2027-2030 Area Plan

for Seattle and King County, Washington

Published for Public Review

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Seattle Human Services
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ads Aging and Disability Services
Area Agency on Aging for Seattle and King County

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Section A – Executive Summary

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 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 processes, community engagement, and joint appointments to the Advisory Council.

Since 2017 after King County voters first approved the Veterans, Seniors and Human Services Levy (VSHSL), ADS staff have collaborated with King County on aligned priorities. Together ADS and King County's Older Adults and Healthy Aging (OAHA) team coordinate programs through an array of approaches for leveraging funding dedicated to older adult programs, including braiding funds within contracts managed by one team and aligning programmatic approaches when maintaining separate contracts for similar services to deepen or expand options available to county residents.

Purpose

Every four years, Aging and Disability Services and other Area Agencies on Aging around the country develop an Area Plan as a response to the needs in our communities. The Area Plan is the roadmap we follow to further our vision of a community where people thrive at every stage of life. It describes the function of Aging and Disability Services as the local Area Agency on Aging, presents relevant demographic trends, and outlines the major goals and objectives to be achieved over the course of four

years. The Area Plan updated at least every two years to reflect changing community needs, service delivery, and funding priorities.

2027-2030 Area Plan Overview

This Area Plan is based on a comprehensive assessment of the demographic characteristics and needs of older adults, people with disabilities and caregivers in Seattle and King County. It includes insights and priorities identified in collaboration with community members, Advisory Council members, AAA Interlocal Partners, staff, community service providers and stakeholders. The issue areas we address in the 2027-2030 Area Plan for Seattle and King County are guided by topics set forth by the Administration for Community Living and Washington State Department of Social and Health Services to help coordinate planning efforts across the state and country. 2027-2030 Area Plan Issue Areas are:

1. Greatest Economic and Social Need
2. Healthy Aging
3. Aging in Place
4. Caregiving
5. Partnerships with Tribes and Urban Native Organizations

Using this framework, our Area Plan identifies our priorities for the next four years, including goals, objectives, and specific strategies or actions we plan to undertake. Many of the topics in this plan address issues surrounding affordability and stability. The plan advances community-informed strategies such as those that prevent housing displacement, promote mobility, expand nutrition access, and that help people find belonging and connection.

In our 2024-2027 Area Plan, we addressed learnings from the pandemic response and concluded that it is "necessary to prepare for what comes next." While pandemic relief funds supported ADS and our networks to meet the needs of the moment, ongoing funding has since failed to keep pace with demand for services. Furthermore, many older and vulnerable adults are at risk of losing access to public benefits and resources that support their health, dignity and independence. The 2027-2030 Area Plan increases focus on partnerships, advocacy, coalition building and other strategies to support the resilience of our community members, and the network of providers who serve them.

Public Participation

ADS values transparency in our stewardship of the Area Plan. The Area Plan is a public document, available for review by community members, stakeholders, and other interested parties. This access allows the public to provide feedback and participate in decision-making regarding resource allocation and the prioritization of ADS services. ADS and the Advisory Council Planning and Allocations Committee are holding public hearings on the Area Plan on:

- **Public Hearing #1** —Tuesday, July 28 at 11 AM: New Holly Gathering Hall, 7054 32nd Ave South, Seattle WA 98118. A virtual or telephone option is also available. Click here to get details: Public Hearing #1: 2027-2030 Area Plan for Seattle and King County
- **Public Hearing #2** — Wednesday, Aug. 5 at 11 AM: Triton Towers, Tower Two (Ground Floor), 707 S Grady Way, Renton, WA. A virtual or telephone option is also available. Click here to get details: Public Hearing #2: 2027-2030 Area Plan for Seattle and King County

- **Public Hearing #3** — Thursday, Aug. 6 at 5 PM*:* Virtual or Telephone only. Click here to get details: Public Hearing #3: 2027-2030 Area Plan for Seattle and King County

All comments collected from the hearings and any changes made based on the comments will be noted in the final Area Plan. Those unable to attend the hearings may submit comments to Allison Boll at Allison.Boll@seattle.gov.

ADS invites the public to engage directly in implementation of the 2027-2030 Area Plan by visiting our website at www.agingkingcounty.org/areaplan and viewing our Area Plan progress reports, our annual demographic Client Profile of recorded services, and our annual budget. In addition, all monthly Advisory Council meetings are open to the public who are interested in issues and services affecting older adults, people with disabilities and caregivers.

Key Definitions

The following definitions are guided by instruction set forth by the Administration for Community Living and Washington State Department of Social and Health Services to help coordinate planning efforts across the state and country.

Vision: Articulates what success looks like when we've fully addressed the issue and serves to ensure goals and objectives work toward the same result.

Goal: Identifies our strategic direction, including the "how" or the effort we will make over the next four years.

Objective: Identifies specific, measurable, attainable, relevant, and timely steps we will take to reach our goals.

Strategy: Outlines how we will achieve our goals and objectives. Strategies are identified for each objective.

Outcome: Describes the change or effect we are seeking from our goals, objectives, and strategies; as well as how we intend measure those effects. To support consistent communication about our progress over time, ADS has defined areas for outcome measurement as follows:

- **Increased Awareness:** Effects on older adult, people with disability, or caregiver ability to identify and understand programs, services, resources, or benefits; primarily accomplished through outreach and engagement.
- **Improved Access:** Effects on the ease or ability of older adults, people with disabilities or caregivers to navigate and obtain services, supports, resources or benefits, such as through days of service, vendors, coordination, or accessibility.
- **Readiness and Capacity Building:** Change in capacity or competencies that enable systems, programs, staff to effectively serve older adults, people with disabilities and caregivers now and for the future.
- **Practice Change:** Change in process, behavior, actions, knowledge, or attitudes of participants.
- **Policy Change:** Effecting policies so that services, environments, systems, etc. are inclusive of the needs of older adults, people with disabilities and caregivers.

Section B – Stewardship and Oversight

B-1: Vision, Mission and Values

Aging and Disability Services (ADS), a division of the Seattle Human Services Department (HSD), is the Area Agency on Aging serving Seattle and King County. HSD supports the work of ADS and provides services and supports that prepare youth for success, support affordability and livability, address homelessness, promote public health, support safe communities, and promote healthy aging.

HSD Vision: The vision of HSD is that all communities have resources to be self-sustaining and thriving.

HSD Mission: HSD connects people with resources and solutions during times of need so we can all live, learn, work, and take part in strong, healthy communities.

HSD Values:

Racial Equity & Social Justice: We are devoted to ensuring people who have been impacted by racial, social, economic, gender, and health disparities have equitable access to our services and resources. We are committed to the goal that people of color should not experience disparities and outcomes; we seek a shared understanding of our collective impact on racial and social systemic inequities.
Innovation: We foster an environment where creativity and new approaches are valued, tested, refined, and implemented.
Collaboration: We build authentic relationships and share the collective wisdom of our colleagues and community to inform and advance our work.
Stewardship: We ensure that people receive meaningful and high-quality services by funding and administering programs that are accountable, cost-effective, and research based.
Results: We are committed to results driven investment strategies that move us from ideas to action and ensure that HSD's work is making a real difference in people's lives.
Growth & Development: We value all team members and are committed to cultivating opportunities for growth, development, and meaningful work in a supportive environment.

In 2023, in alignment with the department, ADS refined its divisional purpose as an Area Agency on Aging, reinforcing our strong commitment to leading with race.

ADS Vision: Black, Brown, Indigenous, Latin, and Asian communities of color experience equitable health and quality of life, so all people thrive at every stage of life.

ADS Mission: ADS builds and strengthens systems that ensure equity, mutual respect, and access to resources for older adults, people with disabilities, and their caregivers.

B-2: Planning and Resource Stewardship

Planning and Prioritization

Our planning begins with listening to community voices and understanding evolving community needs. This planning process is continuous. It includes community forums, events, focus groups, written surveys, and one-on-one conversations in which the concerns of low-income older people, adults with disabilities, and their caregivers are sought out and recognized. ADS works closely with three advisory groups to understand the needs of older adults, adults with disabilities and their caregivers: the ADS Advisory Council, Mayor's Council on African American Elders, and Northwest Universal Design Council. ADS builds in time on agendas to ask what members are seeing and hearing in community. In addition, ADS programs implement various client response systems including grievance procedures and satisfaction surveys.

Several other resources are considered in understanding emerging needs and aligning resources including:

- **Demand:** The number of people requesting and utilizing a service. ADS monitors year-over-year trends and publishes utilization and demographic data in an annual Client Profile Report.
- **Population data:** The best available national, state, and local demographic and disparity data
- **Research:** Models, strategies and activities that demonstrate efficacy over a sustained time among diverse populations.
- **Resources:** Community strengths, funding and/or partnerships available for emerging issues. Including understanding other planning efforts underway in the City of Seattle and King County.

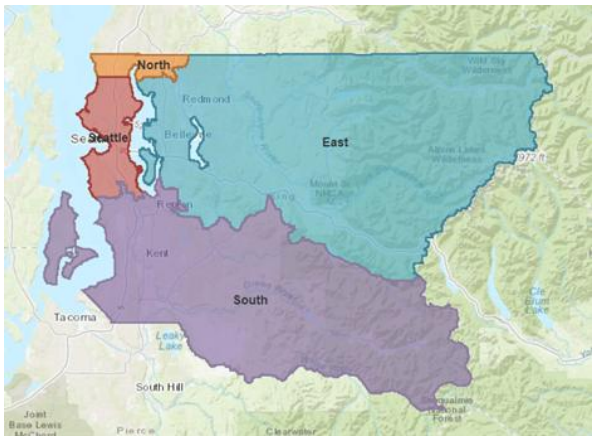
Aging and Disability Services uses four regions to understand emerging needs and service coverage in planning. These regions were developed by Public Health—Seattle & King County.

Seattle: Within the city limits

North: Bothell, Cottage Lake, Fall City, Kenmore, Lake Forest Park, Shoreline, and Woodinville

East: Baring, Bellevue, Carnation, Duvall, Issaquah, Kirkland, Medina, Mercer Island, Newcastle, North Bend, Preston, Redmond, Sammamish, Snoqualmie and Skykomish

South: Algona, Auburn, Black Diamond, Burien, Covington, Des Moines, Enumclaw, Federal Way, Hobart, Kent, Maple Valley, Normandy Park, Pacific, Palmer, Ravensdale, Renton, Tukwila, SeaTac, Seahurst, and Vashon Island.



ADS staff and advisory group members actively participate in, support, and convene a number of local and regional coalitions and cross-sector partnerships in the areas of ageism, aging in place, brain health, behavioral health, end-of-life planning, food access, health care reform, housing, Medicare, rural aging, transportation, and more. ADS also partners with other funders, including King County, to align resources to meet gaps in existing service system. These partnerships leverage the expertise and capacity of community leaders, funders, advocates, and consumers to collectively address the most pressing issues facing older adults, adults with disabilities and their caregivers in our PSA. See Section B-3 Area Agency on Aging Partnerships.

While most of our revenue is directed to mandated federal and state services, ADS has a limited amount of discretionary funding from Washington State Senior Citizens Services Act and Federal Older Americans Act Title IIIB. ADS works with the Planning and Allocations committee of the Advisory Council to prioritize services within the discretionary budget consistent with the direction set in the Area Plan to meet existing, new or emergent needs.

Performance and Accountability

When ADS has funding available to address community needs, work plans are created for an investment process. ADS is committed to making sure our investments are supported by data and are accountable to outcomes. We have adopted a results-driven Results Based Accountability (RBA) ™ investment and performance measurement framework. RBA is a simple, common-sense framework that starts with ends (the desired result you are trying to achieve) and works backward toward means (the strategies for getting there).

RBA helps ADS move from ideas to action and ensure that our work is making a real difference in people's lives. RBA looks at:

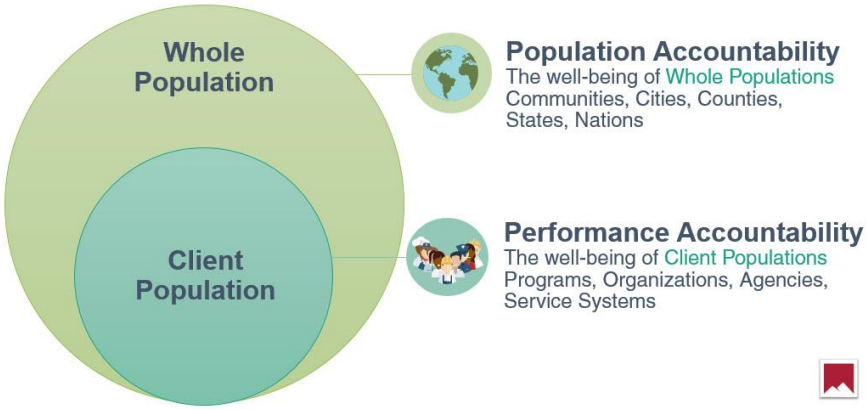
Population indicators which assess well-being of all individuals in our region. Population accountability includes an examination of the indicators described in Section C-1: Population Profile, as well as other available data specific to the investment subject matter.

While AAA services are available to the eligible community at large, this approach serves to clarify investment strategies that ensure we are providing effective services targeted to populations in greatest economic and social need.

Performance measures which assess well-being of individuals and families directly served by our programs or funding. Racial equity performance data is specifically included to address identified population level disparities. Based on the RBA framework, program performance measures include:

- Quantity measures of how much service is provided and to whom.
- Quality measures of how well a service is being provided
- Impact measures of who is better off due to the services provided

ADS evaluates and communicates about programs using this framework to promote shared accountability across ADS, our AAA partners, our contracted providers, and other funders.



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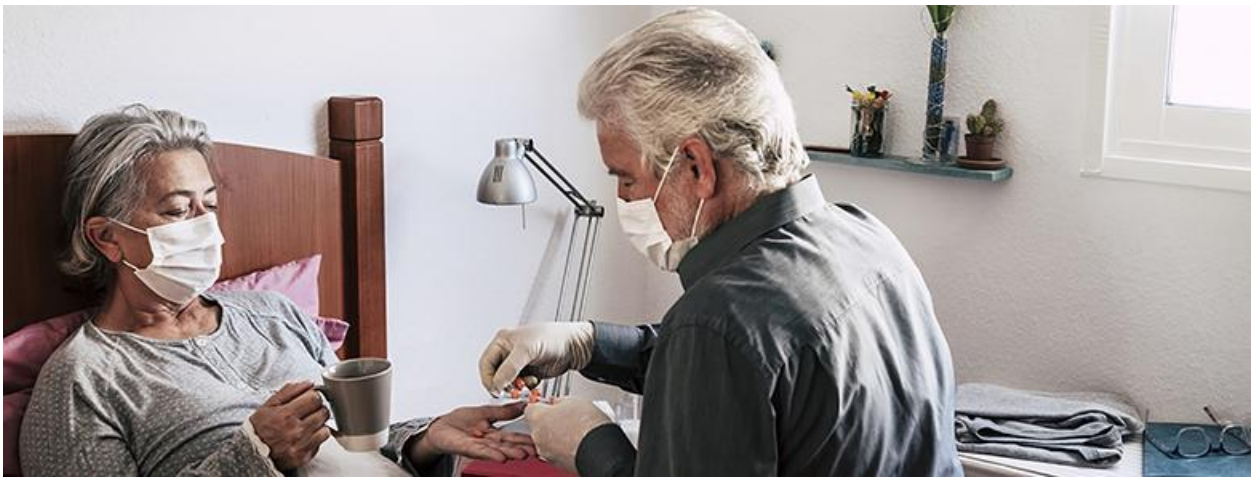


B-3: AAA Services and Partnerships

ADS invests federal, state, and local funds in more than 20 different services for older adults, adults with disabilities and caregivers in King County. Most services are provided by a network of community-based organizations located throughout King County who subcontract with ADS to serve more than 50,000 seniors, adults with disabilities and family caregiver each year.

The aging network in King County also benefits from local funding available through the countywide voter-approved Veterans, Seniors, and Human Services Levy (VSHSL). Funding within a set of strategies dedicated to services for veterans, military servicemembers, and families; people aged 55 and older; paid and unpaid caregivers; and other resilient communities offers flexibility in approach and services offered, allowing options that reach people who may not qualify for other aging related funds or provide supports that are otherwise outside the scope of less flexible federal or state funded programs.

AAA services for the 2027-2030 Area Plan cycle are outlined below, including key supporting strategies in the 2024-2029 VSHSL. Unless otherwise noted, AAA services are provided through contract with community-based organizations.

Older adults, adults with disabilities, caregivers, family members and professionals can contact Community Living Connections to get objective, confidential information about resources and service options.

Age Friendly Communities

Age Friendly Seattle is a citywide initiative launched in 2017 that operationalizes Seattle's commitment to making the city a better place to age. Housed within the AAA, an Age Friendly unit works across City departments and in the community to implement a variety of strategies and activities to make Seattle "a great place to grow up and grow old." Regular activities include coordination of anti-ageism training, the age-friendly discount directory, and community events to promote civic engagement.

Access and Supportive Services

ADS provides a range of services that support older adults, adults with disabilities and caregivers to access resources, remain independent and participate fully in their communities.

Brain Health and Dementia Support *new*

Anticipated to begin in early 2027, ADS will be funding up to three agencies to improve the wellbeing of individuals with memory loss and/or dementia and their care partners by increasing the availability, accessibility, and reach of existing services. The investment seeks to expand programs for agencies that reach and support communities underserved by dementia care or are at high risk of dementia. Programs are rooted in person-centered care, are holistic, offer peer support, and address modifiable risk factors such as improving physical, mental, and cognitive health, addressing social isolation, and improving lifestyle choices like diet. In addition to the dementia investment, ADS continues to host the annual African American Caregivers Forum and other events in collaboration with community partners to raise awareness and increase education of brain health, dementia caregiving, and related and emerging issues.

Community Living Connections

Serves as a public access point for older adults, people with disabilities and caregivers seeking information about community resources and service options. The program includes outreach; information and assistance accessing community resources; person centered care planning and coordination; and specialized support for caregivers (see Caregiver Support service).
Region Coordinators support outreach and information sharing across the broader aging and disability network, including libraries, customer service centers.

Cultural Competency Training and Support

LGBTQ Cultural Competency Training and Support provides peer support, cross-generational support activities, and assistance connecting to community resources. The program also provides cultural capacity training for aging, health, and human services providers to address unique risks, challenges, and strengths of LGBTQ older adults, families and caregivers.

WA Cares *new*

The Washington Cares Fund, or WCF, is a universal long-term care insurance program that provides eligible Washington workers with access up to $36,500 (adjusted for inflation) in lifetime benefits for approved long-term care services and supports. Workers contribute a small percentage of their wages to the fund while working and earn access to the fund when they need it. Benefits are designed to help individuals maintain independence, dignity, and quality of life as they manage their long-term care need.

Minor Home Repairs

Professional contractors provide home repairs and modifications to low-income older adults and adults with disabilities. These repairs increase individual independence while also preserving low-income housing stock by supporting individuals to remain safely in their homes.

Senior Centers

ADS support operations at 19 senior center programs serving older adults age 50+ across all City Council Districts in Seattle. The senior centers provide opportunities for activities, fitness, volunteerism, lifelong learning, transportation, and healthy meals, including the delivery of other AAA services. Programs support a highly diverse population, including urban Native, Immigrant, Refugee, and LGBTQ older adults, as well as other racially, ethnically, and culturally specific older adult communities that have been historically underrepresented or underserved. Many senior centers offer culturally responsive or language-accessible programming to create welcoming, community-centered environments that reflect

their cultural identities and needs. In other parts of the county, ADS relies on King County and/or local municipalities to support senior center operations. One of the largest VSHSL strategies dedicates funds to building a robust network of senior center programs across the county. As a result, King County now supports the Senior Center Network, made up of 41 senior centers, including those that also receive funding from the City of Seattle.

Transportation

ADS funds community transportation programs that improve older adult access to health services and healthy food. Programs are operated by 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.

Health Services

ADS is seeing client complexities that include comorbidities, behavioral health diagnosis, and substance use disorders. To meet the individual needs of our complex clients, ADS will continue to provide diverse types of preventative, mental, physical, behavioral health and nursing services. Several King County VSHSL strategies are also dedicated to supporting physical, mental and behavioral health. This includes the Geriatric Regional Assessment Team (GRAT), a home-visiting team of behavioral health and human services experts who assess and connect seniors to behavioral health or other human services.

Senior Drug Education

A program provided by Kelley-Ross Pharmacy that focuses on medication safety for older adults through personalized pharmacist sessions in senior housing buildings. The intervention focuses on addressing risks, proper medication usage, and education on hypertension, diabetes, and other chronic conditions.

Health Related Social Needs (HRSN) *new*

HRSN are unmet, adverse social conditions that negatively impact an individual's health. These conditions can include housing instability, homelessness, nutrition insecurity, and other factors that affect health outcomes. HRSN services are authorized under the Medicaid Transformation Project (MTP 2.0), WA State's 1115 demonstration waiver. The AAA is contracting with community-based organizations to provide nutrition supports, home accessibility modifications, remediations, adaptations, and caregiver respite to Medicaid beneficiaries. The AAA contracts with the King County Accountable Communities of Health (ACH) - Healthier Here for HRSN care coordination.

Workforce Enhancement Program

ADS partners with the Northwest Geriatrics Workforce Enhancement Center to provide education and training for geriatric medicine providers and the supportive care workforce to increase awareness of community-based services and supports and ensure culturally and linguistically relevant resources are identified. Core activities include the delivery of evidence-based training programs, facilitation of an “Area Agency on Aging Practicum” and participation as a panelist in Project ECHO-Geriatrics virtual, multi-disciplinary case-based learning.

Health Promotion

ADS coordinates with King County Department of Community and Human Services (KCDCHS) to support a range of Evidence-Based Health Promotion programs to help people manage their chronic conditions and live healthier lives. Because of a substantial investment in health promotion programs through the VSHSL, King County residents have access to additional health promotion programming that is rooted in self-defined wellness or that works within a particular community. In addition, ADS administers the Community Aging in Place-Advancing Better Living for Elders (CAPABLE) program, a client-directed home-based intervention to increase mobility, functionality, and capacity to age in their community for older adults. CAPABLE consists of time-limited services from an occupational therapist, a nurse, and a handy worker working in tandem with the older adult as an inter-professional team.

Substance Use Disorder Services

Substance Use Disorder Services provide a unique service to an underserved population in King County. ADS partners with the King County Department of Community and Human Services (KCDCHS) to maintain one full-time equivalent (FTE) substance use disorder professional (SUDP) for older adults and adults eligible for Medicaid Title XIX Case Management Core services. The SUDP evaluates clients, provides ongoing counseling, refers clients to appropriate community resources, treatment, medical care, and in every case develops an individually tailored plan for each client.

Behavioral Health Consultation *new*

ADS contracts with a Psychiatric Nurse Practitioner to provide a combination of evaluation, assessment, case consultation, and training on relevant mental health issues. This support is available to ADS Care Coordination Program (CCP) and partner agency care coordinators who work with older adult clients, individuals with disabilities and complexities, including physical, mental health, and substance use disorders.

Program to Encourage Active, Rewarding Lives (PEARLS)

An evidence-based program nationally recognized that supports older adults living with minor depression. It is offered in King County to adults age 55 and older, veterans and/or spouses and spouse survivors. It helps older adults address mental health needs through problem solving life's challenges, and planning for physical and social activities to increase social isolation and loneliness.

Nursing Services

ADS provides care coordination services to medically complex clients and the need for collaboration with nursing services is a key focus for the program. Those clients at highest risk include those with frequent hospitalizations, those living with multiple comorbidities, and those at risk for pressure injuries.

The Nurse Delegation Program

Registered Nurse Delegation provides clinical oversight to home-based nursing assistants to perform specific tasks, such as administration of medications and blood glucose testing, which normally can only be performed by licensed nurses. A registered nurse teaches and supervises the nursing assistant. The Nurse Delegator determines that specific criteria are met and that the patient is in a stable and predictable condition before delegating a task. The Registered Nurse Delegation is authorized through the Comprehensive and Reporting Evaluation (CARE) assessment for Medicaid Home & Community Based Services (HCBS) waiver clients.

Skilled Nursing

A service that can be provided under the Medicaid Waiver Program that allows nurses to treat chronic, stable, long-term conditions that cannot be delegated, self-directed, or provided under State Plan skilled nursing. Skilled Nursing Services are included in the client plan of care and must be within the scope of the State's Nurse Practice Act.

Visiting Nurse Program

A Registered Nurse (RN) provides home based nursing care to individuals within communities that have higher rates of serious health conditions or deaths which are disproportionately prevalent in communities of color. This program integrates a nursing component into other AAA services. This position is essential to supporting the most vulnerable elders, especially in emergency situations by providing culturally appropriate and trusted social and health resources.

Mobile Integrated Health Program

The Mobile Integrated Health Program is a partnership between the Seattle Human Services Department and Seattle Fire Department. It comprises four main activities: the Health One response unit, high utilizer case management, the Vulnerable Adult program, and most recently the Overdose Response Team. Together, Case Managers in Seattle Human Services and specially-trained Fire Fighters and staff Health One Mobile Units ensure that clients receive the medical care, mental health care, shelter or other social services they need.

Nutrition Services

ADS works to improve the health and wellbeing of older adults by providing them with nutritious food, meals, opportunities for social engagement, and access to other services. In addition to ADS nutrition services, the King County VSHSL supports food security and mobile meal delivery for older adults. To better meet emerging needs, ADS will utilize the Older Americans Act Grab and Go Provision in the 2027-2030 Area Plan cycle. See Section D-1: Healthy Aging for more information.

Congregate Meals

Congregate meals are a community-based service that provides meals and socialization opportunities to older adults in group settings. The Congregate Meal Program helps meet the dietary needs of older adults by providing nutrition education, and nutritionally sound meals served in a group setting. Meal sites serve the African American, Asian, East African, Pacific Islanders and Polynesian, and Native American communities. Some sites focus on a specific ethnic or language group including Bhutanese, Cambodian, Chinese, East Indian, Ethiopian, Eritrean, Filipino, Hispanic/Latinx, Japanese, Khmer, Korean, Nepali, Tongan and Vietnamese.

Home Delivered Meal program

The Home Delivered Meals Program provides nutritious meals to older adults who are homebound and unable to prepare meals for themselves. This includes tailored meals for individuals living with a chronic or life-altering illness including cancer, HIV, diabetes, or kidney disease. Frozen meals are delivered to individuals throughout Seattle and King County.

Multicultural Registered Dietitian Nutritionist

Multicultural Registered Dietitian Nutritionist (RDN) Services provide technical assistance and support to congregate meal sites with nutrition services and standards.

Culturally Nourishing Foods

The City of Seattle passed the Sweetened Beverage Tax (Ordinance 125324) on sugary beverages to increase access to healthy food. Tax revenue supports communities most impacted by health inequities, including Black, Indigenous, and other people of color, immigrants, refugees, and people with low incomes. Through these funds, ADS invests in culturally nourishing food activities that nourish the mind, body and spirit through food and meals, food access, and social engagement.

Senior Farmers Market Nutrition Program

Senior Farmers Market Nutrition Program (SFMNP) provides a one-time benefit for low-income older adults to purchase local produce at participating farmers markets throughout King County. Funded through USDA and Washington State funds, this program enhances access to fresh fruits and vegetables and supports local sustainable agriculture.

Elder Justice and Legal Services

ADS works to prevent and address elder abuse, neglect and exploitation through education, intervention, victim support and advocacy. ADS also provides support on a range of other legal issues impacting older adults through its Legal Services program.

Legal Services

Legal services help older adults secure rights, benefits, and entitlements under federal, state, and local laws. Older adults and those with disabilities can access legal services related to the following priority areas of law: Income, Health care, Long-Term Care, Nutrition, Housing, Utilities, Protective Services, Defense of Guardianship, Abuse, Neglect, and Age Discrimination. ADS puts limited funds to best use by also funding activities that support advocacy and systemic change, including: group and organizational legal assistance; resource development to expand non-lawyer and pro-bono advocacy resources; and education and training of aging network professionals.

Elder Abuse Case Management

Designated case managers provide safety planning, information and assistance, service referrals, court accompaniment, coordination of services, and personal advocacy for individuals who have experienced elder abuse. ADS lost federal grant funds for this service area in the prior area plan cycle. ADS supplemented lost funds to maintain services and is actively pursuing other grant funding.

Elder Abuse Multi-Disciplinary Team

The Multi-Disciplinary Team brings together professionals from across disciplines to work collaboratively to improve the systemic response to cases of elder and vulnerable adult abuse, neglect, and financial exploitation in King County. It is comprised of: King County prosecutors, Aging and Disability Services supervisors and case managers, Adult Protective Services administrators and investigators, a King County Sheriff's deputy, a state Developmental Disabilities Administration manager, medical professionals (including geriatricians), a full-time financial analyst, and a full-time program coordinator. The MDT invites other professionals to participate in specific cases, ranging from law enforcement officers to capacity evaluators, and financial managers to emergency services personnel.

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 Ombuds investigates and resolves complaints made by or on behalf of residents and identifies problems that affect a substantial number of residents. The Ombuds may also recommend changes in federal, state, and local legislation.

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.

Adult Day Care

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

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.

Caregiver Support

Caregiver support focuses on both the individual caregiver and the system that supports the caregiver. Services range from kinship care support for grandparents (aged 60+) caring for relatives to support for caregivers caring for persons aged 18 and over. Several King County VSHSL strategies are dedicated to supporting both paid and unpaid caregivers, providing opportunities to add supports that are not otherwise available.

Community Living Connections Caregiver Support (FCSP)

The Community Living Connections program 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 tangible 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.

Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA)

Under the renewal of the 1115 Medicaid Transformation Project waiver, two benefits are available as an alternative to traditional Medicaid Long-Term Services and Supports (LTSS). Long-Term Services and Supports (LTSS) are defined as the services and support 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.

• MAC provides support services for unpaid family caregivers who support individuals eligible for Medicaid Apple Health but not currently accessing LTSS.

• TSOA provides 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 having to spend down their assets or prevent estate recovery.

Both programs provide necessary support for unpaid caregivers that 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, services are also available for a recipient without an unpaid caregiver.

Kinship Caregiver Support

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. Kinship Coordination, a network of kinship providers and advocates in King County, collaborates to improve access to and coordination of kinship services.

Care Coordination

A wide range of care coordination services and support are available, including in-home personal care, chore services, counseling, nutrition, and medical equipment, enable residents to live as self-sufficiently as possible and avoid unnecessary relocation to costlier long-term care environments. Most case management clients are Medicaid recipients who are unable to perform two or more “activities of daily living” (e.g., personal hygiene, continence management, dressing, feeding, mobility).

Medicaid Home & Community Based Services (HCBS)

The Home and Community-Based Services (HCBS) waiver program provides Medicaid long-term care clients with an alternative to receiving care in institutional settings. The state’s Home and Community Living Administration (HCLA) determines eligibility for HCBS services through a standardized assessment tool. Eligibility is based on an individual’s functional unmet needs and Medicaid financial determination. ADS delivers these services directly through a team of case managers and through subcontracts with four community partners. Beginning July 2026, LTSS Presumptive Eligibility (PE) will give individuals the opportunity for expedited access to specific set of services in their own home and Medicaid medical coverage, for a limited time, while full functional and financial eligibility are being determined. LTSS PE is a program under the 1115 Medicaid MTP waiver.

Medicaid Personal Care (MPC)

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 First Choice (CFC)

Community First Choice (CFC) is a 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)], 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.

Community Options Program Entry System (COPES)

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 support, environmental modifications, home-delivered meals, nursing services, specialized medical equipment and supplies, and transportation.

New Freedom

New Freedom Consumer Directed Services is a 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.

Care Transitions

ADS and contracted partners provide Care Transitions services to enable patients to successfully transition from hospital to homes and prevent unnecessary readmissions. Services generally include an assessment of an individual's needs and goals, development of a service plan, and coordination and monitoring of service delivery.

Client Flexible Fund

Funds are available to ADS and Community Living Connections Care Coordination Program staff to purchase goods or services enabling clients to access needed services and support in their homes and community rather than institutional settings. Services are provided by ADS subcontractors and/or outside vendors.

LTSS Managed Care

The Program of All-Inclusive Care for the Elderly (PACE) is a managed care model in which clients receive medical, behavioral health, and long-term care under one capitated payment. PACE is provided by Providence ElderPlace in five locations and one site operated by International Community Health Services (ICHS). In King County, the PACE provider assumes case management responsibilities.

Building Based Care Coordination

ADS and contracted partners provide building-based care coordination 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.

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.

The ADS SHA Care Coordination program also provides short-term discretionary support for tenant-based Housing Choice Voucher (HCV) residents in partnership with SHA's housing coordinators--connecting HCV residents with resources for housing stability.

Governor's Opportunity for Supportive Housing (GOSH)

The Governor's Opportunity for Supportive Housing (GOSH) was established as part of the Washington State's Mental Health Transformation project's five-year plan to modernize the mental health system. The GOSH program is funded to provide intensive supportive housing services, paired with a housing subsidy, for HCLA clients discharging or diverting from Western State Hospitals. Contracted supportive housing providers help facilitate access to the participant's wrap-around support services to stabilize the participant's transition to the community

Housing Access and Services Program (HASP)

ADS participates in a consortium representing some of King County's major human service and behavioral healthcare systems who provide housing access and stability services to extremely low-income households with disabilities. King County Housing Authority allocates Section 8 Housing Choice vouchers to participants with disabilities. Selected participants receive case management, as needed, and ongoing supportive services.

Health Homes

Health Homes is a program for high risk, high utilizers of care and is intended to help clients become more active participants in their own care. Clients are identified by Predictive Risk Intelligence SysteM (PRISM) scores and must meet Apple Health criteria. ADS is usually notified of which clients qualify. The Health Homes program is long-term and built around motivational interviewing. Clients can remain in the program as long as they are working towards a self-identified care goal.

Washington Roads

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

Veterans-Directed Home Services (VDHS)

The 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. ADS is one of four Area Agencies on Aging in Western Washington receiving these VA funded services.

King County Veterans, Seniors, and Human Services Levy Strategies

Investments from the 2024-2029 Veterans, Seniors, and Human Services Levy connect older adults to supports such as food and nutrition, information and assistance, cultural and social activities, educational opportunities, wellness checks, health promotion, and connection**.** Senior-specific funding is also invested in mobile medical outreach for individuals with less access to healthcare resources, the building of housing units for seniors, and behavioral health supports that include people 55 and above. Key supporting VSHSL strategies are outlined below**.**

Together ADS and King County's Older Adults and Healthy Aging (OAHA) team coordinate programs through an array of approaches for leveraging funding dedicated to older adult programs, including braiding funds within contracts managed by one team and aligning programmatic approaches when maintaining separate contracts for similar services to deepen or expand options available to county residents. Information on the VSHSL can be found on: https://kingcounty.gov/en/dept/dchs/human-social-services/community-funded-initiatives/veterans-seniors-human-services-levy.

Housing Stability (HS):

- HS 4: Senior Home Repair and Age In Place Modifications
- HS 5: Senior Villages
- HS 8: Housing Legal Aid

Healthy Living (HL):

- HL 2: Mental Health Counseling
- HL 5: Geriatric Regional Assessment Team (GRAT)
- HL 6: Senior Health Promotion
- HL 7: Housing Health Outreach Team
- HL 8: Mobile Meal Delivery for Seniors
- HL 9: Connections to Care
- HL 11: Elder Abuse Multi-Disciplinary Team
- HL16: Support Food Security in King County

Financial Stability (FS):

- FS 3: Benefit Application and Appeals Assistance
- FS 2: Employment Training and Educational Support
- FS 3: Benefit Application and Appeals Assistance
- FS 6 Human Services Workforce Stabilization

Social Engagement (SE):

- SE 1: Support Senior Centers
- SE 3: Community Supports for Persons with Disabilities
- SE 4: Caregiver Connections and Support
- SE 5: Kinship Care Support
- SE 10: Support Services for Immigrants and Refugees

Service System (SS):

- SS 1: Veteran Outreach and Resource Programs
- SS 2: Mobile Medical Outreach
- SS 9: Resource Access Team
- SS 10: Veterans Civil Legal Aid Clinic or Fellowship

Area Agency on Aging Partnerships

In addition to our contracted, interlocal, and advisory partners, ADS works with a vast network of non-profit, public and private partners spanning housing, education, transportation, legal, and other health and human services sectors. Partners are engaged in sharing tools and information about successful programs and ideas to improve services.

ADS has consistently identified issues of affordability, housing, and transportation as some of the most impactful to older adults, adults with disabilities and their caregivers in our region. We recognize we cannot move the needle on those issues alone and believe that partnerships are central to removing barriers and implementing solutions. ADS will work continuously to leverage the expertise and capacity of community leaders, coalitions, funders, and advocates and has proposed strategies in Section D – Issue Areas to expand and deepen these relationships in the 2027-2030 Area Plan cycle.

Advocacy, policy and system coordination partners include:

- AARP Washington
- Alliance of Eastside Agencies
- Alzheimer's Association
- Bellevue Network on Aging
- Dementia Action Collaborative
- Disability Empowerment Center (Center for Independent Living)
- HealthierHere
- Housing Development Consortium
- King County Alliance for Human Services
- King County Continuum of Care
- King County Mobility Coalition
- Mayors Council on African American Elders
- North Urban Human Services Alliance
- Northwest Universal Design Council
- Puget Sound Advocates for Retirement Action (PSARA)
- Puget Sound Regional Council
- Seattle Commission for People with disAbilities
- Seattle Human Services Coalition – Coalition for Equitable Aging
- Seattle Women's Advisory Board
- Sound Cities Association
- South King Council of Human Services
- University of Washington
- Washington State Council on Aging
- Washington Low Income Housing Alliance
- Washington 2-1-1

Section C – Context

C-1: Planning and Review Process

The planning process for the Area Plan 2027–2030 involved engagement with community members, ADS interlocal partners, ADS advisory groups, providers, and stakeholders; as well as research and data analysis across multiple, reliable data sources.

Engagement methods included a 20-item survey available in English, Spanish, Amharic, Arabic, Oromo, Russian, Somali, Tigrinya, Ukrainian, Vietnamese, and Chinese. The survey explored the emerging needs, needs of priority populations, communication preferences and participation barriers among older adults, adults with disabilities and caregivers in Seattle and King County. The survey captured perspectives from 335 respondents representing diverse geographic and demographic groups of staff, partner agencies and community members.

Our aim is to make sure the Area Plan goals and objectives reflect our commitment to eliminate racial disparities among older adults, people with disabilities and caregivers so that all will thrive throughout their lifespans. To ensure that the voices of priority populations were represented, ADS worked with Seattle Department of Neighborhoods to initiate a series of focus group discussions from July - September 2025. Focus group participants included representation from Black Elders, Caregivers, People with Disabilities, Latinx and Urban Native community members. 520 individuals applied to participate in the focus groups, and 41 participants were selected to participate to ensure representative input.

The ADS Advisory Council and Mayor's Council on African American Elders were regularly updated on Area Plan activities. ADS conducted outreach and requests for input from these and other stakeholder groups engaged with or affected by aging and disability-related services, programs, and systems. Stakeholders were given opportunities to reflect on drafts and provide recommendations to inform the public review process, development of the final plan, and ongoing progress reporting.

The draft plan will be available for broad public review and comment from July 13, 2026 through August 17, 2026. ADS and ADS Advisory Council's Planning and Allocations Committee will host three public hearings throughout King County to receive comments on the draft Area Plan 2027-2030. Hearings will be offered with both in-person and virtual participation options, including an evening option, to enable county-wide participation. Where applicable to AAA programs and functions, public and stakeholder input will inform meaningful revisions to the plan. The ADS Advisory Council will review the proposed 2027–2030 Area Plan based on public comments at its September 2026 meeting.

See Appendix C: Public Process for a comprehensive summary of activities and public comments.

C-2: Population Profile

Overview

The "Population Profile" section is organized into three subsections:

- General Demographics
- Greatest Economic Need
- Greatest Social Need

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

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+.

Race plays an important role in the outcomes of individuals, so we've provided race-related data whenever possible. Many of the data sources available do not have disaggregated race information. This means ADS is unable to look at specific populations. One example is that data for the total Asian population is provided but not individual data for Chinese, Japanese, Korean, Vietnamese, and other ethnicities is not available. Another example is that Hispanic/Latinos are reported as an exclusive race group in tables and figures, unless otherwise noted, but individual data is not available for Afro-Latinos or Indigenous Persons from Latin America. This limitation may mask differences between groups.

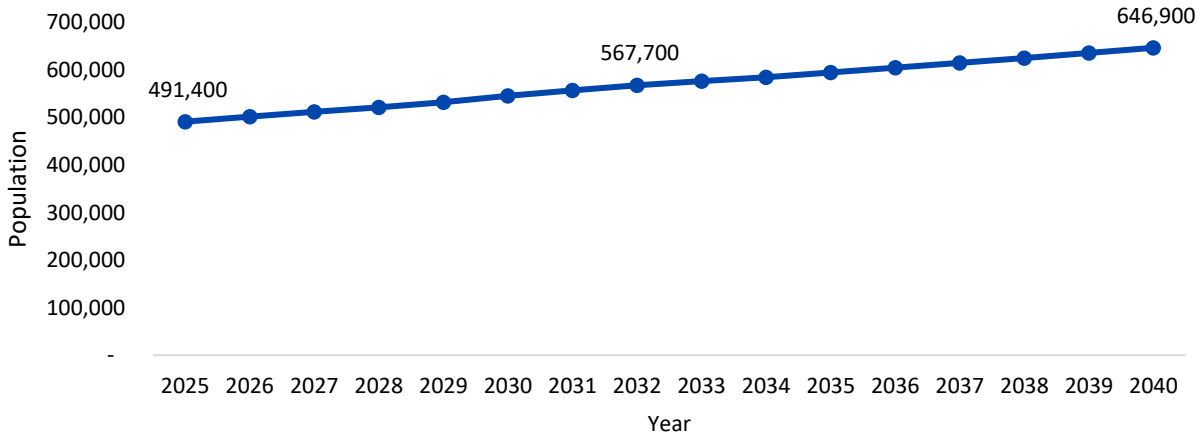
Demographics

King County is aging: by 2040, the number of adults aged 60+ is projected to grow by more than 30%. This shift will place increasing demands on healthcare and related services.

Currently, the 60+ population is predominantly White (71%). At the same time, more than half of King County's population under 18 (62%) are people of color, indicating that future older-adult populations will be much more diverse.[3]

These demographic changes provide important context for understanding the increasing need among older adults in King County and should be kept in mind when reviewing all the data that follows

Age 60+ Projected Population
King County, 2025–2040



***Source**: Washington State Office of Financial Management (OFM), Forecasting Division July 2025.*

Age 65+ Population by Race
King County, 2024

Race	Population	Percent
American Indian/Alaska Native	1,450	0.4%
Asian	58,400	17%
Black/African American	17,550	5%
Hispanic/Latinx*	12,300	4%
Two or More Races	8,350	2%
Native Hawaiian/Pacific Islander	1,400	0.4%
White	244,650	71%
Total 65 + King County Population	**344,050**	
Total Overall King County Population	**2,378,100**	

[3] King County, Public Health-Seattle & King County, *King County Community Health Needs Assessment*, 2024/2025 p.42

*Hispanic/Latino category is mutually exclusive from the other race categories.

***Source**: Washington State Office of Financial Management (OFM), Forecasting Division July 2025.*

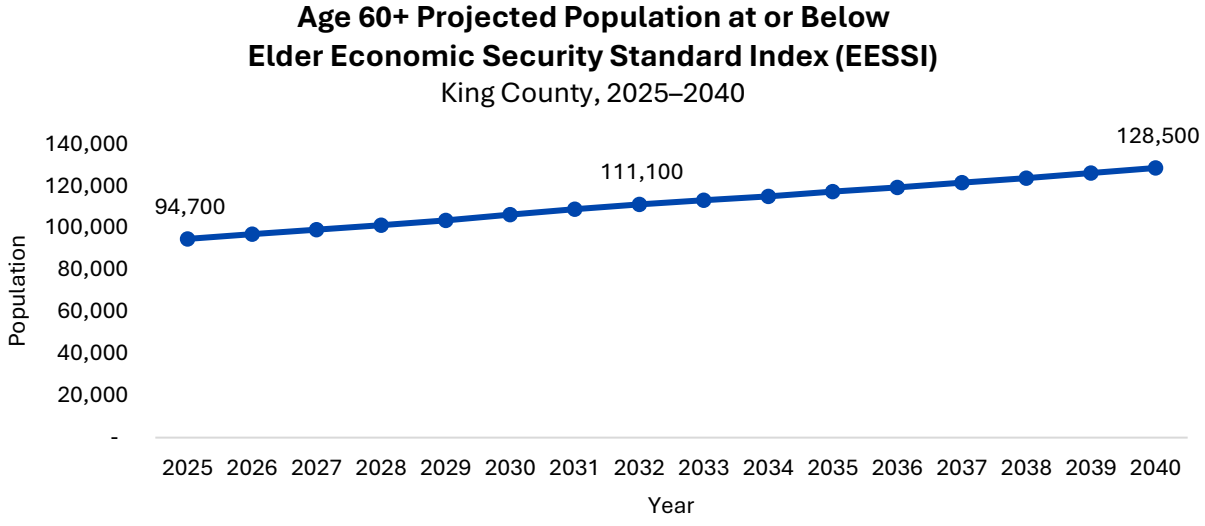
Greatest Economic Need

For the purposes of prioritization of local services, Greatest Economic Need is defined in accordance with 45 CFR 1321.3. Economic need is shaped by many factors, including long-standing racial inequities and rising regional costs. Because the federal poverty level (FPL) does not reflect the true cost of living in our region, ADS considers income at or below 200% FPL—or living in or near poverty—as a more accurate measure of economic hardship.

Using this as a measure of poverty, rates for those living in or near poverty are highest in Seattle (25%) and South King County (20%), areas with more racially diverse communities and deeper economic hardship. Older adults of color, especially American Indian and Alaska Native residents, experience particularly high levels of need: more than half (54%) live at or below 200% FPL.

Many older adults, particularly people of color, face substantial housing cost burdens, increasing their risk of housing instability and food insecurity. Participation in nutrition assistance programs like Basic Food has grown increasingly amount those age 65+.

Homelessness also remains a concern and a steady share of those accessing shelters are age 55 or older. These figures likely underestimate the true level of need in the community.



***Source**: Washington State Office of Financial Management (OFM), Forecasting Division July 2025.*

Age 65+ Living in or Near Poverty by Region

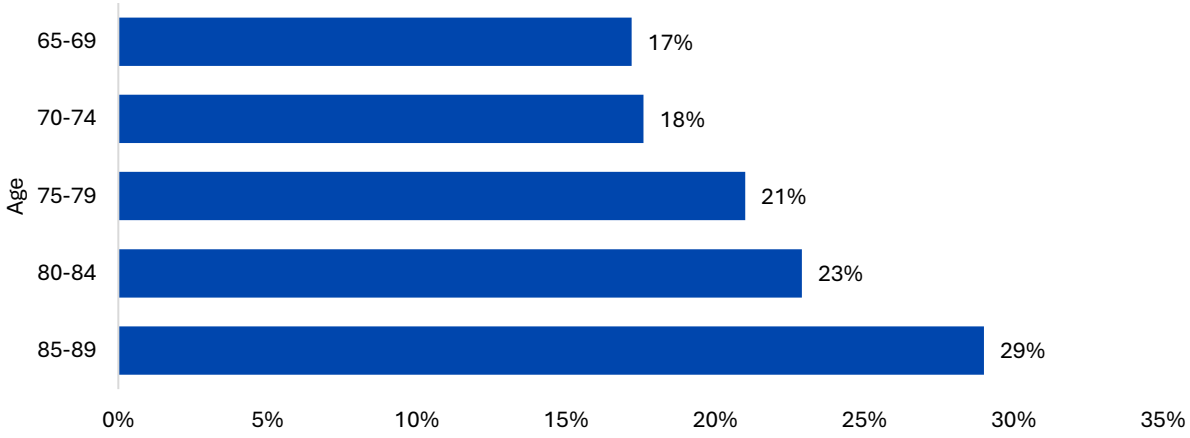
King County, 2018–2022 Average

East	North	Seattle	South
15%	17%	25%	20%

***Source**: U.S. Census Bureau American Community Survey, Public Use Microdata Sample, 2018-2022.*

Older Adults Living in or Near Poverty by Age

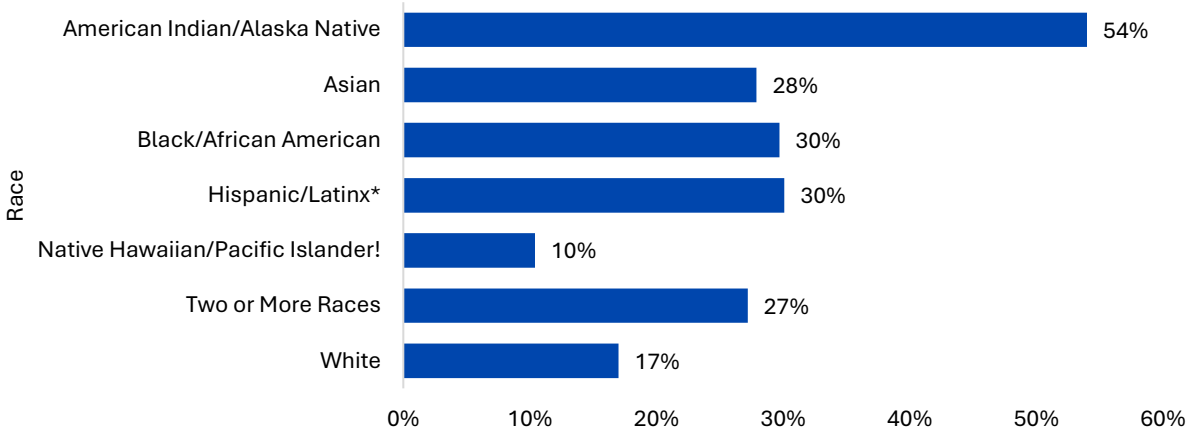
King County, 2018-2022 Average



***Source**: U.S. Census Bureau American Community Survey, Public Use Microdata Sample, 2018–2022.*

Age 65+ Living in or Near Poverty by Race

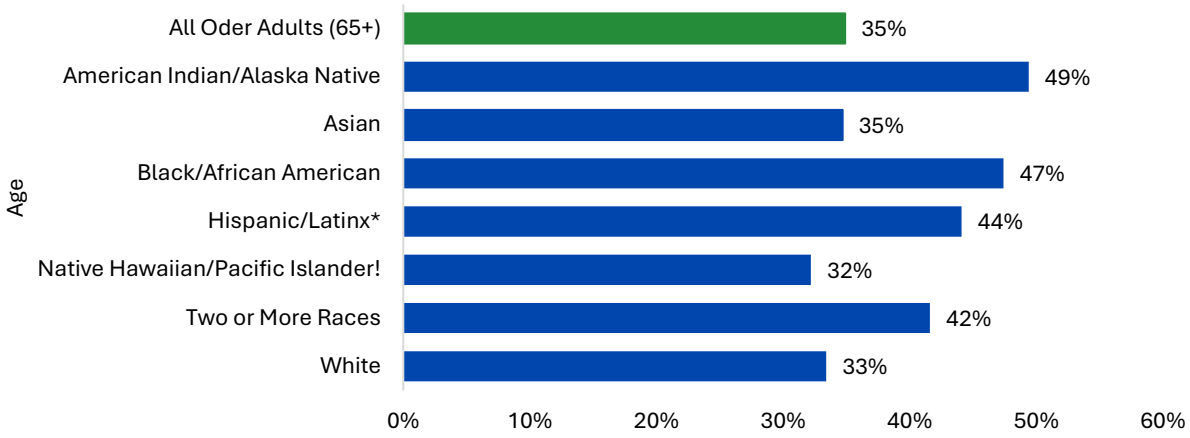
King County, 2018–2022 Average



*Hispanic/Latino category is mutually exclusive from the other race categories.
! Use caution when interpreting these results; the sample is small.
***Source**: U.S. Census Bureau American Community Survey, Public Use Microdata Sample, 2018–2022.*

Age 65+ Paying ≥ 30% of Income Towards Housing by Race

King County, 2018–2022 Average



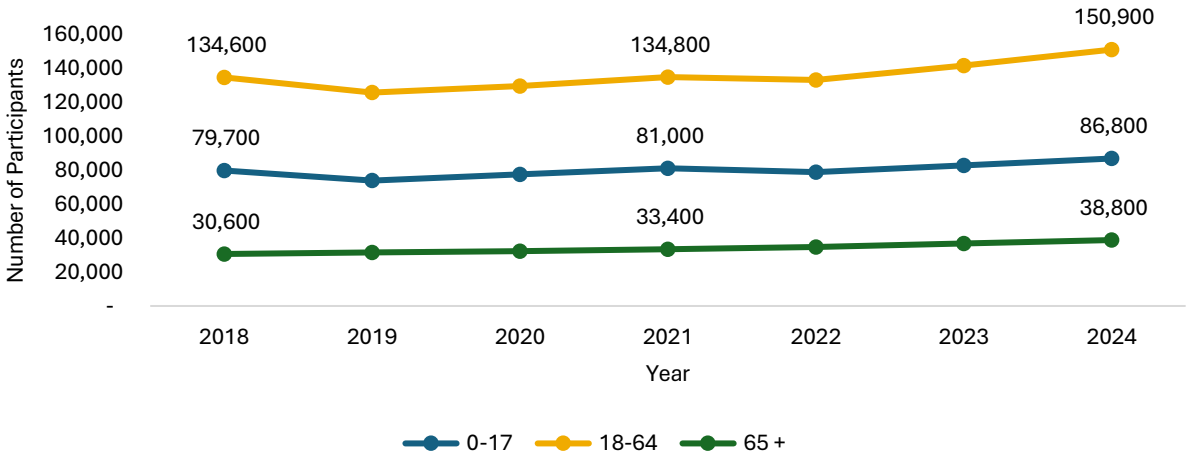
*Hispanic/Latino category is mutually exclusive from the other race categories.

! Use caution when interpreting these results; the sample is small.

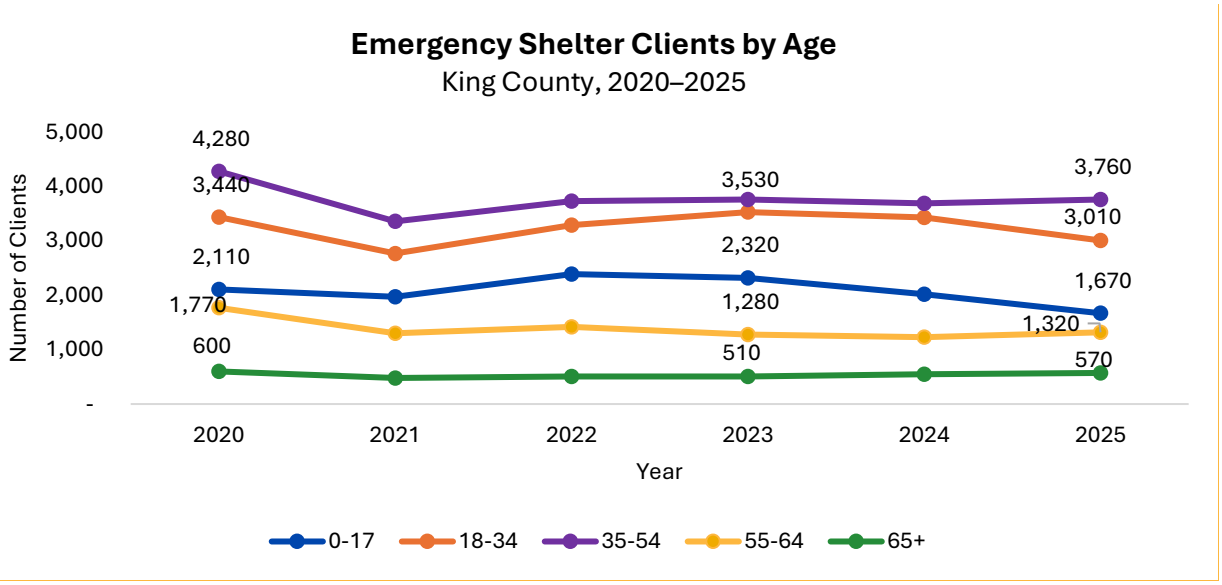
***Source**: U.S. Census Bureau American Community Survey, Public Use Microdata Sample, 2018–2022.*

Basic Food Participation by Age

King County, 2018–2024



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



***Source**: King County Homeless Management Information System (HMIS), Clarity, 2020–2025 [accessed 3/02/26].*

Greatest Social Need

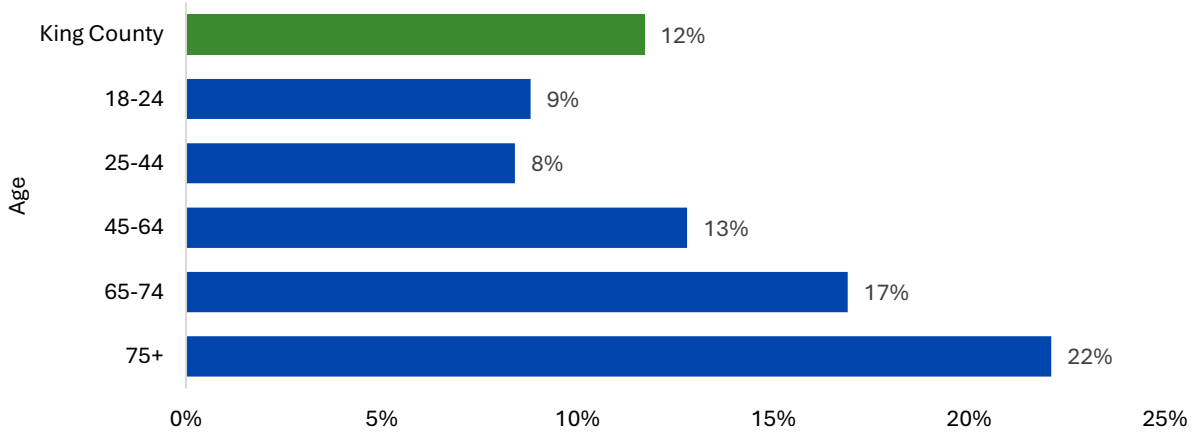
Greatest Social Need refers to individuals whose ability to perform normal daily tasks or maintain independent living is limited by non-economic factors[4]. Social need encompasses a wide range of factors, including physical and mental disabilities, language barriers, and cultural, social, or geographic isolation. Each of these areas includes its own set of indicators that, when considered alongside demographic data and economic need, help provide a fuller picture of the experiences and challenges faced by older adults in King County. These factors offer important context for understanding overall need among older adults and specific subpopulations.

Physical and mental disabilities

Physical and mental disabilities significantly shape the social needs of older adults in King County. Rates of disability increase with age, affecting more than one in four older adults. Many experience functional limitations, most commonly difficulty walking or climbing stairs, which can reduce independence and increase reliance on formal and informal supports. Older adults also face rising health and safety risks, including higher rates of fall-related hospitalizations and the highest suicide rates of any age group.

Adults Reporting Fair or Poor Health by Age

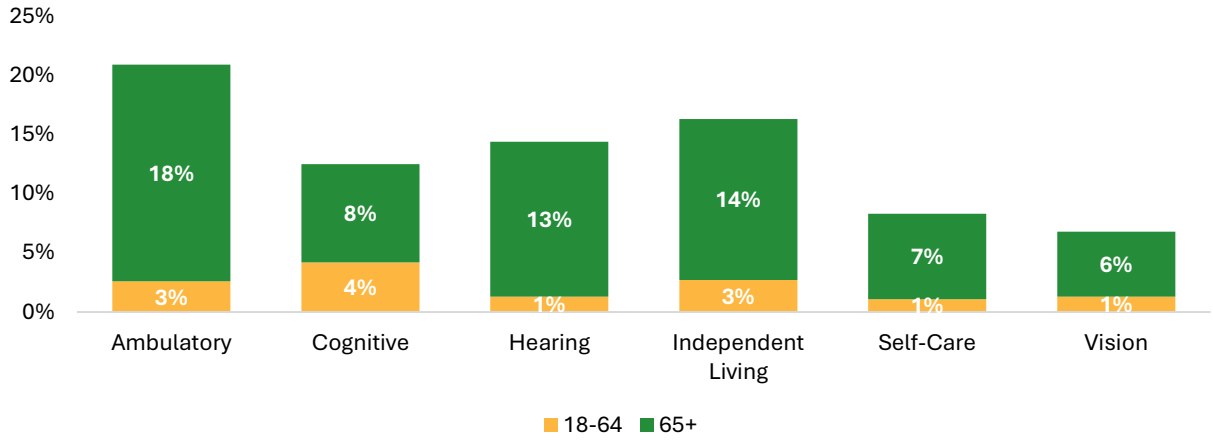
King County, 2018–2022 Average



***Source**: WA State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, 2018–2022.*

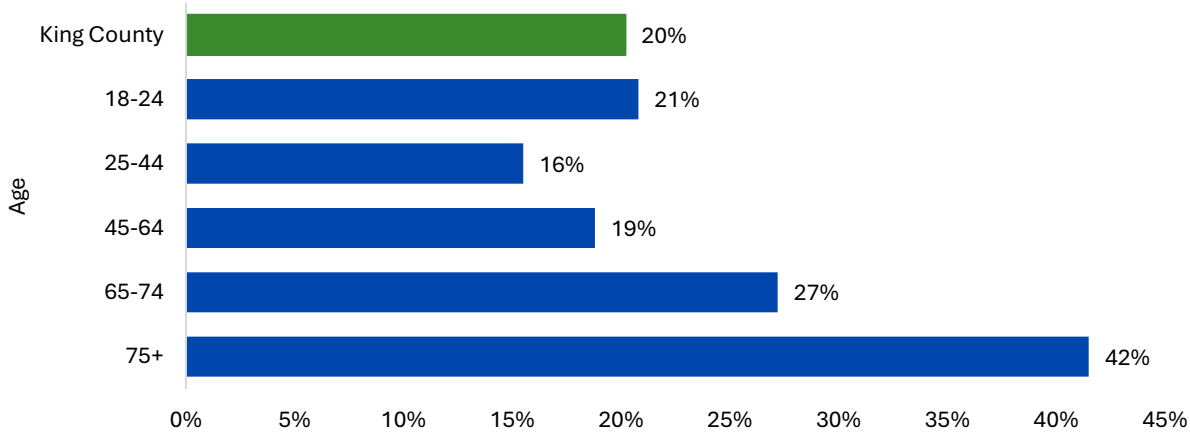
[4] Greatest Social Need is defined in CFR 1321.3.

Functional Limitations by Type and Age
King County, 2019–2023



Source: *U.S. Census Bureau, American Community Survey 5-Year Estimate, 2019–2023.*

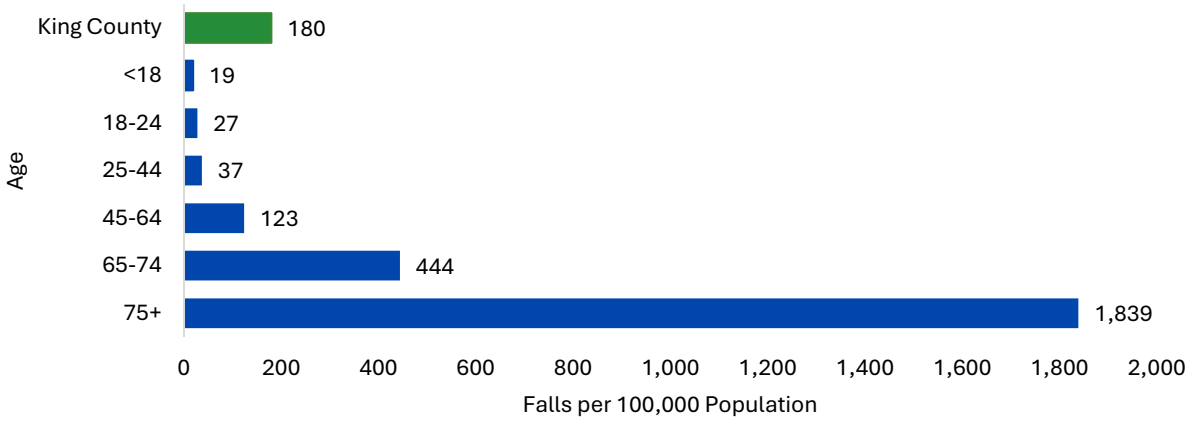
Adults with a Disability by Age
King County, 2018–2022 Average



Source*: WA State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, 2018–2022.*

Hospital Admission Rate for Non-Fatal Falls by Age

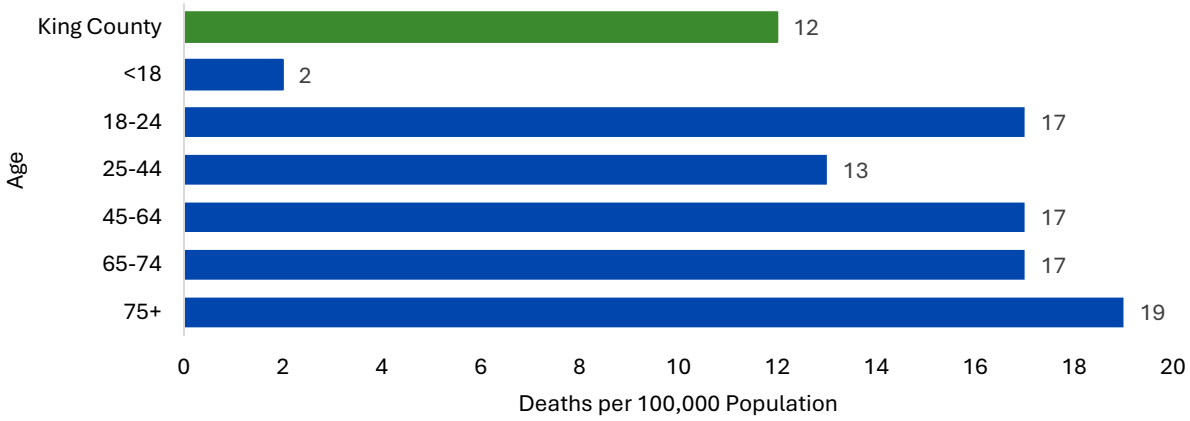
King County, 2019–2023 Average



***Source**: WA State Department of Health, Comprehensive Hospital Abstract Reporting System (CHARS) Office of Hospital and Patient Data System 2019–2023.*

Suicide Rate by Age

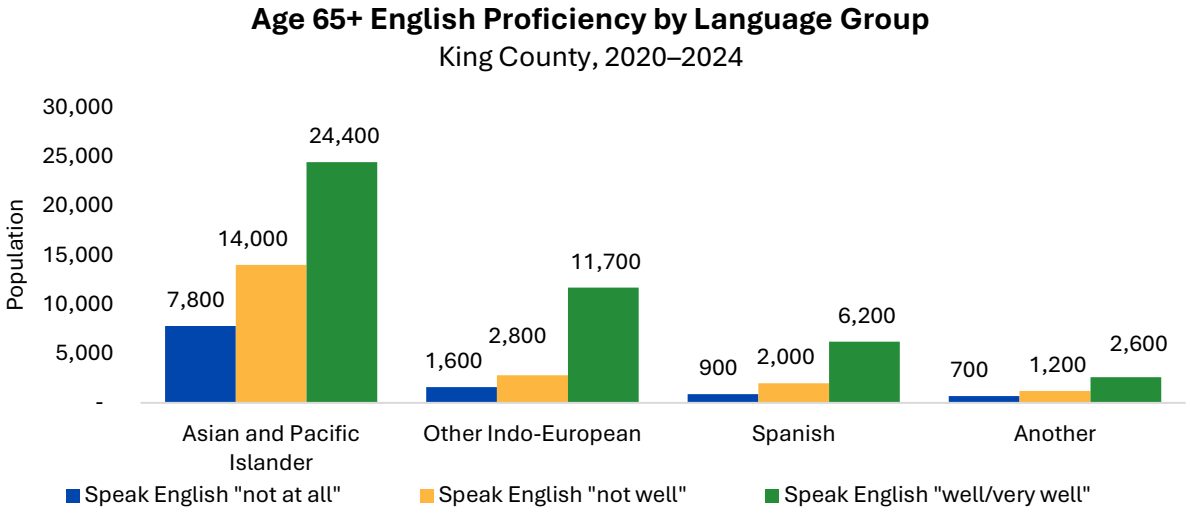
King County, 2019–2023 Average



***Source**: WA State Department of Health, Center for Health Statistics, Death Certificate Data, 2019–2023.*

Language Barriers

Language barriers shape access to services and information for many older adults in King County. While most people aged 65 and older report no difficulty speaking English, a significant number of older adults—particularly those who speak Asian and Pacific Islander languages—report speaking English "not well" or "not at all." As the share of older adults born outside the U.S. continues to grow, providing translated materials and ensuring access to multilingual human service providers remains essential for supporting equitable participation in programs and services.



***Source**: U.S. Census Bureau American Community Survey, 5-Year Estimates, 2020–2024.*

Cultural, social isolation or geographical isolation

Cultural, social, and geographic isolation affects many older adults in King County and often intersects with other forms of need.

LGBTQ+ older adults remain an undercounted and historically underserved population, with many having concealed their identities due to stigma and discrimination which can heighten social isolation.

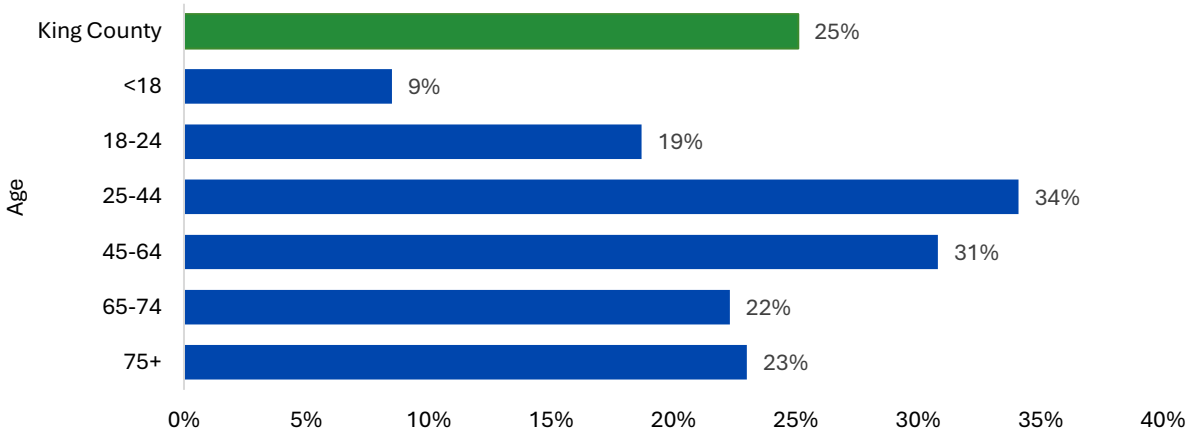
Chronic conditions such as dementia, cognitive impairments, and other disabilities are also projected to rise, increasing the number of older adults who may face isolation due to declining health or reduced mobility. These impacts fall unevenly across communities, with Native Hawaiian/Pacific Islander, Black/African American, and American Indian/Alaskan Native older adults experiencing disproportionately high rates of Alzheimer's disease.

Although older adults experience lower rates of frequent mental distress compared to some other age groups, it remains a serious concern, especially for those facing chronic illness, caregiving demands, or social isolation. Similarly, while overdose deaths have declined since 2023, opioid addiction remains a concern for older adults—particularly those with long-term exposure to prescription opioids for chronic pain.

Food insecurity remains an issue as well: although older adults overall experience lower rates of food insecurity compared to some other groups, those with lower incomes face significant barriers to maintaining food security.

Taken together, these factors highlight the importance of culturally responsive, community-based- supports that can reduce isolation and strengthen connections for older adults across King County.

Population Born Outside U.S. by Age
King County, 2019–2023 Average



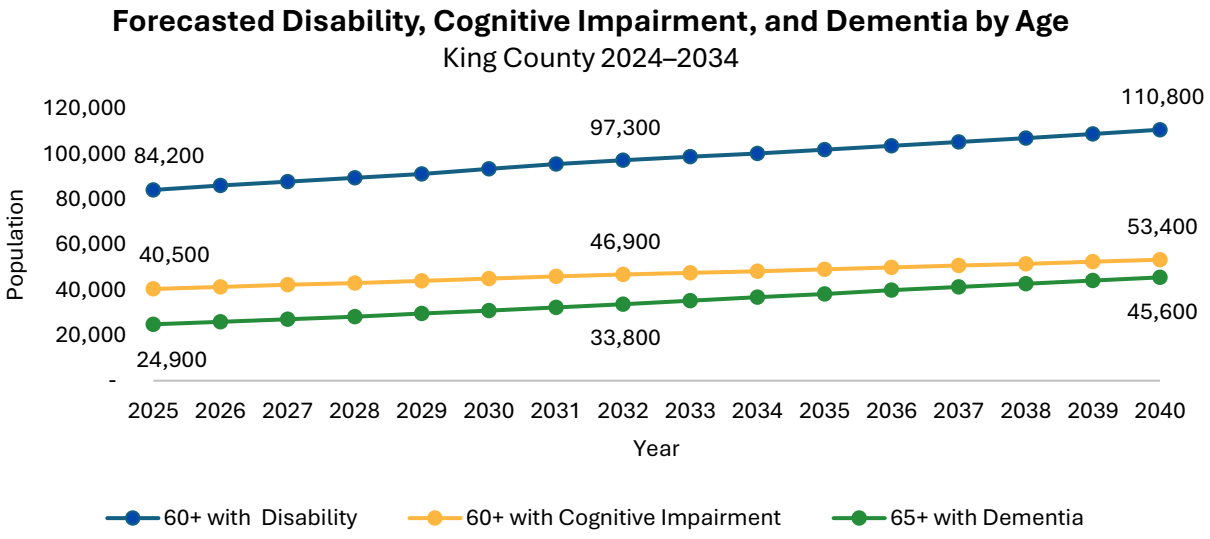
***Source**: U.S. Census Bureau American Community Survey, Public Use Microdata Sample, 2019–2023.*

Age 60+ Sexual Orientation
King County, 2019–2023 Average

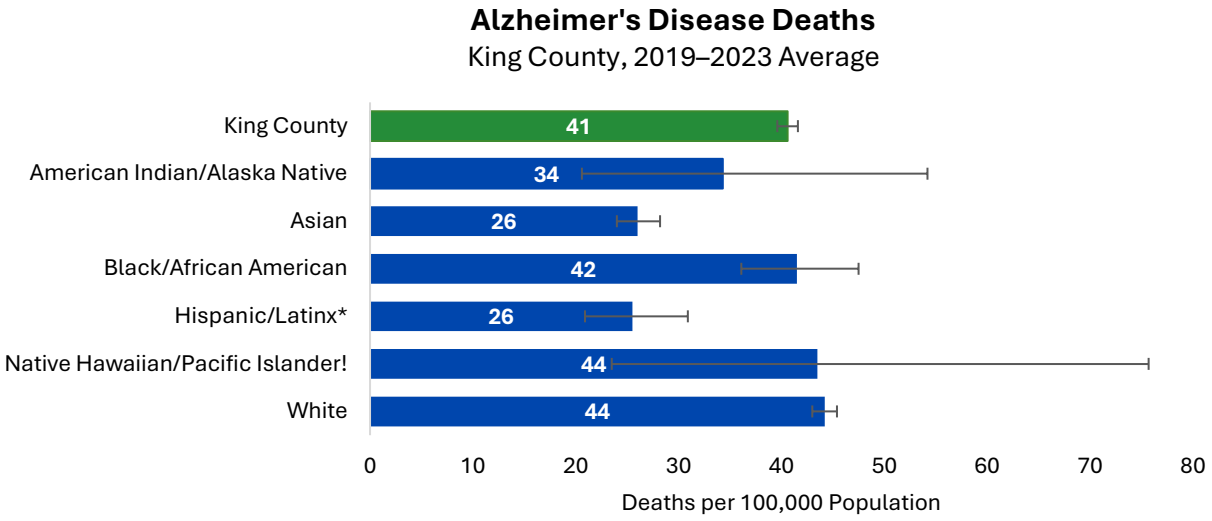
Sexual Orientation	Percent
Heterosexual	95%
Lesbian or Gay	2%
Bisexual	1%
Another	2%
Lesbian, Gay, Bisexual, or Transgender	4%

***Source**: WA State Department of Health, Center for Health Statistics, Behavioral Risk Factor System, 2019–2023.*

Chronic Conditions



***Source**: Washington State Office of Financial Management (OFM), Forecasting Division July 2025.*



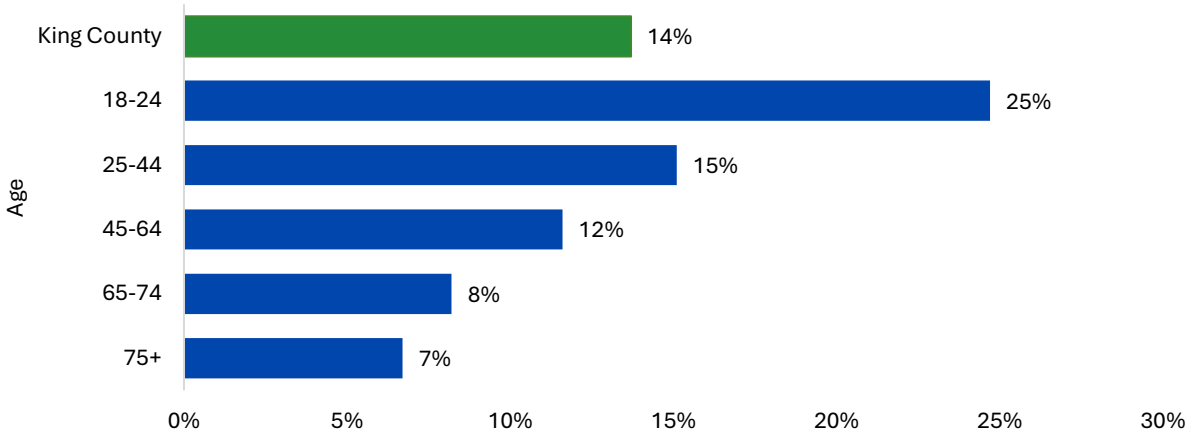
! = Interpret with caution; sample size is small, so estimate is imprecise.

⊢⊣:Confidence interval (or error bars) shows range that includes the true value 95 percent of the time.

***Source**: WA State Department of Health, Center for Health Statistics, Death Certificate Data, 2019–2023.*

Frequent Mental Distress by Age

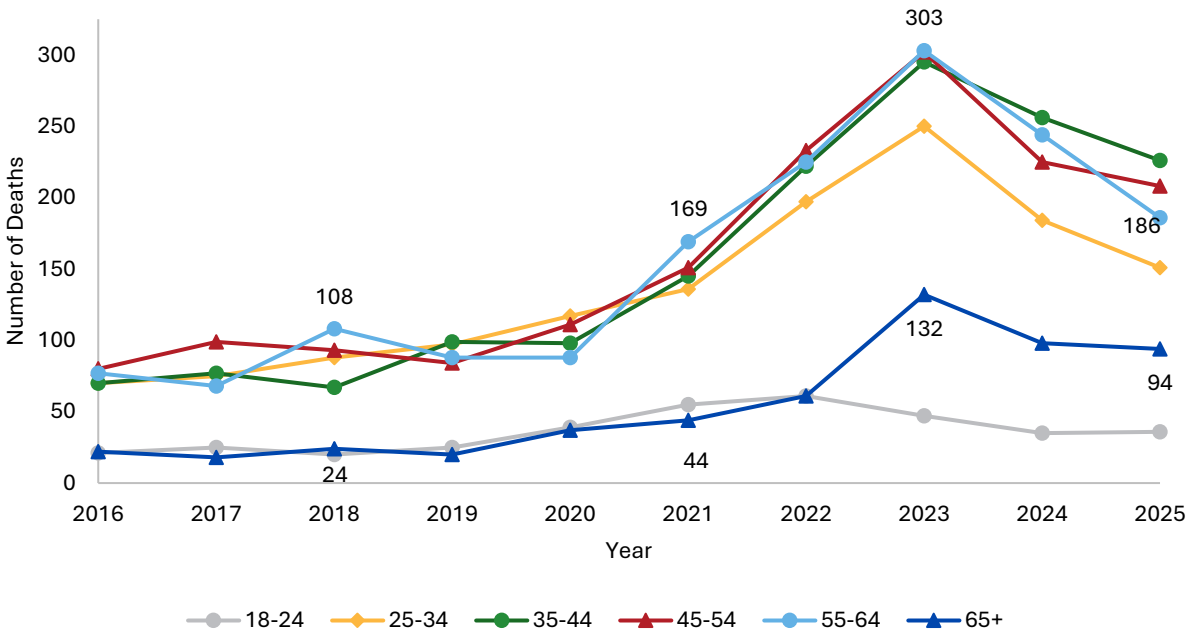
King County, 2018–2022 Average



***Source**: WA State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, 2018–2022.*

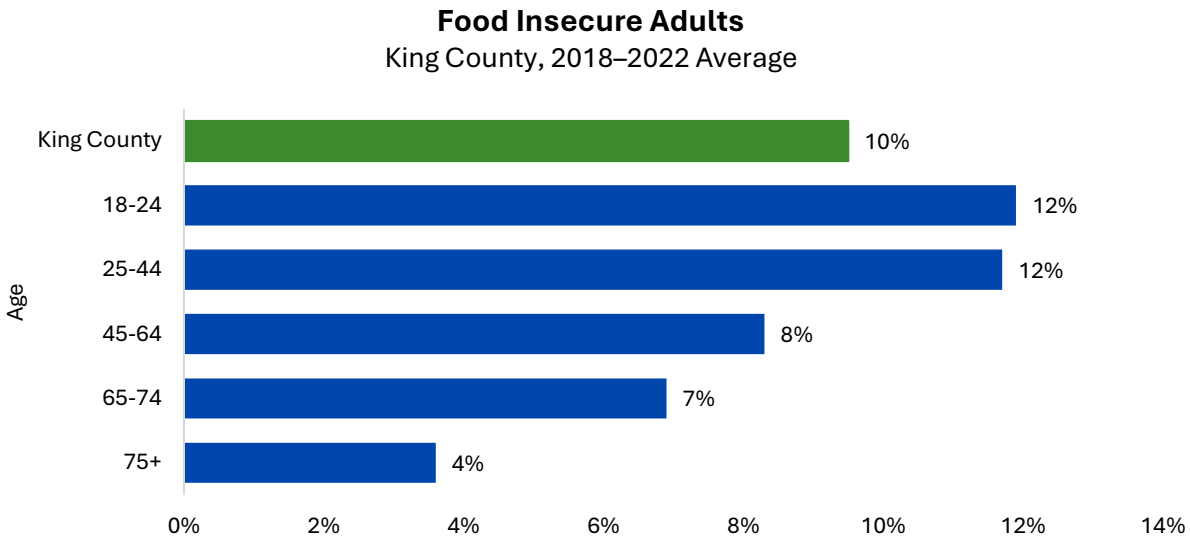
Adult Overdose Deaths by Age

King County, 2016–2025

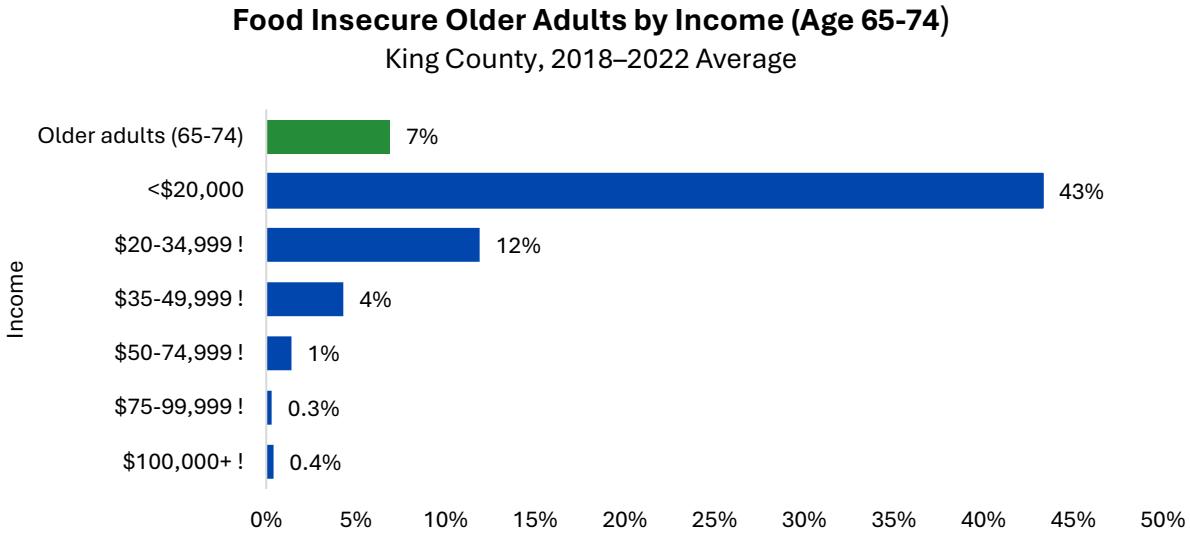


***Source**: King County Medical Examiner's Office*

Food insecurity



***Source**: WA State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, 2018–2022.*



! = Interpret with caution; sample size is small, so estimate is imprecise.

***Source**: WA State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, 2018–2022.*

Other local factors

Other social needs in King County span environmental, health, and caregiving factors that shape daily wellbeing and access to essential services. For the purpose of prioritization of local services, ADS considers the following local factors in our understanding of Greatest Social Need:

- Local natural and built environment; including communication technology infrastructure

- Impacts due to emergencies, natural disasters, and/or pandemic conditions
- Access to health care
- Social need reflective of family caregiver status

While overall life expectancy in King County is high, persistent disparities by race and gender highlight disparate health outcomes across communities.

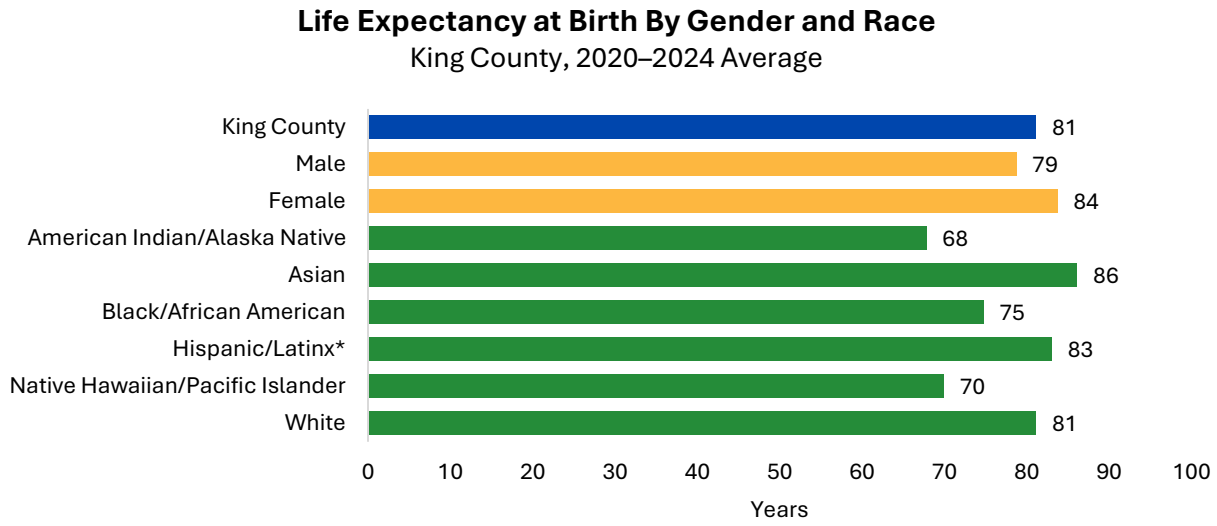
Reliable internet access is increasingly essential for communication, services, and social connection, yet a substantial share of older adults still rely on others to get online.

Older adults also face elevated risks during emergencies and extreme weather, with heat-related emergency department visits highest among those age 75 and older.

Preventive health measures remain critical: although flu vaccination rates appear to be improving, roughly one-third- of older adults are still unvaccinated each year despite higher risks of complications.

Finally, more than 1 million (1,330,000) adults in Washington provide care to a family member or friend with complex medical conditions or disabilities — two in ten (22%) adults across the state. One-third of caregivers (32%) are sandwich generation caregivers who care for an adult while also caring for a child under 18[5]. Caregiving continues to be a common role among adults 65 and older, reflecting both strong family networks and the potential strain placed on older caregivers themselves.

Local natural and built environment; including communication technology infrastructure

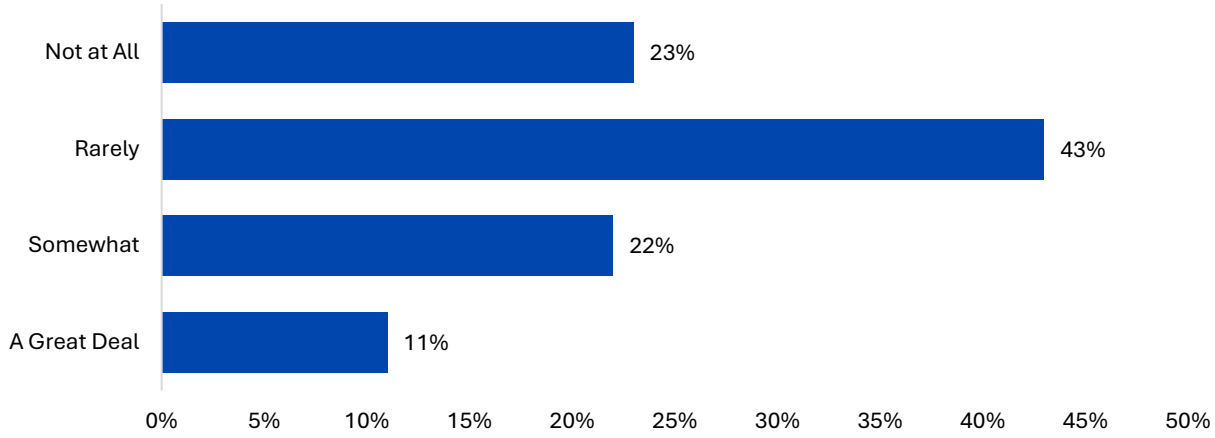


*Hispanic/Latino category is mutually exclusive from the other race categories.
***Source**: WA State Department of Health, Center for Health Statistics, Death Certificate Data, 2020–2024.*

[5]AARP and National Alliance for Caregiving. *Caregiving in the US 2025*. Washington, DC: AARP. July 24, 2025. https://doi.org/10.26419/ppi.00373.001

Tech Survey: Reliance of Others to Access Internet (Age 65+)*

King County, 2019



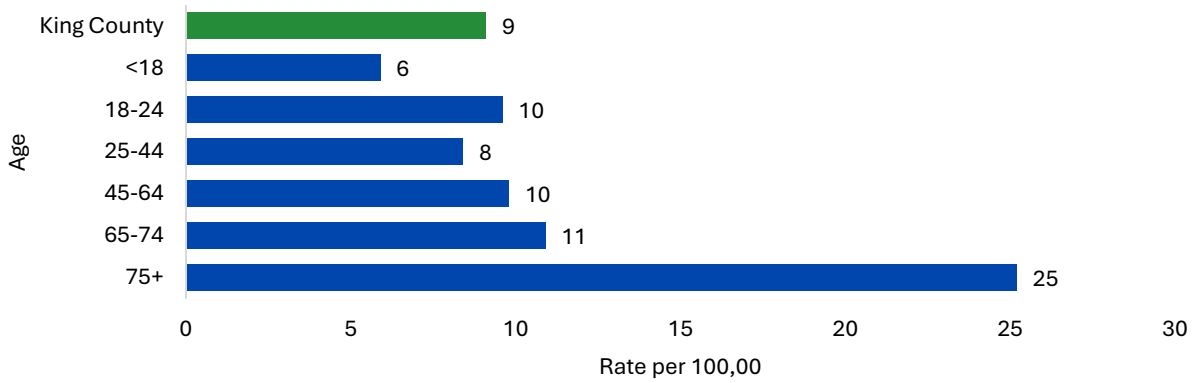
*__Note__: Results should be interpreted with caution. The survey reflects responses from 1,821 participants within King County and may not be representative of the entire population.

***Source**: King County Broadband Access Study, February 2020.*

Impacts due to emergencies, natural disasters, and/or pandemic conditions

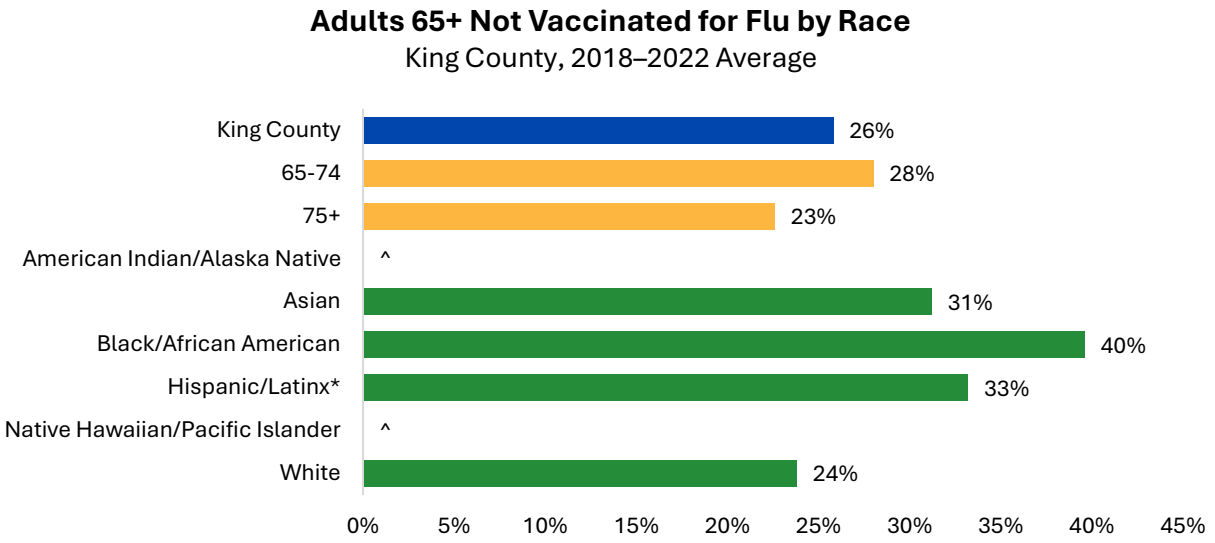
Emergency Department Visists Involving Heat-Realted Illness by Age

King County, 2023



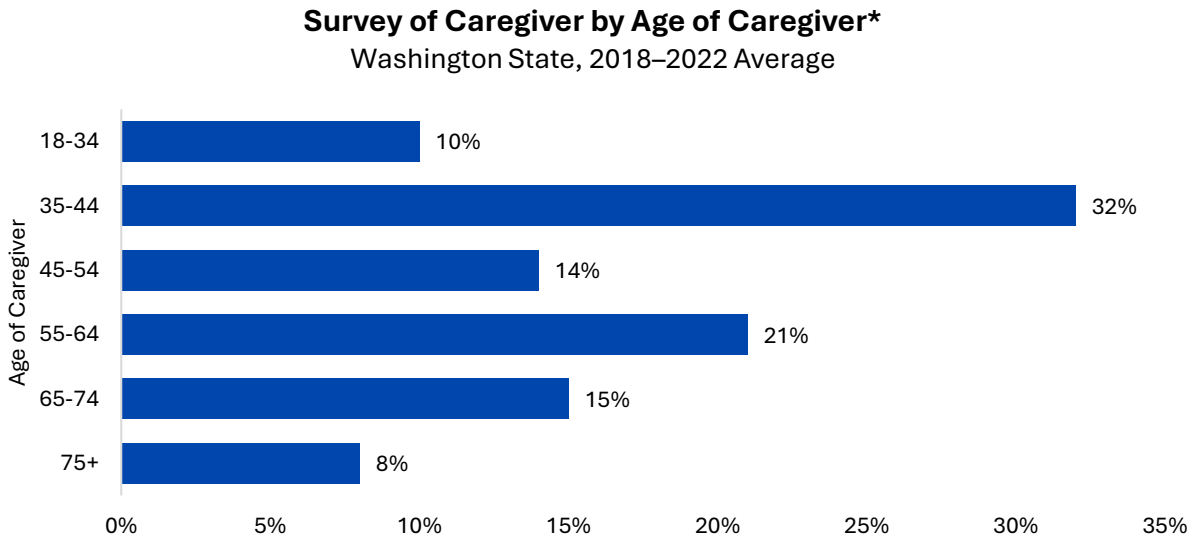
***Source**: WA State Department of Health, Rapid Health Information Network (RHINO).*

Access to health care



^Data suppressed because the number of cases is too small to protect confidentiality or to ensure the results are reliable.
***Source**: WA State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, 2018–2022.*

Social need reflective of family caregiver status



***Note**: Results should be interpreted with caution. The survey reflects responses from only 132 participants within Washington State and may not be representative of the entire population.
***Source**: AAPR Caregiving in the US, 2025 – AARP Research Report.*

C-3: Greatest Economic and Social Need

As detailed in C-2: Population Profile – Black, Indigenous and People of Color (BIPOC) communities are especially impacted by economic and social disparities. Awareness and accessibility shape who engages with, benefits from, and participates in our services. Therefore, while a Greatest Economic and Social Need lens is present in all Issue Areas in Section D – Issue Areas, we have identified specific goals, objectives and strategies that seek to meaningfully center these populations in our outreach, engagement and decision making.

ADS partnered with the Seattle Department of Neighborhoods (DON) to conduct research to inform and develop a Community Outreach and Engagement Strategic Plan. DON's Equity and Engagement Advisor worked closely with ADS to design research methods that would elicit the most meaningful and representative input. Key findings included:

- Communication must be multi-channel, accessible, and continuous, with feedback loops that show community input is valued.
- Inclusive participation and ongoing dialogue are essential—community members want to be part of planning and decision-making.
- Trusted partnerships with community organizations and leaders can make outreach more personal, credible, and far-reaching. People tend to trust information from official or familiar sources, such as libraries, professionals, or recognized community organizations.
- Cultural relevance improves engagement—staff or volunteers who share or respect community culture help people feel welcome. Participants value when messages reflect their traditions and community context.

ADS looks forward to putting identified strategies into action to advance our vision that Black, Brown, Indigenous, Latin, and Asian communities of color experience equitable health and quality of life, so all people thrive at every stage of life.

C-3: Greatest Economic and Social Need — Goals, Objectives, and Strategies

Vision: Communities in Greatest Economic and Social Need experience equitable health and quality of life

Goal 1: Ensure that services and decision making are accessible to communities in the greatest economic and social need.

Objective: Coordinate with and support outreach of aging network providers as representatives of the AAA in the community.

a. Update a suite of user-friendly and translated materials (brochures, social media posts, one-pagers) to support partner agencies in their outreach efforts.
b. Develop a workflow for sharing and coordinating outreach with various community partners.
c. Provide materials and training on program specifics to community partners.

Objective: Prioritize language access in all outreach materials, events, and staff representation.

a. Create an inventory of existing public-facing materials and communications assets and identify gaps.
b. Translate materials into plain language and languages of communities in greatest economic and social need.
c. Create a policy and ongoing budget for providing in-person interpretation services at events.

Objective: Support recruitment and engagement for ADS's Advisory Councils as representatives to the community.

a. Establish best practices for recruiting, compensating, and retaining Advisory Council members.
b. Conduct targeted outreach to recruit Advisory Council members who represent the diversity of the communities served.

C-3: Greatest Economic and Social Need — Outcomes

ADS will report on accomplishments and outcomes annually on www.agingkingcounty.org/areaplan.

Improved Access

- Number of translated materials and languages
- Number and type of languages supported in events.

Readiness and Capacity Building

- Number of contracted providers and vendors for outreach.
- Number of non-contracted partners engaged in outreach efforts, such as in Community Living Connections Region Meetings.

Policy Change

- Advisory Council member demographics reflecting the community.

Section D – Issue Areas

D-1: Healthy Aging

Vision: People enjoy optimal health and longevity in a vibrant, age-friendly community

Seattle and King County can be extraordinary places to grow up and grow old. Our temperate climate, beautiful scenery, and rich history, arts and culture can offer a high quality of life. However, these benefits are not enjoyed by everyone. As underscored by data presented in Section C-2: Population Profile, many of our neighbors—particularly Black, Indigenous, People of Color older adults and adults with disabilities— face vulnerabilities when it comes to their health and wellbeing. We listened to community members across King County about their perspectives on aging in our region today. Several themes emerged:

- Affordability and economic security are major stressors, with housing being the most destabilizing factor; older adults want to experience increased ease of living and aging in our communities.
- People need services to support all aspects of their well-being, including their physical, mental, behavioral, social-emotional health.
- Gaps in accommodating physical, digital, language, cultural and other access needs continue to be barriers to people using existing services and resources.
- People desire greater connection, inclusion, and meaningful engagement.

These findings highlight the importance of Older Americans Act funds designed to support healthy aging and the wellbeing of older adults in the community. They also underscore the need to complement these funds by leveraging other local resources to provide upstream solutions to emerging issues and help people stay healthy and engaged in the communities they call home.

Goal 1: Improve the social, physical, mental, and emotional wellbeing of older adults, people with disabilities and caregivers.

We aim to achieve this goal by protecting and improving older adults' access to nutritious foods and meals; local spaces for connection, health promotion, and social services; and memory loss supports.

Nutrition

Adequate nutrition is vital for the physical, mental and emotional health of older adults[4]. ADS invests in several strategies to reduce hunger, including congregated or group dining; home-delivered meals; and benefits for fresh produce. Beyond nutrition, meal programs reduce social isolation while providing access to health screenings, education, and enrichment activities. In recent years, participation rates have risen at nutrition sites across the county. This may be due to pandemic-related relief expiring, reduced SNAP benefits, and/or inability for low-income households to keep pace with rising costs of living. 43% of older adults with household income of less than $20,000 reported running out of food and not having funds to purchase more in the past month[5].

Our partners have demonstrated need and capacity beyond what current resource levels can sustain. ADS' largest nutrition provider estimates it is addressing only 60-70% of current need. Therefore, ADS will focus on championing the needs of service providers and facilitating new partnerships that yield additional funding or technical assistance. From our unique vantage point, we can relay the breadth and urgency of food security challenges in our region while conveying the impact of services. Additionally, we will explore opportunities to enhance existing meal services that do not require significant funding, such as through fostering relationships between buyers and suppliers to decrease costs. Knowing that we have an increasingly diverse aging population, we will encourage adoption of culturally relevant food practices at sites throughout our region—with an emphasis on South King County, where populations are especially diverse—to ensure older people of all backgrounds benefit from services.

Grab and Go Meals

In 2027-2030, ADS will implement the Older Americans Act (OAA) Grab-and-Go meal provision in a limited and targeted manner. This provision would allow us to use a capped percentage of OAA Congregate Meal funds to provide shelf-stable, pickup, carryout or similar meals, commonly referred to as "grab-and-go." ADS conducted extensive outreach with 16 diverse senior congregate meal providers across King County to assess community need, operational feasibility, and potential impacts on congregate meal participation. Key findings from provider consultations show that:

- Congregate dining remains the preferred and most beneficial model for most older adults, and providers remain committed to maintaining strong onsite participation.
- Many older adults, including those who are unhoused, face cultural or language barriers, experience social anxiety, or have temporary health or mobility limits, cannot consistently access congregate dining services.

[4] Zhao, H., & Andreyeva, T. (2022). Diet Quality and Health in Older Americans. *Nutrients*, *14*(6), 1198. https://doi.org/10.3390/nu14061198

[5] Public Health-Seattle and King County. Health Sciences Division. Assessment Policy Development and Evaluation Unit. October 2025. The Health of Older Adults in King County

- Most providers support Grab-and-Go meals as a supplemental service to increase access for these underserved groups, while emphasizing the need for safeguards to protect congregate attendance.

ADS commits to monitoring program participation, targeting Grab-and-Go services to those with the greatest social and economic need, and coordinating closely with providers, partners, and DSHS. More information on ADS's use of the Grab-and-Go meal provision be found in Appendix D: Grab and Go Provision.

Social Connectivity

Research demonstrates that social connectivity is vital to our health[6]. Our community has many strengths and qualities that promote connections including levels of civic involvement; volunteerism; and cultural, arts and entertainment institutions that exceed the national median[7]. Despite these protective factors, older adults are uniquely at risk for social isolation. Research further suggests immigrant and LGBTQAI+ older adults are particularly at risk[8]. While people of all ages can experience social isolation, older adults are at heightened risk due to mobility challenges and age-related health concerns, as well as the loss of spouses, friends, and social networks[9]. Social isolation often leads to loneliness, which research increasingly indicates is a driver of poor health outcomes, including memory loss and dementia. Community members shared the challenges they faced when trying to connect with others, including loss of connection to their community due to rising costs; transportation and mobility issues; and accessibility of events and spaces. Our Community Living Connections Central Access staff also report an increased number of callers seeking a "friendly hotline" since the COVID-19 pandemic.

Community gathering spaces are important assets to support access, belonging, social connections and civic participation. Dozens of senior centers in our region provide social connections, nutritious meals, and access to health promotion and social service programs. However, these centers are increasingly serving older adults with complex needs— including housing instability, homebound needs, and behavioral health challenges that current staff and capacity are ill equipped to support. Providers identified expanded staffing (e.g., case managers) and facility improvements (e.g., ADA-accessible bathrooms) as critical needs. ADS will continue to invest in and advocate for funding, and we will work to strengthen connections between senior centers and existing AAA services related to health promotion, substance use disorder, minor depression, and behavioral health consultations. ADS will also support and promote other community events and gathering spaces to be inclusive and welcoming to older adults, people with disabilities and caregivers.

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[6] Zhang Y, Zhou X, Wang Y, Liu M, Gao P and Ju M (2026) The impact of social isolation on physical and mental health among empty-nest older adults: an integrative review. Front. Public Health 14:1789519. doi: 10.3389/fpubh.2026.1789519

[7] AARP Public Policy Institute, AARP Livability Index King County, Washington. https://livabilityindex.aarp.org/

[8] Loneliness and Social Isolation Linked to Serious Health Conditions, Centers for Disease Control and Prevention, at www.cdc.gov/aging/publications/features/lonely-older-adults.html

[9] National Institute on Aging. *Loneliness and social isolation: Tips for staying connected*. U.S. Department of Health and Human Services, National Institutes of Health. National Institute on Aging

Brain Health and Dementia Support

As of 2025, there were over 24,000 people over the age of 65 in King County living with dementia[10]. Dementia is an umbrella term for several neurological conditions that include decline in brain function. Most disorders associated with dementia are progressive, degenerative, and irreversible, including Alzheimer's disease, vascular dementia, dementia with Lewy bodies[11]. Although advanced age is the most significant risk factor for Alzheimer's and other dementias, these conditions are not a normal part of aging.[12]

As our population ages, a growing number of people are expected to experience memory loss[1]. Family caregivers are playing an increasingly critical role, especially as the long-term services and support workforce struggle to keep up with the significant demand projected over the coming decade[13]. To ensure older adults living with dementia, as well as their caregivers, receive adequate support, ADS will remain active in state and local partnerships to align resources and efforts. One such example is expanding ADS' dementia investment to increase the accessibility and availability of programs for people living with dementia and their caregivers beyond current investment in adult day centers to include community-based and faith-based agencies. The Puget Sound region is home to a variety of dementia-friendly activities offered by a growing number of community members and organizations. ADS will promote these as well as continue to offer workshops and training.

Goal 2: Support the advancement of age-friendly initiatives within our region

The aging experience is impacted by the environments that surround us. For example, a home designed for accessibility can enable someone to stay connected to the neighborhood they love. Well-maintained sidewalks allow older people to safely walk, roll, or bike to meet daily needs, and transit options accommodating mobility devices support independent living. Thoughtfully designed public spaces and programming create opportunities for people of all ages to enjoy recreation, entertainment, and social connection. Conversely, poorly designed built environments can force someone to move or become increasingly isolated within their home, restrict transportation for people with disabilities, and reduce community engagement.

The objectives identified within this goal are intended to address affordability, built environments, housing transportation, and ageism so that King County becomes a welcoming place for older adults to

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[10] Washington State Department of Social and Health Services. Facilities, Finance and Analytics Administration. Forecasts of Use of Long-Term Services and Supports, the Aging Population, and Dementia Prevalence through 2040 in Washington State. https://www.dshs.wa.gov/ffa/rda/research-reports/forecasts-use-long-term-services-and-supports-aging-population-and-dementia-prevalence-through-2040-washington-state

[11] Mayo Clinic. Dementia. https://www.mayoclinic.org/diseases-conditions/dementia/symptoms-causes/syc-20352013.

[12] Alzheimer's Association. What are the Causes and Risk Factors of Alzheimer's and Other Dementias? https://www.alz.org/alzheimers-dementia/what-is-alzheimers/causes-and-risk-factors

[13] Health Resources & Services Administration, National Center for Health Workforce Analysis (NCHWA) Long-Term Services and Support: Demand Projections, 2023-2038 https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/ltss-projections-factsheet.pdf

thrive. ADS will support local jurisdictions in efforts to achieve AARP designation as an "age-friendly community."

Housing Affordability and Age-Inclusive Built Environments

Housing is increasingly unaffordable in our region, especially for people living on fixed and/or low incomes: around 35% of King County's older adults spend more than one third of their income on housing, and burden increases with age and is more likely to be experienced by women, people of color, and renters[14]. Although this was emphasized as a critical issue in listening sessions, solutions directly addressing this are not currently funded by the Older Americans Act. Therefore, ADS will work to promote existing benefits programs to older adults with the goal of reducing displacement, particularly in historically BIPOC neighborhoods (e.g. King County Senior Property Tax Exemption). We will also advocate for new development to be built for accessibility and inclusivity, as home modifications can be costly and even prohibited for renters.

Transportation

Elizabeth A is a low-income senior living in South Lake Union. For Elizabeth, transportation is directly tied to independence. Without reliable and accessible options, daily life becomes increasingly restricted. "Before my health and mobility issues, I was able to travel on a bus for grocery shopping, doctor's appointments, seeing family, volunteer activities and fun. However, now with mobility issues, I have a very difficult time using buses for even the most basic errands, such as groceries and doctor's appointments."

Visit https://www.kcmobility.org/storymap to explore more stories shared by people who have faced transportation barriers.

After housing, transportation is typically a household's second highest expense[15]. Reliable, affordable, and accessible transportation was cited in engagement as the single most critical factor for access to community spaces and participation in programs, including health promotion and nutrition programming. When forced to prioritize, people told us they opt for medical and other basic needs over social activities, which leads to increased isolation. People with disabilities are especially impacted, including many older adults: 55% of those with disabilities report sometimes or often skipping going somewhere because of transportation problems[16].

Several public transit options exist in our region, yet fragmented communication, gaps in culturally or linguistically available information, and varying specialized transit service areas and eligibility requirements contribute to confusion and a lack of awareness[17]. The complexity of the

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[14] Public Health-Seattle and King County. Health Sciences Division. Assessment Policy Development and Evaluation Unit. October 2025. The Health of Older Adults in King County

[15] King County. King County Consortium Analysis of Impediments to Fair Housing Choice. March 2025. KC Analysis of Impediments-March 2025

[16] Hopelink. (2025). *Community needs assessment report*. https://www.hopelink.org/wp-content/uploads/2023/03/Hopelink-2025-Community-Needs-Assessment-Report.pdf

[17] King County Mobility Coalition. February 2021. King County Community Transportation Needs Assessment

patchwork transit system creates difficulties in traveling across regions and counties and creates barriers for individuals to reach medical appointments and access healthy food, especially for those who do not, or cannot drive alone. Physical built-environment barriers (e.g., lack of ramps, sidewalks, shading, seating, accessible bathrooms) are compounded by vehicle designs that riders say are inaccessible or too time-consuming to get them where they need to go. Partners mention a persistent shortage of transit operators and specialized staff/vehicles and highlight limited on-demand options, leading to service reductions and further limiting mobility. To address these needs, ADS will continue to invest in transportation options that promote safe and inclusive access to essential services and social activities and advocate for riders' improved access to information and options.

Age-Friendly Culture-Shift

Ageism has a profound impact on our physical health and our social connectivity[18]. Even as our population has grown older, negative beliefs about aging persist and are perpetuated in the media, institutional structures and in our individual attitudes about aging. Research indicates that age discrimination is commonly experienced in places of employment and in healthcare settings[19]. This research is borne out in the experiences of community members we engaged with. The effects of ageism in the healthcare setting include withholding of care, delayed treatment, or inappropriate or improperly administered treatment; and are associated with poor health outcomes and decreased longevity[20]. By engaging our local community in anti-ageism efforts, we can encourage the understanding and prioritization of older adults' needs across many sectors. ADS will continue to roll out custom-created anti-ageism trainings for the general public and for healthcare professionals. We will also continue to recruit local businesses to offer discounts to older adults and people with disabilities, providing small economic relief and sending the message that our region welcomes and values people of all ages and abilities.

Digital Connectivity

In today's world, digital literacy is critical for staying connected to friends and family, conducting basic activities like managing health care and banking, and avoiding scams. Local data shows that while most older adults have access to internet and to devices, many lack digital skills and comfort with technology[21]. ADS will continue to promote digital equity by advocating for funding for community-

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[18] Chang E-S, Kannoth S, Levy S, Wang S-Y, Lee JE, Levy BR (2020) Global reach of ageism on older persons' health: A systematic review. PLoS ONE 15(1): e0220857. https://doi.org/10.1371/ journal.pone.0220857

[19] Perron, Rebecca. ***Age Discrimination Holds Steady Among Older Workers in 2025***. Washington, DC: AARP Research, January 2026. https://www.aarp.org/pri/topics/work-finances-retirement/employers-workforce/age-discrimination-workplace/, Rogers SE, Thrasher AD, Miao Y, Boscardin WJ, Smith AK. Discrimination in Healthcare Settings is Associated with Disability in Older Adults: Health and Retirement Study, 2008-2012. J Gen Intern Med. 2015 Oct;30(10):1413-20. doi: 10.1007/s11606-015-3233-6. Epub 2015 Mar 13. PMID: 25773918; PMCID: PMC4579241.

[20] Gerontological Society of America. Ageism in Healthcare. https://www.geron.org/resources/ageism-in-health-care.

[21] City of Seattle. 2024 Technology Access and Adoption Study. Technology Access and Adoption Study - Tech | seattle.gov

based organizations offering skills training, and by supporting educational efforts aimed at helping older adults avoid online scams and fraud.

D-1: Healthy Aging — Goals, Objectives, and Strategies

Vision: People enjoy optimal health and longevity in a vibrant, age-friendly community

Goal 1: Improve the social, physical, mental, and emotional wellbeing of older adults, people with disabilities and caregivers.

Objective: Ensure older adults have access to nutritious, culturally relevant meals.

a. Leverage ADS platforms and partnerships to increase awareness about congregate meals.
b. Deploy creative methods to keep pace with evolving needs and new vulnerable populations.
c. Expand access to culturally relevant food services.
d. Support the integration of nutrition programs with Washington's local food system.

Objective: Strengthen community connection to trusted, culturally appropriate gathering spaces for healthy meals, health promotion, social engagement opportunities, and social services.

a. Invest in and support Senior Centers to offer programming and access to services to meet the increasingly complex needs of clients.
b. Collaborate with King County and others to create stability across the network of senior centers.
c. Support community-based organizations and partners offering gathering spaces and activities to be accessible and culturally inclusive through sponsorship, technical assistance, promotion and similar approaches.

Objective: Ensure that people living with memory loss and their caregivers receive adequate support in a welcoming community.

a. Align local investments with state dementia goals and strategies.
b. Expand programs and services for people living with memory loss and their caregivers.

Goal 2: Improve the affordability, accessibility, and livability of Seattle and King County for older adults and people with disabilities.

Objective: Support the advancement of age-friendly initiatives within our region.

a. Advocate for better housing affordability for both homeowners and renters.
b. Encourage the availability of homes and public spaces designed for age-inclusivity.
c. Deploy custom-created anti-ageism training for the public and healthcare professionals.
d. Engage business communities with age-friendly initiatives, including offering discounts to older adults and people with disabilities.
e. Support transportation options, including walk- and roll-able built environments, that promote safe, effective and inclusive access to essential services and social activities.
f. Support innovative programs, community education, and dissemination of funding opportunities addressing digital access, digital literacy and scam prevention.

D-1: Healthy Aging — Outcomes

ADS will report on accomplishments and outcomes annually on www.agingkingcounty.org/areaplan.

Increased Awareness

- Number of enrollees in nutrition programs, compared to prior periods
- Attendance at supported events or programs in community gathering spaces.
- Number of community partners funded for access to the King County Property Tax Exemption Program and other home-related benefits program.
- Number of older adults reached, digital application improvements, and/or number of participants enrolled in the King County Property Tax Exemption Program and other home-related benefits program.
- Number and attendance of accessible design events held in partnership with NWUDC and others (e.g. Seattle Design Festival, Universal Design Building Competition, webinars, roundtables).
- Number of participating age friendly discount program small businesses in neighborhoods across the city.

Improved Access

- Number of meals served, compared to prior periods.
- Number of Culturally Nourishing Food sites and participants served at priority Seattle locations.
- Expanded adoption of culturally relevant food services across King County sites.
- Number of enrollees in community transportation programs, compared to prior periods
- Number of days of service in established brain health and dementia support programs.
- Number of participants in established brain health and dementia support programs.
- Creation and dissemination of a dementia resource catalogue.
- Delivery of at least three dementia-related workshops or trainings per quarter.

Readiness and Capacity Building

- Senior Center staff reported improvements in knowledge, navigation skills, and ability to support clients with complex needs.
- Number of senior centers and partners participating in information-sharing, trainings, and cross-system initiatives through ADS-facilitated convenings.

Practice Change

- Number of health care professional and other participants, in anti-ageism training and reported improvements in understanding of age-ism

Policy Change

- ADS staff representation at full DAC and subcommittees, including participation in at least one state-level event.
- Adoption of codes such as WA State's Evergreen Standards and local zoning rules.
- ADS representation and participation in transportation coalitions and committees (e.g. King County Mobility Coalition and subgroups, and Puget Sound Regional Council's Coordinated Mobility and Accessibility Committee).

D-2: Aging in Place

Vision: People have the services and supports they need to age in their home or community of choice

Most people want to age in place, or remain connected to their home, neighborhood, family or other support systems throughout their lifespan[22]. ADS supports a variety of strategies and partnerships that strengthen services and supports for aging in place, and that enable people to actively plan for and make informed decisions about the future. This includes access to a suite of Home and Community-Based Services (HCBS), social, personal and health care services that are provided in a home or community environment rather than a clinical setting. In conversations and surveys with older adults and people living with disabilities in King County, several themes related to aging in place emerged:

- People need supportive services and home environments as their needs change.
- People need services to support all aspects of their well-being, including their physical, mental, behavioral, social-emotional health.
- Services should be connected, easy to access, and available in ways that meet people where they are. Existing systems are fragmented, creating confusion and fatigue for community members, and staff.
- More people need help than current services and programs can consistently provide.

Goal 1: Strengthen availability and coordination of in-home and community-based services and supports.

The number of adults having trouble with everyday tasks such as cooking, cleaning, and managing finances, known as Instrumental Activities of Daily Living[23], is anticipated to increase by 25% from 2025

[22] American Association for Retired People. (2021). *Where we live, where we age: Trends in home and community preferences*. https://livablecommunities.aarpinternational.org
[23] Cleveland Clinic. *Activities of daily living (ADLs).* August 2024. https://my.clevelandclinic.org/health/articles/activities-of-daily-living-adls

to 2040[24]. Community members we reached continually emphasized the need for more supportive services as their future needs change. In addition to home safety and accessibility modifications, the ability to manage upkeep (housework, errands, yardwork, maintenance) was a reported barrier. Community members describe these services as being limited or more challenging to access.

ADS also heard from aging and disability network staff that client needs are becoming more complex and taking longer to stabilize. Clients are experiencing intertwined physical, mental, and behavioral health needs, increasing the need for specialist consultation and training. In recognition of the increasing complexity of this work, ADS is investing in staff so that they will have both clinical and leadership skills to shepherd their teams forward. A highly trained psychiatric nurse practitioner has recently joined the ADS Care Coordination Program to provide both large group training and focused case coaching for case managers. ADS will also leverage our long-standing partnerships with local universities and clinical fellowship programs to delivery training on complex topics.

ADS continues to invest in programming that puts needed services where clients need them, when they need them. ADS continues our long partnership with Seattle Housing Authority, through which case managers are assigned to clients in specific supported housing buildings. These case managers are able to help prevent evictions and support collaborative care for clients by partnering with other service providers. By physically locating in the buildings, ADS staff can identify and address client issues before they become crises. As our clients' needs change, ADS must keep pace. This means planning for clients who may be leaving prison or being discharged from a hospital. It means planning services at shelters, to be sure the increasing number of older adults residing in homeless shelters have providers who understand their needs. ADS staff have heard from shelter operators, senior centers, and other community partners that they are serving increasing numbers of older adults and people with disabilities who are experiencing homelessness or housing instability. To better understand the scope and characteristics of this need, we are undertaking a data-gathering effort. We will also adapt existing tools, resources, and supports to better equip homelessness service providers to serve older adults and people with disabilities, and strengthen connections between these two systems.

Goal 2: Advance the development of unified systems that support people to make informed choices about aging in place.

We heard from many community members that it is difficult to know where to turn for up-to-date and reliable information, and information may not be accessible to all communities. Most desire professional guidance over a list of links, which can contribute to "information overload." It is similarly challenging for organizations to refer people to services, track if those services were received, or understand who else might be providing support. This can lead to duplication, confusion, and disengagement.

[24] Washington State Department of Social and Health Services. Facilities, Finance and Analytics Administration. Forecasts of Use of Long-Term Services and Supports, the Aging Population, and Dementia Prevalence through 2040 in Washington State. https://www.dshs.wa.gov/ffa/rda/research-reports/forecasts-use-long-term-services-and-supports-aging-population-and-dementia-prevalence-through-2040-washington-state

Community Living Connections is a part of a federal initiative to streamline access to long-term services and supports for older adults, people with disabilities, and their families. In this model, multiple agencies coordinate to ensure that no matter what "door" someone enters, they get connected to services and supports they need to thrive. Community Living Connections provides telephonic information and referral services as well as a network of providers throughout King County, which help community members and aging network professionals to navigate and access available resources. Community Living Connections currently maintains resource directories and client management systems of various scopes and scales, managed by different entities.

As new services go-live in the 2027-2030 Area Plan cycle, including HRSN and WA Cares, it is increasingly critical that aging network systems have capability for integration or communication across programs and platforms. We must also strive to make sure each of our networks provide adequate coverage for all the many communities served by our AAA. Comprehensive and easy-to-navigate resources are also vital to take the burden of navigating systems from our communities. ADS staff will continue to support the development of accessible and centralized systems, such as helping to shape the design and implementation of a One-Call-One-Click system to find and use transportation services across the region. Accountable Communities of Health are independent, regional organizations that drive the development of shared databases that exchange information across community and clinical partners. Available resources will be more visible to community members, and organizations will be able to connect their clients to services quickly and effectively. ADS will continue to engage in these efforts at the local, regional and state level.

Technology can be a tool to enable cross-system connections but cannot take the place of personal relationships. AAA staff can help raise and maintain awareness of resources in health care, housing, justice and other systems. Our elder abuse and mobile health teams are wonderful examples of the cross-sector nature of this work. They are based in the community and work with colleagues from the Police, Fire and EMS departments, along with dozens of other agencies. Cross-sector collaborations are key to ensuring that community members are informed and have access to a full range of options to age in place.

Goal 3: Strengthen AAA ability to meet rising demands and sustain operations.

Funding has not kept pace with the growth of older adults and programs and services are unable to meet present demand. For community members, this may mean longer wait times to receive a service or response time from an assigned advocate. ADS will implement targeted strategies that focus on sustainability and maintaining current programs and services. This must include strategies to build operational efficiencies with existing resources. A comprehensive needs assessment and a leadership academy for supervisors are both in development.

While these efforts may keep programs operational, more funding is needed to maintain these critical services, ensure quality of care and ensure that disabilities do not prevent our clients from living the lives they want, where they want. ADS will continue to collaborate with our advisory group members

and Legal Services partners to monitor, evaluate and comment on policies, programs, levies and community actions that affect older adults, people with disabilities and caregivers.

D-2: Aging in Place — Goals, Objectives and Strategies

Vision: People have the services and supports they need to age in their home or community of choice

Goal 1: Strengthen availability and coordination of in-home and community-based services and supports.

Objective: Facilitate community-informed and community-driven housing adaptability and support.

a. Expand CAPABLE program capacity to support the functionality, mobility, and capacity of older adults to age in place.
b. Work with community partners to implement new home modification, remediation and adaptation services available to older adults and adults with disabilities through Health-Related Social Needs (HRSN) services and WACares.

Objective: Support vulnerable patients through hospital transitions to prevent readmission

a. Conduct an evaluation of local hospital needs.
b. Establish referral and caseload goals that match local program operation capacity to local hospital needs.
c. Integrate Presumptive Eligibility in Care Transitions program to support streamlined client access to Long Term Services and Supports (LTSS).

Objective: Improve the ability of housing and shelter providers to serve older adults and adults with disabilities

a. Work with regional housing authorities and supported housing providers to coordinate delivery of supportive services to older adult and adult with disability tenants in need or at risk of homelessness
b. Coordinate training and resource sharing with shelter provider staff on aging and disability related needs and support.

Objective: Increase awareness of elder abuse among community providers, including what to look for, referral resources, and how to help clients prevent being victimized.

a. Develop a comprehensive elder abuse outreach plan, including both prevention and victim referrals.

Objective: Strengthen capacity to support clients with complex medical and behavioral health needs.

a. Work with a Behavioral Health consultant to develop and deliver training and case staffing on advanced behavioral health topics.
b. Partner with the University of Washington Geriatrics Workforce Enhancement Program (GWEP) to host regular training for AAA and partner staff on complex health topics.
c. Advocate for easier identification and transfer of 911 calls to Mobile Integrated Health (MIH).
d. Deliver outreach and education to community providers who are frequently in contact with existing or potential MIH clients about how to request help.

Goal 2: Advance the development of unified systems that support people to make informed choices about aging in place.

Objective: Improve communication and resource sharing across systems serving older adults, adults with disabilities, and their families.

a. Support statewide and regional adoption of service models and technology solutions that promote cross-system coordination and visibility of resources.
b. Establish and maintain strategic partnerships with organizations serving adults with disabilities and justice-involved organizations to improve coordination with Community Living Connections and other aging and disability network programs.
c. Deliver training, education and consultation to healthcare professionals and clinical trainees.

Objective: Strengthen processes to ensure a coordinated, comprehensive service delivery network.

a. Research network adequacy tools used by funders, health plans, and governments to inventory and identify service gaps.
b. Develop a tool, criteria and corresponding process that can be applied regularly across AAA programs to inventory and identify service gaps, including BIPOC-led/owned service providers, language access and geographic coverage.

Goal 3: Strengthen AAA ability to meet rising demands and sustain operations.

Objective: Establish practices that maintain high-quality service, maximize resources and streamline operations.

a. Implement alignment of caseloads across ADS and partner agencies to achieve sustainable caseloads at or below Home and Community Living Administration (HCLA) standard.
b. Implement geographic case assignments where clients are densely located, where possible limiting assignments to only one agency to support elements of the Coordinated Personal Care (CPC) model.
c. Continue efforts to adopt process improvement and evaluation practices across AAA units and investments.

Objective: Develop a strong workforce through training, mentorship and external system partnerships.

a. Develop a leadership academy program to prepare AAA staff for leadership and advanced skill roles.
b. Deepen and solidify partnerships with schools of medicine, social work, nursing, law, and public health, as well as geriatrics fellowship programs. Integrate trainees into AAA programs, including the Elder Abuse Multidisciplinary Team (MDT).

Objective: Advocate for vital policies, funding and benefits that support dignity, health and wellbeing.

a. Collaborate with AAA Councils and Legal Services partners to monitor, evaluate, comment on and advocate for policies, programs, levies and community actions that affect older adults, people with disabilities and caregivers.

b. Coordinate with local and regional aging advocacy groups and coalitions to amplify community voices.
c. Support provider networks in funding advocacy and sustainability, with particular emphasis on Nutrition, Senior Center and Caregiver Support services.

D-2: Aging in Place — Outcomes

ADS will report on accomplishments and outcomes annually on www.agingkingcounty.org/areaplan.

Increased Awareness

- Development of an elder abuse outreach plan.
- Participating partners in Community Living Connections region network meetings.

Improved Access

- Number enrolled in home modification and adaptation programs, compared to prior periods
- Number of vendors providing home modification and adaptation services.
- Number of Care Transitions partner hospitals, referrals and enrolled clients for Care Transitions, compared to prior periods
- Number of Care Transitions clients assessed for LTSS Presumptive Eligibility.
- Number of partnering supported housing buildings and clients enrolled in a case management service in supported housing, compared to prior periods.
- Number of Mobile Integrated Health rides and new clients enrolled.
- Number of resource sharing meetings with organizations serving people with disabilities, and justice-involved organizations.

Readiness and Capacity Building

- Increased funding for nutrition, senior center and caregiver programs.
- Collaborative efforts (e.g. briefings, funding resources, reports, relationship building, technical assistance) with senior centers, caregiver support providers, and nutrition sites.
- Production of a report and recommendations to identify realistic and sustainable next steps for addressing the needs of older adults and adults with disabilities in shelters.
- Development and delivery of training and resource sharing for shelter providers.
- Provision of an AAA practicum to a minimum of four trainees annually.
- Participation in Project ECHO geriatrics sessions.
- Number of behavioral health case staffing delivered, and staff members engaged.
- Provision of at least one annual training course on complex health topics in partnership with GWEP.
- Development and delivery of a leadership academy program and curriculum.
- Number of schools and trainees engaged in AAA activities, including the Multi-Disciplinary Team.

Practice Change

- Development of a tool and corresponding process to assess network adequacy.
- Adoption of long-term plan to achieve sustainable caseloads.
- Implementation of geographic case assignment.
- Adoption of Results Based Accountability training and practices in additional AAA investments.
- Process improvement recommendations reports developed.

Policy Change

- Participation in statewide, regional, and local workgroups and coalitions to promote cross system coordination and resource visibility, including Community Information Exchange, Accountable Community of Health, and transportation coalition meetings.
- Maintenance or adoption of policies that align with identified Area Plan priorities and support the dignity, health and wellbeing for older adults, people with disabilities and caregivers.

D-3: Caregiving

Vision: A thriving caregiver workforce maintains their own well-being while providing support for others

Caregivers — including relatives, partners, friends, neighbors — play a significant role in helping individuals avoid placement in institutional systems and remain in their home or community. Caregivers assist with transportation, housing, finances, cooking, shopping, and medical appointments. They may also be responsible for physical assistance, such as bathing, transferring, and dressing care recipients. Furthermore, caregivers of people living with memory loss or disabilities face unique challenges and require specialized knowledge and resources related to communication, recognizing and managing behaviors, addressing social isolation and stigma, navigating complex medical diagnosis and more.

In Washington, it is estimated that one in five adults (22%) are currently providing care to a family member or friend or had provided care within the last year, representing 1,330,000 adults in Washington. One-third of caregivers (32%) are sandwich generation caregivers who care for an adult while also caring for a child under 18 [25]. Caregivers face a variety of physical, emotional and economic challenges. One in five caregivers report poor health and nearly half report negative financial impact due to caregiving. While most family caregivers remain in the workforce, many face disruptions and lack access to supportive benefits. For caregivers who do reduce working hours, unpaid caregiving can significantly impact lifetime earnings and retirement security. These impacts are primarily borne by women, who continue to be more likely to take on a caregiving role[26].

The ability of our care system to support individuals to live safely at home as they age currently relies heavily on the labor of direct care workers; workers who are disproportionally women, people of color

[25]AARP and National Alliance for Caregiving. *Caregiving in the US 2025*. Washington, DC: AARP. July 24, 2025. https://doi.org/10.26419/ppi.00373.001

[26] AARP and National Alliance for Caregiving. *Caregiving in the US 2025*. Washington, DC: AARP. July 24, 2025. https://doi.org/10.26419/ppi.00373.001

and immigrants[27]. People using in-home services are projected to increase by 37% percent from 2025-2040[28], yet there is a well-documented shortage of direct care workers nation-wide because of deeply entrenched and systemic underinvestment in care work. ADS heard a resounding theme among caregivers reached in our engagement: Our vital paid and unpaid caregiver workforce is unsustainably stretched.

Goal 1: Support direct care providers to deliver and sustain timely, quality in-home care services.

In King County, the shortage of direct care workers has impacted the availability of respite services to give unpaid caregivers a break, especially culturally and linguistically matched. Paid caregivers themselves expressed feeling pressure to overextend in hours of care they provide without break, due to their client's limited access to other in-language care options. They cannot adequately care for themselves as a result. In the previous 2024-2030 Area Plan, ADS piloted a promising model of Coordinated Personal Care in which home health aides have client assignments in geographic cluster. ADS will continue to promote adoption of these and other appropriate models of care to best utilize existing resources. While ADS is not directly responsible for the recruitment, retention, training of direct care workers, ADS will continue to amplify the importance of the direct care workforce and issues impacting them through advocacy and participation in regional and statewide efforts.

Goal 2: Improve coordination and dissemination of support for family and kinship caregivers.

Family and kinship caregivers told us that they are struggling in their role because they themselves have health conditions and other responsibilities they are managing. Caregivers need programs that help them reduce stress, and they also need practical assistance including training, respite, and help with housework. It is important that programming be tailored to diverse experience of caregiver groups, including cultural perspectives, caregiver relationships, or situations. In addition, flexibility (including virtual options), and availability of childcare impact ability of family and kinship caregivers to access existing services.

The Family Caregiver Support Program and Medicaid Alternative Care (MAC)/Tailored Supports for Older Adults (TSOA) offer valuable services to caregivers in King County. Services are provided in the community by trusted partner agencies from a variety of cultural, linguistic, and geographic backgrounds. The AAA plays a crucial role in ensuring workflow and coordination that balance local system capacity and client needs through routine evaluation and continuous quality improvement. There have been recent changes among the Tailored Caregiver Assessment and Referral agencies and the MAC/TSOA program. Improving service delivery and workflow will positively impact agencies providing services and ultimately, improve caregivers' ability to access services when they need them

[27] Harootunian, L., Perry, K., Buffett, A., & Hoagland, G. W. et al. (2023, December). Addressing the direct care workforce shortage: A bipartisan call to action. Bipartisan Policy Center. Bipartisan Policy Center Report

[28] Washington State Department of Social and Health Services. Facilities, Finance and Analytics Administration. Forecasts of Use of Long-Term Services and Supports, the Aging Population, and Dementia Prevalence through 2040 in Washington State. https://www.dshs.wa.gov/ffa/rda/research-reports/forecasts-use-long-term-services-and-supports-aging-population-and-dementia-prevalence-through-2040-washington-state

the most. In addition, many family caregivers are unaware of what may be available to them or do not seek help until it is too late. Updating communications material and leveraging new and existing outreach channels, including partnership with government and community agencies, to disseminate resources and information will be essential.

D-3: Caregiving — Goals, Objectives and Strategies

Vision: A thriving caregiver workforce maintains their own well-being while providing support for others

Goal 1: Support direct care providers to deliver and sustain timely, quality in-home care services.

Objective: Promote innovative service delivery models and statewide policies that address care worker recruitment, training, retention and service provision.

a. Participate in a state workgroup to promote the adoption of a coordinated-personal-care (CPC) model in which home health aides have client assignments in geographic clusters.
b. Increase the visibility of direct care workforce value, issues and opportunities through advocacy and active engagement in regional groups, events, and initiatives.

Objective: Optimize utilization of all appropriate care delivery models.

a. Develop and disseminate resources to support AAA staff in sharing options with clients, including HRSN, WACares, remote caregiving, adult day services, etc.
b. Deliver regular training to AAA and partner staff on the types of support that can be received.
c. Maintain awareness of emerging cooperative and village development organizations and support dissemination and listings in local directories as appropriate.

Goal 2: Improve coordination and dissemination of support for family and kinship caregivers.

Objective: Implement service delivery improvements for FCSP and MAC/TSOA that ensure family caregivers can access timely and culturally responsive support.

a. Work with Mayor's Council on African American Elders (MCAAE) and other partners to ensure continuity of caregiver services tailored to African American caregivers following the African American Elders program transition.
b. Partner with Family Caregiver Support Program Tailored Caregiver Assessment and Referral (TCARE) ® and Respite Coordination agencies to establish new workflows that maximize system capacity and ensure caregivers experience seamless transition of services.
c. Actively participate in state-led meetings and workgroups related to Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA) future planning and to represent the interest of the AAA and its contracted agencies.

Objective: Expand educational opportunities available to help caregivers with coping, skill-building and awareness of services and supports available.

a. Recruit and maintain a strong base of diverse, culturally relevant community partners to provide caregiver training and peer support across ADS caregiver programs.
b. Partner with community organizations to sponsor, promote or host community events, with particular focus on caregivers of color.
c. Identify and coordinate with employers to support resource sharing with employees who are also caregivers.

Objective: Utilize communications and branding designed to reach family and kinship caregivers

a. Update communications materials to better reflect caregiver needs including images and tailored in-language messaging
b. Evaluate current web-presence and update web-based hubs to ensure that caregivers can easily find information about resources, services, and upcoming events
c. Coordinate AgeWise King County articles that provide information about issues relevant to caregivers and support services.
d. Explore, identify, and leverage new and existing promotional and outreach channels to reach family and kinship caregivers.

D-3: Caregiving — Outcomes

ADS will report on accomplishments and outcomes annually on www.agingkingcounty.org/areaplan.

Increased Awareness

- Number of caregiver support program enrollments, compared to prior periods.
- Number of tailored media, material, resources developed and published.
- Interaction or engagement with media, materials, resources.
- Coordination of at least two AgeWise King County articles annually.

Improved Access

- Number and languages of caregiver support training/consultation/support group providers.
- Provision of at least two caregiver events annually, with emphasis on caregivers of color, and number participants.
- Number of employer partners and associated events or activities.
- Number of African American caregivers served in King County, compared to prior periods
- Maintain current levels of TCARE ® and respite, including emergency respite, performance across the region (quantity, quality, and impact).
- Maintain number of dyads and individuals served by MAC/TSOA post-waitlist opening.

Practice Change

- Tools or materials developed and/or disseminated to support clients to receive information about service options.
- Delivery of at least one annual training on service options.

Policy Change

- Coordinated Personal Care or other innovative models adopted and/or sustained.
- Participation in workforce development coalitions, events, workgroups.

Photo by Karen Winston

D-4: Partnerships with Tribes and Urban Native Organizations

Vision: Collaborative intergovernmental relationships and partnerships center the experiences of Tribal members and urban Native communities

ADS is committed to honoring, serving, and supporting American Indian and Alaska Native (AI/AN) elders and adults with disabilities in King County, including those connected to both federally recognized and non-recognized Tribal communities, along with their family caregivers. Meaningful partnership with Tribal governments and urban Native organizations is essential to addressing health, social, and cultural needs. Tribal nations and Native-led organizations hold the knowledge, cultural teachings, lived experience, and expertise necessary to shape sustainable, culturally grounded solutions for their communities.

Seattle-King County's Tribal and urban Native communities have been deeply shaped by federal policies that encouraged relocation and assimilation into mainstream European American society. Congressional termination policies toward Native Americans in the 1950s, such as the Indian Relocation Act of 1956, incentivized AI/AN individuals and families to move from reservations to urban areas. As a result, tribes were disbanded and members of more than 100 Tribes and Alaska Native villages migrated to the region. Canadian First Nations people have also long been part of this region's Tribal and urban Native communities.

As federal policy shifted toward Tribal sovereignty and self-determination in the 1960s and 1970s, Native led organizations emerged to support cultural connection, healing, and community wellbeing. United Indians of All Tribes and the Seattle Indian Health Board became foundational institutions addressing gaps in accessible, culturally grounded social, educational, and health services for AI/AN residents in Seattle.

Today, Seattle–King County has a robust ecosystem of urban Native nonprofits. Fifteen Native-led organizations participate in the Seattle Urban Native Nonprofits (SUNN) collaborative - formed in 2016 - to strengthen networks, build collective power, increase visibility, and coordinate responses to

longstanding inequities. SUNN arose from community assessment findings that highlighted both challenges and opportunities for the region's urban AI/AN population and represents a renewal and resurgence of unified Native-led advocacy, service alignment, and community-driven solutions grounded in Native cultural wisdom and expertise.

Tribal Recognition

ADS collaborates with three federally recognized Tribes to support Tribal elders, adults with disabilities, and family caregivers living in our Planning and Service Area (PSA). Two Tribes - the Muckleshoot Indian Tribe and the Snoqualmie Indian Tribe - are located within King County and have longstanding partnerships with ADS. The Cowlitz Indian Tribe, based in southwest Washington and serving members along the I-5 corridor, has its second-largest population residing in King County. At the Tribe's request, ADS began new coordination efforts in early 2026 to strengthen support for Cowlitz elders in the region and align services with Tribal priorities and community needs.

In addition to its government-to-government relationships with federally recognized Tribes, ADS acknowledges the longstanding presence, cultural strength, and needs of Native people whose Tribes do not have federal recognition. Many live in Seattle–King County and rely on culturally grounded services provided through urban Native organizations.

ADS's current work with urban Native communities includes funding support for the Congregate Meals nutrition program at United Indians of All Tribes Foundation (UIATF). Beginning in 2027, ADS will also provide general operations funding for the UIATF Elders Program and the Seattle Indian Health Board (SIHB) Elders Program. These Native-led organizations serve urban Native older adults across Seattle–King County, including those connected to both federally recognized and non-recognized Tribal communities.

Muckleshoot Indian Tribe

The Muckleshoot Indian Tribe, with more than 3,000 members, descends from the Duwamish and Upper Puyallup Peoples of the Central Puget Sound region and maintains its reservation in southeast King County. Since 1875, the Tribe has played an essential role in the region's cultural, community, and environmental life and is a major contributor to the local economy, including providing jobs through several tribal enterprises.

ADS partners with key Muckleshoot Tribal Services programs, including the Muckleshoot Senior Services Program, which provides congregate meals, cultural and social activities, wellness supports, and outreach to help elders age 50 and older live healthy and fulfilling lives; Muckleshoot Elders In-Home Support Services, offering culturally grounded in-home care and community-based supports; and Muckleshoot Adult Protective Services, which provides elder and vulnerable-adult protection guided by Tribal laws, values, cultural protocols, and community expectations. Collaborative efforts include referrals, coordination, case management, and information-sharing to strengthen safety, well-being, and culturally aligned care for Tribal elders.

Snoqualmie Indian Tribe

The Snoqualmie Indian Tribe, headquartered in the Snoqualmie Valley, includes approximately 650 members living across King, Pierce, Snohomish, Island, and Mason counties. After losing federal recognition in 1953, the Tribe regained recognition in 1999 and has since strengthened its governmental and community services. Supported by its major enterprises, the Snoqualmie Tribe provides a wide range of programs, services and resources to Tribal members.

ADS works closely with the Tribe's Elder Care Program within the Health and Wellness Department. The program promotes the health and well-being of Snoqualmie elders through nutritious meals, transportation assistance, caregiver support, and wellness activities. ADS collaborates with Tribal staff on information-sharing, access to aging and disability services, and case management - including connecting elders to long-term care assessments and support services - aligned with Tribal priorities, protocols, and cultural practices.

Cowlitz Indian Tribe

The Cowlitz Indian Tribe, federally recognized since 2000, has ancestral homelands in southwest Washington and the lower Columbia River region. With approximately 4,800 members, the Tribe serves communities along the I-5 corridor - including more than 300 Cowlitz Tribal members residing in King County - and operates service sites such as its health clinic in Tukwila. The Tribe provides broad governmental and community services across health, housing, education, elder care, transportation, scientific research, conservation, and cultural programs.

ADS will be working closely with the Cowlitz Elders Program, which began as a nutrition program and now offers expanded Title VI supportive services. Staffed by a small team, the program is strengthening its capacity to meet the growing needs of elders. ADS and the Tribe are collaboratively developing a 7.01 Plan to outline shared goals, roles, and communication pathways for a sustained, culturally grounded partnership to strengthen service access for Cowlitz elders in this region.

Goal 1: Ensure services are accessible and culturally relevant through strengthened relationships with Tribal and urban Native communities.

Across data sources and community conversations, Native elders and adults with disabilities consistently identify affordability, transportation, housing instability, and barriers to accessing health care as some of the topmost pressing concerns. While these challenges mirror those faced by many older residents countywide, they are exacerbated for AI/AN communities due to historical trauma, systemic racism, and the scarcity of culturally safe and trusted service options.

ADS proposes to deepen partnerships with both Tribal governments and urban Native organizations, including those representing and serving members of non-recognized Tribes, to address longstanding disparities and strengthen culturally grounded service delivery. Planned actions include:

- **Building internal capacity** through ongoing staff training on Tribal history, sovereignty, values, priorities, and culturally respectful engagement, and supporting staff in applying Tribal-led guidance in their service practices.

- **Strengthening cross-system coordination** by connecting appropriate ADS staff to Tribal and urban Native partners, improving pathways for AI/AN elders to access services, and ensuring structures for shared decision-making are established.
- **Enhancing culturally relevant outreach and engagement -** guided by Tribal governments and Native-led organizations - to increase awareness, accessibility, and trust in AAA services and ensure culturally grounded service planning and program design responsive to community needs.

These actions are grounded in the direction and expertise of Tribal governments and Native-led partners and build upon existing community strengths, cultural wisdom, and promising practices throughout King County.

Goal 2: Ensure ongoing, accountable collaboration and coordination with Tribal Nations, Washington Department of Social and Health Services, and other Washington State AAAs through 7.01 planning.

In accordance with the 1989 Washington State Centennial Accord and federal Indian policy, the Washington Department of Social and Health Services (DSHS) and Area Agencies on Aging (AAA) jointly develop 7.01 Plans with federally recognized Tribes to ensure culturally relevant, comprehensive service delivery for American Indian and Alaska Native communities throughout the state. Each plan documents Tribal priorities, identifies Tribal and AAA lead staff, outlines action steps, and includes an annual summary of progress.

While formal 7.01 government-to-government planning occurs only with federally recognized Tribes, ADS remains committed - through its partnerships with urban Native organizations - to ensuring that Native people from non-federally recognized Tribal communities are also served and meaningfully included in outreach, engagement, and program design, supporting culturally responsive service delivery that meets the needs of the broader urban Native community.

ADS maintains longstanding 7.01 Plans with the Muckleshoot Indian Tribe and the Snoqualmie Indian Tribe

A new 7.01 Plan with the Cowlitz Indian Tribe is in development. At the Tribe’s request, ADS began coordination in early 2026 to develop a cross-regional 7.01 Tribal Implementation Plan to improve service access for Cowlitz elders living in King County. Early discussions have focused on relationship-building, information-sharing, and identifying priority needs in nutrition and food security, elder safety and financial exploitation prevention, case management, transportation, and health promotion.

D-4: Partnerships with Tribes and Urban Native Organizations — Goals, Objectives and Outcomes

Vision: Collaborative intergovernmental relationships and partnerships center the experiences of Tribal members and urban Native communities

Goal 1: Ensure services are accessible and culturally relevant through strengthened relationships with Tribal and urban Native communities.

Objective: Strengthen internal capacity to support culturally responsive, Tribal- and Native-informed and coordinated engagement, planning, and service delivery.

a. Provide ongoing training for AAA staff on Tribal history, values, priorities, sovereignty, government-to-government relationships, and culturally respectful engagement. Support staff to integrate learnings from the training and Tribal-led guidance into their work, engagement, and service practices.
b. Identify and connect appropriate staff with Tribal and urban Native partners to support their priorities and help them access services and resources for Native elders.
c. Enhance awareness, accessibility, and cultural relevance of AAA services for Tribal and urban Native communities through partnership-based, Tribal/Native community-informed outreach and engagement.

Objective: Strengthen cross-departmental and cross-system coordination and alignment.

a. Participate in the City of Seattle's Tribal Coordination Workgroup and collaborate with other City partners to align approaches, reduce fragmentation, and integrate Tribal and urban Native community priorities into broader City and department initiatives.
b. Support continued connections between ADS Advisory Council and Indigenous Advisory Council

Goal 2: Ensure ongoing, accountable collaboration and coordination with Tribal Nations, Washington Department of Social and Health Services, and other Washington State AAAs through 7.01 planning.

Objective: Align Tribal priorities with AAA programs, maintaining compliance with planning and reporting requirements, and integrating continuous improvement through progress tracking and Tribal feedback.

a. Sustain consistent, relationship-centered collaboration with Tribal Nations (Cowlitz, Muckleshoot, and Snoqualmie) and partners through regular communication and participation.
b. Strengthen coordinated emergency preparedness and referral systems between AAA and Tribal services.
c. Improve cross-jurisdictional coordination to address service access and gaps for Tribal members (Cowlitz, Snoqualmie) across counties.

D-4: Partnerships with Tribes and Urban Native Organizations — Outcomes

ADS will report on accomplishments and outcomes annually on www.agingkingcounty.org/areaplan.

Improved Access

- Number of American Indian or Alaska Native program clients served across ADS programs, compared to prior periods.
- Number of culturally relevant outreach efforts tailored to Tribal/urban Native communities and participation.

Readiness and Capacity Building

- Submission of annual 7.01 plans and progress reports; completion of required training and attestation.
- Number of AAA staff completing Tribal relations training annually.
- Inclusion of coordination activities related to emergency preparedness.

Practice Change

- Number of tailored engagement activities (meetings, listening sessions, outreach events) with Tribal and urban Native partners and community members.
- Number and frequency of meetings, joint activities, events, or initiatives with each Tribe.
- Tribal and urban Native organizations or community members participating in AAA planning or investment processes.

Policy Change

- Number of Tribal Coordination Workgroup meetings attended.
- Number of cross-departmental initiatives or actions informed by Tribal engagement.
- Number of joint engagements between AAA Advisory Council and Indigenous Advisory Council.
- 7.01 goals and services align with Tribal priorities.
- 7.01 goals/objectives and activities completed or in progress.
- Number of coordination meetings with AAAs and state partners.
- Development of cross-jurisdictional approaches or agreements to address service gaps.

Appendices

Appendix A: Emergency Response Plan

The ADS Emergency Response Plan is included in the Seattle Human Services Departments Continuity of Operations Plan (COOP). The last revision of the COOP was November 26, 2024.

The ADS Emergency Response Plan includes the following elements:

- 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.
- Coordination between Title 3 and Title 6 programs.

Area Agency on Aging Policy & Procedures Manual Chapter 1 Elements	Responses
1. A designated staff person to oversee planning tasks and determine how emergency management is carried out in the local jurisdiction	• Seattle Human Services Department Emergency Management Strategic Advisor • ADS Deputy Director • ADS Contracts Staff
2. Letters of agreement between the AAA and local emergency operations leadership that identify responsibilities	• The ADS AAA role is identified in the City of Seattle's Comprehensive Emergency Management Plan in the Emergency Support Function #6 Mass Care, Housing and Human Services Annex.
3. Preparedness activities done by the AAA	1. Updated the Human Services Department (HSD) Continuity of Operations (COOP) planning Emergency Response Team Roster (November 26,2024) 2. Participates in annual HSD Floor Wardens meeting to review responsibilities and procedures in the event of an emergency. 3. Participate in HSD Safety Committee 4. Participates in annual Seattle Housing Authority emergency preparation workshops. 5. Participates in the Emergency Support Function 6 (ESF 6) Mass Care, Housing and Human Services Group, which includes preparedness activities and exercises.

Area Agency on Aging Policy & Procedures Manual Chapter 1 Elements	Responses
	6. Participates in emergency preparedness exercises with the City of Seattle Office of Emergency Management. 7. Participates in Seattle Emergency Operations Center (EOC) training and when applicable helps staff the EOC during activations.
4. Criteria for identifying high-risk clients in the community	Lives alone, and 1. CPS score ≥ 4 2. Med management/self-administration: Must be administered. 3. Medical treatment/treatment list a. IV/nutritional su b. Bowel program c. Gastrostomy/Pe; care d. Tracheostomy ca e. Tube feedings f. IV medications g. CPAP or BiPAP h. Dialysis i. Nebulizer j. Oxygen k. Suctioning l. Ulcer care m. Ventilator or respirator n. Skilled Nursing 4. Indicators/Skin screen/Pressure ulcers: Number of current pressure ulcers ≥1 5. Mobility/locomotion outside of room/self-performance: Extensive assistance or total dependence or did not occur/client not able. 6. Eating/Self-performance: Total **ADDITIONAL INFORMATION NEEDED** 1. Home care agency 2. Hours authorized. 3. Collateral name 4. Collateral phone 5. Language 6. CM name 7. DOB 8. Address 9. Phone 10. Office 11. Supervisor
5. Plan for contacting high-risk clients and referring to first responders as necessary	1. The HSD Department Director or their official designee will send out notification to HSD staff. 2. Check-in with all home care agencies directors, ESF-6 group and other key partners, such as schools, transportation systems, etc. for impacts to services and operations. 3. HSD Communications, HSD Emergency Management Strategic Advisor or Public Health-Seattle & King County

Area Agency on Aging Policy & Procedures Manual Chapter 1 Elements	Responses
	(Notification language is aligned with the Seattle's Mayor's Office and, if activated, ESF 15) 4. ADS Director or designee to coordinate sending out notice to community partners. 5. If needed and not already included, communicate with HSD contracted agencies.
6. Local partners such as the American Red Cross	**Primary Departments** • Seattle Human Services Department • Seattle Parks and Recreation Department **Support Departments and Agencies** 1. Seattle Office of Emergency Management 2. American Red Cross 3. The Salvation Army 4. Crisis Connections 2-1-1 5. Catholic Community Services 6. King County Regional Homelessness Authority (to be added to ESF-6 Annex upon next revision) 7. Seattle Center 8. Seattle Department of Finance and Administrative Services 9. Seattle Fire Department 10. Seattle Department of Planning and Development 11. Seattle Office of Housing 12. Seattle Office of Immigrant and Refugee Affairs 13. Seattle Public Library 14. Seattle Police Department 15. Seattle Public Utilities 16. Seattle Commission for People with disAbilities 17. Seattle Housing Authority 18. Seattle Public Schools 19. Public Health – Seattle & King County 20. King County Metro 21. King County Office of Emergency Management 22. Administration for Children and Families 23. Federal Emergency Management Agency 24. Other Non-Governmental and Religious Organizations 25. Private Sector
7. Cooperation with the appropriate community agency preparedness entities when areas of unmet need are identified	• Areas of unmet need during an emergency are coordinated through the Office of Emergency Management (Seattle or King County) and with the ESF 6 Group partners, which includes governmental and non-government agencies.
8. A system for tracking unanticipated emergency	• The Human Services Department Financial Department (which includes ADS) tracks emergency response

Area Agency on Aging Policy & Procedures Manual Chapter 1 Elements	Responses
response expenditures for possible reimbursement	expenditures as directed by the City of Seattle Office of Emergency Management.
9. An internal Business Continuity Plan that emphasizes communications, back-up systems for data, emergency service delivery options, and transportation	• Human Services Department (HSD) Continuity of Operations Plan (COOP), updated November 26,2024, includes these elements.
10. Policy and procedures developed and/or implemented due to the COVID-19 pandemic.	• Human Services Department (HSD) Continuity of Operations Plan (COOP) was updated November 26,2024 and includes an all-hazards approach to emergency management.
11. Coordination between Title 3 and Title 6.	• Emergency Response Planning with designated Tribes in our region is addressed in our 7.01 plans

Appendix B: ADS Advisory Council

The Seattle-King County Advisory Council on Aging and Disability Services (ADS Advisory Council) is comprised of 21 community members, as 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, adults with disabilities and caregivers in our community.
- Advise on services to meet these needs.
- 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, adults with disabilities and caregivers. As advocates, the council recommends legislation and policy measures, informs the community about critical issues and needs of older persons and adults with disabilities.

Partners of ADS and its Advisory Council are the Seattle Human Services Department, King County Department of Community and Human Services, and Public Health—Seattle & King County.

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

- Advocacy Committee
- Executive Committee
- Planning and Allocations Committee

Currently, there are 12 active and 2 pending Advisory Council members:

Cindy Snyder
Dolores Wiens
Hannah Kimball
Joel Domingo
Lorna Stone
Alex O'Reilly, Chair
Jennifer Kulikmk**

Tom Minty
Jay Woolford
Wyvonne Ray
Sarah McKiddy
John Boyd*
Debora Juarez*
Brittany Blue**

* Elected official
** Pending member

Total age 60 years or older: 10
Total people of color: 5
Total self-Indicating a disability: 1

Appendix C: Public Process

Community Engagement Activities

Date	Activity	Focus Subject	Partners
Quarterly 2025-2026	Meeting	Emerging Needs	AAA Partner - Advisory Council Planning and Allocations Committee
2/7/2025	Engagement	Senior Centers, Emerging Needs	Filipino Community of Seattle Senior Services – Executive Director
2/13/2025	Engagement	Senior Centers, Emerging Needs	El Centro de la Raza Senior Hub – Director of Human Services, Supervisor, Program Administrator
2/13/2025	Engagement	Senior Centers, Emerging Needs	Eritrean Association in Greater Seattle (EAGS) Senior Village Program – Executive Director, Program Manager
3/11/2025	Engagement	Senior Centers, Emerging Needs	Seattle Indian Health Board (SIHB) Elders Program – Public Health Services Director
3/19/2025	Survey	Understanding Priority Populations & Emerging Needs	Department of Neighborhoods (DON) disseminated survey for AAA staff
3/25/2025	Engagement	Senior Centers, Emerging Needs	United Indians of All Tribes Foundation (UIATF) Elders Program – Elders Program Manager
Q3/4 2025	Engagement	Understanding Priority Populations & Emerging Needs	3 community conversations (Lake City Library, Lake Burien Presbyterian Church, and Redmond Library) 4 tabling outreach events (Idris Mosque, MAPS Seattle, MPAS Redmond, and Kirkland Islamic Center)
4/4/2025	Survey	Understanding Priority Populations & Emerging Needs	DON disseminated survey for ADRC partner agencies
4/18/2025	Survey	Understanding Priority Populations & Emerging Needs	DON disseminated survey for Senior Centers

Date	Activity	Focus Subject	Partners
5/9/2025	Engagement	Senior Centers, Emerging Needs	Sound Generations Senior Centers Program – Community Engagement Officer
9/15/2025	Survey	Outreach, Access & Emerging Needs	DON, Community Liaisons (CL) disseminated survey to community members
9/17/2025	Focus Group	Outreach, Access & Emerging Needs	DON focus group - People with Disabilities
9/18/2025	Focus Group	Outreach, Access & Emerging Needs	DON focus group - Black Elders
9/26/2025	Meeting	Emerging Needs	Community Living Connections Central Access - Manager and Staff
9/29/2025	Focus Group	Outreach, Access & Emerging Needs	DON focus group - Caregivers
9/30/2025	Focus Group	Outreach, Access & Emerging Needs	DON focus group - Urban Natives
10/1/2025	Meeting	Area Plan Kickoff - Initiation	ADS Staff, AAA Partners
10/8/2025	Focus Group	Outreach, Access & Emerging Needs	DON focus group - Latinx
12/1/2025	Article	Public awareness	Advisory Council e-newsletter
12/12/2025	Presentation	Emerging Needs	Presentation at Advisory Council meeting with public comment
2/20/2026	Meeting	Emerging Needs	Mayors Council on African American Elders members
2/20/2026	Meeting	Nutrition, Grab & Go	Mount Si Senior Center – Executive Director
3/3/2026	Meeting	Nutrition, Grab & Go	Sound Generations Director; Assistant Director
3/3/2026	Meeting	Nutrition, Grab & Go	Tilth Alliance – Multicultural Sr. Meal Registered Dietician Community Nutrition Registered Dietitian; Garden Education & Nutrition Programs Director
3/4/2026	Meeting	Nutrition, Grab & Go	Interim CDA – Community & Advocacy Manager; Danny Woo Garden Manager
3/5/2026	Meeting	Nutrition, Grab & Go	Sound Generations – Director; Chief Programs Officer
3/10/2026	Meeting	Nutrition, Grab & Go	Lifelong – Vice President, Food & Nutrition; Nutrition & Client Services Manager
3/23/2026	Meeting	Nutrition, Grab & Go	IACS – Executive Director, Sr. Services Coordinator

Date	Activity	Focus Subject	Partners
3/25/2026	Meeting	Nutrition, Grab & Go	SeaTac Senior Center – Senior Services Supervisor; Recreation Specialist
3/26/2026	Meeting	Nutrition, Grab & Go	ACRS – Sr. Nutrition & Assistance Manager, Program Manager
3/30/2026	Meeting	Nutrition, Grab & Go	Green Sprouts – Program Director
4/1/2026	Meeting	Nutrition, Grab & Go	South Park Senior Center – Executive Director
4/3/2026	Meeting	Nutrition, Grab & Go	Vashon Senior Center – Senior Center Director; Meals on Wheels Director
4/7/2026	Meeting	Nutrition, Grab & Go	Somali Family Safety Task Force – Executive Director; Program Manager
4/9/2026	Meeting	Nutrition, Grab & Go	Auburn Senior Center – Senior Center Manager; Program Specialist
4/13/2026	Meeting	Nutrition, Grab & Go	Shoreline Lake Forest Park Senior Center – Executive Director
4/14/2026	Meeting	Nutrition, Grab & Go	Redmond Senior Center – Recreation Program Coordinator
4/15/2026	Meeting	Nutrition, Grab & Go	Hunger Intervention Program – Co-Executive Director
11/24/2025, 4/22/2026	Meeting	Joint Planning, Evaluation	AAA Partner-King County, Staff Liaison, OAHA team
4/22/2026	Meeting	Nutrition, Grab & Go	Enumclaw Senior Center – Senior Center Manager
5/5/2026	Meeting	Nutrition, Grab & Go	Pike Market Senior Center – Executive Director; Head Chef; Deputy Director
5/6/2026	Meeting	Nutrition, Grab & Go	ICHS –- Assisted Living Administrator; Food Service Supervisor
5/7/2026	Meeting	Nutrition, Grab & Go	Sno Valley Senior Center – Executive Director
5/14/2026	Meeting	Nutrition, Grab & Go	Gen Pride - Executive Director
5/15/2026	Meeting	Review of Draft Goals, Objectives, Strategies	AAA Partner - Advisory Council, Mayor's Council on African American Elders
5/19/2026	Meeting	Nutrition, Grab & Go	Southeast Seattle Senior Center – Executive Director
5/18/2026-6/26/2026	Engagement	Review of Draft Goals, Objectives, Strategies	AAA Interlocal Partners, AAA Staff, Contracted Service Providers

Date	Activity	Focus Subject	Partners
7/28/2026	Public Hearing - Seattle	Public Review & Comment	Hosted by the ADS Advisory Council Planning and Allocations Committee
08/05/2026	Public Hearing - Renton	Public Review & Comment	Hosted by the ADS Advisory Council Planning and Allocations Committee
08/06/2026	Public Hearing – Virtual	Public Review & Comment	Hosted by the ADS Advisory Council Planning and Allocations Committee

Public Hearing Comments and Recommendations

Agency/General Public Member	Comments/Recommendations	Area Agency on Aging Response

Appendix D: Grab and Go Provision

Provider outreach found unanimous agreement that congregate meals remain the core and most beneficial model, largely due to social engagement, structure, and access to wraparound services. Many providers noted strong participant preference for onsite dining whenever they can participate. However, nearly all providers also cited groups of older adults who cannot or do not currently attend congregate dining despite being eligible. These groups include:

- Unhoused or unstably housed older adults who feel unwelcome or uncomfortable in group settings
- Individuals facing cultural or language barriers
- Seniors recovering from illness or dealing with short-term mobility issues
- Caregivers and those with schedule constraints
- Participants who experience social anxiety or crowded environment discomfort

Providers who already use limited Grab-and-Go services reported that the option primarily serves individuals who would not attend onsite meals and does not draw significant numbers away from congregate programs. ADS commits to:

- Monitoring congregate and Grab-and-Go participation monthly
- Requiring corrective action if onsite participation declines due to Grab-and-Go use
- Setting provider level limits or criteria as needed
- Conducting year-over-year trend analysis to ensure congregate attendance remains strong

Based on provider input and existing participation patterns, ADS anticipates that Grab-and-Go services will expand access without reducing onsite participation.

Engagement and Consultation

ADS conducted structured outreach to 16 senior congregate meal providers representing large multi-site organizations, culturally focused organizations, rural and suburban senior centers and other community-based nonprofits. Programs included Sound Generations, Hunger Intervention Program, ACRS, Interim CDA, Indian American Community Services, Vashon Senior Center, Mount Si Senior Center, Redmond, Shoreline-Lake Forest Park, Enumclaw, Auburn, Carnation, Pike Market, Green Sprouts, SeaTac Community Center, and International Community and Health Services.

This outreach provided extensive information about operational feasibility, equity considerations, cultural needs, and community readiness. Providers expressed varying degrees of interest, but most supported Grab-and-Go as a supplemental service when clearly targeted. Only two providers opposed the option, citing staffing capacity rather than philosophical concerns. This engagement meets the consultation requirement for area agencies, service providers, and interested parties.

Engagement activities are detailed further in Appendix C: Public Process

Eligibility and Prioritization

Eligibility for Grab-and-Go meals will follow OAA Title IIIC1 criteria:

- Adults age 60 and older
- Eligible spouses, caregivers, and adults with disabilities living with eligible participants

Grab-and-Go meals will be limited to individuals with documented or self-identified barriers to onsite participation, including:

- Housing insecurity or homelessness
- Language, cultural, or social-comfort barriers
- Short-term illness or posthospital recovery
- Mobility limitations or transportation barriers
- Caregiving responsibilities
- Work or personal obligations preventing onsite dining

Providers emphasized that Grab-and-Go would primarily help individuals who currently remain unserved due to these barriers, aligning closely with the OAA definitions of Greatest Social and Economic Need.

To ensure equitable targeting, ADS will require low-barrier screening questions and prioritization of individuals who cannot attend in person. In addition, Grab-and-Go will be used only as a supplemental service rather than a universal option.

Coordination

ADS will coordinate implementation through:

- Regular communication with contracted providers to share best practices, address operational concerns, and monitor program impacts
- Technical assistance on eligibility, reporting, and implementation
- Data coordination with DSHS and regional AAA partners
- Collaboration with community-based organizations—including cultural groups, housing providers, homeless outreach teams, and senior housing staff—to help identify individuals who may benefit
- Participant feedback mechanisms (site surveys, advisory councils, provider meetings) to ensure continuous improvement

This coordinated approach ensures consistency, oversight, and equity across all participating programs.

ADS's due diligence process shows that implementing a targeted Grab-and-Go model will expand nutrition access for older adults with significant barriers to congregate dining, without harming congregate participation. Providers broadly support this approach, and ADS is prepared to closely monitor participation, maintain strong coordination, and uphold the goals and intent of the Older Americans Act.