

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

*Final draft Area Plan Update submitted November 1, 2021
to Washington State Unit on Aging for review*



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TABLE OF CONTENTS

Letter from the Area Agency on Aging Partners	5
Acknowledgements.....	6
Seattle-King County Advisory Council on Aging & Disability Services	6
Aging and Disability Services (ADS)	6
Area Plan Coordination & Production	6
Area Plan Contributors	6
Key Partners	6
Section A – Area Agency Planning and Priorities	7
A-1: Introduction	7
A-2: Mission, Values, Vision	8
A-3: Planning and Review Process.....	8
A-4: Prioritization of Discretionary Funding	8
Section B – Planning and Service Area Profile	10
B-1: Population Profile and Trends	10
Overview	10
General Demographics	11
Priority Population	14
Health.....	18
Affordability	24
B-2: AAA Services and Partnerships	29
Adult Day Services	29
Age-Friendly Communities [NEW]	30
Behavioral Health.....	30
Brain Health	31
Caregiver Information and Support	32
Care Management	33
Community Living Connections	36
Elder Justice Coordination	37
Elder Abuse Prevention	37
Integrated Health and Community Paramedicine	38
Health Promotion	40
Legal Services	41
Minor Home Repairs	41
Nutrition.....	42
Senior Centers.....	43
Transportation	43
Workforce Development	44
B-3: Area Agency on Aging Focal Points	45
Section C – Issue Areas	50
C-1: Support Healthy Aging	50
Built Environment	51
Social Environment	52

Community support and health services	55
C-1: Support Healthy Aging Goals & Objectives	67
Focus: Help consumers age healthfully and avoid the need for services.	67
C-2: Enhance Well-Being	68
Housing	68
Transportation	69
Caregiver Support	69
Community Living Connections	70
Senior Centers.....	71
Long Term Care Trust Act	71
C-2: Enhance Well-Being Goals & Objectives.....	73
Focus: Stabilize and support consumers and reduce dependence on Aging Network services.	73
C-3: Maximize Independence.....	75
Supportive Housing.....	75
Homelessness	76
Elder Justice Coordination	77
Health Transformation.....	77
C-3: Maximize Independence Goals & Objectives.....	79
Focus: Maximize or maintain client independence and avoid the need for institutionalized care.	79
C-4: Partner with Tribes	80
History.....	80
Significant Trends.....	81
Tribal Recognition	81
7.01 Implementation Plans.....	82
C-4: Partner with Tribes Goals & Objectives	99
Focus: To ensure greater success for Native American elders in King County.	99
C-5: Respond to the COVID-19 Pandemic [NEW]	100
Aging Network Response.....	100
Care transitions.....	101
Food assistance.....	101
Personal Protective Equipment	102
Social Connectivity.....	103
Vaccine Coordination.....	103
Post COVID-19 – Recovery, Services and Supports.....	105
Social Connectivity, Digital Equity & Inclusion.....	105
Food Assistance and Engagement	105
C-5: Respond to the COVID-19 Pandemic Goals & Objectives [NEW]	106
Focus: Deliver services and address emerging needs of older people affected by the COVID-19 pandemic.....	106
Section D – Area Plan Budget Summary.....	107
Appendices	108
Appendix A: Organization Charts	109
Appendix B: 2022 Staffing Plan	111
Appendix C: Emergency Response Plan	113
Appendix D: Advisory Council	117
Appendix E: Public Process.....	118
Appendix F-1: 2020 Report Card	129
Appendix G: Statement of Assurances & Verification of Intent.....	134

Letter from the Area Agency on Aging Partners



Tanya Kim

We are pleased to present this 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.



Leo Flor

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 the 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.



Dennis Worsham

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.



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Acknowledgements

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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 2020, ADS served 51,235 individuals (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 a 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 Providers (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 80 agencies to provide a network of in-home and community-based services and supports for older adults and adults with disabilities. In 2020, more than 51,000 older adults, family caregivers, and people with disabilities in King County received services through this Aging Network.

The 2020 budget totals \$68 million, of which \$61 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 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

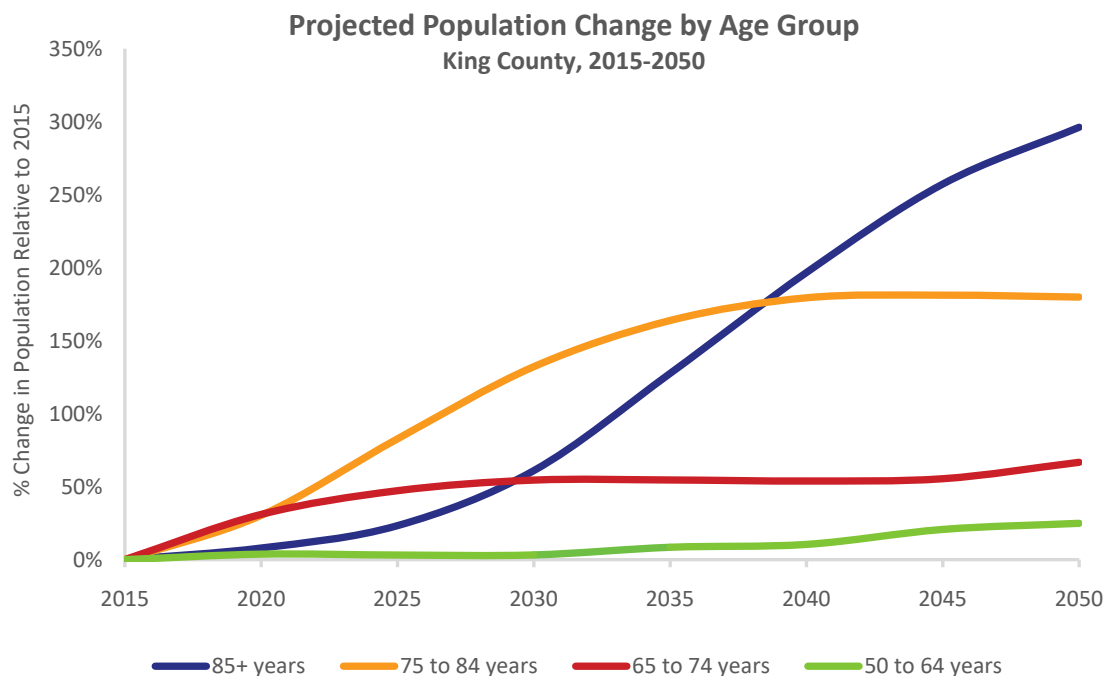
series of bold lines across the chart. These lines show the range of values, including the true average for the population 95 percent of the time. A large—or “wide”— confidence interval usually means the estimate is less precise for that population. Data sources that rely on surveys can have small sample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

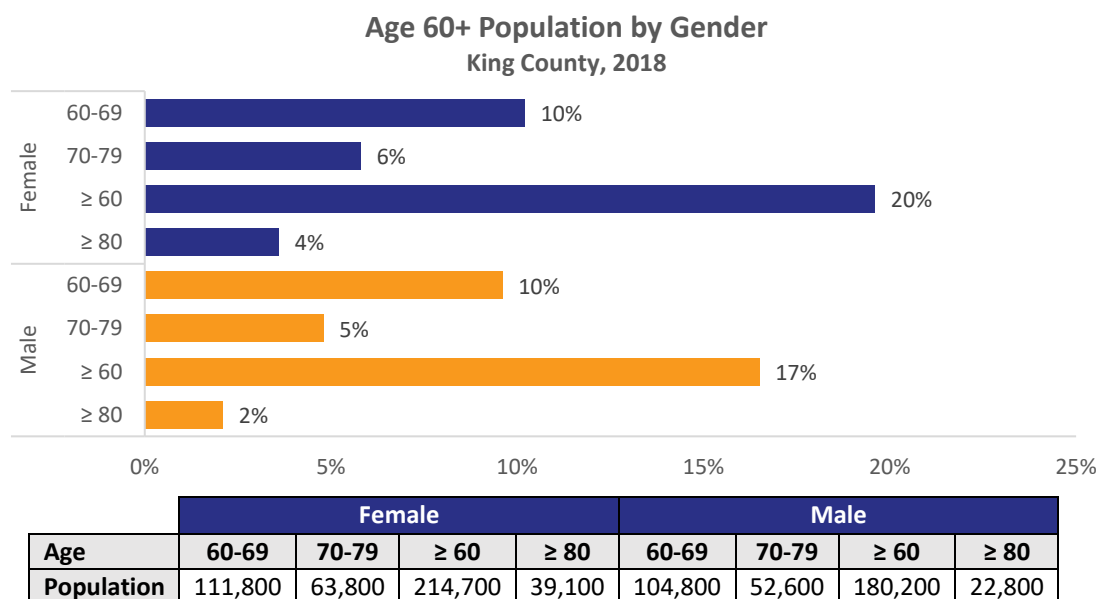
² King County, Public Health-Seattle & King County, *King County Community Health Needs Assessment*, 2018/2019, p. 15, accessed at www.kingcounty.gov/depts/health/data/community-health-indicators/~/_media/depts/health/data/documents/2018-2019-Joint-CHNA-Report.ashx.

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 with 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 to, 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.

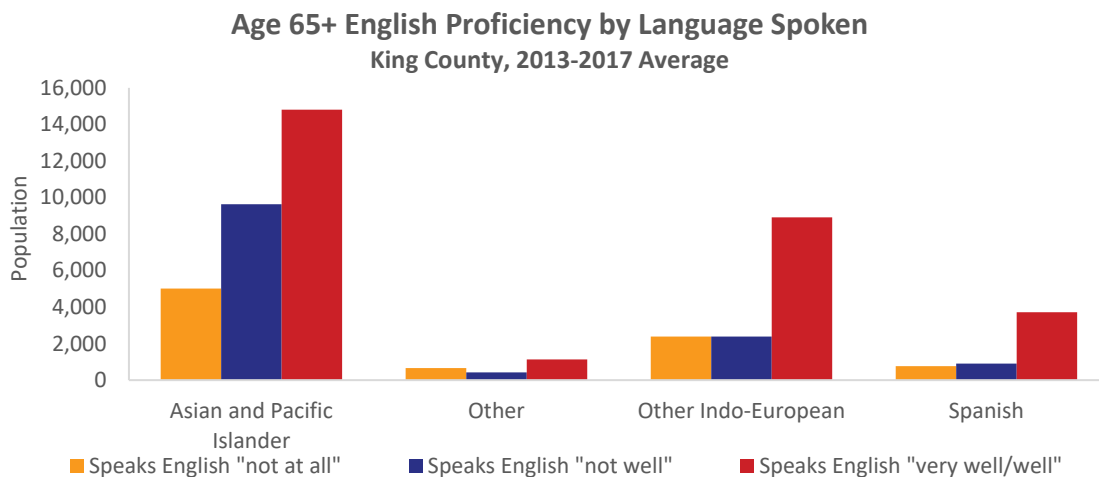
Languages Spoken at Home by Ages 5+ and 60+				
King County, 2013-2017 Average				
Total Population 5+			Total Population 60+	
Rank*	Language	Population Estimate	Language	Population Estimate
1	English	73%	English	81%
2	Spanish	7%	Chinese (incl. Mandarin, Cantonese) †	4%
3	Chinese (incl. Mandarin, Cantonese)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

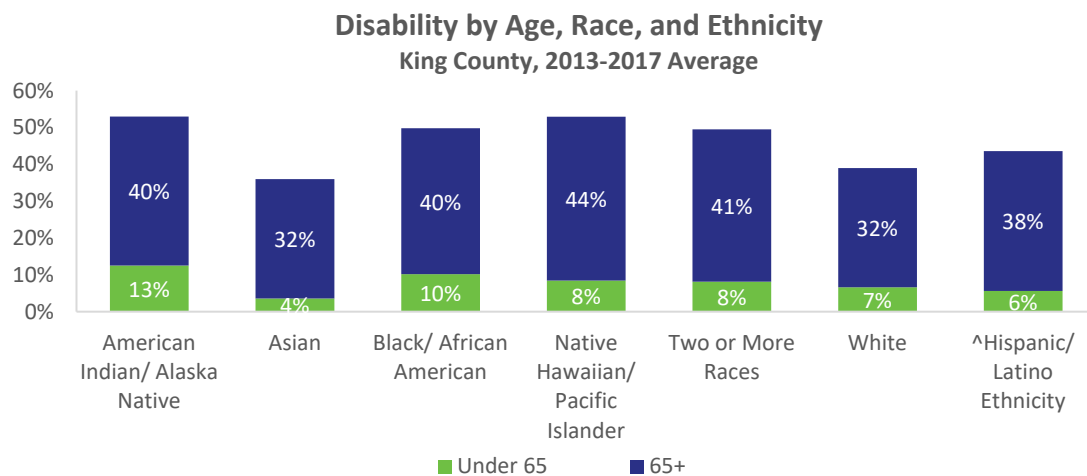
While most adults aged 65 and older do not have difficulty speaking English, a sizeable number of older adults speaking Asian and Pacific Islander languages speak English “not well” or “not at all.” Because of this, it’s important to provide translated health and educational materials and access to human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

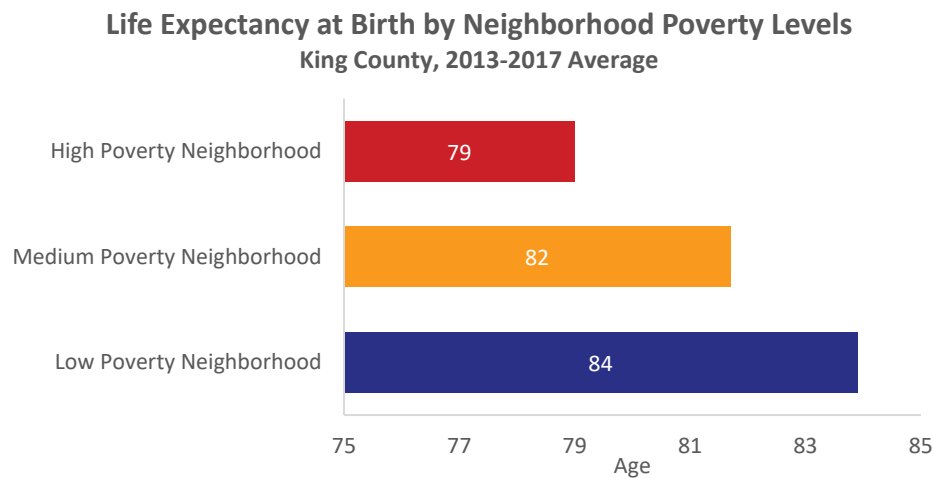
While there have always been LGBT elders, few have been open about their sexual orientation or gender identity due to the historical and social context in which they came of age. Having faced severe stigma and the criminalization of same-sex behavior in their lifetimes, concealing one’s identity has 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

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

¹⁶ Ibid.

Health

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



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

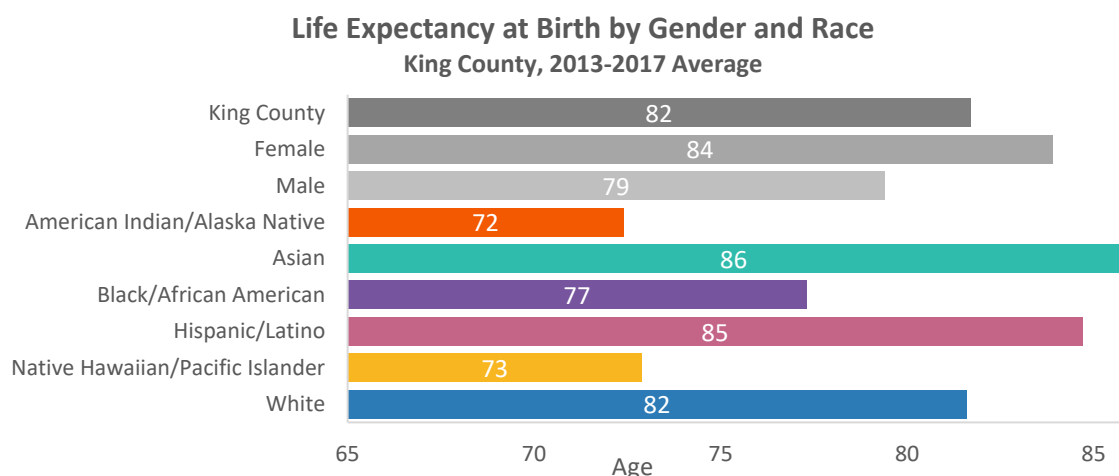
Socioeconomic conditions, such as concentrated poverty, are major social determinants of health. High poverty neighborhoods include 20 percent or more households below the poverty threshold; medium poverty neighborhoods between five percent to 19 percent; and low poverty neighborhoods fewer than five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

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

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

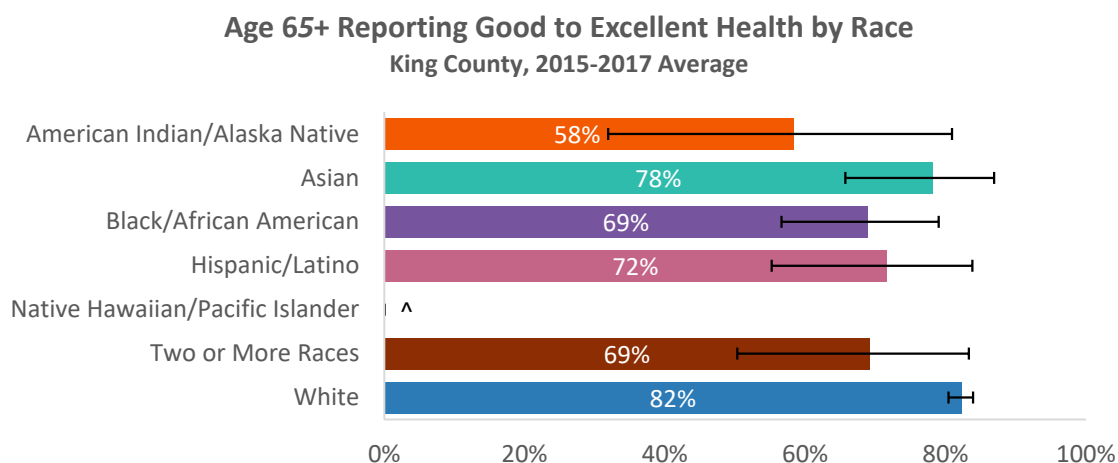
¹⁷ King County, Public Health-Seattle & King County, King County Community Health Needs Assessment, p. 35.

¹⁸ Ibid.



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

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



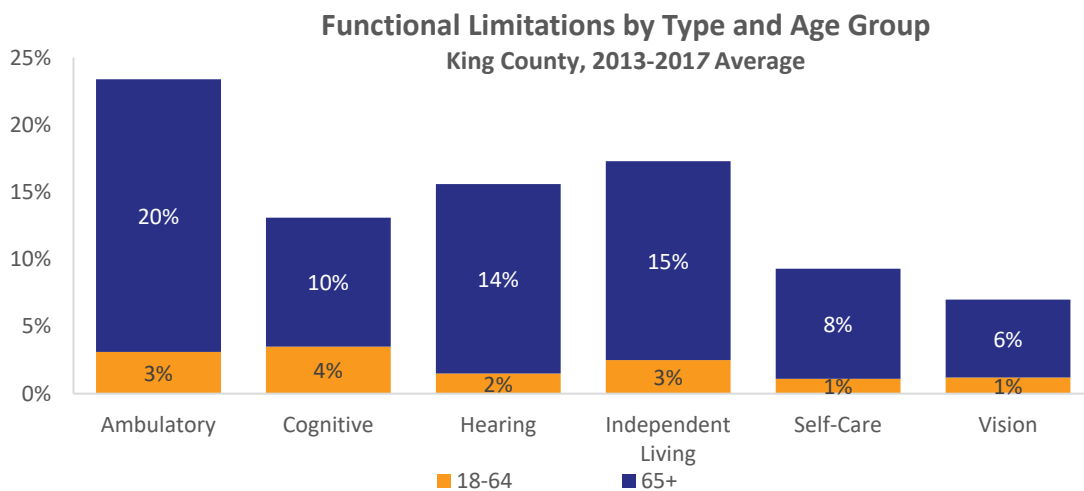
^ = Data suppressed if too few cases to protect confidentiality and/or report reliable rates

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

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

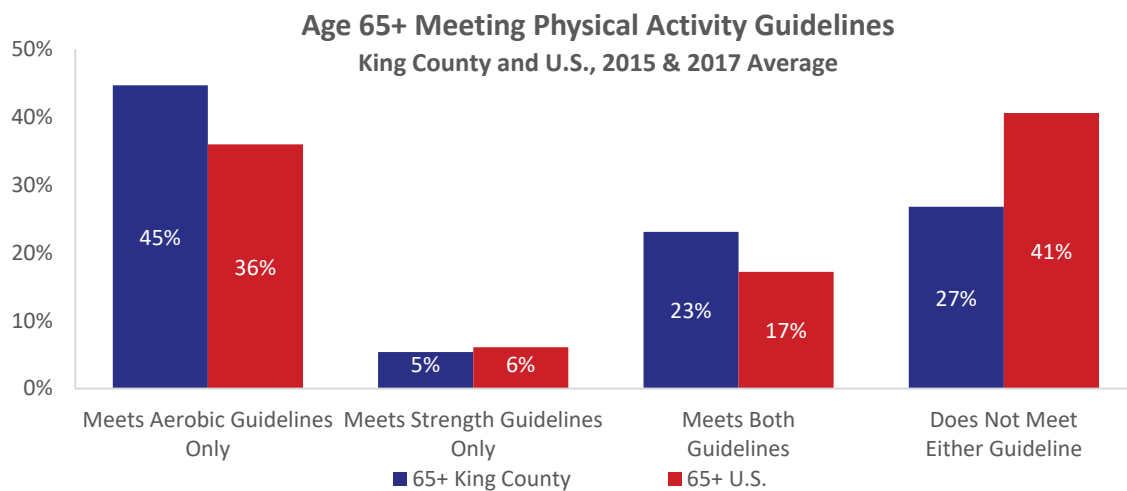
¹⁹ L. Dwyer-Lindgren, RW Stubbs, A. Bertozzi-Villa, et al. “Variation in life expectancy and mortality by cause among neighbourhoods in King County, WA, USA, 1990–2014: A census tract-level analysis for the Global Burden of Disease Study 2015,” *Lancet Public Health*, 2(9):e400-e410.

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



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

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

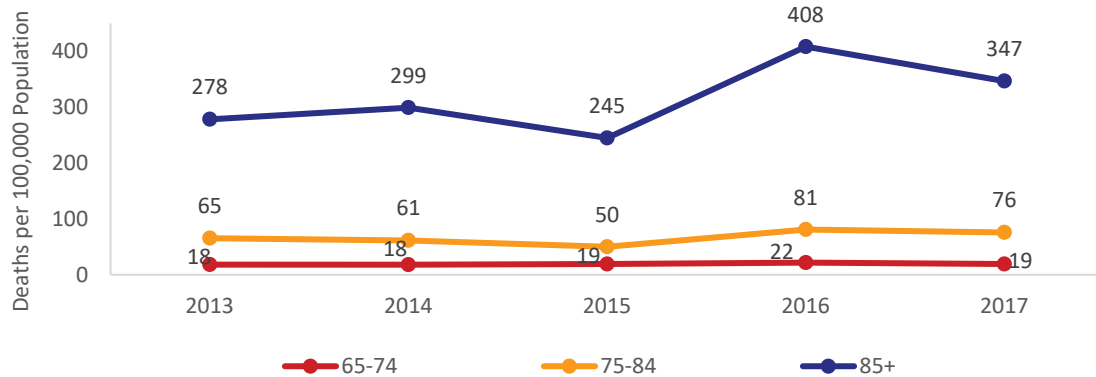


Source: WA State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, 2015 & 2017.

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

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

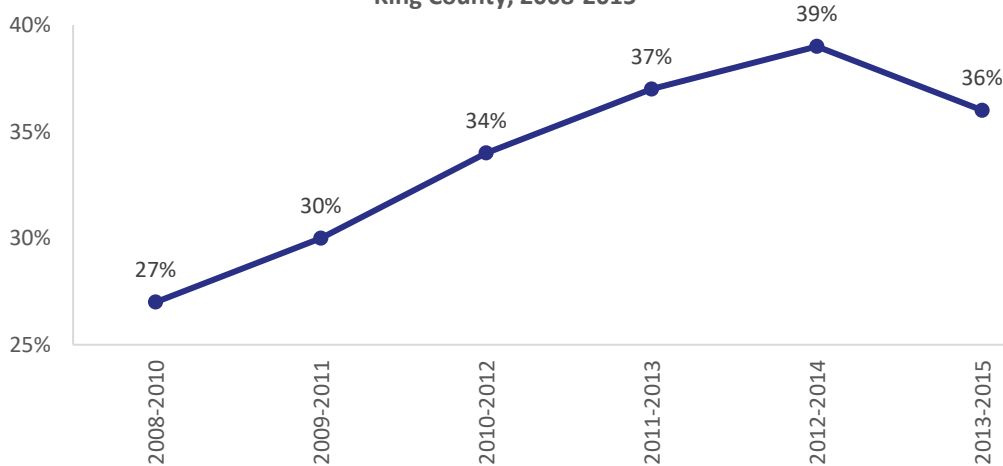
Rate of Unintentional Deaths Related to Falls by Age Group 2013-2017, King County



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

Age 65+ without Flu Shot in Past Year King County, 2008-2015



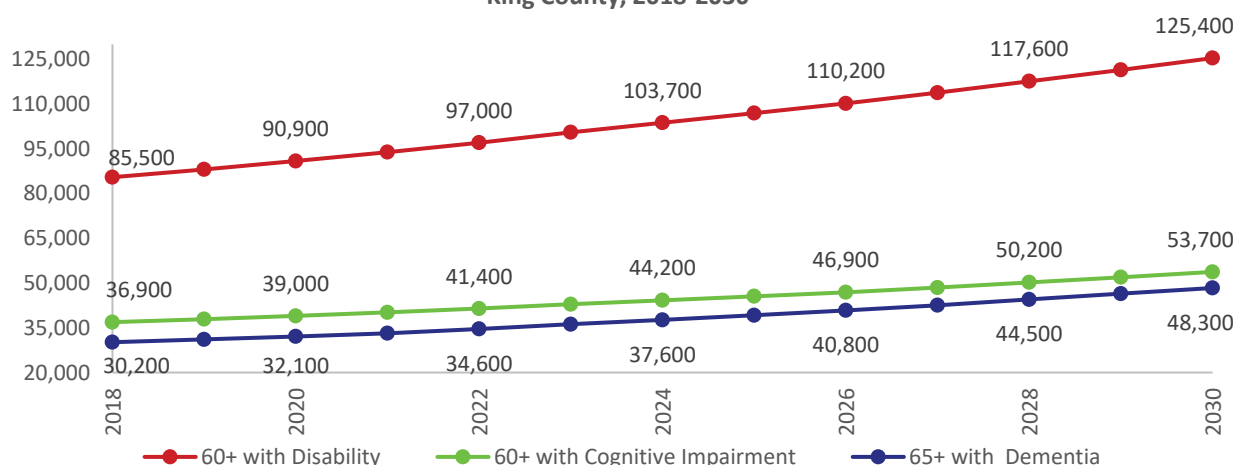
Source: WA State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, 2008–2015.

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

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

²³ Ibid.

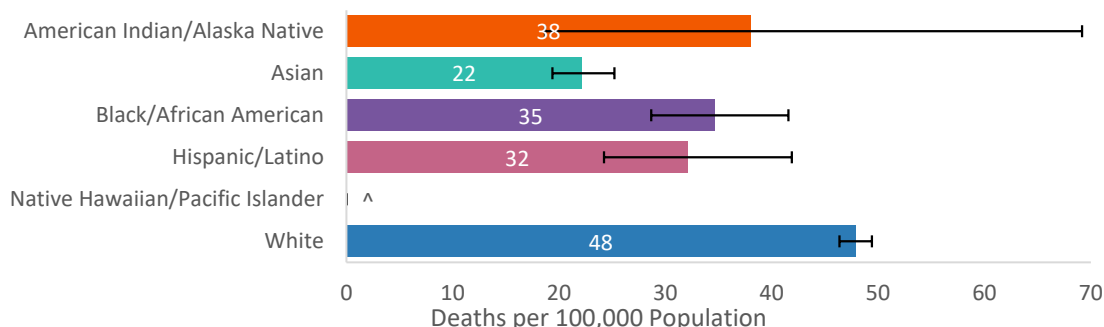
Disability, Cognitive Impairment, and Dementia by Age King County, 2018-2030



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.

Alzheimer's Death Rates by Race King County, 2013–2017 Average

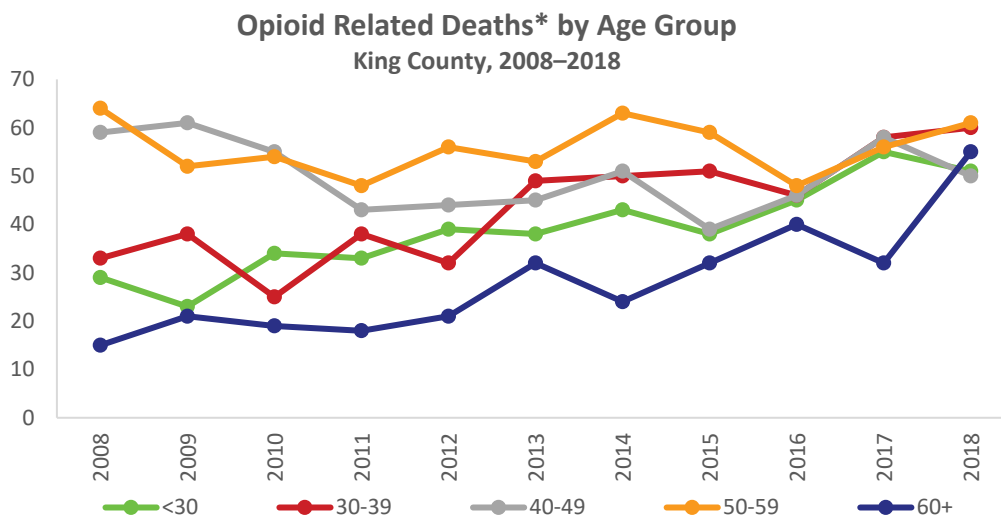


^ = Data suppressed if too few cases to protect confidentiality and/or report reliable rates

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

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

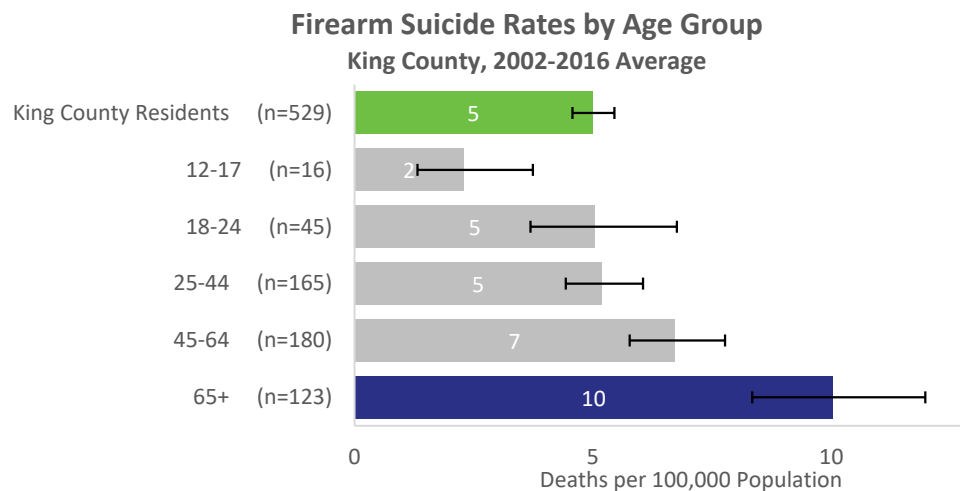
²⁴ Alzheimer's Association, *2019 Alzheimer's Disease Facts and Figures*, p. 21
<https://www.alz.org/media/Documents/alzheimers-facts-and-figures-2019-r.pdf>



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

Source: King County Medical Examiner's Office

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



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

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

²⁵ Administration for Community Living, *The Opioid Public Health Emergency and Older Adults*, (December 2017), <https://www.acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/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.

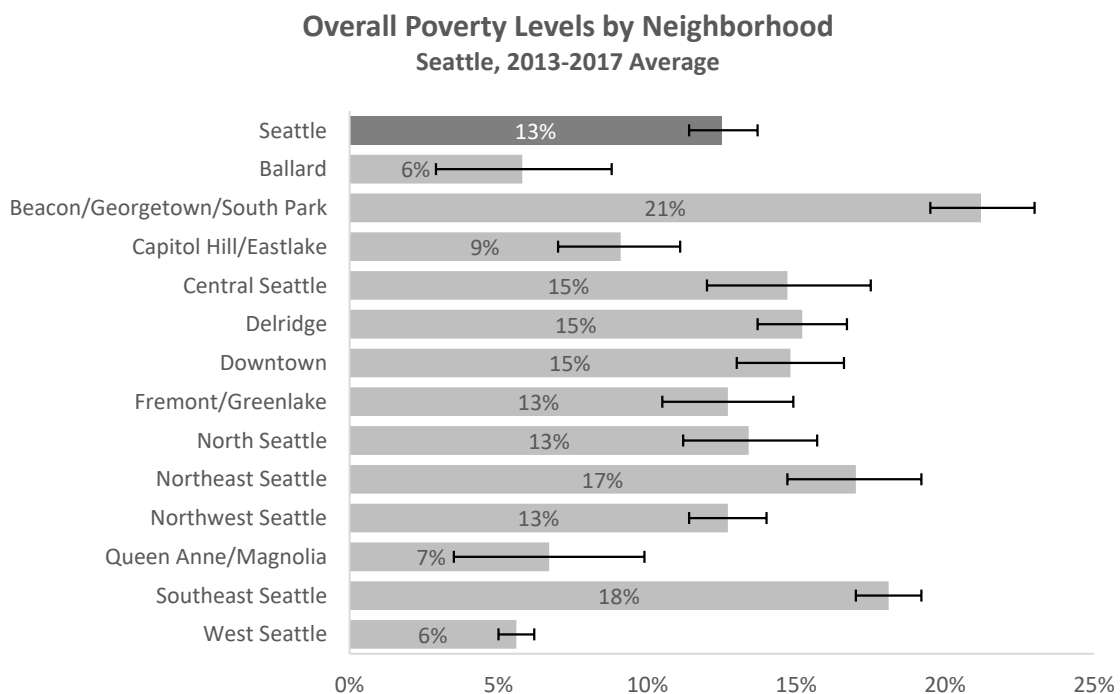
Affordability

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

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

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

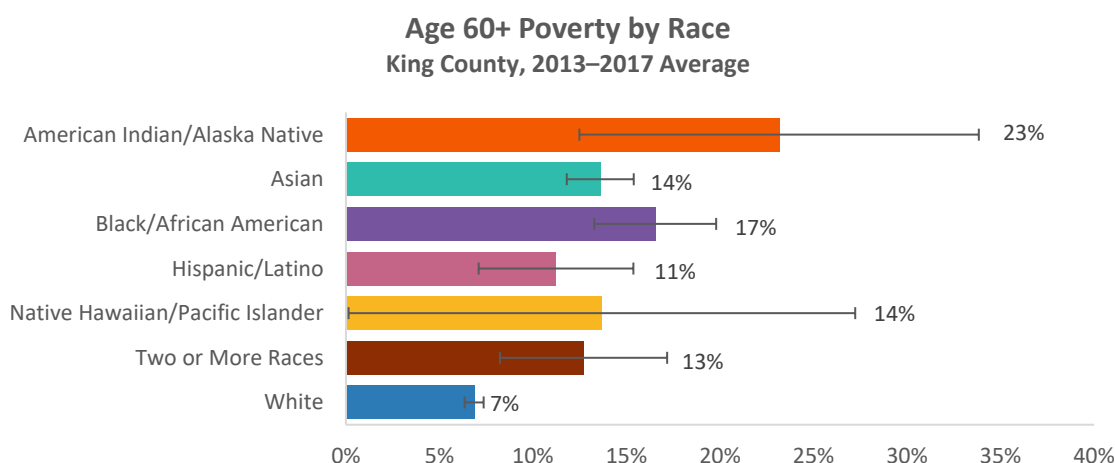
Poverty among the 65 and older population is highest in Seattle and the South Rural and Urban subregions. South King County is home to some of the most racially and ethnically diverse communities in our county, and it has some of the highest concentrations of poverty.



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

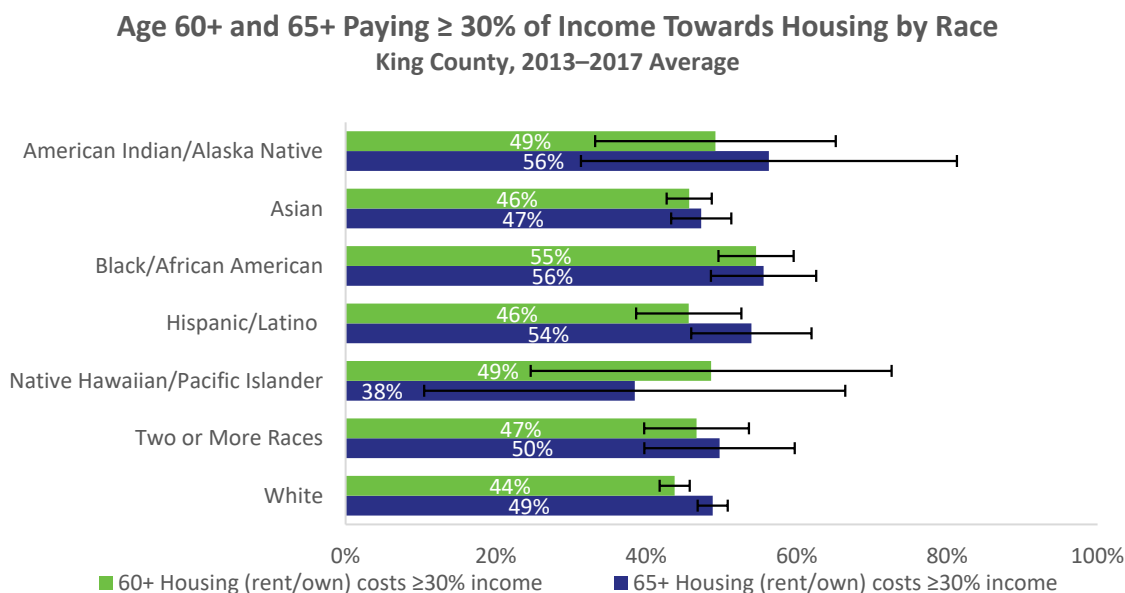
The overall poverty level in Seattle, for all ages, is about 13 percent²⁷; however, there are marked disparities among neighborhoods.

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



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



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

Paying more than 30 percent of one's income for housing is an indicator of housing cost burden. Households with this burden are more vulnerable to food insecurity, lack of adequate healthcare, loss of housing, and other difficulties.³¹ In King County, a higher proportion of people of color face housing cost burden, regardless of their status as renters or homeowners.

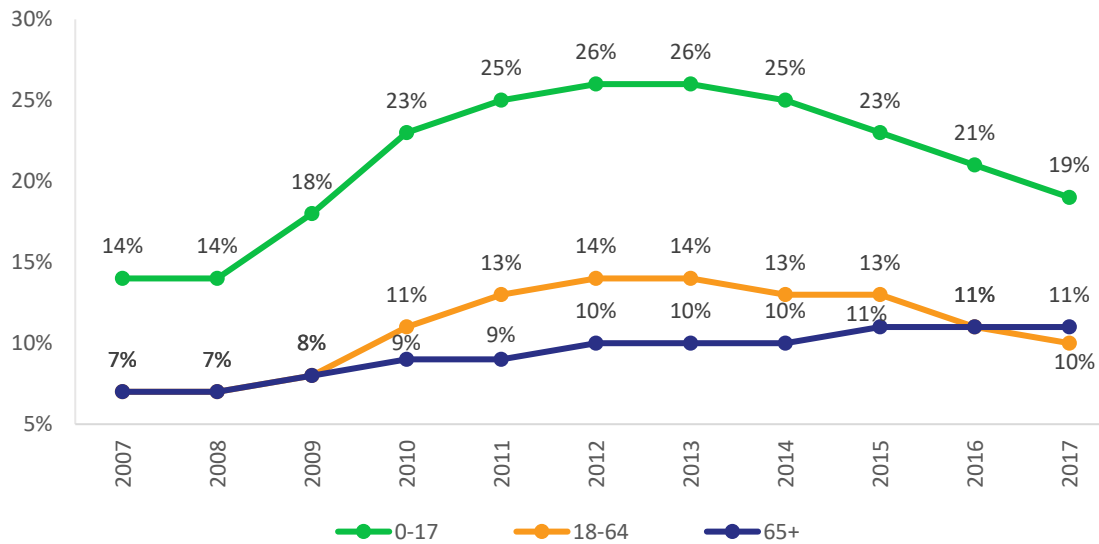
²⁸ WA State Office of Financial Management, Forecasting Division, Single Year Intercensal Estimates (2018-2030)

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

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

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

Basic Food Participation by Age Group King County, 2007–2017

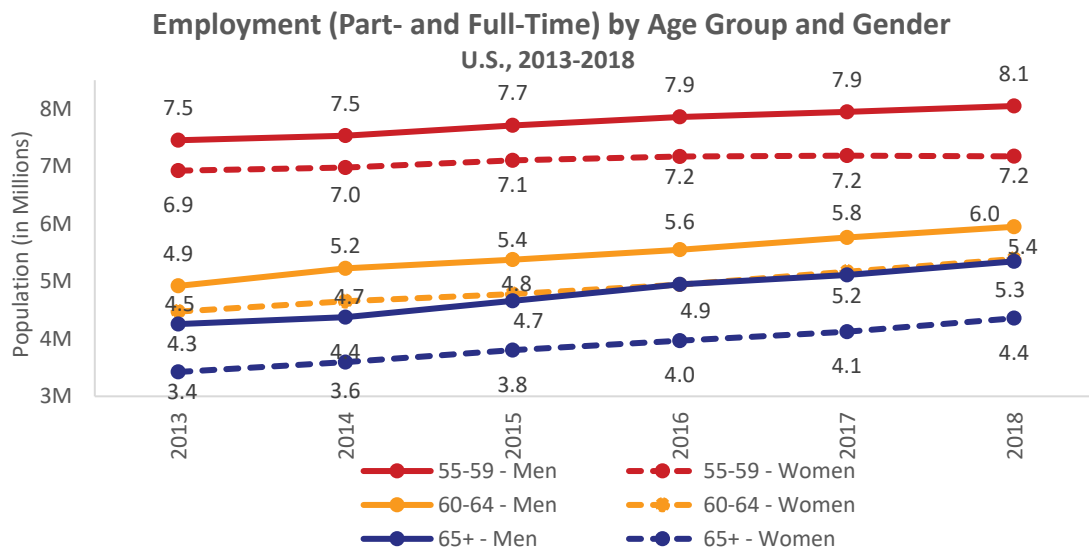


Source: WA State Department of Social and Health Services, Research and Data Analysis, Client Services Database.

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

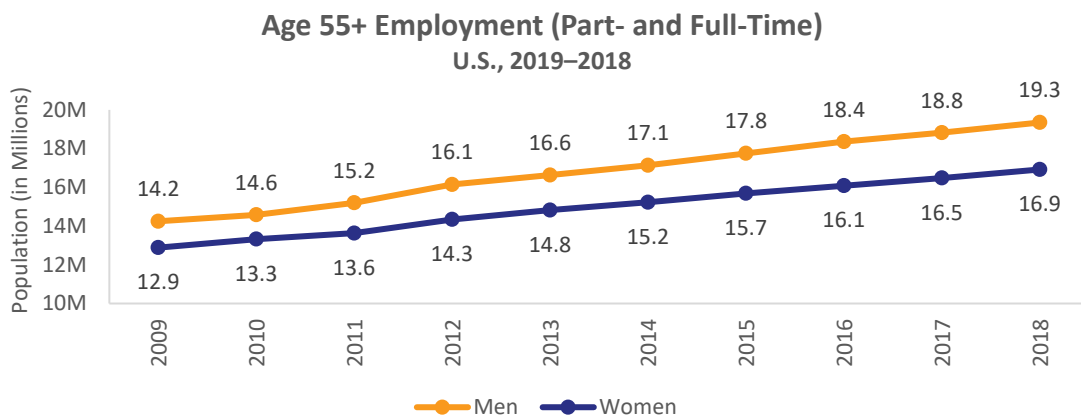
A similar pattern was observed for visits to King County food banks. After the economic impact of the recession faded, the number of children and adults aged 18–54 using food banks declined. In contrast, the number of older adult clients continued to increase through 2018.³²

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



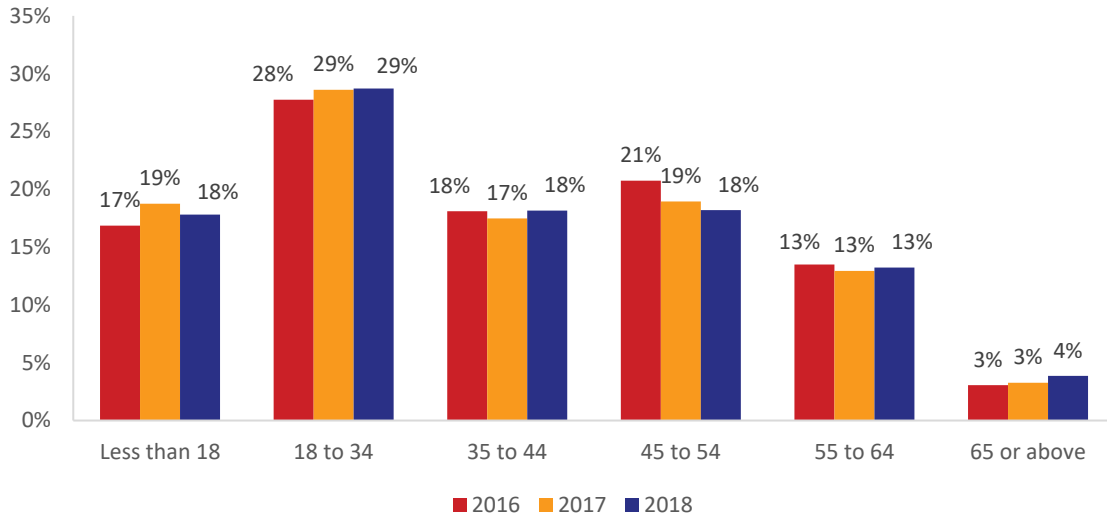
Source: Bureau of Labor Statistics, Labor Force Statistics from the Current Population Survey, 2009–2018.

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 2020, ADS served over 51,000 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](#).

Age-Friendly Communities [NEW]

“Age-Friendly” is an aspirational term used by members of the AARP Network of Age-Friendly States and Communities. Age-friendly communities are “places where we live [that] are more livable, and better able to support people of all ages, when local leaders commit to improving the quality of life for the very young, the very old, and everyone in between.”³⁵

Age-friendly communities focus on improvements in eight domains of livability—transportation, housing, buildings and outdoor spaces, social participation, respect and social inclusion, civic engagement and employment, communication and information, and community and health services.

Age Friendly Seattle was launched in 2017. Aging and Disability Services, as a division of the Seattle Human Services Department, houses the Age Friendly Seattle team that works across City departments and in the community to implement strategies to make Seattle “a great place to grow up and grow old.” The Age Friendly Seattle Action Plan is available online.³⁶

In 2020, the City of Renton—also part of King County—joined the AARP Network, expanding opportunities for collaboration. Age Friendly Renton is currently assessing their community and developing an action plan. See “City of Renton earns ‘Age-Friendly City’ designation from AARP and WHO” (City of Renton press release, accessed 8/24/21 at <https://bit.ly/3kkh3Mu>).

Where feasible, given AAA goals and staffing, Aging and Disability Services will support age-friendly communities in implementation of their specific plans. AAA objectives related to age-friendly communities appear in both C-1: Support Healthy Aging and C-2: Enhance Well-Being.

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

³⁵ AARP Livable Communities, accessed 8/24/21 at www.aarp.org/livable-communities/network-age-friendly-communities/.

³⁶ Age Friendly Seattle, www.seattle.gov/agefriendly

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.

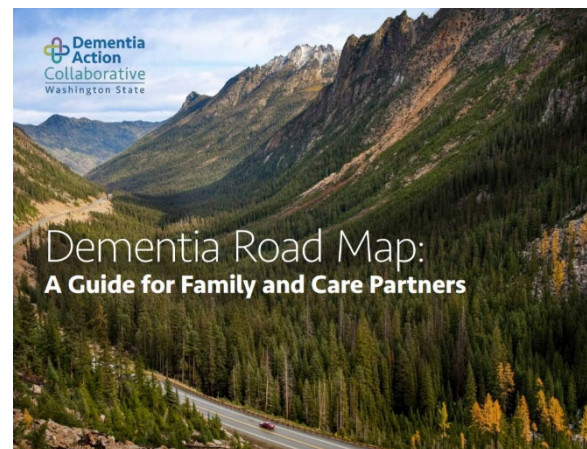
Interventions generally occur within the client's natural environment. The chemical dependency professional evaluates clients, provides ongoing counseling, refers clients to appropriate community resources, treatment, and medical care, and in every case develops an individually tailored plan for each 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 assistive living or nursing homes for long-term care. Client complexities include co-morbidities, behavioral health diagnosis, and substance abuse disorders, with more homeless or formerly homeless individuals requesting and receiving long-term services and supports. To meet the individual needs of our complex clients, various types of nursing services are provided.

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

Community Transition Services

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

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.

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 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



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.

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:

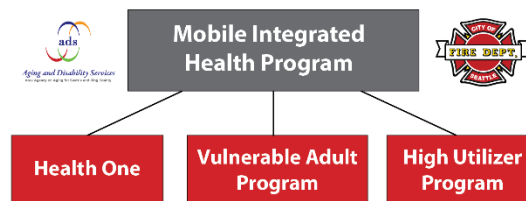
1. Early and rapid intervention with reported cases of abuse that have otherwise fallen through the cracks or are unable to be dealt with effectively by other agencies involved, focusing on providing victim-centered wrap-around services to address all identified needs and engaging in appropriate investigations 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

Mobile Integrated Health Program

The Mobile Integrated Health (MIH) Program is a partnership with Seattle Fire Department and other first responder units in King County.³⁷ The MIH program comprises three main activities:

- Vulnerable Adult Program
- High utilizer case management
- Two Health One response units (Seattle Fire Department)



ADS created the Vulnerable Adult Program in 2011 to improve reporting of vulnerable adults by the SFD and improve communication between departments that enforce laws and partners that provide senior services, including Seattle Police Department and Adult Protective Services. 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 (see also [Elder Abuse Prevention](#), above).

³⁷ Mobile Integrated Health Program, Seattle Fire Department, www.seattle.gov/fire/safety-and-community/mobile-integrated-health

The program provides enhanced service to individuals who call 911 with lower acuity complaints (e.g., calls for service that do not present an immediate danger to life, health, or property). ADS case management services for frequent 911 callers reduces the impact of non-emergent calls on SFD operations and better connects individuals in need with appropriate care and services. This work began in 2016 as the Low Acuity Alarm Program and became part of the MIH in 2019.

Launched in 2019, Health One—SFD’s Mobile Integrated Health response unit—is designed to respond to individuals immediately in their moment of need and help them navigate medical care, mental health care, shelter and/or other social services.³⁸ Health One is a multidisciplinary team, with firefighters and case managers each bringing unique skills and approaches to the scene. Due to its success, a second Health One unit was added in 2021.



A dedicated case manager engages with frequent 911 callers.

In addition, the MIH program provides education and training for high-utilizing locations such as shelters, clinics, and long-term care facilities. Its work is heavily data-driven and supported by a wide network of partners in Seattle, King County, healthcare and nonprofit groups, neighboring fire departments, and others.

End Stage Renal Disease Seamless Care Organization

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

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

Hospital Discharge Navigator

In 2018, ADS co-located a discretionary care coordinator at Valley Medical Center. The care coordinator—termed Hospital Discharge Navigator—meets with vulnerable older adults during their inpatient stay and follows them at discharge to help establish an ongoing care team and connect them

³⁸ Health One, Seattle Fire Department, www.seattle.gov/fire/safety-and-community/mobile-integrated-health/health-one

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.³⁹ 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 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.

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

³⁹ 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/.

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, 13 agencies manage over 50 nutrition sites, including sites that provide ethnic and culturally appropriate meals for specific populations: African American, Hispanic, Native American, Asian, Pacific Islanders, 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 health services 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.

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.

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	1620 12 th Avenue, Suite 203, Seattle 98102	206-393-3400	LGBTQIA+
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	

Organization	Site Name	Address	Phone Number	Language/Community
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, 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

Organization	Site Name	Address	Phone Number	Language/Community
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
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 98003	206-764-4700	Spanish
Sea Mar Community Health Centers	Lake City Community Center	12531 28th Avenue NE, Seattle 98125	206-764-4700	Spanish
Sea Mar Community Health Centers	Peter Kirk Community Center	352 Kirkland Avenue, Kirkland	206-764-4700	Spanish

Organization	Site Name	Address	Phone Number	Language/Community
Sea Mar Community Health Centers	Sea Mar Dental Building	8915 14th Avenue South, Seattle 98108	206-764-4700	Spanish
Sea Mar Community Health Centers	SeaTac Community Center	13735 24th Avenue South, SeaTac 98168	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.”⁴⁰

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.

⁴⁰ 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.⁴¹

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 people of color. 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 obesity⁴² and general health status.⁴³

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 ambulatory⁴⁴—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

⁴¹ Social Determinants of Health, Healthy People 2030, accessed 7/15/21 at <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>.

⁴² 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.

⁴³ 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/.

⁴⁴ 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.^{45,46,47} Forty-eight percent of children walked to school in the 1969 but only 13 percent did so in 2009.⁴⁸ The majority of working people drive alone to work.⁴⁹

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.⁵⁰ 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.⁵¹

People who feel lonely are at increased risk of dementia, diabetes, cardiovascular disease, disability, and early death.⁵² 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.⁵³

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

⁴⁵ 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.

⁴⁶ 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/.

⁴⁷ 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.

⁴⁸ The Decline of Walking and Bicycling, Safe Routes to School Guide, accessed 9/10/19 at <https://bit.ly/Ojliqa>.

⁴⁹ The Great Divide in How Americans Commute to Work, City Lab, accessed 9/10/19 at <https://bit.ly/2FT261h>.

⁵⁰ 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>.

⁵¹ “[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.

⁵² 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/.

⁵³ 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.⁵⁴

Local data indicates that a sizeable percentage of older people live alone⁵⁵, 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.⁵⁶

Hearing loss can cause social isolation, as people who can’t understand clearly withdraw from work, volunteer activities, friendships, family relationships, social outings, and entertainment.⁵⁷

Underemployment, unemployment, and forced retirement are more common among people with hearing loss.⁵⁸

AARP has recommended use of the Welcome to Medicare⁵⁹ preventive visit and Annual Wellness Visits⁶⁰ 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 Levy⁶¹ 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

⁵⁴ Medicare Spends More on Socially Isolated Older Adults, AARP Public Policy Institute, accessed 5/16/19 at <https://bit.ly/2Bh3Tro>.

⁵⁵ “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)

⁵⁶ “Livability for All in the City of Seattle, WA: An Age-Friendly Community Survey of Residents Age 45-Plus,” AARP Livable Communities, August 2017

⁵⁷ Untreated Hearing Loss Linked To Loneliness And Isolation For Seniors, NP\$ 9/12/19, accessed 8/30/21 at www.npr.org/sections/health-shots/2019/09/12/760231279/untreated-hearing-loss-linked-to-loneliness-and-isolation-for-seniors

⁵⁸ Workplace Hearing Loss, Hearing Health Foundation, accessed 8/30/21 at <https://hearinghealthfoundation.org/hearing-loss-in-the-workplace>

⁵⁹ Your “Welcome to Medicare” preventive visit, Medicare.gov, accessed 5/16/19 at <https://bit.ly/2VtyknV>.

⁶⁰ Yearly “Wellness” visits, Medicare.gov, accessed 5/16/19 at <https://bit.ly/2JKULCI>.

⁶¹ Veterans, Seniors and Human Services Levy, accessed 6/28/2021 at <https://kingcounty.gov/depts/community-human-services/initiatives/levy.aspx>.

emotional health and wellbeing. Examples include Senior Hubs and Virtual Villages⁶², Vets Engaged⁶³, 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 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.⁶⁴

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 Disability Advocacy

ADS contracts with numerous organizations that provide disability services and supports, including the Deaf Blind Service Center and Hearing Speech and Deaf Center (see [Area Agency on Aging Focal Points](#), above).

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



Senior Hubs serve as recognized resource centers on aging services and provide support, outreach, connection, and opportunities for social engagement to elders throughout King County.



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

⁶² Senior Hubs, accessed 6/28/2021 at <https://kingcounty.gov/depts/community-human-services/adult-services/older-adults-caregivers/senior-hubs.aspx>.

⁶³ “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/>.

⁶⁴ 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

region have limited knowledge of their responsibilities under the law, particularly regarding accessible communications. This appears to be true across the nation.⁶⁵

Accessibility is a high priority for ADS staff, who are in regular contact with the City of Seattle's ADA Title II Compliance Program, supporting advancement of accessibility throughout City departments.

In addition, the ADS Advisory Council and the Northwest Universal Design Council frequently collaborate with disability advocacy and education organizations such as the Hearing Loss Association—Washington, Northwest ADA Center, and Washington Assistive Technology Act Program (WATAP) to promote community awareness of the need for captioning at public events and on video, hearing loops, assisted listening devices, and other technologies that support hearing access.

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*⁶⁶ provides comprehensive guidance to event coordinators who want to welcome and include individuals with disabilities. Many of the accessible communications strategies can also be used in one-on-one meetings with individuals who have limited vision and/or hearing loss.

ADS also advocates for age-friendly print and digital communications, including type size, font selection, plain language, *Person First* language⁶⁷, and captioning for people who have hearing loss, and audible captions for people who are blind. Strategies to expand awareness and knowledge on a large scale are needed.

ADS is a local leader in providing captioned online events in multiple languages, utilizing Microsoft Teams Live, serving people who have hearing loss as well as immigrant elders who prefer a language other than English.

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 2014⁶⁸, many of the nation's 76 million baby boomers have been given the unprecedented gift of time.

⁶⁵ 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/

⁶⁶ 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.

⁶⁷ Communicating With and About People with Disabilities, CDC National Center on Birth Defects and Developmental Disabilities, accessed 8/30/21 at www.cdc.gov/ncbddd/disabilityandhealth/materials/factsheets/fs-communicating-with-people.html

⁶⁸ Fact Sheet: Aging in the United States, Population Reference Bureau, accessed 9/10/19 at www.prb.org/aging-unitedstates-fact-sheet/.

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.⁶⁹

Particularly in the South region of King County, on average, residents experience worse health outcomes than residents in other regions.⁷⁰ 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).⁷¹

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.

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*.⁷²

Behavioral Health

Depression and dementia are both risk factors for suicide,⁷³ which is a major public health concern related. Firearms are used in nearly 50 percent of suicides,⁷⁴ 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

⁶⁹ 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/.

⁷⁰ King County Community Health Needs Assessment 2018/2019, King County Hospitals for a Healthier Community, accessed 9/10/19 at <https://bit.ly/2GNTQyn>

⁷¹ 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>

⁷² 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.

⁷³ https://stacks.cdc.gov/view/cdc/83835/cdc_83835_DS1.pdf

⁷⁴ WA State Department of Health, Center for Health Statistics Death Certificate data, June 2017

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.⁷⁵

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 31,000.⁷⁶ Alzheimer’s is the sixth leading cause of death in the country⁷⁷, the third leading cause of death in Washington state⁷⁸, and the third leading cause of death in King County.⁷⁹ The number is likely to surge over the next 25 years (estimated as much as 181 percent). Alzheimer’s disease is also a leading cause of disability and morbidity.⁸⁰

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.⁸¹ 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 women⁸², African Americans⁸³,

⁷⁵ Causes of dementia, Dementia.com, accessed 8/14/19 at www.dementia.com/causes.html.

⁷⁶ 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

⁷⁷ Deaths from Alzheimer’s Disease, Centers for Disease Control and Prevention, accessed 8/14/19 at www.cdc.gov/features/alzheimers-disease-deaths/.

⁷⁸ Alzheimer’s Statistics—Washington, Alzheimer’s Association, accessed 8/14/19 at www.alz.org/media/Documents/washington-alzheimers-facts-figures-2018.pdf.

⁷⁹ Leading causes of death, King County (2011–2015), Public Health—Seattle & King County, accessed 8/14/19 at <https://bit.ly/2Mj0OAL>.

⁸⁰ 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.

⁸¹ Ibid.

⁸² Ibid.

⁸³ Leading causes of death, King County (2011–2015), Public Health—Seattle & King County, accessed 8/14/19 at <https://bit.ly/2Mj0OAL>.

and Latinx Americans⁸⁴, and American Indians.⁸⁵ Researchers acknowledge that data on Asian American and Pacific Islander subpopulations is lacking.⁸⁶

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.⁸⁷ Moreover, self-reported cognitive difficulties were elevated in LGBTQ older adults who identified as racial-ethnic and gender minorities.⁸⁸

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.⁸⁹

Washington is home to more than 800,000 caregivers.⁹⁰ In 2017, more than 340,000 caregivers were caring for someone with dementia.⁹¹ For some caregivers, the demands of caregiving and stress increase susceptibility to disease and health complications.⁹² A recent analysis found that 29 percent of caregivers of people with Alzheimer's or other dementias report that providing care results in high physical strain compared with 17 percent of caregivers of people without dementia.⁹³

⁸⁴ 2019 Alzheimer's Disease Facts and Figures, Alzheimer's Association, accessed 8/14/19 at www.alz.org/media/dsw/facts2019_report.pdf.

⁸⁵ 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.

⁸⁶ Ibid.

⁸⁷ 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/.

⁸⁸ Ibid.

⁸⁹ Alzheimer's Disease Caregivers Factsheet, Alzheimer's Association, March 2019, accessed 8/14/19 at <https://bit.ly/2Ha9pSa>.

⁹⁰ 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.

⁹¹ Alzheimer's Statistics—Washington, Alzheimer's Association, accessed 8/14/19 at www.alz.org/media/Documents/washington-alzheimers-facts-figures-2018.pdf.

⁹² 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/.

⁹³ 2019 Alzheimer's disease facts and figures, Alzheimer's Association, Science Direct, accessed 8/14/19 at www.sciencedirect.com/science/article/pii/S1552526019300317.

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.⁹⁴ Their goal is to create “communities that support individuals living with dementia and brings meaning, purpose, and value to their lives.”

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 Washington Memory & Brain Wellness Center and the Washington State Dementia Action Collaborative. The model originated in Japan.



Dementia-Friendly Community Components

⁹⁴ Dementia Friendly America, accessed 9/10/19 at www.dfamerica.org.

- **Dementia Friendly Recreation** is part of Seattle Parks and Recreation’s Lifelong Recreation Program. It focuses on building recreation opportunities for creative arts, fitness, field trips, special events, and volunteerism in every sector of the city for people living with memory loss and their care partners. Coordinating with many community partners, some of the signature programs for Dementia Friendly Recreation are Garden Discovery Walks, the Momentia Talent Share, and Camp Momentia.

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

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

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

Falls Prevention

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

- In King County, from 2008–2012 the unintentional injury death rate for adults 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.⁹⁵
- In Washington state, falls were the leading cause of fatal and non-fatal injuries for adults ages 65 and older from 1999 to 2016.⁹⁶ 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 population has nearly doubled in the last 18 years and is now 15 percent of the state’s population.⁹⁷

⁹⁵ 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.

⁹⁶ 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)

⁹⁷ Ibid.

- Nationwide, the number of deadly falls among older people is rising.⁹⁸ 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.⁹⁹
- 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 \$30,000.¹⁰⁰ In 2014, the lifetime cost of falls in Washington State was \$451 million.¹⁰¹
- 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.¹⁰²
- While hearing loss is not typically listed as a cause for falls, there is evidence that treating hearing loss via hearing aids may reduce the risk of falling.¹⁰³



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>).

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.

⁹⁸ "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.

⁹⁹ 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/.

¹⁰⁰ 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.

¹⁰¹ 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

¹⁰² 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

¹⁰³ Hearing Loss and the Increased Risk of Falls, LeaderLive, ASHA Wire 2/28/19, accessed 8/30/2021 at <https://leader.pubs.asha.org/doi/10.1044/hearing-loss-and-the-increased-risk-of-falls/full/>

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.¹⁰⁴

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.¹⁰⁵

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.¹⁰⁶ Chronic illnesses are among the leading causes of death, disability, and hospitalization in King County.¹⁰⁷

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.¹⁰⁸

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.¹⁰⁹ By 2030, medical costs associated with obesity are expected to increase by at least \$48 billion annually (as of 2008).¹¹⁰

ADS recognizes the need to invest more resources in Living Well chronic disease self-management program¹¹¹ 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

¹⁰⁴ 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

¹⁰⁵ 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>.

¹⁰⁶ 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

¹⁰⁷ 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.

¹⁰⁸ 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.

¹⁰⁹ Economic Costs of Obesity, National League of Cities, accessed 8/26/18 at

www.healthychommunitieshealthyfuture.org/learn-the-facts/economic-costs-of-obesity/.

¹¹⁰ Living Well in Washington State, <https://livingwell.doh.wa.gov/>.

¹¹¹ Self-Management Resource Center, accessed 9/10/19 at www.selfmanagementresource.com.

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.¹¹²

Additionally, partners work on chronic disease prevention. Public Health runs programs to prevent and mitigate asthma, and breast, cervical and colon cancer.¹¹³ 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, systems and environmental changes that make it easier for people to eat healthy and be active—wherever they are.¹¹⁴

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.¹¹⁵

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.¹¹⁶

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.

¹¹² Living Well, Aging King County, accessed 9/10/19 at www.agingkingcounty.org/what-we-do/healthy-aging/#livingwell.

¹¹³ Chronic disease prevention, Public Health—Seattle & King County, accessed 7/15/21 at <https://kingcounty.gov/depts/health/chronic-diseases.aspx>.

¹¹⁴ Healthy Eating Active Living, Public Health—Seattle & King County, accessed 7/15/21 at <https://kingcounty.gov/depts/health/heal.aspx>.

¹¹⁵ 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>.

¹¹⁶ Heroin and Prescription Opiate Addiction Task Force, King County, accessed 9/10/19 at <https://bit.ly/2HnnE32>.

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.¹¹⁷

Additionally, AAA partners work on the opioid emergency. Public Health has multiple programs that work on overdose prevention and response.¹¹⁸ 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.

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.¹¹⁹

Public Health
Seattle & King County

OPIOIDS & OLDER ADULTS

ads Aging and Disability Services
HITTING THE MARK WITH ADULTS

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>

¹¹⁷ 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.

¹¹⁸ Overdose prevention and response, Public Health—Seattle & King County, accessed 7/15/21 at <https://kingcounty.gov/depts/health/overdose-prevention.aspx>.

¹¹⁹ 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>.

- Nationwide, 25 percent of people aged 65–74 have severe periodontal (gum) disease.¹²⁰ 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.¹²¹
- Nearly one-fifth of older adults – estimated to be 150,000 people in Washington – have untreated dental cavities.¹²²
- In Washington, 20 percent of older adults have lost all their teeth.¹²³
- 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.¹²⁴

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.

¹²⁰ 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>.

¹²¹ 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

¹²² 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.

¹²³ 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

¹²⁴ King County Community Health Needs Assessment, King County Hospitals for a Healthier Community, accessed 9/10/19 at <https://bit.ly/2kD3qNz>.

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.

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 and mental health services 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 and risk factors of social isolation and depression for LGBTQIA+ and BIPOC elders 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 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 2010¹²⁵ while rents have increased by 43 percent.¹²⁶ 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.¹²⁷ 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.¹²⁸ 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

¹²⁵ 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/

¹²⁶ 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/

¹²⁷ *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

¹²⁸ 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.¹²⁹

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.¹³⁰ 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.¹³¹ 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.¹³² 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,

¹²⁹ www.udinstitute.org/what-is-ud; www.environmentsforall.org/

¹³⁰ 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>

¹³¹ Confronting Suburban Poverty in America, Kneebone, E., & Berube, A., The Brookings Institute, 2013.

¹³² 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.¹³³ 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.

¹³³ 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.¹³⁴ 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.

¹³⁴ 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.¹³⁵

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.¹³⁶ It is projected that the homeless older adult population is growing rapidly and will continue to grow for the next decade.¹³⁷ 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.¹³⁸

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.¹³⁹

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.

¹³⁵ Seattle/King County Point-In-Time Count of Persons Experiencing Homelessness, 2019.

¹³⁶ 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.

¹³⁷ Ibid.

¹³⁸ 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.

¹³⁹ 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).¹⁴⁰

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.

¹⁴⁰ 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.¹⁴¹ 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,¹⁴² 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.

¹⁴¹ HealthierHere is King County's Accountable Community of Health. Learn more at www.healthierhere.org.

¹⁴² 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 population¹⁴³. There are approximately 47,852 AI/ANs living in King County who identify with more than 40 different tribes.¹⁴⁴ This population has been shown to be undercounted; however, 5,174 AI/ANs have identified as age 60 or older.¹⁴⁵

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.¹⁴⁶ 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.

¹⁴³ U.S. Census Bureau

¹⁴⁴ Urban Indian Health Institute

¹⁴⁵ Area Agency on Aging for Seattle and King County

¹⁴⁶ 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

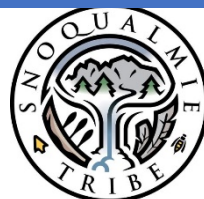
There are two federally recognized tribes within King County—the Muckleshoot Indian Tribe and the Snoqualmie Indian Tribe.

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 Plan and Progress Report

Updated Timeframe: July 1, 2021, to June 30, 2022

Administration/Division/AAA:

Region/Office:

Tribe(s)/RAIOS(s):

Annual Due Date: April 2 (Submit Regional Plan to the Assistant Secretary) and April 30 (submit Assistant Secretary's Plan to OIP).

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.
<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. Continue to serve designated MIT community members (non-MIT enrolled community members). 4. Follow all MIT enrolled tribal members or MIT designated community members referred by MIT to ADS/HCS/HCA to confirm that they	1. ADS Case Manager will receive referrals for all discretionary clients 60 yrs. old and older from Tribal staff. 2. 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.	<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 as needed with MIT APS or court-ordered cases are involved. ADS case manager will participate, when invited, to MIT facilitated family meetings to coordinate care/services. Tribal staff will help ADS Case Manager establish rapport with CMP MIT elders/disabled so that 	December 31, 2016 Theresa Tanoury , CMP Director Julie Donaldson , CMP Supervisor Keith Rapacz , Case Manager Julie Donaldson , CMP Supervisor Karen Cantrell – MEHSS Director Reese Ponyahquaptewa – Asst. MEIHSS Director Shana Cathey – MEHSS Social Worker	<ul style="list-style-type: none"> ADS staff participated in the AIHC Tribal Sovereignty and Working with Tribes, and Urban Indian Health Programs training held January 23. 701 meetings were held with tribal members on March 5 and on June 4. A follow-up 701 meeting was held in April with Muckleshoot tribal members and HCS. ADS case manager participated in the IPAC meeting held June 8. <u>3rd Quarter Caseload (2021)</u> <ul style="list-style-type: none"> Monthly case staffing: MEIHSS staff, ADS Case Manager, and HCS Public Benefits Specialist.

Policy 7.01 Plan and Progress Report

Updated Timeframe: July 1, 2021, to June 30, 2022

Administration/Division/AAA:

Region/Office:

Tribe(s)/RAIOS(s):

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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.
<p>are set up on services based on eligibility.</p> <p>5. ADS Case Manager will provide initial functional eligibility determination and on-going case management for Muckleshoot Tribe and tribal community members residing in-home and who request LTSS core, per the agreement HCS has with the Muckleshoot Tribe and ADS.</p> <p>6. ADS Case Manager, will continue work to increase communication and coordination of client referrals and services with Muckleshoot:</p>	<p>3. ADS Case Manager will contact Tribal staff to coordinate home visits with a tribal representative for all initial home visits as preferred by Tribal and community members.</p> <p>4. Tribal staff will coordinate client releases.</p> <p>5. Tribal staff and ADS Case Manager will conduct quarterly joint case staffings.</p>	<p>Case Manager will be able to provide services for CMP clients if Tribal staff is not required for each home visit.</p> <ul style="list-style-type: none"> Increased referrals and coordination of core LTSS and non-core services for tribal and non-tribal community members. To continue to promote & maintain a positive & effective partnership between MIT & ADS & to ensure that ADS CMP is meeting the needs of the MIT Elders & Vulnerable Adults. 	<p>Cathleen Sanderson - MEIHSS Lead RN</p> <p>Lori Simonson – MEHSS Social Services & Medicaid Specialist.</p> <p>Margaret Carson – MIT APS Program Manager</p> <p>Alexandra Cruz – Director of Human Services & MIT Elders Complex Program.</p> <p>MeLisa Carson-Goldie – Social Worker</p>	<ul style="list-style-type: none"> Quarterly case staffing with MEIHSS, and ADS Case Manager. <p>MIT CORE assessments - 24 MIT Community Member CORE Cases: 2 Pending MIT CORE assessments - 10 CMP Assistance Level Cases – 0 CMP Care Coord / formerly Discretionary - 2 New Referrals – 21 MAC & TSOA – 0 MIT Elder In-Home Support Services – 50 MEIHSS Vulnerable Adult Program (ages 18-49) – 7 (5 MIT funded & 2 DDA clients) <u>Other 2021 MIT Updates:</u></p> <ul style="list-style-type: none"> MEIHSS hired a Social Worker MEIHSS hired 1 RN

Policy 7.01 Plan and Progress Report

Updated Timeframe: July 1, 2021, to June 30, 2022

Administration/Division/AAA:

Region/Office:

Tribe(s)/RAIOS(s):

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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"> a. Human Services Division Director b. Elders Complex director & staff c. Elders In-Home Support Services (MEIHSS) d. Health & Wellness Center, e. Tribal Behavioral Health and Recovery House staff, f. Tribal APS staff g. Tribal Housing Authority staff. 				<ul style="list-style-type: none"> • MIT is pursuing a Nurse Delegation contract with ALTSA. Currently on hold. • MEIHSS is exploring in-home LTSS funding opportunity as a tribal Federally Qualified Healthcare Center (FQHC) • MEIHSS is collaborating with Behavioral Health's Supportive Housing Project to for tribal members who would not be eligible for other housing due to SUD issues. • HomeAgain VR provided a guest presentation at June 4 701 meeting, and at the June 8 IPAC meeting. This ADS pilot project runs May 2021 – May 2022 offering Virtual Travel Tours unlimited travel tours for up to 4-8 interested MIT

Policy 7.01 Plan and Progress Report

Updated Timeframe: July 1, 2021, to June 30, 2022

Administration/Division/AAA:

Region/Office:

Tribe(s)/RAIOS(s):

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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.
				<p>Elders or Vulnerable Adults during the project period.</p> <ul style="list-style-type: none"> • HomeAgain VR was also presented at the June 8 IPAC meeting. • MAC/TSOA training to tribal staff & MEIHSS • Per the tribes request, DSHS has designated an APS tribal liaison, Alyssa Powers • HCS Financial hired a new Public Benefits Specialist, Patrice Wright, August 2021. <p><u>MEIHSS COVID-19 Response:</u></p> <ul style="list-style-type: none"> • 75% elders vaccinated as of August. • The MIT Elder's Complex re-opened as of June 28, 2021

Policy 7.01 Plan and Progress Report

Updated Timeframe: July 1, 2021, to June 30, 2022

Administration/Division/AAA:

Region/Office:

Tribe(s)/RAIOS(s):

Annual Due Date: April 2 (Submit Regional Plan to the Assistant Secretary) and April 30 (submit Assistant Secretary's Plan to OIP).

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"> Post COVID-19 MIT plans to develop an AFH for medically complex vulnerable adults and another AFH for Elders with behavioral challenges.
<u>Training & Tribal Events</u> 1. ADS will identify key training opportunities for tribal staff and caregivers. 2. ADS staff will participate in Tribal Summits and offered trainings by tribal staff re Native American cultural beliefs, protocols, and practices.	1. ADS will identify key training opportunities for tribal staff and caregivers. 2. ADS staff will participate in Tribal Summits and offered trainings by tribal staff re Native American cultural beliefs, protocols, and practices.	<ul style="list-style-type: none"> Increased training opportunities for Tribal and ADS staff. 	Keith Rapacz, Case Manager	

Policy 7.01 Plan and Progress Report

Updated Timeframe: July 1, 2021, to June 30, 2022

Administration/Division/AAA:

Region/Office:

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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.
3. Elder Abuse Training	1. ADS case manager will participate in trainings as provided regarding Elder Abuse Code and reporting requirements.	<ul style="list-style-type: none"> Improved coordination and collaboration with MIT APS. 	Keith Rapacz, Case Manager Margaret Carson – MIT APS Program Manager	
4. 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.	1. Referrals to local support groups, counseling, and other resources. 2. Provide advice on use of supplies and equipment. 3. Caregiver training(s) 4. Respite care, if needed.	Terry Light ADS Program Specialist Tribe:	
<u>Emergency Preparedness</u>	1. ADS and Tribal staff will discuss	<ul style="list-style-type: none"> Increase client preparedness 	Keith Rapacz, Case Manager	1. MIT Leadership implemented MIT's EOC in

Policy 7.01 Plan and Progress Report

Updated Timeframe: July 1, 2021, to June 30, 2022

Administration/Division/AAA:

Region/Office:

Tribe(s)/RAIOS(s):

Annual Due Date: April 2 (Submit Regional Plan to the Assistant Secretary) and April 30 (submit Assistant Secretary's Plan to OIP).

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.
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.	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"> • 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. 	Tribe:	response to COVID-19 pandemic. 2. The Muckleshoot Indian Tribe has its own Emergency Response Team & protocol for enrolled tribal members. ADS CM encourages Elders & tribal members with disabilities & their caregivers to be familiar with MIT's emergency response protocol. MIT supplies cooling center(s) & bottled water delivery to Elders & those with disabilities during adversely hot weather. Most Elders living in MIT Housing have built-in generators in the event of power outage. MIT provides firewood including stacking wood outside for Elders & those tribal members with disabilities.

Policy 7.01 Plan and Progress Report

Updated Timeframe: July 1, 2021, to June 30, 2022

Administration/Division/AAA:

Region/Office:

Tribe(s)/RAIOS(s):

Annual Due Date: April 2 (Submit Regional Plan to the Assistant Secretary) and April 30 (submit Assistant Secretary's Plan to OIP).

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.
				3. ADS Case Manager was stationed at MEIHSS office 2 days per week prior to COVID-19 Governor's "Stay Home, Stay Healthy" order. MEIHSS provided ADS CM with cubicle space, desk, phone & printer. ADS CM currently is remotely working from home.
			State/AAA: Tribe:	
Completed Items (and date): (1) Modify intake/referral form to identify Tribal Affiliation for case management clients. (2016) (2) ADS will encourage Tribal staff to directly communicate w/ HCS/ADSA re: offering New Freedom Program to CMP clients during initial assessments. (2014) (3) Medicare Care Transitions – (2014)				

Policy 7.01 Plan and Progress Report

Timeframe: July 1, 2021 to June 30, 2022 - Updated

Administration/Division/AAA:

Region/Office:

Tribe(s)/RAIOS(s):

Annual Due Date: April 2 (Submit Regional Plan to the Assistant Secretary) and April 30 (submit Assistant Secretary's Plan to OIP).

Implementation Plan				Progress Report
(6) Goals/Objectives	(7) Activities	(8) Expected Outcome	(9) Lead Staff and Target Date	(10) Status Update for the Fiscal Year starting last July 1.
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.	Alisa Burley, Health and Wellness Administrator Alisa.burley@snoqualmietribe.us Elizabeth Watanabe, Health and Wellness Director elizabeth.watanabe@snoqualmie-tribe.us Mary Pat O'Leary, RN, ADS (206-684-0683) Karen Winston, ADS Planner (206-684-0706)	<ul style="list-style-type: none"> No 701 meeting in 2021. From April to mid-June, the Snoqualmie Tribe Vaccine Partnership delivered more than 15,000 doses of vaccine at a drive-through vaccination site at Lake Sammamish State Park, assisted by more than 200 volunteers. Eastside Fire and Rescue personnel also delivered nearly 6,800 vaccines at the Snoqualmie Tribe Casino and close to 1,000 doses through mobile vaccination teams and pop-up clinics, focusing on vulnerable and historically marginalized populations.
2. Expand support for tribal elders who need support to live at home through	Increase support for unpaid family caregivers and/or support individuals who do not currently have an unpaid caregiver.	<ul style="list-style-type: none"> Support for tribal elders and their caregivers 	Alisa Burley, Health and Wellness Administrator Theresa Tanoury, ADS CMP Director (206-684-00659)	<ul style="list-style-type: none"> Alisa Burley, oversees the Elder Program

Medicaid Alternative Care (MAC) and Tailored Support for Older Adults (TSOA).	<ul style="list-style-type: none"> The care receiver must be 55+ and the caregiver must be 18+ in age. Other requirements: Medicaid. <p>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.</p>		Karen Winston, ADS Planner (206-684-0706)	
Completed Items (and date): No 701 meetings held during 2020 - 2021.				

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

Biennium Timeframe: July 1, 2020 to June 30, 2021

Muckleshoot Tribe King County
Snoqualmie Tribe King County
Seattle Indian Health Board

				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 Updated 04/24/18
<p>To apply financial eligibility rules consistently and accurately across all programs administered by HCS, especially in the areas of:</p> <ul style="list-style-type: none"> ○ “Treatment of Income” for Tribal Per Capita payments that affect participation payment amounts and food benefit issuances. ○ Shelter costs and housing payment 	<p>Assign one staff person in the FSS section as a liaison for the Human Services Department of the Muckleshoot Tribe. This liaison will:</p> <ul style="list-style-type: none"> ○ Handle all LTC financial applications, eligibility reviews, and changes for clients served by the Tribe. ○ Review current rules and apply them to each active case and all applications received in the future. ○ When a new applicant is identified, or a case in the local CSD office requests LTC HCS Services, the case will immediately be assigned to the Liaison. 	<p>Eligible clients will receive all benefits they are entitled to and changes will be processed timely and accurately.</p> <ul style="list-style-type: none"> ○ Income will be applied ‘as it is received’ from Per Capita Payments in the months of March, June, September, and around the 3rd week in November each year. ○ The November payment will be separated into the regular Per Capita Amount, which is counted and, the extra amount which will <u>not</u> be counted. 	<p>Jerald Ulrich, Financial Program Manager Region 2 HCS.</p> <p>Mathew Sipes, Social & Health Program Consultant, Region 2 HCS.</p> <p>New applications assigned to FSS Liaison effective immediately.</p>	<p>Implemented and ongoing. Only changes are in staff responsible due to staffing changes at HCS.</p>
<p>To ensure that all persons referred for HCS services are assessed appropriately and set up on services based on eligibility and receive appropriate case management by allowing the City of Seattle ADS to</p>	<p>At the time R2 South HCS intake identifies a client being served by the Muckleshoot either as a tribal member or as a member of an affiliated tribe:</p> <ul style="list-style-type: none"> ○ The referral will be sent to the City of Seattle ADS and assigned to Keith 	<p>Eligible clients will receive requested HCS services and on-going case management. To develop and maintain consistency in relations with tribal members.</p>	<p>City of Seattle Aging & Disability Services Case Manager Keith Rapacz</p> <p>Muckleshoot In-Home Program Director</p>	<p>On-going</p>

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

Biennium Timeframe: July 1, 2020 to June 30, 2021

Muckleshoot Tribe King County
Snoqualmie Tribe King County
Seattle Indian Health Board

				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 Updated 04/24/18
complete initial Assessments for clients identified through the intake unit at Region 2 HCS.	Rapacz, the designated case manager for Muckleshoot. <ul style="list-style-type: none"> Keith follows HCS policies and procedure for determining functional eligibility using the CARE Assessment Tool. 		Muckleshoot, Program Manger Bronwyn Freer, HCS Social Services Program Manager Lou Ann Carter, Region 2 HCS Tribal Liaison Erin Klones, Region 2 Deputy Regional Administrator Sonya Sanders, HCS Region 2 Regional Administrator. City of Seattle ADS Director.	
To ensure that Tribal Members residing out of King County can access the services provided by HCS	Referrals for Tribal Members residing out of King County will be faxed attention to Bronwyn Freer who will communicate with the appropriate Regional HCS office to ensure that intakes are handled in the appropriate manner.	Tribal Members residing out of King County will have the opportunity to access the services for which they may be eligible.	Bronwyn Freer, Program Manager HCS Muckleshoot Tribe Elders Program Director Muckleshoot Tribe Elders Complex Program Manager	On-going
Communication: Identified process for addressing concerns/questions	<u>Social Services Issues:</u> <ul style="list-style-type: none"> Concerns/questions regarding social services are to be directed to Bronwyn Freer, Social Services Program Manager with HCS either b phone at 206-341-7633 or 	Improved communication and coordination among HCS and Muckleshoot Tribal staff regarding identified Muckleshoot and affiliated clients.	Matthew Sipes, Financial Program Consultant Jerald Ulrich, Financial Program Manager with HCS Muckleshoot Tribe Elders Program Director	On-going

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

Biennium Timeframe: July 1, 2020 to June 30, 2021

Muckleshoot Tribe King County

Snoqualmie Tribe King County

Seattle Indian Health Board

				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 Updated 04/24/18
	<p>Lou Ann Carter, Region 2 HCS Tribal Liaison by phone at 425-339-4702 or email louann.carter@dshs.wa.gov</p> <p>○</p> <p><u>Financial Issues:</u></p> <p>○ Concerns/questions are to be directed to Jerald Ulrich, Program Manager with HCS either by: Phone: 206-341-7782, or Email: UlricJJ@dshs.wa.gov</p> <p>(or) Mathew Sipes: Phone: 206-341-7827 Email: SipesMJ2@dshs.wa.gov</p> <p>Communication process regarding Financial notices to clients:</p> <p>○ Keith Rapacz, Seattle ADS & Eve Vodden-Thornton or Alex Cruz, Muckleshoot Tribe will be identified as case managers for all clients' financial cases in order to receive all financial notices.</p>		<p>Muckleshoot Tribe Elders Complex Program Manager Margret Carson, Muckleshoot Tribe Adult Protection Services Keith Rapacz, City of Seattle ADS Social Services Case Manager</p>	

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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.¹⁴⁷ The King County aging services network 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.

¹⁴⁷ 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 ALTSA, 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
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 older people of color, 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 our communities continue to recover from the COVID-19 pandemic, it is necessary to prepare for what comes next. ADS learned a lot about resiliency and, more importantly, learned about the resiliency of older adults during times of crisis. Due to strong existing partnerships, ADS and its Aging Network were able to respond quickly, in a coordinated way, to many challenges presented by the pandemic. ADS 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 ADS intends 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 Americans 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 a 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 D: Advisory Council](#)

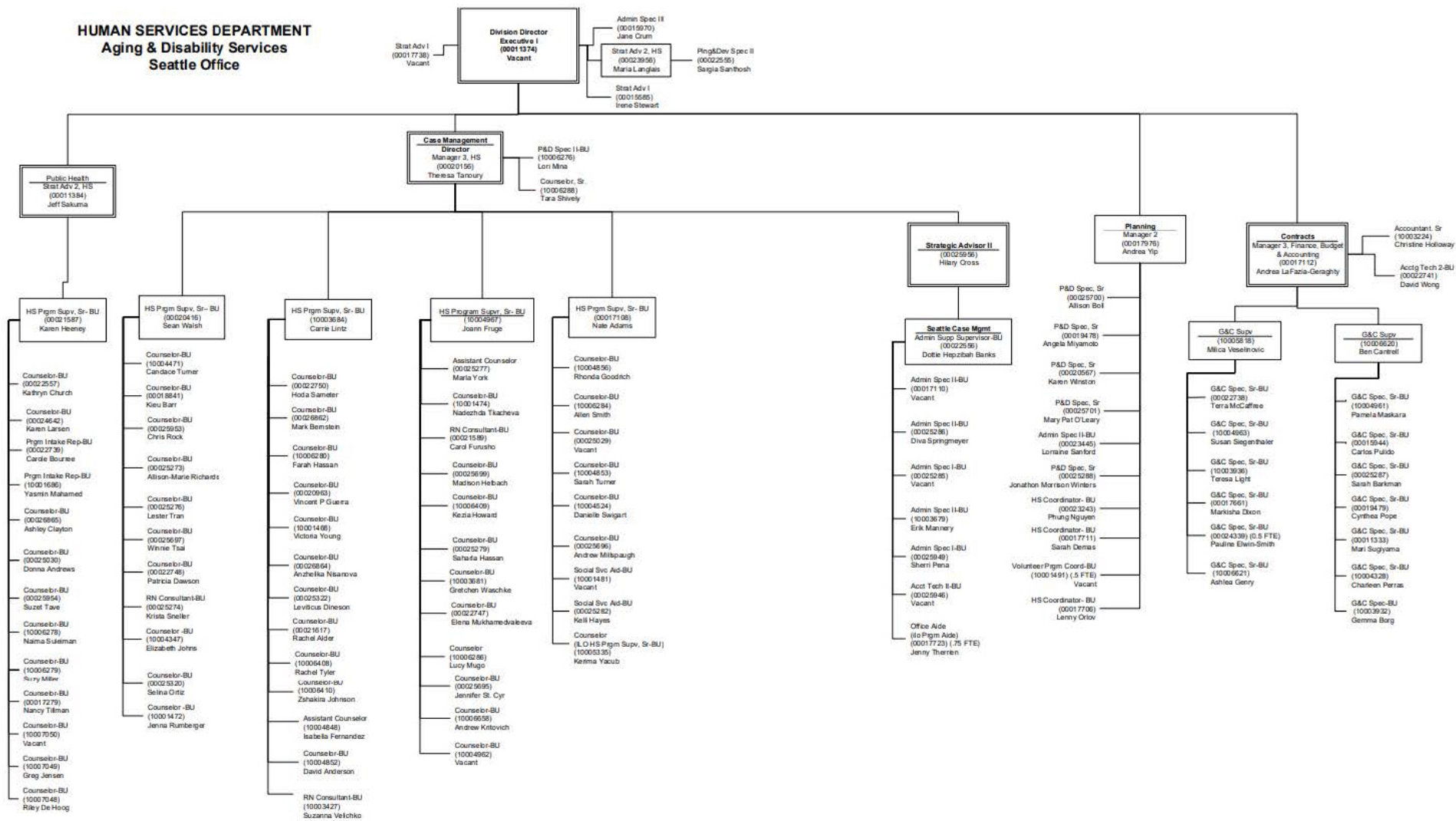
[Appendix E: Public Process](#)

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

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

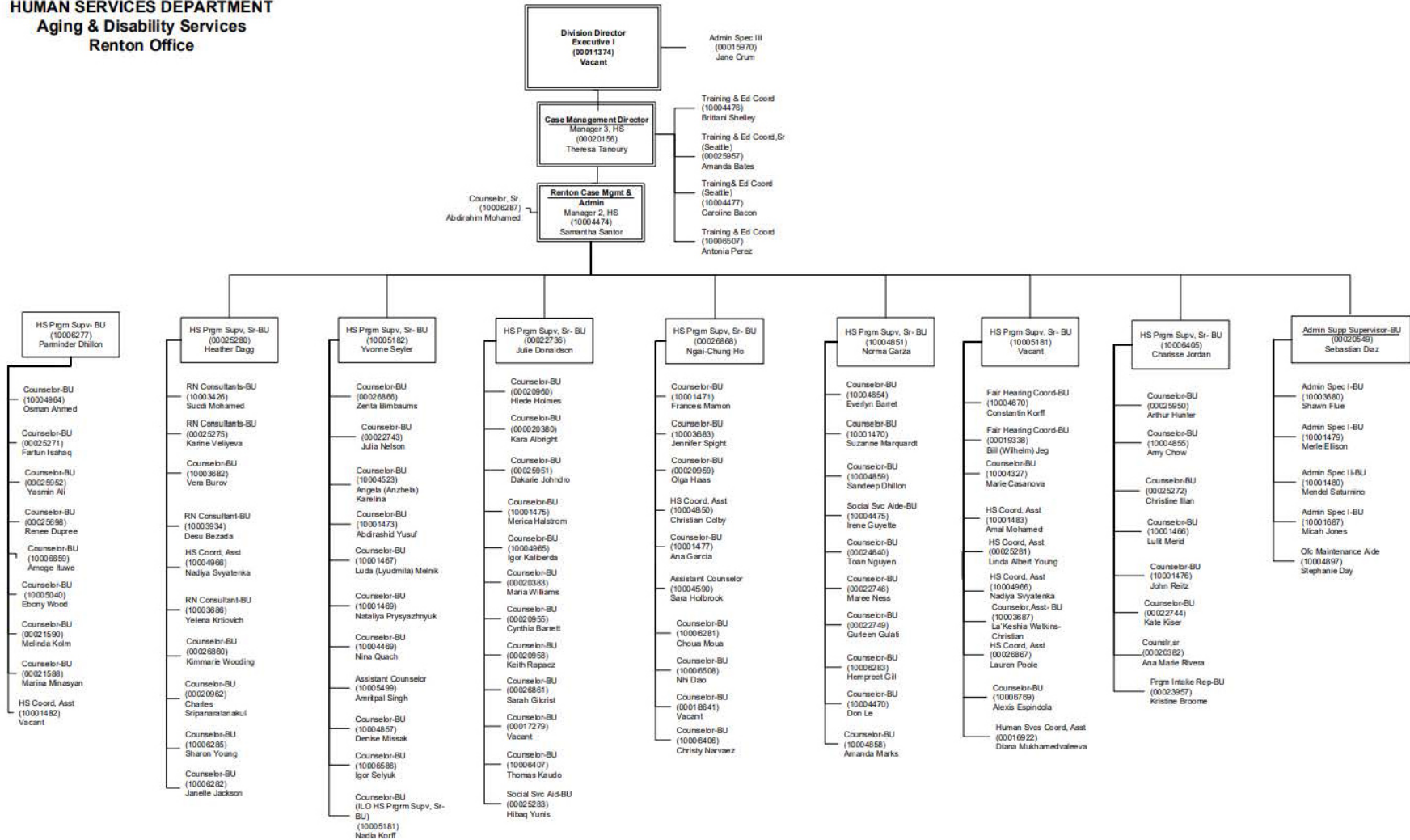
[Appendix G: Statement of Assurances & Verification](#)

Appendix A: Organization Charts



Aging and Disability Services Seattle Office

HUMAN SERVICES DEPARTMENT
Aging & Disability Services
Renton Office



Aging and Disability Services Renton Office

Appendix B: 2022 Staffing Plan

Planning & Administration Position Title	Total Staff (full- and part-time)	Position Description
AAA Director*	1.00	Directs and supervises all AAA activities. *FTE not reflected in area plan budget (costs covered by City/not included in total #)
Actg Tech II	2.00	Performs fiscal & invoice payment support.
Accountant, Sr.	1.00	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.
Admin Spec I	4.00	Provide administrative support.
Admin Spec II	4.00	Serves as IP coordinator and may assist in administrative support.
Admin Spec II	1.00	Provides support for general planning functions, contract development, and database management.
Admin Spec III	2.00	Assistant to the AAA director. Assistant for the Contracts Team.
Admin Support Asst	1.00	Serve as receptionists and provide administrative support
Admin Support Supv-BU	2.00	Supervise administrative support staff.
Counslr	107.00	Provide case management services to in home clients for Title XIX, discretionary, MTD case managers and health home programs.
Counslr,Asst	5.00	Performs case management tasks to support Counselors.
Counslr,Sr	3.00	Clinical and programmatic support for case managers and CMP Supervisors
Fair Hearing Coord	2.00	Case management fair hearing activities.
Grants&Contracts Spec,Sr	13.00	Conduct program & contract monitoring, negotiation, training & technical assistance to subcontractors. Contracts quality assurance. Manages application process for Medicaid contracts, supports contracting and monitoring activities.
Grants&Contracts Supv	2.00	Supervision of contracts unit staff, contract development, and coordination of monitoring activities.
HS Coord Asst	7.00	Performs case management tasks to support Counselors.
Human Svcs Coord	3.00	Outreach and program support for the Geriatric Workforce Enhancement Grant, Age Friendly initiative, and AAA Advisory Council.
Human Svcs Pgm Supv,Sr	12.00	Each supervises a team of case managers including Title XIX, discretionary and health homes.
Manager 3,Fin,Bud,&Actg	1.00	Oversees all contracted services and AAA budget.
Manager 2,Human Svcs - Planning	1.00	Oversees all planning functions and data application systems.
Manager 2,Human Svcs - Case Management	2.00	Direct supervision of the Seattle and South King County case management offices.

Planning & Administration Position Title	Total Staff (full- and part-time)	Position Description
Manager 3,Human Svcs	1.00	Directs the Case Management Program; oversees in-house case management services.
Plng&Dev Spec II	2.00	Conduct planning functions: Area Plan development and implementation, systems coordination, research and analysis, advocacy coordination, fund procurement processes. Advisory Council support. Planning activities for CMP including MTD.
Plng&Dev Spec, Sr	5.00	Conducts AAA planning for new projects and service areas.
Prgm Intake Rep	3.00	Perform client assessment and scheduling for Respite services, coordinate with service providers
Program Aide	1.75	General office support of CMP
Registered Nurse	7.00	Serve as nurse consultants to the case managers.
Social Services Aide	4.00	Provide support to case managers.
StratAdvsr1,Human Svcs	2.00	. Coordinates Age Friendly work. Oversees the AAA Communication plan.
StratAdvsr2 HSvcs	3.00	Conducts strategic planning, policy development, and health aging coordination activities in support of Area Plan objectives. Serves as health integration lead and supervisors Health integration team. Supports CMP director, QA, risk management, compliance, subcontractors.
Trng&Ed Coord	3.00	Provide and coordinate training for CM staff and subcontractors
Trng&Ed Coord,Sr	1.00	Overall training development plan and implementation. Supervises the training team
Grand total in cost allocation plan	208.75	

Total Number of Pockets: 209

Total FTE Based on 40 Hour Work Week: 208.75

Total Number of Full Time Staff: 200

Total Number of Part-Time Staff: 8.75

Total number of ethnic minority staff: 106

Total number of staff over age 60: 33

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 is included in the Human Service Departments Continuity of Operations Plan, which underwent revision in October 2019 and is undergoing further updates in 2021 to reflect COVID-19 pandemic work. The Emergency Response Plan includes the following elements from the Area Agency on Aging Policy and Procedures Manual Chapter 1: Policies:

- A designated staff person to oversee planning tasks and determine how emergency management is carried out in the local jurisdiction
- Letters of agreement between the AAA and local emergency operations leadership that identify responsibilities
- Preparedness activities done by the AAA
- Criteria for identifying high risk clients in the community
- Plan for contacting high-risk clients and referring to first responders as necessary
- Local partners such as the American Red Cross
- Cooperation with the appropriate community agency preparedness entities when areas of unmet need are identified
- A system for tracking unanticipated emergency response expenditures for possible reimbursement
- An internal Business Continuity Plan that emphasizes communications, back-up systems for data, emergency service delivery options, and transportation
- Policy and procedures developed and/or implemented due to the COVID-19 pandemic.

Area Agency on Aging Policy & Procedures Manual Chapter 1 Elements	Responses
A designated staff person to oversee planning tasks and determine how emergency management is carried out in the local jurisdiction	Jill Watson, Emergency Management Coordinator, Human Services Department ADS Case Management ADS Contracts Staff
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.
Preparedness activities done by the AAA	<ol style="list-style-type: none"> 1. Contribute updates to the Continuity of Operations (COOP) plan and succession plan. Plan was updated in 2019 and again updated in 2021 to include COVID-19 pandemic activities. 2. Participate in annual Floor Warden meeting to review responsibilities and procedures in the event of an emergency. 3. Participate in annual Seattle Housing Authority emergency preparedness workshops. 4. Participates in the Emergency Preparation Committee (includes Red Cross and other community providers)

Area Agency on Aging Policy & Procedures Manual Chapter 1 Elements	Responses
	<p>5. Participates in the Emergency Services Function 6 (ESF-6) that covers Mass Care, Housing and Human Services needs during emergencies and disasters. Participation includes preparedness activities.</p> <p>6. Participation in emergency preparedness exercises with the City of Seattle Office of Emergency Management (OEM)</p>
Criteria for identifying high risk clients in the community	<p>Updating Emergency Planning: At Risk List Management and Procedures Continue to review and adjust high risk/vulnerable adults. Current criteria-based on the Comprehensive Assessment and Reporting Evaluation (CARE), the electronic assessment:</p> <ul style="list-style-type: none"> ➤ <i>Client lives alone, has 100 hours of in-home services hours monthly</i> ➤ <i>Cognitive Performance Scale (CPS) score \geq</i> ➤ <i>Medication management/self-administration-Must be administered</i> ➤ <i>Medical treatment/treatment list includes the need for:</i> <ul style="list-style-type: none"> a. <i>IV/nutritional support</i> h. <i>dialysis</i> b. <i>Bowel program</i> i. <i>Nebulizer</i> c. <i>Gastrostomy/PEG care</i> j. <i>Oxygen</i> d. <i>Tracheostomy care</i> k. <i>Suctioning</i> e. <i>Tube Feedings</i> l. <i>Ulcer care</i> f. <i>IV medications</i> m. <i>Ventilator or respirator</i> g. <i>CPAP or BiPAP</i> n. <i>Skilled Nursing</i> <p><i>Indicators/skin screen/Pressure ulcers: number of current pressure ulcers \geq</i> <i>Mobility/location outside of room/self-performance: scored as extensive assistance needed or person is total dependence or did not occur/client not able</i> <i>Eating-scored as total dependence</i> <i>Additional information includes:</i> <i>Client name and date of birth</i> <i>Client's address and phone number</i> <i>Assigned office-included contracted agencies</i> <i>Case Manager name and phone number</i> <i>Supervisor name and contract information</i> <i>Home care agency or individual provider name</i> <i>Hours authorized</i> <i>Collateral contact name and phone number</i></p>

Area Agency on Aging Policy & Procedures Manual Chapter 1 Elements	Responses
	<i>Language preference</i>
Plan for contacting high-risk clients and referring to first responders as necessary	<p>HSD Department Director or their official designee sends out notification to HSD staff</p> <p>Check-in with all home care agency directors, ESF-6 group, and other key partners, for example, schools, transportation systems, etc. for impacts to services and operations.</p> <p>HSD Communications, Emergency Management Coordinator or Public Health-Seattle and King County Vulnerable Populations (notification language is aligned with the Seattle’s Mayor’s Office and, if activated, ESF-15.</p> <p>Coordinator sends out notice to community partners</p> <p>If needed and not already included, communicate to HSD contracted agencies.</p>
Local partners such as the American Red Cross	<p>Primary Departments</p> <p>Seattle Parks and Recreation Department</p> <p>Other departments</p>
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 (OEM), Seattle or King County and the ESF-6 group partners, which includes governmental and non-governmental agencies.
A system for tracking unanticipated emergency response expenditures for possible reimbursement	HSD Financial Department (includes ADS) tracks emergency response expenditures as directed by the City of Seattle OEM.
An internal Business Continuity Plan that emphasizes communications, back-up systems for data, emergency service delivery options, and transportation	<p>HSD’s Continuity of Operations Plan (COOP) emphasizes communications, back-up systems for data, emergency service delivery options and transportation.</p> <p>COOP updated in 2019 and updated again in 2021</p>
Policy and procedures developed and/or implemented due to the COVID-19 pandemic	<p>Jill Watson, Emergency Management Coordinator, Human Services Department</p> <ul style="list-style-type: none"> • HSD and ADS staff coordinated with congregate meals programs, City of Seattle Office of Sustainability and Environment, Public Health/King County, and community partners to deliver food, hot meals, groceries, and other essentials • ADS worked with HSD and other city departments to address COVID-19 impacts

Area Agency on Aging Policy & Procedures Manual Chapter 1 Elements	Responses
	<ul style="list-style-type: none"> • Worked with Human Resources and City of Seattle IT for use of city equipment, remote/telework. <p>Developed one-pagers for COVID-19-</p> <ul style="list-style-type: none"> ➤ Guidance for case management home visits during pandemic ➤ Guidance for nursing visits during pandemic ➤ ADS Meal Delivery ➤ COVID-19 Testing ➤ Home Care Agency worker directions for home care during COVID-19 ➤ Mask and Face Coverings-appropriate use ➤ Personal Protective Equipment (PPE)-training and education, including donning and doffing equipment ➤ Prescription Medication access ➤ Senior Center re-opening guidance ➤ Transportation resources

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: 7
Total self-Indicating a disability: 1

Appendix E: Public Process

A virtual public hearing was held on August 2, 2021, to receive comments on the draft Area Plan Update for 2022–2023. A total of nine individuals participated, including Advisory Council members, ADS staff, and a representative from the Hearing Loss Association—Washington State. Comments received at the hearing are summarized in the matrix below, followed by comments received in writing.

Public Hearing Comments and Recommendations

Agency	Comments/Recommendations	ADS Response
Advisory Council member	The new objectives are really excellent! I appreciate the work of the ADS staff.	Thank you.
Advisory Council member	The plan is very comprehensive, and the updates make sense, especially given our experiences during the pandemic.	Thank you.
Advisory Council member	Thank you to the ADS staff for their work to create the Area Plan. It is interesting that it includes a section about lessons learned from the pandemic but, in reality, we are still in the pandemic, unfortunately, and still learning about COVID variants as we approach a 4 th wave. I hope the community recognizes the good work that has been done and supports what we do.	Thank you.
Hearing Loss Association of America (Washington State Association)	See summary in the written comments section below.	

Written Comments and Recommendations

Agency	Comments/Recommendations	ADS Response
Seattle Parks and Recreation, Lifelong Recreation Program	What an extensive and interesting report. I am so happy that there is so much demographic information there that we can use in our planning for Lifelong Recreation programs. In your section on Issues for people with Dementia (page 59-60), I wonder if you could include our Dementia Friendly Recreation program. Here is a brief description, let me know if you need any more.	Pg. 59, Inserted a description about the Seattle Parks and Recreation Department's Lifelong Recreation Program.

Agency	Comments/Recommendations	ADS Response
	<p>Dementia Friendly Recreation is a part of Seattle Parks and Recreation's Lifelong Recreation program. It focuses on building recreation opportunities for creative arts, fitness, field trips, special events and volunteerism in every sector of the city for people living with dementia and their care partners. Coordinating with many community partners, some of the signature programs for Dementia Friendly Recreation are Garden Discovery Walks, the Momentia Talent Share and Camp Momentia.</p>	
ADS Case Manager	<p>I work as a case manager down in the Renton office. I was reading through the Area Plan today and the updates and had a few questions mostly due to wanting to know more about resources as a case manager.</p> <ul style="list-style-type: none"> - I was unaware of ADS' collaboration with the Northwest Kidney Center Alliance and the ESCO program. I have one or two clients on Long-Term Care services that may meet the criteria to receive the ESCO services and already go to NW Kidney Centers. Is there a way I can learn more? When it says that ADS "collaborates", what exactly does that mean? Basically, I am curious to learn more about this collaboration and how/if I can collaborate more in care planning with the ESCO teams. - The Living Well Programs were also referred to in the Area Plan. In the past (pre-COVID), I was never able to successfully refer any of my clients interested in this program because there were none available in their area. If I remember correctly, the only ones we could find were through Kaiser Permanente and you had to be a KP member. It is incredibly rare for my clients to be KP members. Do you know if there are any plans/funding 	<p>The ADS case manager was referred to the appropriate resource person for the information requested.</p>

Agency	Comments/Recommendations	ADS Response
	<p>for what looks to be like an awesome program to expand in the future?</p> <ul style="list-style-type: none"> - I am also curious about the “Aging Mastery Program” that was mentioned. Is this something that could be offered to Long-Term Care clients in the future? Or what are the plans for this program? 	
GenPride Seattle	<p>Per your request, we have taken a look at the 4-year plan for Aging Services and have made the following recommendations. Thanks for including us in seeking commentary!</p> <p>Pg. 47 Can you please update GenPride’s address to: 1620 12th Ave., Ste. 203 Seattle, WA 98122, and our language/community to LGBTQIA+?</p> <p>Pg. 66 C-1: Support Healthy Aging Goals & Objectives <u>Goal 1</u>: Increase awareness on issues impacting healthy aging with emphasis on communities of color. <u>Objective c</u>. Support increased access to health care for low-income communities, communities of color, and immigrant and refugee communities. [NEW] – It would be great to see mental health care included in this objective. <u>Goal 2</u>: Address the impact of social isolation. <u>Objective a</u>. Increase understanding of consequences of social isolation and depression among decision makers, service providers, and consumers. Including risk factors, and which populations are at particularly high risk for isolation and loneliness for example, LGBTQIA+ older adults.</p> <p>Pg. 71. C-2: Enhance Well-Being Goals & Objectives <u>Goal 2</u>: Support the caregiver workforce.</p>	<p>Pg. 47 – The address for GenPride has been updated. Done</p> <p>Pg. 66 – <u>Objective C</u> – Revised to read: Support increased access to health care and mental health services for low-income communities, communities of color, and immigrant and refugee communities. [NEW]</p> <p>Pg. 66 – <u>Objective a</u>. Revised to read: Increase understanding of the consequences and risk factors of social isolation and depression for LGBTQIA+ and BIPOC elders among decision makers, service providers, and consumers.</p> <p>Pg. 71. Thank you for the comment. We look forward to partnering with you in the future regarding advocacy for the caregiver workforce. Training and support</p>

Agency	Comments/Recommendations	ADS Response
	<p><u>Objective a.</u> Participate in advocacy efforts to increase the paid caregiver workforce.</p> <p>This is such an important addition – thank you. It would be great to see more detailed objectives in this section given the important leadership voice of ADS in our region and how integral the caregiver workforce is to long-term care community-based services. It would also be great to see training and support of paid caregivers around cultural responsiveness in caring for BIPOC, LGBTQIA+, immigrant, refugee, and other older adults who have experienced discrimination and marginalization included as part of this.</p> <p><u>Goal 3:</u> Promote Aging in Place and address the housing needs of older adults in King County. [NEW] – Thank you for your expansion on this!</p>	<p>of paid caregivers to be culturally responsive is important and ADS is working on strategies to address this.</p>
ADS Program Specialist	<p>I appreciate the Area Plan work and public input process. I would like to suggest the comments regarding missed opportunity to support deaf and hard of hearing population applies to a much broader population group – individuals with disabilities that affect their ability to understand/utilize auditory information. This group would include not only hard of hearing but those with certain specific learning disabilities and neurological conditions. Some of the efforts to support adults with hard of hearing would benefit other or much larger combined group. Would be interested to see specific Area Plan comments from the hard of hearing advocate if you receive anything in writing. Thanks again for the opportunity to participate in the meeting as staff.</p>	<p>Thank you.</p>
Hearing Loss Association of America (Washington	<p>I am a board member of the Hearing Loss Association of America national organization, chair of the Get in the Hearing Loop national program, and president of the Hearing Loss</p>	<p>Thank you.</p> <p>Hearing loss is now addressed in the following sections: Community Living Connections, Accessible Communications</p>

Agency	Comments/Recommendations	ADS Response
State Association)	<p>Association of America—Washington State. The Hearing Loss Association of America is a nonprofit that represents consumers with hearing loss all across the country. HLAA-Washington helps people with hearing loss in Washington State through advocacy, education, support, and hearing access work such as Loop Washington.</p> <p>Get in the Hearing Loop is a communication access program from HLAA. We dream of a world where people with hearing loss can thrive each day with communication access, full inclusion, and equal participation in all aspects of life, everywhere they go. We hope to change public spaces—and lives! —by sharing information about hearing and communication access. We’re deeply grateful for the work you all do on behalf of seniors and people with disabilities. I’ve reviewed the 2020-2023 area plan and in doing so, I believe you are overlooking the role of hearing loss in the lives of seniors, veterans, and people with disabilities.</p> <p>It’s vital to ensure that ADS Programs and Services are inclusive and readily accessible to individuals with hearing loss, especially in light of how common hearing loss is and the impact hearing loss can have on our lives.</p> <p>Why is providing hearing access to our community is important:</p> <ul style="list-style-type: none"> • Based on The American Community Survey statistics • The Community Survey states that only 14% of individuals 65 and above have hearing loss. • But according to NIH, John Hopkins, and the World Health Organization: One in three people 65-74 have difficulty hearing; 	and Events, Elder Justice Coordination, Falls Prevention, and Social Participation.

Agency	Comments/Recommendations	ADS Response
	<p>nearly half over 75 have disabling hearing loss</p> <ul style="list-style-type: none"> Hearing loss is linked to comorbidity issues that disproportionately affect seniors, including isolation and depression, falls and cognitive decline like dementia. Further Hearing loss among U.S. adults is projected to almost double by 2060, increasing from 48 million to 73.5 million Additionally, hearing loss and tinnitus are the most common medical issues for veterans. <ul style="list-style-type: none"> If we base your decisions on the American Community Survey, the needs of the majority of seniors, and many veterans, will not be met. I recommend reviewing the statistics in the report to ensure people with hearing loss are accurately represented. <p>The good news is:</p> <ul style="list-style-type: none"> Ensuring hearing access is simple to do, the technology exists – what is required is awareness and a commitment to inclusion. HLAA-WA has a depth and breadth of experience and knowledge about living and thriving with hearing loss We want to work with you and help you achieve your goals <p>A roadmap to better hearing health - Hearing loss is a frightening and lonely</p>	

Agency	Comments/Recommendations	ADS Response
	<p>experience; I know – I have had severe hearing loss since I was 19 years old.</p> <p>But hearing loss doesn't have to be the end of an independent life. By changing the narrative, we change the way we think and act – the future can be bright, communities can be fully accessible and inclusive.</p> <p>My question to you, is how can we work together to include our 1.5 million folks in Washington state with hearing loss? Who can I meet with to continue this conversation?</p> <ul style="list-style-type: none"> • Requirement for organizations to have a phone number to submit an application for partnership with Aging and Disability Services and AA Focal Points • HLAA-WA is positioned to help you ensure the seniors with hearing loss receive the help they need to • This is an explicit bias; can you make an exception to allow applications that do not require a telephone number. <p>If we want seniors, veterans, and people with disabilities to be independent and to thrive, we must help them to hear better in different situations. And we must recognize that the needs of people with hearing loss are different from the needs and solutions for people who are Deaf.</p> <p>The good news is:</p> <ul style="list-style-type: none"> • Ensuring hearing access is simple to do, the technology exists – what is required is awareness and a commitment to inclusion. • HLAA-WA has a depth and breadth of experience and knowledge about living and thriving with hearing loss <p>Why is hearing health important?</p> <p>Hearing loss is a significant, stigmatized, and undertreated public health issue that impacts every aspect of our lives— from mental and physical health and</p>	

Agency	Comments/Recommendations	ADS Response
	<p>well-being, to relationships, education, work opportunities and earnings, to our ability to participate in community and civic life. Untreated hearing loss can have a cascading affect, rippling across all areas of our lives.</p> <ul style="list-style-type: none"> • Mental health, brain functions, and dementia • Untreated hearing loss often leads to anxiety, isolation, and depression. • The cognitive load involved with tracking conversations can be exhausting and can impact memory. • Irritability, anger, and fear are common responses to the frustrations related to hearing loss. • Dementia risk may be up to five times greater among people with untreated hearing loss. (p. 32) • Hearing loss and dementia sometimes have similar symptoms—and dementia can be misdiagnosed as hearing loss, or worsened by it. • Brain atrophy is accelerated among people with hearing loss. (p. 34) <p>Balance and falls Hearing loss triples the risk of falling—even at the mild, 25-decibel level. Falls are a leading cause of injuries, hospitalization, and death among older adults. But treating hearing loss via hearing aids may reduce the risk of falling. (p.41)</p> <p><u>Social health</u></p> <ul style="list-style-type: none"> • Hearing loss can cause social isolation, as people who can't understand clearly withdraw from work, volunteer activities, friendships, family relationships, social outings, and entertainment. (p.46) • For this report, I recommend adding a bullet on hearing loss and social isolation on page 66, Goal 2. 	

Agency	Comments/Recommendations	ADS Response
	<p><u>Physical health</u></p> <ul style="list-style-type: none"> Hearing loss is linked to co-morbidities such as diabetes and heart disease. <p><u>Financial health</u></p> <ul style="list-style-type: none"> Underemployment, unemployment, and forced retirement are more common among people with hearing loss. Untreated hearing loss results in \$122 billion annually in lost wages—\$18 billion in unrealized taxes in America. Because of the stigma surrounding hearing loss, people may be reluctant to ask their employer for hearing accommodation. Employee performance and career trajectories can suffer. The lack of accommodation for hearing loss in the workplace puts the onus on individuals to pay for hearing assistive technologies to stay in the workforce. This can mean tens of thousands of dollars over a career. <p>Who would be helped by this focus on hearing health?</p> <p>Over a million Washingtonians experience hearing loss that makes their daily lives more challenging. While hearing loss is more common among seniors, people of all ages are affected. Children, teenagers, and young adults can be hit hard developmentally, emotionally, and financially when they lose their hearing during their school or working years. Hearing loss and tinnitus can be disabling—in fact, hearing injury is the most common disability for veterans. Hearing loss also affects family, friends, colleagues, and everyone we interact with. Without the ability to hear clearly, marriages can suffer, parenting can be more challenging, and friendships and work relationships can</p>	

Agency	Comments/Recommendations	ADS Response
	<p>be harder to build or maintain. Caregivers and medical staff can struggle to communicate with people with hearing loss, especially now, when we're all wearing masks. With affordable hearing care and hearing aids, effective communication techniques, and public assistive listening systems and captions, everyone benefits. When people can hear clearly and communicate easily and confidently wherever they go, everyone in all walks of life will be helped.</p> <p>A roadmap to better hearing health Hearing care is a vital—but often overlooked—part of healthy aging, both from a prevention and treatment perspective. Any and all of these one-time programs support the goals of Washington State's Healthy Aging Initiative (preventing falls, managing chronic conditions, hearing checks), and could be integrated with that work.</p> <p>I recommend you add to your report a couple of keyways to build hearing- and aging-friendly communities. Seniors centers need public address systems, and assistive listening systems to ensure that seniors with hearing loss can participate in the programs that keep them connected to their communities. Virtual programs should provide captions, video content should be captioned, and TV's should have the captions turned on. provide captions</p> <p>Treating hearing loss can help maximize the goals of helping seniors be independent (p. 77)</p> <p>Hearing loss is a frightening and lonely experience, but it doesn't have to be. By changing the narrative, we change the way we think about this far-reaching public health issue. By making this invisible disability visible, we can normalize hearing loss, eliminate the stigma, and provide effective, accessible support throughout our communities.</p>	

Agency	Comments/Recommendations	ADS Response
	We can provide a roadmap that guides our neighbors to better hearing health, improved wellness, and more independent, engaged daily life.	

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/.

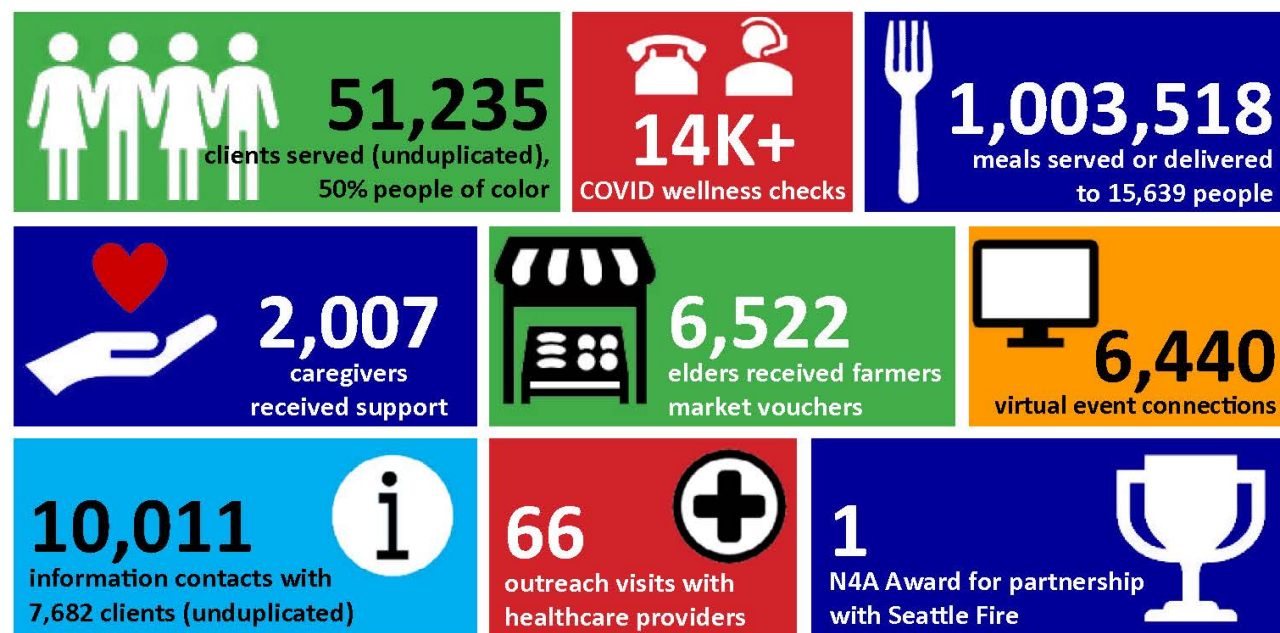
COVID-19

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

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

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

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

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

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

- A. Information concerning whether there is a significant population of older Native
- B. 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;
- C. 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
- D. An assurance that the Area Agency on Aging will make services under the Area Plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

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

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

10/21/2021


Date



Mary Mitchell, Interim Director
Aging and Disability Services

10/25/2021

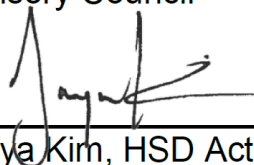
Date



Dick Woo, Chair
Advisory Council

10/25/2021

Date



Tanya Kim, HSD Acting Director
Seattle Human Services Department
Legal Contractor Authority

