

Area Plan Update 2022–2023 for Seattle and King County, Washington

Review Draft 7/16/2021



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Letter from the Area Agency on Aging Partners



Helen Howell



Leo Flor



Dennis Worsham

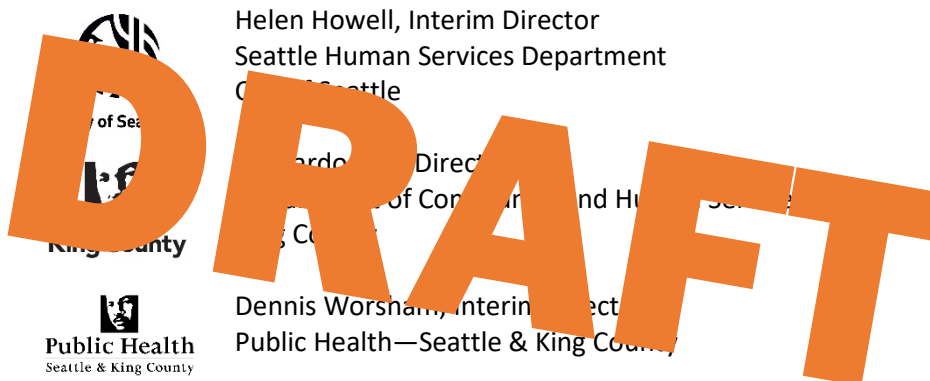
We are pleased to present this update to the 2020–2023 Area Plan Update for Seattle-King County, our Area Agency on Aging’s roadmap for a responsive system of aging and disability services that promote quality of life, interdependence, and choice for older people, adults with disabilities, and caregivers in King County.

The Aging and Disability Services (ADS) division of the Seattle Human Services Department is designated by the State of Washington as the Area Agency on Aging for King County. ADS is 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 serve as the policy-setting board for Area Agency on Aging. Per our 2021 interlocal agreement, we collaborate on strategic planning; review the four-year Area Plan, semi-annual updates, the ADS budget, and ADS’ discretionary funding allocation process; and appoint members to the ADS Advisory Council.

Our agencies’ public health and human services missions are complementary. We collaborate on pandemic response; coordinate King County Veterans, Seniors and Human Services Levy and Aging Network investments; team up to prevent elder abuse and falls; support at-risk elders; and connect people with resources and solutions in times of need so they can age in place in healthy, connected communities with optimum health.

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.



Acknowledgements

Seattle-King County Advisory Council on Aging & Disability Services

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Key Partners

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King County Department of Community and Human Services	Washington State Health Care Authority
Public Health—Seattle & King County	

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 2022–2023 Area Plan Update included a review of existing data and reports, which included information about the impact of the COVID-19 pandemic on vulnerable populations. In addition, King County nutrition providers responded to survey that had a question about post-pandemic concerns. Due to the pandemic, no in-person events were held; however, virtual input sessions were conducted with the following groups and organizations:

- ADS Advisory Council Retreat (January 2021)
- Mayor's Council on African American Elders (February 2021)
- King County Nutrition Provider Survey (March 2021)
- ADS Advisory Council Planning & Allocations Committee (May & June 2021)
- African American Elders Program (June 2021)
- King County Department of Community and Human Services (June 2021)
- Public Health—Seattle & King County (June 2021)

The information collected from these engagement activities identified issues faced by older adults and people with disabilities in King County and have been incorporated into the Area Plan Update. The public review and comment period concluded with input from our King County partners and one public hearing held on August 2, 2021. 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.

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

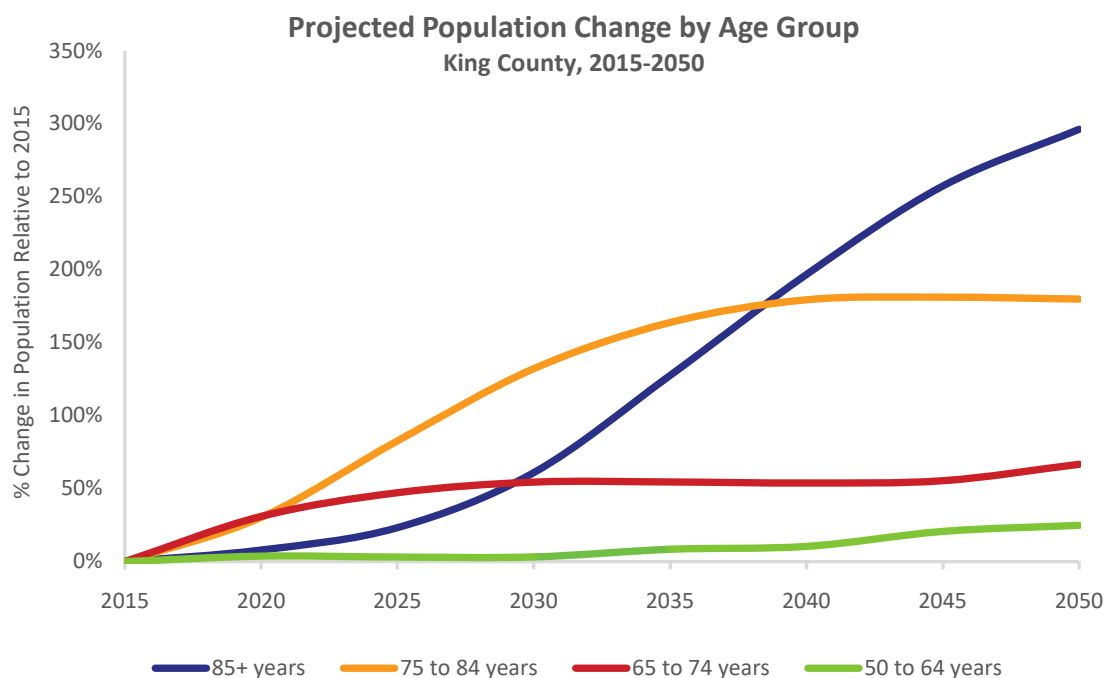
series of bold lines across the chart. These lines show the range of values, including the true average for the population 95 percent of the time. A large—or “wide”— confidence interval usually means the estimate is less precise for that population. Data sources that rely on surveys can have small sample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

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.

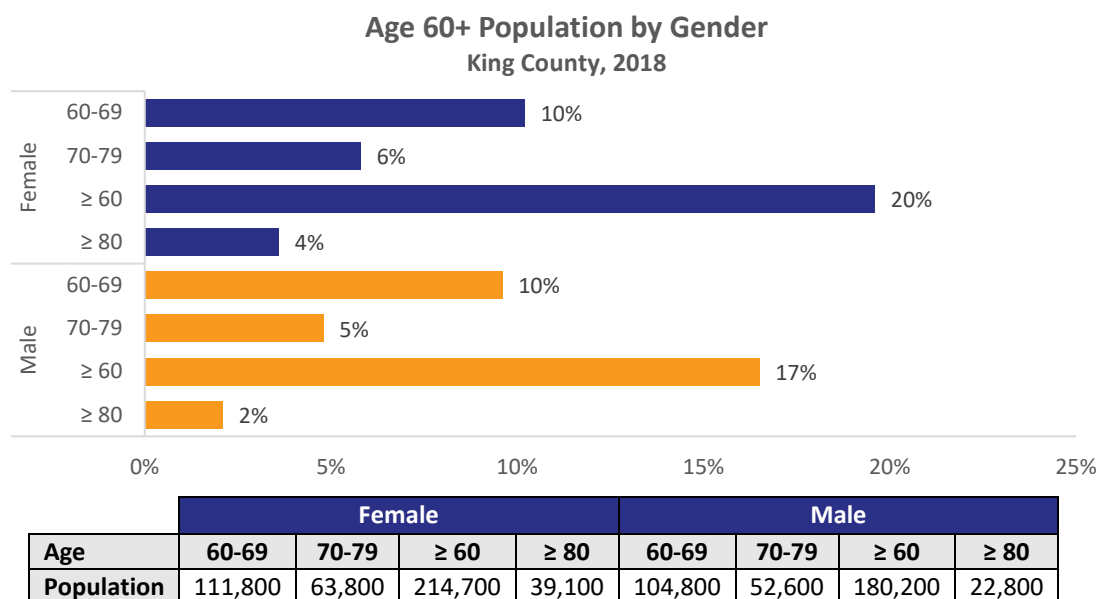
² King County, Public Health-Seattle & King County, *King County Community Health Needs Assessment*, 2018/2019, p. 15, accessed at www.kingcounty.gov/depts/health/data/community-health-indicators/~media/depts/health/data/documents/2018-2019-Joint-CHNA-Report.ashx.

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.



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

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.

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

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

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/>.

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.

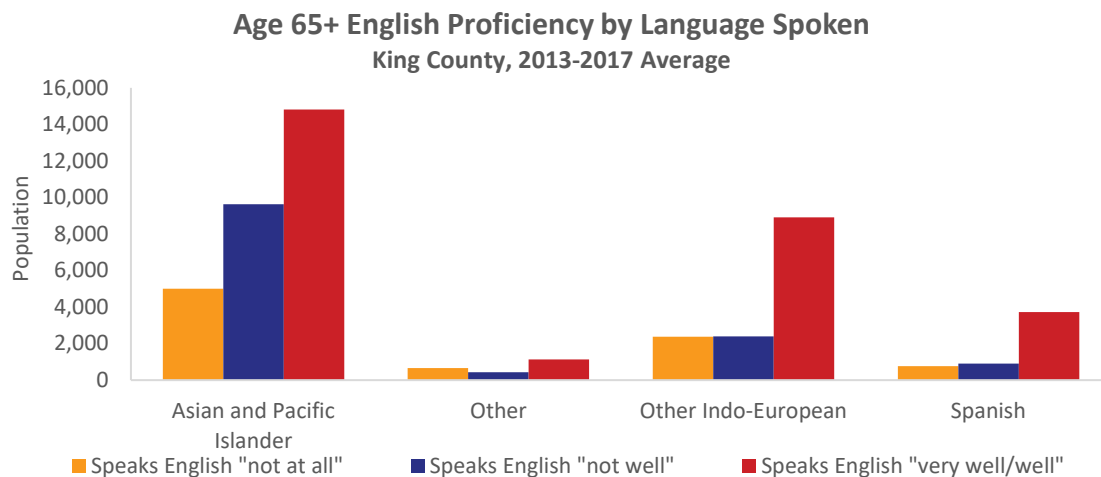
Languages Spoken at Home by Ages 5+ and 60+ King County, 2013-2017 Average				
Total Population 5+			Total Population 60+	
Rank*	Language	Population Estimate	Language	Population Estimate
1	English	73%	English	81%
2	Spanish	7%	Chinese (incl. Mandarin, Cantonese) †	4%
3	Chinese (incl. Mandarin, Cantonese) †	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 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.

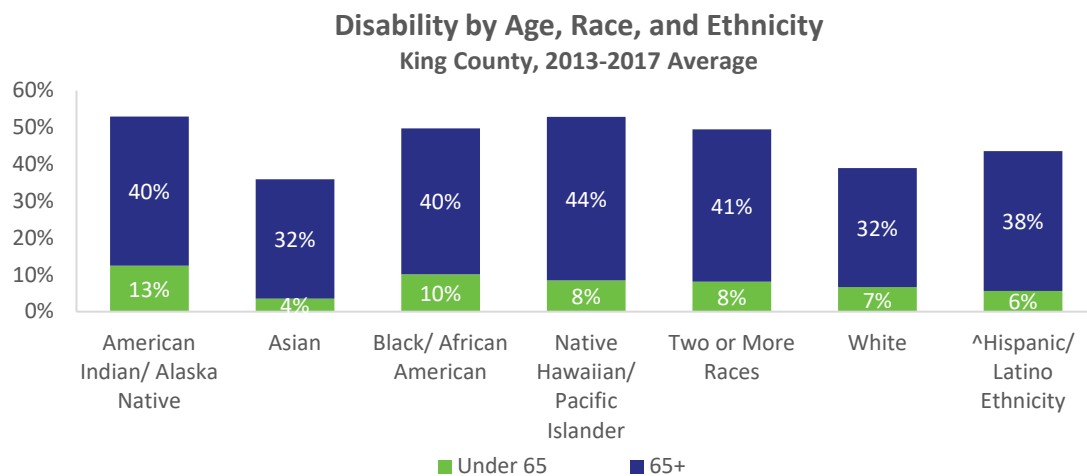
While most adults aged 65 and older do not have difficulty speaking English, a sizeable number of older adults speaking Asian and Pacific Islander languages speak English “not well” or “not at all.” Because of this, it’s important to provide translated health and educational materials and access to human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



^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 underscores 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.

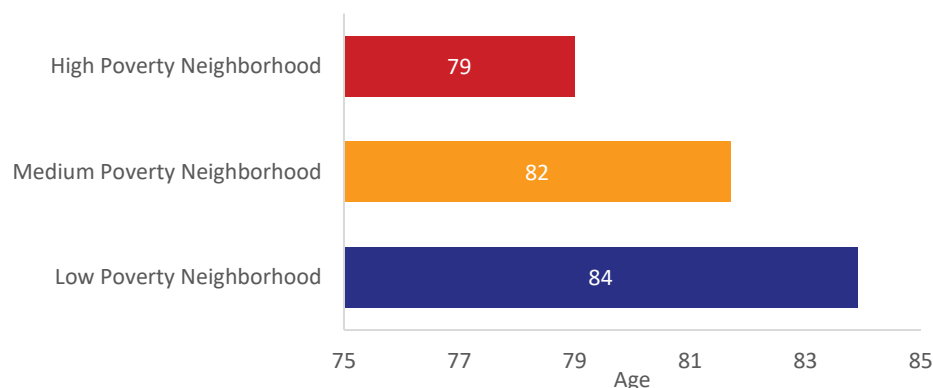
Lesbian, gay, bisexual, and transgender (LGBT) elders have historically been undercounted, understudied, and underserved. An estimated four percent of King County residents aged 60 and older identify as non-heterosexual—but because LGBT older adults remain a hard-to-reach population, the actual percentage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

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

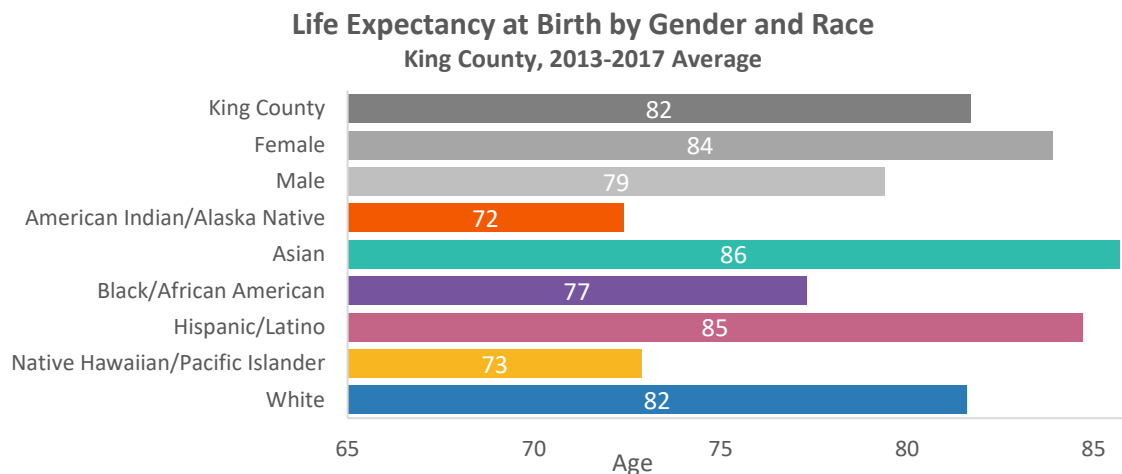
¹⁵ K. I. Fredriksen-Goldsen & H.-J. Kim, “The Science of Conducting Research with LGBT Older Adults- An Introduction to Aging with Pride: National Health, Aging, and Sexuality/Gender Study (NHAS)” *Gerontologist* 57, S1–S14. doi: 10.1093/geront/gnw212

¹⁶ Ibid.

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



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

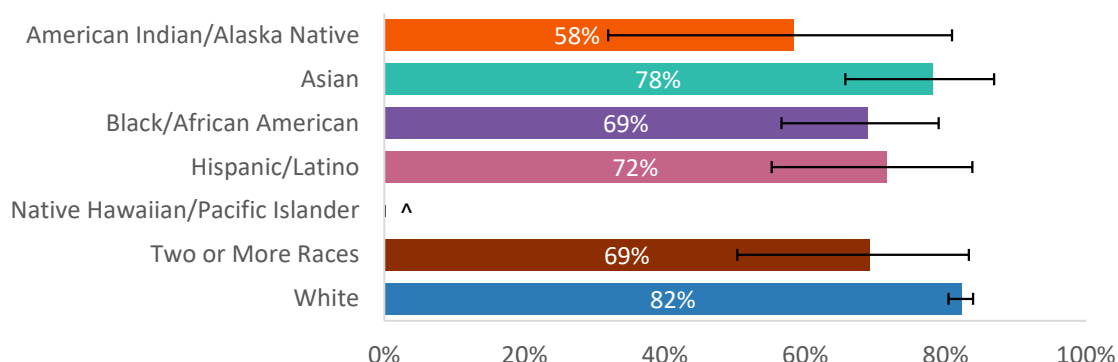
¹⁷ King County, Public Health-Seattle & King County, King County Community Health Needs Assessment, p. 35.

¹⁸ Ibid.

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.

Age 65+ Reporting Good to Excellent Health by Race King County, 2015-2017 Average

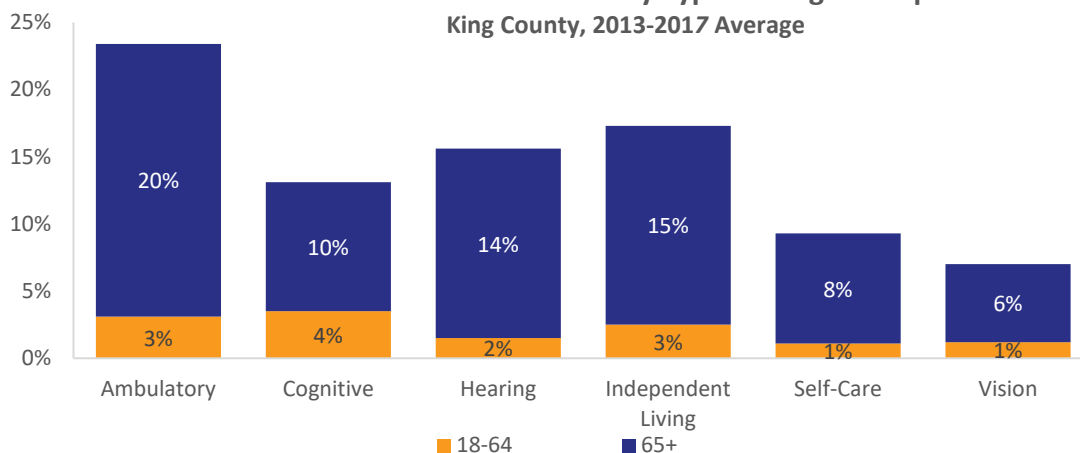


^ = Data suppressed if too few cases to protect confidentiality and/or report reliable rates

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

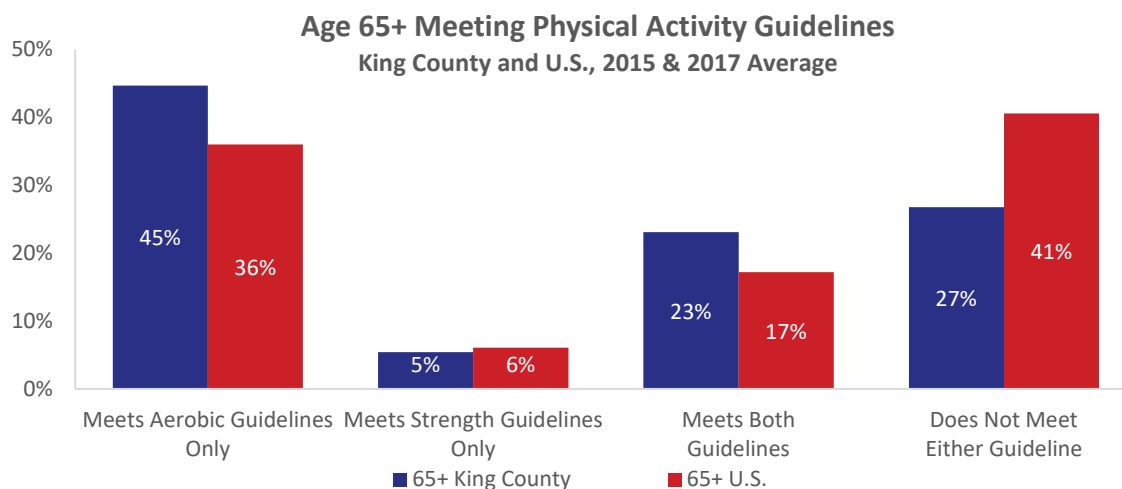
For populations age 65 and older, people of color report being in poorer health than whites. The wide confidence intervals reflect the small sample sizes within the data source and the higher margin for sampling error.

Functional Limitations by Type and Age Group King County, 2013-2017 Average



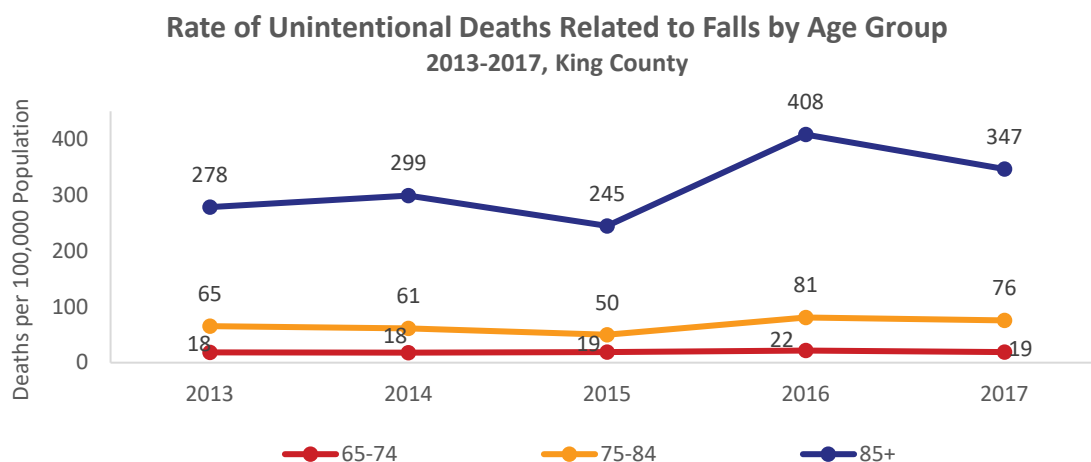
Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2013–2017.

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



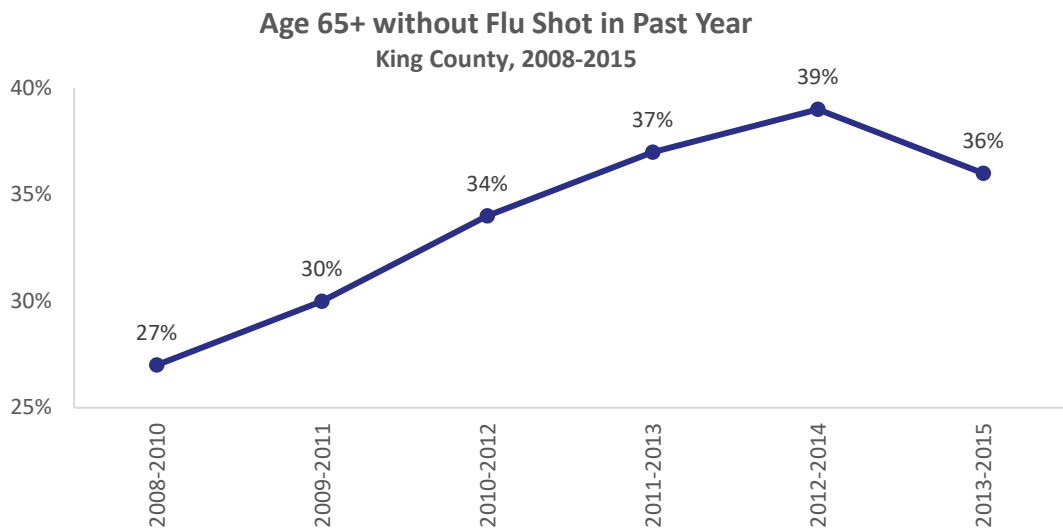
Source: WA State Department of Health, Center for Health Statistics, Death Certificate Data, 2013–2017.

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

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

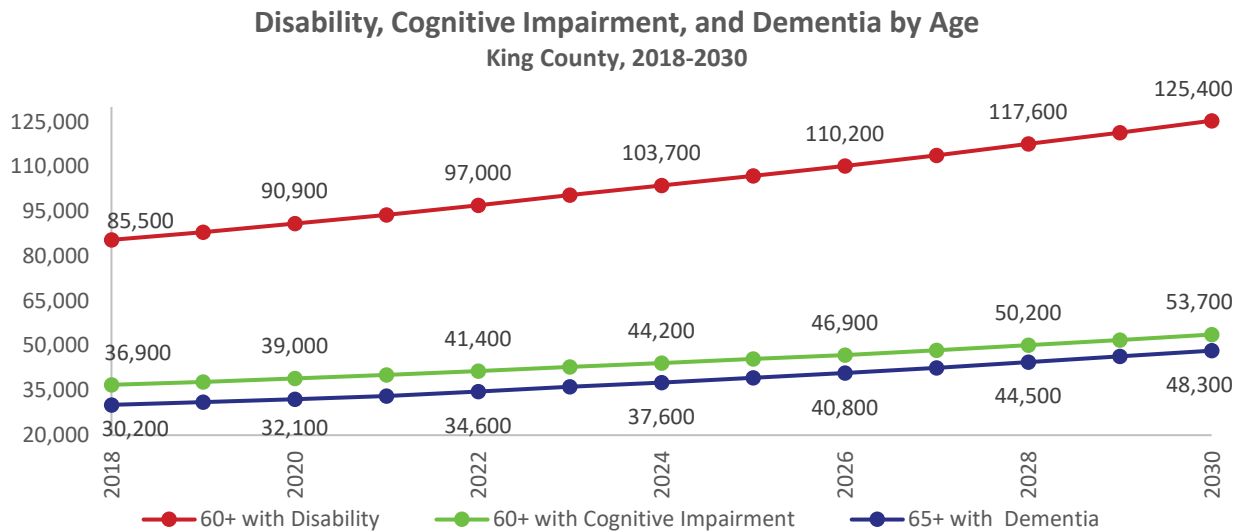
²² Center for Disease Control and Prevention, "Important Facts About Falls," date last modified February 10, 2017, <https://www.cdc.gov/homeandrecreationalafety/falls/adultfalls.html>.

²³ Ibid.



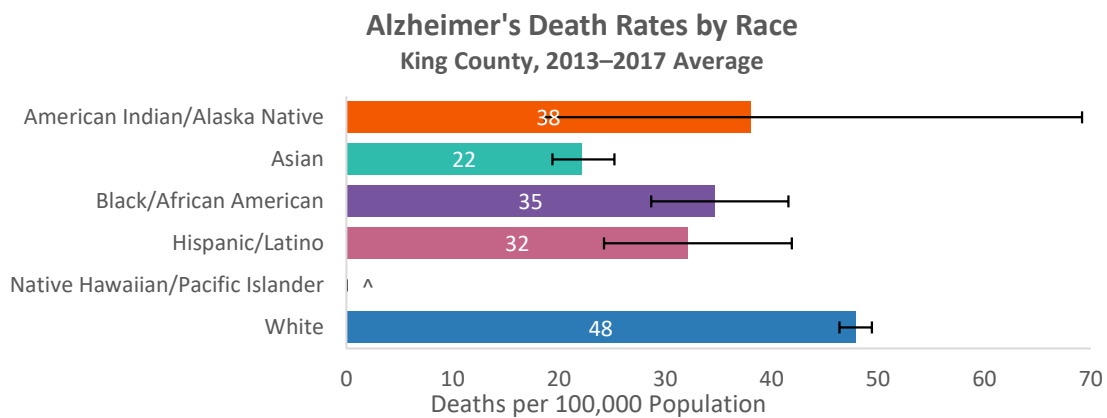
Source: WA State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, 2008–2015.

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.



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.

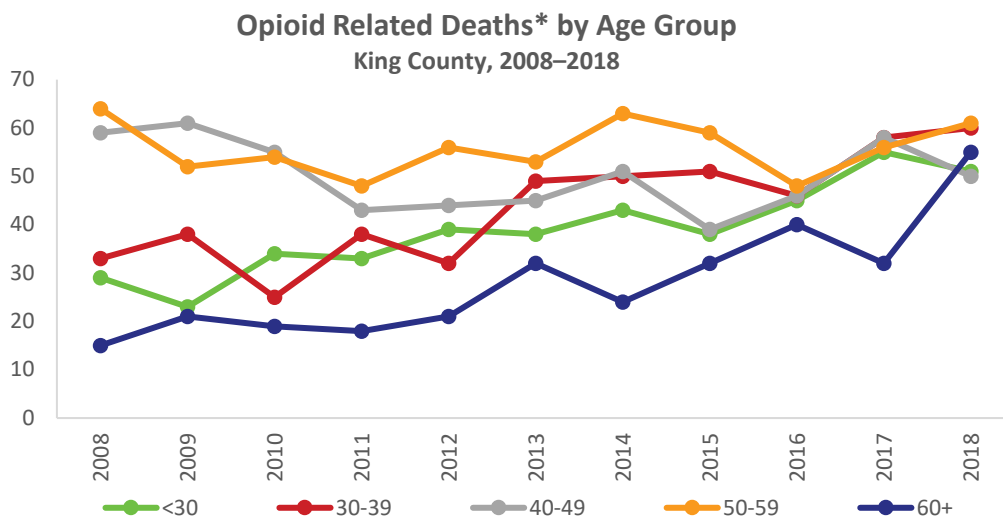
In King County, the number of older adults with disabilities, cognitive impairments, and dementia is projected to increase steadily as the older adult population grows in general. Estimates indicate that by 2030 older adults with disabilities and cognitive impairments will increase over 46 percent and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



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

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



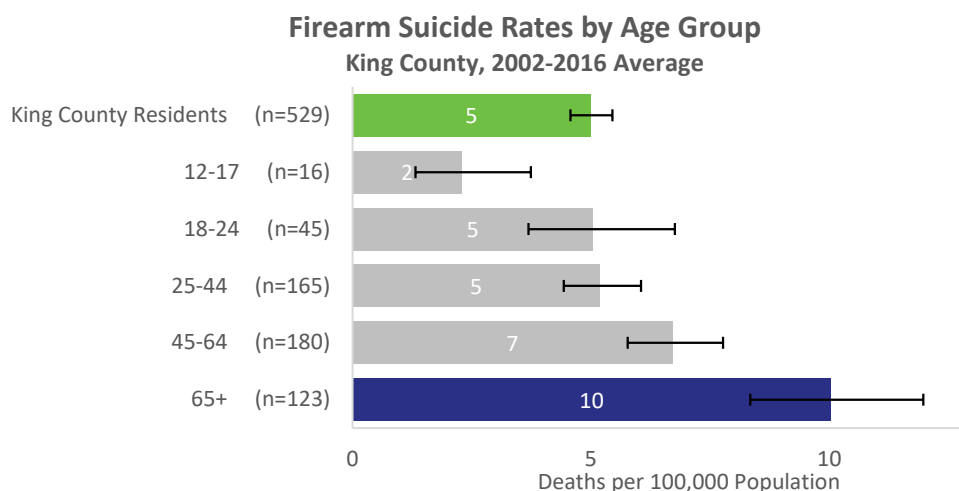
* Includes confirmed drug overdose deaths in which the toxicology report showed the presence of opioids—fentanyl, heroin, and/or RX opioids—alone or in combination with other drugs at the time of death.

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

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>

²⁵ Administration for Community Living, *The Opioid Public Health Emergency and Older Adults*, (December 2017),



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

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%

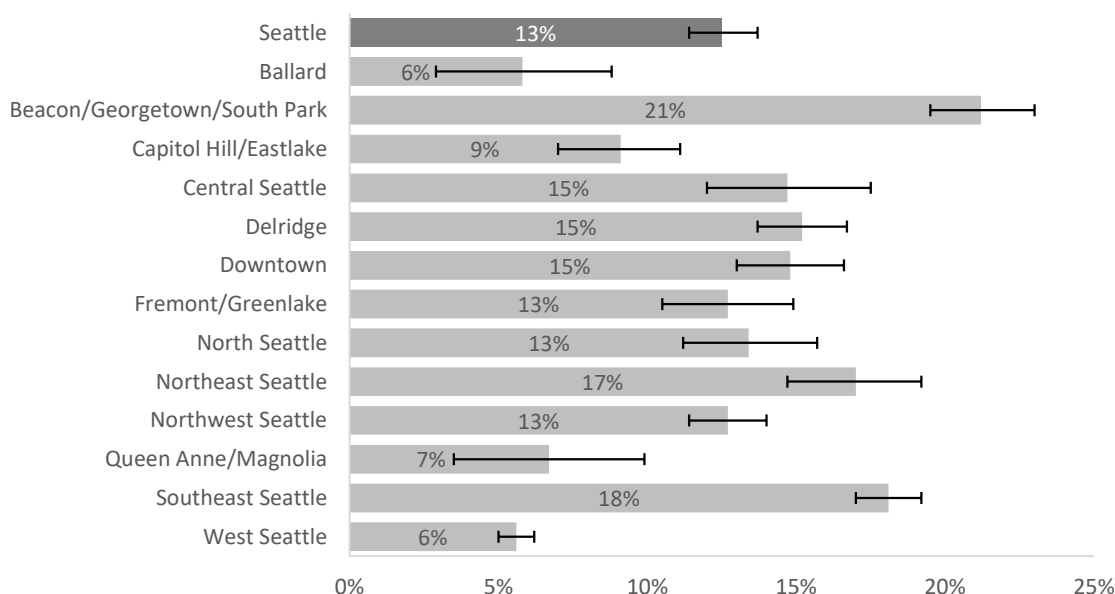
Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2013–2017.

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.

<https://www.acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/OD%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.

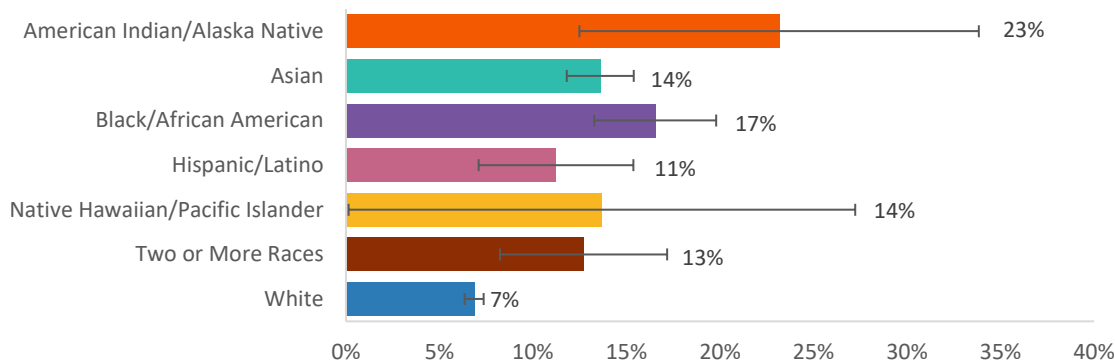
Overall Poverty Levels by Neighborhood Seattle, 2013-2017 Average



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.

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



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

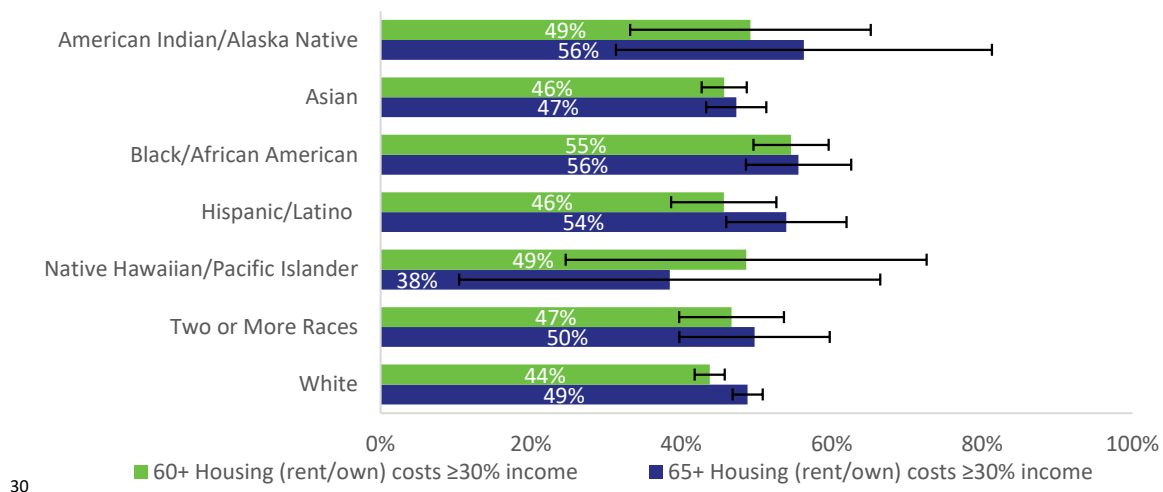
More than 24,600 (nine percent) of older adults in King County live in poverty²⁸, including a disproportionate number are people of color—a result of oppression, historical disadvantages, and discriminatory practices that have been institutionalized.²⁹

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

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).

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



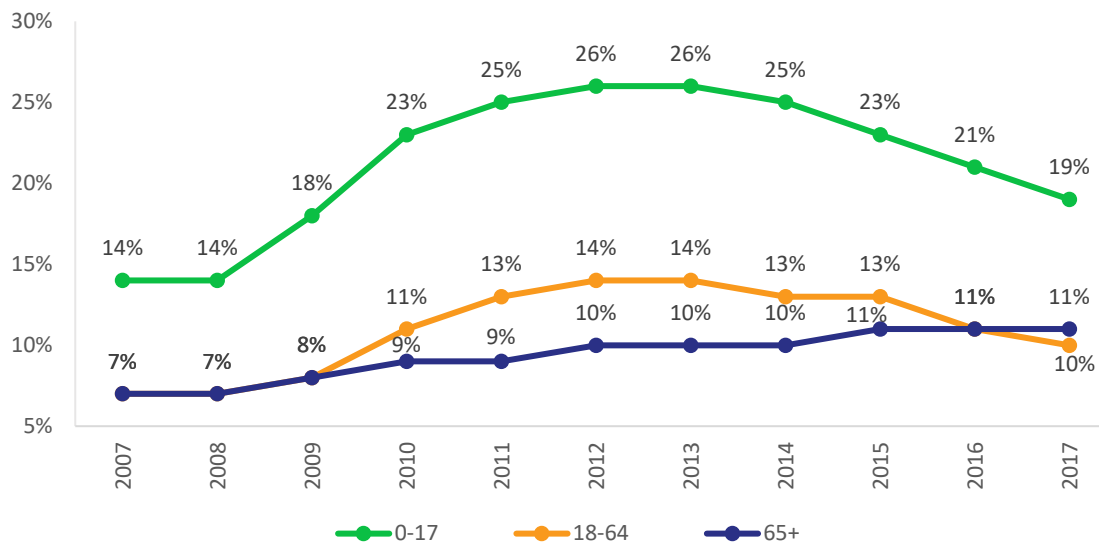
Source: U.S. Census Bureau American Community Survey, Public Use Microdata Sample, 2013–2017.

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.

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

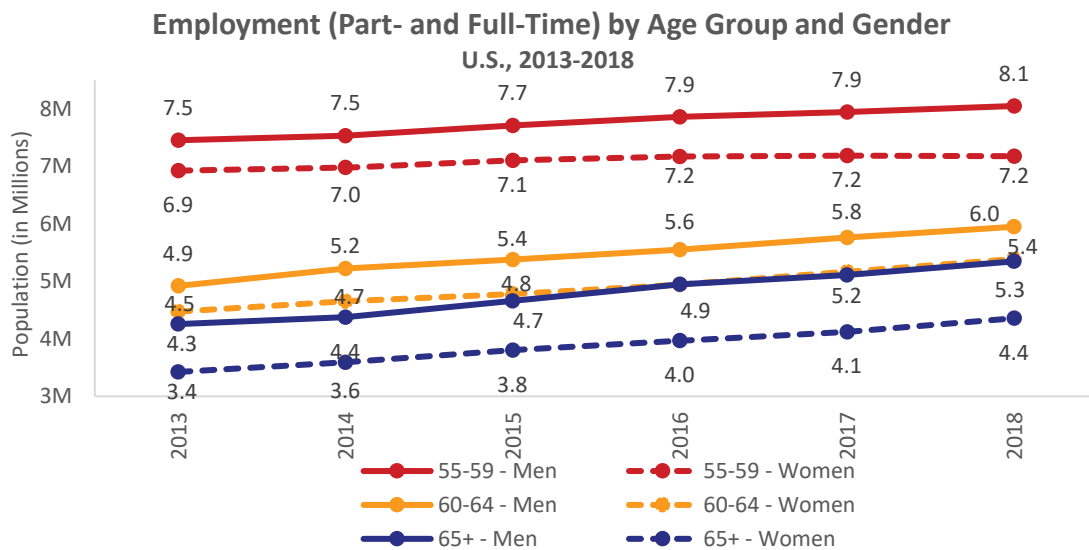


Source: WA State Department of Social and Health Services, Research and Data Analysis, Client Services Database.

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 aged 65 and older has gradually increased.

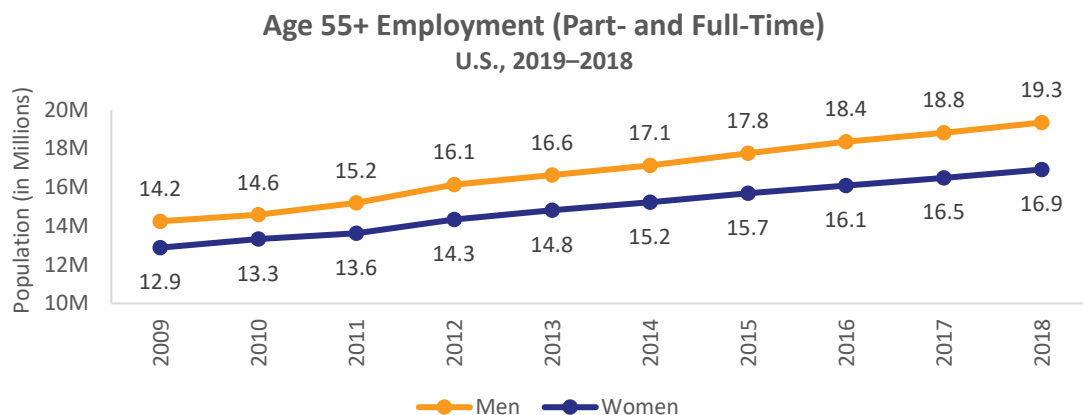
A similar pattern was observed for visits to King County food banks. After the economic impact of the recession faded, the number of children and adults aged 18–54 using food banks declined. In contrast, the number of older adult clients continued to increase through 2018.³²

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



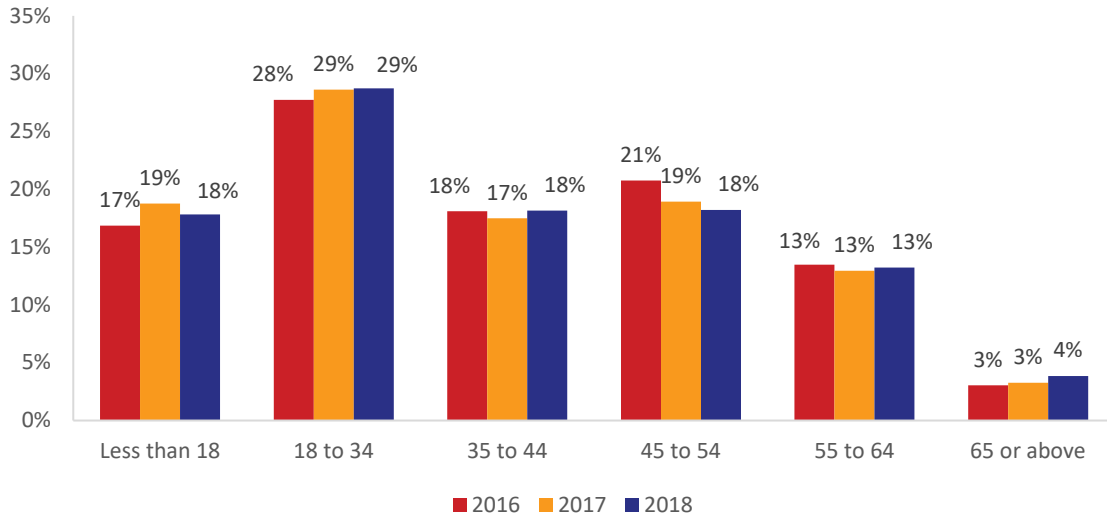
Source: Bureau of Labor Statistics, Labor Force Statistics from the Current Population Survey, 2009–2018.

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 King County, 2016-2018				
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 aged 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.

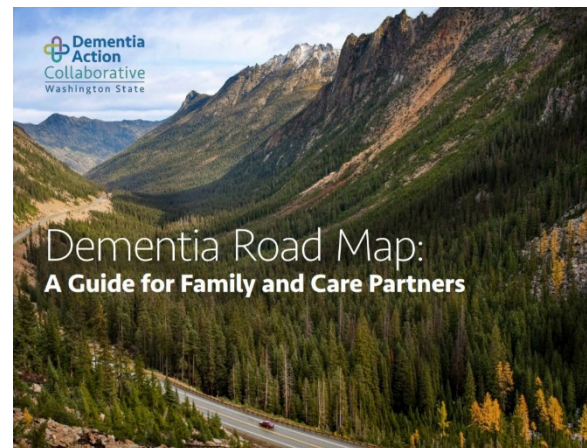
Interventions generally occur within the client's natural environment. The chemical dependency professional evaluates clients, provides ongoing counseling, refers clients to appropriate community resources, treatment, and medical care, and in every case develops an individually tailored plan for each 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](#).



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

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.

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 aged 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 (AL TSA) determines eligibility for HCBS services through a standardized assessment tool. Eligibility is based on an individual’s functional unmet needs and a Medicaid financial determination. 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 through 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 (ICHHS). 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 assisted 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



Lunch & Learn: Coordinated Response to Abuse, Neglect & Exploitation

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 aged 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 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 aged 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](#) 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.

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	

Section C – Issue Areas



ADS Goals and the Continuum of Service

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, Public Health, and DCHS support strategies that help King County residents age healthfully, stay active and independent, and avoid the need for Aging Network services or costly medical interventions. For example, AAA partners emphasize physical activity and good nutrition, avoiding tobacco use, recognizing and treating depression, routine health care visits, managing chronic conditions, preventing falls, and taking medications properly, among many other strategies for healthy aging.

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

Other factors influence our health as well. Social determinants of health, like economic stability, education access and quality, neighborhoods, housing, transportation, and the built environment are important contributors to every person's health as they age.³⁷

Not everyone has the same access to resources. Due to institutional racism, King County residents of color are more likely to experience inequitable access, poor health outcomes, and shorter lifespans compared to white residents. The AAA partners are working to develop stronger and better resourced partnerships with community organizations and leaders to disrupt and dismantle racism and protect the health and well-being of BIPOC residents. Partners are using quantitative data, including data about racial inequities, along with voices and knowledge of community leaders and residents, to focus and improve support for healthy aging.

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 network of ferries, highways, railways, and roads that connect us—contributes to obesity³⁸ and general health status.³⁹

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 ambulatory⁴⁰—the design of the transportation, housing, buildings, and outdoor spaces 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

³⁷ Social Determinants of Health, Healthy People 2030, accessed 7/15/21 at <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>.

³⁸ 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.

³⁹ 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/doi/10.1377/hpb20180817.901935/full/.

⁴⁰ 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.

public transit, or bicycling.^{41,42,43} Forty-eight percent of children walked to school in the 1969 but only 13 percent did so in 2009.⁴⁴ The majority of working people drive alone to work.⁴⁵

Through outreach to community members, ADS learned that poor design of transportation amenities, housing, buildings, and outdoor spaces 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.⁴⁶ A researcher named Julianne Holt-Lunstad compared mortality rates across both social connection and health indicators and found that loneliness was more damaging to our health than smoking 15 cigarettes every day.⁴⁷

People who feel lonely are at increased risk of dementia, diabetes, cardiovascular disease, disability, and early death.⁴⁸ 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.⁴⁹

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

⁴¹ 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.

⁴² 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/.

⁴³ 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.

⁴⁴ The Decline of Walking and Bicycling, Safe Routes to School Guide, accessed 9/10/19 at <https://bit.ly/Ojliqa>.

⁴⁵ The Great Divide in How Americans Commute to Work, City Lab, accessed 9/10/19 at <https://bit.ly/2FT261h>.

⁴⁶ 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>.

⁴⁷ “[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.

⁴⁸ 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/.

⁴⁹ 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>.

now calls social isolation “a silent killer” (as hypertension is also described) and a significant public health issue.⁵⁰

Local data indicates that a sizeable percentage of older people live alone⁵¹, and regardless of living situation, many have only limited contact with other people (29.4 percent of respondents aged 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.⁵²



AARP has recommended use of the Welcome to Medicare⁵³ preventive visit and Annual Wellness Visits⁵⁴ 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.

King County Veterans, Seniors and Human Services Levy⁵⁵ investments have helped to counter geographic and cultural isolation among older residents and social isolation among veterans, service members, and families, and helped bridge the civilian-military divide, while supporting both physical and emotional health and wellbeing. Examples include Senior Hubs and Virtual Villages⁵⁶, Vets Engaged⁵⁷, and PEARLS counseling (see section [B-2: Behavioral Health](#), above).

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

⁵⁰ Medicare Spends More on Socially Isolated Older Adults, AARP Public Policy Institute, accessed 5/16/19 at <https://bit.ly/2Bh3Tro>.

⁵¹ “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)

⁵² “[Livability for All in the City of Seattle, WA: An Age-Friendly Community Survey of Residents Age 45-Plus](#),” AARP Livable Communities, August 2017

⁵³ Your “Welcome to Medicare” preventive visit, Medicare.gov, accessed 5/16/19 at <https://bit.ly/2VtyknV>.

⁵⁴ Yearly “Wellness” visits, Medicare.gov, accessed 5/16/19 at <https://bit.ly/2JKULCI>.

⁵⁵ Veterans, Seniors and Human Services Levy, accessed 6/28/2021 at <https://kingcounty.gov/depts/community-human-services/initiatives/levy.aspx>.

⁵⁶ Senior Hubs, accessed 6/28/2021 at <https://kingcounty.gov/depts/community-human-services/adult-services/older-adults-caregivers/senior-hubs.aspx>.

⁵⁷ “Vets Engaged: reducing social isolation among veterans in King County” (King County Cultivating Connections, 3/11/2021), accessed 6/28/2021 at <https://dchsblog.com/2021/03/11/vets-engaged-reducing-social-isolation-among-veterans-in-king-county/>.

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.⁵⁸

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 regarding accessible communications. This appears to be true across the nation.⁵⁹

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*⁶⁰ provides comprehensive guidance to event coordinators who want to welcome and include individuals with disabilities. ADS also advocates for age-friendly print and digital communications, including type size, font selection, plain language, and *Person First* language.⁶¹ Strategies to expand awareness and knowledge on a large scale are needed.



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

⁵⁸ 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

⁵⁹ 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/

⁶⁰ 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.

⁶¹ 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

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 2014⁶², 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.⁶³

Particularly in the South region of King County, on average, residents experience worse health outcomes than residents in other regions.⁶⁴ 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).⁶⁵

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 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.

⁶² Fact Sheet: Aging in the United States, Population Reference Bureau, accessed 9/10/19 at www.prb.org/aging-unitedstates-fact-sheet/.

⁶³ 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/.

⁶⁴ King County Community Health Needs Assessment 2018/2019, King County Hospitals for a Healthier Community, accessed 9/10/19 at <https://bit.ly/2GNTQyn>

⁶⁵ 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>

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.⁶⁶

Behavioral Health

Depression and dementia are both risk factors for suicide,⁶⁷ which is a major public health concern related. Firearms are used in nearly 50 percent of suicides,⁶⁸ making gun safety and safe storage a critical issue of interest for AAA partners (see data related to suicides in [B-1: Population Profiles and Trends](#)). Public Health's [Lock It Up](#) program promotes and increases safe firearm storage through education and lock boxes. ADS provides funding for [Crisis Connections](#)' King County 211 and a 24-Hour Crisis Line, offers PEARLS counseling, and partners on behavioral health programs named throughout [B-2: AAA Services & Partnerships](#), above.

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.⁶⁹

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 31,000.⁷⁰ Alzheimer's is the sixth leading cause of death in the country⁷¹, the third leading cause of death in Washington state⁷², and the third leading cause of death in King County.⁷³ The number is likely

⁶⁶ 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.

⁶⁷ https://stacks.cdc.gov/view/cdc/83835/cdc_83835_DS1.pdf

⁶⁸ WA State Department of Health, Center for Health Statistics Death Certificate data, June 2017

⁶⁹ Causes of dementia, Dementia.com, accessed 8/14/19 at www.dementia.com/causes.html.

⁷⁰ 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

⁷¹ Deaths from Alzheimer's Disease, Centers for Disease Control and Prevention, accessed 8/14/19 at www.cdc.gov/features/alzheimers-disease-deaths/.

⁷² Alzheimer's Statistics—Washington, Alzheimer's Association, accessed 8/14/19 at www.alz.org/media/Documents/washington-alzheimers-facts-figures-2018.pdf.

⁷³ Leading causes of death, King County (2011–2015), Public Health—Seattle & King County, accessed 8/14/19 at <https://bit.ly/2Mj0OAL>.

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.⁷⁴

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.⁷⁵ 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 women⁷⁶, African Americans⁷⁷, and Latinx Americans⁷⁸, and American Indians.⁷⁹ Researchers acknowledge that data on Asian American and Pacific Islander subpopulations is lacking.⁸⁰

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.⁸¹ Moreover, self-reported cognitive difficulties were elevated in LGBTQ older adults who identified as racial-ethnic and gender minorities.⁸²

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.⁸³

Washington is home to more than 800,000 caregivers.⁸⁴ In 2017, more than 340,000 caregivers were caring for someone with dementia.⁸⁵ For some caregivers, the demands of caregiving and stress increase susceptibility to disease and health complications.⁸⁶ A recent analysis found that 29 percent of

⁷⁴ 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.

⁷⁵ Ibid.

⁷⁶ Ibid.

⁷⁷ Leading causes of death, King County (2011–2015), Public Health—Seattle & King County, accessed 8/14/19 at <https://bit.ly/2Mj0OAL>.

⁷⁸ 2019 Alzheimer’s Disease Facts and Figures, Alzheimer’s Association, accessed 8/14/19 at www.alz.org/media/dsw/facts2019_report.pdf.

⁷⁹ 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.

⁸⁰ Ibid.

⁸¹ 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-Goldsen, et al., *J Appl Gerontol.* 2018 May; 37(5): 545–569, accessed 8/14/19 at www.ncbi.nlm.nih.gov/pmc/articles/PMC5383534/.

⁸² Ibid.

⁸³ Alzheimer’s Disease Caregivers Factsheet, Alzheimer’s Association, March 2019, accessed 8/14/19 at <https://bit.ly/2Ha9pSa>.

⁸⁴ 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.

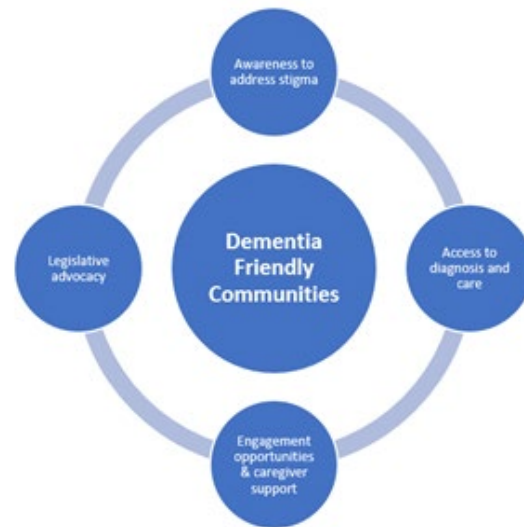
⁸⁵ Alzheimer’s Statistics—Washington, Alzheimer’s Association, accessed 8/14/19 at www.alz.org/media/Documents/washington-alzheimers-facts-figures-2018.pdf.

⁸⁶ 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/.

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.⁸⁷

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.⁸⁸ Their goal is to create “communities that support individuals living with dementia and brings meaning, purpose, and value to their lives.”



Dementia-Friendly Community Components

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. 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

⁸⁷ 2019 Alzheimer's disease facts and figures, Alzheimer's Association, Science Direct, accessed 8/14/19 at www.sciencedirect.com/science/article/pii/S1552526019300317.

⁸⁸ Dementia Friendly America, accessed 9/10/19 at www.dfamerica.org.

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.



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>).

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 aged 65 and older was 3.5 times the county average and for adults aged 65 and older, the rate of hospitalization for unintentional injury was 4.1 times the county average.⁸⁹
- In Washington state, falls were the leading cause of fatal and non-fatal injuries for adults ages 65 and older from 1999 to 2016.⁹⁰ In 2015, three-quarters of all injury-related deaths in adults ages 85 and States 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

⁸⁹ 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.

⁹⁰ 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)

population has nearly doubled in the last 18 years and is now 15 percent of the state's population.⁹¹

- Nationwide, the number of deadly falls among older people is rising.⁹² 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.⁹³
- 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 \$30,000.⁹⁴ In 2014, the lifetime cost of falls in Washington State was \$451 million.⁹⁵
- 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.⁹⁶

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.⁹⁷

Additionally, partners offer programs on fall prevention. The EMS division in Public Health runs the One Step Ahead Fall Prevention Program, which provides a free in-home or virtual visit by a fall prevention health educator. The educator provides a home safety walk through to address potential fall hazards, education about staying safe in the home, installation of fall safety devices (as determined), and information about other community resources that can help residents stay independent and safe in their home.⁹⁸

⁹¹ Ibid.

⁹² "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.

⁹³ 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/.

⁹⁴ Costs of Falls Among Older Adults, Home & Recreational Safety, Centers for Disease Control, accessed 9/10/19 at www.cdc.gov/homeandrecreationalafety/falls/fallcost.html.

⁹⁵ 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

⁹⁶ 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-and-Systems/Minimum-Data-Set-3-0-Public-Reports/MinimumData-Set-3-0-Frequency-Report.html

⁹⁷ 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

⁹⁸ Fall prevention resources, Public Health—Seattle & King County, accessed 6/28/2021 at <https://kingcounty.gov/depts/health/emergency-medical-services/community/fall-prevention.aspx>.

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.⁹⁹ Chronic illnesses are among the leading causes of death, disability, and hospitalization in King County.¹⁰⁰

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.¹⁰¹

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 the United States.¹⁰² By 2030, medical costs associated with obesity are expected to increase by at least \$48 billion annually (as of 2008).¹⁰³

ADS recognizes the need to invest more resources in Living Well chronic disease self-management program¹⁰⁴ 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.¹⁰⁵

Additionally, partners work on chronic disease prevention. Public Health runs programs to prevent and mitigate asthma, and breast, cervical and colon cancer.¹⁰⁶ The Healthy Eating Active Living (HEAL) program works with community partners on equitable solutions to improve nutrition and increase physical activity in underserved communities and populations with higher rates of obesity, food insecurity, poor nutrition and poor physical activity. HEAL builds healthier communities through policy,

⁹⁹ 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

¹⁰⁰ 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/community-health-indicators/~media/depts/health/data/documents/2018-2019-Joint-CHNA-Report.ashx.

¹⁰¹ 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.

¹⁰² Economic Costs of Obesity, National League of Cities, accessed 8/26/18 at www.healthychommunitieshealthyfuture.org/learn-the-facts/economic-costs-of-obesity/.

¹⁰³ Living Well in Washington State, <https://livingwell.doh.wa.gov/>.

¹⁰⁴ Self-Management Resource Center, accessed 9/10/19 at www.selfmanagementresource.com.

¹⁰⁵ Living Well, Aging King County, accessed 9/10/19 at www.agingkingcounty.org/what-we-do/healthy-aging/#livingwell.

¹⁰⁶ Chronic disease prevention, Public Health—Seattle & King County, accessed 7/15/21 at <https://kingcounty.gov/depts/health/chronic-diseases.aspx>.

systems and environmental changes that make it easier for people to eat healthy and be active—wherever they are.¹⁰⁷

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.¹⁰⁸

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 disposal, and improved screening), treatment expansion and enhancement, user services, and overdose prevention.¹⁰⁹

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.¹¹⁰

Additionally, AAA partners work on the opioid emergency. Public Health has multiple programs that work on overdose prevention and response.¹¹¹ The department works with partners to prevent overdoses, increase access to treatment, and provide harm reduction services to reduce the health impacts for people with substance use disorder.

¹⁰⁷ Healthy Eating Active Living, Public Health—Seattle & King County, accessed 7/15/21 at <https://kingcounty.gov/depts/health/heal.aspx>.

¹⁰⁸ 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>.

¹⁰⁹ Heroin and Prescription Opiate Addiction Task Force, King County, accessed 9/10/19 at <https://bit.ly/2HnnE32>.

¹¹⁰ 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.

¹¹¹ Overdose prevention and response, Public Health—Seattle & King County, accessed 7/15/21 at <https://kingcounty.gov/depts/health/overdose-prevention.aspx>.

The partners also collaborated on convening a workshop on older adults and opioids in the fall of 2019. Attendees were a mix of policy and system thinkers and service providers who have experience interfacing with older adults challenged by substance use disorders. The flyer at right is one of the outcomes of that workshop.

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.¹¹²
- Nationwide, 25 percent of people aged 65–74 have severe periodontal (gum) disease.¹¹³ 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.¹¹⁴

Public Health
Seattle & King County

OPIOIDS &
OLDER ADULTS

ads
Aging and Disability Services
PROVIDING SUPPORT AND EDUCATION

MAJOR TRENDS IN OPIOID USE AMONG SENIORS



Older adults are often prescribed opioids to cope with persistent or ongoing pain rather than alternative pain therapies

1 IN 3

Medicare Part D beneficiaries received a prescription opioid in 2017



Opioids have a stronger impact on older adults because the body metabolizes drugs more slowly as someone ages



Across the U.S., older adults have the fastest growing rate of: opioid use, opioid-related hospital visits, and opioid-related deaths

IMPORTANT SIGNS OF OPIOID MISUSE

Less functional while on opioids

An older adult may become less mobile or unable to keep up daily hygiene

Opioid use is dominating one's life

Getting and taking opioids may become the focus

Increased confusion

This might look like over-sedation or extreme drowsiness

Medication is not lasting as long as it should

An older adult may be taking more opioids than what was prescribed

A two-page Opioids & Older Adults, including local resources, is available online at <https://bit.ly/3ijL0eJ>

¹¹² 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/2T8tlc0>.

¹¹³ 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>.

¹¹⁴ 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/ehsphi/chs/chs-data/brfss/BRFSS_2001

- Nearly one-fifth of older adults – estimated to be 150,000 people in Washington – have untreated dental cavities.¹¹⁵
- In Washington, 20 percent of older adults have lost all their teeth.¹¹⁶
- 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.¹¹⁷

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 aged 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.

¹¹⁵ 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.

¹¹⁶ 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/ehsphi/chs/chs-data/brfss/BRFSS_2001

¹¹⁷ 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. Advocate for policies and programs that help prevent chronic diseases later in life. [NEW]
- c. Support increased access to health care for low-income communities, communities of color, and immigrant and refugee communities. [NEW]
- d. Expand evidence-based programming in King County.
- e. Promote and institutionalize Universal Design in the built environment—transportation, housing, buildings, and outdoor spaces—and ensure that new comprehensive and community plans incorporate age-friendly concepts.

Goal 2: Address the impact of social isolation.

Objectives:

- a. Increase understanding of consequences of social isolation and depression among decision makers, service providers, and consumers.
- b. Continue social connectivity projects that were initiated in response to the COVID-19 pandemic. [NEW]

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 2010¹¹⁸ while rents have increased by 43 percent.¹¹⁹ 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.¹²⁰ 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.¹²¹ 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

¹¹⁸ 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/

¹¹⁹ 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/

¹²⁰ 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

¹²¹ Ibid.

wheelchair, and 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.¹²²

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.¹²³ 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.¹²⁴ In a recent community needs survey conducted by ADS, cost was the most 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.¹²⁵ 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,

¹²² www.udinstitute.org/what-is-ud; www.environmentsforall.org/

¹²³ 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>

¹²⁴ Confronting Suburban Poverty in America, Kneebone, E., & Berube, A., The Brookings Institute, 2013.

¹²⁵ 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.



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.¹²⁶ 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.



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.

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.

¹²⁶ 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.¹²⁷ 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.

¹²⁷ 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.

PROPOSED UPDATE

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

~~b. Objectives:~~

- ~~c. 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 3: Promote Aging in Place and address the housing needs of older adults in King County. [NEW]

Objectives:

- a. Partner with the ADS Advisory Council, the Mayor's Council on African American Elders, and the Housing Development Consortium to advocate for age-friendly low-income housing.
- b. Implement an integrated approach to home repair and home modification in partnership with the King County Home Repair Network.
- c. Expand the availability of home sharing opportunities in King County.

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 (AL TSA), 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.¹²⁸

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.¹²⁹ It is projected that the homeless older adult population is growing rapidly and will continue to grow for the next decade.¹³⁰ 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.¹³¹

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.¹³²

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 aged 50 and above as African American.

¹²⁸ Seattle/King County Point-In-Time Count of Persons Experiencing Homelessness, 2019.

¹²⁹ 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.

¹³⁰ Ibid.

¹³¹ 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.

¹³² 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.

Aging and Disability Services Case Management Program staff collaborate with King County's Elder Abuse Multi-Disciplinary Team, coordinated by the Office of the King County Prosecuting Attorney (see [B-2: Elder Justice Coordination](#), above).¹³³

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, Public Health and DCHS recognize 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.

¹³³ See also "Raising Awareness of Elder Abuse, Neglect, and Exploitation" (AgeWise King County, June 2021), accessed 6/28/2021 at www.agewisekingcounty.org/publications/agewisekingcounty/june-2021/raising-awareness-of-elder-abuse-neglect-and-exploitation/.

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. ADS and Public Health participated in the development of the ACH, working together on its interim leadership council and later on HealthierHere's established governing structure.¹³⁴ Both agencies contribute 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,¹³⁵ 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.

In addition to serving on the HealthierHere governing board, Public Health participates in innovation projects, including building out integrated behavioral health and medication for opioids use disorder at Navos; serving as a HealthierHere practice partner; and collaborating with HealthierHere around vaccines and the ability to get vaccine into underserved populations.

¹³⁴ HealthierHere is King County's Accountable Community of Health. Learn more at www.healthierhere.org.

¹³⁵ Our Work, HealthierHere, accessed 7/15/21 at www.healthierhere.org/our-work/.

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 aged 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 population¹³⁶. There are approximately 47,852 AI/ANs living in King County who identify with more than 40 different tribes.¹³⁷ This population has been shown to be undercounted; however, 5,174 AI/ANs have identified as age 60 or older.¹³⁸

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.¹³⁹ 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.

¹³⁶ U.S. Census Bureau

¹³⁷ Urban Indian Health Institute

¹³⁸ Area Agency on Aging for Seattle and King County

¹³⁹ 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
<u>Medicaid Case Management</u> 1. Improve communication between ADS, HCS and Muckleshoot Tribal staff re case transfers, and CARE Plan development. 2. Assign one ADS Case Manager for all Muckleshoot CMP clients for continuity. 3. Increase focus on non-tribal members on the reservation and in the community. 4. Follow all persons referred by ADS to HCS to confirm that they are set up on services based on eligibility. 5. ADS will encourage Tribal staff to communicate directly w/ HCS/ADSA re:	(1) Modify consent form to identify Tribal Affiliation for case management clients. (2) Assign all Muckleshoot CMP clients to one ADS Case Manager. (3) ADS Case Manager will receive referrals for all discretionary clients 60 yrs old and older from Tribal staff. (4) ADS Case Manager will encourage Tribal staff to refer all clients under 60 years old directly to HCS, assist clients with the benefits application process, and notify ADS Case Manager once application is sent to HCS. (5) ADS Case Manager will contact Tribal staff to coordinate home visits with a tribal representative for all initial home visits and as preferred by CMP clients and/or staff.	<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	The last 701 meeting was held with tribal members in February 2017. No meeting were scheduled during 2019. Number of 50+ enrolled tribal members – 320 <u>3rd Quarter Caseload (2019)</u> Monthly case staffing: ADS Case Manager & HCS Liaison – As needed Core Cases - 21 CMP Assistance Level Cases – 1 CMP Discretionary - 3 New Referrals - 11 MAC & TSOA – 0 MIT Elder In-Home Support Services – 51 Vulnerable Adult Program (ages 18-49) – 6 persons with disabilities. <u>Other 2019 Updates</u> Alexandra Cruz-James – Director of Human Services & MIT Elders Complex Program. Reese Ponyahquaptewa – Asst. Director Eve Austin – MEHISS Director Shana Cathey – MEHISS Social Worker Lori Simonson – MEHISS Social Services Specialist. MIT is pursuing a Nurse Delegation contract with ALISA. MIT will be the first tribe in Washington State with ND contract.

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.	(6) Tribal staff will coordinate client releases. (7) Tribal staff and ADS Case Manager will conduct monthly joint case staffings.	clients if Tribal staff is not required for each home visit. • Increased referrals and coordination of LTC services for Tribal and non-Tribal community members.		
6. ADS Case Manager will provide initial eligibility determination and on-going case management for Muckleshoot Tribe and tribal community members residing in-home and who request LTC core services, per the agreement HCS has with the Muckleshoot Tribe and ADS. 7. ADS Case Manager and the Muckleshoot Senior Services Program Manager will work to increase communication and			December 31, 2016 Theresa Tanoury, CMP Director Julie Donaldson, CMP Supervisor Keith Rapacz, Case Manager	See 2019 updates noted above.

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.				
Training 1. ADS will identify key training opportunities for Tribal Senior Services staff and caregivers. 2. Plan and schedule a training offered by tribal staff re Native American cultural beliefs and practices 3. Elder Abuse Training	(1) ADS will inform and offer training opportunities to Tribal staff for trainings offered to ADS case managers. (2) Coordinate and schedule training with ADS staff. (1) Develop Memorandum of Understanding (MOU). Reporting requirements regarding elder abuse cases will be spelled out in the MOU	<ul style="list-style-type: none"> Increased training opportunities for Tribal staff. Conduct at least one training during 2011. MOU in place. 	Dec. 31, 2014 Keith Rapacz , Case Manager	

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	(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.	(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> 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.	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
ADS 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) Franchesca 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 Franchesca 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. 	<ul style="list-style-type: none"> 	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

Policy 7.01 Implementation Plan
Region 2 South - Home & Community Services

Biennium Timeframe: September 1, 2017 to June0, 2019

Seattle Indian Health Board

King County

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting Last July 1
Communication: Identified process for addressing concerns/questions	<p><u>HCS Social Services Issues:</u></p> <ul style="list-style-type: none"> ○ Concerns/questions regarding social services are to be directed to: <ul style="list-style-type: none"> ▪ Bronwyn Freer, HCS Program Manager (206) 341-7633 or email FreerBL@dshs.wa.gov or ▪ Amanda Drew, HCS Intake Supervisor (206)341-7630 or email DreyAL@dshs.wa.gov ▪ Lou Ann Carter, Tribal Liaison (425) 339-4702 or email CarteLR@dshs.wa.gov <p><u>HCS Financial Issues:</u></p> <ul style="list-style-type: none"> ○ Concerns/questions are to be directed to: <ul style="list-style-type: none"> ▪ Mathew Sipes, Financial Program Consultant (206) 341-7827 or email SipesMJ2@dshs.wa.gov <p><u>DSHS Adult Protective Services</u></p>	Improved communication and coordination among HCS and SIHB staff regarding identified Urban American Indian and Alaskan Native clients in King County.	<p>Bronwyn Freer ,ALTSA, HCS Social Services Program Manager Lou Ann Carter, ALTSA, HCS Region 2 South Tribal Liaison Mathew Sipes, ALTSA, HCS Region2 Financial Program Consultant</p> <p>Esther Lucero, SIHB CEO (206) 324-9360 X 1102 Aren Sparck, Government Affairs Officer (206) 834-4032 Jason Stiener, Government Affairs Manager (206) 324-9360 X 1134</p> <p>Karen Winston, King County Aging and Disability Services</p>	On-going

Policy 7.01 Implementation Plan
Region 2 South - Home & Community Services

Biennium Timeframe: September 1, 2017 to June0, 2019

Seattle Indian Health Board

King County

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting Last July 1
	<ul style="list-style-type: none"> Jeff Quigley, APS Program Manager (425) 339-3851 email quigljc2@dshs.wa.gov <p><u>King County Area Agency on Aging,</u></p> <ul style="list-style-type: none"> Karen Winston (for established in-home clients) (206) 684-0706 			
Increase knowledge of what services each agency provides.	<ul style="list-style-type: none"> HCS will tour SIHB facility and discuss services available, including the Holgate Office Intake Unit. SIHB will tour HCS Holgate Office and be provided an overview of what services HCS offices. 	The exchange of information will provide a better understanding of programs and eligibility requirements for clients residing in an urban setting as well as assist in coordination of care.	Bronwyn Freer, ALTSA, HCS Social Services Program Manager Lou Ann Carter, ALTSA, HCS Region 2 South HCS Tribal Liaison Michelle Joseph, ALTSA, HCS Financial Program Consultant Jeff Quigley, ALTSA, HCS Adult Protective Services	Tour at SIHB held 12/8/16 and 03/16/18. Tour of HCS to be scheduled.

Policy 7.01 Implementation Plan
Region 2 South - Home & Community Services

Biennium Timeframe: September 1, 2017 to June0, 2019

Seattle Indian Health Board

King County

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting Last July 1
Services for Urban American Indians and Alaskan Natives will be researched and expanded within King County.	<ul style="list-style-type: none"> SIHB to pursue federal funding for the development of a continuum of care program for elders and disabled clients. This would be for Urban American Indians and Alaskan Natives residing in King County. 	<p>Long-term residential care services will be expanded for Urban American Indian and Alaskan Native clients residing in King County.</p> <p>Follow-up meeting to be held to include Seattle Aging and Disability Services (ADS) and Marietta Bobba, ALTSA Tribal Affairs Administrator.</p> <p>Bronwyn Freer will research available data on current use American Indian and Alaskan Native clients use of HCS long-term care services.</p> <p>Lou Ann will research available data on current number of American Indian/Alaskan Natives in skilled nursing facilities.</p> <p>SIHB working on a project to build 100 individual housing units for clients.</p>	<p>Esther Lucero, SIHB</p> <p>Marietta Bobba, ALTSA, HQ</p> <p>Ann Dahl, ALTSA HQ</p> <p>Karen Winston, King County ADS</p> <p>Bronwyn Freer, ALTSA, HCS, Social Services Program Manager</p> <p>Lou Ann Carter, ALTSA, HCS, Region 2 South Tribal Liaison.</p> <p>Jeff Quigley, ALTSA APS</p>	June, 2018

Policy 7.01 Implementation Plan
Region 2 South - Home & Community Services

Biennium Timeframe: September 1, 2017 to June 0, 2019

Seattle Indian Health Board

King County

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting Last July 1
Health Homes project to be researched with the SIHB.	<ul style="list-style-type: none"> SIHB to pursue Health Home funding/contracting. 	Follow-up meeting with SIHB and HCS to be held that will include Seattle Aging and Disability Services (ADS) and Marietta Bobba, ALTSA Tribal Affairs Administrator.	Ann Dahl, ALTSA HQ Marietta Bobba, ALTSA, HQ Karen Winston, King County ADS Esther Lucero, SIHB CEO	On-going
SIHB and HCS to pursue culturally competent client case management services for King County.	<ul style="list-style-type: none"> SIHB to be notified and allowed to attend DSHS, HCS, CARE Training. SIHB to be notified and allowed to attend DSHS, APS training. 	Services will be able to be provided to clients at the SIBH. Resources will be utilized.	Ann Dahl, ALTSA HQ Marietta Bobba, ALTSA, HQ Jeff Quigley, ALTSA, APS Lou Ann Carter, ALTSA, HCS Karen Winston, AAA	On-going

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.



C-5: Respond to the COVID-19 Pandemic [NEW]

Washington State was the United States epicenter of the COVID-19 pandemic in January 2020. On February 29, 2020, Governor Jay Inslee declared a state of emergency in response to the COVID-19 outbreak. As a trusted local community resource, Aging and Disability Services anticipated needs in the community and responded by pivoting crucial services to maintain compliance with the Major Disaster Declaration orders while engaging our local community with new services and supports to meet needs such as food scarcity and social isolation.

Older adults endured many challenges experienced during the pandemic. At the same time, they also modeled how to withstand during a crisis. A recent study found that even when enveloped by persistent and dire threats to health and well-being, older people display notable emotional resilience.¹⁴⁰ The aging services network for King County has been nothing short of heroic throughout the pandemic, as well.

Aging Network Response

In the midst of a national health crisis, ADS staff and network providers collaborated on innovative approaches for delivering services in order to meet an increased demand. Activities addressed social isolation, meal preparation and delivery, Personal Protection Equipment (PPE), and shelter. In addition, more than 14,000 wellness checks were conducted to ensure that ADS Case Management Program's most vulnerable clients had the resources they needed to stay safe.

¹⁴⁰ Age Advantages in Emotional Experience Persist Even Under Threat From the COVID-19 Pandemic. Carstensen, Shavit, and Barnes, Oct. 26, 2020, <https://doi.org/10.1177/0956797620967261>

Providers across ADS program service areas worked swiftly to implement COVID-19 social distancing measures. In most cases, operations could be modified (ex: phone, virtual communication) or policy requirements (ex: in-person visits) waived to maintain continuity of services.

Many providers felt called to shift funding resources and staff capacity toward addressing new or escalated community needs. ADS permitted modifications to service delivery and payment structure to accommodate greater flexibility, and continued funding to agencies on the frontlines of the pandemic to prevent complete suspension of services.

What flexibility ADS could offer, the Aging Network providers matched in creativity and peer support. Work groups comprising advocates, community-based organizations, and government representatives were formed to help networks compare notes and identify how they might support each other in responding to community needs during the pandemic.

Providers researched and piloted new ways to keep staff, clients, and the broader community connected. Innovations included the use of group chat technologies, such as *WhatsApp* and *WeChat*, to advertise resources, share information, host entertainment, and answer community questions.

Care transitions

Hospitals experienced staffing shortages and a surge in admissions as COVID-19 cases increased. In response, Home and Community Services (HCS) offices expanded staff capacity and work hours to expedite initial assessment for Medicaid-LTSS eligible individuals in acute care hospitals. HCS directed some clients to ADS to perform initial assessment and care planning to support client discharges. HCS and ADS developed mutually agreed upon warm hand-off protocol prior to implementation.

AAAs, including ADS, were also awarded one-time funds to utilize existing partnerships and protocols with local hospitals to assist with care transitions for non-Medicaid eligible older adults discharging from hospital to home. ADS partnered with Chinese Information and Service Center and assigned case managers from its Seattle and Renton offices to make this service available.

ADS facilitated weekly case staffing time for care coordinators engaging in this work, to address clinical complexity and challenges related to COVID-19. ADS also utilized Senior Drug Education funding and longstanding partnership with Kelley Ross Pharmacy to provide consultation regarding medication issues.

Food assistance

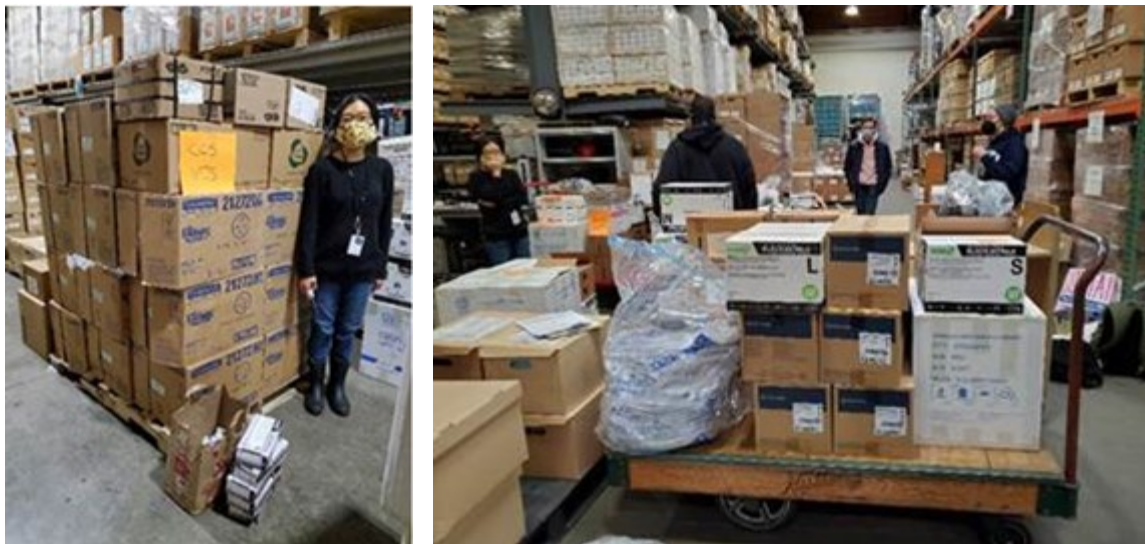
Congregate meal providers pivoted from in-person group dining to serving individual meals through to-go and/or meal delivery models. More volunteers were needed to support the new model; however, the volunteer base—mostly older adults—could not help safely. Agencies tapped into other volunteer sources such as city employees, National Guard, and community members that were unemployed or underemployed.

More support was needed to transport individual meals to people. Agencies utilized their paid staff, volunteers and partnered with community transportation agencies. ADS also contracted with Community Choice Guides to help with meal delivery. Transportation providers also pivoted from passenger transportation to delivery. ADS contributed to response planning as food and meal providers shifted to delivery models. Transportation programs including Hyde Shuttles and the Northshore Senior

Center transportation program supported meal delivery efforts. King County Metro also provided delivery support through the Access Paratransit program.

Congregate meal providers supplemented meals with groceries as older adults could not access food due to physical and/or financial barriers. Seattle Tilth played an integral role purchasing and delivering grocery bags to meal sites containing culturally familiar foods. Our Home Delivered meals provider, Lifelong Chicken Soup Brigade, also partnered with community groups to provide groceries for the East African, Latinx, and Asian Pacific Islander communities.

Personal Protective Equipment



Personal Protective equipment (PPE) such as masks and gloves were essential for maintaining critical AAA services, including meal preparation, meal delivery and case management; however, the national shortage of PPE early in the pandemic made it difficult to procure supplies via commercial vendors or other private sources. Public Health—Seattle & King County and King County Office of Emergency Management provided PPE support for medical facilities and institutions housing vulnerable populations in congregate settings. Utilizing PPE supplies preserved or procured by the City of Seattle and ALTA, ADS was able to distribute PPE to AAA and aging network staff who did not qualify for County supplies. ADS staff gathered and processed requests from providers and worked alongside colleagues to sort, package and deliver supplies. Donation marketplaces/connectors backed by public-private partnerships also emerged as an alternative route to preserving and procuring PPE and other medical supplies for partners.

Activities	Number Served	Other Data Pts.
Food Assistance	1,003,518 meals were served	31,534 grocery bags were delivered
PPEs		
Drop Cards	10,500	Languages: Chinese, Mandarin, English, Korean, Russian, Spanish, Vietnamese
Connective Devices	138 hotspots; 60 tablets	



Social Connectivity

Before the COVID-19 pandemic hit, 22 percent of adults said they often or always feel lonely, feel that they lack companionship, feel left out, or feel isolated from others. Due to stay-at-home mandates during the pandemic, that percentage dramatically increased. ADS shifted quickly to combat this issue. Following are brief descriptions of how ADS partnered and collaborated with network providers to address this issue:

- **Intergenerational Tech Support Program**—Through a partnership with the Washington State University King County Extension, student volunteers assisted older adults in the use of their own internet-connected devices to support social connectivity during COVID-19. The number of individuals served: 15 older adult clients, 5 student volunteers
- **Telehealth Tablets**—ADS provided tablets to older adults who needed them to maintain social connectivity and connect with telehealth resources. The number of tablets distributed in 2020: 31
- **Wi-Fi Hotspots**—ADS provides Wi-Fi hotspots to older adults who need them to access the Internet for social connectivity and telehealth. Hotspots purchased: 138 (distribution happening in 2021)
- **Stay Connected**—ADS partnered with the University of Washington and community-based agencies (Phinney Neighborhood Association, India Association of Western Washington, SeaMar, Community Health Centers, Chinese Information and Services Center, Kin On, and Pike Market Senior Center) to expand the reach of the evidence-based *Stay Connected* program. The number of clients served (total outreach calls): 213
- **Drop Cards**—ADS made information on social connectivity programs available in multiple languages (English only for 2020). Total number of cards printed and distributed: 5,000. An additional 5,000 were printed and distributed in early 2021 in the following language: Traditional Chinese, Mandarin, English, Korean, Russian, Spanish, Vietnamese.
- **Reopening Planning**—ADS supported senior centers as they adjusted operations during COVID-19 and as they plan for reopening. Senior Center partners: IDIC, Wallingford Community Senior Center, Senior Center of West Seattle, Ballard NW Senior Center, Lake City Senior Center, Greenwood Senior Center, Central Area Senior Center, Asian Counseling and Referral Service.

Vaccine Coordination

In January 2021, Public Health—Seattle and King County, ADS, and DCHS began an “all-hands-on deck” multimodal vaccination effort. AAA and Aging Network partners connected their clients to vaccine providers through regular coordination meetings and rigorous communications and outreach work. Mobile vaccination teams were deployed first to reach the highest-risk adults, including staff and residents of Adult Family Homes and vulnerable older adults living in low-income senior housing and permanent supportive housing. Vaccinating in this manner was accessible, efficient, and decreased risk of COVID-19 exposure by not requiring vulnerable adults to leave their residence.

AAA partner and Aging Network outreach work was critical in reaching residents at highest risk of serious illness and offered an opportunity to answer client questions about vaccines and provide credible in-language information. AAA partner and Aging Network staff coordinated on-site vaccine delivery at over 102 low-income senior housing buildings, mobile home parks, and other housing communities with clusters of BIPOC older adults, vaccinating more than 4,700 residents, staff, and caregivers.

Vaccine supply remained limited, and appointments remained scarce well into February 2021. While older adults were prioritized in state and local vaccine plans, appointment registration systems were dependent on Internet and technology access, which presented barriers for many community members. AAA partners and Aging Network staff mobilized quickly to provide individualized assistance for clients and community members by phone. This included personal assistance finding an appointment, walking through the registration process, and coordinating transportation. Several Aging Network partners launched in-language phone lines to meet the specific needs of their communities. ADS provided a key link between Public Health and the broader Aging Network, sharing information about new and expanding vaccine sites.

As vaccine eligibility widened, ADS worked closely with leaders at Public Health—Seattle & King County and vaccination teams to ensure that the needs of the most vulnerable continued to be met—from language and accessibility needs to transportation to get to vaccine appointments. ADS was able to share advance notice of appointments for Public Health doses, giving staff time to assist clients in making appointments before information was shared with the public. This was an anti-racist approach to ensure that people in communities hardest hit by the pandemic were able to access the vaccine. Parallel to these efforts, Public Health prepared to launch an in-home vaccine strategy to reach the most vulnerable, homebound adults and their household members. ADS and partners made over 1,200 phone calls to screen clients for in-home vaccine.

While COVID-19 vaccines are more widely and consistently available, disparities in vaccine access and uptake remain, calling attention to the need for tailored outreach, communication, and vaccination strategies. AAA partners and Aging Network staff have developed in-language and culturally specific materials to let people know why, how, when, and where to get vaccinated. Many of the same Aging Network partners collaborate with Public Health and vaccine distributors to bring pop-up community vaccine events directly to their local communities.

Vaccine coordination was an intense and all-consuming effort by Aging Network providers who worked above and beyond to ensure their clients had access to vaccine. They sustained this incredible effort for

several months with no additional funding. Following national and statewide advocacy, Consolidated Appropriations Act dollars were allocated to AAAs for vaccine access assistance.

AAA partners will continue to collaborate on efforts to reach populations with lower vaccinate rates, and address barriers to vaccination as well as vaccine hesitancy.

Post COVID-19 – Recovery, Services and Supports

As we continue to recover from the COVID-19 pandemic, it is necessary to prepare for what comes next. We learned a lot about resiliency but, more importantly, we learned about the resiliency of older adults during times of crisis. Due to existing partnerships with our network of providers we learned to respond quickly, and in a coordinated way, to many challenges presented by the pandemic. We also learned how things could be done differently if the policies allow for greater flexibility to address emerging needs. Moving forward, ADS will continue plans to allocate additional relief funds while focusing on social connectivity, digital inclusion and equity, and food assistance and engagement.

Social Connectivity, Digital Equity & Inclusion

ADS will continue the social connectivity projects initiated in 2020 in response to COVID-19 (see C-1: Support Healthy Aging Goal 2, Objective b.). In 2021, ADS purchased additional tablets, piloted the use of other connective devices as well as a web-based social connectivity platform, expanded the Intergenerational Tech Support program by partnering with Washington State University Extension to recruit additional digital skills coaches, and partnered with the King County Library System to distribute additional hotspots to suburban and rural parts of King County. Early planning is also underway for 2023 and long-term sustainability of our social connectivity and digital equity work.

Food Assistance and Engagement

The congregate meal program pivoted to delivering food during the pandemic to keep older people safe and fed. Many participants long to return to in person dining, missing the socialization and interaction that the “more than a meal” program offered.

The pandemic also highlighted an unmet need, that there are people that need meals but do not want to attend congregate dining. These participants would also not qualify for the traditional home delivered meals program but need food.

Title CIII of the Older Americans Act should be reviewed to see if the policies and rules governing its use still apply to the population we intend to reach. More flexibility regarding meal consumption and delivery would allow providers to serve those that need meals the most.

C-5: Respond to the COVID-19 Pandemic Goals & Objectives [NEW]

Focus: Deliver services and address emerging needs of older people affected by the COVID-19 pandemic.

Goal 1: Advocate for changes to the Older American Act.

Objectives:

- a. Advocate for a permanent increase in Older American Act base budget.
- b. Increase advocacy for more flexibility in policies and regulations. (2022–2023)

Goal 2: Implement goals for federal COVID-19 funding.

Objective:

- a. Implement spending plan for relief funds to address vaccine hesitancy, social isolation, and emerging service models (American Rescue Plan, Consolidated Appropriations Act)

Goal 3: Continue to strive for higher COVID-19 vaccination rates.

Objectives:

- a. Address vaccine hesitancy in close collaboration among AAA partners.
- b. Advocate for funding and policies to support COVID-19 vaccinations at long-term care facilities for residents and for people who need in-home COVID-19 vaccinations

Goal 4: Monitor impacts of the COVID-19 housing eviction moratorium and its eventual expiration on older adults in King County.

Objective:

- a. Advocate for policies that mitigate displacement caused by expiration of the COVID-19 housing eviction moratorium.

Goal 5: Social connectivity (See [Section C-1: Support Healthy Aging Goals & Objectives](#))

Section D – Area Plan Budget Summary

2022 BUDGET STILL IN DEVELOPMENT

Appendices

[Appendix A: Organization Charts](#)

[Appendix B: Staffing Plan](#)

[Appendix C: Emergency Response Plan](#)

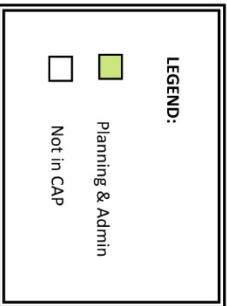
[Appendix E: Public Process](#)

[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 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 <ol style="list-style-type: none"> a. IV/nutritional support b. Bowel program c. Gastrostomy/Peg care d. Tracheostomy care e. Tube feedings f. IV medications g. CPAP or BiPAP h. Dialysis i. Nebulizer j. Oxygen k. Suctioning l. Ulcer care m. Ventilator or respirator n. Skilled Nursing 4. Indicators/Skin screen/Pressure ulcers: Number of current pressure ulcers ≥ 1 5. Mobility/locomotion outside of room/self-performance: Extensive assistance or total dependence or did not occur/client not able. 6. Eating/Self-performance: Total <p>ADDITIONAL INFORMATION NEEDED</p> <ol style="list-style-type: none"> 1. Home care agency 2. Hours authorized 3. Collateral name 4. Collateral phone 5. Language 6. CM name 7. DOB 8. Address 9. Phone 10. Office 11. Supervisor

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"> 1. Seattle Office of Emergency Management 2. American Red Cross 3. The Salvation Army 4. City of Seattle potential shelter site facilities 5. Crisis Clinic/2-1-1 6. Catholic Community Services 7. Seattle Center 8. Seattle Department of Finance and Administrative Services 9. Seattle Fire Department 10. Seattle Department of Planning and Development 11. Seattle Office of Housing 12. Seattle Office of Immigrant and Refugee Affairs 13. Seattle Library 14. Seattle Police Department 15. Seattle Public Utilities 16. Seattle Commission for People with disAbilities 17. Seattle Housing Authority 18. Seattle Public Schools 19. Public Health – Seattle & King County 20. King County Metro 21. King County Office of Emergency Management 22. Administration for Children and Families 23. Federal Emergency Management Agency 24. Other Non-Governmental and Religious Organizations 25. Private Sector
26. Cooperation with the appropriate community agency preparedness entities when areas of unmet need are identified	Areas of unmet need during an emergency are coordinated through the Office of Emergency Management (Seattle or King County) and with the ESF 6 Group partners, which includes governmental and non-government agencies.
27. A system for tracking unanticipated emergency response expenditures for possible reimbursement	The Human Services Department Financial Department (which includes ADS) tracks emergency response expenditures as directed by the City of Seattle Office of Emergency Management.
28. An internal Business Continuity Plan that emphasizes communications, back-up systems for data, emergency service delivery options, and transportation	Human Services Department (HSD) Continuity of Operations Plan (COOP) updated June 2015, includes these elements.

Appendix D: Advisory Council

The 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 16 active and four pending Advisory Council members:

Jenny Becker	Hon. Tammy Morales	Hon. Kim-Khánh Văn
Zelda Foxall	June Michel	Sue Weston
Ava Frisinger	Tom Minty	Barb Williams
Joe Hailey	Cynthia Snyder	Dick Woo, Chair
Hon. Marli Larimer	Lorna Stone, Vice-chair	
Larry Low	Diana Thompson	

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. AAAs 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.agingkingcounty.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	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. 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.	Thank you for your input. Crisis Connection/King County 211 currently operates the Community Living Connections phoneline.
Consumer email	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.	Thank you for sharing your concerns.
Jewish Family Services	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 not 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>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 a 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>	Thank you for sharing your concerns.
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>	Thank you for sharing your concerns.

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: 2020 Report Card

Area Plan for Seattle-King County 2020–2023

(images of the four-page report card start on the next page—an accessible PDF is available online at www.agingkingcounty.org/data-reports/reports/)



2020 report card

The Area Plan 2020–2023 for Seattle and King County is Aging and Disability Services' roadmap for a responsive system of services that promote quality of life, independence, and choice for older people, adults with disabilities, caregivers, and their family members. Following are highlights from three key issue areas, a visual sample of work ADS performed in 2020, and specific accomplishment related to Area Plan objectives. Learn more at AgingKingCounty.org/area-plan/.

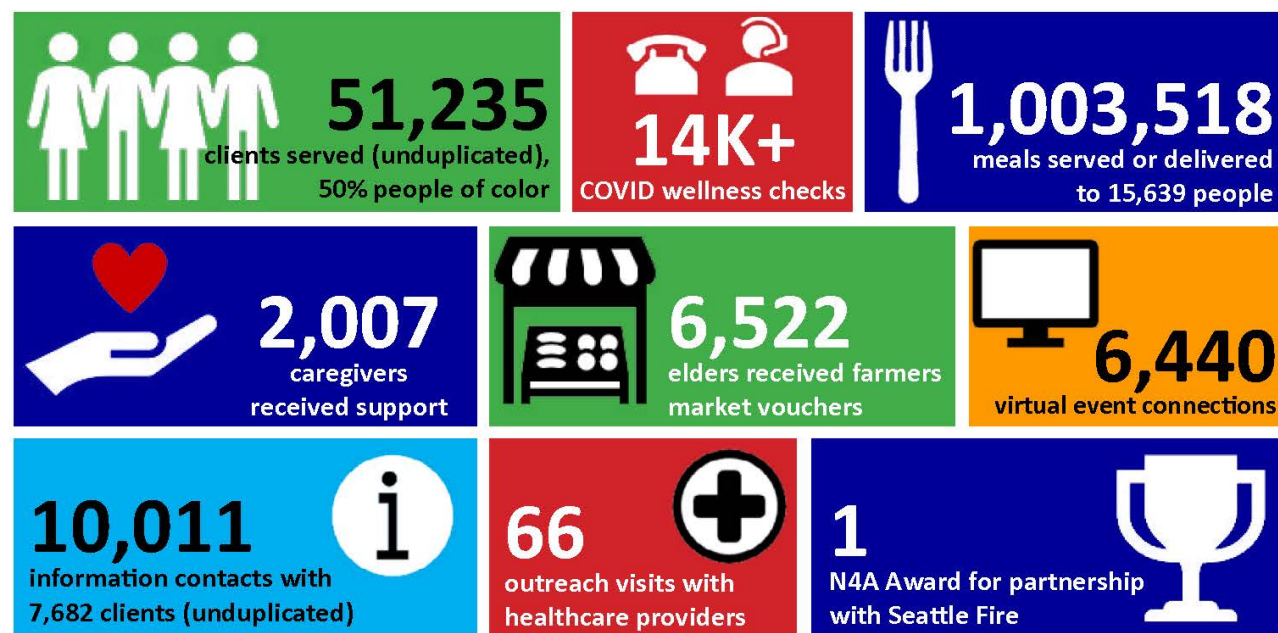
COVID-19

Meeting unexpected needs

Due to the COVID-19 pandemic, ADS staff began working remotely in March 2020. In close collaboration with Public Health—Seattle & King County and Washington State DSHS/ALISA and Department of Health, ADS developed safety protocols for community partners to help ensure health and safety of clients and staff; checked in regularly with those most vulnerable to dire COVID-19 outcomes; ensured that basic needs were met; and developed strategies to address social isolation caused by the quarantine.

2020 by the numbers

Here's a sample of the work we did in 2020.



need help?

For local assistance, referrals, and resources, call
Community Living Connections (toll-free) at 844-348-5464
or visit CommunityLivingConnections.org.

2020 performance

	Objective	2020 Accomplishments
C-1: Support Healthy Aging	Develop and strengthen community partnerships through presentations, media campaigns, and forums that increase awareness and promote healthy aging.	<ul style="list-style-type: none"> Published 2 <i>AgeWise King County</i> articles on oral health and health promotion. Trained 5 <i>Aging Mastery Program</i> facilitators. Presented 2 virtual <i>Aging Master Program</i> workshops (general). Presented 2 virtual <i>Aging Mastery Program</i> workshops (opioids). Gave 5 community presentations (2 falls prevention, 2 oral health, 1 opioids) Participated in quarterly case staffings. Launched Age Friendly Seattle's new <i>Close to Home: Stories of Health, Tech & Resilience</i> online series and established over 80 community, academia, and government contacts that provided presentations to 3,751 people. Online <i>Civic Coffee Hours</i> and other virtual events brought total reach to 6,440.
	Expand evidence-based programming in King County.	<ul style="list-style-type: none"> Trained 2 leaders/facilitators. Presented 2 <i>Aging Mastery Program</i> workshops
	Promote and institutionalize Universal Design in the built environment and ensure that new comprehensive and community plans incorporate age friendly.	<ul style="list-style-type: none"> Coordinated "Universal Design and Pedestrian Wayfinding Forum," hosted by the Northwest Universal Design Council at Seattle City Hall on February 27.
	Increase understanding of consequences of social isolation and depression among decision makers, service providers, and consumers.	<ul style="list-style-type: none"> With focus on COVID19 stay-at-home orders, developed a social connectivity program to include intergenerational technology support, tablets, and informational drop cards for distribution through home-delivered meals. Received City of Seattle funding to support social connectivity and Geriatric Workforce Enhancement Center funding for telehealth support: <ul style="list-style-type: none"> Completed 2 phases of a computer tablet distribution project. Partnered with The Seattle Public Library for hotspots that were distributed to senior centers. Completed <i>Stay Connected</i> program with 8 organizations.
	Coordinate annually with partners such as Public Health and Alzheimer's Association to implement outreach strategies in the WA State Alzheimer's Plan, with emphasis on communities of color.	<ul style="list-style-type: none"> Coordinated participation of 12 churches in <i>Memory Sunday</i> (June) by acknowledging and providing special prayers for caregivers whose loved ones have dementia, reaching an estimated 1,000 members of faith communities. Coordinated the <i>Legacy of Love African American Caregivers Forum</i> (November) with 46 live online participants & 325 videorecording viewers.
	Work with the Dementia Action Collaborative to implement priorities in the WA State Alzheimer's Plan.	<ul style="list-style-type: none"> Participated in or reviewed 14 <i>Project ECHO</i> dementia sessions, providing free continuing education credits for clinicians, with all topics related to memory loss, Alzheimer's, and related dementias. Attended bi-monthly distance-learning clinics for care providers in Washington state on memory loss, Alzheimer's, and related dementias. Participated on the planning team and as a presenter at the first statewide <i>Dementia Friendly Communities Conference</i>, held virtually on September 29–30, with more than 200 participants from across the state.
C-2: Enhance Well-Being	Align investments with King County Veterans, Seniors and Human Services Levy (VSHSL) to enhance the current aging network system.	<ul style="list-style-type: none"> Met regularly with VSHSL staff to discuss coordination; collaborated on kinship care community planning sessions; and met weekly to discuss systems coordination during the pandemic. Participated in King County Senior Hubs calls.
	Seek additional funds to support Community Living Connections network.	<ul style="list-style-type: none"> Collaborated with VSHSL staff to administer funding for caregiver support to 6 agencies.
	Facilitate enhanced care planning across social service and healthcare systems.	<ul style="list-style-type: none"> Participated in monthly meetings to develop a Community Information Exchange (CIE) in King County/WA State convened by HealthierHere, and coordinated briefings for internal staff and community partners. Participated in workflow sessions with UniteUs, a technology vendor, and monthly HealthierHere CIE Network Partner and Data/Technology Workgroups to support ADS configuration on a platform for SHA. Briefed HealthierHere on ADS' Community Living Connections network.

2020 performance

	Objective	2020 Accomplishments
C-2: Enhance Well-Being, continued	Promote awareness of Area Agency on Aging services, evidence-based programs, and self-management plans to primary care clinics and healthcare practices.	<ul style="list-style-type: none"> Primary Care Liaison conducted 66 outreach visits (in-person or virtual) with clinicians and other healthcare providers.
	Participate in advocacy efforts to increase the paid caregiver workforce.	<ul style="list-style-type: none"> Partnered with W4A and the Long-Term Care Coalition, including members representing paid caregivers, to successfully oppose proposed Medicaid funding cuts that would have decimated the community long-term services and support system and negatively impacted the paid caregiver workforce.
	Facilitate advocacy strategies in partnership with the ADS Advisory Council, Mayor's Council on African American Elders (MCAAE), and community partners.	<ul style="list-style-type: none"> The ADS Advisory Council and MCAAE directed letters to local, state, and federal lawmakers advocating for data collection regarding BIPOC communities, how defunding the police department would impact vulnerable older adults, and the need to maintain funding for long-term care services and supports. Participated in Senior Lobby meetings & presented at the annual conference.
	Implement transportation coordination tool to include a web-based and/or app-based ride request feature, with full adoption by ADS-funded transportation providers.	<ul style="list-style-type: none"> Supported the King County Mobility Coalition and Hopelink Mobility in FTA grant applications to implement a transportation coordination tool. One grant is pending; if funded, it would provide approx. \$150,000 for software development and support, as well as technology and evaluation consultants.
	Raise awareness about the Long Term Care Trust through statewide and local media campaigns focused on consumer and employer.	<ul style="list-style-type: none"> An internal ADS planning meeting was convened to identify gaps in current network; however, the project was put on hold due to COVID-19 pandemic.
C-3: Maximize Independence	Increase staff clinical skills to address the medical complexity of long-term services and supports clients.	<ul style="list-style-type: none"> Staffed cases with <i>Health Home</i> care coordinators. Developed <i>Project ECHO</i> for AAA staff based on the 4 Ms—Mobility, Mentation, Medications, and What Matters.
	Collaborate with first responders to improve health outcomes and reduce unnecessary EMS and hospital emergency department use.	<ul style="list-style-type: none"> The <i>Mobile Integrated Health</i> (MIH) partnership with Seattle Fire continued in the midst of a pandemic, with 943 in-person visits by the Health One team to over 500 clients. Received <i>2020 Aging Innovations Award</i> for MIH partnership with Seattle Fire from the National Association of Area Agencies on Aging. Awarded a HealthierHere innovation grant for a new case management data system in late 2020 to track vulnerable adults and Health One work. Piloted a <i>OneCall</i> system provided by Crisis Connections, with a database for first responders, county MIH, and primary behavioral health information.
	Increase awareness and expand case management services for victims of abuse, neglect and exploitation.	<ul style="list-style-type: none"> 537 reports were made to Adult Protective Services by Seattle Fire. A <i>Victims of Crime Act</i> grant allowed cognitive capacity evaluation, emergency good and services & hiring of second elder abuse case manager. 5 virtual events were held in the community. 1 article appeared in AgeWise King County.
	Explore opportunities and alternative ways to deliver long-term services and supports for complex clients such as those experiencing homelessness.	<ul style="list-style-type: none"> 4 case managers assigned to collaborate with staff in supportive housing sponsored by Plymouth Housing, DESC, LiHi, and CCS and are now the site contacts for long-term services and supports. More residents accept services because of this partnership.
	Build sustainable communication among agencies working with complex long-term services and supports clients, including behavioral health providers, SHA, and other supportive housing providers.	<ul style="list-style-type: none"> Convened meetings with SHA care network to plan for UniteUs launch (see Community Information Exchange, above), with the goal of improving coordination of services.
	Increase the number of successful referrals for long-term services and supports such as MAC/TSOA (Medicaid Transformation Demonstration Project).	<ul style="list-style-type: none"> Increased the number of MAC and TSOA clients (both dyads and individuals) from 725 to 951 (a 31% increase), despite outreach challenges due to COVID. The state's goal for MAC/TSOA is for each AAA to reach 50% dyads. In 2020, ADS had a rate of 37% dyads and is trending upward.

2020 objectives postponed due to COVID

Objective	2020 Accomplishments
C-2 Identify opportunities to support the capital facility 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.	<ul style="list-style-type: none"> Project suspended due to COVID-19 pandemic. ADS remains committed to this objective.
C-4 Participate in annual 7.01 update meetings with tribal members and Office of Indian Policy staff.	<ul style="list-style-type: none"> Scheduling a 7.01 meeting was in the works at the start of the year; however, focus shifted due to COVID-19 pandemic. ADS remains committed to this objective.
Coordinate efforts to connect King County tribes and organizations to the Community Living Connections network.	<ul style="list-style-type: none"> Project suspended due to COVID-19 pandemic. ADS remains committed to this objective.

committed to racial equity & social justice

Aging and Disability Services supports the City of Seattle's Race and Social Justice Initiative (RSJI) and the National Association of Area Agencies on Aging (n4a) commitment to equality and diversity.

our partners

As the Area Agency on Aging for Seattle and King County, ADS priorities are guided by the Seattle-King County Advisory Council on Aging & Disability Services and by Area Agency on Aging partners—Seattle Human Services, King County Department of Community and Human Services, and Public Health—Seattle & King County.

our mission

The mission of Aging and Disability Services 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.

our services

Aging and Disability Services contracts for services and also provides certain types of direct services for older people, adults with disabilities, and caregivers, including:

- Adult Day Services
- Age Friendly Communities
- Alzheimer's Program
- Caregiver Support
- Case Management
- Elder Abuse Prevention
- Employment Services
- Health Maintenance
- Health Promotion
- Information & Assistance
- Legal Services
- Nutrition Services
- Senior Centers
- Transportation



www.AgingKingCounty.org

To access services, call Community Living Connections (toll-free) at 844-348-5464 or visit CommunityLivingConnections.org.

Follow us online!

For links, visit bit.ly/3uzSNcu.



Appendix G: Statement of Assurances & Verification of Intent

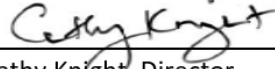
For the period of January 1, 2020, through December 31, 2023, Aging and Disability Services (ADS) accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) (P.L. 114-144, 42 USC 3001-3058ff) and related state law and policy. Through the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

