intended to address unmet needs of low acuity callers in the Seattle downtown core. A SUV equipped with two firefighters and one ADS case manager will respond to calls for assistance. Health One will orient itself around immediate ED diversion and real-time hand-offs to services.
100 elder abuse clients receive CMP services	60 elder abuse clients receive CMP services	60%	Increase countywide access and awareness of elder abuse, neglect, and financial exploitation. ADS staff met with the Korean Women Association's Elder Abuse Advocacy Program staff who provide culturally specific services to Korean and Vietnamese speaking clients. The trained specialists provide safety planning, legal advocacy, housing assistance, and other services.
1 multi-disciplinary team	1 multi-disciplinary team	100%	Strengthen connections with prosecutors, law enforcement, and first responders to better coordinate a response for older adult victims of abuse and neglect. ADS staff assisted the King County Prosecuting Attorney's Office with hiring a multi-disciplinary team coordinator, in February 2019. ADS continues to meet monthly with the multi-disciplinary team for case staffing assistance. With the addition of funds from the Office of Victim of Crime Advocacy (VOCA) ADS will hire a second elder abuse case manager to provide services county-wide. A Victim Services Fund is available for emergencies, goods, and services. VOCA funds also provides cognitive evaluations on a consultant basis.
4 clinics outreach visits per month	4 clinics outreach visits per month	100%	Increase awareness of Community Living Connections in the primary care health system. During 2019, an average of four primary care clinic visits and/or in-person consultation were completed each month. A new Primary Care Liaison hired in May. Following the staff transition, the primary care clinic visits resumed in July.

Native Americans

At least one meeting per year	0 meetings	<50%	Strengthen ADS ability to serve community groups that have not been served previously (i.e., urban Native Americans) During 2019, no 701 meetings were held with the Seattle Indian Health Board.
At least one in-service per year	No activity	<50%	Collaborate with social and health services organizations that serve Native American elders on yearly in-service trainings. No activity to report.
At least two meeting per year	2 meetings	50%	Continue 7.01 Implementation Plan collaboration with federally recognized tribes in King County.

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2019 Goal	2019 Final	%	2019 Objectives and Comments
Medicaid Transformation Project Demonstration			
361 enrolled family caregivers	346 enrollees	100%	Implement the Medicaid Transformation Demonstration by engaging new family caregivers and other individuals who are potentially eligible for the new programs and services. Through 3 rd Quarter 2019, 548 have been enrolled in MAC/TSOA services.
Age-Friendly Communities			
Update Quiet Crisis Report	Report completed	100%	Update existing housing data and reports to advocate for expansion of affordable, accessible housing including development of alternative housing for aging in place. The update, "Moving Toward Age-Friendly Housing in King County," was completed in January 2018. ADS and community partners are working to implement strategies in collaboration with the Age Friendly Coalition Housing Workgroup.
4+ events per year	4 events	100%	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. Through 3 rd Quarter 2019 activities included: 1) Two articles appeared in <i>AgeWise, Everyone Deserves a Home That Meets Their Needs</i> ; and <i>Doorway to Inclusion and Independence Demonstrates Design for Aging in Place</i> ; 2) Two networking Happy Hours were held April 25 th and June 26 th ; 3) On May 30 th , a forum was held on "How to Plan an Accessible Event" (referenced below); and 4) The NWUDC coordinated a Universal Design installation at the Seattle Design Festival Block Party (8/24-8/25) at Lake Union Park. About 1,000 residents participated.
12+ posts per year	100+ posts	100%	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. Through 3 rd Quarter 2019, there were multiple social media posts every month promote affordability programs. Platforms include Facebook, Twitter, Pinterest, and LinkedIn.

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2019 Goal	2019 Final	%	2019 Objectives and Comments
Ongoing	Ongoing	100%	<p>Advocate/work to increase funding for older adult transportation programs such as the Hyde Shuttle.</p> <p>During 2019, additional funding was secured from the Sweetened Beverage Tax (SBT) to support the transportation Request for Proposal process. ADS also partnered with Hopelink and the King County Mobility Coalition to secure grant funding for the Care Mobility Rewards Program pilot designed to help patients access their post-discharge health care appointments and avoid readmission.</p>
Ongoing advocacy	Ongoing advocacy	100%	<p>Promote community design that supports mobility, such as public transportation, walking, and bicycling.</p> <p>A public Forum on Wayfinding was postponed until the 1st Quarter 2020. However, this goal was achieved through the Age Friendly Transportation and Public Spaces Workgroup project.</p>
Ongoing	Ongoing advocacy	100%	<p>Participate in public education and marketing campaigns to promote individual savings for later life.</p> <p>During 2019, multiple social media posts promoted United Way & AARP free tax prep services. ADS also held a MySavingsJar™ Workshop supported by AARP Foundation, the Northwest Access Fund, and Bank On Seattle.</p>
2 employment fairs; 200 older employees	No activity	<50%	<p>Encourage hiring and retention of older workers, allowing them to work and save longer, by promoting age 55+ employment programs and training opportunities.</p> <p>No activity to report for 2019.</p>
Ongoing advocacy	Ongoing advocacy	100%	<p>Advocate for increased funding for senior centers and related services to reduce social isolation.</p> <p>During 2019, ADS staff assisted King County with the Request for Funding process for senior hubs. ADS also supported the Mutual Offsetting Benefits process which will allow senior centers to apply for additional grant funds.</p>
50+ posts per year	500+ posts per year	100%	<p>Utilize current technology to enhance access to aging information, programs, and services as well as social and civic engagement for older adults.</p> <p>Through 3rd Quarter 2019, there were multiple social media posts every month promote affordability programs. Platforms include Facebook, Twitter, Pinterest, and LinkedIn.</p>
1 city or community added to the network of age-friendly cities	Ongoing advocacy	100%	<p>Provide leadership for age-friendly communities throughout King County.</p> <p>ADS staff participated in AARP's focused outreach event – "AARP Won't You Be My Neighbor"; collaborated with Bank On, Northwest Access Fund, and AARP Foundation's financial literacy program (MySavingsJar) to broaden financial literacy in King County; and participated in a strategy interjurisdictional meetings with the Housing Development Consortium and the King County Mobility Coalition.</p>
	Ongoing	100%	Implement the Age Friendly Action plan.

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AREA PLAN UPDATE ON AGING FOR SEATTLE-KING COUNTY 2016–2019

2019 Goal	2019 Final	%	2019 Objectives and Comments
Regular reports on progress			Through 3 rd Quarter 2019, ADS staff identified 13 action items for focused work; Collaborated on trainings, seating, Gehl Public Life, Wayfinding and financial literacy; Incorporated Age Friendly NY and Brantford ideas for GIS and programming; Incorporated LGBTQ health planning; Continued collaboration on Wayfinding, and financial literacy; Collaborated on new projects on Transportation Equity, LGBTQ people of color needs; and Assisted in the implementation of the Mayor's Council on African American Elders low-income housing recommendations.
2 publications and 2 trainings for staff and partners.	2 publications 5 trainings	100%	<p>Develop materials and training to support best practices for communication, events, and meetings.</p> <p>In 2019, the ADS communications manager completed the following: 1) Updated the Age Friendly Seattle Community Guide to Accessible Events & Meetings; 2) Presented "Old-fashioned, Newfangled Ways to Engage Community" portion of the "Going Age-Friendly: Creative Community Engagement Techniques" symposium at the March 2019 ASA Aging in America conference (~75 in attendance); 3) Coordinated the NWUDC forum "How to Plan an Accessible Event" held May 30 at Seattle City Hall (252 in attendance); 4) Presented "How to Plan and Advocate for Accessible Events" at the national Hearing Loss Association of America conference in June (~40 in attendance); 5) Wrote accessible communications tips for HSD branding guide; 6) Assisted with coordinating a public forum: How to Plan an Accessible Event; and 7) Wrote the following AgeWise articles: Committed to Accessibility, and Increase Access and Independence for People with Hearing Loss.</p>

Appendix G: Statement of Assurances & Verification of Intent

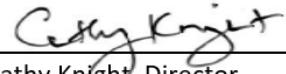
For the period of January 1, 2020 through December 31, 2023, Aging and Disability Services (ADS) accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) (P.L. 114-144, 42 USC 3001-3058ff) and related state law and policy. Through the Area Plan, ADS 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. ADS 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 ADS 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, paying 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:
 - 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;
 - 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
 - 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.

October 4, 2019

Date



Cathy Knight, Director
Aging and Disability Services

October 4, 2019

Date



Ava Frisinger, Chair
Advisory Council Chair

October 4, 2019

Date



Jason Johnson, Interim Director
Seattle Human Services Department
Legal Contractor Authority

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