



Area Plan 2024–2027

for Seattle and King County, Washington

as approved by the State Unit on Aging

April 19, 2024



Seattle
Human Services
Equity • Support • Community



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



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Letter from the Area Agency on Aging Partners



Tanya Kim

We are pleased to present the 2024–2027 Area Plan for Seattle-King County, our Area Agency on Aging’s roadmap for a responsive system of aging and disability services that promote quality of life, interdependence, and choice for older people, adults with disabilities, and caregivers in King County.

The Aging and Disability Services (ADS) division of the Seattle Human Services Department is designated by the State of Washington as the Area Agency on Aging for King County. ADS is a vital part of the Aging Network established by the Older Americans Act of 1965 to help older people live independently in their homes and communities.



Leo Flor

The Seattle Human Services Department, King County Department of Community and Human Services, and Public Health—Seattle & King County serve as the policy setting board for the Area Agency on Aging. Per our 2021 interlocal agreement, we collaborate on strategic planning; review the four-year Area Plan, semi-annual updates, the ADS budget, and ADS’ discretionary funding allocation process; and appoint members to the ADS Advisory Council.



Dr. Faisal Khan

At the core of our agencies’ missions lies a shared commitment to public health and human services. Together, we strive to transform King County into a place where every individual can thrive. From navigating pandemics to emergency responses and disaster management, our combined efforts know no bounds. The renewal of the Veterans, Seniors, and Human Services Levy provides more opportunities for us to harmonize our investments to our community. This combined effort ensures that programs and solutions are set up to dismantle service barriers.



City of Seattle

Tanya Kim, Director
Seattle Human Services Department
City of Seattle



King County

Leonardo Flor, Director
Department of Community and Human Services
King County



Public Health
Seattle & King County

Dr. Faisal Khan, Director
Public Health—Seattle & King County

Acknowledgements

Seattle-King County Advisory Council on Aging & Disability Services

| | | |
|--------------------|-------------------------|--------------------|
| Zelda Foxall | Alex O'Reilly | Hon. Kim-Khánh Văn |
| Joe Hailey, Chair | Cynthia Snyder | Barb Williams |
| Hon. Marli Larimer | Hon. Kshama Sawant | Dick Woo |
| Larry Low | Lorna Stone, Vice-chair | |
| Tom Minty | Diana Thompson | |

Aging and Disability Services (ADS)

Mary Mitchell, Director

Area Plan Coordination & Production

Karen M. Winston, ADS Senior Planner
Irene Stewart, HSD Communications Manager

Area Plan Contributors

| | |
|--|---|
| Traci Adair, Older Adults & Healthy Aging Policy & Community Engagement Manager, King County | Maria Langlais, ADS Policy Advisor |
| Michael Adusah, ADS Advisory Council Liaison | Minyan Liu, Human Services Coordinator |
| Rachel Alder, ADS Senior Grants and Contract Specialist | Mariel Torres Mehdipour, Regional Public Health Administrator, Public Health— Seattle & King County |
| Allison Boll, ADS Senior Planner | Lori Mina, ADS Senior Planner |
| Leslea Bowling, ADS Senior Planner | Saba Mir, Intern |
| Jessica Chow, ADS Senior Planner | Angela Miyamoto, ADS Senior Planner |
| Katie Clemens, HSD Data, Performance & Evaluation Team Manager | Phung Nguyen, Primary Care Liaison |
| Jessica Gardner, ADS Budget Advisor | Mary Pat O'Leary, RN, ADS Senior Planner |
| Caren Goldenberg, Public Health— Seattle & King County | Sharika Rakibullan, HSD Data Analyst |
| Karen Heeney, ADS Care Coordination Supervisor | Keith Rapacz, ADS Case Manager |
| Dr. Tiffany Johnson, ADS Deputy Director | Sue Siegenthaler, ADS Senior Grants and Contract Specialist |
| Eunnice Kym, ADS Senior Grants and Contract Specialist | Dinah Stephens, Program Manager, Age Friendly Seattle |
| Andrea LaFazia-Geraghty, ADS Contracts Manager | Myduc Ta, PhD, Epidemiologist, Public Health—Seattle & King County |
| | Lena Tebeau, ADS Executive Assistant |

Acknowledgements continued on next page

Claudette Thomas, Mayor’s Council on
African American Elders

Sean Walsh, ADS Care Coordination Supervisor

Naisha Williams, ADS Care
Coordination Director

Ebony Wood, ADS Senior Grants and
Contract Specialist

Andrea Yip, ADS Planning Manager

Key Partners

City of Seattle Human Services Department

King County Department of Community
and Human Services

Public Health—Seattle & King County

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

Washington State Health Care Authority



Section A – Area Agency Planning and Priorities

A-1: Introduction

This Area Plan guides the work of Aging and Disability Services (ADS)—the Area Agency on Aging for Seattle-King County. ADS roots date back to May 1971 when Seattle Mayor Wes Uhlman created a Division on Aging within the City of Seattle’s Office of Human Resources.

In 1973, in accordance with the federal Older Americans Act (OAA), the State of Washington designated 13 Area Agencies. The same year, an interlocal agreement between the City of Seattle and King County established the Area Agency on Aging (AAA) structure in existence today, including a planning council known as the Seattle-King County Advisory Council on Aging & Disability Services.

The Division on Aging eventually came to be called Aging and Disability Services (ADS), which operates as a division within the City of Seattle’s Human Services Department. Although staffed by City of Seattle employees, as the Area Agency on Aging for King County, ADS operates offices in Renton, Washington as well as downtown Seattle. Care coordination program staff (e.g., social workers, nurses, social service aides) work from both offices, enabling closer relationships with and more efficient access to clients throughout the county.

The ADS director represents the Area Agency on Aging in the community and at the local, state, and federal policy level on issues that relate to older adults, people with disabilities, caregivers, and age-friendly communities. The director oversees the management, planning, contracts, and administrative functions of the Area Agency on Aging, and collaborates with colleagues from 12 other AAAs in Washington state to align advocacy efforts.

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, when King County voters approved the Veterans, Seniors and Human Services Levy (VSHSL)¹, ADS staff have collaborated with King County on aligned priorities. Together, ADS and the King County Department of Community and Human Services Older Adults and Healthy Aging team² 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.

Passage of the 2018–2023 VSHSL resulted in expansions to the area’s health promotion programming, supplements to home-delivered meal funds, additional respite and community building supports for family caregivers, supports for culturally identified communities or neighborhood groups to embrace a village model of aging in place, and a network of senior centers that receive some levels of operational funding. Voters approved renewal of the VSHSL in August 2023. With the renewal, an anticipated \$25 million to \$30 million will be directed annually toward programs and services that support older adults.

The volunteer Advisory Council assists ADS in identifying unmet needs and needed services, and advocates for policies and programs that promote quality of life. As required by the OAA, this Area Plan incorporates suggestions from the Advisory Council and numerous community partners. To better understand local needs, ADS also engaged consumers through listening sessions, surveys, and workshops (see [Section A-3: Planning and Review Process](#)).

In 2022, ADS served over 49,000 unduplicated individuals with both direct and contracted services (through all fund sources). This plan provides current service area demographic attributes, including age, ethnicity/race, income, and region (see [Section B-1: Population Profile and Trends](#)).

Why We Lead with Race

This Area Plan talks about leading with race. We recognize that challenging institutional and structural racism are essential to achieving a just and equitable society. We “lead with race” and are also working on institutionalized sexism, heterosexism, ableism, and other oppressions. By centering on race and racism, we recognize that we can impact all communities, especially those that live at the intersection of multiple identities.³

¹ King County Veterans, Seniors and Human Services Lev, accessed 11/1/2023 at www.kingcounty.gov/depts/community-human-services/initiatives/levy.aspx

² Older Adults and their Caregivers, Adult Services Division, King County Department of Community and Human Services, accessed 11/1/2023 at <https://kingcounty.gov/en/legacy/depts/community-human-services/adult-services.aspx>

³ See the City of Seattle’s Race and Social Justice Initiative at www.seattle.gov/documents/Departments/RSJI/why-lead-with-race.pdf.



A-2: Vision and Mission

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 also provides services and supports that prepare youth for success, support affordability and livability, address homelessness, promote public health, and support safe communities.

- **HSD Vision:** All basic needs in our communities are met through innovative and collaborative approaches. Greater Seattle is a place where the richness of our diversity is valued, all of our communities thrive, and people grow up and grow old with opportunity and dignity.
- **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.

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.



A-3: Planning and Review Process

The planning process for the Area Plan 2024–2027 started with engagement that included a broad range of input gathered from King County residents, consumers, key partners, and providers. Information was also collected from an online survey, existing data, and reports regarding community needs, emerging trends, and the impact of the COVID-19 pandemic on vulnerable populations.

Engagement included a new strategy—using a racial equity analysis. The new plan leads with race and intentionally focuses on older Black and Indigenous people, other people of color, and the communities that experience the most disadvantages. To understand the harms and issues experienced by these communities, ADS initiated a series of focus group discussions to gather input. Focus group participants included diverse representatives from the ADS Advisory Council, the Mayor’s Council on African American Elders, King County Department of Community and Human Services, Public Health—Seattle & King County, and the Seattle Human Services Department’s Race and Social Justice Change Team.

Tools from the [People’s Institute for Survival and Beyond](#), such as the *Anti-Racist Organizing Principle* and the *Undoing Racism Strategy Chart*, were used to guide the discussions. The series concluded with both process and content recommendations that were used to inform the development of the plan. As the AAA for King County, our aim is to make sure the Area Plan goals and objectives reflect our commitment to eliminate racial disparities among older adults and people with disabilities so that all will thrive throughout their lifespans.

A 27-question online survey was conducted from March to June 2023. Over 170 responses were received. The top three needs identified for older adults and for people with disabilities were:

1. Affordable and accessible housing
2. Accessible and reliable transportation
3. Comprehensive, affordable, and accessible healthcare—including behavioral health services

Area Plan Public Hearings

The public review process for the draft 2024–2027 Area Plan was held from August 14 to September 5, 2023. Three public hearings were held to receive comments.

| | | |
|---|---|--|
| August 14, 2023 ADS Renton Office 600 SW 39th St Renton, WA 98057 | August 23, 2023 Mt Si Senior Center 411 Main Ave S North Bend, WA 98045 | September 5, 2023 P&A Committee Meeting Virtual |
|---|---|--|

A total of 37 individuals participated, including older adults, Advisory Council members, rural community members, staff, and providers. See [Appendix E: Public Process](#) for a comprehensive summary.



A-4: Prioritization of Discretionary Funding

ADS subcontracts with over 80 agencies to provide a network of in-home and community-based services and support for older adults and adults with disabilities. In 2022, more than 49,000 older adults, family caregivers, and people with disabilities in King County received services through this Aging Network.

The 2023 budget totals over \$81.5 million, of which \$74 million is non-discretionary and earmarked for specific services, such as Medicaid Title XIX case management and caregiver services.

The budget also includes \$7.5 million of “discretionary” funds from the federal Older Americans Act and the Washington State Senior Citizens Services Act. Discretionary funding has some flexibility and can be directed to meet priority needs in King County.

In addition, the aging network in King County benefits from local funding available through the countywide voter-approved Veterans, Seniors and Human Services Levy. Funding within a specific set of strategies dedicated to services for people aged 55 and older 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.

The ADS Advisory Council’s Planning and Allocations (P&A) Committee recommends strategies to increase or decrease discretionary funding to service areas. Their recommendations are subject to ADS Advisory Council review, public review, and City of Seattle Human Services Department approval. The committee consists of at least five Advisory Council members, with consideration given to geographic representation. The Council chair serves as an ex-officio member.

Since 2020, discretionary funding has been stagnant. During an allocation process, the P&A Committee considers the following in their deliberations:

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



Section B – Planning and Service Area Profile

B-1: Population Profile and Trends

Overview

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

- General Demographics
- Priority Population
- Health
- Affordability

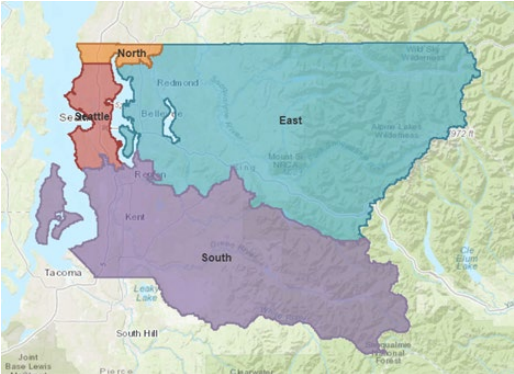
Each of these subsections provide data that looks at three key demographic characteristics: age, geography, and race.

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

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

Most of the geographic data is presented by regions. These were developed by King County to examine geographic patterns below the county level. There are four regions:

- **Seattle** (within city limits)
- **North:** Bothell, Cottage Lake, Kenmore, Lake Forest Park, Shoreline, and Woodinville
- **East:** Bellevue, Carnation, Duvall, Issaquah, Kirkland, Medina, Mercer Island, Newcastle, North Bend, Redmond, Sammamish, and Skykomish
- **South:** Auburn, Burien, Covington, Des Moines, Enumclaw, Federal Way, Kent, Maple Valley, Normandy Park, Renton, Tukwila, SeaTac, White Center/Boulevard Park, and Vashon Island.



Race also plays an important role in the outcomes of individuals, so we’ve provided race-related data whenever possible. It is worth noting that many of the figures that include race have confidence intervals: a series of bold lines across the chart. These lines show the range of values, including the true average for the population 95 percent of the time. A large—or “wide”— confidence interval usually means the estimate is less precise for that population. Data sources that rely on surveys can have small sample sizes, which will more likely result in wide confidence intervals.

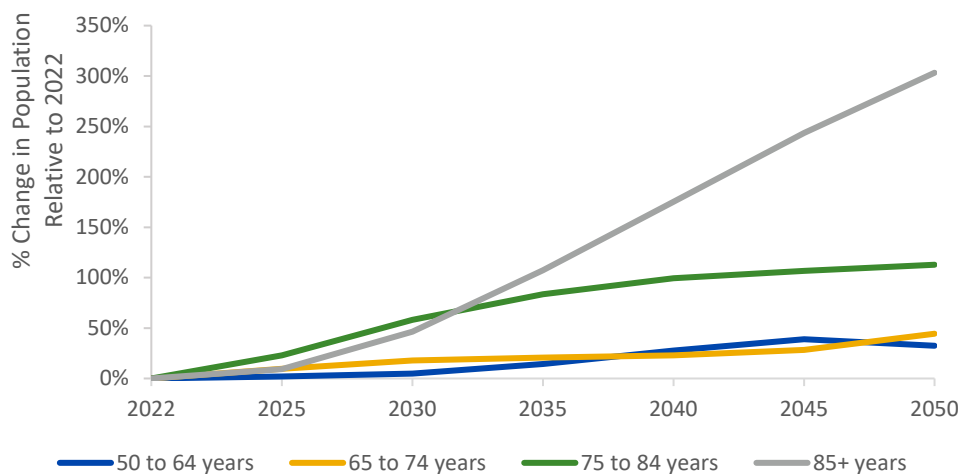
Another note about the race data is that many of the data sources available do not have disaggregated race information. This means ADS is unable to look at specific populations. For example, data for the total Asian population is provided but not individual data for Chinese, Japanese, Korean, Vietnamese, and other ethnicities is not available. This limitation may mask differences between groups.

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

General Demographics

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

Projected Population Change by Age Group
King County, 2022–2050



Source: WA State Office of Financial Management, Forecasting Division, 2022 Projections, County Growth Management Population Projections by Age and Sex.

King County’s population is aging. Estimates indicate that, by 2050, the adults aged 85+ population will increase more than 300 percent. One notable implication of this trend is that the healthcare system will face significant challenges to meet the needs of the aging population. Per-person healthcare expenditures for adults aged 65 and older have historically been five times greater than expenditures for children and three times greater than those for working-age adults. Healthcare systems need to prepare for this important demographic shift with adequate workforce capacity and accessible services. ⁴

Age 60+ Population Growth by Regions

King County, 2010–2022

| Region | 2018 | 2019 | 2020 | 2021 | 2022 | Change Between 2018 and 2022 | |
|--|----------------|----------------|----------------|----------------|----------------|---------------------------------|------------|
| | | | | | | Count | Percent |
| East | 103,700 | 106,400 | 110,100 | 113,700 | 116,200 | 12,500 | 12% |
| North | 29,500 | 30,600 | 31,700 | 32,200 | 32,900 | 3,400 | 12% |
| Seattle | 127,100 | 131,100 | 134,000 | 138,700 | 142,100 | 15,000 | 12% |
| South | 146,100 | 149,900 | 154,400 | 156,000 | 157,600 | 11,500 | 8% |
| King County Total 60+ Population* | 406,500 | 418,000 | 430,200 | 440,600 | 448,900 | 42,400 | 10% |

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

Source: Washington State Population Interim Estimates (PIE), December 2022. Created by Public Health- Seattle & King County using data from the US Census Bureau and the WA Office of Financial Management (OFM).

The older-adult population has continued to grow in King County. However, as this population migrates to areas outside the urban core—where the cost of living is generally lower—many face increasing challenges to finding, accessing, and receiving adequate health care and support. This is exacerbated by limited transportation access, particularly for older adults and people with disabilities. ⁵

⁴ King County, Public Health-Seattle & King County, [King County Community Health Needs Assessment, 2018/2019](#), p.15

⁵ King County, Public Health-Seattle & King County, [King County Community Health Needs Assessment, 2021/2022](#), p.27

Age 60+ Population by Race

King County, 2022

| Race | Population | Percent |
|-------------------------------------|------------------|---------|
| American Indian/Alaska Native | 2,000 | 0.5% |
| Asian | 80,100 | 18% |
| Black/African American | 22,700 | 5% |
| Hispanic/Latinx* | 15,000 | 3% |
| Two or More Races | 9,200 | 2% |
| Native Hawaiian/Pacific Islander | 1,400 | 0.3% |
| White | 318,200 | 71% |
| 60+ Total Population | 448,900 | |
| King County Total Population | 2,317,700 | |

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

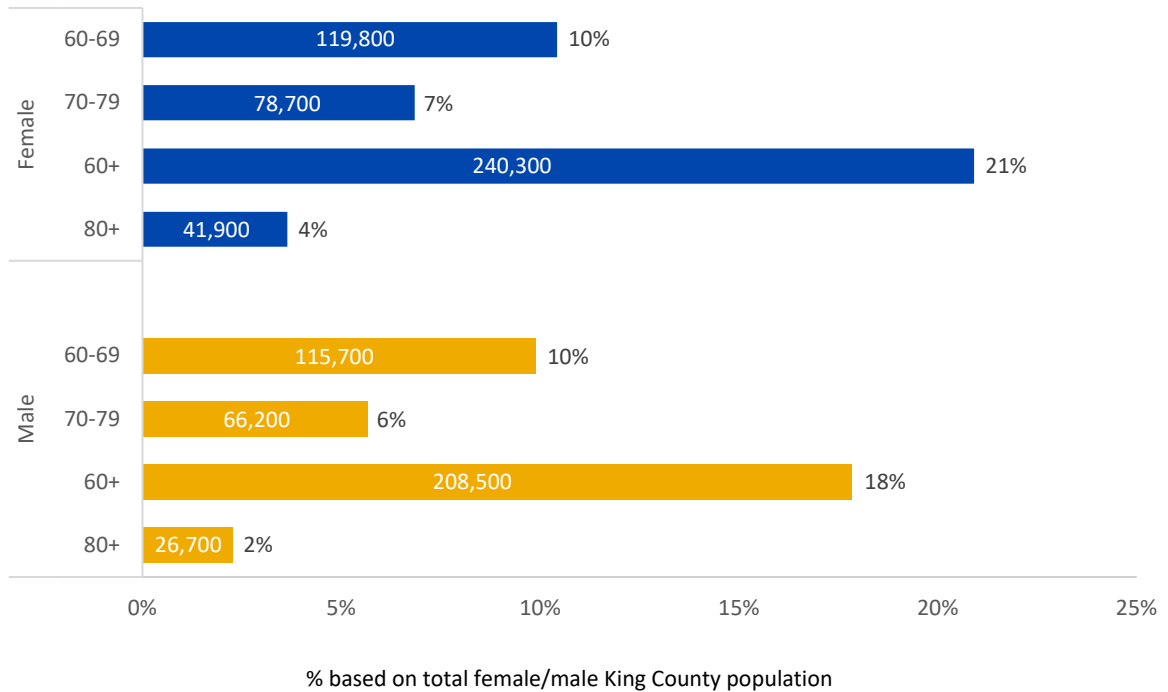
Source: Washington State Population Interim Estimates (PIE), December 2022. Created by Public Health- Seattle & King County using data from the US Census Bureau and the WA Office of Financial Management (OFM).

King County's 60+ population is predominantly White. However, more than half of King County children are children of color—which suggests that in the future the older-adult population will be increasingly more diverse.⁸

⁸ Ibid., p. 36

Age 60+ Population by Gender

King County, 2022

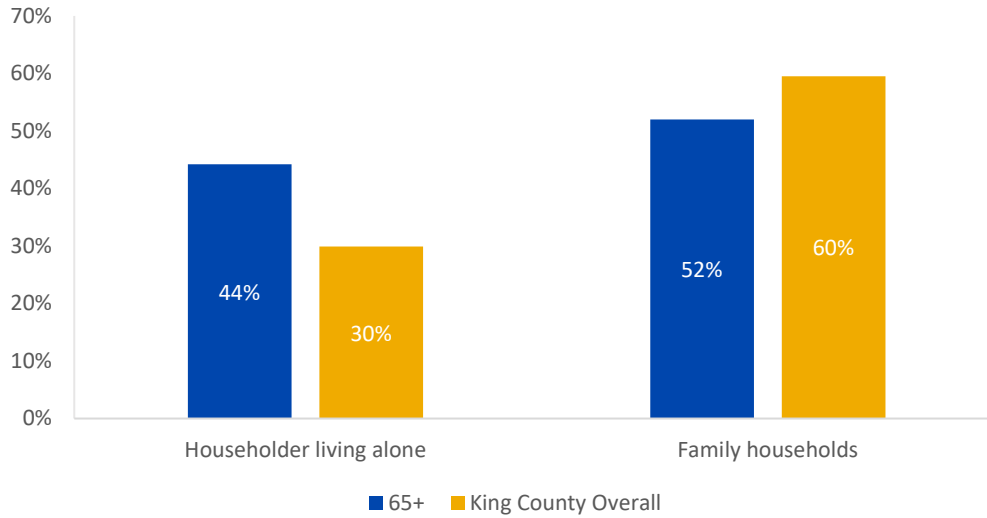


Source: Washington State Population Interim Estimates (PIE), December 2022. Created by Public Health—Seattle & King County using data from the US Census Bureau and the WA Office of Financial Management (OFM).

While women are living longer, they are not necessarily living healthier lives. Compared to men, women aged 65 and older are more likely to experience fall-related fractures and develop debilitating health conditions such as arthritis and dementia. Additionally, older women may be more vulnerable to financial hardship due to work, family, and retirement decisions made over the course of a lifetime in conjunction with negative effects of the gender pay gap.⁹

⁹ P. Scommegna, “Older Women Live Longer, But With More Disability and Financial Challenges Than Men,” Population Reference Bureau, accessed September 2, 2023, www.prb.org/women-live-longer-than-men/.

Age 65+ Living Alone King County, 2017–2021 Average



Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2017–2021.

Over half of the older-adult population in King County live in households with other family members, however 44 percent of adults 65 years and older live alone. This is noteworthy because in general, living alone at older ages is associated with increased mortality risk.¹⁰

Priority Population

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

¹⁰ J. Abell & A. Steptoe, “Why is living alone in older age related to increased mortality risk? A longitudinal cohort study”. *Age and Aging*, accessed September 2, 2023, academic.oup.com/ageing/article/50/6/2019/6326082

Population Born Outside U.S. by Select Demographics ¹¹

King County, 2017–2021 Average

| | |
|---|------------|
| Total Population Born Outside U.S. | 24% |
| Age | |
| 55 to 64 years | 12% |
| 65 to 74 years | 7% |
| 75 to 84 years | 4% |
| 85 years and over | 1% |
| English Proficiency | |
| Speaks English only | 17% |
| Speaks English less than “very well” | 39% |
| Poverty | |
| Percent living in poverty* | 11% |

*Living in poverty is defined as having income below 100% of the Federal Poverty Level (FPL)

Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2017–2021.

Residents born outside the U.S., including immigrants and refugees, account for almost half of King County’s population growth in the past 25 years. As of the most current American Community Survey estimate, 24 percent of the King County population was born outside the U.S., compared to 14 percent nationally. ¹² Nationally, the older population born outside the U.S. is expected to increase rapidly, reaching 22 million—23.3 percent of the total older population—by 2060. ¹³

¹¹ Population Born Outside U.S. is composed of individuals who are not a U.S. citizen at birth. It excludes persons born in Puerto Rico, a U.S. Island Area, or abroad to a U.S. citizen parent(s). ADS is using “Population Born Outside U.S.” in place of the U.S. Census Bureau terminology of “Foreign Born.” Complete technical definitions can be found at: www2.census.gov/programs-surveys/acs/tech_docs/subject_definitions/2020_ACSSubjectDefinitions.pdf

¹² U.S. Census Bureau, American Community Survey 5-Year Estimate, 2017–2021.

¹³ N. Mizoguchi et. al., “The Older Foreign-Born Population in the United States: 2012–2016”. American Community Survey Reports, accessed September 2, 2023, www.census.gov/content/dam/Census/library/publications/2019/acs/acs-42.pdf

Population Born Outside U.S. by Region

King County, 2017–2021 Average

| East | North | Seattle | South |
|------|-------|---------|-------|
| 30% | 21% | 19% | 25% |

Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2017 - 2021.

The highest percentage of populations born outside the U.S. currently reside within East and South King County. The cities of Bellevue and Redmond in the East region and Tukwila and SeaTac in the South region each have about 40 percent residents born outside the U.S., which is more than double compared to 19 percent in Seattle.¹⁴

Top Ten Languages Spoken at Home by Ages 5+ and 60+

King County, 2017 - 2021 Average

| Rank* | Total Population 5+ | | Total Population 60+ | |
|-------|--|---------------------|--|---------------------|
| | Language | Population Estimate | Language | Population Estimate |
| 1 | English | 71% | English | 80% |
| 2 | Spanish | 7% | Chinese (incl. Mandarin, Cantonese) † | 4% |
| 3 | Chinese (incl. Mandarin, Cantonese) † | 5% | Spanish | 2% |
| 4 | Vietnamese | 2% | Vietnamese | 2% |
| 5 | Hindi | 1% | Tagalog | 1% |
| 6 | Tagalog | 1% | Korean | 1% |
| 7 | Korean | 1% | Japanese | 1% |
| 8 | Russian | 1% | Russian | 1% |
| 9 | Japanese | 1% | German | 1% |
| 10 | French | 1% | Filipino | 1% |

*Ranks were not tested for statistical significance.

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

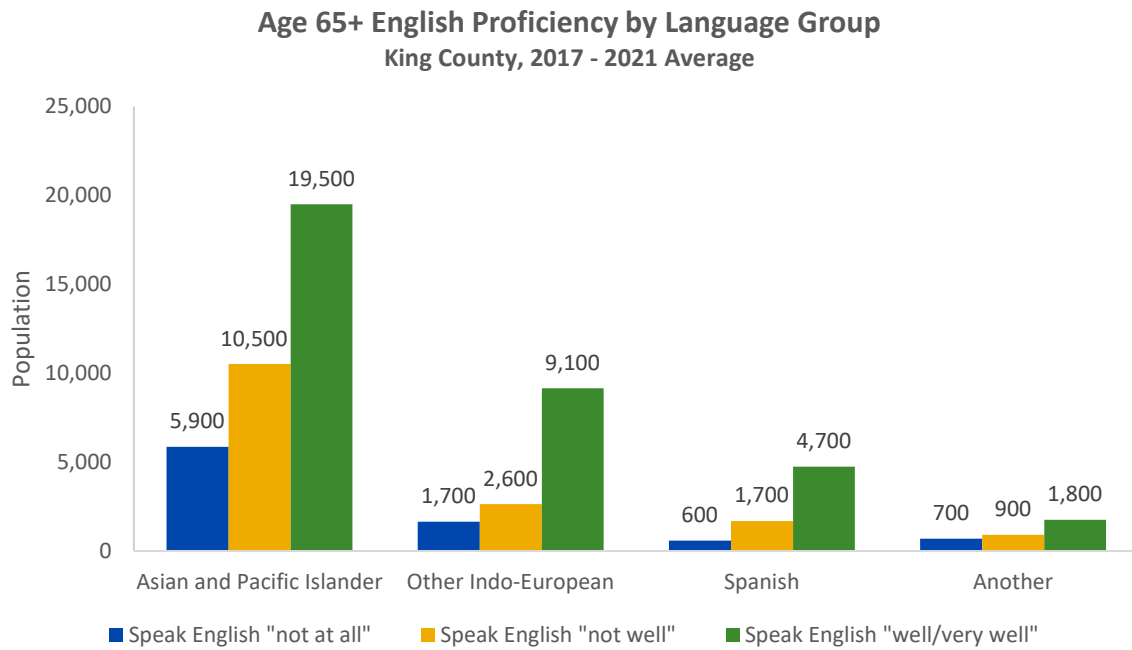
Source: U.S. Census Bureau American Community Survey, Public Use Microdata Sample, 2017 - 2021.

Approximately 170 languages are spoken in King County.¹⁵ Spanish and Asian languages are among the 10 most reported languages spoken at home for both the ages five and older and 60 and older populations. The most recent 2017–2021 estimate indicates 24 percent of King County residents were

¹⁴ U.S. Census Bureau, American Community Survey 5-Year Estimate, 2017-2021.

¹⁵ King County, [King County's Changing Demographics: Investing Our Increasing Diversity](#), 2016

born outside the U.S.—a significant increase from 2012–2016—which has contributed to growing cultural and linguistic diversity.¹⁶



Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2017 - 2021.

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

Disability by Age and Poverty Snapshot King County, 2017 - 2021 Average

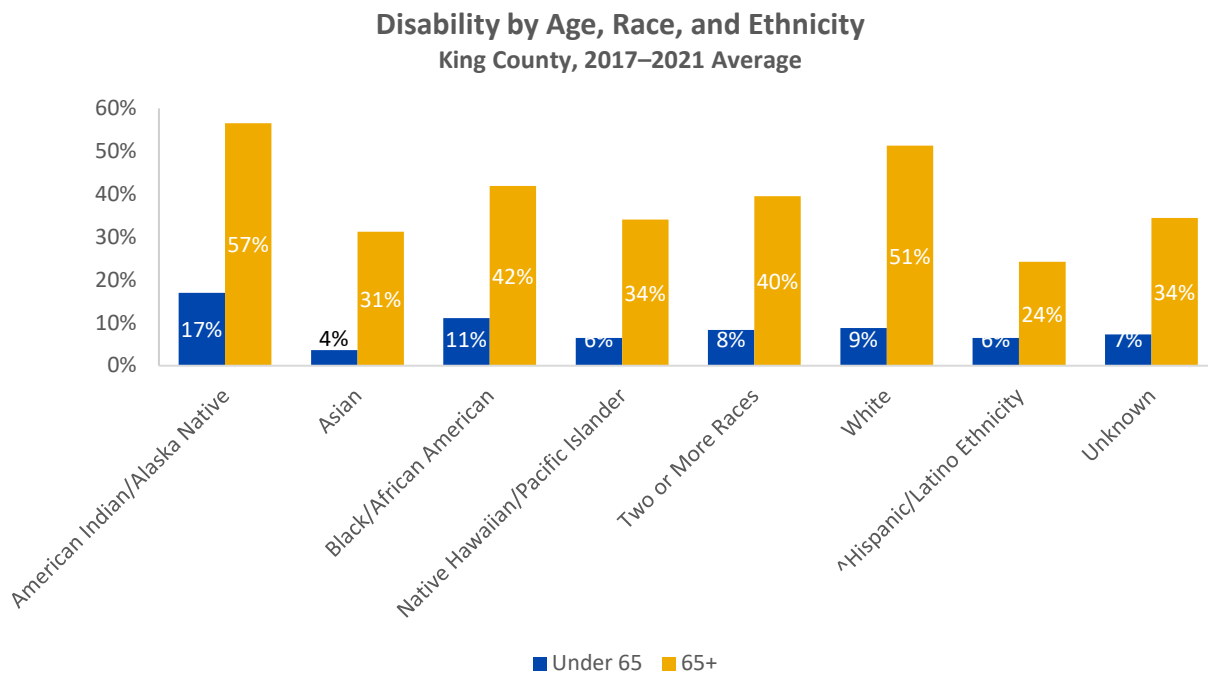
| Age 18+ with Disability | | Age 60+ with Disability | | Age 60+ with Disability and in or near Poverty* |
|-------------------------|-----|-------------------------|-----|---|
| 10,800 | 12% | 6,600 | 27% | 44% |

*Living in or near poverty is defined as having income below 200% of the Federal Poverty Level (FPL)

Source: U.S. Census Bureau American Community Survey, Public Use Microdata Sample (PUMS), 2017 - 2021

¹⁶ King County, Public Health-Seattle & King County, [King County Community Health Needs Assessment](#), 2021/2022, p. 44.

Disability¹⁵ rates are high for older adults (27 percent in King County) and even higher for older adults living in or near poverty (44 percent in King County). Disability can be considered both a cause and consequence of poverty. It is a cause because it can lead to job loss and reduced earnings, barriers to education and skills development, significant expenses, and many other challenges that can lead to economic hardship. It is also a consequence because poverty can limit access to health care services and increase the likelihood that a person’s living and working environment may adversely affect their health.¹⁶



^People in the Hispanic/Latino category may be of any race and are also counted in their preferred race group.

Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2017–2021.

People of color in King County—regardless of age—are more likely to have a disability.¹⁷ Across a number of health and social indicators, both Whites and Asians fare better than others; however, national data suggests that the aggregate category of “Asians” masks disparities within the Asian category. A large body of evidence demonstrates disparities in health outcomes, particularly for Southeast Asians compared to other Asian ethnicities. This is true of other races as well. For example, existing data do not allow us to disaggregate Somali, Ethiopian, and other emerging African communities from multi-generational African American communities. Nevertheless, the presence of

¹⁵ Behavioral Risk Factor Surveillance System defined as limited in any way in any activities by a mental, physical, or emotional condition, OR uses special equipment due to a health condition.

¹⁶ R. Vallas, “Disability is a Cause and Consequence of Poverty,” Talk Poverty, accessed September 2, 2023, talkpoverty.org/2014/09/19/disability-cause-consequence-poverty/.

¹⁷ American Community Survey Defines as having hearing, vision, cognitive, ambulatory, self-care, and/or independent living difficulty.

disparities by race and ethnicity underscores the need to further explore the causes of inequities that result in disparate outcomes and identify solutions.¹⁸

Age 60+ Sexual Orientation

King County, 2017–2021 Average

| Sexual Orientation | Percent |
|---------------------------------------|---------|
| Heterosexual | 95% |
| Lesbian or Gay | 2% |
| Bisexual | 1% |
| Another | 2% |
| Lesbian, Gay, Bisexual or Transgender | 3% |

Source: WA State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, 2017–2021.

Lesbian, gay, bisexual, and transgender (LGBT) elders have historically been undercounted and underserved. An estimated three percent of King County residents aged 60 and older identify as transgender, gay, bisexual, or lesbian—but because LGBT older adults are a historically excluded population, the actual percentage of adults 60 and older who identify as LGBT is likely higher.¹⁹

Same-sex marriage has not seen a decade of legalization across all 50 states. Lack of legal recognition excluded spousal protections typically given to heterosexual unions.

While there have always been LGBT elders, few have been open about their sexual orientation or gender identity due to the historical and social context in which they came of age. Having faced severe stigma and unfair criminalization for being openly lesbian, gay, or transgender in their lifetimes, concealing one’s identity has been a means of survival for many LGBT elders. National estimates of this population vary greatly, and existing surveys often use categories and language that may not be welcoming to respondents. It is estimated that 2.7 million (2.4 percent) of adults aged 50 and older identify as lesbian, gay, bisexual, or transgender. This number is expected to double in the coming decades, in line with the growing older adult population overall.²⁰

¹⁸ King County, Public Health-Seattle & King County, [King County Community Health Needs Assessment](#), 2021/2022, p. 110.

¹⁹ K. I. Fredriksen-Goldsen & H.-J. Kim, “The Science of Conducting Research with LGBT Older Adults- An Introduction to Aging with Pride: National Health, Aging, and Sexuality/Gender Study (NHAS)” *Gerontologist* 57, S1–S14. doi: 10.1093/geront/gnw212

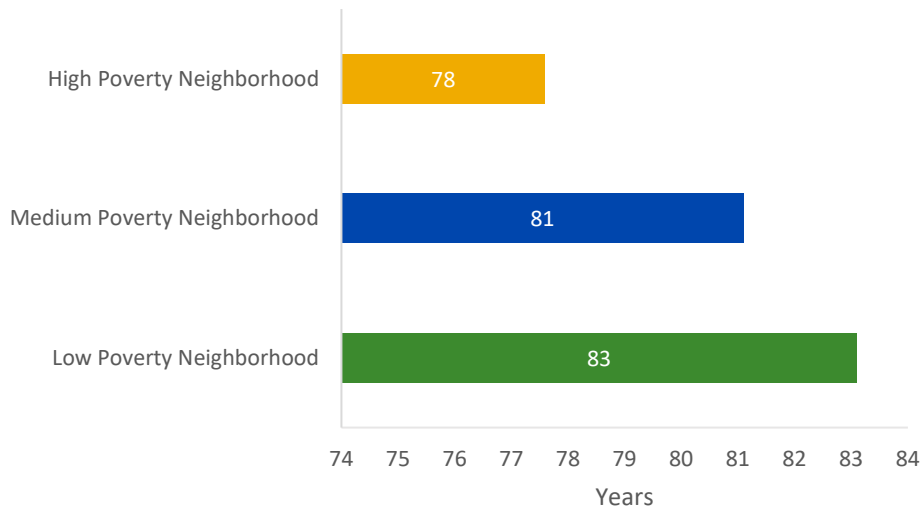
²⁰ Ibid.

Health

This subsection focuses on the relationship between health outcomes for King County residents and poverty, race, gender, and age. Additionally, this subsection touches on a range of other physical and mental health topics relevant to older adults—including additional data related to COVID-19.

Life Expectancy at Birth by Neighborhood Poverty Levels

King County, 2016–2020 Average



Source: WA State Department of Health, Center for Health Statistics, Death Certificate Data, 2016 - 2020.

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

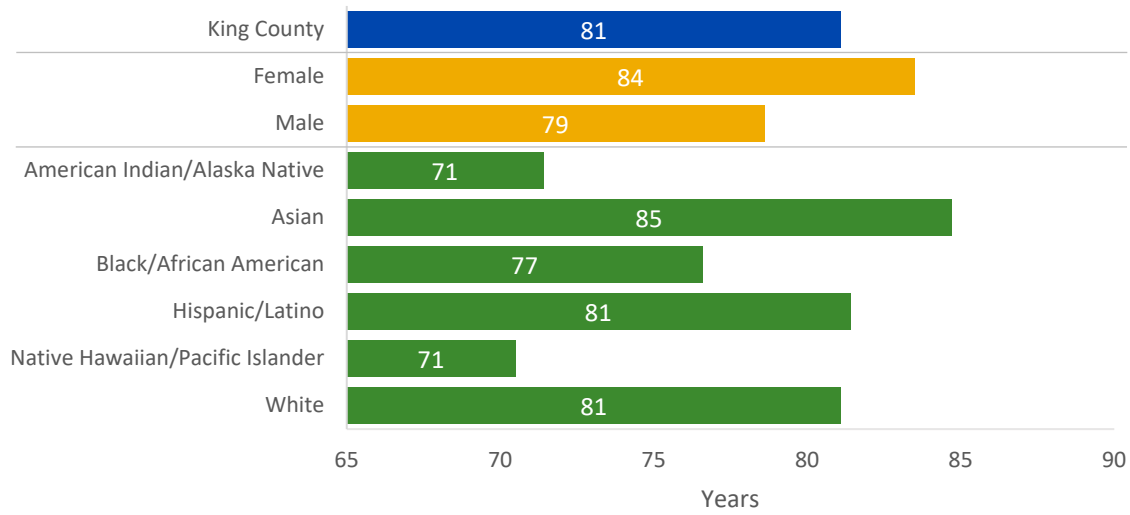
In King County, a five-year life expectancy difference exists between those living in high poverty neighborhoods (78 years) compared to those in low poverty neighborhoods (83 years). Between specific cities and neighborhoods with the highest and lowest life expectancies, the difference can be double that and vary by as much as 11 years.²³

People in affluent areas have greater access to environments and other resources that encourage healthy behaviors. The convergence of these factors, plus disparities in educational attainment, household income, and health insurance coverage can profoundly influence the health of our communities.²⁴

²³ King County, Public Health-Seattle & King County, [King County Community Health Needs Assessment](#), 2021/2022, p. 55.

²⁴ Ibid.

Life Expectancy at Birth by Gender and Race
King County, 2016–2020 Average



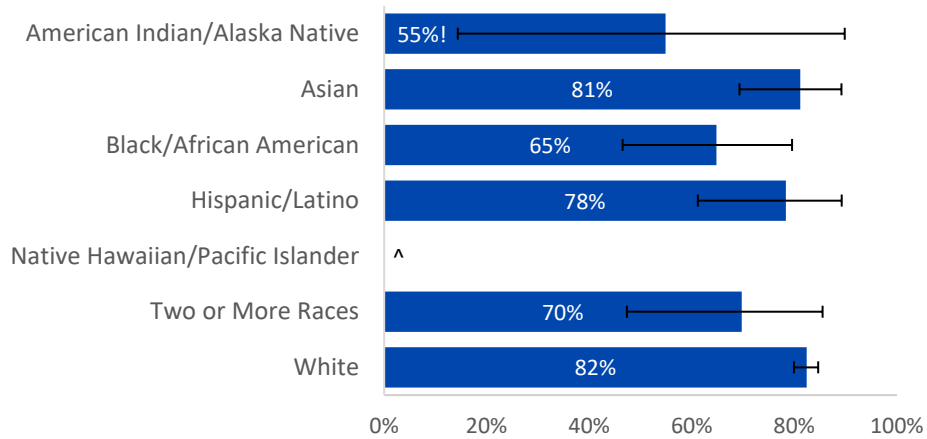
Source: WA State Department of Health, Center for Health Statistics, Death Certificate Data, 2016–2020.

The average life expectancy in King County is estimated at 81 years—which is higher than the average U.S life expectancy of 76 years²⁵; however, significant disparities exist between race groups. Averaged across a life span, men in King County die at 1.4 times the rate of women; the life expectancy for men (79 years) is about four years lower than for women (84 years).²⁶

²⁵ Center for Disease Control, National Center for Health Statistics, [Life Expectancy in the U.S. Dropped for the Second Year in a Row in 2021](#)


²⁶ King County, Public Health-Seattle & King County, [King County Community Health Needs Assessment, 2021/2022](#), p. 55-56.

Age 65+ Reporting Good to Excellent Health by Race King County, 2017 - 2021 Average



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

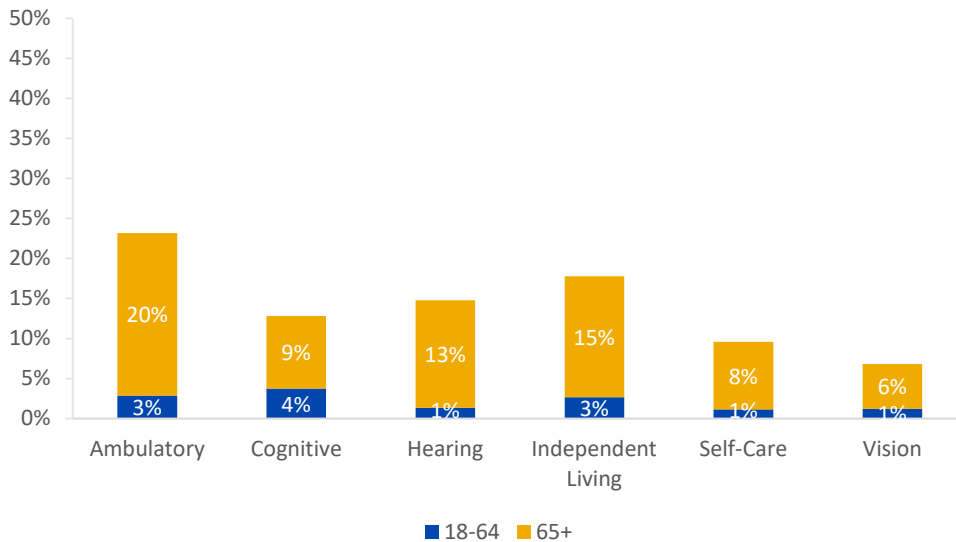
! = Interpret with caution; sample size is small, so estimate is imprecise

 : Confidence interval (or error bars) shows range that includes the true value 95 percent of the time. (See explanation in B-1: Population Profile and Trends "Overview" for more details.)

Source: WA State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, 2017–2021.

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

Functional Limitations by Type and Age Group King County, 2017 - 2021 Average

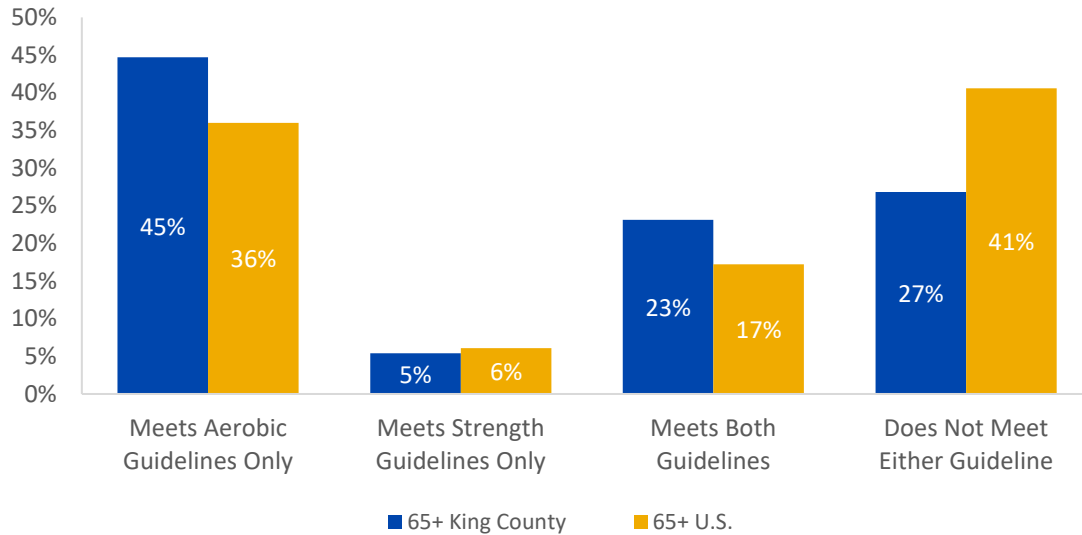


Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2017 - 2021.

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

Age 65+ Meeting Physical Activity Guidelines*

King County and U.S., 2015 & 2017 Average

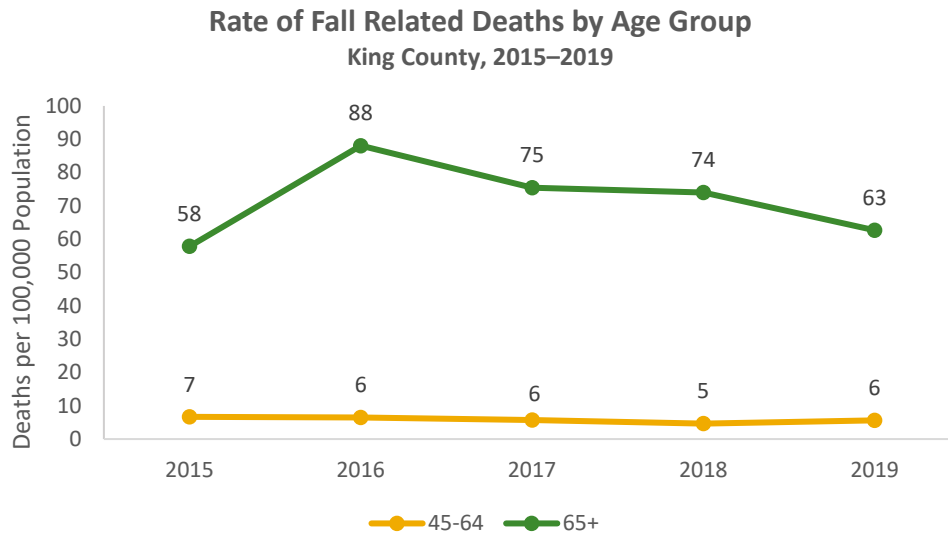


**At the time of publishing, the most current data from the Behavioral Risk Factor Surveillance System (BRFSS) survey regarding physical activity was from 2017. This question will next be available in the 2023 BRFSS and updated information will be provided with the interim Area Plan update.*

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

Regardless of a person’s age, regular physical activity reduces the risk of many chronic illnesses, boosts mental health, and strengthens bones and muscles. Particularly for older adults, physical activity improves their ability to conduct daily activities and helps prevent falls.²⁷ Close to one-quarter of King County adults 65 and older engage in physical activity meeting both aerobic and strengthening guidelines.

²⁷ King County, Public Health-Seattle & King County, [King County Community Health Needs Assessment](#), 2021/2022, p. 85.



**Fall related deaths for people ages 0 to 44 have been excluded due to a limited amount of data points available.*

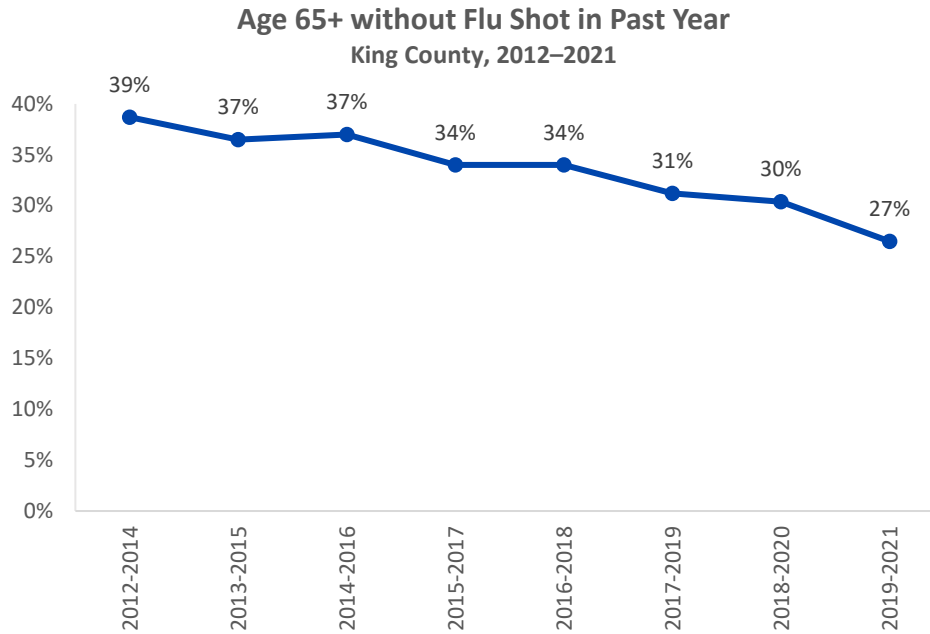
Source: WA State Department of Health, Center for Health Statistics, Death Certificate Data, 2015–2019.

In King County, fall-related deaths are highest among adults aged 85 years and older. Deaths related to falls have been steadily increasing across the U.S. for older adults.²⁸ Nationally, falls are the leading cause of injury among those 65 and older.²⁹ In 2018, an estimated three million emergency department visits, more than 950,000 hospitalizations or transfers to another facility (e.g., trauma center), and approximately 32,000 deaths resulted from fall-related injuries among older adults.³⁰

²⁸ Center for Disease Control, Morbidity and Mortality Weekly Report, [Trends in Nonfatal Falls and Fall-Related Injuries Among Adults Aged ≥65 Years — United States, 2012–2018](#), July 10, 2018.

²⁹ Ibid.

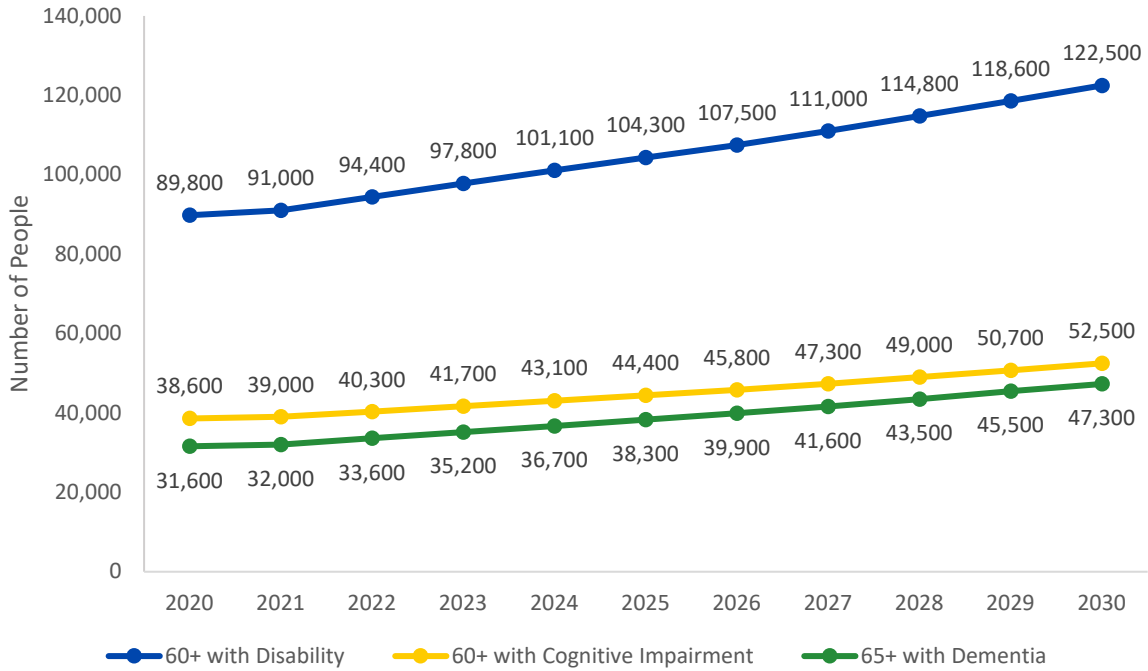
³⁰ Ibid.



Source: WA State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, 2012–2021.

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

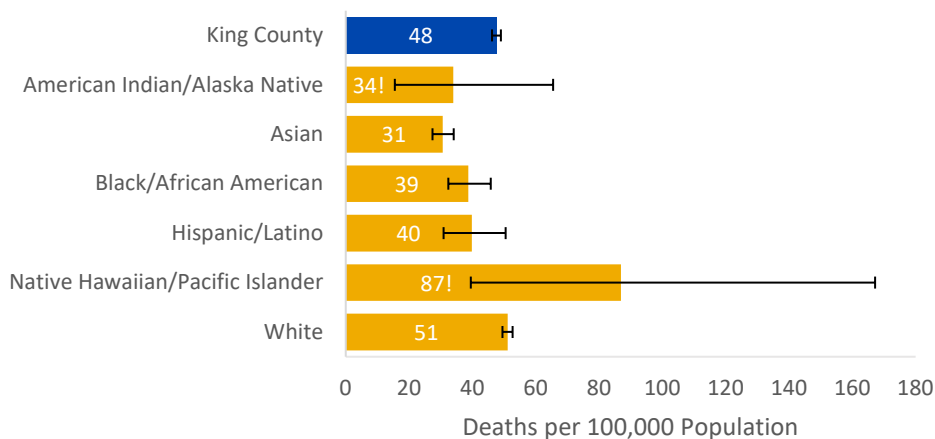
Forecasted Disability, Cognitive Impairment, and Dementia by Age King County, 2020–2030




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

In King County, the number of older adults with disabilities, cognitive impairments, and dementia is projected to increase steadily as the older adult population grows in general. Estimates indicate that by 2030 older adults with disabilities and cognitive impairments will increase over 36 percent and adults aged 65 and older with dementia will increase 50 percent.

Alzheimer's Death Rates by Race King County, 2016–2020 Average



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

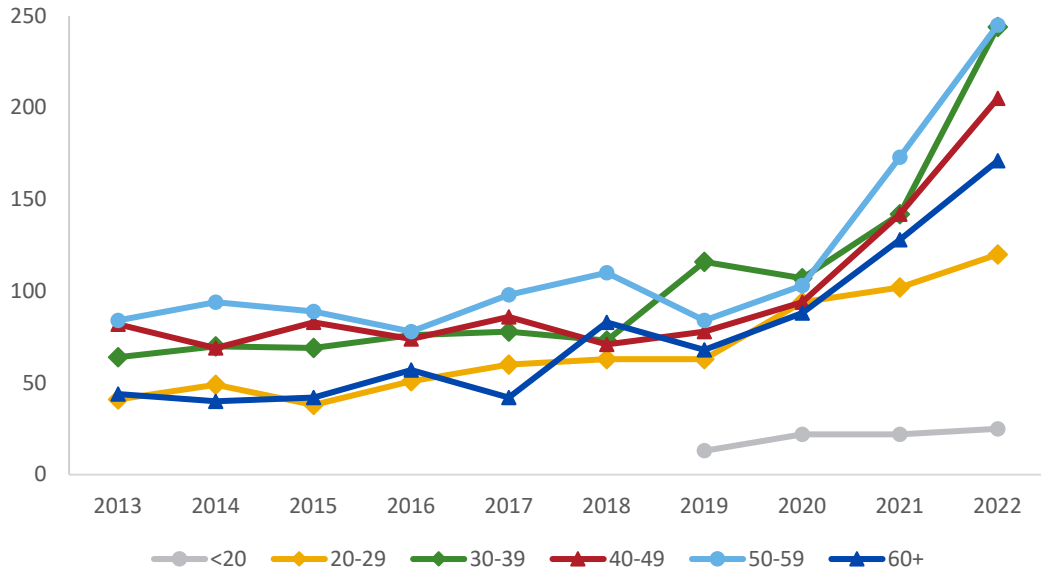
: Confidence interval (or error bars) shows range that includes the true value 95 percent of the time. (See explanation in B-1: Population Profile and Trends “Overview” for more details.)

Source: WA State Department of Health, Center for Health Statistics, Death Certificate Data, 2016–2020.

In King County, Native Hawaiian/Pacific Islanders have the highest rate of deaths due to Alzheimer’s Disease; estimates show that the rate can range from 40 to as high as 167 deaths per 100,000 population. Looking nationally, older Black/African Americans are about twice as likely to have Alzheimer’s or other dementias as older Whites; and Hispanic/Latinos are about one and one-half times as likely to have Alzheimer’s or other dementias as older Whites.³¹

³¹ Alzheimer’s Association, *2023 Alzheimer’s Disease Facts and Figures*, p. 27, www.alz.org/media/Documents/alzheimers-facts-and-figures.pdf

Overdose Deaths* by Age Group
King County, 2013–2022



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

Source: King County Medical Examiner’s Office

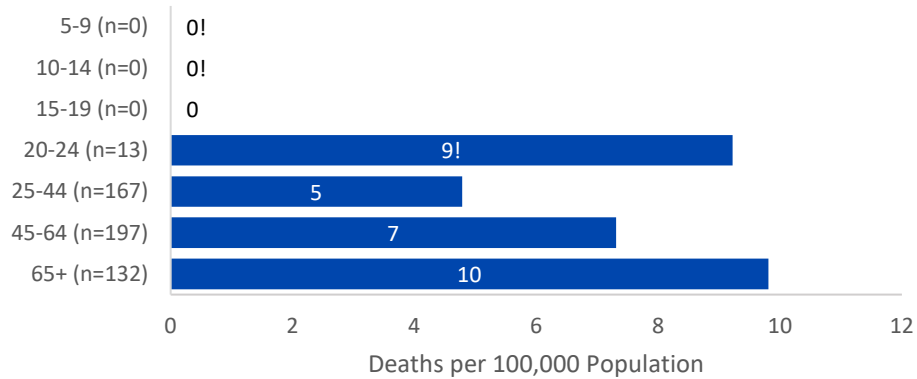
Between 2008–2018, the 60+ age group saw the largest increase of opioid-related death. However, overdose deaths among all age groups—including those over 60—continue to rise. Since 2019, the overall number of overdose deaths has grown exponentially, jumping by 20 percent between 2019 and 2020 and jumping an additional 39 percent between 2020 and 2021.³²

Older adults are affected by this problem because they often use prescription opioids to cope with surgical procedures or painful chronic conditions like arthritis. They may use prescription opioids for an extended period to treat chronic pain, which presents a risk for developing an opioid use disorder.³³

³² King County, Public Health—Seattle & King County, [2022 Overdose Death Report](#)

³³ Administration for Community Living, [The Opioid Public Health Emergency and Older Adults](#) (December 2017),

Firearm Suicide Rates by Age Group
King County, 2015–2019 Average



! = Interpret with caution; sample size is small, so estimate is imprecise
n = the denominator

Source: WA State Department of Health, Center for Health Statistics, Death Certificate Data, 2015–2019.

Suicide is the leading type of firearm death among all residents of King County, and the highest rate occurs among older adults. Additionally, suicide rates generally are highest among this age group.³⁴

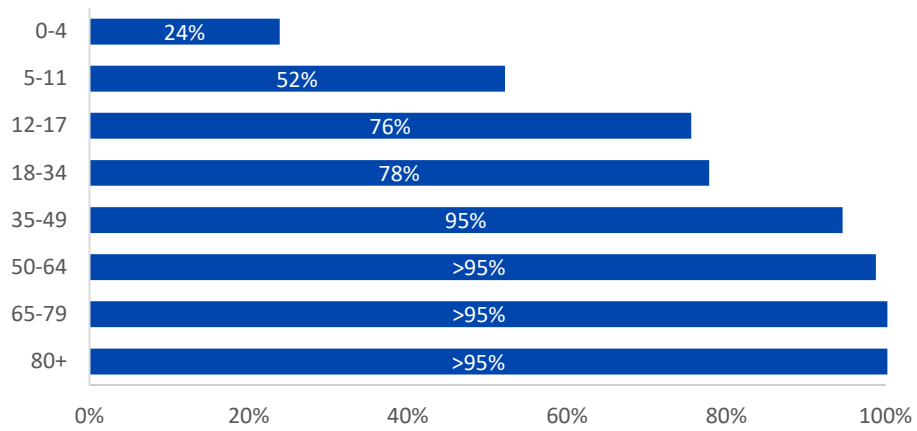
COVID-19

Since 2020, the COVID-19 pandemic has impacted all residents within King County; however, it has disproportionately affected communities of color.³⁵ This subsection focuses on COVID-19 vaccinations, hospitalizations, and deaths for King County residents by age. This subsection also highlights older adult access to the Internet, which was especially important during the height of the pandemic.

³⁴ King County, Public Health-Seattle & King County, [King County Community Health Needs Assessment](#), 2021/2022, p. 107.

³⁵ King County, Public Health-Seattle & King County, [King County Community Health Needs Assessment](#), 2021/2022, p.13

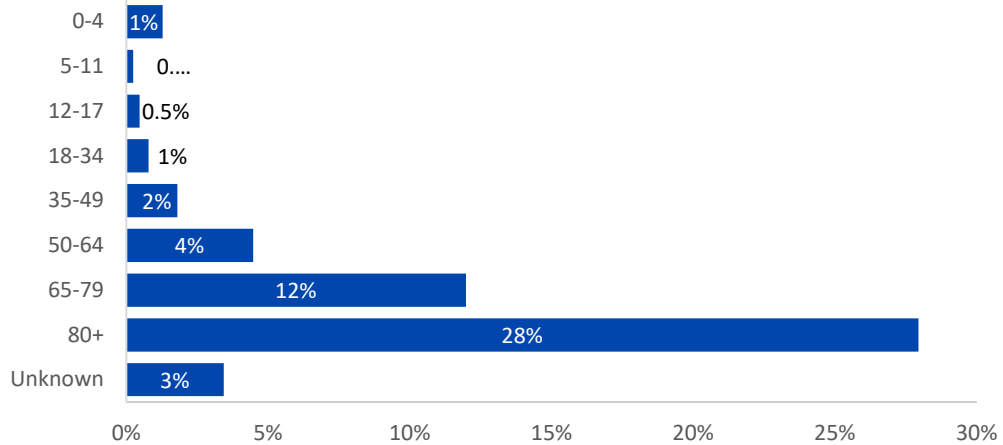
COVID Vaccination Rates by Age Group King County, 2020–2023



Source: Public Health—Seattle & King County, COVID-19 Data, 2020–2023, kingcounty.gov/depts/health/covid-19/data/download.aspx

Older adults have a higher rate of vaccination against COVID than any other age group. This may have been driven by a strategic goal outlined in the King County Unified Regional Strategy: COVID-19 Vaccine Delivery to strive for higher rates of vaccination among older adults and BIPOC populations disproportionately affected by COVID-19.³⁶

Hospitalization Due to COVID by Age Group King County, 2020–2023

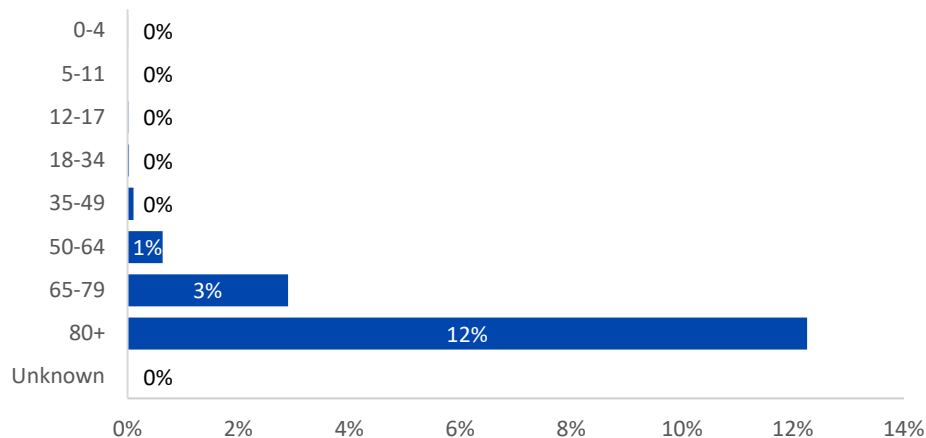


Source: Public Health—Seattle & King County, COVID-19 Data, 2020–2023, kingcounty.gov/depts/health/covid-19/data/download.aspx

³⁶ King County, Public Health-Seattle & King County, *COVID-19 After Action Report*, p. 100–101.

In King County, the older-adult population has a higher rate of hospitalizations due to COVID than younger age groups; however, adults over the age of 80 were hospitalized more often than those between 65 and 79 years.

COVID Death Rates by Age Group
King County, 2020



Source: Public Health – Seattle & King County, COVID-19 Data, 2020–2023, kingcounty.gov/depts/health/covid-19/data/download.aspx

As of March 2021, the majority of COVID-19 deaths in King County were among older adults, with the median age of death for all residents remaining around 81 years old since the beginning of the pandemic. King County residents over 85 years of age have a risk of death due to COVID-19 illness 1,830 times higher than 18– to 29-year-old residents. As of February 28, 2021, more than 90 percent of those who died from COVID-19 related illness were aged 60+ years old and over half of those who died were 80+ years old.³⁷

Internet Access

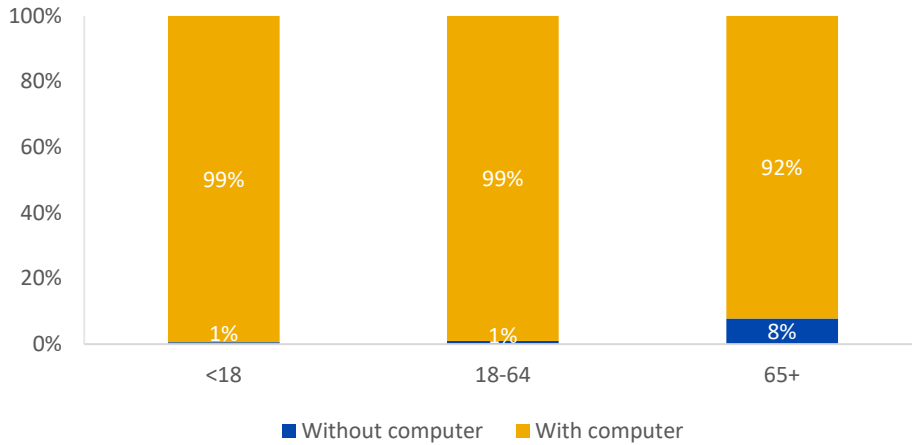
During the global pandemic, social interaction became significantly limited and technology became more important than ever, especially for older adults.³⁸ New research found that more older adults (44 percent) view technology more positively as a way to stay connected than they did before COVID-19. In addition, four out of five adults aged 50+ rely on technology to stay connected and in touch with family and friends.³⁹

³⁷ King County, Public Health—Seattle & King County, [Summary Report on Deaths Associated with COVID-19](#), p. 4.

³⁸ AARP, [Tech Usage Among Older Adults Skyrockets During Pandemic](#), April 21, 2021

³⁹ Ibid.

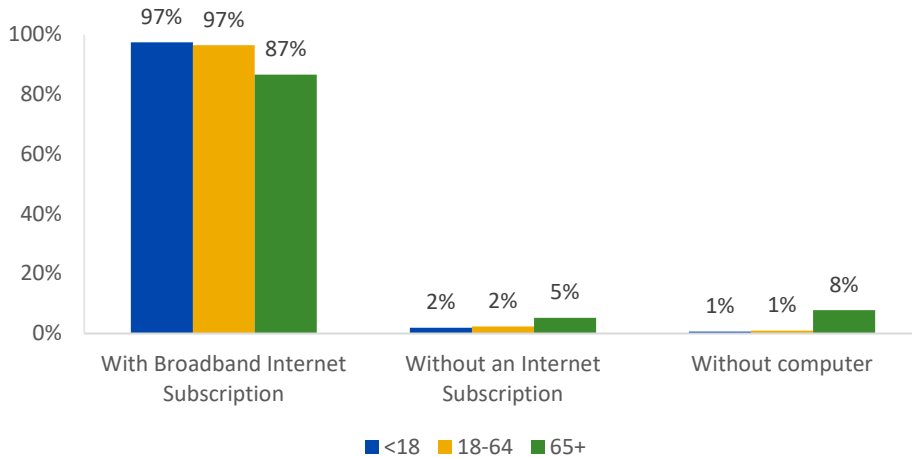
Age 65+ with a Computer King County, 2017–2021



Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2017–2021.

In King County, over 90 percent of adults aged 65 years and older have a computer. Older residents have significantly fewer Internet-enabled devices compared to other age groups; 66 percent of older residents have a laptop computer and 59 percent have a desktop computer. Older adults are more likely than other age groups to choose desktop computers as their primary device over devices like smartphones.⁴⁰

Age 65+ with a Computer and Broadband King County, 2017–2021



Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2017–2021.

Most of the older-adult population in King County have both a computer and broadband Internet subscription, but this is lower for people aged 65 and older than other age groups. In the 2020

⁴⁰ King County, *Broadband Access Study 2020*, cdn.kingcounty.gov/-/media/depts/it/services/cable/202002-Broadband-Access-Study.ashx

Broadband Access Study, 23 percent of respondents ages 65 or older reported needing a “great deal” of help from someone else to access or navigate the Internet. Compared to other respondents, older residents were less likely to have high online engagement and more likely to have a lower digital skill level. Regarding device usage, respondents 65 years and older reported using their devices daily to read or send emails (78 percent) and to stay in touch with friends or family online (46 percent).⁴¹ The King County Broadband Access Study also makes it clear that people of all ages who live in unincorporated areas or rural areas have less access to broadband services.⁴²

Affordability

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

Age 65+ Living in Poverty by Region

King County, 2017–2021 Average

| East | North | Seattle | South |
|------|-------|---------|-------|
| 5% | 6% | 10% | 10% |

**Living in poverty is defined as having income below 100 percent of the Federal Poverty Level (FPL)*

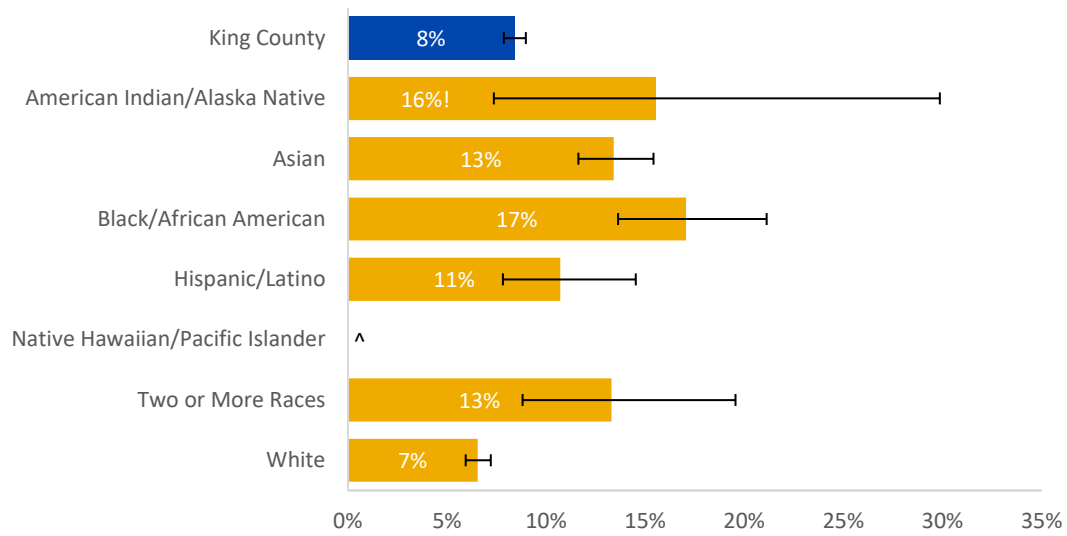
Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2017–2021.

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

⁴¹ King County, *Broadband Access Study 2020*, accessed here: [202002-Broadband-Access-Study.ashx](https://www.kingcounty.gov/202002-Broadband-Access-Study.ashx) ([kingcounty.gov](https://www.kingcounty.gov))

⁴² Ibid.


Age 60+ Poverty by Race
King County, 2017–2021 Average



Race categories are mutually exclusive.

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

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

: Confidence interval (or error bars) shows range that includes the true value 95 percent of the time. (See explanation in B-1: Population Profile and Trends “Overview” for more details.)

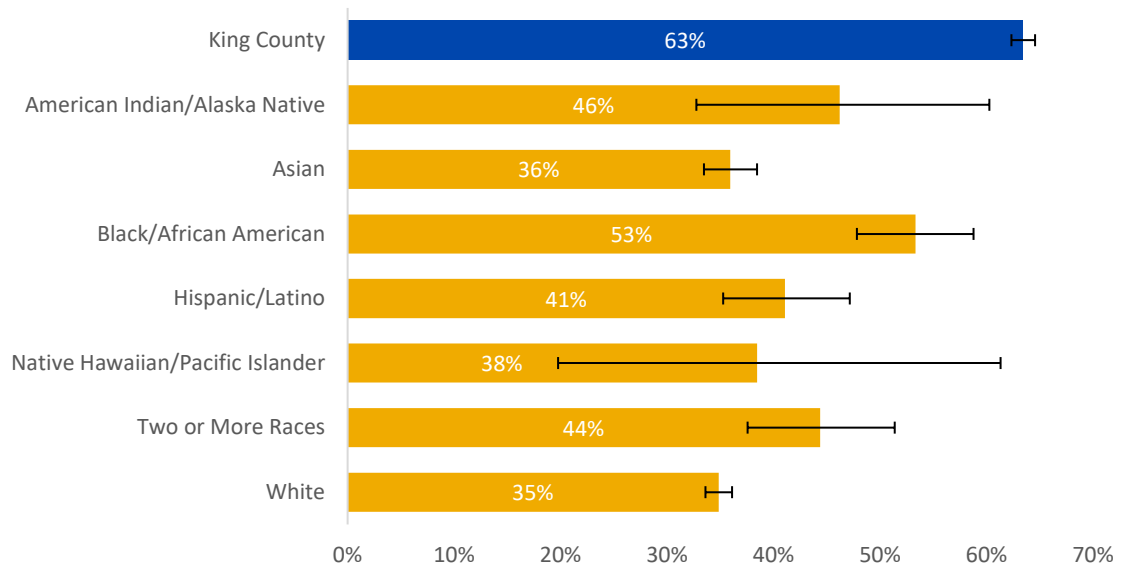
Source: U.S. Census Bureau American Community Survey, Public Use Microdata Sample, 2017–2021.

Among more than 24,600 (eight percent) of older adults in King County live in poverty⁴³, a disproportionate number are people of color—a symptom of institutionalized oppression, exclusion, and discriminatory practices.⁴⁴

⁴³ WA State Office of Financial Management, Forecasting Division, Single Year Intercensal Estimates (2018 - 2030)


⁴⁴ Richard Delgado and Jean Stefancic, *Critical Race Theory* (NYU Press, 2017).

Age 60+ Paying ≥ 30% of Income Towards Housing by Race King County, 2017–2021 Average



Race categories are mutually exclusive.

! = 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. (See explanation in B-1: Population Profile and Trends “Overview” for more details.)

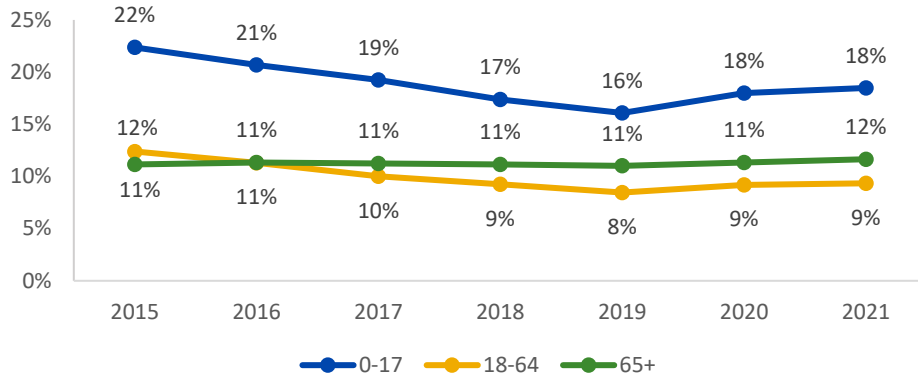
Source: U.S. Census Bureau American Community Survey, Public Use Microdata Sample, 2017–2021.

Paying more than 30 percent of one’s income for housing is an indicator of housing cost burden. Households with this burden are more vulnerable to food insecurity, lack of adequate healthcare, loss of housing, and other difficulties.⁴⁵ In King County, a higher proportion of people of color aged 60 and older face housing cost burden, regardless of their status as renters or homeowners. Until relatively recent times, racial restrictive covenants in many parts of Seattle and King County have excluded people of color from home ownership and destroyed opportunities to build wealth for generations of Black, Asian, Latinx, and Indigenous families.⁴⁶

⁴⁵ Viveiros, J., Sturtevant, L. (2014). *The Housing affordability challenges of America’s working households*. HousingLandscape 2014. Center for Housing Policy

⁴⁶ Racial Restrictive Covenants Project, Washington State, University of Washington, accessed 10/31/2023 at https://depts.washington.edu/covenants/homeownership_king.shtml.

Basic Food Participation by Age Group King County, 2015–2021



2015-2021 Population data: Based on U.S. Census Bureau’s American Community Survey (ACS) 1-year estimates (Table D205). ACS population estimates for 2019 are used for 2020 due to the Census Bureau's decision not to release 2020 estimates due to poor sampling during the COVID-19 pandemic.

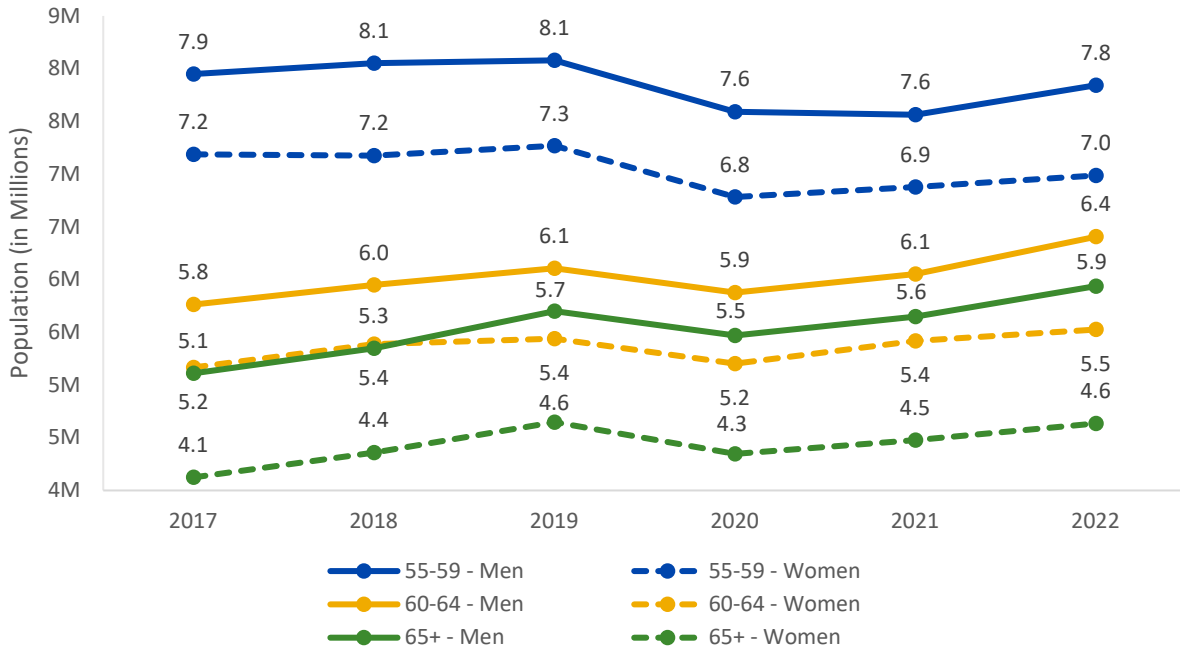
Source: WA State Department of Social and Health Services, Research and Data Analysis, Client Services Database.

Food insecurity is increasing for older adults. The Supplemental Nutrition Assistance Program (SNAP, also called “Basic Food” in Washington state) is designed to reduce food insecurity by providing eligible low- income families and individuals funds to purchase food. While SNAP participation among King County’s 0–17 and 18–64 age groups had gradually declined since 2015, participation began increasing after 2019. Participants aged 65 and older have also continued to gradually increase.

Another indication that food insecurity is increasing is King County food banks report more people are seeking assistance. In October 2022, Public Health heard from over 80 food assistance providers that food donations are down, food costs are high, and the more people are seeking assistance.⁴⁷

⁴⁷ King County, Public Health, [Food Insecurity in King County Remains High: How to Help and Get Food Assistance](#), April 9, 2023

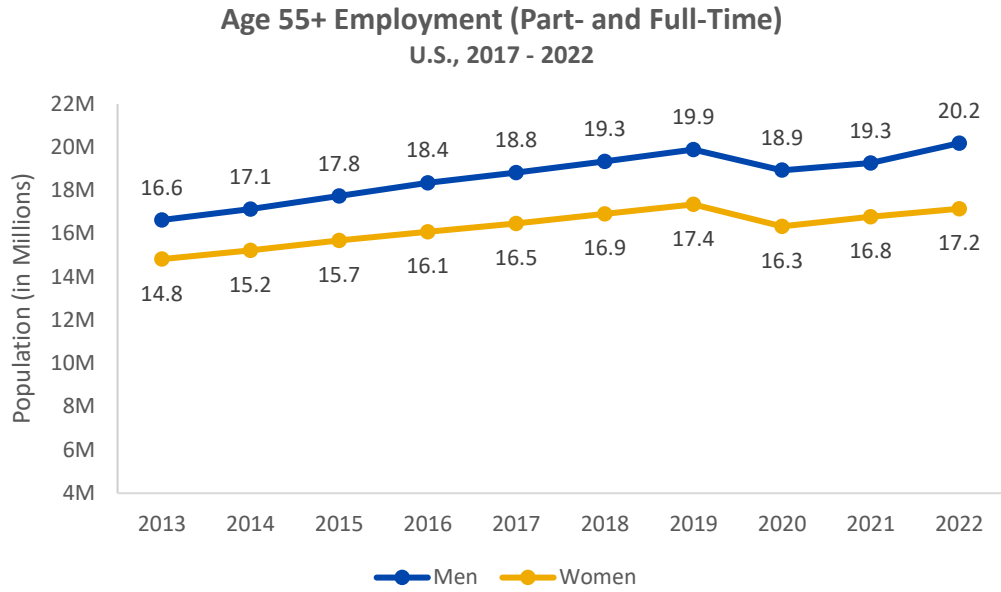
Employment (Part- and Full-Time) by Age Group and Gender
U.S., 2017 - 2022



Source: Bureau of Labor Statistics, Labor Force Statistics from the Current Population Survey, 2017–2022.

Nationally, older adults are working longer and are earning more. Since 2020 the number of adults ages 60-64 and 65+ of both genders has been steadily increasing. The employment-to-population ratio of adults aged 65+ has risen from 12 percent in the mid-1990s to 19 percent in 2018. Additionally, the average full-quarter earnings of adults 65 and older has risen at more than three percent annually since the mid-1990s, higher than any other age group.⁴⁸

⁴⁸ United States Census Bureau, [Older People Working Longer, Earning More](#), April 24, 2018,

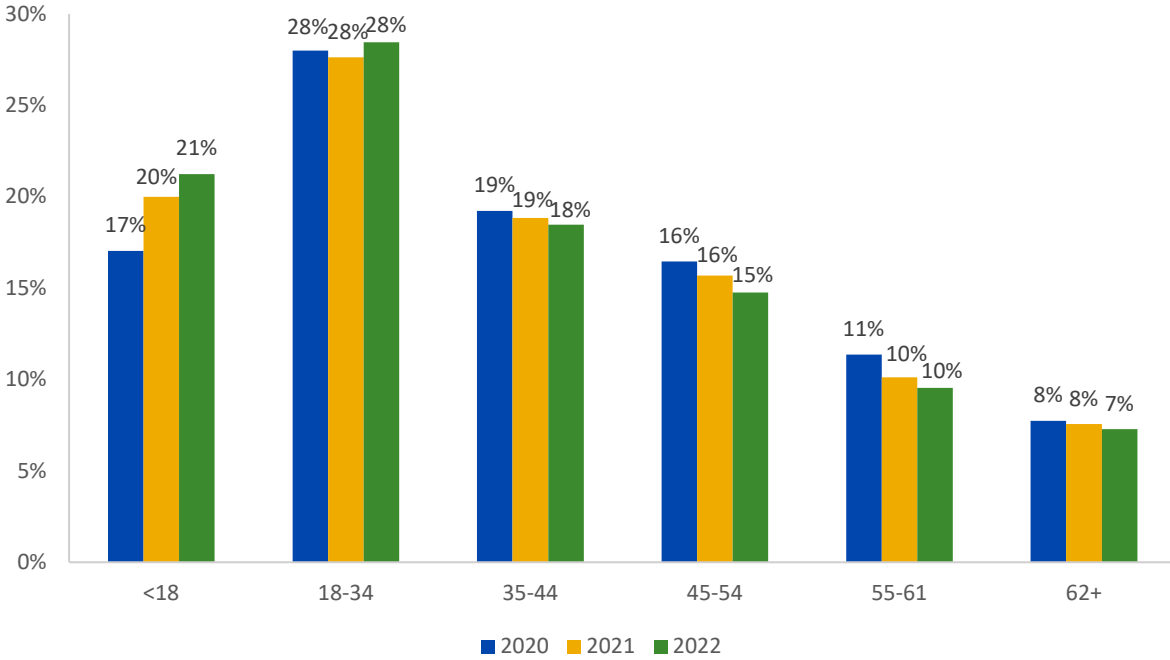


Source: Bureau of Labor Statistics, Labor Force Statistics from the Current Population Survey, 2017 - 2022.

There are growing numbers of older men and women in the workforce. Older women in the workforce are especially vulnerable to economic hardship, as they routinely take on caregiving responsibilities for other family members (typically unpaid) and can lose their income due to changes in their mobility, personal health, or access to transportation, and other support systems.⁴⁹

⁴⁹ King County, Public Health-Seattle & King County, [King County Community Health Needs Assessment](#), 2018/2019, p. 27.

Adults Using Emergency Shelters by Age Group King County, 2020–2022



Source: King County Homeless Management Information System (HMIS), Clarity, 2020–2022 [accessed 8/07/23].

Homelessness is a growing concern for families and individuals in King County, and emergency shelters attempt to address this problem by providing temporary residence. Data shows that while more people are accessing emergency shelters, the percentage of older age groups emergency shelters has stayed relatively steady between 2020–2022 .

Change in Adults Using Emergency Shelters by Age Group

King County, 2021–2022

| Age | 2021 | 2022 | Change Between 2021 and 2022 | |
|---------------------------------|--------------|---------------|---------------------------------|------------|
| | | | Number | Percent |
| 18 to 34 | 3,249 | 3,835 | 586 | 18% |
| 35 to 44 | 2,215 | 2,491 | 276 | 12% |
| 45 to 54 | 1,846 | 1,989 | 143 | 8% |
| 55 to 61 | 1,191 | 1,286 | 95 | 8% |
| 62 or above | 889 | 982 | 93 | 10% |
| Total 55+ | 2,080 | 2,268 | 188 | 9% |
| Total King County Adults | 9,390 | 10,583 | 1,193 | 13% |

Source: King County Homeless Management Information System (HMIS), Clarity, 2021 - 2022 [accessed 8/07/23].

In 2022, 1,193 more adult individuals accessed an emergency shelter than in 2021. Among the adults using emergency shelters in 2022, more than one-fifth were over the age of 55. It's important to note, however, that this data does not necessarily demonstrate the full needs of the community, but rather only the individuals who participated in the system and whose data was collected.



B-2: AAA Services and Partnerships

ADS funds more than 20 different service areas for older adults and adults with disabilities in King County. ADS invests federal, state, and local funds in services provided by a network of organizations located throughout King County. In 2022, ADS served over 49,000 older adults, adults with disabilities, and caregivers. In addition to programs directly supported by ADS, there are many other programs and services in King County. Resources can be located through Community Living Connections (ADS-funded services described below).

Adult Day Health

ADS contracts with Adult Day facilities to provide programs to meet the needs of functionally and/or cognitively impaired adults in a community-based group setting. These structured programs are comprehensive and provide a variety of health, social, and other related support services, ensuring that adults who need supervised care are in a safe place outside the home during the day. These services include:

- **Adult Day Care** programs include core services, such as personal care (eating, positioning, transferring, toileting, etc.), social services, routine health monitoring (vital signs, weight, etc.), general therapeutic activities (recreational activities, exercises, etc.), general health education (nutrition, disease management, etc.), a nutritious meal and snack, supervision, assistance with arranging transportation, and first aid as needed.
- **Adult Day Health** programs include the core services mentioned above and a skilled medical service such as skilled nursing, physical therapy, occupational therapy, speech therapy, or psychological or counseling services.

Since 2018, ADS has funded dementia adult day services provided by Washington State Department of Social and Health Services (DSHS) approved facilities following Washington Administrative Codes (WAC) [Washington Administrative Code \(WAC\) 388-71-0704](#) or [WAC 388-71-0706](#) to ensure that older adults with memory loss maintain independence. Dementia adult day programs are like Adult Day Care and Adult Day Health but include a focus on caregiver support.

WACs and Aging and Long-Term Care Administration (ALISA) regulations have not changed regarding clients attending either remotely or in person; however, most providers are having clients return to the physical site as staffing ratio allows. The programs are prioritizing their existing clients and those that

are at high risk and need adult day services. Some centers are accepting new referrals; however, not all centers have this capacity.

Some sites have had higher rates of success in returning clients to pre-pandemic attendance; however, they also are experiencing challenges with worker shortage. Some programs report that clients are not opting to return to in-person adult day services and prefer to receive remote services only. This is challenging, as in-person attendance is optimal, and it also offers the best opportunity for assessments and service delivery.

For the organizations contracted to provide Dementia Care, one organization was not able to sustain that program during the pandemic; however, it is anticipated that the funded organizations will increase client participation and return to in-person service delivery as staffing capacity allows.

Age-Friendly Communities

Age-friendly communities are places where people can grow up and grow old with ease. The World Health Organization has determined specific environmental, economic, and social factors that influence the health and well-being of older adults, including housing, transportation, outdoor spaces, communications, health and community services, education and employment, and respect and inclusion. As our global population ages, communities around the world are being encouraged to consider the needs of older adults in each of these spheres.

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 ADS, as a division of the Seattle Human Services Department, the Age Friendly team works across City departments and in the community to implement strategies to make Seattle “a great place to grow up and grow old.” The Age Friendly Seattle Action Plan is available online.⁴⁸ In 2020, the City of Renton—also part of King County—joined the AARP Network, expanding opportunities for collaboration.⁴⁹

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

Behavioral Health

Program to Encourage Active, Rewarding Lives (PEARLS)

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

⁴⁸ Strategic Plans and Annual Reports, Age Friendly Seattle, accessed 10/31/2023 at www.seattle.gov/agefriendly/about/strategic-plans-and-reports

⁴⁹ “City of Renton earns ‘Age-Friendly City’ designation from AARP and WHO” (City of Renton press release, accessed 8/24/21 at bit.ly/3kkh3Mu)

With VSHSL funding, King County’s DSHS contracts with additional community-based agencies that offer the PEARLS depression care intervention, including South Park Senior Center and Neighborhood House.

ADS contracts and planning staff host PEARLS network meetings with internal ADS staff and staff from community agencies to discuss PEARLS program dissemination in Seattle and King County. Topics include marketing and outreach strategies as well as specific training needs for PEARLS Counselors.

The PEARLS program is an outgrowth of a five-year research project conducted in collaboration with the [University of Washington's Health Promotion Research Center \(HPRC\)](#). The research study showed PEARLS home-based depression management counseling significantly reduced depression symptoms and improved health status in chronically medically ill older adults with minor depression.

Mental and behavioral health continue to be key areas of support for ADS clients. Due to the many barriers ADS clients face in accessing these services, ADS recognizes and strives to integrate its services with King County systems and providers.

Behavioral Health Consult

To clinically support care management staff with managing complex cases, ADS will create consulting agreements with psychiatrists or psychiatric nurse practitioners in 2024.

Geriatric Regional Assessment Team (GRAT)

The GRAT program, funded through a combination of VSHSL and another local tax, includes a home-visiting team of behavioral health and human services intervention experts who assess and connect older adults to crisis response or general human services. The goal is to help older adults remain in their communities and prevent avoidable institutionalization and/or harm to themselves or others. The GRAT program works in close communication with other VSHSL funded services and ADS services, in particular with the Elder Abuse Multi-Disciplinary Team⁵⁰ and Community Living Connections, to leverage a coordinated system of response to vulnerable older adults.⁵¹

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 contract directly with Asian Counseling & Referral Service (ACRS) to maintain one full-time equivalent (FTE) substance use disorder professional (SUDP).

The SUDP will serve people aged 60 or older and/or adults eligible for Medicaid Title XIX Case Management Core services. The SUDP will successfully integrate substance use disorder (SUD) treatment and expand the capacity of ACRS to evaluate and work with elderly and disabled adults with SUD issues.

Interventions generally occur within the client’s natural environment. The SUDP evaluates clients, provides ongoing counseling, refers clients to appropriate community resources, treatment, medical

⁵⁰ Vulnerable adult abuse—Prosecuting Attorney’s Office, King County, accessed 11/1/2023 at <https://kingcounty.gov/en/dept/pao/courts-jails-legal-system/victim-services-resources/victim-advocacy/vulnerable-adult-abuse>.

⁵¹ Geriatric Regional Assessment Team (GRAT), Sound Generations, accessed 11/1/2023 at <https://soundgenerations.org/our-programs/grat/>.

care, and in every case develops an individually tailored plan for each client. The SUDP uses a variety of approaches to build rapport with clients to place necessary resources in the home. In addition, the SUDP researches and develops resources, provides case staffing, and consults with mental health staff and professionals from community agencies (including the ADS & Subcontracted Agency Case Managers) on substance use issues, assessment, and care planning.

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

Brain Health

Dementia Action Collaborative

The [Dementia Action Collaborative](#) (DAC), established in 2016, is a statewide group of public-private partners committed to preparing Washington state for the growth of people with dementia. The DAC includes a range of appointed members including people with dementia, family caregivers, legislators, representatives of advocacy groups, the Aging Network, Alzheimer’s organizations, long-term care providers, health care professionals, and governmental agencies, including several Area Agencies on Aging. The mission of the DAC is to guide and support the implementation of the Washington State Plan to Address Alzheimer’s Disease and Other Dementias. The updated 2023-2028 State Plan will be posted [online](#) in November 2023.

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

Since 2018, important DAC accomplishments include the creation of the following available [online](#) tools and resources.

- **The Dementia Road Map** is a Washington state-specific “roadmap” developed to provide family caregivers with information about Alzheimer’s and dementia, and what to expect over time, to help them plan. The roadmap is available online and in print (available in English and in Spanish).
- **The Dementia Safety Information Kit** discusses safety concerns and provides resources for home safety, fall prevention, driving, wandering, emergency preparedness, and elder abuse.
- **Tips Sheets for Family and Care Partners** provides suggestions on how to handle common challenges and situations with dementia. (English and Spanish)
- **The Dementia Legal Planning Toolkit** provides information for getting free assistance with completing legal planning forms.
- **Partnering with Your Healthcare Provider: A Resource for People Living with Memory Problems and their Care Partners** provides information about the meaning and purpose of a healthcare partnership among people living with dementia, their care partners, and healthcare providers.
- **African Americans and Alzheimer’s Disease: A Call to Action for Organizations** provides information about the impact of Alzheimer’s on Black Americans and suggested actions steps organization can implement.

The Memory Hub

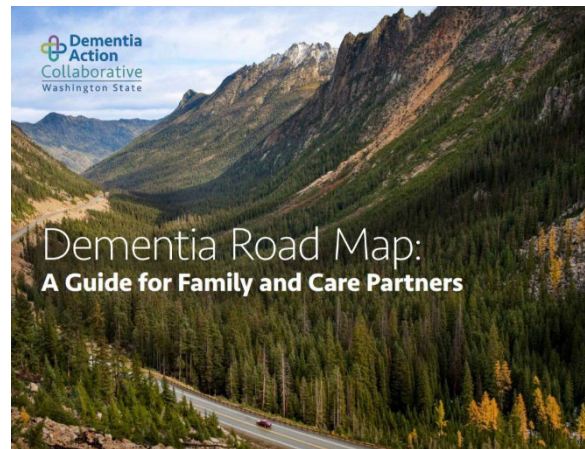
The University of Washington Memory Hub is a welcoming and vibrant community event space, collaborative workspace and training center which aims to redefine life with memory loss. It is operated by the UW Memory & Brain Wellness Center on behalf of the wider memory loss community and aligned professionals. The Hub focuses on reinforcing themes of dementia-friendly community and strength-based approaches to living with memory loss. Project goals include:

- Enhance the local community of support for people with memory loss and their families.
- Accelerate collaboration and innovation among local organizations that serve people with memory loss and their families.
- Drive statewide impact in community-based solutions for living well with memory loss.

There are five organizations, each with similar missions, that are housed in the Hub, including 1) The Memory & Brain Wellness Center; 2) The Frye Art Museum; 3) The Alzheimer’s Association; 4) Elderwise; and 5) Full Life Care. The Memory Hub offers several programs and resources, including support groups, caregiver education, creative engagement, library and resource room, an art gallery, a memory garden, the Elderwise Adult Day Program, a Memory Navigator, the ADAPT Brain & Body Wellness Program, Dementia Friends, public lectures, networking and professional- development events, Project ECHO Dementia, and the annual “Reframing Dementia” conference.

Dementia Friendly Programs and Activities

- **Alzheimer’s Cafés** offer an opportunity for people living with dementia and their friends and family to have the simple yet meaningful experience of connecting with others and enjoying a tasty treat in a community setting. This model utilizes a restaurant or café that provides a special time to especially welcome people living with dementia—with a simplified menu and staff who are aware of the customers’ special needs. These settings invite people living with dementia to maintain a place in the community, rather than becoming isolated or having to withdraw from pleasant activities.



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

- **The King County Library System** is a key collaborator in cultivating dementia-friendly communities, providing welcoming places that offer educational materials about dementia, memory care, resource information and workshops for caregivers.
- **Dealing with Dementia** is a four-hour workshop, paired with the comprehensive Dealing with Dementia guide, a detailed workbook designed to help caregivers navigate the unique challenges of caring for someone with dementia, including topics like coping with challenging behaviors and managing stress. The workshop was developed by the Rosalynn Carter Institute for Caregivers.
- **Dementia Friends** is a public awareness, anti-stigma program that works to remove the stigma people and their caregivers experience after receiving a dementia diagnosis. The program

prepares individuals to provide an hour-long educational talk in community settings. People who attend the talks become “dementia friends” and commit to positive actions on behalf of those experiencing dementia. The program was created through a partnership between the University of Washington Memory & Brain Wellness Center and the Washington State Dementia Action Collaborative, based on a model that originated in Japan.

- **Dementia Friendly Recreation**, part of Seattle Parks and Recreation’s Lifelong Recreation Program, provides meaningful recreation and social engagement opportunities (e.g., creative arts, fitness, field trips, special events, and volunteerism) for people living with memory loss and their care partners in every sector of the city. Coordinating with many community partners, some of the signature programs for Dementia Friendly Recreation are Garden Discovery Walks, the Momentia Talent Share, and Camp Momentia.
- **Momentia Seattle** is a grassroots movement that empowers people living with memory loss and their loved ones to remain connected and active. The network provides opportunities to participate in activities ranging from artwork, discussion, movement, and shared meals, music, dance, and other creative expression to nature walks and even improv theatre.

Caregiver Information and Support

Caregiver support focuses on both the individual caregiver and the system that supports the caregiver. Depending upon the fund source, services range from kinship care support for grandparents (aged 60+) caring for relatives, to support for caregivers caring for persons aged 18 and over. The Community Living Connections program model includes specialized services that focus on the needs of unpaid caregivers. This is explained further in the [Community Living Connections](#) section, below. Several VSHSL strategies are also dedicated to supporting unpaid caregivers, providing opportunities to leverage ADS administered programs and to add supports not otherwise available. Listed below are programs that support caregivers in King County.

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 care services and supports (LTSS):

- **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 available for a recipient without an unpaid caregiver.

Building Better Caregivers

Six-week online self-management workshop for families caring for veterans or veterans caring for person with dementia, memory problems, traumatic brain injury, PTSD, or other serious injuries/illnesses.

Powerful Tools for Caregivers

Six-week classes for family caregivers of adults with chronic conditions, caregivers of children with special needs, and/or grandparents raising grandchildren with special needs.

Star-C

STAR-C is an evidence-based intervention for Alzheimer’s and dementia care that helps caregivers with managing difficult behaviors associated with Alzheimer’s disease. Four one-hour in-home visits and two 15- to 30-minute phone calls are conducted over six weeks with four follow-up phone calls. The program lowers depression in caregivers and decreases problem behaviors in the person with dementia.

Kinship Care and Navigation

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

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

Greenwood Senior Center: Memory Loss Programs

Greenwood Senior Center, operated by the Phinney Neighborhood Association, offers support for individuals living with memory loss and their caregivers, including social groups, song circles, arts opportunities, and more.⁵²

Care Coordination Programs

Home and Community-Based Services—Partnership with Aging & Long-Term Services Administration

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 Aging and Long-Term Support Administration (AL TSA) determines eligibility for HCBS services through a standardized assessment tool. Eligibility is based on an individual’s functional unmet needs and Medicaid financial determination. Long-term services and supports (LTSS) are defined as the services and supports used by individuals with functional limitations and chronic illnesses who need assistance to perform daily activities such as bathing, dressing, preparing meals, and administering medications.

ADS delivers these services directly through a team of 120 case managers and through subcontracts with four community partners:

- Asian Counseling Referral Services (ACRS), Chinese Information and Service Center (CISC), and Neighborhood House provide culturally appropriate care management to King County long term services and supports clients.
- In addition, ACRS and CISC provide intake services for limited English-speaking clients who are aged 60 and over.

⁵² Greenwood Senior Center: Memory Loss Programs, Phinney Neighborhood Association, accessed 11/1/2023 at www.phinneycenter.org/gsc/memory/.

- Lifelong provides case management services in East King County.

HCBS programs include:

- **Community First Choice (CFC)** is a Medicaid entitlement state plan program for clients who would otherwise require care in a hospital, nursing facility, or other institutional settings. In addition to personal care [assistance with the Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)], 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)** is a Medicaid state waiver program that provides wraparound services to clients enrolled in the CFC state plan program. Available services include adult day services, client support training, wellness education, community supports, environmental modifications, home-delivered meals, nursing services, specialized medical equipment and supplies, and transportation.
- **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.
- **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.

Nursing-Based Services

ADS continues to see medical complex LTSS clients. As more clients are aging in place—not moving to assistive living or nursing homes for long-term care, ADS and contracted aging nursing staff are seeing client complexities that include comorbidities, behavioral health diagnosis, and substance abuse disorders, with more homeless or formerly homeless individuals requesting and receiving long-term services and support. The social isolation during the pandemic affected overall health and wellness, and the impacts continue to be seen by nursing staff. To meet the individual needs of our complex clients, diverse types of nursing services will continue to be provided.

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

or provided under State Plan skilled nursing. Skilled Nursing services must be included in the plan of care and must be within the scope of the State’s Nurse Practice Act.

Building-Based Services

The ADS Seattle Housing Authority (SHA) Care Coordination (CC) Program and subcontractor CISC provide building-based care coordination services to vulnerable older adults and adults with disabilities in 52 SHA buildings. Recognizing that many SHA communities have large numbers of residents who receive long-term care services, SHA and ADS have fostered a model that incorporates long-term care case managers into SHA communities.

Twelve case managers maintain regular building hours, provide training for building management on a variety of topics such as domestic violence, substance abuse, disability, and aging issues, and how to handle difficult client situations. In the event of a crisis, case managers work with residents to avoid escalation. Case managers also provide early intervention activities such as outreach, information and referrals, eviction prevention, client assessment, evaluation, service planning, ongoing client monitoring, and supportive counseling.

The ADS SHA CC 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.

Community Living Connections Care Coordination

Short-term case management services are available for individuals needing extensive assistance with multiple issues, and who do not have other professional advocates or social supports available to assist. This service is available to individuals regardless of income or payor. This service can support individuals before they are eligible to receive Medicaid-funded case management services. Services are provided via ADS staff as well as contracts with community partners. ADS staff serve North and South King County individuals broadly.

The African American Elders Program (hosted by Catholic Community Services of Western Washington) serves African American individuals, Chinese Information and Service Center serves individuals of Chinese descent, Deaf-Blind Service Center serves Deaf-Blind individuals, and Jewish Family Service supports East King County community members, as well as Eastern European individuals.

Community Living Connections services are described in more detail [below](#). Services can be accessed by calling (toll-free) 844-348-5464 or via www.communitylivingconnections.org.

Client Flexible Funds

The Amy Wong Client Fund are charitable funds available to ADS and Community Living Connections Care Coordination Program clients. The funds are used to purchase goods or services individually tailored enabling them to access needed services and supports in their homes and community rather than institutional settings. Funds are authorized by case managers and services are provided by ADS subcontractors and/or outside vendors.

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 AL TSA clients discharging or diverting from Western State Hospitals. As part of the services, contracted supportive housing providers would be expected to help facilitate access to, and promote collaboration amongst the participant’s wrap-around support services to stabilize the participant’s transition to the community.

Health Home Program

The Health Home Program is a partnership between the Health Care Authority (HCA), the Centers for Medicare and Medicaid Services (CMS), and DSHS. The program helps clients develop a person-centered health action plan, improve self-management of chronic conditions, and ensure care coordination and successful care transitions. Services include comprehensive care management, care coordination, health promotion, comprehensive transitional care, Individual and family support, and referral to community and social support services.

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.

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.

Community Transition

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.

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.

Care Transitions

Care Transitions (CT) is the movement of patients from one care setting to another. Sometimes these transitions are complicated, which can impact patients, their families, and their caregivers. CT services enable patients to successfully transition from hospital to homes and prevent unnecessary readmissions.

CT services generally include an assessment of an individual’s needs and goals, development of a service plan, and coordination and monitoring of service delivery. In 2023, AL TSA provided ongoing funding for one FTE. The King County landscape is complex, with five healthcare systems and 16 different

emergency departments. ADS shifted care coordination resources (OAA 3B, SCSA, General Fund) so there are staff across ADS, Neighborhood House, and Chinese Information and Service Center. Care Transitions is available to OAA eligible adults through a centralized referral.

To support the first iteration of the ADS Care Transition program in 2013, ADS collaborated with local hospitals, kidney dialysis centers, and Comagine Health to develop patient education materials for prevalent chronic conditions. Known as self-management plans, these materials include three flags—green, yellow, and red. Green flags indicate good or stable health; yellow signal caution and when to contact a health provider for further instruction; and red indicates when medical care is urgent. There are now over 30 [self-management plans available](#), with many language translations as well as low literacy versions.

Senior Mobile Medical Outreach

The VSHSL funds a mobile medical program focused on bringing services to underserved rural populations and communities of color, with emphasis on older adults who face transportation challenges that affect their ability to access routine medical care. The Senior Mobile Medical Outreach van provides convenient opportunities for older people to access medical care while participating in other VSHSL-funded and aging network services.

Community Living Connections

Community Living Connections links older adults, adults with disabilities, and their caregivers to community resource information. This network of 20 agencies located throughout King County has culturally and linguistically diverse staff who provide services to the following populations: adults with disabilities, including intellectual disabilities, deaf and hard of hearing, and deaf-blind; and communities including African American, Southeast Asian, South Asian, Pacific Islander, Central Asian, East Asian, American Indian, East European, West African, East African. By connecting these populations to resources, Community Living Connections enables people to live in a community-based setting of their choice. These agencies function as AAA focal points (see [B-3: Area Agency on Aging Focal Points](#), below).

Community Living Connections provides a continuum of supports that enable people to live in their homes and communities. [Crisis Connections](#) operates the central access point for Community Living Connections—their advocates respond to phone and online requests for information and provide referrals to available resources. If people need extra help accessing resources, or their situation is more complex than a simple referral, Community Living Connections Central Access advocates will connect them to one of the network’s contracted providers. These agencies can provide hands-on assistance to help people get the services they need.

Direct assistance includes Options Counseling, which helps people make informed decisions about long-term care supports, and Care Coordination, which is a short-term case management service for individuals needing extensive assistance with multiple issues. Flexible funds are available through the Client Flexible Fund (see [Care Coordination Programs](#), above) for the purchase of tangible goods and services for Care Coordination clients.

The Community Living Connections program model 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. Community Living Connections leverages resources available through the King County Veterans, Seniors & Human Services Levy to expand its reach to veteran caregivers and to provide alternative forms of respite to give caregivers relief.

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

Regional Coordinators play a key role in supporting this network. They are responsible for creating networking opportunities for local aging and disability service providers and other organizations that interact with older adults and people with disabilities. These gatherings include representatives from non-contracted service providers, health care, libraries, emergency medical services, housing, and community centers. Through these events, agencies learn more about community resources and local organizations that serve older adults, adults with disabilities, and their caregivers. This network of agencies and organizations, both contracted and non-contracted, increases system capacity and enables people to access information and services quickly, easily, and from organizations they trust. Network agencies may not have all the answers, but they will know who to call to help clients get the information they need.

Elder Justice Coordination and Prevention

Elder Abuse Case Management

Two 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. Since 2019, ADS has been awarded grants from the Office of Crime Victims Advocacy (OCVA) Services for Victims and Survivors: A Funding Initiative to Address Unmet Victim Service Needs. The funding was used to hire a second elder abuse case manager to serve people aged 60 and older who have experienced abuse, neglect, and/or financial exploitation. OCVA funds also created a victim services fund to help meet emergency expenses, fund a cognitive capacity evaluator and daily money manager on a consultant basis.

Elder Abuse Multi-Disciplinary Team

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

With passage of the King County Veterans, Seniors, and Human Services Levy in 2017, funding was allocated to create this vulnerable adult abuse MDT in our county. That money funds a full-time program coordinator, a full-time forensic accountant, data collection, and program evaluation. The MDT is housed in the King County Prosecuting Attorney’s Office (PAO) where ADS staff who are core members of the MDT co-locate.

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

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

Long-Term Care Ombudsman Program

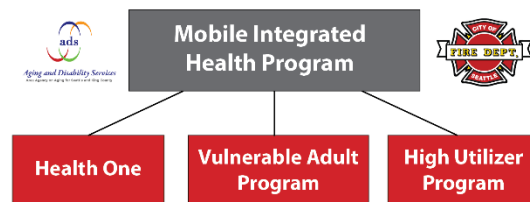
The residential Long-Term Care Ombudsman Program improves the quality of life for residents of nursing homes, congregate care facilities, boarding homes, and adult family homes. With the assistance of trained volunteers, the Ombuds investigates and resolves complaints made by or on behalf of residents and identifies problems that affect a substantial number of residents. The Ombuds may also recommend changes in federal, state, and local legislation.

Health Transformation and Partnerships

Mobile Integrated Health Program

The Mobile Integrated Health (MIH) Program⁵³ is a partnership with ADS and the Seattle Fire Department (SFD). The MIH program comprises four main activities:

1. Vulnerable Adult Program
2. High utilizer case management
3. Health One response units (Seattle Fire Department)
4. Post overdose response unit



ADS and SFD created the Vulnerable Adult Program in 2011 to improve reporting of vulnerable adults by the SFD and improve communication between departments that enforce laws and partners that provide senior services, including Seattle Police Department and Adult Protective Services. With this coordinated system, when a first responder observes evidence of abuse or neglect, they can report it online. A notification of that report is then sent to Adult Protective Services, Seattle Police Department, and ADS MIH staff. APS staff review the report and screen it in or out depending on criteria. Once screened in, an APS investigator is assigned and begins their investigation. When SPD receives the information, a dedicated elder abuse unit may begin to investigate the report. Concurrent to SPD investigation, ADS offers services or provides case management to survivors of the abuse or financial exploitation (see also [Elder Abuse Case Management](#), above).

⁵³ Health One, Seattle Fire Department, www.seattle.gov/fire/safety-and-community/mobile-integrated-health/health-one

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

Launched in 2019, Health One—SFD’s Mobile Integrated Health response unit—is designed to respond to individuals immediately in their moment of need and help them navigate medical care, mental health care, shelter and/or other social services. Health One units are staffed by a multidisciplinary team in which firefighters and case managers bring unique skills and approaches to the scene. In 2022, Health One received 2,730 referrals. Due to its success, Health One has three units deployed as of 2023.

In July 2023, the Mobile Integrated Health program piloted a post overdose response unit. This unit consists of one fire fighter and one case manager responding in real time to opioid overdoses primarily in the City of Seattle downtown core. Once the patient is revived, the team offers a trauma-informed response to connect to services, treatment, and medications for opioid use disorder.

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

HealthierHere Partnership

ADS partners with HealthierHere, a nonprofit multi-sector collaborative dedicated to advancing health equity and improving health systems in King County. ADS staff are part of the HealthierHere Governing Board and participate on committees and workgroups.⁵⁴

Health Promotion

Aging Mastery Program

The Aging Mastery Program (AMP) is a fun and engaging education and behavior change incentive program for aging well. The curriculum covers 10 topics such as healthy eating, sleep, financial fitness, advance planning, and falls prevention.⁵⁵

CAPABLE

Community Aging in Place-Advancing Better Living for Elders (CAPABLE)—an evidence-based program developed by Johns Hopkins School of Nursing—is a client-directed home-based intervention to increase mobility, functionality, and capacity to age in their community for older adults.⁵⁶ 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. Each service builds on the others by increasing the participants’ capacity to function at home. This can decrease hospitalization and nursing home stays by improving medication management, problem-solving ability, strength, balance, mobility, nutrition, and

⁵⁴ HealthierHere, accessed 10/31/2023 at www.healthierhere.org.

⁵⁵ Aging Mastery for Professionals, National Council on Aging, accessed 10/31/2023 at www.ncoa.org/professionals/health/aging-mastery.

⁵⁶ Community Aging in Place—Advancing Better Living for Elders (CAPABLE), Johns Hopkins School of Nursing, accessed 10/31/2023 at <https://nursing.jhu.edu/faculty-research/research/projects/capable/>.

home safety, while decreasing isolation, depression, and fall risk. From 2023–2024, ADS is piloting CAPABLE with ARPA funding, focusing on clients enrolled in the Medicaid LTSS program.

Health Coaches for Hypertension Control

Small group educational sessions and support for hypertension management.

Enhance®Wellness

Participants connect with personal health and wellness coach to improve physical, emotional, and social well-being. A class locator in King County is available online.⁵⁷

Falls Prevention

Multiple programs are available that support strength and balance, helping to prevent falls:

- **Enhance®Fitness** is a low-cost, evidence-based group exercise and falls prevention program for older adults that consists of one-hour classes that meet two to three times a week. Designed to be supportive, socially stimulating, and tailored to meet the cultural needs of older adults, classes are offered in person or remotely in senior centers, parks and recreation center programs, and other locations. A class locator in King County is available online.⁵⁸
- **Matter of Balance** is an eight-week group intervention with emphasis on practical coping strategies to reduce fear of falling and increase physical activity. Classes are offered at senior centers throughout King County either in person or remote.⁵⁹
- **Stay Active and Independent for Life (SAIL)** is a strength, balance, and fitness program for adults aged 65 and older. Performing exercises that improve strength, balance, and fitness is the single most important activity adults can do to stay active and reduce their chances of falling.⁶⁰
- **Tai Ji Quan: Moving for Better Balance®** is a research-based balance training regimen designed for older adults at risk of falling and people with balance disorders, developed by the Oregon Research Institute.⁶¹

Living Well with Chronic Conditions Programs

Living Well programs are a suite of evidence-based programs—Chronic Disease Self-Management Program, Diabetes Self-management Program, Chronic Pain Self-Management Program, and others—originally developed at Stanford University, now under an organization called the Self-Management Resource Center (SMRC).⁶² The six-week interactive workshops help people gain self-confidence in their ability to manage their ongoing health conditions. Classes are either community-based or virtual.

Senior Drug Education

The Senior Drug Education program utilizes pharmacists to provide education and information to low-income adults aged sixty and older on the appropriate use of medications. The training is provided 1:1 and is tailored to meet the individual needs of each person. Additionally, group training and activities

⁵⁷ Program Locator, Enhance, accessed 10/31/2023 at projectenhance.org/locations/.

⁵⁸ Ibid.

⁵⁹ Evidence-Based Program: A Matter of Balance, National Council on Aging, accessed 10/31/2023 at www.ncoa.org/article/evidence-based-program-a-matter-of-balance.

⁶⁰ Stay Active and Independent for Life (SAIL), www.sailfitness.org.

⁶¹ Tai Ji Quan: Moving for Better Balance, <https://tjqmbb.org>.

⁶² Self-Management Resource Center, <https://selfmanagementresource.com>

address the health issues of older adults, including the relationship between medication management and blood pressure control, oral health, falls prevention, diabetes management, healthy eating, and hydration. The intervention is for those individuals who have current medication problems and/or are at-risk for medication problems. The program is offered in low-income senior housing buildings.

Tomando Control De Su Salud

Interactive workshop for Spanish speakers living with one or more physical or mental health chronic conditions.⁶³

VSHSL-funded programs

A broad spectrum of evidence-based programs empowers older adults to take part in their own health and wellness. Because of a substantial investment in health promotion programs through the VSHSL, King County residents now also have access to additional health promotion programming that is rooted in self-defined wellness or that works within a particular community. The VSHSL also funds a health promotion technical assistance provider that supports programs based on community-identified practices that may have not yet been nationally implemented.

Legal Services

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

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

While these activities directly and indirectly reach older people who reside in King County, the outcomes of these activities also benefit older people across Washington state. These services supplement other civil legal fund sources, such as the King County Veterans, Seniors and Human Services Levy, and ADS works to coordinate funding and prevent unnecessary service duplication.

Minor Home Repair

Home repair programs help older adults maintain independence and remain safely in their homes for as long as possible. ADS invests in minor home repair to support older adults aging in place within the City of Seattle. The Minor Home Repair program is supported by City of Seattle Community Development Block Grant funds, and the services are provided by a private nonprofit provider.

ADS also supports the King County Repair Assistance Network, a collaborative effort of home repair and modification programs focused on improving coordination and sharing best practices. The [King County](#)

⁶³ Tomando Control de su Salud, Centers for Disease Control and Prevention, accessed 10/31/2023 at www.cdc.gov/arthritis/interventions/programs/tomando.htm.

[Housing Repair Service](#), using VSHSL funds to leverage CDBG funding, provides home repairs to low-income homeowners and special needs renters across the county.

Nutrition

The Senior Nutrition Program is authorized under Title III C of the OAA to improve the health and well-being of older adults by providing them with nutritious meals, opportunities for social engagement, and access to other services. In King County, state and local funds, including funding from a specific strategy in the VSHSL, are also used to offer our suite of nutrition services to compliment and augment options to meet the nutrition needs of older adults:

Congregate Meals

Congregate meals help meet the social and dietary needs of older people by providing nutritionally sound and culturally nuanced meals in a group setting. Congregate meals are provided at over 50 meal sites through 13 contracts in King County. Meal sites serve the African American, Asian, East African, Pacific Islander 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. The variety of meal sites reflects the diversity of King County residents. Offering “more than a meal,” meal sites provide activities, connection to other services and resources, and a space for older people to socialize, form and maintain relationships, with others in their community.

Home Delivered Meals

Home Delivered Meals serves people that cannot attend in person dining services. Home Delivered Meals are provided throughout King County and offers an array of options including medically tailored and culturally nuanced meals developed in collaboration with the Asian, Hispanic/Latinx, and East African communities. Choices include gluten-free/dairy-free, no beef or pork, no fish, no nuts, easy digestion, dialysis care, vegetarian, vegan, low sodium, and kosher. Program participants are assessed in their homes at least annually and referred to other social services and resources, as appropriate.

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.

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 support 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 Centers

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

that support operations at 14 nonprofit senior centers in Seattle. In other parts of the county, ADS relies on King County and/or local municipalities to support senior center operations. 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 Hubs Learning Collaborative⁶⁴, made up of 39 senior centers, including those that also receive funding from the City of Seattle.

OAA funds support many programs and services delivered at those senior centers (e.g., congregate meals, health promotion, and transportation to senior congregate meal programs). As a condition of receiving VSHSL funding, senior centers are required to participate in learning collaboratives and Community Living Connections networking that are supported by ADS and our partners.

Transportation

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

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

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

Workforce Development

The growth of older adult population has created a shortage of health care workers, particularly primary care providers, to meet the health care needs of this massive demographic across the United States. The Northwest Geriatrics Workforce Enhancement Center (NWGWEC) was established at the University of Washington's School of Medicine to lead the Pacific Northwest in optimizing primary care of older adults through collaborative education, trainee and client engagement, and community-clinical linkages.⁶⁵

The Pacific Northwest primary care network includes Washington, Wyoming, Alaska, Montana, Idaho, and the Department of Veterans Affairs. The NWGWEC delivers monthly Project ECHO-Geriatrics session where expert panelists share knowledge in virtual teleconferences and primary care professions trainees can increase capacity to care for older patients in Washington. The NWGWEC also offers a series of recorded online geriatrics education lectures on age- and dementia-friendly care to primary care

⁶⁴ Senior Hubs, King County, accessed 11/1/2023 at <https://kingcounty.gov/en/legacy/depts/community-human-services/adult-services/older-adults-caregivers/senior-hubs>.

⁶⁵ Northwest Geriatrics Workforce Enhancement Center, University of Washington, accessed 10/31/2023 at www.nwgewec.org.

providers and health professions trainees across the northwest where most geographic area is rural and medically underserved.

NWGWEC partnered with ADS, the Area Agency on Aging and Disabilities of Southwest Washington, and the Aging and Long-Term Care of Southeast Washington to continue the Primary Care Liaison (PCL) position to “bridge” or link between community and primary care. This role serves as an expertise on local aging resources and is a point of contact for healthcare teams. The PCL engages healthcare teams to raise awareness of the aging services network—where services are accessible and available to meet their patient needs—and providers can refer their patients. This collaboration helps connect patients, families, and their caregivers to community-based programs.

In addition to conducting clinics outreach and education, the PCL provides ongoing support to develop and maintain cross-system relationships. The PCL is an integral part of the local aging and health related initiatives, such as the Care Transitions, Medicaid Transformation, and the Washington Dementia Action Collaborative. Note reference in the [Brain Health](#) section, above.

The PCL also coordinates an AAA-based practicum for four Geriatric Medicine Fellows from the UW School of Medicine and five Advanced Practice Nurse Trainees from the UW School of Nursing. The practicum is another opportunity to bridge the clinic-community gap by educating them about programs that address the social determinants of health needs of older adults and caregivers. The experiential learning opportunities help increase their understanding of AAA role, its core services, and community-based programs in ensuring age-friendly care. The fellows and nurse trainees receive a series of educational materials and first-hand experiences with ADS staff and the Aging Network providers. The practicum experience prepares them to introduce a wide range of long-term services and supports to patients and families.

Looking forward, the draft implementation plan for the newly renewed VSHSL (as submitted to the King County Council) includes a strategy to support workforce development, including the intention for King County to partner with ADS to address workforce issues that affect the aging network of care.

B-3: Area Agency on Aging Focal Points

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

| Organization | Site Name | Address | Phone Number | Language/Community |
|---|---------------------------|---------------------------------------|--------------|--|
| Asian Counseling and Referral Service | Center Park | 2121 26th Avenue South | 206-695-7584 | Korean |
| Asian Counseling and Referral Service | Club Bamboo | 3639 MLK Jr Way S | 20-695-7600 | Japanese, Vietnamese, Mandarin, Korean, Nepali |
| Asian Counseling and Referral Service | Garfield Community Center | 2323 East Cherry St. | 206-695-2407 | Vietnamese |
| Asian Counseling and Referral Service | Kawabe House | 221 18th Avenue South | 206-695-7556 | Japanese |
| Asian Counseling and Referral Service | Main Office | 3639 Martin Luther King Jr. Way South | 206-695-7600 | Cambodian/Khmer, Japanese, Korean, Tagalog, Ilocano, Vietnamese, Cantonese, Mandarin, Nepali, Hindi, Punjabi, Urdu |
| Asian Counseling and Referral Service | Miller Community Center | 330 19th Avenue East | 206-695-7584 | Korean |
| Asian Counseling and Referral Service | Wisteria Manor | 1400 South Main Street | 206-695-7556 | Japanese |
| Asian Counseling and Referral Service | Pike Place Senior Center | 85 Pike Street, Suite 200 | 206-728-2773 | Cantonese, Mandarin, Vietnamese, Spanish |
| Asian Counseling and Referral Service | Pike Place Food Bank | 1531 Western Avenue | 206-774-2471 | Mandarin, Cantonese |
| Asian Counseling and Referral Service | ACRS Kent Office | 25720 104th Avenue SE | 206-695-5969 | Nepali, Punjabi, Hindi, Urdu, Bhutanese |
| Catholic Community Services of Western WA - | Main Office | 100 23rd Ave So | 206-328-5639 | African American |

| Organization | Site Name | Address | Phone Number | Language/Community |
|---|--|------------------------------|--------------|---|
| African American Elders Program | | | | |
| Chinese Information and Service Center | Issaquah Library | 10 W Sunset Way | 425-515-9249 | Cantonese, Mandarin |
| Chinese Information and Service Center | Renton Office | 725 Powell Ave SW | 206-957-8539 | Cantonese, Mandarin |
| Chinese Information and Service Center | Lake City Community Center/Lamb of God Lutheran Church | 12509 27th Ave NE | 206-354-8024 | Cantonese, Mandarin |
| Chinese Information and Service Center | Seattle Main Office | 611 South Lane Street | 206-816-4881 | Cantonese, Mandarin, Toishanese |
| Chinese Information and Service Center | North Bellevue Community Center | 4063 148th Avenue NE | 206-816-4881 | Cantonese, Mandarin |
| Chinese Information and Service Center | Together Center | 16305 NE 87th St., Suite 123 | 206-957-8539 | Cantonese, Mandarin |
| Chinese Information and Service Center | Redmond City Hall | 15607 NE 85th St | 425-515-9249 | Cantonese, Mandarin |
| Chinese Information and Service Center | Crossroad Bellevue Mini City Hall | 15600 NE 8th | 425-515-9249 | Cantonese, Mandarin |
| DeafBlind Service Center | Main Office | 1620 18th Avenue, Suite 200 | 206-323-9178 | Deaf-Blind, American Sign Language, Tactile Signing |
| GenPride | GenPRIDE Center | 401 Broadway E, #223 | 206-393-3400 | LGBTQIA+ |
| Hearing, Speech, and Deaf Center | Seattle Office | 1625 19th Avenue | 206-452-7953 | Hard of Hearing, Deaf, American Sign Language |
| Hopelink Mobility Management | Bellevue Office | 14812 Main Street | 425-943-6760 | Transportation Solutions |
| India Association of Western Washington | North Bellevue Community Center | 4063 148th Ave NE | 425-829-5544 | Indian American/South Asians |

| Organization | Site Name | Address | Phone Number | Language/Community |
|---|----------------------------------|---|--------------|--|
| | | Bellevue WA 98007 | | |
| India Association of Western Washington | Redmond Senior Center | 8703 160th Ave NE Redmond WA 98052 | 206 601 4132 | Indian American/South Asians |
| India Association of Western Washington | Issaquah Senior Center | 75 NE Creek Way Issaquah WA 98027 | 206 601 4132 | Indian American/South Asians |
| India Association of Western Washington | Beaver Lake Lodge | 25101 SE 24th St Sammamish WA 98075 | 206 601 4132 | Indian American/South Asians |
| India Association of Western Washington | Northshore Senior Center | 10201 E Riverside Dr Bothell WA 98011 | 206 601 4132 | Indian American/South Asians |
| India Association of Western Washington | Kent Senior Activity Center | 600 E Smith Road Kent WA 98030 | 425-829-5544 | Indian American/South Asians |
| Jewish Family Service | Redmond Office | 16305 NE 87th St. | 206-461-3240 | Russian, Ukrainian, Hebrew, Oromo, Swahili |
| Jewish Family Service | Seattle Office | 1601 16th Avenue | 206-461-3240 | Russian, Ukrainian, Hebrew, Oromo, Swahili |
| Korean Women's Association | KWA Federal Way(Senior City Apt) | 31635 23rd Ave. S. #A | 253-946-1995 | Korean |
| Neighborhood House | Birch Creek | 13111 SE 274th Street, Suite 226 | 253-277-1667 | Arabic, Cambodian/Khmer, Russian, Spanish, Somali, Ukrainian, Vietnamese |
| Neighborhood House | Golden Pines | 2901 NE 10th Street | 425-496-8220 | Arabic, Cambodian/Khmer, Russian, Spanish, Somali, Ukrainian, Vietnamese |
| Neighborhood House | High Point | 6400 Sylvan Way SW | 206-588-4900 | Arabic, Cambodian/Khmer, Russian, Spanish, Somali, Ukrainian, Vietnamese |
| Neighborhood House | Rainier Vista | 4410 29th Ave S | 206-461-4568 | Arabic, Cambodian/Khmer, Russian, Spanish, Somali, Ukrainian, Vietnamese |

| Organization | Site Name | Address | Phone Number | Language/Community |
|---------------------------------------|-------------------------------|--------------------------------|--------------|---|
| Neighborhood House | Wiley Center | 9800 8th Ave SW | 206-461-4554 | Arabic, Cambodian/Khmer, Russian, Spanish, Somali, Ukrainian, Vietnamese |
| Neighborhood House | Raven Terrace at Yesler | 820 Yesler Way | 206-461-4522 | Arabic, Cambodian/Khmer, Russian, Spanish, Somali, Ukrainian, Vietnamese |
| Neighborhood House | New Holly | 7058 32nd Ave S Suite 201 | 206-760-9330 | Arabic, Cambodian/Khmer, Russian, Spanish, Somali, Ukrainian, Vietnamese |
| Open Doors for Multicultural Families | Main Office | 24437 Russell Road, Suite #110 | 253-216-4479 | Cambodian, Korean, Mandarin, Somali, Arabic Spanish, Amharic, Tigrinya. People with intellectual/developmental disability |
| Pike Market Senior Center | Pike Place Market | 85 Pike Street, Suite 200 | 206-728-2773 | Homeless |
| Sea Mar Community Health Centers | Auburn Senior Activity Center | 808 9th St SE | 206-764-4700 | Spanish |
| Sea Mar Community Health Centers | Ballard NW Senior Center | 5429 32nd Ave NW | 206-764-4700 | Spanish |
| Sea Mar Community Health Centers | Bellevue Community Center | 4063 148th Avenue NE | 206-764-4700 | Spanish |
| Sea Mar Community Health Centers | Burien Community Center | 14700 6th Ave SW | 206-764-4700 | Spanish |
| Sea Mar Community Health Centers | Des Moines Activity Center | 2045 S 216th Street | 206-764-4700 | Spanish |
| Sea Mar Community Health Centers | Federal Way Community Center | 876 S 333rd Street | 206-764-4700 | Spanish |
| Sea Mar Community Health Centers | Lake City Community Center | 12531 28th Avenue NE | 206-764-4700 | Spanish |

| Organization | Site Name | Address | Phone Number | Language/Community |
|----------------------------------|-------------------------------|-----------------------------|--------------|--------------------|
| Sea Mar Community Health Centers | Peter Kirk Community Center | 352 Kirkland Avenue | 206-764-4700 | Spanish |
| Sea Mar Community Health Centers | Sea Mar Dental Building | 8915 14th Ave S | 206-764-4700 | Spanish |
| Sea Mar Community Health Centers | Sea Tac Community Center | 13735 24th Avenue S | 206-764-4700 | Spanish |
| Sea Mar Community Health Centers | Tukwila Community Center | 12424 42nd Ave S | 206-764-4700 | Spanish |
| Sea Mar Community Health Centers | Senior Center of West Seattle | 4217 SW Oregon St | 206-764-4700 | Spanish |
| Sound Generations | Together Center | 16305 NE 87th St, Suite 110 | 206-208-9590 | |
| Sound Generations | Main Office | 2208 2nd Avenue, Suite 100 | 206-448-3110 | |



Section C – Issue Areas

C-1: Support Healthy Aging

Healthy aging includes the ability to grow older while maintaining a high quality of life. For many people, this means staying active in the communities and activities they enjoy, retaining independence, and avoiding painful and costly medical issues. ADS aims to support older adults in these pursuits, and we have several tools to help us do so. As advocates, we can change policies; as funders, we can drive programming; and as connectors, we can ensure older adults know about and can access the many resources available to them.

The aging experience is impacted by the environments that surround us and the support and services we can access. For example, a home designed for accessibility can enable someone to age in place and 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. Easy access to preventive health services encourages routine screenings and medication adherence that can prevent more serious health conditions, and timely access to mental health resources can support positive behavioral changes for long-lasting benefits. 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. Limited access to services can result in untreated physical and mental health conditions, more falls, and difficulty performing daily tasks that make independent living possible.

We listened to community members across King County who pointed to several factors hindering healthy aging today. Housing and transportation emerged as priority issues; in particular, the affordability and accessibility of homes was a concern, as was the availability of public transportation in rural areas. The desire for more social connection was also repeatedly voiced. People expressed fear of socializing post-pandemic, lack of opportunities for engagement, and physical challenges that prevented participation. People also shared the specific need to offer more support to caregivers, many of whom are older adults themselves. In rural communities, we heard that access to health services is a challenge and there is a growing need for mental and behavioral health services especially. Additionally, older adults shared that digital skills and tools are increasingly required to perform everyday activities, and

there are digital equity gaps that need attention. This input aligns with data that underscores these issues as growing challenges (see [Internet Access](#) in B-1, above).

Additionally, the ADS planning team identified the importance of considering environmental sustainability in our programming. Our climate is changing, and older adults are especially vulnerable to the impacts of this. Given our role in the aging ecosystem, we have an opportunity to help drive this conversation and implement best practices where possible.

Housing

King County is in the midst of a sustained housing crisis—more than 20 percent of older adults are severely cost burdened, paying more than 50 percent of their income on rent, which leaves little money for transportation, food, and healthcare. Black and Indigenous households of all ages face greater work and housing discrimination that results in paying more money for housing than any other racial groups. Without the ability to save for a rainy day, one health care bill, car repair need, or employment gap could force a household into homelessness.⁶⁶

Many people have moved outside the urban core of Seattle in search of more affordable housing options, leaving communities and resources behind.⁶⁷ Rising housing costs disproportionately strain older adults who live on fixed incomes, and the competition is compounded by limited housing options that accommodate accessibility needs. As people live longer, many age into and live with disabilities for more years. The most recent data for King County indicates that 27 percent of people aged 65–74 live with a hearing, vision, ambulatory, or cognitive disability, while 43 percent of those 75+ do.⁶⁸ Growing the availability of housing options that meet accessibility needs is an increasingly urgent priority as our population continues to age.

In addition to benefitting all people, built environments that prioritize accessibility can help advance racial and social equity in our region because disabilities are experienced unequally. For example, people of color, renters, and people with lower incomes are more likely to experience disabilities than White people of the same age, homeowners, and those with higher incomes (in King County, 27 percent of Black people reported living with a disability while 19 percent of White people did). LGBTQ people are also more likely to have a disability (in King County, 27 percent of LGBTQ people reported a disability while 17 percent of heterosexual people did).

People of color have also faced historical barriers to home ownership and are therefore more likely to be renters. In 1960, the homeownership rate for Black families in King County stood at 46 percent, increasing slightly to 48 percent in 1970. Since 1970, this rate has steadily declined, accelerating since 2000 and plummeting to a mere 27 percent in the past two decades. This represents less than half the homeownership rate of White families, which currently stands at 62 percent. Therefore, it is especially

⁶⁶ King County Housing Affordability and Housing Cost Burden, Regional Affordable Housing Task Force, accessed 7/31/2023 at www.kingcounty.gov/~media/initiatives/affordablehousing/documents/Meetings/rah-posters-FINAL-PRINT.ashx

⁶⁷ Disability (adults), King County (average: 2017–2021), Behavioral Risk Factor Surveillance System, accessed 8/2/2023 at www.kingcounty.gov/depts/health/data/community-health-indicators/behavioral-risk-factor-surveillance-system.aspx

⁶⁸ Ibid.

important to address renters’ needs to effectively serve Black, Indigenous, and other people of color (BIPOC) and low-income older adults.

Homeownership by race in King County 1960-2018

(trend line follows Black ownership percentage)



Source: Racial Restrictive Covenants Project, Washington State, University of Washington, https://depts.washington.edu/covenants/homeownership_king.shtml

Disparities persist even among homeowners. The homes that are owned by Black, Indigenous, and Latino families in King County tend to have lower values compared to those owned by Whites. According to the 2018 census report, Black-owned properties had a median value of \$440,000, just 73 percent of the median value (\$599,000) of homes owned by Whites (and in fact, since 1960, Black-owned homes have consistently held substantially lower values). Families with appreciating home values can leverage home equity to make modifications or repairs necessary to age safely at home and avoid costly moves away from community support or sell a full-valued home in exchange for another or disperse housing assets through inheritance. These homeowner advantages do not apply to most Black, Indigenous, and Latino families in King County.⁶⁹

Transportation

Transportation access is also critical for remaining independent. Many older adults choose to stop driving due to vision or mobility loss, medications that interfere with functions needed for driving, cognitive decline, financial stress, and other reasons. Public transportation is necessary to get to work, medical appointments, social outings, and shopping. Many people already utilize public transportation

⁶⁹ Homeownership by race 1960–2020 - King County, Racial Restrictive Covenants Project, Washington State, University of Washington and Eastern Washington University, accessed 7/31/2023 at depts.washington.edu/covenants/homeownership_king.shtml.

options, with people of color, people with disabilities, and people with lower incomes more likely to rely on and use public transit like King County Metro.⁷⁰

Forty percent of people with disabilities and 16 percent of people 55+ report using King County Metro for all or most of their transportation needs, while between 45 percent to 52 percent of King County Metro riders each quarter are aged 55+. ⁷¹ While urban areas like Seattle are relatively well served by transit networks, transportation in rural parts of the County remains a challenge and can represent a larger portion of a household's monthly costs. In North Bend, for example, people spend an average of 19 percent of their income on transportation, and only one percent are transit riders. Furthermore, people of color experience different safety concerns based on racial prejudice when accessing public transit than White people. For example, many Black people face fear of racial harassment while travelling, both from police officers but also from transportation staff and members of the public.⁷² For many older immigrants and refugees, language barriers pose a challenge: reports reveal a significant gap in knowledge among non-English speakers about the availability of transportation options.⁷³

Strengthening transportation options in rural areas—especially as more and more lower income people have moved away from cities in search of more affordable housing⁷⁴—will support reliable access to jobs, healthcare, and food. Transportation options that promote safe and inclusive environments are especially important and will help enable all people to live independently for longer, access medical and other care, and stay socially connected.

Community Connection

The COVID-19 pandemic underscored and exacerbated the existing need for social connectivity. While people of all ages suffer from social isolation, older adults are uniquely at risk due to mobility challenges and age-related health concerns, as well as the loss of spouses, friends, and social networks. Social isolation often leads to loneliness, which research increasingly indicates is a driver of poor health outcomes, including memory loss and dementia. Research has also shown that some people are especially vulnerable to social isolation ⁷⁵, including immigrant and LGBTQAI+ older adults who may face language barriers, stigma, and discrimination. Approximately 13 percent of people over age 65 in King

⁷⁰ 2021 Rider and Non Rider Survey, Full Year Summary Report, King County Metro Transit, May 2022, accessed 7/31/2023 at www.kingcounty.gov/~media/depts/metro/accountability/reports/2021/2021-rider-non-rider-survey-final.pdf

⁷¹ Ibid.

⁷² Safety for All, July 2021, TransitCenter, accessed 8/1/2023 at transitcenter.org/wp-content/uploads/2021/07/SafetyForAll.pdf

⁷³ King County Mobility Coalition Community Transportation Needs Assessment, King County Mobility Coalition, 2021, accessed 7/31/2023 at <https://irp-cdn.multiscreensite.com/c86a044e/files/uploaded/KCMC%20Community%20Transportation%20Needs%20Assessment.pdf>

⁷⁴ Ibid.

⁷⁵ Loneliness and Social Isolation Linked to Serious Health Conditions, Centers for Disease Control and Prevention, accessed 7/31/2021 at www.cdc.gov/aging/publications/features/lonely-older-adults.html

County have limited English proficiency⁷⁶ and, as King County grows increasingly diverse, it will be important to address social connectivity in ways that are culturally relevant and linguistically inclusive.

The U.S. Surgeon General issued an advisory in May 2023 calling on the public to recognize loneliness and isolation as urgent public health issues.⁷⁷ As the report highlights, a range of factors influence our ability to stay connected: the houses and neighborhoods we live in, the transportation systems we have access to, our workplaces, and even our digital environments. Most issues addressed in this Area Plan have some effect on older adults' ability to stay socially connected, and this section highlights a few specific approaches.

According to the National Core Indicators Aging and Disabilities Adult Consumer Survey^{78, 79, 80}, less than half (45 percent) of those surveyed in Washington were as active in their community as they would like to be, and only 58 percent said they get to do things they enjoy outside their home as often as they would like. ADS has previously invested in programs aimed at reducing loneliness amongst older adults, including Stay Connected⁸¹ and other efforts during the pandemic ranging from distribution of robotic pets to digital skills coaching and more. We anticipate continuing to invest in these types of interventions.

Improving digital equity is another tactic for keeping people connected. For many years, technology has become a part of our daily lives. The COVID-19 pandemic accelerated a transition to virtual spaces, and daily living now requires broadband (high-speed Internet), devices, and digital know-how. This includes online banking, tele-health visits, transportation booking, and conversations with friends and family.

Unfortunately, many older adults have struggled to keep up with the digital skills and tools necessary to conduct these basic activities. Older adults are less likely to have broadband, and while most older adults in Seattle do have at least one device used for accessing Internet, lack of skills and comfort may prevent people from using these devices: on a scale of 0–120, people 60–69 reported an average comfort level of 90, those 70–79 reported a score of 81, and those 80+ reported a score of 48. Comfort

⁷⁶ Limited English proficiency (age 5+), King County (average: 2017–2021), American Community Survey, accessed 7/31/2023 at www.kingcounty.gov/depts/health/data/community-health-indicators/american-community-survey.aspx

⁷⁷ Our Epidemic of Loneliness and Isolation 2023, The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community, accessed 7/31/2023 at www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf

⁷⁸ National Core Indicators, Aging and Disabilities Adult Consumer Survey, 2018–2019 Washington Results, Human Services Research Institute, Advancing States, Washington State Department of Social and Health Services, accessed 7/31/2023 at nci-ad.org/upload/state-reports/WA_2018-2019_NCI-AD_state_report_FINAL.pdf

⁷⁹ Social Isolation in Washington State, Department of Social and Health Services, Aging and Long-Term Support Administration, Home and Community Services; Washington State Department of Health; Washington Association of Area Agencies on Aging; et al., accessed 7/31/2023 at www.dshs.wa.gov/sites/default/files/ALISA/stakeholders/documents/socialisolation/HCS_IsolationPaper_UPDATE_D_5.7.2021.pdf

⁸⁰ COVID-19 Era Social Isolation among Older Adults, MacLeod S, Tkatch R, et al, *Geriatrics*, 2021 May 18, accessed 7/31/2023 at www.ncbi.nlm.nih.gov/pmc/articles/PMC8162327/pdf/geriatrics-06-00052.pdf

⁸¹ Stay Connected: A Pilot Intervention to Promote Mental health Among Isolated Older Adults, Patric J. Raue, et al., University of Washington, accessed 7/31/2023 at www.aagponline.org/wp-content/uploads/2023/03/AAGP-2023.Raue-1.pdf

level decreases with age, and 28 percent of those 80+ share that they don't know how to use the Internet.^{82,83} This has far-reaching consequences: tech-savvy older adults are less likely to become victims of online fraud and scams and are more able to take advantage of assistive technologies, leaving people without digital access more vulnerable and isolated.

A third approach to fostering connection is congregate dining. Eating with others has benefits such as being happier and more satisfied with life.⁸⁴ Nutrition programs can provide healthy meals and an opportunity for older people to engage with others, offering “more than a meal.” Congregate meal programs closed at the onset of the pandemic and providers quickly pivoted to offering meal delivery and to-go meals. Although participants received nutritious meals, they lost social connections with their peers. This was especially challenging for those that spoke another language who became very isolated when it was unsafe to congregate.

While COVID-19 created an urgent need to address social isolation, it is clear this issue requires ongoing attention. During community listening sessions, older adults shared the challenges they faced when trying to connect with others, from limited mobility to fear of illness to lack of social engagement opportunities. In the coming years, ADS hopes to continue investing in a range of efforts to address isolation.

Dementia Friendly Communities

A dementia-friendly community is one where people living with memory loss fully belong and where people living with dementia and their care partners can engage and be supported in a variety of activities. In a dementia-friendly community, everyone works together to create a dementia-friendly culture.⁸⁵ The Puget Sound region is home to a variety of dementia-friendly activities offered by a growing number of community members and organizations. See [Brain Health](#) in Section B-2 for more information about dementia friendly programs in King County.

Dementia is a general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life. Alzheimer's is the most common cause of dementia.—[Alzheimer's Association](#)

Dementia is an umbrella term for several neurological conditions that include decline in brain function.

Alzheimer's disease and related dementias (ARD) are a group of illnesses characterized by progressive cognitive decline, memory loss, and deterioration of other executive functions and activities of daily living. Although advanced age is the most significant risk factor for ARD, Alzheimer's is not a normal

⁸² 2020 Broadband Access Study, King County Information Technology, accessed 8/2/2023 at www.kingcounty.gov/depts/it/services/cable-communications/broadband-access-study.aspx

⁸³ Technology Access and Adoption Study, Seattle Information Technology, accessed 8/1/2023 at www.seattle.gov/tech/initiatives/digital-equity/technology-access-and-adoption-study

⁸⁴ Breaking Bread: The Functions of Social Eating, R. I. M. Dunbar, Adaptive Human Behavior and Physiology, 2017, accessed 7/31/2023 at link.springer.com/article/10.1007/s40750-017-0061-4

⁸⁵ Dementia Friendly America, accessed 9/10/19 at www.dfamerica.org.

part of aging.⁸⁶ Dementia is caused by the death of brain cells in the region of the brain that is responsible for thoughts, memories, actions, and personality. There are many diseases that may cause dementia, including head injury, tumors, and infections, which are treatable. Most disorders associated with dementia are progressive, degenerative, and irreversible, including Alzheimer’s disease, vascular dementia, dementia with Lewy bodies.⁸⁷

Currently, 6.5 million people in the United States are living with ADRD. This number is expected to reach 12.7 million by 2050.⁸⁸ In 2020, the number of people living with dementia, including Alzheimer’s disease, in Washington state was estimated at 125,116.⁸⁹ Data forecasts from the Washington State Plan to Address Alzheimer’s Disease and Other Dementias show that we can expect this to double by 2040, with 270,028 people aged 65 and older projected to have a form of dementia.

Alzheimer’s is the third leading cause of death in King County and the number of older adults with dementia is projected to increase steadily, along with the growth of the overall older adult population. Older adults of color are disproportionately affected. The Alzheimer’s death rate among King County adults aged 75 and older is higher for Black, American Indian/Alaska Native, and Latinx people.⁹⁰ Older adults who identify as lesbian, gay, bisexual, transgender, and queer (LGBTQ) are also disproportionately impacted by Alzheimer’s and other dementias. Researchers estimate that there are 2.7 million LGBTQ people over the age of 50, and that number is also rapidly increasing as the baby boomers age. LGBTQ older adults experience many health disparities, including ADRD, and are also more likely to experience high levels of social isolation and stigmatization as they age, making it difficult to find support.⁹¹ These disparities are unacceptable and demand attention, especially as our aging population becomes increasingly diverse.

⁸⁶ A Practical Guide: Communicating Brain Health Messages with Latino and African American Communities, UsAgainstAlzheimer’s Center for Brain Health Equity, accessed 10/31/2023 at www.usagainstalzhimers.org/sites/default/files/2022-04/BrainHealthEquity_PracticalGuide_Final_Digital.pdf

⁸⁷ Causes of dementia, Dementia.com, accessed 8/14/19 at www.dementia.com/causes.html.

⁸⁸ 2023 Alzheimer’s Disease facts and figures. Alzheimer’s Dement. 2022;17(3); accessed 11/1/2023 at www.alz.org/media/documents/alzheimers-facts-and-figures.pdf.

⁸⁹ Washington State Plan to Address Alzheimer’s Disease and Other Dementias 2023–2028, accessed 10/31/2023 at www.dshs.wa.gov/sites/default/files/AL TSA/stakeholders/documents/AD/Washington%20State%20Plan%20to%20Address%20Alzheimer’s%20Disease%20and%20Other%20Dementias%202023-28.pdf.

⁹⁰ Death certificate data, Washington State Department of Health, Center for Health Statistics, accessed 10/31/2023 at <https://doh.wa.gov/data-and-statistical-reports/health-statistics/death>.

⁹¹ Issue Brief: LGBT and Dementia, SAGE & Alzheimer’s Association, 2018, accessed 10/31/2023 at www.sageusa.org/resource-posts/issues-brief-lgbt-and-dementia

Access to Health Care and Other Services

Staying healthy requires access to affordable quality care and services. Unfortunately, many older adults in rural areas of King County face limited options for health care services, including mental and behavioral care.^{92, 93}

Strengthening transportation options will support older adults' access to care, and increased subsidies and coordination will be needed to meet the demand of our aging population.^{94, 95} Similarly, expanding opportunities for social connection will help improve health outcomes, but some people require additional support services. Compounding behavioral health issues are substance use disorders, which are on the rise. King County is seeing a surge in deaths due to overdoses: in 2022, fatal overdoses rose by over 550 percent over the previous four years, and 41 percent since 2021.⁹⁶ With increasing medical and mental health complexities, additional support is needed from care managers, community-based agencies, and other medical professionals.

BIPOC and older adults in rural areas currently face worse health outcomes than White people in our urban areas.⁹⁷ For example, the percentage of people aged 60+ experiencing chronic conditions in King County is higher for Indigenous people (at 83 percent) than Whites (64

The chronic stress that accumulates over a lifetime for Black individuals results from generational and lifetime experiences of racial discrimination. ... These pervasive and daily systemic disadvantages disproportionately impact the health, social, mental, as well as economic opportunities and resources for Black communities and takes a toll on the body.

—[The Race Gap, Public Health—Seattle & King County](#)

⁹² Behavioral Health Needs and Services in King County, WA: March–May 2020, Public Health—Seattle & King County, 7/15/2020, accessed 8/1/2023 at www.kingcounty.gov/depts/health/covid-19/data/impacts/~media/depts/health/communicable-diseases/documents/C19/report-behavioral-health-needs.ashx

⁹³ Health Care Access in King County WA, March 2020-June 2021, 7/14/2021, accessed 8/1/2023 at www.kingcounty.gov/depts/health/~media/depts/health/communicable-diseases/documents/C19/health-care-access-king-county.ashx

⁹⁴ Barriers to Transportation and Well-being in King County: An exploration of how subsidized public transportation could eliminate barriers to transportation and increase opportunities for improved well-being, Jason Robert Walsh, University of Washington, 2021, accessed 8/2/2023 at digital.lib.washington.edu/researchworks/bitstream/handle/1773/47717/Walsh_washington_02500_23287.pdf

⁹⁵ King County Mobility Coalition Action Plan, 2023–2026, accessed 8/1/2023 at irp.cdn-website.com/c86a044e/files/uploaded/Approved%202023-2026%20King%20County%20Mobility%20Coalition%20Action%20Plan%20.pdf

⁹⁶ King County Conference on Substance Use Disorders brings together local leaders, record-level attendees to talk about ongoing drug crisis, King County Council, 5/12/2023, accessed 8/1/2023 at www.kingcounty.gov/council/mainnews/2023/May/5-12-Dunn-CSUD-after-release.aspx

⁹⁷ Rural Washington: Closing Health Disparities Fact Sheet, Office of Community Health Systems Series on Rural-Urban Disparities, Washington State Department of Health, October 2017, accessed 8/1/2023 at doh.wa.gov/sites/default/files/legacy/Documents/Pubs//346013.pdf

percent).⁹⁸ Similarly, White people aged 60+ were more likely to self-report being in excellent or good health (82 percent) than Black people (70 percent) or Hispanic/Latino (75 percent). For more information, view County Health Rankings & Roadmaps.^{99, 100}

In King County, a significant percentage of low-income people aged 65 and older have unmet health care needs due to cost. Across all ages, people of color and individuals who identify as LGBTQ also have unmet health care needs.¹⁰¹ In King County, Black people are more than 1.5 times as likely to have unmet health care needs due to cost compared to White people.¹⁰² A lifetime of adversity and chronic stress resulting from systemic disadvantages and racism can reduce longevity. In King County, Black adult life expectancy is four years shorter than the life expectancy of White adults.¹⁰³ Additionally, people who live with disabilities often experience difficulties in mobility and accessibility and may face barriers in access to care. This contributes to poor health and lower quality of life.¹⁰⁴

The need for gender-affirming medical care is critical.¹⁰⁵

Efforts to improve the health of older adults in King County will need to address racial and social inequities that persist in driving unequal health outcomes.

Environmental Sustainability

Older adults face disproportionate harm from the results of climate change. Smoke from now-regular wildfires is damaging to aging respiratory systems, many older people live in housing not equipped for the extreme heat King County now experiences, and emergency response actions may be hindered due to disabilities.

Reflecting this, record-setting heat killed more than 30 people in King County in 2021.¹⁰⁶ Statewide, between June 26 and July 2, 2021, there were 100 heat-related deaths, 38 heat-related deaths in the

⁹⁸ Washington State Behavioral Risk Factor Surveillance System (BRFSS), 2012-2016; Washington State Death Certificates, 2012–2016

⁹⁹ King, WA, County Health Rankings & Roadmaps, accessed 8/3/2023 at www.countyhealthrankings.org/explore-health-rankings/washington/king?year=2023

¹⁰⁰ Poor or Fair Health, County Health Rankings & Roadmaps, accessed 8/3/2023 at www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-outcomes/quality-of-life/poor-or-fair-health?year=2023&county=53033

¹⁰¹ Unmet health care needs due to cost (adults), King County (average: 2017–2021), Behavioral Risk Factor Surveillance System, accessed 8/1/2023 at www.kingcounty.gov/depts/health/data/community-health-indicators/behavioral-risk-factor-surveillance-system.aspx?shortname=Unmet%20medical%20need

¹⁰² Ibid.

¹⁰³ The Race Gap, King County, WA, Public Health--Seattle & King County, Oct. 2020, accessed 8/1/2023 at www.kingcounty.gov/depts/health/data/~media/depts/health/data/documents/the-race-gap.ashx

¹⁰⁴ Living With a Disability, Communities Count, accessed 8/1/2023 at www.communitiescount.org/living-with-a-disability

¹⁰⁵ Health Equity and LGBT Elders of Color: Recommendations for Policy and Practice, Sage USA, accessed 10/31/2023 at www.sageusa.org/wp-content/uploads/2018/06/2013-sage-health-equity-and-lgbt-elders-recommendations-for-policy-and-practice-2.pdf.

¹⁰⁶ King County to develop its first-ever Extreme Heat Mitigation Strategy to prepare the region for more intense, prolonged heat waves caused by climate change, King County Natural Resources and Parks, 6/24/2022, accessed 8/2/2023 at www.kingcounty.gov/depts/dnrp/newsroom/newsreleases/2022/June/24-extreme-heat-mitigation-strategy.aspx

week that followed, and 157 between June 26 and August 30, 2021.¹⁰⁷ Statewide, two-thirds of the victims of heat-related deaths were aged 65 or older, and almost one-quarter of all heat-related deaths statewide occurred among people of color.¹⁰⁸ Those at higher risk of adverse reactions to extreme heat include people aged 65 and older, people with chronic health conditions or mental illness, and people taking certain medications, including those for allergies and colds, thyroid, depression, heart/blood pressure, and weight loss.¹⁰⁹

Neighborhoods in Seattle and King County with high BIPOC populations are disproportionately impacted by environmental harms and are considered “overburdened communities” due to the level of air pollution in these areas.¹¹⁰

In recognition of older adults’ unique vulnerability to climate change, we will strive to integrate environmental sustainability across ADS administered and funded programs and incorporate environmental justice principles, which assert that no group of people should bear greater negative consequences from industrial, governmental, or commercial policies or operations.¹¹¹

For example, our meal programs can be intentional about supporting sustainable food systems that address the interconnected nature of health, nutrition, social inequities, economics, and the environment.¹¹² Strong local food economies support farmers, consumers, and sustainability. In addition to “food miles” and localness, we can consider nutrient quality, production processes, and transportation modes as factors contributing to sustainability.¹¹³ Viewing our programs through a climate lens to mitigate our impact on the environment is part of our responsibility to meet the needs of older adults.

Village Movement

The “Village movement” use a neighbor-to-neighbor or mutual aid concept to provide social connections supports, and extensive intergenerational volunteer opportunities that support older adults to remain in their communities and homes, even if they live alone. Several culturally specific villages funded through the VSHSL provide diverse and low-income older adults access to the Village movement’s grassroots model for aging in community.

¹⁰⁷ Heat Wave 2021, Washington State Department of Health, accessed 8/2/2023 at doh.wa.gov/emergencies/be-prepared-be-safe/severe-weather-and-natural-disasters/hot-weather-safety/heat-wave-2021

¹⁰⁸ Ibid.

¹⁰⁹ Hot weather preparedness, Public Health--Seattle & King County, accessed 8/2/2023 at www.kingcounty.gov/en/dept/dph/health-safety/safety-injury-prevention/emergency-preparedness/personal-preparedness/hot-weather

¹¹⁰ Overburdened Communities Highly Impacted by Air Pollution, Washington State Department of Ecology, accessed 11/1/2023 at <https://storymaps.arcgis.com/stories/c10bdbfc69984a9d85346be1a23f6338>.

¹¹¹ EJ 2020 Glossary, United States Environmental Protection Agency, accessed 8/2/2023 at www.epa.gov/environmentaljustice/ej-2020-glossary

¹¹² The Nutrition Source, Harvard T.H. Chan School of Public Health, accessed 8/2/2023 at www.hsph.harvard.edu/nutritionsource/sustainability/

¹¹³ The sustainability of “local” food: a review for policy-makers, Alexander J. Stein & Fabien Santini, *Review of Agricultural, Food and Environmental Studies*, accessed 8/2/2023 at link.springer.com/article/10.1007/s41130-021-00148-w

C-1: Support Healthy Aging—Goals and Objectives

Goal 1: Create physical environments in which people can age well.

Objectives:

- a. Promote accessible design in renovations, new construction, and affordable and market-rate housing to increase the availability of housing stock that meets the needs of a growing older adult population.
- b. Encourage transportation options that promote safe, effective, and inclusive mobility.

Goal 2: Support the social and emotional needs of older adults and their caregivers.

Objectives:

- a. Invest in understanding the landscape of initiatives and interventions addressing social connectivity across King County. Emphasize culturally relevant programming and approaches that meet the needs of King County’s increasingly diverse older adult populations, including meal-based connections.
- b. Continue to explore the role and promotion of senior centers as hubs for social connectivity.
- c. Support efforts to increase digital equity, including broadband access, device distribution, and digital skills.
- d. Partner with the community to co-design nutrition services tailored to the needs and preferences of older people in King County.

Goal 3: Increase access to health care, behavioral health, and other services necessary for daily living.

Objectives:

- a. Collaborate with providers, including Federally Qualified Health Centers, mobile providers, and/or others to promote primary care and behavioral health services for BIPOC and rural populations.
- b. Increase staff and provider skills and/or capacity to respond to behavioral health needs.
- c. Increase awareness about tools and supports for people living with dementia and memory loss and their caregivers, emphasizing outreach to BIPOC, limited English speaking, and LGBT.

Goal 4: Plan for the future: incorporate environmental sustainability into our work.

Objectives:

- a. In recognition that older adults are uniquely vulnerable to some of the consequences of climate change, we will strive to integrate environmental sustainability across ADS administered and funded programs.
- b. Incorporate value-based purchasing into investments.



C-2: Enhance Well-Being

ADS supports strategies and partnerships that enhance well-being and that expand and strengthen services and supports that prevent or delay older adults from entry into Medicaid funding long-term care services. In conversations and surveys with older adults and people living with disabilities in King County, they continually emphasize the need for accessible and affordable healthcare, transportation, and housing that is designed with their direction to meet their needs.

Housing

The supply of all types of housing has diminished significantly—especially housing affordable for people with fixed and lower incomes—in the wake of continual demand by an increasing number of high-income earners who can afford to purchase any homes for sale. Due to lack of supply and great demand for single family homes, many high-income earners continue to occupy apartments that people with lower incomes could also afford (“downrent”) in the regional market. This trend, as well as the ongoing destruction and conversion of affordable homes and apartments out of reach for low to moderate earning households, pushes people with the least amount of income, housing, and health stability into tenuous and dangerous living situations and more often than ever living outdoors in tents.

It is important that people most impacted by the deficit and destruction of affordable housing communicate directly with those who build or modify current and potential housing. Older adults and adults living with disabilities know what will work to keep them living safely in the homes and communities of their choice as they age.

Since 1977, people with Intellectual or Developmental Disabilities (IDD) lived in institutions with poor conditions, or in an environment that did not meet their needs. According to a study by the University of Minnesota’s Residential Information Systems Project¹¹⁴, in the United States, 7.43 million are people with IDD; 1.55 million (21 percent) of people with IDD were served by state IDD agencies; and 1.31 million (18 percent) people with IDD received long-term supports/services through state IDD agencies. Out of the 7.43 million people with IDD, 59 percent live with a family member, 11 percent live in a home

¹¹⁴ Residential Information Systems Project (RISP), Institute on Community Integration, University of Minnesota, accessed 8/2/2023 at risp.umn.edu/

they own or lease, five percent live with a host or foster family, 16 percent live in a group home, the remaining nine percent live in a nursing home or other institution.

The inconsistent and inadequate housing for people with IDD needs more systems that secure housing solutions for people with people with IDD by adopting tailored housing with safety and security to improve their overall quality of life.

Transportation

Transportation affordability and accessibility, especially as it affects access to healthcare, are key concerns. ADS invests AL TSA funding in special/volunteer transportation and is planning an investment process in 2024.¹¹⁵

ADS participates in the King County Mobility Coalition¹¹⁶ and supports priorities outlined in the King County Mobility Coalition Action Plan¹¹⁷, and facilitates feedback about transportation challenges from older people, adults with disabilities, caregivers to government entities involved in setting transportation policies and funding transportation services.

Long Term Care Trust Act

In 2019, Washington became the first state in the nation to pass a law creating a state-run long-term care insurance benefit. This historic bipartisan legislation will strengthen Washington state's highly regarded long-term care system.¹¹⁸ The Long-Term Care Trust Act (through WA Cares¹¹⁹) will enable families to better afford the high cost of long-term care service. The insurance will provide a lifetime benefit of \$36,500 (adjusted annually for inflation) that can be used for a range of services and needs, including in-home personal care, equipment, home modifications, adult day health, and residential options such as adult family homes and assisted living. The benefit will be funded through a payroll tax, effective 2023, and benefits will be available starting in 2026 for active employees and retirees. Eligibility will be based on a person's need for help with at least three activities of daily living such as bathing, dressing, eating, or cognitive issues.

ADS will coordinate and promote outreach and education about the act so that community members understand benefits they will be eligible to receive and to ensure that the aging network is prepared to assist people to access the benefit.

¹¹⁵ Transportation Program Guidance, Aging and Long-Term Support Administration, Washington State Department of Social and Health Services, accessed 8/2/2023 at www.dshs.wa.gov/altsa/home-and-community-services/transportation-program-guidance

¹¹⁶ King County Mobility Coalition, accessed 8/2/2023 at www.kcmobility.org/kcmc

¹¹⁷ King County Mobility Coalition Action Plan 2023–2026, June 2023, accessed 8/2/2023 at irp.cdn-website.com/c86a044e/files/uploaded/Approved%202023-2026%20King%20County%20Mobility%20Coalition%20Action%20Plan%20.pdf

¹¹⁸ Washington, Long-Term Services & Supports State Scorecard, accessed 8/2/2023 at www.longtermscorecard.org/databystate/state?state=WA

¹¹⁹ WA Cares Fund, accessed 8/2/2023 at wacaresfund.wa.gov/

Community Living Connections/ADRCs (Information and Assistance & Options Counseling)

The National Aging and Disability Resource Center Program (ADRC) is a collaborative effort of the Administration for Community Living, the Centers for Medicare & Medicaid Services (CMS), and the Veterans Health Administration that supports creation of systems streamlined to provide access to home and community support and services.¹²⁰ In King County, Washington, the ADRC is called Community Living Connections.¹²¹

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 a telephonic information and referral service 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 maintains resource listings and directories of various scopes and scales, managed by different entities. It can be difficult to know where to turn for up-to-date and reliable information, and information may not be accessible to all communities. It is also 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, or disengagement.

HealthierHere¹²² serves as the Accountable Community of Health for King County. Accountable Communities of Health¹²³ are independent, regional organizations that drive the development of shared databases that exchange information across community and clinical partners in a region. Available resources will be more visible to community members, and organizations will be able to connect their clients to services quickly and effectively. In this future landscape, it will be critical that aging network systems have capability for integration or communication with other platforms.

Technology can be a tool to enable cross-system connections but will not take the place of relationships. AAA staff supported by initiatives like the Northwest Geriatrics Workforce Enhancement Center (NWGWEC) help raise and maintain awareness of aging network resources in the health care system. Cross-sector collaborations are key to ensuring that community members are informed and have access to a full range of options.

Caregiver Support

Family caregivers — including relatives, partners, friends, or neighbors – and kinship caregivers 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

¹²⁰ Aging and Disability Resource Centers, Administration for Community Living, accessed 8/7/2023 at acl.gov/programs/aging-and-disability-networks/aging-and-disability-resource-centers

¹²¹ Community Living Connections, accessed 8/2/2023 at www.communitylivingconnections.org

¹²² HealthierHere, accessed 8/2/2023 at www.healthierhere.org/

¹²³ Accountable Communities of Health (ACHs), Washington State Health Care Authority, accessed 8/2/2023 at www.hca.wa.gov/about-hca/programs-and-initiatives/medicaid-transformation-project-mtp/accountable-communities-health-achs

dressing care recipients. There are an estimated 860,000 unpaid family and kinship caregivers throughout Washington.¹²⁴

People of color and women are also more likely to be family caregivers, and to continue working while caregiving.¹²⁵ By supporting the needs of caregivers, we will be supporting BIPOC families. Cultural attitudes about caregiving and familial responsibilities can differ, and it is important to consider the diverse perspectives and needs of families throughout our region.

The Family Caregiver Support Program and Kinship Caregiver Program provide support to caregivers of older adults, adults with disabilities or young relatives. A description of these programs can be found in the [AAA Services and Partnerships](#) section of this plan.

In-home respite services are a significant need for unpaid family caregivers but accessing qualified help is challenging. There is a critical shortage of available direct care workers, including among home care agencies that comprise the majority of the respite service network. The pandemic further exacerbated the workforce shortage, as home care workers navigated new uncertainties, risks of exposure to COVID, and impact on U.S immigration. Many unpaid caregivers took on new caregiving tasks during the pandemic and provided more hours of care due to limited access to support services.

The range and intensity of tasks performed by caregivers highlights the important role of caregiver training and support group programming. These services help caregivers build confidence in their role and create space for caregivers to connect with each other. It is important that programming be tailored to diverse experience of caregiver groups, including cultural perspectives, caregiver relationship, or situations. The Family Caregiver Support Program has widely implemented evidence-based programming. These programs are subject to rigorous testing to demonstrate their efficacy; however, evidence-based programs are not all tested or proven across all cultural groups. In many cases, community agencies lack modifications or translated materials to implement these programs in diverse communities, placing agencies in difficult position as they balance fidelity to the tested program model and the unique needs of their local communities.

Care Transitions

Hospitalization and subsequent discharge are vulnerable times for many individuals and their caregivers. The event leading to the hospitalization may correspond to a functional change or decline in someone's ability to manage their care needs independently. Individuals may have lacked adequate social and

In Washington state each year:

- 434 million hours of unpaid care is provided by Alzheimer's caregivers.
- \$10.9 billion is the value of that unpaid care.
- \$547 million is the cost of Alzheimer's to the state Medicaid program.

—[Alzheimer's Association](#)

¹²⁴ Number of Family Caregivers, Hours, and Economic Value of Caregiving, by State, 2017, AARP Public Policy Institute, November 2019, accessed 8/2/2023 at www.aarp.org/content/dam/aarp/ppi/2019/11/family-caregivers-data-by-state.pdf

¹²⁵ The BIPOC Caregiver, National Community Reinvestment Coalition, accessed 8/1/2023 at www.ncrc.org/the-bipoc-caregiver/

health support prior to admission. Hospital discharges can be sudden, with little time for someone to prepare. Exacerbating these challenges, people often leave the hospital with complex information and instructions regarding management of their care post discharge, including medication changes and outpatient or primary care follow up.

Wrapping [Care Transitions supports](#) around individuals during this time is proven to prevent rehospitalization and increase ability to remain in home or community of choice. In addition to the immediate support provided to aid in the transition out of the hospital, Care Transitions can introduce and connect individuals to ongoing supports like [caregiver support programs](#), and in the future, [WACares](#).

While elements of the Care Transitions program exist in other programs (like Health Homes), many services are limited to clients who are enrolled in Medicaid or Medicaid LTSS. There is a need for a widely available Care Transitions program for vulnerable and older adults.

Following temporary resources during the pandemic, Washington State dedicated ongoing funding to AAAs for Care Transitions in 2023. Unlike other AAAs, ADS is unique in that it looks to partner with at least five different healthcare systems that have 16 different emergency departments in King County. The ongoing funding for Care Transitions does not allow ADS to adequately address the breadth and depth of need for all the emergency departments within King County. Based on the ongoing funding and capacity of the AAA, ADS is updating Care Transitions to maximize effectiveness and ensure minimum program standards across the AAA. This update is occurring while care managers are implementing Care Transitions as it was developed with the one-time state and federal funding.

Once the minimum program standards are established, ADS will work with its subcontractors to develop an outreach plan to support efficiencies in the referral process and maximize capacity. ADS will strengthen coordination with discharge planners from its healthcare system partners to increase the number of referrals to Care Transitions.

C-2: Enhance Well-Being—Goals & Objectives

Goal 1. Promote housing choice and stability.

Objectives:

- a. Facilitate flow of support and information among partners
- b. Facilitate community- informed and driven housing design, adaptability, and support.

Goal 2. Promote housing and supportive services that are community informed and driven.

Objectives:

- a. Strengthen relationships with regional housing funders and partners.

Goal 3. Develop a system that empowers people to make informed choices.

Objectives:

- a. Raise Community Living Connections and aging network awareness of Long-Term Care Trust Act and other benefits through local education and outreach campaign.
- b. Continue engagement with healthcare systems to strengthen awareness of aging network service options.
- c. Support adoption of technology solutions that promote cross-system coordination and visibility of resources.

Goal 4. Promote and help consumers navigate accessible mobility transit options.

Objectives:

- a. Support the roll-out of services like “One-Click/One-Call” that help users find and book specialized transportation options.

Goal 5. Develop and expand services for caregivers.

Objectives:

- a. Improve access to respite services.
- b. Promote statewide efforts to develop caregiver programs for diverse communities, including BIPOC, LGBTQ, and those that speak a language other than English.
- c. Strengthen training and consultation programming for caregivers of individuals with dementia.

Goal 6. Coordinate with healthcare system partners to reduce unnecessary emergency department use and rehospitalizations.

Objectives:

- a. Increase the number of successful referrals to the Care Transitions program.
- b. Strengthen coordination with discharge planners from healthcare system partners.



C-3: Maximize Dignity

ADS has a long history of partnering with academia, governmental organizations, health and housing organizations to improve systems impacting older adults. The partnership with Home and Community Services (HCS), Aging and Long-Term Services Administration (ALISA), home care providers, and housing providers is critical to keeping clients safely in their home. ADS embeds care managers into Seattle Housing Authority locations and coordinates long-term care services within the supported housing communities of Downtown Emergency Service Center (DESC) and Plymouth Housing.

This history and partnership along with ADS' role in the Housing Development Consortium uniquely positions ADS to work with other housing providers to support King County's most vulnerable adults who are aging and/or living with disabilities so they can remain stably housed while getting their healthcare needs met. Future partnerships could include King County Housing Authority, Renton Housing Authority, Africatown Community Land Trust, Catholic Housing Services, Chief Seattle Club, Community Roots Housing, Low Income Housing Institute, Mt. Baker Housing Association, SouthEast Effective Development (SEED), Seattle Chinatown/International District Preservation and Development Authority, and Pike Place Market Preservation and Development Authority.

ADS plans to examine the use of geographically based caseloads for effectiveness and efficiency. The analysis will allow ADS to see the unique needs and service environments of different geographic areas in ways that support the people who are aging and/or living with disabilities, their caregivers, and care managers. ADS wants to learn how a geographically based caseload may allow multiple participants to receive supports in a day and reduce travel time among other potential benefits.

Homelessness

Homelessness has been on the rise, primarily driven by increasing economic inequality exacerbated by the global pandemic, escalating housing costs, and shortages in housing supply. Between 2010 and 2020, 1.25 million individuals experienced sheltered homelessness, while 1.29 million people sought assistance from the Health Care for the Homeless Programs. Experiencing homelessness is an immensely arduous and distressing ordeal for individuals. It involves the profound loss of stability, whether brought about by eviction, financial hardships, or various other factors. This loss of stability and access creates an overwhelming emotional burden, disrupting individuals' sense of security and belonging, especially for

older people who live with disabilities, and older members of Black, Indigenous, and other communities of color, who face significant disparities.¹²⁶

ADS and The King County Regional Homeless Authority (KCRHA) play crucial roles in coordinating funding, policies, and programs to support individuals experiencing homelessness within the region. These agencies actively collect data and conduct research to collaborate with government partners, businesses, and service providers. Their aim is to advocate for improved strategies that prioritize the safety, stability, and prevention of homelessness among unsheltered individuals. By serving as advocates and facilitators, AAA, ADS, and KCRHA foster collaboration and cooperation among different entities involved in addressing homelessness. Through their coordinated efforts, they strive to create a more efficient, responsive, and compassionate system that prioritizes the safety, stability, and well-being of individuals experiencing homelessness.¹²⁷

Behavioral Health

In ADS' 2023 Area Plan Engagement Survey, 71 percent of the respondents marked "no" to the question "Do you feel older people in your community are knowledgeable about and have access to mental health services?" ADS has opportunities to partner with the King County Department of Community and Human Services.

Elder Justice Coordination

Preventing elder abuse is an important issue to consider in systems coordination and health reform. Neglect, physical or sexual abuse, and (most often) financial exploitation crimes against older adults are at epidemic proportions in Washington state and across the country. In 2018, Adult Protective Services received 60,038

"Services and supports for older adults with serious mental illness are often fragmented due to lack of coordination among providers and community-based organizations in different systems, as well as varying insurance and eligibility requirements for physical and behavioral health care. This fragmentation impedes access to effective care and limits treatment providers' ability to share information, control costs, ensure continuity of care, avoid conflicting treatments, or improve outcomes."

—[Psychosocial Interventions for Older Adults with Serious Mental Illness](#), SAMHSA

¹²⁶ ALL IN: The Federal Strategic Plan to Prevent and End Homelessness, United States Interagency Council on Homelessness, December 2022, accessed 8/2/2023 at [www.usich.gov/All In The Federal Strategic Plan to Prevent and End Homelessness.pdf](http://www.usich.gov/All-In-The-Federal-Strategic-Plan-to-Prevent-and-End-Homelessness.pdf)

¹²⁷ Five-Year Plan (2023–2028), King County Regional Homelessness Authority, accessed 8/2/2023 at kcrha.org/wp-content/uploads/2023/05/Revised-Five-Year-Plan-5.12.pdf

reports of abuse and neglect and conducted 41,953 investigations across the state.¹²⁸

Elder abuse perpetrators are often related to the victim, most commonly a relative in a caregiving role.¹²⁹ Elder abuse often involves complex family relationships and dynamics. Contributing factors can include substance use, mental illness, history of abuse, lack of family or social support, and caregiver stress.¹³⁰

Despite staggering statistics on prevalence of elder abuse, research indicates that only a fraction of elder abuse cases is ever reported.¹³¹ Victims may be reluctant to engage with formal support systems, fearful of reporting a relative, or worried about loss of independence if they report their caregiver. Adults who are members of communities of color and other priority populations are disproportionately impacted as they are often more disconnected from services and experience significant barriers in reporting.

King County has one of the finest elder abuse prosecuting teams and a history of developing programs to educate on signs of elder abuse, engage victims, and improve systems coordination. ADS and its partners will expand on these approaches by piloting the RISE model¹³² to provide support in situations where a victim wants to address family relationships, and repair harm with the perpetrator. The RISE acronym reflects the methodologies employed in the program model: Repair harm (restorative approaches), Inspire change (motivational interviewing), Support connection (teaming), and Empower choice (supported decision-making). A RISE advocate will work closely with each victim to develop a service plan, coordinate with other systems to strengthen support for the victim, and if the victim chooses, that of the perpetrator. The RISE model will complement existing services in King County to center elder abuse victims, repair harm, and prevent revictimization.

Coordinated Personal In-Home Care Services

The vast majority of people would prefer to age in place, living in the residence of their choice for as long as possible. Fortunately, Washington State has invested in public policies that support older adults' ability to do so: our state expands the eligibility for services to help people retain independence and avoid the need for long-term care services, and Washington allows of several personal and health care services to be performed in a home environment rather than a clinical setting. This makes fiscal sense, as some studies have shown that care provision in a person's home costs less than half as much as the

¹²⁸ Factors Predicting APS Involvement Among Persons Receiving Long-Term Services and Supports, June 2023, John Bauer, PhD, et al., in collaboration with the Department of Social and Health Services, Aging and Long-Term Support Services Adult Protective Services Division, accessed 8/2/2023 at www.dshs.wa.gov/sites/default/files/rda/reports/research-11-265.pdf

¹²⁹ Get the Facts on Elder Abuse, National Council on Aging, accessed 8/2/2023 at ncoa.org/article/get-the-facts-on-elder-abuse

¹³⁰ Crime and Abuse Against Seniors: A Review of the Research Literature With Special Reference to the Canadian Situation, Government of Canada, accessed 8/2/2023 at www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/crim/p52.html

¹³¹ Help-Seeking Among Victims of Elder Abuse: Findings from the National Elder Mistreatment Study, David Burnes, PHD, et al., J Gerontol B Psychol Sci Soc Sci. 2019, accessed 8/2/2023 at www.ncbi.nlm.nih.gov/pmc/articles/PMC6566322/

¹³² The RISE Model, Elder Abuse Institute of Maine, accessed 8/2/2023 at www.eaime.org/blank-1

same care provided in assisted living and institutional settings¹³³, and it also importantly supports the dignity and independence of people who are aging.

However, the eldercare workforce is being stretched thin by an aging population. Without a sufficient number of people to provide this personal care, our region will be unable to leverage these policies and provide older adults with the services they deserve and could otherwise access. In addition to recruiting and training more caregivers, we can also support more efficient utilization of caregivers' time. Coordinating personal in-home care involves clustering client assignments in geographically convenient services areas. For example, a home care aide may be assigned a roster of clients who all live in the same housing building, rather than a list of people who live geographically dispersed around King County. This will reduce travel time for caregivers and allow more people to be served in the same amount of time.

¹³³ The Cost-Effectiveness of Homecare Services for Adults and Older Adults: A Systematic Review, Cintia Curioni, et al., *International Journal of Environmental Research and Public Health*, 2/15/2023, accessed 8/2/2023 at www.mdpi.com/1660-4601/20/4/3373

C-3: Maximize Dignity—Goals & Objectives

Goal 1. Improve coordination of long-term care, housing, and behavioral health services.

Objectives:

- a. Work with regional housing authorities to coordinate delivery of supportive services to older adult tenants in need and/or at risk of homelessness.
- b. Increase staff skills and capacity to serve clients with complex medical and behavioral health needs.
- c. Promote access for sheltered and unsheltered older adults to supportive services and housing to prevent eviction.
- d. Work with King County Department of Community and Human Services, Public Health—Seattle & King County, and other partners to ensure older adults have a voice on health and housing issues.

Goal 2. Explore victim-centered approaches to elder abuse.

Objective:

- a. Implement elder abuse pilot focusing on repairing harm with perpetrator and victim, e.g., RISE.

Goal 3. Support long-term care providers to provide timely, quality in-home care services.

Objectives:

- a. Partner with The Workforce Development Council of Seattle-King County (WDC) and other regional groups to raise visibility of long-term care workforce issues and opportunities.
- b. Continue development of healthcare workforce trainee curriculum to support competencies and retention in older adult/geriatric specialties.
- c. Launch pilot program to explore coordinated-personal-care model in which home health aides have client assignments in geographic clusters (ex; in public housing buildings). Evaluate pilot to understand benefits, challenges, and resources required for scale.
- d. Increase the number of recipients from Black, Indigenous and other communities of color to the Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA) programs.
- e. Increase network adequacy of long-term services and supports vendors. Explore third party contracting vendor used by the DSHS New Freedom program.



Photo by Karen Winston

C-4: Partner with Tribes

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

The U.S. Census Bureau estimates that 2,269,675 residents called King County home in 2020. AI/ANs represent 1.0 percent of this population.¹³⁴ American Indians and Alaska Natives living in King County identify with more than 40 different tribes. This population has been shown to be undercounted; however, 5,174 AI/ANs have identified as age 60 or older.

History

In 1953, Congress passed resolutions towards terminating Native reservations and selling the land under the Commerce Clause. The Indian Relocation Act of 1956 was established to incentivize Native communities to move out of reservations and into urban areas. The goal of this program was to assimilate AI/ANs into Western civilization.^{135,136}

Tribes were disbanded with more than 100 tribes and Alaska Native villages migrating to King County, primarily Seattle. In addition, there are many Canadian Indian or First Nations people who are part of the urban Indian community. Following the restructure of federal Indian policy in the 1960s to promote tribal sovereignty and self-determination, two organizations were formed in Seattle to provide social and health services—United Indians of All Tribes and the Seattle Indian Health Board.

¹³⁴ U.S. Census, Quick Facts King County - www.census.gov/quickfacts/fact/table/kingcountywashington/AGE775222

¹³⁵ American Indian Urban Relocation, National Archives, accessed 11/1/2023 at www.archives.gov/education/lessons/indian-relocation.html.

¹³⁶ Native Voices: Native Peoples' Concepts of Health and Illness, NIH, accessed 11/1/2023 at www.nlm.nih.gov/nativevoices/index.html.

Significant Trends

Due to systemic oppression and inequities, AI/AN communities disproportionately experience poverty and rates of homelessness in King County. Though comprising one percent of the population, AI/AN communities make up 10 percent of the homeless population in our region.¹³⁷

Data from the King County Communities Count dashboard¹³⁸ indicates that 41.7 percent of AI/AN had incomes below 200 percent of the Federal Poverty Level. This percent is higher than the King County average.¹³⁹ Urban AI/AN's face higher rates of poverty, unemployment, disability, lower socioeconomic status, and lower levels of education compared to King County's general population. See B-1: Population Profile and Trends (Affordability). Common themes across available data include the need for culturally appropriate services, the lack of affordable housing, and necessary access to professional navigators and community resource experts through the Tribal Assister Program. While these needs align with the top concerns identified for older adults in King County, these issues are exacerbated by lack of community resources available to provide culturally relevant services.

Tribal Recognition

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



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



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

The people known as the Duwamish Tribe are descendants of Chief Seattle. For decades, Duwamish tribal members have fought for federal recognition, but courts have denied their petitions. In the

¹³⁷ "American Indians, Alaska Natives represent ten percent of homeless population in King County, but only one percent of total population," Seattle Indian Health Board, accessed 11/1/2023 at www.sihb.org/2019/05/american-indians-alaska-natives-represent-ten-percent-of-homeless-population-in-king-county-but-only-one-percent-of-total-population/.

¹³⁸ King County Data Toolbox, Communities Count, accessed 11/1/2023 at www.communitiescount.org/data-toolbox.

¹³⁹ Income <200% of Federal Poverty Level, King County (average:2017–2021) - www.communitiescount.org/below-200-poverty-level

absence of federal recognition, funding, and human services, Duwamish Tribal Services has struggled to provide social, educational, health, and cultural programs. Recognized status would provide access to many federal benefits, including fishing rights and healthcare.¹⁴⁰

7.01 Implementation Plans

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

¹⁴⁰ We Are Still Here, Duwamish Tribe, accessed 11/1/2023 at www.duwamishtribe.org/federal-recognition.

Policy 7.01 Plan and Progress Report
Muckleshoot Indian Tribe (MIT) and Aging and Disability Services (ADS)

Updated Timeframe: July 1, 2023, to June 30, 2024

| Implementation Plan | | | | 2023 Progress Report |
|---|---|--|--|---|
| (1) Goals/Objectives | (2) Activities | (3) Expected Outcome | (4) Lead Staff and Target Date | (5) Status Update for the Fiscal Year starting last January 1. |
| <p><u>Medicaid Case Management</u></p> <ol style="list-style-type: none"> 1. Improve communication between ADS, HCS and Muckleshoot Tribal staff re case transfers, and CARE Plan development. 2. Assign one ADS Case Manager for all Muckleshoot CMP clients for continuity. 3. Continue to serve designated MIT community members (non-MIT enrolled community members). 4. Follow all MIT enrolled tribal members or MIT designated community members referred by MIT to ADS/HCS/HCA to confirm that they are set up on services based on eligibility. | <ol style="list-style-type: none"> 1. ADS Case Manager will receive referrals for all discretionary clients 60 yrs. old and older from Tribal staff. 2. ADS Case Manager will encourage Tribal staff to refer all clients under 60 years old directly to HCS, assist clients with the benefits application process, and notify ADS Case Manager once application is sent to HCS. 3. ADS Case Manager will contact Tribal staff to coordinate home visits with a tribal | <ul style="list-style-type: none"> • Improved communication and coordination between ADS, HCS and Tribal staff re all Muckleshoot client cases. • Coordinated joint case staffing with ADS & HCS RE: tribal members and non-tribal community member clients as needed with MIT APS or court-ordered cases are involved. • ADS case manager will participate, when invited, to MIT facilitated family meetings to coordinate care/services. • Tribal staff will help ADS Case Manager establish rapport with CMP MIT elders/disabled so that Case Manager will be able to provide services for CMP clients if Tribal staff is | <p>December 31, 2016</p> <p>Theresa Tanoury, CMP Director (vacant, pending new hire)</p> <p>Abdirahim Mohamed, CMP Supervisor</p> <p>Keith Rapacz, Case Manager</p> <p>Abdirahim Mohamed, CMP Supervisor</p> <p>Karen Cantrell – MEHISS Director</p> <p>Russ Hanscom, RN, MHA – Assistant MEHISS Director (New)</p> <p>Reese Ponyahquaptewa – Asst. MEIHSS Director</p> | <ul style="list-style-type: none"> • 701 meetings were held with tribal staff on March 3, June 2, and September 15, 2023. <p><u>3rd Quarter Caseload (2022)</u></p> <ul style="list-style-type: none"> • Case staffing: MEIHSS staff, ADS Case Manager. Yan Xiang, HCS Financial Social & Health Program Consultant II • Quarterly case staffing with MEIHSS, and ADS Case Manager. <p>MIT CORE assessments - 14 MIT Community Member CORE Cases: 1 CMP Assistance Level Cases – 0 CMP Care Coord / formerly Discretionary - 1 New Referrals – 18 MAC & TSOA – 0</p> |

Policy 7.01 Plan and Progress Report
Muckleshoot Indian Tribe (MIT) and Aging and Disability Services (ADS)

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| (1) Goals/Objectives | (2) Activities | (3) Expected Outcome | (4) Lead Staff and Target Date | (5) Status Update for the Fiscal Year starting last January 1. |
| <p>5. ADS Case Manager will provide initial functional eligibility determination and on-going case management for Muckleshoot Tribe and tribal community members residing in-home and who request LTSS core, per the agreement HCS has with the Muckleshoot Tribe and ADS.</p> <p>6. ADS Case Manager, will continue work to increase communication and coordination of client referrals and services with Muckleshoot:</p> <ol style="list-style-type: none"> a. Human Services Division Director b. Elders Complex director & staff | <p>representative for all initial home visits as preferred by Tribal and community members.</p> <ol style="list-style-type: none"> 4. Tribal staff will coordinate client releases. 5. Tribal staff and ADS Case Manager will conduct quarterly joint case staffings. | <p>not required for each home visit.</p> <ul style="list-style-type: none"> • Increased referrals and coordination of core LTSS and non-core services for tribal and non-tribal community members. • To continue to promote & maintain a positive & effective partnership between MIT & ADS & to ensure that ADS CMP is meeting the needs of the MIT Elders & Vulnerable Adults. | <p>Cathleen Sanderson - MEIHSS Lead RN</p> <p>Margaret Carson – MIT APS Program Manager</p> <p>Alyssa Powers, DSHS APS Tribal Liaison</p> <p>Alexandra Cruz – Director of Human Services & MIT Elders Complex Program.</p> <p>MeLisa Carson-Goldie – Social Worker, MEIHSS</p> <p>Donna Torres, Social Worker, MEIHSS</p> | <p>MIT Elder In-Home Support Services – 70</p> <p>MEIHSS Vulnerable Adult Program (ages 18-49) – 24</p> <p><u>Other 2023 MIT Updates:</u></p> <ul style="list-style-type: none"> • 7.01 Policy Training provided for ADS combined team training (1st Qtr.) • ADS staff attended the 2023 MFTP Tribal Summit <p>Canoe Journey 2023 Paddle to Muckleshoot: Honoring our Warriors Past & Present</p> <ul style="list-style-type: none"> • Landing – July 30th Alki Beach, 108 tribes in attendance • Protocol – July 31 to Aug.6 Muckleshoot hosted at the |

Policy 7.01 Plan and Progress Report
Muckleshoot Indian Tribe (MIT) and Aging and Disability Services (ADS)

Updated Timeframe: July 1, 2023, to June 30, 2024

| Implementation Plan | | | | 2023 Progress Report |
|--|--|--|--------------------------------------|--|
| (1) Goals/Objectives | (2) Activities | (3) Expected Outcome | (4) Lead Staff and Target Date | (5) Status Update for the Fiscal Year starting last January 1. |
| <ul style="list-style-type: none"> c. Elders In-Home Support Services (MEIHSS) d. Health & Wellness Center, e. Tribal Behavioral Health and Recovery House staff, f. Tribal APS staff g. Tribal Housing Authority staff. | | | | MIT Community Center, 9,000 tribal members |
| <p><u>Training & Tribal Events</u></p> <ul style="list-style-type: none"> 1. ADS will identify key training opportunities for tribal staff and caregivers. 2. ADS staff will participate in Tribal Summits and offered trainings by tribal staff re Native American cultural beliefs, protocols, and practices. | <ul style="list-style-type: none"> 1. ADS will identify key training opportunities for tribal staff and caregivers. 2. ADS staff will participate in Tribal Summits and offered trainings by tribal staff re Native American cultural beliefs, | <ul style="list-style-type: none"> • Increased training opportunities for Tribal and ADS staff. | Keith Rapacz, Case Manager | |

Policy 7.01 Plan and Progress Report
Muckleshoot Indian Tribe (MIT) and Aging and Disability Services (ADS)

Updated Timeframe: July 1, 2023, to June 30, 2024

| Implementation Plan | | | | 2023 Progress Report |
|--|---|--|---|---|
| (1) Goals/Objectives | (2) Activities | (3) Expected Outcome | (4) Lead Staff and Target Date | (5) Status Update for the Fiscal Year starting last January 1. |
| | protocols, and practices. | | | |
| 3. Elder Abuse Training | 1. ADS case manager will participate in trainings as provided regarding Elder Abuse Code and reporting requirements. | <ul style="list-style-type: none"> • Improved coordination and collaboration with MIT APS. | Keith Rapacz, Case Manager Margaret Carson – MIT APS Program Manager | |
| 4. Family Caregivers Support Program (FCSP) – helps unpaid caregivers of adults age 18 and older, by helping to reduce stress, and enable care receivers to remain at home and independent | 1. Develop strategy to determine who will be conducting the T-Care Assessments. 2. Identify MIT caregivers in need of support. 3. Set goal for number of caregiver referrals. 4. Set goal for number of caregiver assessments to be conducted. | 1. Referrals to local support groups, counseling, and other resources. 2. Provide advice on use of supplies and equipment. 3. Caregiver training(s) 4. Respite care, if needed. | Terry Light ADS Program Specialist Tribe: | |
| <u>Emergency Preparedness</u> 1. ADS & Tribal staff will work to educate and | 1. ADS and Tribal staff will discuss client emergency | <ul style="list-style-type: none"> • Increase client preparedness | Keith Rapacz, Case Manager | 1. MIT Leadership implemented MIT’s EOC in response to COVID-19 pandemic. |

Policy 7.01 Plan and Progress Report
Muckleshoot Indian Tribe (MIT) and Aging and Disability Services (ADS)

Updated Timeframe: July 1, 2023, to June 30, 2024

| Implementation Plan | | | | 2023 Progress Report |
|--|--|--|--------------------------------|---|
| (1) Goals/Objectives | (2) Activities | (3) Expected Outcome | (4) Lead Staff and Target Date | (5) Status Update for the Fiscal Year starting last January 1. |
| <p>assist CMP clients in preparing for possible increased flood risk to residents residing in Green River Valley & hillsides.</p> <p>2. Plan for possible alternate worksite for ADS Case Manager.</p> | <p>preparedness and work to inform CMP clients of their need to be prepared with adequate emergency supplies, evacuation plans and inform CMP clients about their local jurisdiction’s warning and notification systems, evacuation routes, shelters, and flood insurance.</p> | <ul style="list-style-type: none"> • Reduce impact to MIT tribal & community members & their property. • Reduce disruption of home care services. • Tribal staff develops an alternate work site on the reservation for ADS Case Manager. | <p>Tribe:</p> | <p>2. The Muckleshoot Indian Tribe has its own Emergency Response Team & protocol for enrolled tribal members. ADS CM encourages Elders & tribal members with disabilities & their caregivers to be familiar with MIT’s emergency response protocol. MIT supplies cooling center(s) & bottled water delivery to Elders & those with disabilities during adversely hot weather. Most Elders living in MIT Housing have built-in generators in the event of power outage. MIT provides firewood including stacking wood outside for Elders & those tribal members with disabilities.</p> <p>3. ADS Case Manager was stationed at MEIHSS office 2 days per week prior to COVID-19 Governor’s “Stay Home, Stay Healthy” order. MEIHSS provided ADS CM</p> |

Policy 7.01 Plan and Progress Report
Muckleshoot Indian Tribe (MIT) and Aging and Disability Services (ADS)

Updated Timeframe: July 1, 2023, to June 30, 2024

| Implementation Plan | | | | 2023 Progress Report |
|----------------------------|----------------|----------------------|--------------------------------|--|
| (1) Goals/Objectives | (2) Activities | (3) Expected Outcome | (4) Lead Staff and Target Date | (5) Status Update for the Fiscal Year starting last January 1. |
| | | | | with cubicle space, desk, phone & printer. ADS CM currently is conducting home visits and hybrid schedule. |
| | | | State/AAA: Tribe: | |

Completed Items (and date):

- (1) Modify intake/referral form to identify Tribal Affiliation for case management clients. (2016)
- (2) ADS will encourage Tribal staff to directly communicate w/ HCS/ADSA re: offering New Freedom Program to CMP clients during initial assessments. (2014)
- (3) Medicare Care Transitions – (2014)

Policy 7.01 Plan and Progress Report
Snoqualmie Indian Tribe (MIT) and Aging and Disability Services (ADS)

Updated Timeframe: July 1, 2023, to June 30, 2024

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

| Implementation Plan | | | | Progress Report |
|--|---|--|--|---|
| (6) Goals/Objectives | (7) Activities | (8) Expected Outcome | (9) Lead Staff and Target Date | (10) Status Update for the Fiscal Year starting last July 1. |
| ADS | | | | |
| 1. Work with Tribal staff to facilitate Chronic Disease Self-Management Education (CDSME) trainings and workshops for unpaid caregivers. | ADS staff will work with Tribal members to coordinate Program CDSME training sessions such as Wisdom Warriors; CDSME for Pain; and /or CDSME for Diabetes. | Implement CDSMP workshop sessions. | Alisa Burley, Health and Wellness Administrator Alisa.burley@snoqualmietribe.us Elizabeth Watanabe, Health and Wellness Director elizabeth.watanabe@snoqualmietribe.us Mary Pat O’Leary, RN, ADS (206-684-0683) Karen Winston, ADS Planner (206-684-0706) | <ul style="list-style-type: none"> 701 meeting held March 8, 2023. |
| 2. Expand support for tribal elders who need support to live at home through Medicaid Alternative Care (MAC) and Tailored | Increase support for unpaid family caregivers and/or support individuals who do not currently have an unpaid caregiver. <ul style="list-style-type: none"> The care receiver must be 55+ and the | <ul style="list-style-type: none"> Support for tribal elders and their caregivers | Alisa Burley, Health and Wellness Administrator Theresa Tanoury, ADS CMP Director Karen Winston, ADS Planner (206-684-0706) | |

| | | | | |
|--|--|--|--|--|
| <p>Support for Older Adults (TSOA).</p> | <p>caregiver must be 18+ in age.</p> <ul style="list-style-type: none"> • Other requirements: Medicaid. <p>Both programs provide services and supports, including Housekeeping & errands, support groups & counseling; specialized medical equipment, respite care, training, adult day health or adult day care, and information about caregiving, resources and available services.</p> | | | |
| <p>Completed Items (and date): No 701 meetings held during 2020 - 2022.</p> | | | | |

C-4: Partner with Tribes—Goals & Objectives

Goal 1: Continue 7.01 Implementation planning and updates with Muckleshoot and Snoqualmie tribal staff to ensure ongoing collaboration and partnership.

Objectives:

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

Goal 2: Ensure recognized tribes and urban Native Americans have access to training and community resources.

Objective:

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



C-5: COVID-19 Response Services and Supports

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

Due to strong existing partnerships, ADS and its Aging Network were able to respond quickly, in a coordinated way, to challenges presented by the pandemic. ADS also learned how things could be done differently when the policies allowed for greater flexibility to address emerging needs. Moving forward, ADS will continue plans to allocate additional relief funds while focusing on social connectivity, digital inclusion and equity, and food assistance and engagement.

As our communities continue to recover from the COVID-19 pandemic, it is necessary to prepare for what comes next. ADS learned that program adaptations were needed, and this required program and service delivery flexibility. Promoting community thriving and resilience was and continues to be our focus, and this includes supporting the resilience of older adults, those living with disabilities, and the marginalized and diverse communities we serve.

Accomplishments

- During the pandemic ADS attended collaborative meetings with Public Health—Seattle & King County and the Older Adults and Healthy Aging unit with King County’s Department of Community and Human Services, as well as with housing providers, statewide agencies, disability community members, and others to coordinate complex care issues facing the community during the pandemic. This included access to health care, vaccinations and boosters, medications, food, durable medical equipment and supplies, and the significant impacts of social isolation. These important relationships and partnerships continue and will continue to be essential during the recovery, services, and support phase of the pandemic.
- ADS collaborated with Public Health—Seattle & King County, local pharmacies, housing providers, and others to promote vaccination of those for whom leaving their place of residence

due to the lock-down, transportation barriers and/or acute or chronic health limitations presented undue hardship.

- When contacted by Seattle and King County to partner with continued vaccination marketing efforts, ADS assisted with brainstorming ideas for public service announcements and how these messages could best be communicated to older adults in King County. Due to the efforts of ADS staff and community partnerships, as of February 2023, 67 percent of adults aged 65 or older in King County were boosted, one of the highest rates in the country. Innovative marketing and outreach efforts will focus on vaccine boosters, which includes videos and a toolkit of communication resources¹⁴¹ of the latest guidance about older adults and the COVID-19 updated booster.

Care Coordination Programs

- During COVID-19, most care assessments, care planning, or home visits occurred telephonically to reduce exposure and infection for participants and staff. Programs such as Adult Day Health (ADH) suspended in-person programming. The impact on the client’s health and wellness is unknown and will slowly be revealed as ADS and contracted partners are resuming in-person services. As we rebound from COVID-19 impacts, service delivery will evolve from lessons learned, and ADS may again need to pivot to the ‘new normal’ to ensure older adults and people with disabilities receive the supports they need to live independently.

Nutrition and Meal Delivery

- ADS quickly responded to the nutritional issues faced during the pandemic. Congregate meal sites pivoted to pick up meals as well as meal delivery, with the support of transportation providers.
- ADS provided staff assistance to congregate meal sites to prepare meals when their paid and volunteer staff are not available to prepare the meals.
- Key ADS staff participated in county-wide meetings and created innovative food delivery, including utilizing restaurant prepared food from local restaurants and food delivery entities.
- ADS completed a comprehensive nutrition investment that included Multicultural Registered Dietitian Services Request for Proposal (RFP), Home Delivered Meals Request for Qualifications (RFQ), Culturally Nourishing Foods RFP, and Congregate Meals RFQ. The total requests exceeded current available funding. Funding decisions were based on the ability of the agency to focus on serving the priority population.

C-5: COVID-19 Response Services and Supports—Goals & Objectives

Goal 1: Ensure clients continue to receive aging network and LTSS services that meet their needs.

Objectives:

- a. Review policy and procedures to ensure effective continuation of services.

¹⁴¹ Vaccine graphics toolkit for COVID-19 community outreach, Public Health—Seattle & King County, accessed 8/3/2023 at kingcounty.gov/depts/health/covid-19/vaccine/toolkit.aspx

- b. Ensure staff have current information on all LTSS programs and eligibility.
- c. Explore strategies to get people to return to in-person congregate meal dining, as opposed to takeout meals.
- d. Continue to support vaccination and boosters in partnership with Public Health—Seattle & King County.



Section D – Area Plan Budget Summary

Following is a two-page Area Plan Budget--2024 Estimated Revenue and revenue sources (revised 10/27/2023).

AREA PLAN BUDGET

2024 ESTIMATED REVENUE

revised 10/27/2023

| FEDERAL FUNDS | Amount |
|----------------------------------|------------------|
| Older American Act (OAA) | |
| Title III-B, III-C, III-D, III-E | 7,877,827 |
| Title VII Elder Abuse Prevention | 17,806 |
| NSIP (USDA/Food) | 640,495 |
| TOTAL OAA | 8,536,128 |

| | |
|---|-------------------|
| Medicaid (Title XIX) | |
| Case Management | 46,780,092 |
| Title XIX Admin. Claiming | 976,135 |
| Core Svcs Contract Mgmt | 1,586,016 |
| Muckleshoot Front Door (King only) | 40,714 |
| Contracted Front Door Functions (King only) | 1,099,264 |
| Caregiver Training/Trng Wages | 69,211 |
| Medicaid Transformation Demonstration | 3,839,738 |
| Health Home | 536,724 |
| TOTAL MEDICAID | 54,927,894 |

| | |
|---------------------------------------|------------------|
| Other Federal Sources | |
| Seattle Housing Authority | 642,902 |
| UW Geriatric Workforce Enhance | 104,829 |
| HUD Community Development Block Grant | 449,917 |
| VOCA Unmet Victim Service Needs | 100,918 |
| TOTAL OTHER FEDERAL SOURCES | 1,298,566 |

| TOTALS | |
|---|-------------------|
| Total Federal | 64,762,588 |
| Total State | 7,635,537 |
| Total Local | 19,370,402 |
| GRAND TOTAL 2024 ESTIMATED REVENUE | 91,768,527 |

| STATE FUNDS | |
|--------------------------------------|------------------|
| Sr. Citizens Services Act | 2,252,732 |
| State Family Caregiver | 3,227,555 |
| Senior Drug Education | 17,668 |
| Senior Farmers Market | 59,703 |
| Senior Expanded Nutrition (SB 5736) | 175,398 |
| Kinship Caregive | 247,776 |
| Kinship Navigator | 260,000 |
| Veteran Directed Home Services (VDH) | 26,000 |
| State ARPA Match | 518,197 |
| Senior Nutrition | 477,617 |
| WA Care | 157,337 |
| Care Transitions | 215,554 |
| TOTAL STATE FUNDS | 7,635,537 |

*internal Administrative costs only

LOCAL FUNDS

| | |
|---------------------------|-------------------|
| City of Seattle | |
| General Fund* | 15,288,533 |
| Sweetened Beverage Tax | 710,431 |
| (*Excludes Public Health) | |
| TOTAL CITY FUNDS | 15,998,964 |

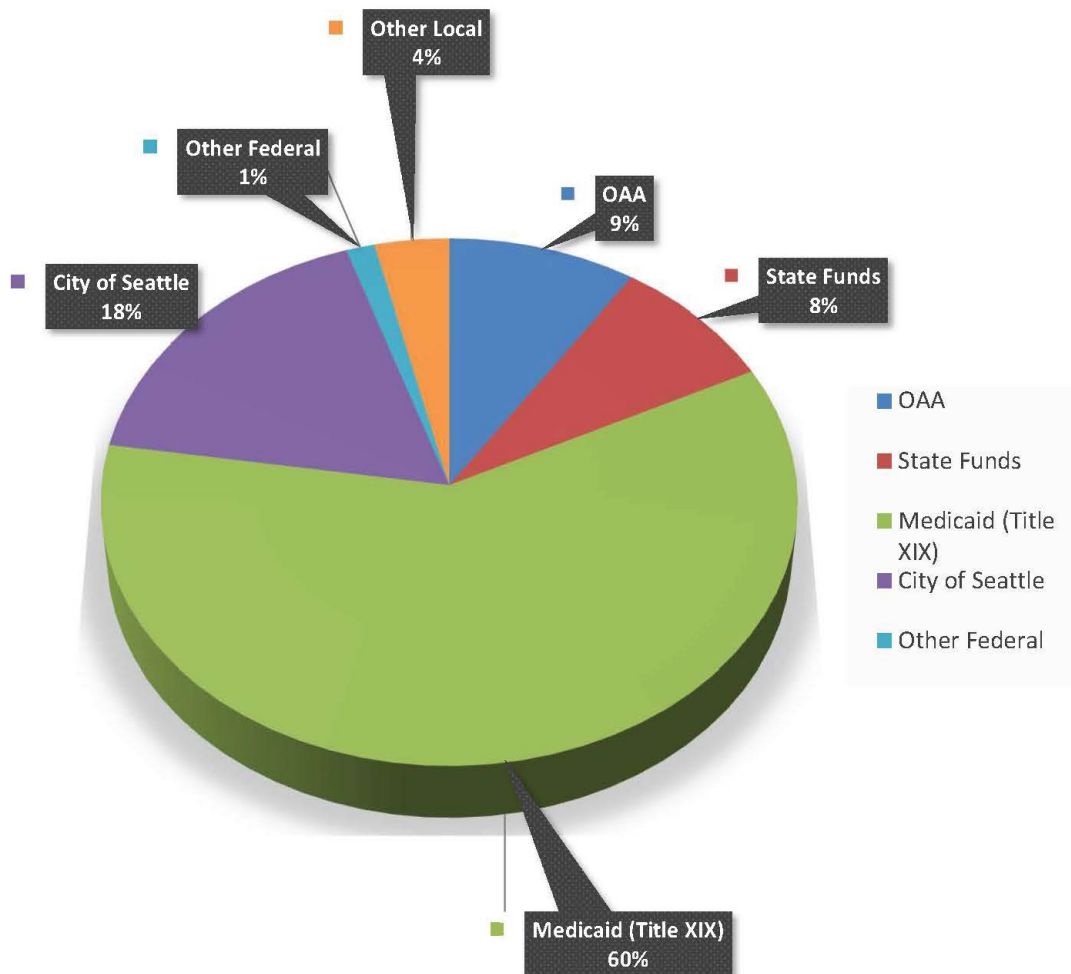
Other Local Funds

| | |
|---|------------------|
| King County Veterans, Seniors & Human Services Levy | 1,343,000 |
| Amy Wong/Taylor Bequest Funds | 100 |
| Interest Income | 100 |
| Title XIX Fund Balance | 328,657 |
| Medicaid Transformation Demonstration Fund Balance | 300,000 |
| Program Income | 451,070 |
| Volunteer Hours | 948,511 |
| TOTAL OTHER LOCAL FUNDS | 3,371,438 |

2024 ESTIMATED REVENUE

| | |
|----------------------|-------------------|
| OAA | 8,536,128 |
| State Funds | 7,635,537 |
| Medicaid (Title XIX) | 54,927,894 |
| City of Seattle | 15,998,964 |
| Other Federal | 1,298,566 |
| Other Local | 3,371,438 |
| TOTAL | 91,768,527 |

2024 Revenue Sources





Appendices

[Appendix A: Organization Charts](#)

[Appendix B: Staffing Plan](#)

[Appendix C: Emergency Response Plan](#)

[Appendix D: Advisory Council](#)

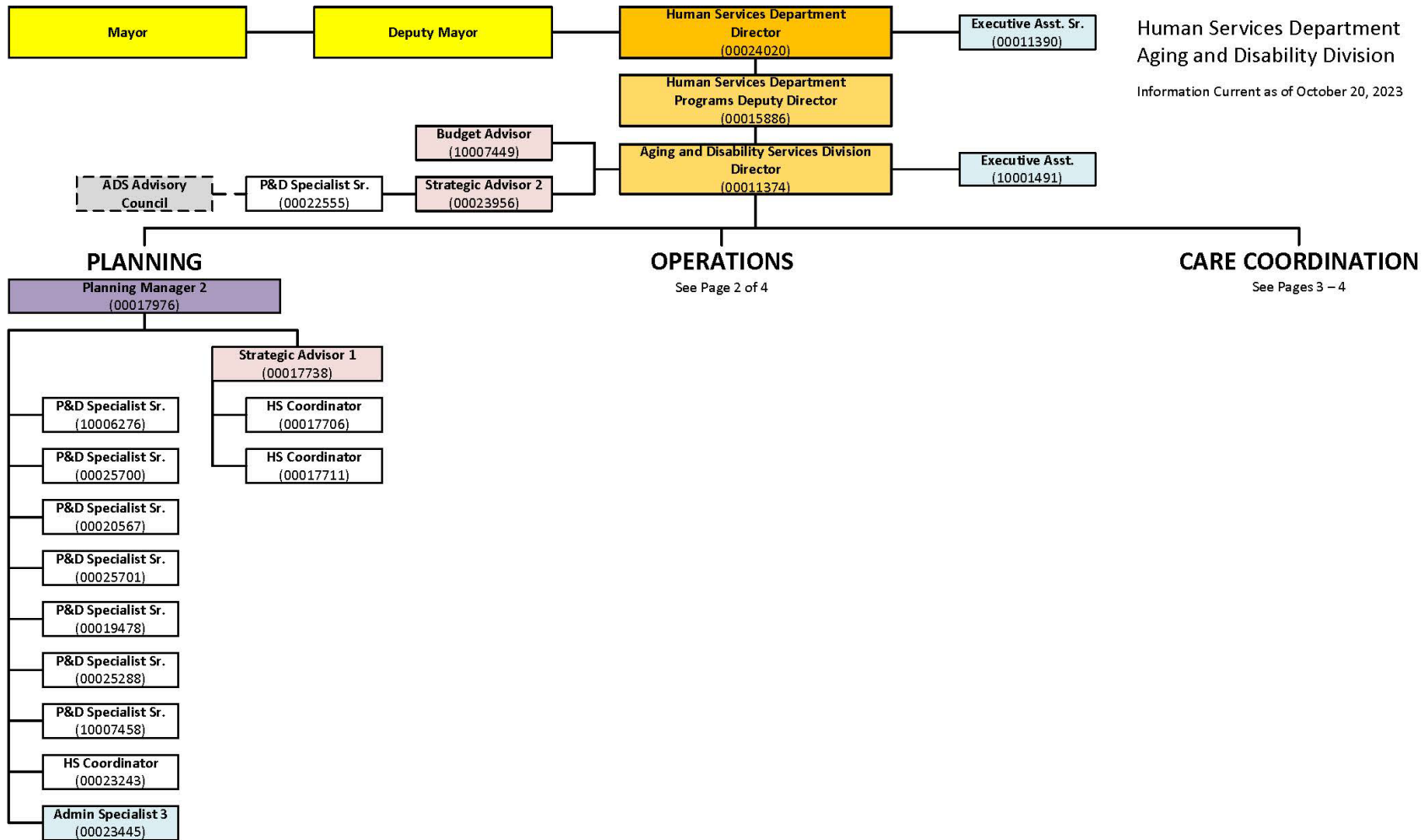
[Appendix E: Public Process](#)

[Appendix F-1: 2022 Report Card](#)

[Appendix F-2: 2023 Report Card](#)

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

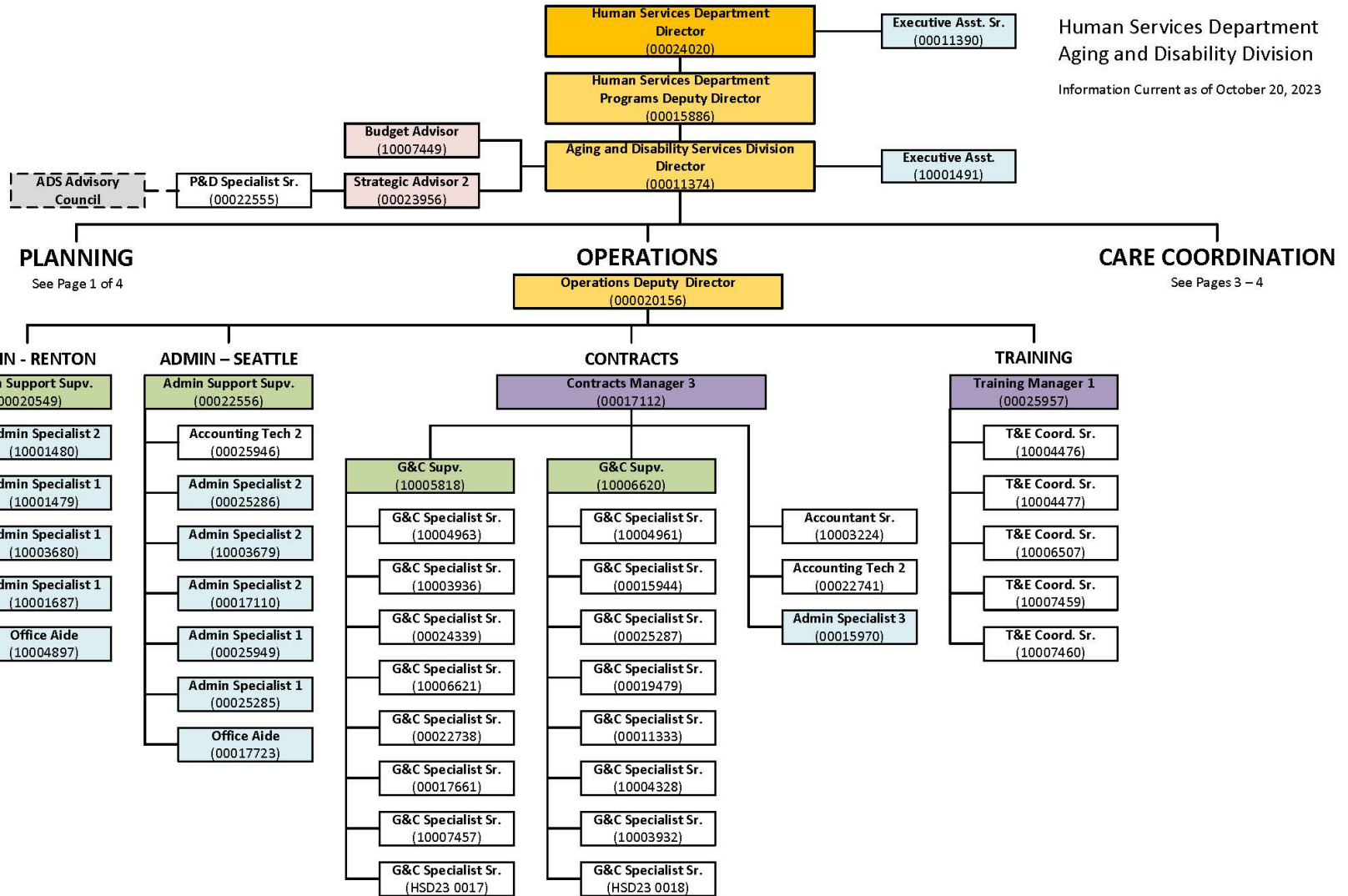
Appendix A: Organization Chart



Human Services Department
Aging and Disability Division

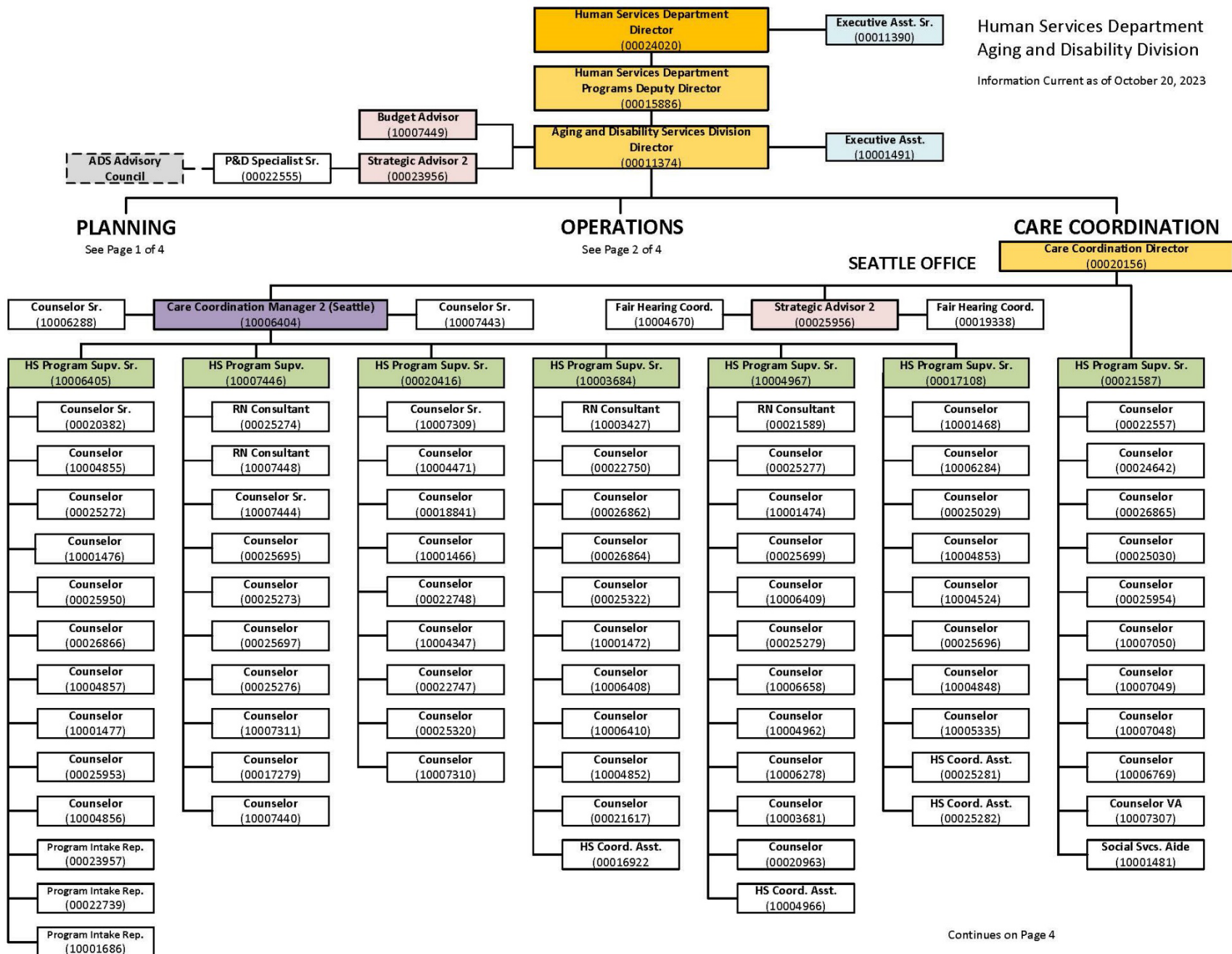
Information Current as of October 20, 2023

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Human Services Department
Aging and Disability Division

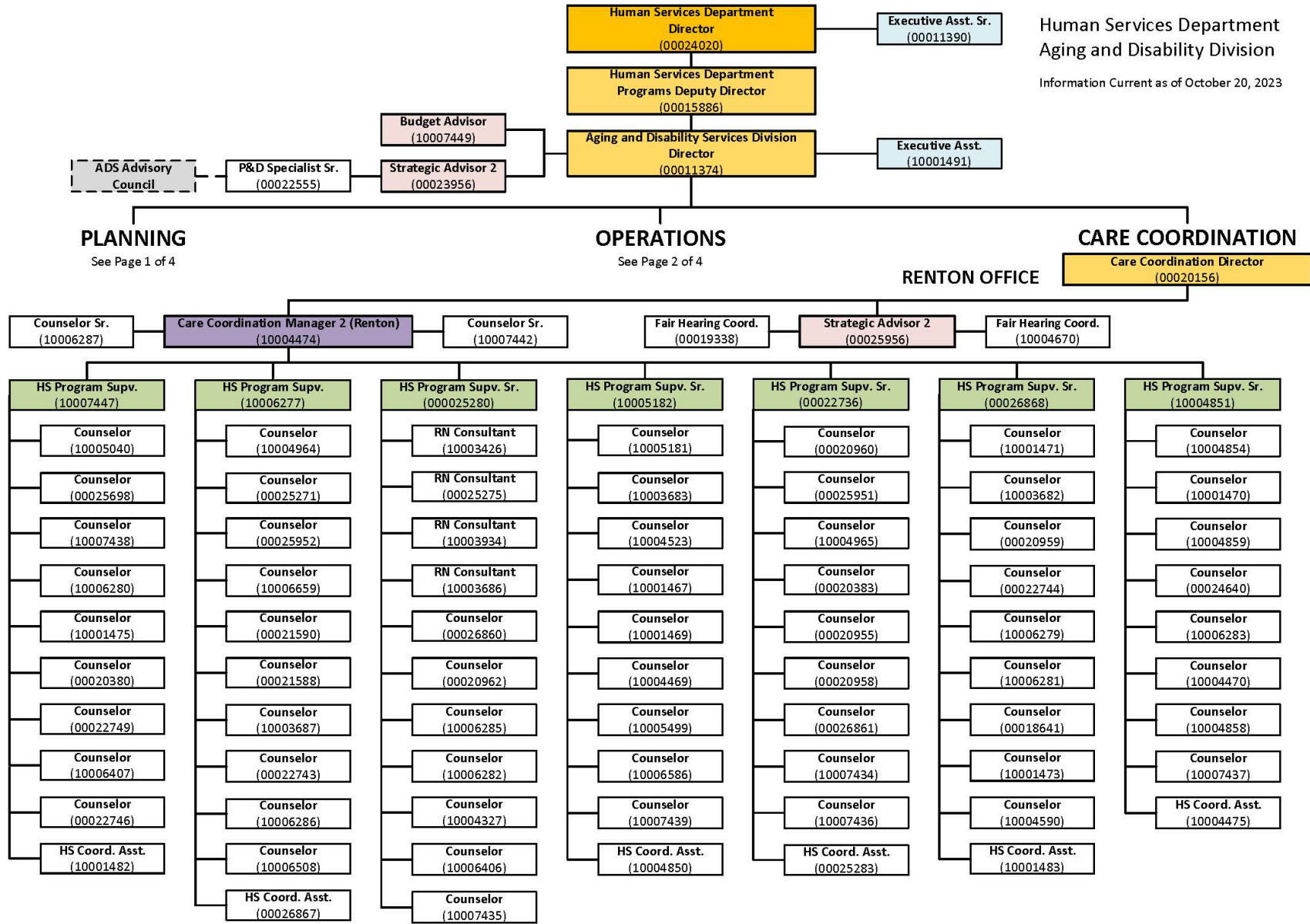
Information Current as of October 20, 2023



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Human Services Department
Aging and Disability Division

Information Current as of October 20, 2023



>

Appendix B: 2024 Staffing Plan

| POSITION TITLE | TOTAL STAFF (Full- & Part-time) | POSITION DESCRIPTION |
|-----------------------------------|------------------------------------|---|
| AAA Director* | 1 | Directs and supervises all AAA activities. (*FTE not reflected in area plan budget, costs covered by City/not included in total #) |
| Actg Tech II | 2 | Performs fiscal & invoice payment support. |
| Accountant, Sr. | 1 | Responsible for AAA fiscal compliance and coordinates across all services areas on recovery of overpayments, cost analysis, new application review and serves as the AAA subject matter expert on fiscal compliance principles. |
| Admin Spec I | 5 | Provide administrative support. |
| Admin Spec II | 4 | Serves as IP coordinator and may assist in administrative support. |
| Admin Spec III | 3 | Provides support for general planning functions, contract development, and CCP. |
| Admin Support Asst | 1 | Serve as receptionists and provide administrative support |
| Admin Support Supv-BU | 2 | Supervise administrative support staff. |
| Counslr | 120.5 | Provide case management services to in home clients for Title XIX, discretionary, MTD case managers and health home programs. |
| Counslr,Asst | 1 | Performs case management tasks to support Counselors. |
| Counslr,Sr | 7 | Clinical and programmatic support for case managers and CMP Supervisors |
| Executive Assistant | 1 | AAA Director support |
| Executive I (AAA Deputy Director) | 1 | AAA Deputy Director |
| Fair Hearing Coord | 2 | Case management fair hearing activities. |
| Grants&Contracts Spec,Sr | 14 | Conduct program & contract monitoring, negotiation, training & technical assistance to subcontractors. Contracts quality assurance. Manages application process for Medicaid contracts, supports contracting and monitoring activities. |
| Grants&Contracts Supv | 2 | Supervision of contracts unit staff, contract development, and coordination of monitoring activities. |
| HS Coord Asst | 10 | Performs case management tasks to support Counselors. |
| Human Svcs Coord | 2 | Outreach and program support for the Geriatric Workforce Enhancement Grant, Age Friendly initiative, |
| Human Svcs Pgm Supv,Sr | 14 | Each supervises a team of case managers including Title XIX, discretionary and health homes. |
| Manager 1, Human Svcs - Training | 1 | Overall training development plan and implementation. Supervises the training team |
| Manager 3,Fin,Bud,&Actg | 1 | Oversees all contracted services and AAA budget. |

| POSITION TITLE | TOTAL STAFF (Full- & Part-time) | POSITION DESCRIPTION |
|--|--|---|
| Manager 2, Human Svcs - Planning | 1 | Oversees all planning functions and data application systems. |
| Manager 2, Human Svcs - Case Management | 2 | Direct supervision of the Seattle and South King County case management offices. |
| Manager 3, Human Svcs | 1 | Directs the Care Coordination Program, including Case Management Program; oversees in-house case management services. |
| Plng&Dev Spec, Sr | 8 | Conducts AAA planning for new projects and service areas. Planning functions include Area Plan development and implementation, systems coordination, research and analysis, advocacy coordination, lead investment processes. Advisory Council support. Project management for CMP including MTP. |
| Prgm Intake Rep | 3 | Perform client assessment and scheduling for Respite services, coordinate with service providers |
| Program Aide | 1 | General office support of CMP |
| Registered Nurse | 8 | Serve as nurse consultants to the case managers. |
| Social Services Aide | 1 | Provide support to case managers. |
| StratAdvsr1, Human Svcs | 1 | Coordinates Age Friendly work. . |
| StratAdvsr2 HSvcs | 3 | Conducts strategic planning, policy development, and health aging coordination activities in support of Area Plan objectives. |
| | | Serves as health integration lead and supervisors Health integration team. |
| | | Supports CMP director, QA, risk management, compliance, subcontractors. |
| Trng&Ed Coord. Sr | 5 | Provide and coordinate training for AAA staff and subcontractors |
| Grand total in cost allocation plan | 231.25 | |

Total Number of Pockets: 238 (6 additional positions recently approved by CBO)

Total FTE Based on 40 Hour Work Week: 231

Total Number of Full Time Staff: 231

Total Number of Part-Time Staff: 7

Total number of ethnic community staff members: 122

Total number of staff over age 60: 28

Total number of staff indicating a disability N/A

Information on staff indicating disability is not available in the HR database.

Appendix C: Emergency Response Plan

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 July 15, 2021, to reflect COVID-19 pandemic response. Though there is not a definite date of the next update to the COOP, in 2024 all City of Seattle department COOPs will be revised with a new format that will be provided by the Seattle Office of Emergency Management.

The Emergency Response Plan includes the following elements from the Area Agency on Aging Policy and Procedures Manual Chapter 1: Policies:

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

| Area Agency on Aging Policy & Procedures Manual Chapter 1 Elements | Responses |
|--|---|
| 1. A designated staff person to oversee planning tasks and determine how emergency management is carried out in the local jurisdiction | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 | <ol style="list-style-type: none"> 1. Updated the Human Services Department (HSD) Continuity of Operations (COOP) planning Emergency Response Team Roster (July 15, 2021) 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. |

| Area Agency on Aging Policy & Procedures Manual Chapter 1 Elements | Responses |
|---|--|
| | <ul style="list-style-type: none"> 5. Participates in the Emergency Support Function 6 (ESF 6) Mass Care, Housing and Human Services Group, which includes preparedness activities and exercises. 6. Participates in emergency preparedness exercises with the City of Seattle Office of Emergency Management. 7. Participates in Seattle Emergency Operations Center (EOC) training and when applicable helps staff the EOC during activations. |
| <p>4. Criteria for identifying high-risk clients in the community</p> | <p>Lives alone, has 100 hours and</p> <ul style="list-style-type: none"> 1. CPS score ≥ 4 2. Med management/self-administration: Must be administered. 3. Medical treatment/treatment list <ul style="list-style-type: none"> a. IV/nutritional support b. Bowel program c. Gastrostomy/P eg care d. Tracheostomy care e. Tube feedings f. IV medications g. CPAP or BiPAP h. Dialysis i. Nebulizer j. Oxygen k. Suctionin g l. Ulcer care m. Ventilator or respirator n. Skilled Nursing 4. Indicators/Skin screen/Pressure ulcers: Number of current pressure ulcers ≥ 1 5. Mobility/locomotion outside of room/self-performance: Extensive assistance or total dependence or did not occur/client not able. 6. Eating/Self-performance: Total <p>ADDITIONAL INFORMATION NEEDED</p> <ul style="list-style-type: none"> 1. Home care agency 2. Hours authorized. 3. Collateral name 4. Collateral phone 5. Language 6. CM name 7. DOB 8. Address 9. Phone 10. Office 11. Supervisor |

| Area Agency on Aging Policy & Procedures Manual Chapter 1 Elements | Responses |
|---|---|
| 5. Plan for contacting high-risk clients and referring to first responders as necessary | <ol style="list-style-type: none"> 1. 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 (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 | <p>Primary Departments</p> <ul style="list-style-type: none"> • Seattle Human Services Department • Seattle Parks and Recreation Department <p>Support Departments and Agencies</p> <ol style="list-style-type: none"> 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 |

| Area Agency on Aging Policy & Procedures Manual Chapter 1 Elements | Responses |
|--|---|
| | 25. Private Sector |
| 7. Cooperation with the appropriate community agency preparedness entities when areas of unmet need are identified | <ul style="list-style-type: none"> • 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 response expenditures for possible reimbursement | <ul style="list-style-type: none"> • The Human Services Department Financial Department (which includes ADS) tracks emergency response 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 | <ul style="list-style-type: none"> • Human Services Department (HSD) Continuity of Operations Plan (COOP) updated July 15, 2021, includes these elements. |

Appendix D: 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 and adults with disabilities 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 and adults with disabilities. As advocates, the council recommends legislation and policy measures, informs the community about critical issues and needs of older persons and adults with disabilities.

Partners of ADS and its Advisory Council are the 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 11 active and no pending Advisory Council members:

| | |
|-------------------------|----------------|
| Zelda Foxall | Diana Thompson |
| Joe Hailey, Chair | Cindy Snyder |
| Marli Larimer* | Kim-Khánh Van* |
| Tom Minty | Barb Williams |
| Alex O'Reilly | Dick Woo |
| Lorna Stone, Vice Chair | |

* Elected official
** Pending member

Total age 60 years or older: 8
Total people of color: 4
Total self-Indicating a disability: 1

Appendix E: Public Process

The ADS Advisory Council’s Planning and Allocations Committee hosted three public hearings throughout King County to receive comments on the draft Area Plan 2024–2027. A total of 37 individuals participated, including Advisory Council members, ADS staff, rural community residents, and representatives from the Mount Si Senior Center, Catholic Community Services—Kinship Caregivers Support Program, the Hearing, Speech, and Deaf Center, and the Pike Market Senior Center. Comments received are summarized in the matrix below.

Community Engagement and Racial Equity Planning

| Date | Planning Activity | Partners & Roles | Date Finalized |
|--|---|---|------------------|
| January 11, 2023 | ADS Planning Unit meeting | Planning and Age Friendly staff | January 11, 2023 |
| January 18, 2023 | Area Plan Kick-off Meeting | Planning and Age Friendly staff | January 18, 2023 |
| February 1, 2023 | Area Plan Engagement Planning | ADS planning unit staff, King County Dept. of Community and Human Services | February 1, 2023 |
| February 6, 2023 February 22, 2023 March 6, 2023 March 20, 2023 April 3, 2023 May 1, 2023 | Race & Social Justice strategy chart meetings | ADS Advisory Council, the Mayor’s Council on African American Elders, the King Co. Department of Community and Human Services, Public Health—Seattle & King County, and the Seattle Human Services Department’s Race and Social Justice Change Team | May 1, 2023 |

Community Engagement Activities—Forums, Focus Groups, Surveys, and Public Hearings

| Date | Activity | Location | Partners/Roles |
|-------------------|----------------------|---|--|
| January 23, 2023 | Senior Housing Forum | Renton Senior Center 211 Burnett Ave. N Renton, WA 98057 | Co-conveners included ADS, Age Friendly Seattle, King County Dept. of Community and Human Services |
| February 17, 2023 | Meeting | Byrd Barr Place 722 18 th Ave. Seattle, WA 98122 | Commissioners of the Mayor’s Council on African Am. Elders |
| March 3, 2023 | Meeting | Virtual | Muckleshoot tribal staff; DSHS Home & Community Services; Adult Protective Services; ADS staff |
| March 8, 2023 | Meeting | Virtual | Snoqualmie tribal staff; DSHS Home & Community Services; ADS staff |
| March 15, 2023 | Focus group | 10004 SW Bank Rd. Vashon, WA 98070 | Vashon Senior Center director, social worker, volunteers, and members. |

| Date | Activity | Location | Partners/Roles |
|-------------------|----------------|---|--|
| March 22, 2023 | Meeting | Virtual | ADS Care Management teams and supervisors |
| March 29, 2023 | Meeting | ADS Renton Office 600 SW 39 th St, #155 Renton, WA 98057 | Community Living Connections providers quarterly meeting (Note: Included disability providers) |
| April 4, 2023 | Focus group | Sno-Valley Senior Center 4610 Stephens Ave. Carnation, WA 98014 | Snoqualmie Valley Senior Center director, social worker, and members. |
| April 1, 2023 | Article | Online survey | An article and an online survey were included in the AgeWise April issue. |
| May 1, 2023 | Engagement | Online survey | Extended the online survey for input specifically for LGBTQ+ older adults and providers. |
| August 14, 2023 | Public Hearing | ADS Renton Office 600 SW 39 th St Renton, WA 98057 | Hosted by the ADS Advisory Council Planning and Allocations Committee |
| August 23, 2023 | Public Hearing | Mt Si Senior Center 411 Main Ave S North Bend, WA 98045 | Hosted by the ADS Advisory Council Planning and Allocations Committee |
| September 5, 2023 | Public Hearing | Virtual | 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 |
|------------------------------|---|---|
| Mt Si Senior Center member | The plan is too high level. Would like to see how policy is translated to programs and services. | Thank you. For 2024, ADS will update our website to clarify how policy is translated to programs. |
| Mt Si Senior Center guest | Thank you for presenting the information in the plan. I wish there was something like this for older adults in Nevada where I live. | AAAs are available in every state. The Eldercare Locator can help you find your local AAA and aging services network. |
| Mt Si Senior Center member | Please host a vaccine drive at the center – it will make it easier for the neighbors to get their vaccines. | To request a vaccine clinic, contact Public Health – Seattle & King County, Community & Health Equity Communications, at 206-263-8160 or email annie.kirk@kingcounty.gov |
| Mt Si Senior Center member | Please add link to the policies that we changed and a small notation about what the change is and how it affects us. | A summary of 2022-2023 accomplishments is listed in Appendix F. See previous Report Cards on ADS website www.agingkingcounty.org/data-reports/reports/ |

| Agency/General Public Member | Comments/Recommendations | Area Agency on Aging Response |
|------------------------------|--|---|
| Mt Si Senior Center member | Please add a slide that discusses how you support caregivers. | A description of caregiver information and support is discussed in section B-2 of the plan (AAA Services and Partnerships). |
| Mt Si Senior Center member | Does ADS have plans to build senior housing in Mt Si? | Housing development and construction are outside the purview AAAs, however, ADS is actively involved in advocacy to increase the supply of affordable and accessible housing for older adults and to provide needed services for residents. |
| Mt Si Senior Center member | Create a presentation that talks high level about what we do – get out of the weeds. Example: ADS is the funder, and this project supports this facility. | We appreciate your feedback. |
| Mt Si Senior Center member | Please replace our audio system with something that works with the acoustic in the room. | Your comment has been shared with Mt Si staff. |
| Mt Si Senior Center member | Mt. Si Senior Center needs an acoustic treatment to combat the background noise. It is very hard for folks who have hearing issues to hear anything. | Your comment has been shared with Mt Si staff. |
| Mt Si Senior Center member | We need more transportation options in rural communities. | ADS recognizes the transportation challenges in rural communities and is committed to strengthening transportation options. See transportation goal on page 85. |
| Mt Si Senior Center member | Need more disabled parking around the Mt Si Senior Center and parks both state and local. | Your comment has been shared with Mt Si staff. |
| Mt Si Senior Center member | We need more volunteers at the Mt Si Senior Center. | Your comment has been shared with Mt Si staff. |
| Mt Si Senior Center member | Mt Si Senior Center needs a new bus. The old one broke down. It was used to take up 16 seniors out on activities. Lots of them can't drive and still want to get out of doors to see new places, and shop. | Your comment has been shared with Mt Si staff. |
| Mt Si Senior Center member | We need a new tennis court net for seniors at Mt Si Senior Center and pickle ball should be free. | Your comment has been shared with Mt Si staff. |
| Mt Si Senior Center member | Bring back the mobile medical bus from Swedish to rural communities. | Your comment has been shared with Mt Si staff. |
| Mt Si Senior Center member | How much of the ADS budget is spent on nutrition? We would like the meals to be free or further discounted. | We appreciate your feedback about the cost of meals and are aware of the impact of rising food prices on older adults living on fixed incomes. |

| Agency/General Public Member | Comments/Recommendations | Area Agency on Aging Response |
|---|---|---|
| <p>Sound Generations (SG)</p> | <p>Commented in support of: <u>Social connectivity</u> – Agreed that digital equity and the role of senior centers are becoming increasingly important. Hoping that available funding sources will sustain digital equity efforts. <u>Behavioral health</u> – Agreed with comments in the plan regarding behavioral health, especially for those experiencing self-neglect. Commended the work of ADS care coordinator, Kathi Church, and the role she plays. More help is needed when Adult Protective Services is not stepping up consistently to handle these situations. <u>Transportation</u> – In rural southeast King County (Enumclaw, Maple Valley, and Black Diamond) SG has hired a driver who uses her own vehicle. So, we have our own Uber/Lyft driver in those areas where it’s hard to find volunteers and where Uber/Lyft don’t operate. We also support comments in the plan to develop One Call/One Click and centralized trip planning. There is a lot of capacity but it is not well organized because the siloed funding limits coordination. <u>Homecare workforce</u> – I support comments in the plan about clustering client assignments and want to make sure you’re aware of work being done by AARP and Leading Age WA called Housing Plus Services which uses clustered client assignments for the limited number of homecare workers available for affordable and subsidized housing residents. We hope ADS will support and enhance this work for people who have homecare needs. <u>Meals on Wheels</u> – Current needs are outstripping available ADS resources. SG gets Veterans, Seniors, and Human Services Levy funds, but more is needed. Without additional funding, the waiting list will increase and it’s already a 2-year wait list.</p> | <p>We appreciate your feedback.</p> <p>Thank you for your comment. This is also a concern for ADS.</p> <p>Thank you for your comment.</p> <p>ADS is involved in this work. More information can be found in the plan. See page 90, Goal 3.</p> <p>Thank you for your comment.</p> |
| <p>Hearing, Speech, and Deaf Center</p> | <p>I’m concerned about housing for the future. I don’t like to section us off like with the deaf/hard of hearing community, especially for older adults. Funding is needed to support gatherings where the deaf community could come together, where they could all use sign language. It would be cost-effective because you wouldn’t need interpreters all the time.</p> | <p>ADS is committed to promoting inclusive housing options for older adults.</p> |

| Agency/General Public Member | Comments/Recommendations | Area Agency on Aging Response |
|--|---|-------------------------------|
| Catholic Community Services – Kinship Caregivers Support Program | I appreciate the framing of the plan that looks at racial disparities in King County and housing. Our program works with older women who are raising their grandchildren. Calls for assistance have increased about housing instability. ADS and community organizations are doing a great job to try to support these grandmothers, but it's getting harder and harder due to increased housing related costs. | We appreciate your feedback. |
| Hearing, Speech, and Deaf Center | I support this plan. It looks comprehensive and great! It's important to remember that program/services should be available to people who speak all types of languages. And people need networks of folks who share the same experiences. Thank you for the focus on racial disparities. | We appreciate your feedback. |

Written Comments and Recommendations

| Agency/General Public Member | Comments/Recommendations | Area Agency on Aging Response |
|------------------------------|---|--|
| Advisory Council member | I quickly looked at the plan to discover what it states about hearing loss. The word 'hearing' only occurred once. Would it be appropriate to mention that seniors should be encouraged to have hearing tests and to secure hearing aids if they have hearing loss.? There are now over the counter hearing aids available for persons age 18 or older with mild to moderate hearing loss. This should help the cost AND Medicaid in Washington covers hearing aids. Also, businesses, non-profits, and government are required to accommodate the needs of persons with hearing loss and other disabilities. Should you add something about the Americans with Disability Act and other legislation that require reasonable accommodation for persons with disabilities including hearing loss? Here is one article I just located about hearing, but there are many other articles available on the internet. www.healthyhearing.com/report/52267-Know-your-rights-hearing-loss-hearing-aids-and-everything-in-between | ADS acknowledges that hearing loss awareness is an important topic for older adults and uses social media platforms to increase awareness. |

Appendix F-1: 2022 Report Card

Area Plan for Seattle-King County 2020–2023

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



2022 report card

The Area Plan 2020–2023 for Seattle and King County is Aging and Disability Services' roadmap for a responsive system of services that promote quality of life, independence, and choice for older people, adults with disabilities, caregivers, and their family members. The following are specific accomplishments related to Area Plan objectives. Learn more at AgingKingCounty.org/area-plan/.

COVID-19

During the COVID-19 pandemic, staff worked remotely, returning to the office and/or field several days each week in 2022. ADS continued to collaborate with Public Health—Seattle & King County and the Washington State DSHS/ALISA and Department of Health to help ensure health and safety of clients, staff, and community partners; checked in regularly with those most vulnerable to dire outcomes; ensured that basic needs were met; developed strategies to address social isolation; and supported more than 14,000 clients in securing vaccine appointments.

committed to racial equity & social justice

ADS supports the City of Seattle's Race and Social Justice Initiative (RSJI) and the USAging commitment to equality and diversity.

our mission

The ADS mission is to develop a community that promotes quality of life, independence, and choice for older people and adults with disabilities in King County. We will accomplish this by:

- Working with others to create a complete and responsive system of services.
- Focusing attention on meeting the needs of older people and adults with disabilities.
- Planning, developing new programs, educating the public, advocating with legislators, and providing direct services that include the involvement of older

adults and others representing the diversity of our community.

- Promoting a comprehensive long-term care system.
- Supporting intergenerational partnering, planning, and policy development.

our partners

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

our services

ADS contracts for services and provides certain types of direct services for older people, adults with disabilities, and caregivers, including:

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

2022 performance

| Objectives | Accomplishments |
|--|--|
| <p>C-1: Support Healthy Aging</p> <p>Develop and strengthen community partnerships through presentations, media campaigns, and forums that increase awareness and promote healthy aging.</p> <p>Advocate for policies and programs that help prevent chronic diseases later in life.</p> <p>Support increased access to health care and mental health services for low-income communities, communities of</p> | <ul style="list-style-type: none"> Supported a Q1 series of Aging Mastery Program classes at the Issaquah Senior Center, in partnership with Kelly Ross Pharmacy. Published an AgeWise article on Osteoarthritis, co-authored with Dr. Kushang Patel. Partnered with the Washington State Department of Health on a Falls Prevention Lunch and Learn provided for Seattle Human Services Department employees and community members. <p>Age Friendly Seattle:</p> <ul style="list-style-type: none"> Supported the relaunch of the Northwest Universal Design Council, reconvened monthly steering committee meetings and the first in-person Happy Hour event since 2020. Launched a successful Business Outreach Initiative that included an in-person campaign to expand partners participating in the Gold and FLASH Card program. Launched an online application process for the Gold/Flash card program. Submitted feedback on the Puget Sound Regional Council’s regional transportation plans and encouraged other organizations to also provide input. Coordinated and produced the first-ever hybrid Civic Coffee. Partnered with The Seattle Public Library on all Civic Coffee events. Convened an interdepartmental conversation on Missing Middle Housing. Sponsored 20 participant placements for a new evidence-based dementia caregiver training program developed by the Rosalind Carter Institute for Caregivers. Supported production of two Congressional roundtable discussions to elevate issues important to older adults. Presented to AARP and a Washington State stakeholders group about the importance and potential of age-friendly communities. Consulted with the cities of Austin, TX and Mecklenburg, NC, which are starting new Age Friendly communities. Continued bi-weekly meetings on emergency preparedness with King County Department of Community and Human Services. Partnered with Seattle Parks and Recreation on the relaunch of the Sound Steps walking program. Conducted a successful Age-Friendly Housing Forum during Q4, attended by about 120 people (an in-person event). No activity to report. Participated in the June Age Friendly Seattle Civic Coffee that focused on dementia, caregiver support, and prevention among elders of color and LGBTQ older adults. |

| Objectives | Accomplishments |
|---|---|
| color, and immigrant and refugee communities. | <ul style="list-style-type: none"> Coordinated staff attendance at the Mayor’s Council on African American Elders (MCAAE) meeting in September to hear a presentation by George Dicks, Geriatrics Mental Health Specialist, Harborview Medical Center, which focused on mental health challenges faced by older Black adults. Coordinated a presentation to the MCAAE in December on the new Tubman Center for Health & Freedom. The Chief Executive Officer, AyeNay Abye discussed the mission/vision/goals of the new center and plans for addressing Black health and wellness in Seattle and King County. |
| Expand evidence-based programming in King County. | <ul style="list-style-type: none"> Provided Aging Mastery Program (AMP) elective classes to older residents of Enumclaw: <ul style="list-style-type: none"> Situational Awareness/Personal Safety (13 attended) Rightsizing (7 attended) Hospice (5 attended) Presented at the AMP mini conference in April. Completed the AMP Core Curriculum in October in Enumclaw and November in Issaquah. |
| Promote and institutionalize Universal Design in the built environment— transportation, housing, buildings, and outdoor spaces—and ensure that new comprehensive and community plans incorporate age-friendly concepts. | <p>Age Friendly Seattle:</p> <ul style="list-style-type: none"> Supported the post-COVID relaunch of the NW Universal Design Council (NWUDC), including establishment of monthly steering committee meetings. Supported NWUDC’s first Happy Hour networking event since 2020 (about 30 people attended). Convened an interdepartmental meeting to learn about the Missing Middle Housing. |
| Increase understanding of consequences and risk factors of social isolation and depression for LGBTQIA+ and BIPOC elders among decision makers, service providers, and consumers. | <ul style="list-style-type: none"> No activity to report. |
| Continue social connectivity projects that were initiated in response to the COVID-19 pandemic. | <ul style="list-style-type: none"> Implemented plans to pilot Sharing History and Reminiscing through Photo-Imagery (SHARP Seattle), a culturally celebratory neighborhood walking and reminiscing program for Black older adults who were current or former residents of Seattle’s Central District lost to gentrification. Continued partnership with the DSHS Aging and Long-Term Supports Administration to distribute Furry Friends to community partners. The new technology and approach helped mitigate the impacts of COVID-19 isolation, including mental health impacts. In 2022, the new Furry Friends program provided companion pets to older adults experiencing loneliness or dementia. Age Friendly Seattle participated in a King County request for proposals (RFP) process to support community organizations’ efforts to increase social connectivity for older adults. |
| Coordinate annually with partners, such as Public Health and Alzheimer’s Assn. on implementing outreach strategies in the | <ul style="list-style-type: none"> Observed Memory Sunday in June (Alzheimer’s and Brain Awareness Month). Fifteen congregations in Seattle and King County participated by posting information about Alzheimer’s and related dementias on their websites and in church newsletters, and they |

| Objectives | Accomplishments |
|---|--|
| state Alzheimer's Plan with emphasis on communities of color. | <ul style="list-style-type: none"> were each mailed Alzheimer's and Dementia resources to share with their members. Hosted the African American Caregivers Forum: Legacy of Love in November (National Family Caregivers Month). About 35 caregivers took part in the two-hour virtual event that featured Dr. Raina Croff as keynote speaker. |
| Work with the Dementia Action Collaborative (DAC) to implement priorities in the Washington State Plan to Address Alzheimer's | <ul style="list-style-type: none"> Promoted a DAC survey to collect input from those affected by dementia, including BIPOC and LGBTQ communities in King County, which will inform update of the State Plan to Address Alzheimer's Disease and Other Dementias. |

| Objectives | Accomplishments |
|--|--|
| C-2: Enhance Well-Being | |
| Align ADS investments with the King County Veterans, Seniors, and Human Services Levy (VSHSL) to enhance the current Aging Network. | <ul style="list-style-type: none"> ADS and VSHSL staff and Senior Center hub providers participated in bi-weekly and quarterly meetings. |
| Seek additional funds to support Community Living Connections network | <ul style="list-style-type: none"> Six Community Living Connections agencies received VSHSL caregiver funding. |
| Facilitate enhanced care planning across social service and healthcare systems. | <ul style="list-style-type: none"> Participated in the Connect2 Community Network Unified Network Infrastructure Request for Proposals process. |
| Participate in advocacy efforts to increase the paid caregiver workforce. | <ul style="list-style-type: none"> Participated, with other Washington Association of Area Agencies on Aging (W4A) members, in a DSHS workforce capacity workgroup. |
| Partner with the ADS Advisory Council, the Mayor's Council on African American Elders, and the Housing Development Consortium to advocate for age-friendly low-income housing. | <ul style="list-style-type: none"> Age Friendly Seattle led a successful Age-Friendly Housing Forum ("<i>Where Will Seattle's Older Adults Live?</i>") on November 2 at Seattle City Hall. Partners included AARP Washington, Northwest Universal Design Council, and the King County Department of Community and Human Services. About 120 attended the in-person event. |
| Implement an integrated approach to home repair and home modification in partnership with the King County Home Repair Network. | <ul style="list-style-type: none"> Implemented the CAPABLE pilot in partnership with Habitat for Humanity (a program developed at the Johns Hopkins School of Nursing for older adults to safely age in place, involving a series of visits from an occupational therapist, a registered nurse, and a handy worker, who work in collaboration with the adult to increase mobility, function, and capacity to age in place.) In 2022, eight clients were referred for CAPABLE; some did not officially start receiving the program until 2023. |
| Expand the availability of home sharing opportunities in King County. | <ul style="list-style-type: none"> No activity in 2022. The topic will be included in Housing Forum discussions in 2023. |
| Implement transportation coordination tool to include web- and/or app-based ride request feature with full adoption by ADS-funded transportation providers. | <ul style="list-style-type: none"> ADS continues to participate in the development of Find-A-Ride, the rebranded name for One-Click/One-Call, a web-based app that serves as a user-friendly tool to make it easier to find, coordinate, and request accessible transportation. For many people with unique accessibility needs, navigating the range of transportation options and eligibility criteria can be time-consuming and frustrating. Find-A-Ride aims to solve this; the initial development has been done, and Phase 1 of User Acceptance Testing is wrapping |

| Objectives | Accomplishments |
|---|--|
| Identify opportunities to support the capital and operating needs of existing senior centers so they can provide safe and accessible environments and sustainably meet the needs of the communities they serve. | <p><i>[continued from page 4]</i> up in August 2023; ADS staff serve on the User Testing Task Force. Adoption by ADS-funded transportation providers has not yet occurred, as the app is not ready for public dissemination.</p> <ul style="list-style-type: none"> • No direct action by ADS to assess the needs of senior center facilities; however, potential facility upgrades to address climate change may be included in the 2024 Veterans, Seniors and Human Services Levy renewal. |
| Raise awareness about the Long-Term Care Trust Act benefit through statewide and local media campaigns focused on consumers and employers. | <ul style="list-style-type: none"> • Partnered with other Area Agencies on Aging (AAAs) and the State to ensure a coordinated approach to determine eligibility for the benefit and to help consumers access needed services. Activities included a survey and focus group meetings with AAAs and support with WA Cares planning and implementation in their decision package, including funding for AAA role. The Governor's budget also included a DSHS decision package request for WA Cares. |

| Objectives | Accomplishments |
|--|---|
| C-3: Maximize Independence | |
| Increase AAA staff clinical skills to address the medical complexity of LTSS clients. | <ul style="list-style-type: none"> • Nursing and care management staff participated in three clinical training courses: 1) older adults and chronic pain; 2) personality disorders; and 3) dementia and decision-making. • PEARLS counselors participated in a separate training provided by a pharmacist. |
| Collaborate with first responders to improve health outcomes and reduce unnecessary EMS and hospital emergency department use. | <ul style="list-style-type: none"> • ADS provided case manager support for the Redmond Fire Department Mobile Integrated Health Unit. The project was discontinued and is no longer being funded. |
| Increase awareness and expand case management services for victims of abuse, neglect, and exploitation. | <ul style="list-style-type: none"> • 484 vulnerable adult reports were submitted to Adult Protective Services by the Seattle Fire Department. |
| Explore opportunities and alternative ways to deliver long-term services and supports for complex clients such as those experiencing homelessness. | <ul style="list-style-type: none"> • Case managers went door-to-door at 25+ senior housing buildings to offer information about vaccine booster clinics and social services. • One staff member provided in-person services in supportive senior housing buildings throughout the pandemic. • 32 evictions were prevented by our SHA team. |
| Build sustainable communication among agencies working with complex long-term services and supports clients. | <ul style="list-style-type: none"> • Participated in three meetings per month (LIPH North, LIPH South and Senior Housing), for a total of 36. • Maintained active partnerships with both Sound Health and Southeast Youth and Family Services, sharing 1–2 referrals per month with them, and sometimes more. • Frequently conduct client staffings on-site with Sound Health. |
| Increase the number of successful referrals to LTSS, e.g., MAC/TSOA | <ul style="list-style-type: none"> • 1,050 successful MAC & TSOA client referrals |

| Objectives | Accomplishments |
|---|---|
| C-4: Partner with Tribes | |
| Coordinate efforts to connect King County tribes and organizations to the Community Living Connections network. | <ul style="list-style-type: none"> Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA) training was made available to Muckleshoot tribal and Muckleshoot Elders In-Home Support Services (MEIHSS). |
| Participate in annual 7.01 update meetings with tribal members and Office of Indian Policy staff. | <ul style="list-style-type: none"> Three 7.01 meetings were held with Muckleshoot tribal staff. No meetings were held with Snoqualmie tribal members. |
| Advocate for culturally relevant delivery of services to Native American tribes and urban Indians. | |

| Objectives | Accomplishments |
|---|---|
| C-5: Respond to the COVID-19 Pandemic | |
| Advocate for a permanent increase in Older Americans Act base budget. | <ul style="list-style-type: none"> The ADS director attended the USAging Policy Conference that focuses on federal priorities for the aging network. Hosted congressional roundtables to raise awareness of the Older Americans Act (OAA) and other investment needs and engaged advocacy networks. The federal spending package was signed by the President in December 2022, which included increases to OAA funding. |
| Increase advocacy for more flexibility in policies and regulations. (2022–2023). | <ul style="list-style-type: none"> Gathered and provided comments on the Older Americans Act regulations in response to a request from the Administration for Community Living. Comments focused on areas that affect equity and flexibility. |
| Implement a spending plan for relief funds to address vaccine hesitancy, social isolation, and emerging service models (American Rescue Plan, Consolidated Appropriations Act). | <ul style="list-style-type: none"> Finalized the 2022 ARPA Spending Plan, including investments to address social isolation. |
| Address vaccine hesitancy in close collaboration among AAA partners. | <ul style="list-style-type: none"> Shared information from the Administration on Community Living about a vax outreach grant opportunity with network partners, including PHSKC |
| Advocate for funding and policies to support COVID-19 vaccinations at long-term care facilities for residents and for people who need in-home COVID-19 vaccinations. | |
| Advocate for policies that mitigate displacement caused by expiration of the COVID-19 housing eviction moratorium. | |

need help?

For local assistance, referrals to Area Agency on Aging and other services, and resources, call Community Living Connections (toll-free) at 844-348-5464 or visit CommunityLivingConnections.org.



Are you facing aging or disability issues?

Community Living Connections
1-844-348-5464
www.communitylivingconnections.org

Aging and Disability Services, a division of the Seattle Human Services Department, City of Seattle, is designated by the State of Washington as the Area Agency on Aging for Seattle-King County. Learn more at www.AgingKingCounty.org.

Appendix F-2: 2023 Report Card

Area Plan for Seattle-King County 2020–2023

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



2023 report card

The Area Plan 2020–2023 for Seattle and King County is the Aging and Disability Services (ADS) roadmap for a responsive system of services that promote quality of life, independence, and choice for older people, adults with disabilities, caregivers, and their family members. The following are specific accomplishments related to Area Plan objectives. Learn more at AgingKingCounty.org/area-plan/.

COVID-19

In 2023, ADS managed four federal and state COVID-19 response fund sources—including American Rescue Plan Act (ARPA) dollars—that helped community partners reach individuals through nutrition services, caregiver support, vaccine outreach and administration, and digital access. ARPA funds will continue into 2024.

ADS prioritized support for community service providers to meet rapidly growing service demands, maintain existing pandemic relief efforts, and reach BIPOC communities that have been most impacted by the pandemic. In addition, ADS explored new social connectivity projects—activities that would prevent and mitigate the impact of extended isolation experienced by older adults, adults with disabilities and caregivers.

our vision & mission

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.

our partners

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

our services

ADS contracts for services and provides certain types of direct services for older people, adults with disabilities, and caregivers, including:

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

need help?

For local assistance, referrals to Area Agency on Aging and other services, and resources, call Community Living Connections (toll-free) at 844-348-5464 or visit CommunityLivingConnections.org.

2023 performance

| C-1: Support Healthy Aging | |
|---|---|
| Objectives | Accomplishments |
| Develop and strengthen community partnerships through presentations, media campaigns, and forums that increase awareness and promote healthy aging. | <p>During 2023, health promotion articles, presentations, and trainings included:</p> <ul style="list-style-type: none"> • Fall prevention talk - Golden Sunset Senior Building • CAPABLE presentation - King County Falls Coalition • Fall prevention article - AgeWise King County, September issue • Fall prevention talk - Civic Coffee Hour September • Fall risk screening - Burien Senior Center • Oral health article – AgeWise King County, July issue • Ten new leaders completed virtual training with Comagine Health • Community partners offering Aging Mastery Program (AMP) completed the Building Better Caregivers online training for VA Caregivers through Canary Health. <p>Age Friendly Seattle (AFS):</p> <ul style="list-style-type: none"> • Launched a campaign to recruit more businesses to the AFS discount directory that resulted, at year-end, in 20 new businesses that offer discounts to older people and adults with disabilities. • Distributed more than 6,500 Gold and FLASH discount cards to new users and improved the online directory interface with the help of UW capstone students. • Conducted a survey among Gold Card users. About 87% of users feel the program improves their social connectivity. • Completed and launched an anti-ageism training course that was made available to all City of Seattle employees through its online training portal. Met with staff in other City departments to debrief the training modules and discuss ageism. At year-end, more than 200 staff from 13 departments participated in the trainings. • Continues to partner with Seattle Public Library to host Civic Coffee events in-person monthly events at senior centers around the city, including live translation is offered in multiple languages. • Continues collaboration with King County, ADS, and WA State Dept of Health to advance age-friendly public health systems focusing on emergency preparedness. Senior centers in King County were surveyed about their emergency readiness. • AFS was invited to present this work at the American Society on Aging Conference in March 2024. • Purchased and delivered emergency kits to over 749 adults age 85+ living in affordable housing in South King County. • Participated in a statewide meeting and presented information about AFS work with other AAA and public health professionals. • In total, nearly 400 older adults attended an AFS live event (either in-person or online) in 2023, and over 3,000 people watched the recordings on YouTube later. In-person events were held at a variety of venues, including senior centers and the WA Talking Book and Braille Library. • Held four Age Friendly Candidate Forums for older adults get to know the people running for open Seattle City Council seats. |
| Advocate for policies and programs that help prevent chronic diseases later in life. | <ul style="list-style-type: none"> • Dementia Resource Catalysts helped to build dementia capable communities by assisting families and developing needed dementia-capable services. ADS, along with two AAAs in Washington state funded to provide this service, joined efforts to advocate for expansion of Dementia Resource Catalysts to all AAAs. |

C-1: Support Healthy Aging

| Objectives | Accomplishments |
|--|---|
| Support increased access to health care and mental health services for low-income communities, communities of color, and immigrant and refugee communities. | <ul style="list-style-type: none"> • ADS staff collaborated with Dr. Patrick Raue and the University of WA on the Do More, Feel Better Program for Spanish Speaking older adults. |
| Expand evidence-based programming in King County. | <ul style="list-style-type: none"> • AMP class series was expanded and offered at the Buckley Senior Center. Fifteen older adults participated. |
| Promote and institutionalize Universal Design in the built environment—transportation, housing, buildings, and outdoor spaces—and ensure that new comprehensive and community plans incorporate age-friendly concepts. | <ul style="list-style-type: none"> • AFS supported the NW Universal Design Coalition (NWUDC) in holding an educational Happy Hour event at LightArt studios, a lighting and sound vendor. About 35 people attended. • In partnership with King County and the NWUDC, AFS co-hosted two housing forums on accessibility and universal design. • In August 2023, AFS partnered with the Northwest Universal Design Council and Jensen Hughes to hold a demonstration at the Seattle Design Festival. The installation featured a full-scale model bathroom that engaged over 700 people in meaningful discussions about the importance of universal and accessible design. • AFS staff served on the City of Seattle's Comprehensive Plan work group. Feedback was offered to encourage more emphasis on accessible design in the plan. NWUDC members were involved in review and feedback when the draft plan became available in Fall 2023. • AFS engaged an interior designer specializing in Universal Design to conduct an informal assessment of a current Seattle Housing Authority building and unit and provided recommendations and ideas for features that could improve accessibility. • In November, AFS supported a multi-sector convening on accessibility and city code. Co-led by the Northwest Universal Design Council and the City of Redmond, the session brought together more than 50 city planners, design industry professionals, and community advocates to discuss opportunities for incentivizing accessible design through city code and regulation. |
| Increase understanding of consequences and risk factors of social isolation and depression for LGBTQIA+ and BIPOC elders among decision makers, service providers, and consumers. | <ul style="list-style-type: none"> • ADS staff developed plans to convene a countywide Social Connectivity Network in 2024. • Goals and objectives were also developed for the 2024–2027 Area Plan (see Section C-1 Support Healthy Aging—Goals and Objectives, pg. 79). |
| Continue social connectivity projects that were initiated in response to the COVID-19 pandemic. | <ul style="list-style-type: none"> • Digital Skills Coaches and related equipment were funded through ARPA, with Equity in Education, Teens Who Care, and CIRC (SHAG consortium) continued the work in 2023. • The 2023 Nutrition RFQ included a strategy for social engagement activity that centers around food that brings people together, e.g., a farm field trip. • AFS staff continue to serve on the IT-led Digital Equity Intra-Departmental Team and supported the development of an RPF for sustained and increased digital navigator efforts, the selection of 2023 grantees, and the development of a future RPF for sustained and increased digital navigator efforts. |

C-1: Support Healthy Aging

| Objectives | Accomplishments |
|---|---|
| Coordinate annually with partners, such as Public Health and Alzheimer's Assn. on implementing outreach strategies in the state Alzheimer's Plan with emphasis on communities of color. | <ul style="list-style-type: none"> • ADS staff assisted the Aging and Long-Term Services Administration with engagement for BIPOC communities in King County to promote listening sessions to inform the update of the Washington State Alzheimer's Plan. |
| Work with the Dementia Action Collaborative to implement priorities in the Washington State Plan to Address Alzheimer's | <ul style="list-style-type: none"> • Memory Sunday 2023 was observed on June 11. Nineteen African American churches throughout King County participated. The purpose of the campaign is to increase awareness about Alzheimer's and dementia, and caregiver support. • ADS staff participated on the planning team for the 2023 Dementia Friendly Communities Conference: Moving Forward. About 135 people registered, representing 19 counties participated in the statewide conference. • ADS staff conducted a presentation at the 2023 Dementia Friendly Communities Conference on the 2022 pilot—Sharing History thru Active Reminiscence and Photo-imagery (SHARP). • ADS staff conducted a presentation on Area Agencies on Aging to VA staff in late 2023. • ADS successfully recruited 29 SHARP participants that formed five walking groups of three. Most groups completed all 12 walking routes. Planning was underway to honor participants at a celebration in January 2024. |

C-2: Enhance Well-Being

| Objectives | Accomplishments |
|---|---|
| Align ADS investments with the King County Veterans, Seniors, and Human Services Levy (VSHSL) to enhance the current Aging Network. | <ul style="list-style-type: none"> • ADS and Veterans, Seniors, and Human Services Levy staff continued participation in bi-weekly and quarterly meetings. Providers from the senior center hubs were also invited to participate. |
| Facilitate enhanced care planning across social service and healthcare systems. | <ul style="list-style-type: none"> • In 2023, ADS staff participated in Connect2Community Network Partner Workgroup meetings, UniteWashington workgroup meetings and newly formed Connect2Community Resource Directory workgroup. |
| Participate in advocacy efforts to increase the paid caregiver workforce. | <ul style="list-style-type: none"> • The 2023 legislative session meetings with policy makers referenced the caregiver workforce shortage as a critical issue, however, a specific policy ask to address the challenge has not been identified. • The DSHS workforce and retention workgroup identified initial strategies that focus on high school curriculum opportunities. The workgroup later expanded scope beyond secondary education to include sub-groups on outreach and communication, navigation, and data analysis. • ADS reconvened internal workgroup to explore coordinated personal care as a strategy to address the caregiver workforce shortage. • The DSHS decision package for 2024 includes funding to develop and implement use of technology and AI to support clients who lack access to authorized caregiver services due to workforce shortage. |

C-2: Enhance Well-Being

| Objectives | Accomplishments |
|--|---|
| <p>Partner with the ADS Advisory Council, the Mayor's Council on African American Elders, and the Housing Development Consortium to advocate for age-friendly low-income housing.</p> | <ul style="list-style-type: none"> • AFS co-hosted two housing forums in partnership with King County and the NW Universal Design Coalition. The key topic was affordable housing that is age-friendly and accessible. • Following the forums, AFS worked with Seattle Housing Authority and NW Universal Design Coalition to audit a SHA unit to determine how "age-friendly" it currently is—the findings will be compiled and shared with recommendations for improvement. Age Friendly staff also engaged in conversations about restructuring the way in-home support services are offered. • AFS staff managed an effort to support low-income older adults living in Seattle Housing Authority units to age in place safely by improving the efficiency of homecare service delivery. |
| <p>Implement an integrated approach to home repair and home modification in partnership with the King County Home Repair Network.</p> | <ul style="list-style-type: none"> • The CAPABLE pilot program continued in 2023. ADS staff created strategies for outreach to BIPOC communities. By year-end, 16 referrals were received and four clients have participated in the program. |
| <p>Expand the availability of home sharing opportunities in King County.</p> | <ul style="list-style-type: none"> • One of the working groups developed from the housing forums co-hosted by AFS is focused on home-sharing and other co-op housing models. This group convened twice; as a next step, a list of options and local resources is being compiled and will be available on the AFS website. |
| <p>Implement transportation coordination tool to include web- and/or app-based ride request feature with full adoption by ADS-funded transportation providers.</p> | <ul style="list-style-type: none"> • AFS staff served on the One-Click/One-Call advisory committee (now called Find a Ride) advisory committee throughout the year. In 2023, the project began user-testing a beta version of this app, followed by a soft launch, with user input incorporated throughout. ADS supported by issuing a letter of recommendation for FTA funding for this project. • AFS also revised their website to better share information about transportation options, in consultation with the Seattle Department of Transportation. • ADS staff implemented the transportation investment process that included adoption and promotion of this tool as one desired component. |
| <p>Identify opportunities to support the capital and operating needs of existing senior centers so they can provide safe and accessible environments and sustainably meet the needs of the communities they serve.</p> | <ul style="list-style-type: none"> • In partnership with the King County Department of Housing and Community Services, a survey was conducted with King County senior centers to better understand their levels of emergency preparedness. • Responses were compiled and gaps were identified, including capital investments and operating capacity needs. • information was shared with City of Seattle and King County human services and emergency management staff. |
| <p>Raise awareness about the Long-Term Care Trust Act (LTCA) benefit through statewide and local media campaigns focused on consumers and employers.</p> | <p>The LTCA was operationalized as WA Cares Fund (WCF):</p> <ul style="list-style-type: none"> • WA Association of Area Agencies on Aging (W4A) and WCF begin monthly meetings to establish roles in administering service contracts and determining client eligibility, and to plan outreach and implementation of the new benefit. • ADS and other AAAs are working to identify preliminary outreach strategies. • ADS's State FY 2024 contract includes funding for outreach to raise awareness about the WCF benefit. • Two WCF articles were featured in AgeWise King County. |

C-3: Maximize Independence

| Objectives | Accomplishments |
|--|---|
| Increase AAA staff clinical skills to address the medical complexity of LTSS clients. | <ul style="list-style-type: none"> Senior Drug Education continued during 2023. |
| Collaborate with first responders to improve health outcomes and reduce unnecessary EMS and hospital emergency department use. | <ul style="list-style-type: none"> A sixth case manager was hired in June 2023. The Health 3 Team was repurposed to be the post-overdose response team, based on the Mayor's executive order. The team is now known as HEALTH99 (or H99). They anticipate hiring new case managers with lived experience. |
| Increase awareness and expand case management services for victims of abuse, neglect, and exploitation. | <ul style="list-style-type: none"> 291 vulnerable adult reports were submitted to Adult Protective Services by the Seattle Fire Department. 55 clients who were victims of abuse, neglect, and exploitation received increased case management support and services. |
| Explore opportunities and alternative ways to deliver long-term services and supports for complex clients such as those experiencing homelessness. | <ul style="list-style-type: none"> In 2023, the SHA case management team resumed on-site presence at all SHA high rise buildings. The team expanded its partnership with SHA Hoarding Treatment project to provide dig-out assistance for 11 SHA residents at risk of eviction. By year-end, 46 evictions were prevented and 61 referrals were made for long-term services and supports. Referred 63 SHA residents to Community Choice Guides and Behavioral Community Choice Guides for support. |
| Build sustainable communication among agencies working with complex long-term services and supports clients. | <ul style="list-style-type: none"> During 2023, a total of 24 SHA care network meetings were held. Training was provided for the new Hoarding Treatment Program (five residents enrolled in the program). The SHA team participated in eight low-income public housing and Seattle Senior Housing Program Care Network Portfolio meetings and attended seven community meetings organized by SHA Community Builders. The SHA team attended three monthly meetings with SHA Housing Choice Voucher (HCV) service partners to coordinate outreach to HCV residents. |
| Increase the number of successful referrals to LTSS, e.g., MAC/TSOA | <ul style="list-style-type: none"> By year-end, MAC/TSOA received 109 referrals—10% more than the previous year. |

C-4: Partner with Tribes

| Objectives | Accomplishments |
|---|--|
| Coordinate efforts to connect King County tribes and organizations to the Community Living Connections network. | <ul style="list-style-type: none"> MAC/TSOA training was made available to Muckleshoot tribal and MEIHSS. ADS staff participated in the statewide Tribal Summit, held October 3–4. |
| Participate in annual 7.01 update meetings with tribal members and Office of Indian Policy staff. | <p>In 2023, 701 meetings were held on the following dates:</p> <ul style="list-style-type: none"> March 3 - Muckleshoot March 8 - Snoqualmie June 2 - Muckleshoot |

C-4: Partner with Tribes

| Objectives | Accomplishments |
|--|--|
| | <ul style="list-style-type: none"> September 15 – Muckleshoot December 15 – Muckleshoot - UPDATE |
| Advocate for culturally relevant delivery of services to Native American tribes and urban Indians. | Refer to 7.01 Plan updates. |

C-5: Respond to the COVID-19 Pandemic

| Objectives | Accomplishments |
|---|---|
| Advocate for a permanent increase in Older Americans Act (OAA) base budget. | <ul style="list-style-type: none"> The USAging advocacy priorities includes substantial increases to OAA base funding and permanent extension of some pandemic flexibilities. In May 2023, the ADS director attended the USAging Policy Conference in DC and met with the Washington State congressional delegation. ADS and W4A submitted public comments on OAA regulations. Advocacy focus shifted to OAA reauthorization in 2024. |
| Increase advocacy for more flexibility in policies and regulations. (2022–2023). | <ul style="list-style-type: none"> In 2023, ADS staff gathered input and provided comments on proposed Older Americans Act regulation updates in response to Administration on Community Living Notice of Proposed Regulations. |
| Implement a spending plan for relief funds to address vaccine hesitancy, social isolation, and emerging service models (American Rescue Plan, Consolidated Appropriations Act). | <ul style="list-style-type: none"> During 2023, ADS staff developed the 2024 ARPA spending plan, including continued investments in social and digital connectivity. |
| Address vaccine hesitancy in close collaboration among AAA partners. | <ul style="list-style-type: none"> ADS continued to collaborate with King County to address vaccine hesitancy. ADS participated in reviewing Older Adult COVID-19 Boosters videos and communication materials in July 2023 that included the most recent guidance from the CDC. ADS staff provided suggestions about dissemination and involving community agency partners. |
| Advocate for funding and policies to support COVID-19 vaccinations at long-term care facilities for residents and for people who need in-home COVID-19 vaccinations. | No updates reported |
| Advocate for policies that mitigate displacement caused by expiration of the COVID-19 housing eviction moratorium. | No updates reported. |

Aging and Disability Services, a division of the Seattle Human Services Department, City of Seattle, is designated by the State of Washington as the Area Agency on Aging for Seattle-King County. Learn more at www.AgingKingCounty.org.

Appendix G: Statement of Assurances & Verification of Intent

For the period of January 1, 2024 through December 31, 2027, Aging and Disability Services accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) (as amended through P.L. 116-131) and related state law and policy. Through the Area Plan, Aging and Disability Services shall promote the development of a comprehensive and coordinated system of services to meet the needs of older individuals and individuals with disabilities and serve as the advocacy and focal point for these groups in the Planning and Service Area. Aging and Disability Services assures that it will:

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

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

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

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

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

A. Information concerning whether there is a significant population of older Native Americans in the planning and service area, and if so, an assurance that the Area Agency on Aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under the Area Plan.

B. An assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides with services provided under title VI of the Older Americans Act; and

C. An assurance that the Area Agency on Aging will make services under the Area Plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

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

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

October 30, 2023

Date


Mary Mitchell (Oct 30, 2023 09:14 PDT)

Mary Mitchell, Director
Aging and Disability Services

10/30/2023

Date


Joe L. Hailey (Oct 30, 2023 09:20 PDT)

Joe Hailey, Chair
Advisory Council

10/30/2023

Date


Tanya Kim, Director
Seattle Human Services Department
Legal Contractor Authority

