Pierce County
Human Services

Aging and Disability Resources

2020-2023 AREA PLAN

September 2019

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Area Agency Planning and Priorities

Introduction

Aging and Disability Resources:

Aging and Disability Resources (ADR) is a division of the Pierce County Human Services (PCHS) Department. PCHS is the department of Pierce County government responsible for providing community and human services to vulnerable residents of the county.

Our Role:

ADR is a designated Area Agency on Aging, responsible for local planning and administration of Federal and State funds targeted to provide a range of community based services and supports. These services are designed to address the long term service and support needs of frail older adults and adults with disabilities residing in Pierce County.

The Area Plan:

Every four years, ADR engages the community in a local planning process that results in an Area Plan. This plan is about –

- Local needs and long-term service gaps
- Community input on preferred services
- Funding priorities for long term services and supports
- Goals and objectives to improve the local long term services network
- Areas for focused advocacy
- Report on accomplishments

The Area Plan also shares information about current ADR staffing and projected revenue to fund the following services in the coming year;

Contracted Services	• Adult Day Services • Alzheimer's/Dementia Support Services • Counseling Services • Falls Prevention • Family Caregiver Support	• Foot Care Services • Home Delivered Meals • In-Home Care Support • Kinship Caregiver Services • Legal Assistance	• LGBTQ Services • Senior Centers • Senior Mealsites • Specialized Transportation
Services Provided Directly	• Aging & Disability Resource Center • Case Management/Nursing Services • Health Home Care Coordination • Family Caregiver Support • Long Term Care Ombudsman • Senior Drug Education • Senior Farmers Market Program		

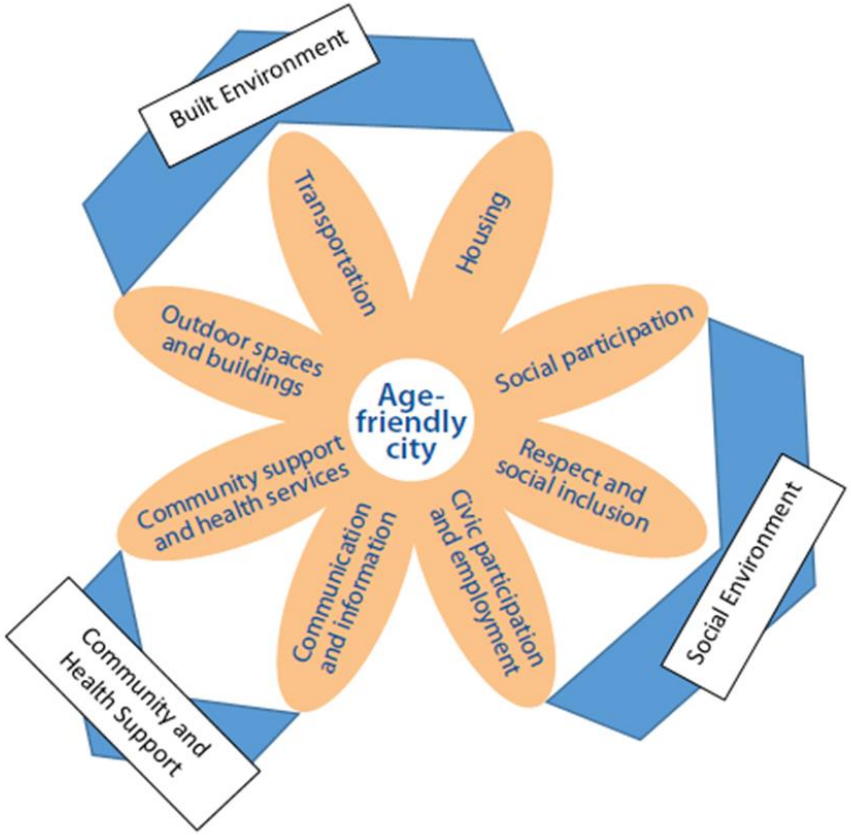
Mission, Vision & Values For 2020-2023

Vision –
A livable Pierce County for persons of all ages, abilities and communities

Mission –
To ensure access to services and supports promoting community living for older adults, persons with disabilities and their caregivers

Values –

- Tailored, timely and equitable services
- Respect for individual choice, privacy and confidentiality
- Protection from abuse, neglect and exploitation
- Honor and accommodate diversity
- Emphasis on serving the most vulnerable
- Healthy aging focus
- Leadership, advocacy and collaboration



World Health Organization **Eight Domains of Livability for Age-friendly Communities**

Planning and Review Process

Community Input

For this Area Plan, ADR employed a variety of methods and resources to assess the needs of Pierce County residents, including a dynamic *PechaKucha* event, a community survey and targeted stakeholder focus groups (see Appendix E). ADR's planning efforts were also informed by other local, state and national needs assessments, reports and data.

Local community input was gathered from a wide group of individuals, including:

- Clients of ADR-funded services
- Non-service users representing members of ADR's target service populations
- ADR contracted service providers
- Professionals from the health, long-term care and social service network throughout Pierce County
- ADR Advisory Board members, advocates and other stakeholders representing the needs and concerns of low income people, older adults, ethnic elders, seniors in rural communities, adults with disabilities and their caregivers

Role of Advisory Board

The ADR Advisory Board and its standing committees represent the interests of the public and serves to advise ADR on the development the 2020-2023 Area Plan.

The Planning and Allocations Committee of the ADR Advisory Board played a key role in the overall development of the Area Plan, including review of, and input on:

- ADR's mission, vision and values
- Data gathered from forums, surveys, stakeholders and other sources
- Priority issue areas, goals and objectives
- Prioritization of discretionary funded services
- Service funding enhancement and reduction policies and priorities
- Current and projected years' revenues and expenditures

Planning and Allocations Committee members were also responsible for hosting the Area Plan public hearing and for presenting public testimony / comment on the draft Area Plan to the full Advisory Board for review and recommendation to the ADR Division Manager and the Director of Pierce County Human Services.

The Education/Public Relations/Advocacy and Quality Improvement/Customer Service committees of the Advisory Board were also involved in helping to promote community engagement in planning activities, contributing feedback about service needs / gaps, program performance and improvement needs, and issue area goals, objectives and strategies.

Public Review Process

The draft 2020-2023 Area Plan was made available to the public on the ADR website and in print upon request on September 3, 2019. The draft Area Plan was presented at a public hearing held in Tacoma on September 17, 2019. Written comments on the plan were also accepted until September 17, 2019.

In addition to the required legal notice, information about the public hearing was disseminated via the Pierce County social media outlets, Human Services website, ADRC E-News, and long-term care provider network electronic contact list.

Following the public hearing, any comments on the draft 2020-2023 Area Plan were reviewed by the ADR Advisory Board, which then forwarded any recommended changes and final draft for review by the ADR Division Manager and the Director of Pierce County Human Services (PCHS). PCHS is a department of Pierce County Government.

Prioritization of Discretionary Funds

Federal and State funds that are provided with the flexibility to be spent on local needs, determined at the local level are referred to as discretionary funds. Services to be considered for discretionary funding were prioritized with the following criteria in mind:

- ***Does it reach priority/target populations?***
  - Low income
  - Physical or mental disabilities
  - Alzheimer's / dementia or other cognitive impairments
  - Limited English / language barriers
  - Homebound / isolated
  - Culturally or socially isolated
  - At risk of institutional placement

- ***Does it meet a basic need?***
  - Food
  - Shelter
  - Physical / emotional health
  - Safety
  - Assistance with normal daily tasks

- ***Does it also . . .***
  - support a person's ability to remain at home as long as possible?
  - fill a service gap in the community?
  - help accomplish Area Plan Goals and Objectives?
  - promote healthy lifestyle choices?
  - help avoid use of higher cost services?

Services receiving discretionary funding are listed in priority order below, with Level One being the highest priority category of service. Services are further prioritized within the levels, with one (1) being the highest.

Level One	Level Two	Level Three
1. Aging & Disability Resource Center (ADRC), including Community Living Program 2. Case Management 3. Family Caregiver Support 4. Home Delivered Meals 5. Senior Mealsites 6. Transportation 7. Falls Prevention 8. LGBTQ Services	1. Foot Care Services 2. Counseling Services 3. Adult Day Health	1. Legal Aid Services 2. Evidence-based Dementia Intervention 3. Kinship Caregiver Support 4. LTC Ombudsman

Note: In-Home Personal Care and Senior Centers do not receive discretionary funds, so are therefore not prioritized.

Enhancements/ Reductions Policy

The following guidelines will be used in allocating additional discretionary funds should they become available during the 2020-2023 Area Plan period. The policy for reducing funding levels will be implemented as outlined below in the event reductions are experienced due to cuts in Federal or State funding.

Enhancements: If additional discretionary funds become available, the following service areas will be given priority consideration to receive supplemental funds:	**Reductions:** In the event ADR experiences a reduction in discretionary funding, the agency will implement the following strategies:
❖ Any Level One priority service with an increased service demand and/or waiting list ❖ Aging & Disability Resource Center- includes the Community Living Program ❖ Restoration of Level Two or Three priority services that were previously reduced, if any	❖ Reduce or eliminate funding to Level Three priority services in this order: 1. LTC Ombudsman / Elder Abuse 2. Kinship Caregiver Support 3. Evidence-based Dementia Intervention - Minimum 1% OAA III-B required 4. Legal Aid Services - Minimum 11% OAA III-B required ❖ ADR will next consider funding eliminations or reductions to Level Two priority services, beginning with the lowest ranked service

Planning and Service Area

Target Population Profile

General Population Overview

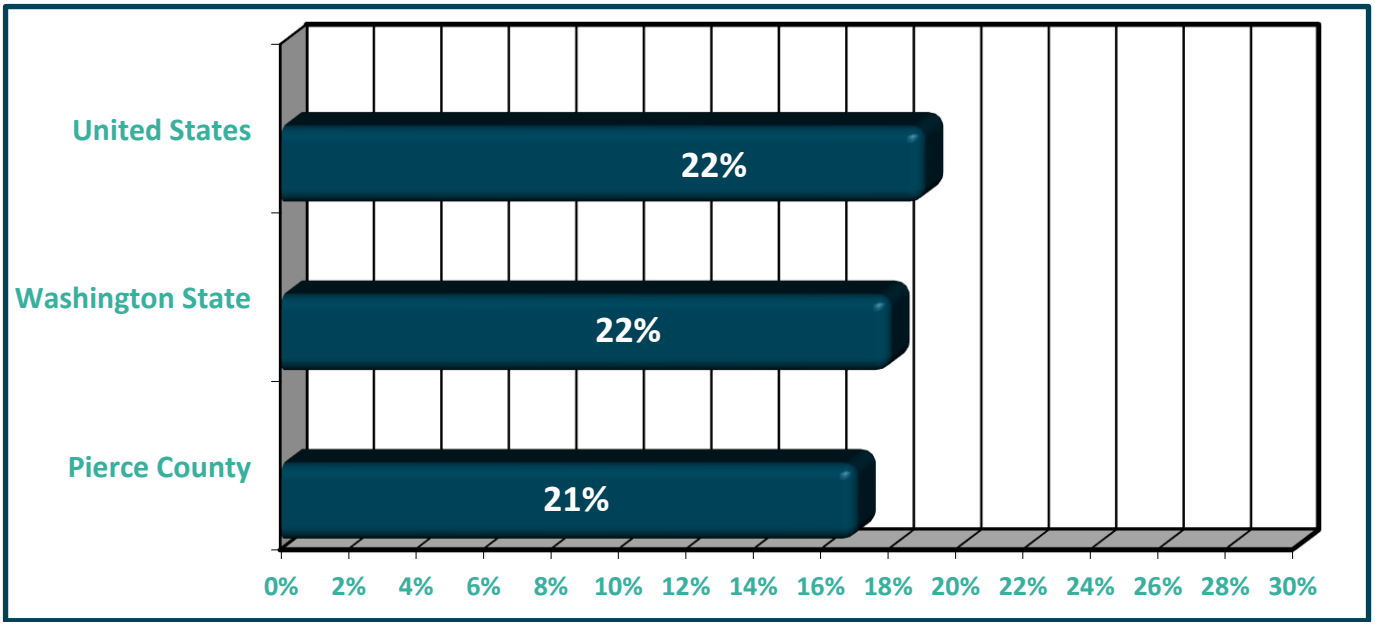
- Pierce County's estimated population on April 1, 2019 was 888,300 based on data from the Washington State Office of Financial Management (OFM). This population estimate is used for the allocation of selected State revenues and may differ from the U. S. Census population estimate.
- An estimated 468,300 (53%) of the general population resides in the 24 incorporated areas of Pierce County (OFM 2019).
- Approximately 420,000 (47%) of the general population resides in unincorporated areas of the County (OFM 2019).
- Pierce County's general population in 2018 was approximately 12% of Washington's general population (OFM 2018).

Pierce County Population Age 60 and Over

- The Pierce County age 60 and over population represented an estimated 21 percent of the County's total population compared to 16 percent in 2010 (OFM 2010 and 2018).
- Between 2010 and 2018 the age 60 and over population increased from an estimated 129,133 to 181,122. This is greater than a 40 percent increase (OFM 2018).
- 2018 data shows that approximately 54% of the age 60 and over population are women and 46% are men (OFM 2018).
- Approximately three percent of the age 60 and over population resides in rural areas of the County (U.S. Census Bureau).

Percentage of Total Population Age 60 and Older

Source: 2018 OFM

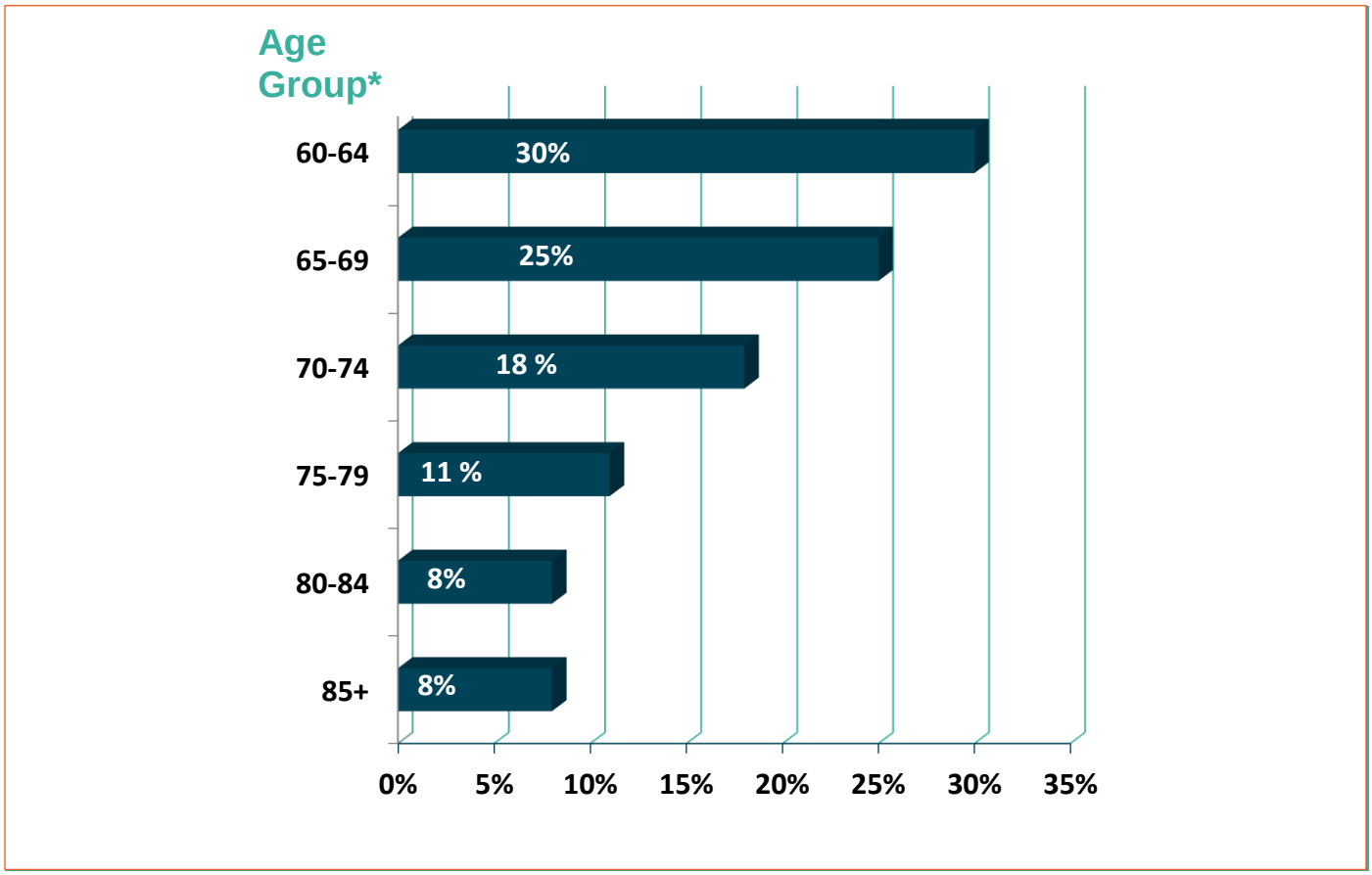


Analysis of Age 60 and Older Population

Age Group	Percent of Total County Population (872,220)	Percent of Total Age 60 and Over	Total in Age Group	Total Males in Age Group	Percent of Males in Age Group	Total Females in Age Group	Percent of Females in Age Group
60-64	6.3%	30.3%	55,027	26,665	48.4%	28,362	51.6%
65-69	5.1%	24.9%	45,283	21,516	47.5%	23,767	52.5%
70-74	3.8%	18.3%	33,307	15,643	46.9%	17,664	53.1%
75-79	2.3%	11.4%	20,772	9,592	46.1%	11,180	53.9%
80-84	1.4%	7.1%	12,955	5,627	43.4%	7,329	56.6%
85 and over	1.5%	7.6%	13,778	5,035	36.5%	8,744	63.5%

Source: 2018 OFM

Population Estimates
Percentage of Total Population Age 60 and Over



Source: 2018 OFM

Growth of Age 60 and Over Population Between 2000 and 2018

Age Group	2000	2018	Percent Change	Numerical Change
60-64	23,771	55,027	131%	31,256
65-69	20,266	45,283	123%	25,017
70-74	17,888	33,307	86%	15,419
75-79	15,048	20,772	38%	5724
80-84	10,149	12,955	28%	2806
85 and over	8,269	13,778	67%	5509
TOTAL	**95,391**	**181,122**	----------	**85,731**

Source: U. S. Census Bureau and OFM 2018

Percentage of Age 60 and Over Population by Race and Hispanic or Latino Origin (of any race)

Race and Hispanic or Latino Origin	2000 Percentage of Population Age 60 and Over	2010 Percentage of Population Age 60 and Over	2015 Percentage of Population Age 60 and Over	2018 Percentage of Population Age 60 and Over
White or Caucasian	89%	85.4%	83.9%	84%
Black or African American	3.5%	4.5%	4.7%	4.7%
American Indian/Alaska Native	0.6%	0.9%	0.6%	0.9%
Asian	5.0%	6.6%	7.2%	7.5%
Native Hawaiian/Other Pacific Islander	0.3%	0.5%	0.5%	0.7%
Some Other Race	0.4%	0.7%	0.9%	Data Unavailable
Two or More Races	1.4%	1.4%	2.2%	1.9%
Hispanic or Latino Origin (of any race)	3.4%	2.7%	3.2%	3.1%

Source: U. S. Census Bureau and OFM 2018

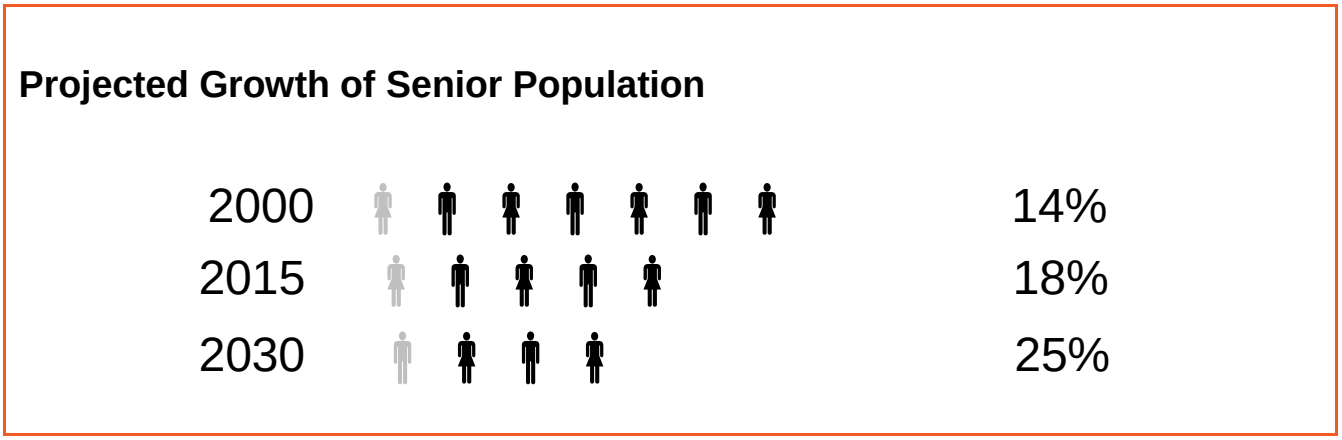
Projected and Historical Growth of Pierce County Populations

Year	County Total Population	Age 60 and Over	Age 60+ as a Percentage of Total Population
2040	1,042,341	269,904	26%
2035	1,006,614	257,296	25.5%
2030*	967,601	239,185	24.7%
2025	923,912	215,291	23.3%
2020	876,565	182,754	20.8%
2015	831,944	150,765	18.1%
2010	795,225	129,133	16.2%
2005	755,900	126,097	16.6%
2000	700,820	95,391	13.6%
1990	586,203	83,009	14.1%
1980	485,643	64,931	13.3%

Source: OFM 2012 Pierce Population Projections: Intermediate Series (data adjusted post census)

Age 60 and Over Population

An estimated one in seven Pierce County residents (14%) was over the age of 60 in 2000. By 2030, approximately one in four county residents is projected to be over the age of 60.



Source: U. S. Census Bureau

Selected Population and Aging Service Utilization Forecast

Data Elements	2020	2025	2030
1. Number of persons aged 60 or above	189,860	223,270	248,375
2. Number of persons aged 60 or above and at or below 100% Federal Poverty Level (FPL)	9,506	11,101	12,268
3. Number of persons aged 60 or above and at or below the Elder Economic Security Standard Index	29,471	35,509	41,034
4. Number of persons aged 60 or above and minority	37,347	48,758	59,928
5. Number of persons aged 55 or above and American Indian/Alaska Native	3,100	3,778	4,403
6. Number of persons aged 60 or above and American Indian/Alaska Native	2,405	3,081	3,738
7. Number of persons aged 60 or above, American Indian/Alaska Native, and Disabled (American Community Survey-ACS- 18b or 18c)	569	748	949
8. Native American Tribe in Pierce County with Title VI programs	Puyallup Tribe of Indians		
9. Number of persons aged 60 or above and at or below 100% FPL and minority	2,143	2,756	3,202
10. Number of persons aged 60 or above with limited English proficiency	8,140	10,345	12,563
11. Number of persons aged 60 or above and Disabled (ACS 18b or 18c)	36,932	44,676	52,766
12. Number of persons aged 18 or above and Disabled (ACS 18b or 18c)	60,311	68,536	77,607
13. Number of persons aged 60 or above with cognitive impairment (ACS 18a)	16,008	19,234	22,829
14. Number of persons aged 18 or above with cognitive impairment (ACS 18a)	39,471	43,352	47,923
15. Number of persons aged 60 or above with Instrumental Activities of Daily Living -*IADLs* (ACS 19)	22,090	26,911	32,691
16. Number of persons aged 18 or above with IADL (ACS 19)	39,259	44,524	51,009
17. Number of persons aged 65 or above with dementia	12,497	15,772	19,757
18. Number of persons using Skilled Nursing Facility services, based on June 2018 Community First Choice (CFC) utilization calibration	1,126	1,358	1,624
19. Number of persons using in-home services, based on June 2018 CFC utilization calibration	5,853	6,940	8,183
20. Number of persons using community residential services, based on June 2018 CFC utilization calibration	1,797	2,109	2,470
21. Veteran Status (2013-2017 American Community Survey-5 Year Estimates)	Total Pierce County Veterans	86,558	
	Total Age 55 and over	48,204	
	Age 55-64	18,382	
	Age 65-74	17,585	
	Age 75 and over	12,237	

Sources: Washington State Department of Social and Health Services-DSHS-Research and Data Analysis Division and U. S. Census Bureau

Services and Partnerships

ADR Funded Services

ADULT DAY CARE/ADULT DAY HEALTH
Description: Provides personal care for dependent adults in a supervised, protected, group setting up to five hours per day. Services offered include social and recreational activities, caregiver respite, training, counseling, meals, and other skilled services such as rehabilitation, medication assistance and nursing assessment.

AGING & DISABILITY RESOURCE CENTER
Description: Serves as the publicly recognized access point for those seeking information and assistance regarding long term services and supports. Provides information, service referral assistance, client advocacy, eligibility screening, outreach, education and options counseling. (See B-3 Focal Point)

ALZHEIMER'S/DEMENTIA RESOURCES
Description: Provides supportive services to caregivers providing care to persons diagnosed as having Alzheimer's/Dementia. Services are offered as a component of the Family Caregiver Support Program and include Skills2Care dementia consultation and Reducing Disability in Alzheimer's Disease (RDAD), both evidence-based, in-home programs.

CASE MANAGEMENT
Description: Assistance in the form of access or care coordination for persons and /or their caregivers who are experiencing diminished functioning capacities, which require the provision of services by formal service providers. Activities of case management includes assessing needs, developing care plans, authorizing and coordinating services, follow-up and reassessment as required.

COMMUNITY LIVING PROGRAM
Description: Program is designed to provide options for clients not yet receiving Medicaid services but at risk of losing their current living arrangement and/or at risk of placement in a residential facility. Supports include short-term in-home care; personal emergency response systems; essential transportation, and miscellaneous one-time purchases to meet critical basic needs. Services authorized through the ADRC.

FALLS PREVENTION
Description: Evidence-based programs, including Staying Active and Independent for Life (SAIL) and Tai Ji provide exercise and education designed to improve strength and balance and reduce the risk of falls among older adults.

FAMILY CAREGIVER SUPPORT
Description: Provides relief for families, or other caregivers, of persons eighteen years and over with functional or cognitive disabilities, and older relatives caring for children under the age of 18. Serves those providing primary unpaid care. Relief can be in the form of brief respite from caregiving (provided both in and out of home), or through other supports such as housework assistance, professional counseling or consultations. See Adult Day Care/Day Health, Alzheimer's/Dementia and Home Care for related services.

FOOT CARE
Description: Provides basic, pedicure-level foot care services for older adults 60+ years of age who require assistance with this personal care task to maintain foot health and mobility.

HEALTH HOME CARE COORDINATION

Description: Provides comprehensive care management, care coordination, health promotion, transition support, linkage to community-based services and supports to clients and families. Services currently target high cost/high risk beneficiaries covered by Medicare and Medicaid (dual eligible), as well as Medicaid managed care.

HOME DELIVERED MEALS

Description: Provides nutritious meals to eligible home bound participants, who by reason of illness, disability, or lack of other supports, are unable to prepare meals on their own.

HOME CARE

Description: Provides personal care assistance and other supports for persons having difficulties with activities of daily living such as eating, dressing, bathing, toileting, transferring in and out of bed, preparing meals, light housework, shopping, transportation to and from essential services, etc. Services are authorized under the Chore, Medicaid Waiver programs (Community Options Program Entry System / Roads to Community Living), Medicaid Personal Care, Community First Choice, Developmental Disabilities Administration (DDA) or Respite/Family Caregiver Support programs.

KINSHIP CAREGIVER SERVICES

Description: Provides support to relatives raising children to include community education, information and referral, advocacy and support, counseling and limited financial assistance for emergent basic needs and school/youth activities.

LEGAL AID

Description: Provides legal advice, counseling, and representation in non-criminal matters, by an attorney or other person acting under the supervision of an attorney. Advocates for the rights, benefits, and entitlements of older adults.

LGBTQ Services

Description: Provides free, weekly yoga classes and hosts quarterly SAGE Table events for older LGBTQ adults living in Pierce County.

LONG TERM CARE OMBUDSMAN

Description: Provides resident rights advocacy for residents of long-term care settings, investigating complaints and working to achieve resolution.

MEAL SITES

Description: Provides nutritious meals to eligible participants in a group setting, typically located in a senior/community center or other available congregate setting.

NURSING SERVICES

Description: Provides Registered Nurse consultation for medically fragile in-home care and community residential clients, authorized under the COPES, Medicaid Personal Care and Community First Choice programs.

OLDER ADULT COUNSELING

Description: Comprehensive mental health assessment and individual therapy is provided to older adults, primarily in their own home.

PERSONAL EMERGENCY RESPONSE SYSTEMS

Description: Provides personal emergency response services authorized through the Family Caregiver Support and Community Living programs. Service monitors the frail homebound elderly or disabled adults by means of an electronic communication link with a response center.

SENIOR CENTERS

Description: Serve as community resource centers providing educational, social, and recreational opportunities for older adults. Centers frequently provide nutrition and health promotion programs. *Centers are awarded funds through a Request for Proposal process to receive Pierce County General Funds for senior center operations.

SENIOR DRUG EDUCATION

Description: Community outreach and education program designed to help raise the level of awareness of the risks involved with drug use by seniors as well as provide safety tips that seniors can use at home. Stresses the importance of safe drug use as well as effective communication with health care providers and provides medication management tools.

SENIOR FARMERS' MARKET NUTRITION PROGRAM

Description: Provides vouchers to low-income elders enabling them to purchase fresh, locally-grown produce at authorized farmers markets.

TRANSPORTATION

Description: Provides limited transportation for older adults who require transportation to and from a meal site, social and health care services, senior centers, and shopping centers.

ADR Community Partnerships

In addition to formal contractual service agreements with over 40 community based providers, the Pierce County Aging & Disability Resource Center (ADRC) has developed strong partnerships with the agencies listed below. These partners have all signed Letters of Collaboration, stating their willingness and intent to work with the ADRC to ensure a coordinated system of referral and access to a range of supportive services.

211
Alzheimer's Association
Associated Ministries
Brain Injury Alliance of WA
Catholic Community Services
Center for Independence
Department of Services for the Blind
Gig Harbor Fire and Medic One
The Hoarding Project
HopeSparks
Hearing Speech & Deaf Center
Korean Women's Association
Lutheran Community Services
MSHH Donor Closet
MultiCare Behavioral Health
NW Northwest Furniture Bank
Northwest Justice Project
Partners for Action, Voices for Empowerment
Pierce County Parks and Rec
Pierce County Coalition for Developmental Disabilities
Pierce County Library System
Project Access
Rebuilding Together South Sound
Statewide Health Insurance Benefits Advisors
Tacoma Area Coalition for Individuals with Disabilities
Tacoma Fire Department Cares
Washington Talking Book & Braille Library

Focal Point

The Aging and Disability Resource Center (ADRC) is the designated Pierce County focal point for information, assistance, and access to community based services and supports for older adults, adults with disabilities, their caregivers and others.

In addition to general telephone assistance, the ADRC can provide in-person care planning, service coordination and help accessing support programs for family and informal caregivers.

Pierce County Human Services
Aging and Disability Resources

253.798.4600 or 800.562.0332
www.PierceADRC.org

3602 Pacific Ave, Tacoma, WA

Issue Areas, Goals and Objectives

Key Issues and Intended Results

Over the four years of this Area Plan, ADR expects to accomplish several key outcomes critical to our mission and essential to the long-range vision of a livable community for persons of all ages. ADR intends that:

- Residents of Pierce County will be empowered to plan for, find and access the long term services and supports needed to remain independent in their own homes for as long as possible
- Families will have expanded capacity to care for their loved ones at home as long as they choose, with less reliance on formal support systems
- The quality, responsiveness and availability of critical services, such as information / education, transportation and health promotion programs will be improved

This section of the Area Plan identifies the current and emerging issues impacting older adults and adults with disabilities in Pierce County. Areas for focused advocacy, coordination, and program development were identified and prioritized as the result of community and stakeholder input received during the local planning process (See Section A-3 and Appendix E).

Priority issues addressed in the Area Plan support ADR's overarching vision of an age-friendly, livable Pierce County. Goals, objectives and measures described within each issue area further support ADR's mission and incorporate the following priority themes:

- Supports for healthy aging
- Delaying or preventing entry into Medicaid-funded long term services and supports
- Community based and person-centered services
- Services for older Native Americans

Built Environment

Transportation

Profile of the Issue

The availability, access, and sufficiency of transportation services impacts the quality of life for all Pierce County citizens especially older adults, persons with disabilities, and low-income residents residing in rural, unincorporated, and other areas of the County not served by public and private transportation providers. The lack of, or inadequate availability of transportation effects the ability of people to access appropriate health care, obtain necessities, engage in employment, socialize, and to otherwise fully participate in community life.

The importance of transportation and addressing related barriers was emphasized in all community feedback received in developing this Area Plan.[1] Specialized transportation services were specifically identified as a priority need for both older adults and adults with disabilities living in Pierce County. In another survey of Community Action Program participants, transportation and access to public transit were identified as the second highest priority need.[2]

Goal

Improve transportation options and services for older adults, persons with disabilities, and other special needs populations.

Objectives

1. Participate in state, regional, and local coordinated transportation planning efforts.

2. Support Pierce County, community transportation and human service providers in the coordination, development, and implementation of the proposed statewide dialysis transportation pilot project, designed to increase transportation services and options.

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[1] 2020-2030 “Aging into the Future” PechaKucha (March 2019); 2020-2023 Area Plan Community Survey (June 2019); Pierce Co. Aging & Disability Resources Case Manager Focus Groups (June 2019).

[2] Pierce Co. Community Action Programs Community Needs Assessment (2018).

Measures

1.1 Increase or maintain, in partnership with community stakeholders, Washington State Department of Transportation grant funding awarded for Pierce County's special needs population transportation services at the 2019-2021 biennium award level of $2,958,803 (*includes $995,000 capital projects funding) for six transportation service projects. (January 2020-December 2023)

1.2 Collaborate with the Pierce County Coordinated Transportation Coalition on the development and implementation of the 2021-2025 Pierce County Coordinated Transportation Plan. (January 2020-December 2020)

2.1 Participate in the development and implementation of the Dialysis Transportation Pilot project in Pierce County. (January 2020 -December 2021)

Housing

Profile of the Issue

Pierce County has experienced an increase in the demand for affordable housing and an increase in the cost of living, presenting challenges for older adults and adults with disabilities on fixed incomes, and increasing the risk of homelessness. Between 2017 and 2018, Pierce County saw a 38% increase in the number of documented older adults experiencing homelessness.[3] On average, over half of homeless older adults in Pierce County are living with a disability and over 40% have one or more chronic health conditions. Older adults most commonly reported lack of affordable housing, low income and evictions as the primary reasons for their homelessness.

The Area Plan community survey conducted in 2019 showed 30% of respondents rated housing as one the top needs for both older adults and people with disabilities[4]. Community members also identified housing related costs as one of the biggest barriers to remaining in their own homes as they age[5], and long term services and supports (LTSS) professionals ranked affordable housing as the most frequently mentioned need of the clients they serve[6]. In another survey of Community Action Program participants in Pierce County, affordable housing and home repairs were identified as top priority needs.[7]

Goal

Ensure older adults and adults with disabilities have access to safe, affordable housing.

Objectives

1. Improve community awareness of and access to Pierce County Human Services (PCHS) housing programs and resources.

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[3] Pierce Co. Point In Time Count (2017, 2018, 2019)
[4] 2020-2023 Area Plan Community Survey (June 2019)
[5] 2020-2030 "Aging into the Future" PechaKucha (March 2019)
[6] Pierce Co. Aging & Disability Resources Case Manager Focus Groups (June 2019)
[7] Pierce Co. Community Action Programs Community Needs Assessment (2018)

2. Increase affordable housing resources available to older adults and adults with disabilities.

Measures

1.1 Develop and disseminate comprehensive outreach material that outlines Pierce County housing resources available to older adults and adults with disabilities. (January 2020 – December 2020)

1.2 Increase referrals of older adults and adults with disabilities to Pierce County sponsored housing assistance programs, such as Homebuyer Assistance Loans, Home Rehabilitation Loans, Home Repair Grants, Energy Assistance, Weatherization Assistance Grants, Property Tax Exemptions, and Housing Intervention by 5% per year. (January 2020-December 2023)

1.3 Maintain ADR funding for the Community Living Program, to provide services and supports to stabilize and maintain current housing / living situation for at least 75 eligible older adults per year. (January 2020-December 2023)

2.1 Continue to actively participate in the Pierce County Continuum of Care Committee to advocate for the housing needs of older adults and adults with disabilities. (January 2020-December 2023)

2.2 Partner with PCHS housing and homeless programs, local housing authority agencies and social service providers to advocate for and prioritize funding opportunities to develop housing and housing related services targeting older adults and adults with disabilities. (January 2021-December 2021)

Community and Health Supports

Information and Access

Profile of the Issue

Pierce County citizens often lack the information needed to access appropriate community resources. This lack of information can lead individuals to make less than ideal decisions around their aging and disability needs.

In ADR's recent community survey[8], over half of all respondents indicated a lack of information about available services was the greatest barrier to getting help to meet their care needs. Over 40% of respondents said knowing who to ask was also a significant challenge to accessing information and services. When asked to rank the importance of various supports, survey respondents ranked information about community services and help accessing services as the top two supports necessary to help people age safely in their own homes and community. Information and help locating resources was also the most frequently mentioned need of family / informal caregivers who responded.

In a series of focus groups held with LTSS professionals, participants reported that a lack of awareness was the biggest challenge to finding and accessing services for the clients they served.[9] Technology was another major barrier, including clients' lack of access or knowledge to operate a smart phone or computer to access online resources. When asked what Pierce County could offer to best help older adults and adults with disabilities, 49% of community forum participants indicated providing information and access to services and supports would be the most helpful[10].

Goal

Provide accurate and timely information and education about a broad range of long term services and supports to expand public knowledge and better serve the population of Pierce County.

Objectives

1. Increase public knowledge of local, state and federal resources for community based long term services and supports.
2. Provide tailored supports for unpaid family / informal caregivers, enabling care receivers to remain in their own homes.
3. Delay the need for Medicaid-funded long term services and supports.
4. Increase community knowledge about Alzheimer's / dementia and available supports.

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[8] 2020-2023 Area Plan Community Survey (June 2019)
[9] Pierce Co. Aging & Disability Resources Case Manager Focus Groups (June 2019)
[10] 2020-2030 "Aging into the Future" PechaKucha (March 2019)

Measures

1.1 Increase Community Outreach and Education activities by 5% every year, with emphasis on reaching low income, minority, and limited English speaking individuals, socially or geographically isolated older adults and family / informal caregivers. (January 2020-December 2023)

1.2 Continue to provide Aging & Disability Resource Center (ADRC) telephone case management and person-centered options counseling services five days per week, 8 hours per day. (January 2020-December 2023)

1.3 Update online resources a minimum one time per year in the Community Living Connections resource directory and ADR webpage. (January 2020-2023)

1.4 / 2.1 Train ADRC staff in the "No Wrong Door" and "Person Centered" philosophies. (January 2020-December 2021)

2.2 / 3.1 Continue to provide Community Living and Family Caregiver Support programs, including Medicaid Alternative Care and Tailored Supports for Older Adults. (January 2020-December 2023)

4.1 Provide two (2) free six-week Dementia-specific trainings to the community per year. (January 2020-December 2023)

4.2 Continue to co-sponsor the annual Pierce County Alzheimer's Caregiver Conference. (January 2020-December 2023)

Nutrition

Profile of the Issue

An estimated 13.2% of all Pierce County residents are food insecure, meaning they lack access to adequate food, or experience limited or uncertain availability of nutritious food.[11] Adults age 60 and over represent approximately 21% of the Pierce County population. It is estimated 1 in 5 older adults in Pierce County do not eat or have daily access to nutritious meals.

In ADR's recent community survey, food was ranked as the top need / priority for both older adults and adults with disabilities.[12] Survey respondents ranked senior lunch programs (7th) and home delivered meals (9th) among the top ten supports needed to help age safely in the community. However, 23% of respondents also reported not eating a healthy diet, with the top three reasons being not having enough money, personal choice, and dental problems. Lack of transportation or proximity to a grocery store or community meal site also factored frequently in not eating a nutritious diet. This was supported by findings from community forum polling, which indicated 73% of participants traveled between one to six miles to purchase groceries. [13]

[11] Feeding America-Map the Meal Gap (2019)
[12] 2020-2023 Area Plan Community Survey (June 2019)
[13] 2020-2030 "Aging into the Future" PechaKucha (March 2019)

Findings from a 2018 survey of Community Action Program participants found that over half of respondents ranked food and nutrition among their top five to ten concerns. [14]

The continued intake of nutritious foods is a major determinant of health. Adequate nutrition is critical to the maintenance of physical and mental health well-being and the quality of life.

Goal

Maintain or improve the physical and /or psychosocial well-being of older persons in Pierce County by providing or securing appropriate nutrition services.

Objectives

1. Increase community awareness of congregate, home delivered, senior farmers market, supplemental nutrition assistance, community food banks and other Pierce County nutrition programs targeting low income older adults.

2. Cultivate community partnerships to identify nutrition service gaps in the County, and leverage and expand meal programs available to older adults.

3. Expand the contracted home delivered meals program and menu to provide culturally appropriate services to targeted ethnic elders in Pierce County.

4. Improve the quality of and satisfaction with current home delivered meals offered, modifying and increasing available meal options.

Measures

1.1 Develop and implement a comprehensive senior nutrition program marketing and outreach plan for distribution to contracted and other community nutrition providers. (January 2020-December 2020)

2.1. Increase total senior nutrition program participants by 10% over 2019 levels, contingent on funding. (January 2020-December 2022)

3.1 Plan, develop, and implement culturally diverse and appropriate home delivered meals available for ethnic diverse populations served by the contracted home delivered meals program. (January 2020-December 2023)

4.1. Achieve 95% satisfaction from recipients of home delivered meals regarding the home delivered meals offered and the number of selections available. (January 2020-December 2023)

4.2 Increase home delivered meal menu options (dinner by six; breakfast by three). (January 2020-December 2023)

[14] Pierce Co. Community Action Programs Community Needs Assessment (2018)

Health Promotion

Profile of the Issue

One in four adults ages 65 and older fall each year, leading to injuries such as hip fractures and head traumas, increased risk of nursing home placement and early death.[15] Evidence-based fall prevention programs, such as Staying Active and Independent for Life (SAIL), Enhanced Fitness, and Tai Ji Quan: Moving for Better Balance have been shown to improve strength and balance, reducing the risk for falls. In 2018, 113 older adults participated in an ADR funded evidence-based fall prevention program in Pierce County.

The ADR Area Plan community survey found that access to health and wellness programs ranked fourth in importance to helping people age safely at home; despite this, less than half of respondents reported participating in an exercise or health management class, most frequently noting cost and lack of transportation as primary barriers.[16] Community members also reported exercise to be their favorite activity for managing their health and wellness.[17]

Goal

Provide evidence-based interventions that promote physical health and reduce fall risk in older adults.

Objectives

1. Increase access to ADR-funded evidence-based health promotion / fall prevention programs.

2. Improve awareness of low / no-cost evidence-based health promotion / fall prevention programs available in Pierce County.

Measures

1.1 Release a Request for Proposal to expand the availability of ADR-funded evidence-based fall prevention programs. (January 2023-March 2023)

2.1 Launch an information campaign in partnership with the Pierce County Fall Prevention Coalition and others to educate older adults about affordable health promotion and disease prevention activities available in Pierce County. (September 2021 – December 2021)

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[15] National Council on Aging and Center for Disease Control and Prevention (July 2019)
[16] 2020-2023 Area Plan Community Survey (June 2019)
[17] 2020-2030 “Aging into the Future” PechaKucha (March 2019)

Emotional / Mental Health

Profile of the Issue

According to the Centers for Disease Control and Prevention, older adults are at increased risk for depression, suicide, and anxiety.[18] Older adults prioritized for services by the Area Agency on Aging are at particularly high risk for having unaddressed mental health conditions due to poverty, social isolation, and the presence of physical or cognitive disabilities.

A recent study conducted by the AARP showed that individuals with health conditions that limit their physical activity receive lower mental health well-being scores than those who do not.[19] The same study showed that individuals who engage in social activities, volunteer opportunities, and physical activity ranging from structured exercise programs to a simple walk in the park all report lower levels of stress and higher mental health well-being scores.

The Area Plan community survey found nearly half of respondents lived alone. Health / wellness programs and opportunities for socialization ranked among the top ten services identified as essential or very important to aging safely in the community. Additionally, emotional supports, such as individual counseling or participation in support groups, were ranked as the second highest need by informal / family caregivers responding.[20] LTSS case managers participating in focus group discussions ranked mental health services as the 3rd highest need of the older adults and adults with disabilities they work with; they also noted the importance of counseling and peer support for family caregivers.[21]

Goal

Provide individually tailored services that support the emotional well-being and mental health of older adults and their caregivers in Pierce County.

Objectives

1. Overcome barriers to access by offering older adult counseling services to individuals utilizing behavioral health interventions that best meet their identified needs, and that are delivered in their preferred setting.

2. Provide services that protect against declining mental health by creating opportunities for community engagement and participation in health promotion activities by older adults.

3. Reduce feelings of depression and stress in unpaid family caregivers by offering both group and individual treatment that enhances coping mechanisms and offers peer and clinical support.

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[18] The State of Mental Health and Aging in America
[19] 2018 AARP Brain Health and Mental Well-Being Survey
[20] 2020-2023 Area Plan Community Survey (June 2019)
[21] Pierce Co. Aging & Disability Resources Case Manager Focus Groups (June 2019)

Measures

1.1 Support the provision and expansion of ADR-funded older adult mental health services, in the client's preferred setting (home or office). At least 250 adults 60 years of age and older will receive services per year. (January 2020-December 2023)

1.2 Release Letter of Intent / Request for Proposal to expand availability of highest-tier evidence-based mental health supports for older adults, such as the Program to Encourage Active, Rewarding Lives (PEARLS), a program proven to help older adults with depression. (January 2022-June 2022)

2.1 Provide basic operating funds to a minimum of five senior centers that provide community-dwelling older adults the opportunity to volunteer, and to engage in social, educational, and health promotion activities. Priority will be given to senior centers that serve frail, isolated older adults with physical and/or emotional disabilities and those living in rural communities. (January 2020-December 2023)

3.1 Provide unpaid caregivers with information about the availability of support groups, individual caregiver counseling services and other supports, including services available through the Family Caregiver Support Program (FCSP), Medicaid Alternative Care/Tailored Supports for Older Adults (MAC/TSOA), Kinship Caregiver Support Program, and other sources. Caregivers who access services through FCSP and MAC/TSOA will experience a reduction in their overall caregiver burden score of at least 20% from baseline. (January 2020-December 2023

Caregiver Supports

Profile of the Issue

Nationally, an estimated 40 million American adults provide unpaid caregiving support to a family member, friend or loved one, at an estimated economic value of over $470 billion annually.[22] These family / informal caregivers provide help with basic household tasks and personal care, as well as complex medical / nursing tasks. Without this help, their care recipients would likely require Medicaid-funded in home care or skilled nursing home services.

One in four of these family caregivers is part of the Millennial generation, born between 1980 and 1996. Millennial caregivers are more likely to be a race / ethnicity other than white, more frequently male, and more likely to identify as LGBT as compared to non-Millennial caregivers. Three out of four Millennial caregivers provide care to a person 50 years of age or older, most often a parent or grandparent, and about 33% report caring for a person with emotional or mental health problems. In a national study, a significant majority of Millennials reported seeking out information to help them with their caregiving duties, with most wanting more information than they already have.[23]

[22] AARP Public Policy Institute-National Alliance for Caregiving, Caregiving in the U.S. 2015 (June 2015)
[23] Transamerica Institute (September 2017)

Over one-third of ADR community survey respondents reported being a family / informal caregiver.[24] Responding caregivers most frequently reported they need or would like information and help accessing resources, followed by emotional support services and help with caregiving tasks. Only half indicated they were aware of where to get help with their caregiving responsibilities. ADR case managers participating in focus group discussions identified respite services as the top caregiver need, followed by information, help accessing services and caregiver training / education.[25] Eighty-four percent of community forum participants polled reported they had been, currently were, or will be providing care to someone.[26]

Goal

Provide tailored, person-centered supports and services to family / informal caregivers, enabling care receivers to remain at home and delay entry into Medicaid-funded long term services and supports.

Objectives

1. Improve awareness of and access to ADR programs supporting family caregivers, with increased focus on under-served populations, including Millennial caregivers, caregivers of color and those identifying as LGBT.

2. Expand educational opportunities available to family / informal caregivers in Pierce County.

3. Expand available resources to support caregiver emotional / mental health.

(See also: Information and Access; Emotional / Mental Health)

Measures

1.1 Develop and implement annual Caregiver Programs outreach plan, including expanded online resources, and culturally appropriate / translated materials and videos. (January 2020-December 2023)

1.2 Increase number of caregivers referred and screened for FCSP or MAC/TSOA by 8% per year. (January 2020-December 2021)

1.3 Increase documented contacts by family / informal caregivers of color, LES proficiency and identifying as LGBT by 5% per year. (January 2020-December 2021)

2.1 Provide two (2) free six-week “Powerful Tools for Caregiving” trainings to the community per year. (January 2020-December 2023)

2.2 Increase number of scholarships provided to enrolled FCSP caregivers to attend the annual “Challenges in Caregiving” conference. (January 2020-December 2023)

3.1 Launch new online caregiver peer support group or blog space. (January 2021-December 2021)

(See also: Information and Access; Emotional / Mental Health)

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[24] 2020-2023 Area Plan Community Survey (June 2019)
[25] Pierce Co. Aging & Disability Resources Case Manager Focus Groups (June 2019)
[26] 2020-2030 “Aging into the Future” PechaKucha (March 2019)

Social Environment

Diversity, Equity and Inclusion

Profile of the Issue

Diversity is often thought of as solely about race; however, it encompasses many more aspects of an individual's life. Ethnicity, culture, sexual orientation, gender and gender identity, socio-economic status, language, age, and religious beliefs are all components of a diverse community. According to data maintained in the CLC-GetCare database for clients receiving Older Americans Act and/or State-funded services in Pierce County during 2019 to date, 6.7% identified as African-American, 1.3% identified as Native American/Alaska Native, and 17.2% identified as Asian/Hawaiian/Pacific Islander. Across all ethnicities and races, 1.3% of clients identified as Hispanic/Latino. 12.7% of clients speak a primary language other than English, and of those individuals, 75% require translation services. When compared against U.S. Census data for Pierce County (see Sec. B-1), ADR is currently exceeding anticipated service levels for older adults by ethnicity or race, with the exception of elders of Hispanic/Latino origin.

As Pierce County historically offered a more affordable alternative to Seattle and other cities in King County, we have experienced growth in other diverse communities as well. In 2017, Tacoma Older LGBT (TOLGBT) released a report based upon a community needs study it conducted of Pierce County's LGBT residents. According to the TOLGBT report, an estimated 4,520 lesbian, gay or bisexual adults over the age of 60 and 387 transgender adults call Pierce County home. Of those, the majority live in the City of Tacoma.[27] Six percent of survey respondents were Native American/Alaska Native or Indigenous, 5% identified as multi-racial, and 4% were Black/African-American, further reflecting the diversity within "minority" populations.

In March of 2018, ADR hosted an "LGBT Aging in Pierce County" Town Hall to seek feedback on the needs and priorities of the older LGBT community. Participants provided feedback through a series of moderated roundtable discussions concerning Social Engagement, Health and Wellness, Ethnic and Cultural Diversity, Caregiving and Long-Term Care, and Housing and Transportation. Participant input followed several common themes, including the desire for "safe spaces" through the development of LGBT-specific services, long term care options, and trained, knowledgeable service providers. Participants also voiced an interest in "aging specific" services for the LGBT community and the need for a trusted source of information about LGBT-friendly services. The Ethnic and Cultural Diversity discussions added another layer to the dialogue about access and trust, noting that many resources and opportunities are delivered in "white spaces" that people of color are expected to enter. Creating and fostering diversity, with recognition and respect for the multiple identities of LGBT people of color is yet another need that is overlooked in the provision of supportive services.

Since the Town Hall, ADR has hosted three "SAGE Tables," based upon the format created by SAGE (https://www.sageusa.org/join-sage-table/). Each intergenerational table focused on specific themes: Loneliness; Activism; and Remembering Stonewall. While SAGE Table is informal and self-moderated, the

[27] Tacoma Older LGBT Community Needs Assessment (2017)

conversations echoed much of the Town Hall feedback. Participants talked about the challenges of making connections and forming relationships as they grew older, and the need to create gathering places just for older LGBT adults where they can “be themselves.”

Goal

Deliver ethnically and culturally competent services in an atmosphere that welcomes and respects all forms of diversity found in Pierce County.

Objectives

1. Provide regular training opportunities to develop self-awareness, attitudes and behaviors that enable ADR staff to work effectively across cultures.

2. Collaborate with provider agencies and develop organizational resources to deliver services that reflect the values and preferences of Pierce County’s diverse communities.

(See also: Information and Access; Caregiver Supports)

Measures

1.1 Offer a minimum of two training opportunities per year to ADR staff that promote cultural competence, including training on unconscious bias, socioeconomic and health disparities, and “brown bag” lunches to learn about cultural differences and norms shared by ADR clients. (January 2020-December 2023)

1.2 Pursue SAGECare training for ADR staff and leadership and encourage contracted provider agencies to pursue SAGECare credentialing. (January 2020-December 2021)

2.1 Build an inclusive service delivery environment by recruiting and hiring staff who share the language, culture, and customs of the clients we serve. (January 2020-December 2023)

2.2 Collaborate with Tacoma Older LGBT to develop and deliver services for older LGBT residents of Pierce County. (January 2020-December 2021)

2.3 Actively recruit members to the ADR Advisory Board who share the language, culture, values, and customs of the clients we serve. (January 2020-December 2023)

(See also: Information and Access; Caregiver Supports)

Services to Older Native Americans

Profile of the Issue

In accordance with the Washington State Department of Social and Health Services (DSHS) Administrative Policy 7.01, ADR coordinates with the Puyallup Tribe of Indians to address emerging issues affecting tribal members 55 years of age or older, and adult tribal members with disabilities. Work with the Tribe also touches upon tribal members who are receiving long term services and supports from ADR, or who may be eligible to receive services from ADR.

The Puyallup Tribe of Indians is the only Federally-recognized tribe whose lands fall within Pierce County. The Tribe is governed by a seven-member tribal council elected by the tribal membership to three-year terms. The most recent survey of Tribal enrollment reported that the Puyallup Tribe has about 3,547 enrolled members, with only 1,327 living on Puyallup reservation land, and 10.4% of the Tribal members living on the Puyallup Reservation and Off-Reservation Trust Land are 55 years of age or older. [28],[29] According to 2018 U.S. Census estimates, however, 16,000 Native American (any tribal affiliation) or Alaska Native people call Pierce County home. Native American / Alaska Native elders represent 0.9% of Pierce County's population of adults 60+ years of age.[30]

The Puyallup Tribe provides numerous essential services to its members, including nurse case management, in-home care, comprehensive medical, dental, and mental health services, a Title VI senior nutrition program, transportation services, the Elder Wellness Center, and the recently-opened Elders Assisted Living, which has given 20 Tribal elders the ability to return home from outside long term care settings and receive the care that they need. The Puyallup Tribal Health Authority (PTHA) serves enrolled members of any Federally-recognized tribe and continues to offer Chronic Disease Self-Management workshops to eligible patients. The Puyallup Tribe has a strong commitment to meeting the needs of its members and invests in the development of a staff infrastructure to provide culturally-relevant services and supports that allow members to remain in the community.

Goal

Provide necessary and appropriate long term services and supports to members of the Puyallup Tribe of Indians that are delivered in a culturally-relevant manner and developed on a government-to-government basis, with respect for the Tribe's sovereignty and unique social and legal status.

Objectives

1. Strengthen partnerships with Puyallup Tribe of Indians representatives, tribal organizations and service providers, Native American advocates, and others that will enhance access to services for Puyallup Tribe of Indians elders.

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[28] Kauffman & Associates, Inc. "Washington State Department of Social and Health Services Money Follows the Person – Tribal Initiative Concept Paper" (2015).
[29] Ibid
[30] U.S. Census Bureau and OFM (2018)

2. Provide responsive support and/or technical assistance as requested by the Puyallup Tribe of Indians.

3. Collaborate with the Puyallup Tribe of Indians to develop a mutually agreed upon 7.01 Implementation Plan.

Measures

1.1 Utilize annual planning / coordination meetings as an opportunity to identify service needs that could be addressed through collaboration between ADR and the Puyallup Tribe of Indians. (January 2020-December 2023)

1.2 Share information and engage in service and case management coordination with the Executive Director of the Puyallup Tribe of Indians Elder and Vulnerable Adults Services. (January 2020-December 2023)

1.3 Participate in statewide bi-annual Area Agency on Aging / Tribal coordination summits. (January 2020-December 2023)

1.4 Participate in tribal events at the request and invitation of the Puyallup Tribe of Indians. (January 2020-December 2023)

2.1 Explore the interest of the Puyallup Tribe of Indians in receiving training on long term service and support topics such as family caregiving, dementia / Alzheimer's disease, the Long-Term Care Ombudsman Program, etc. during annual coordination meetings and as new programs are developed by ADR. (January 2020-December 2023)

2.2 Provide letters of support or partnership for grant projects as requested. (January 2020-December 2023)

3.1 Consult with Pierce County's Senior Counsel for Tribal Relations and the DSHS Office of Indian Policy to engage in government-to-government communication that complies with the Communication Protocol requirements described in Attachment 2 of Administrative Policy 7.01. (January 2020-December 2023)

3.2 Engage in annual 7.01 planning meetings with representatives of the Puyallup Tribe. (January 2020-December 2023)

Area Plan Budget Summary

Fiscal Considerations

- Federal Sequestration – with signing of the Bipartisan Budget Act of 2019, continued threat of strict automatic spending caps for non-defense, discretionary programs, including the Older Americans' Act permanently ends; modest increases are anticipated for Fiscal Year 2020

- Medicaid Transformation Demonstration – projected increase in Federal demonstration funds received due to anticipated growth in the MTD caseload

- Medicaid Caseload Growth – projected increase in Medicaid funds to address anticipated growth in the Medicaid LTSS client caseload

- Health Home Care Coordination – projected increase due to caseload growth

- State Revenues – received one-percent increase in State funds for AAA Case Management for State Fiscal Year 2020, and continued funding for the expansion of home delivered meals

Major Revenue Sources

- Older Americans Act – Federal
- Senior Citizens Services Act – State
- Family Caregiver Support – State / Federal
- Medicaid – State / Federal

Discretionary versus Non-Discretionary Funding

Generally, revenue to Pierce County Human Services - Aging and Disability Resources comes from the State and Federal governments in two forms:

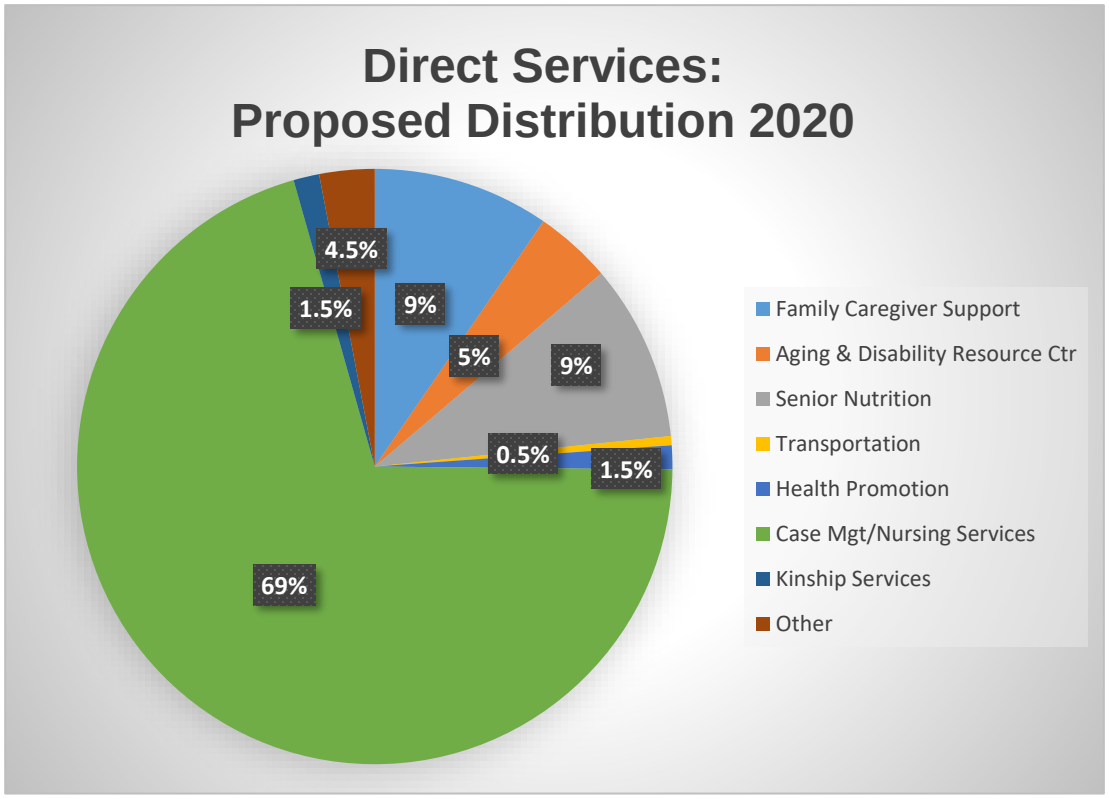
Discretionary – Funds provided with the flexibility to be spent on local needs, determined at the local level. Examples: Foot Care, Counseling Services, Transportation	***Non*-Discretionary** – Funds earmarked for a specific program or purpose. ADR has no choice on how to spend these funds. Examples: Family Caregiver Support, some nutrition program funds

2020 Projected Revenues

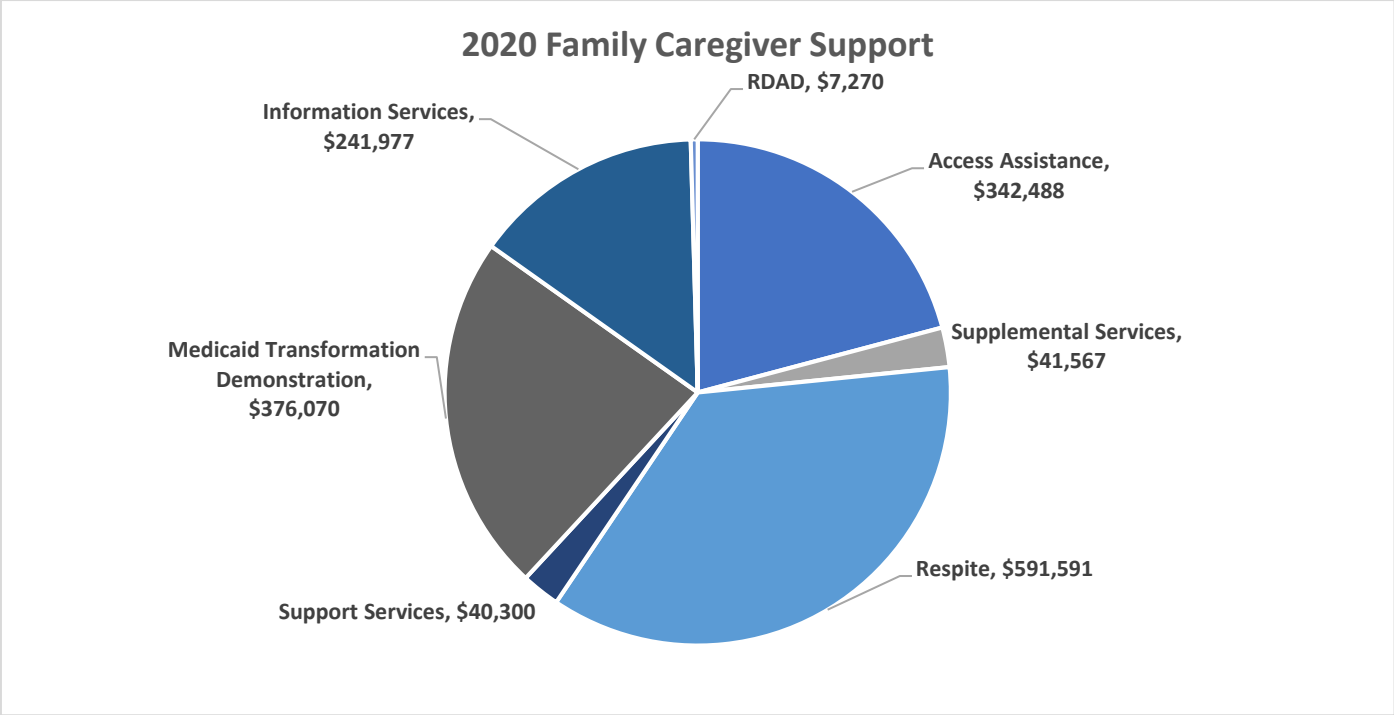
DRAFT
As presented Sept. 17, 2019

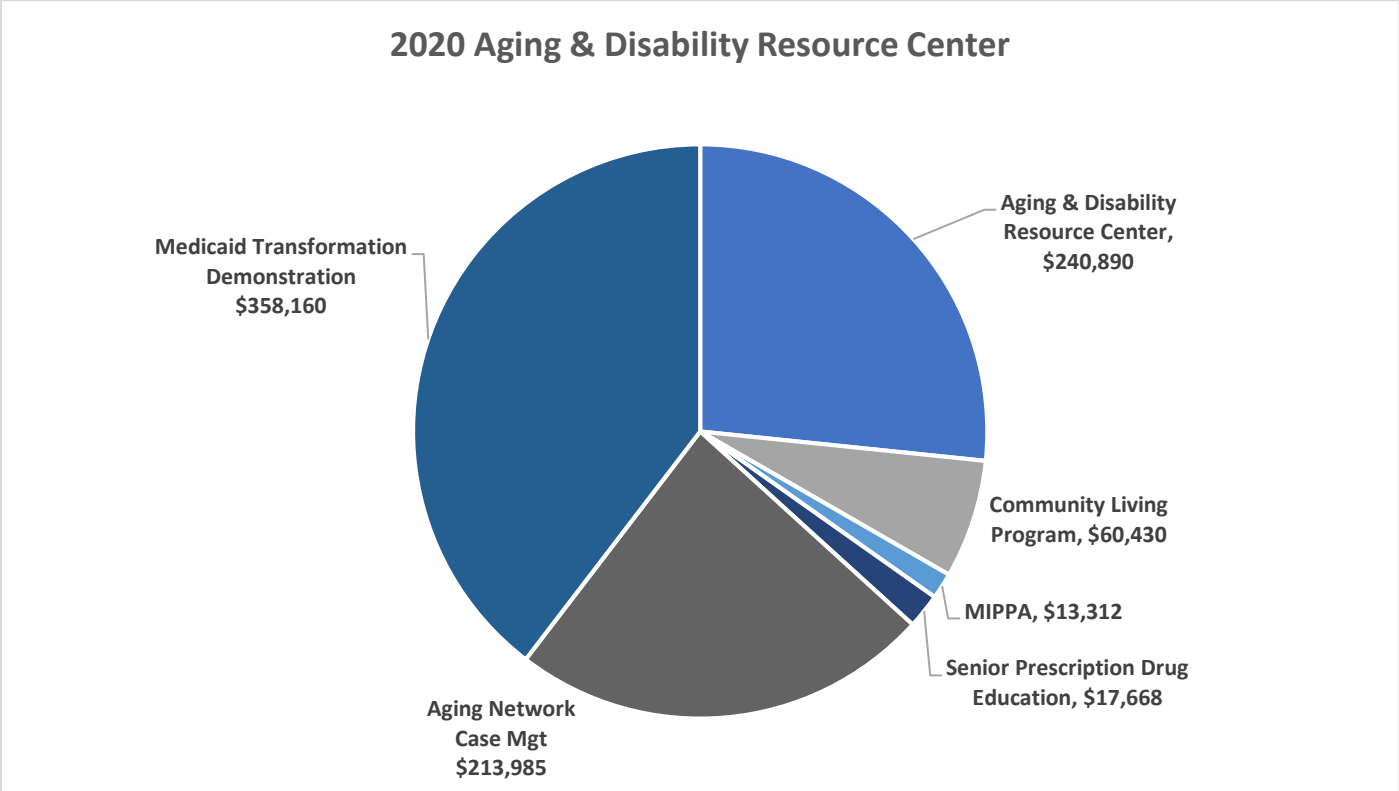
Discretionary Revenues	2019 Total Revenue (includes carry-over & transfers)	2020 Projected Revenue	Net Change
Title III-B (Supportive Services)	$832,386	$703,949	($128,437)
Title III-C1 (Nutrition – Senior Mealsites)	$1,044,654	$1,044,654	$0
Title III-C2 (Nutrition - Home Delivered)	$363,553	$363,553	$0
SCSA (Supportive Services)	$957,974	$823,788	($134,186)
Subtotal of Discretionary	**$3,198,567**	**$2,935,944**	**($262,623)**
Non-Discretionary Revenues			
Title III-D (Health Promotion)	$66,586	$49,957	($16,629)
Title III-E (Family Caregiver Support)	$328,432	$328,432	$0
Title VII-B (Elder Abuse)	$6,284	$6,284	$0
Caregiver Training Admin	$55,080	$50,000	($5,080)
Family Caregiver Support (State)	$1,407,744	$1,105,752	($301,992)
Title XIX-Contract Management	$709,191	$753,181	$43,991
Title XIX-Case Mgmt & Nursing	$10,499,893	$11,307,771	$807,878
Title XIX-Admin Claim	$109,779	$140,000	$30,221
Senior Drug Education	$17,108	$17,668	$560
Kinship Caregiver Support/Navigator (State)	$241,981	$234,773	($7,208)
Home Delivered Meals Expansion	$30,718	$29,218	($1,500)
Pierce County General Fund	$192,500	$550,000	$357,500
No Wrong Door	$16,806	$0	($16,806)
MSC Long Term Care Ombudsman	$174,106	$164,889	($9,217)
Victims of Crime Assistance	$34,891	$0	($34,891)

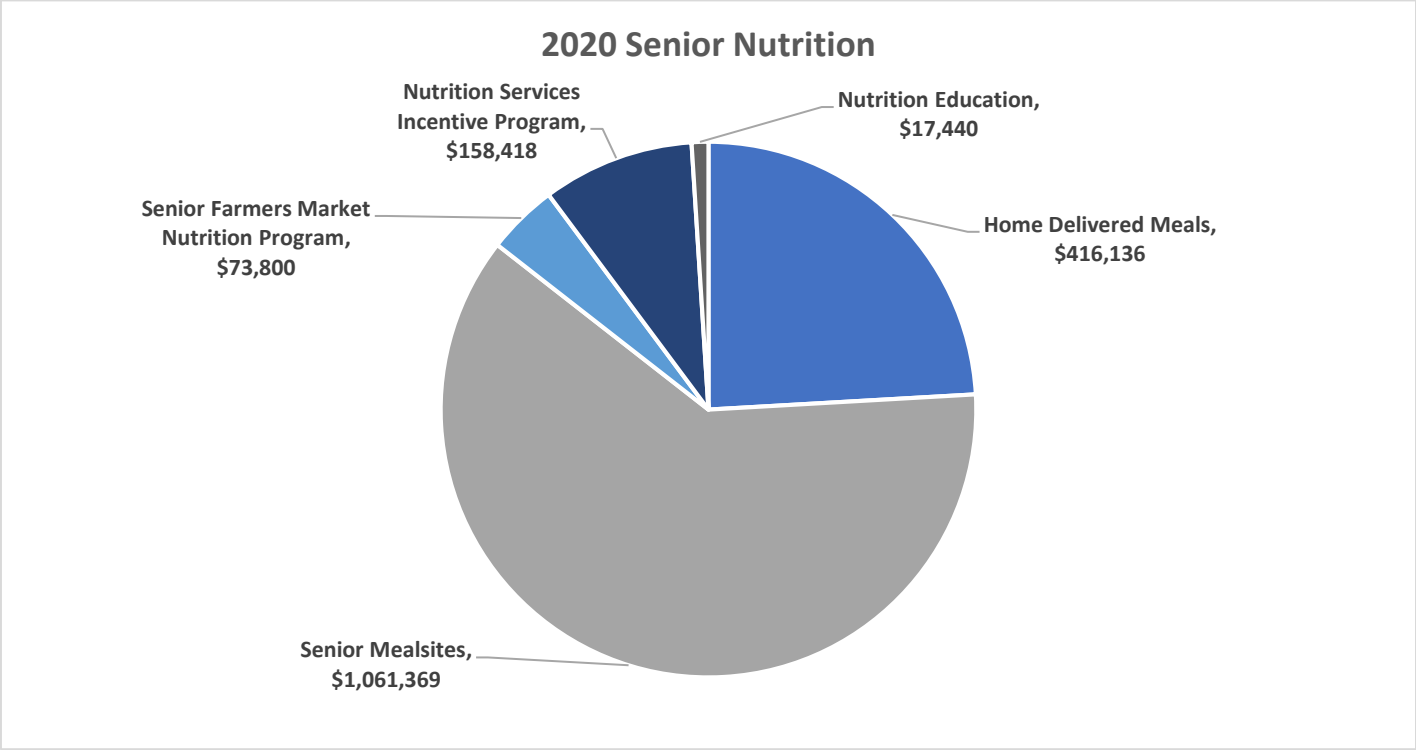
Non-Discretionary Revenues	2019 Total Revenue (includes carry-over & transfers)	2020 Projected Revenue	Net Change
Senior Farmer's Market (State)	$77,998	$62,369	($15,629)
Senior Farmer's Market (Federal)	$21,558	$20,278	($1,280)
Nutrition Services Incentive Program	$125,887	$158,418	$32,531
MIPPA	$14,470	$14,470	$0
Medicaid Transformation Project	$837,162	$895,397	$58,235
Health Homes	$985,250	$1,469,312	$484,062
Veteran's Project	$24,000	$30,000	$6,000
T3B Admin I&A Special Funding	$129,298	$48,158	($81,140)
Special Projects	$33,706	$0	($33,706)
Caregiver Conference (Speaker fees)	$10,000	$10,000	$0
Subtotal of Non-Discretionary	**$16,150,428**	**$17,446,327**	**$1,295,899**
GRAND TOTAL	**$19,348,995**	**$20,382,271**	**$1,033,276**

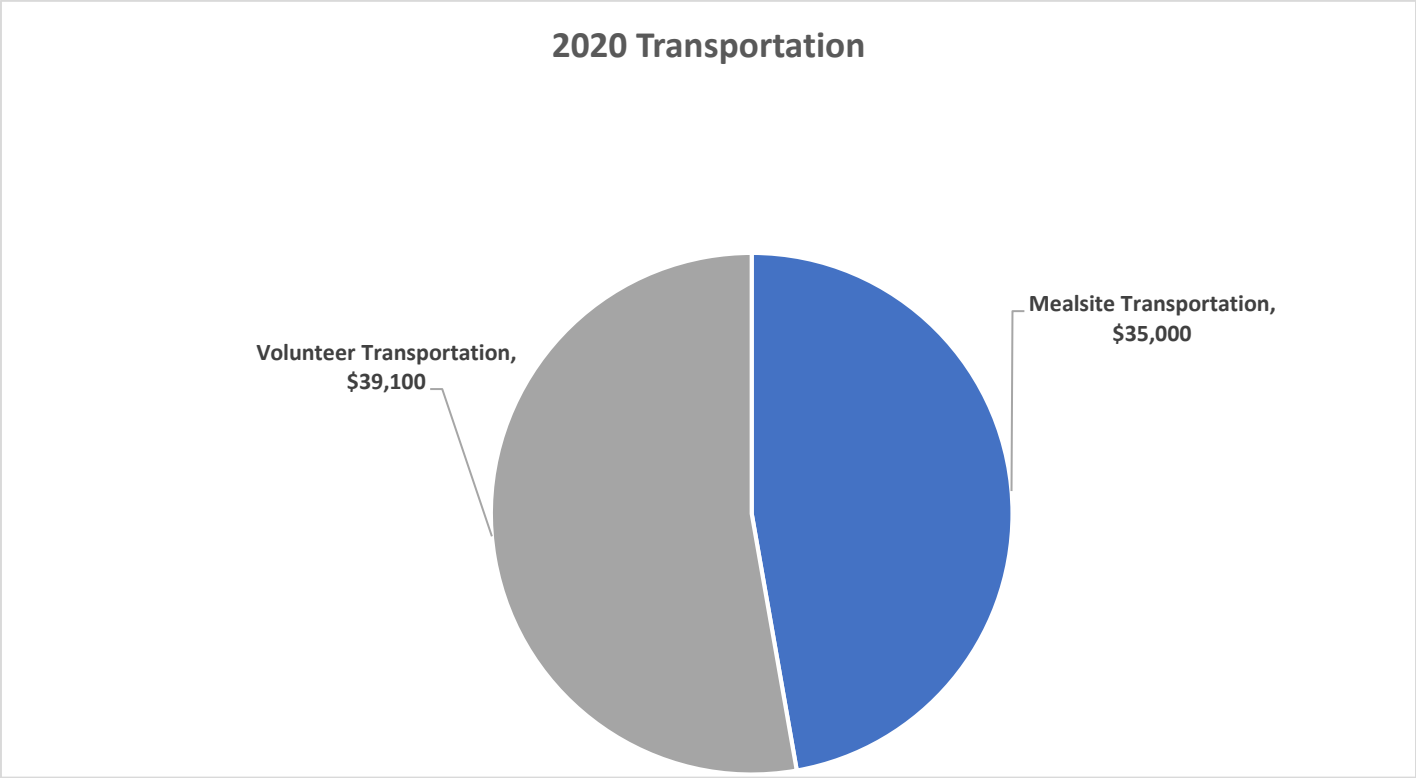


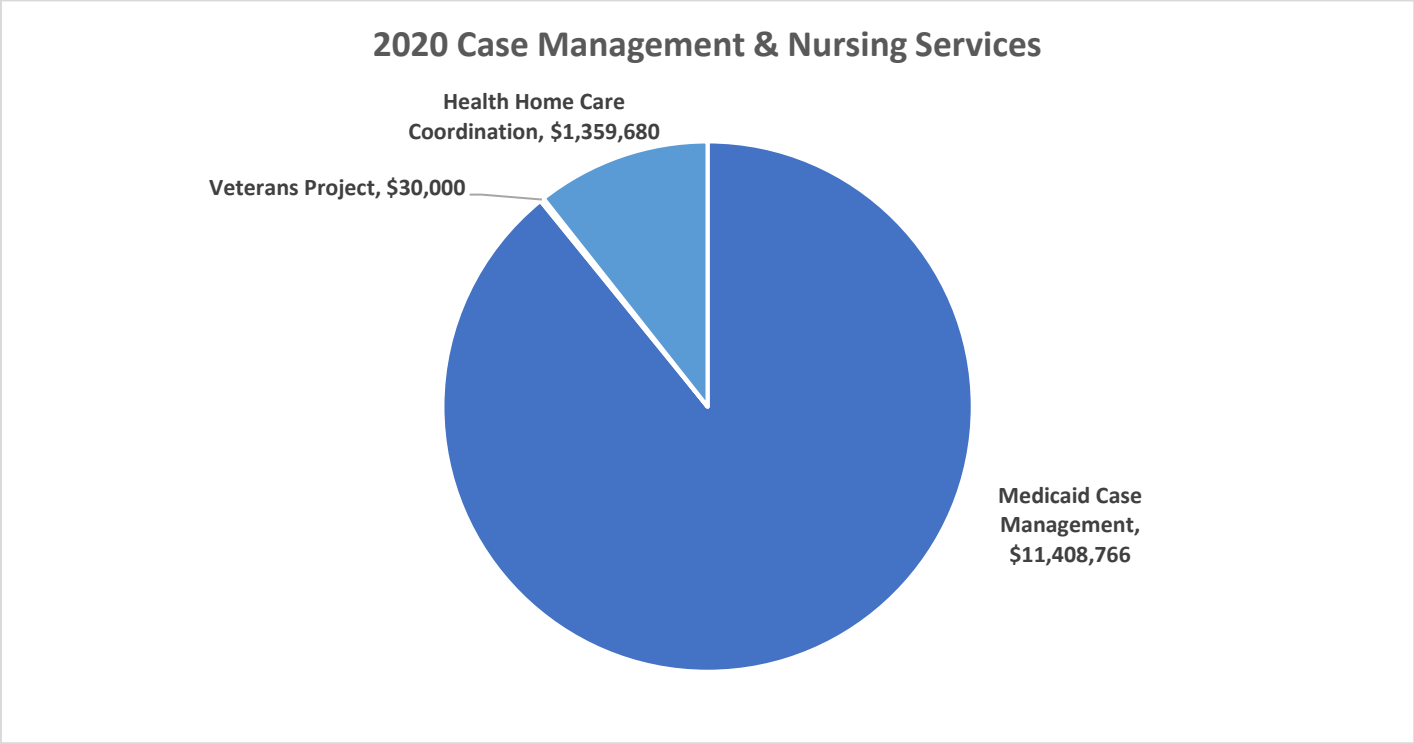
2020 Proposed Allocations

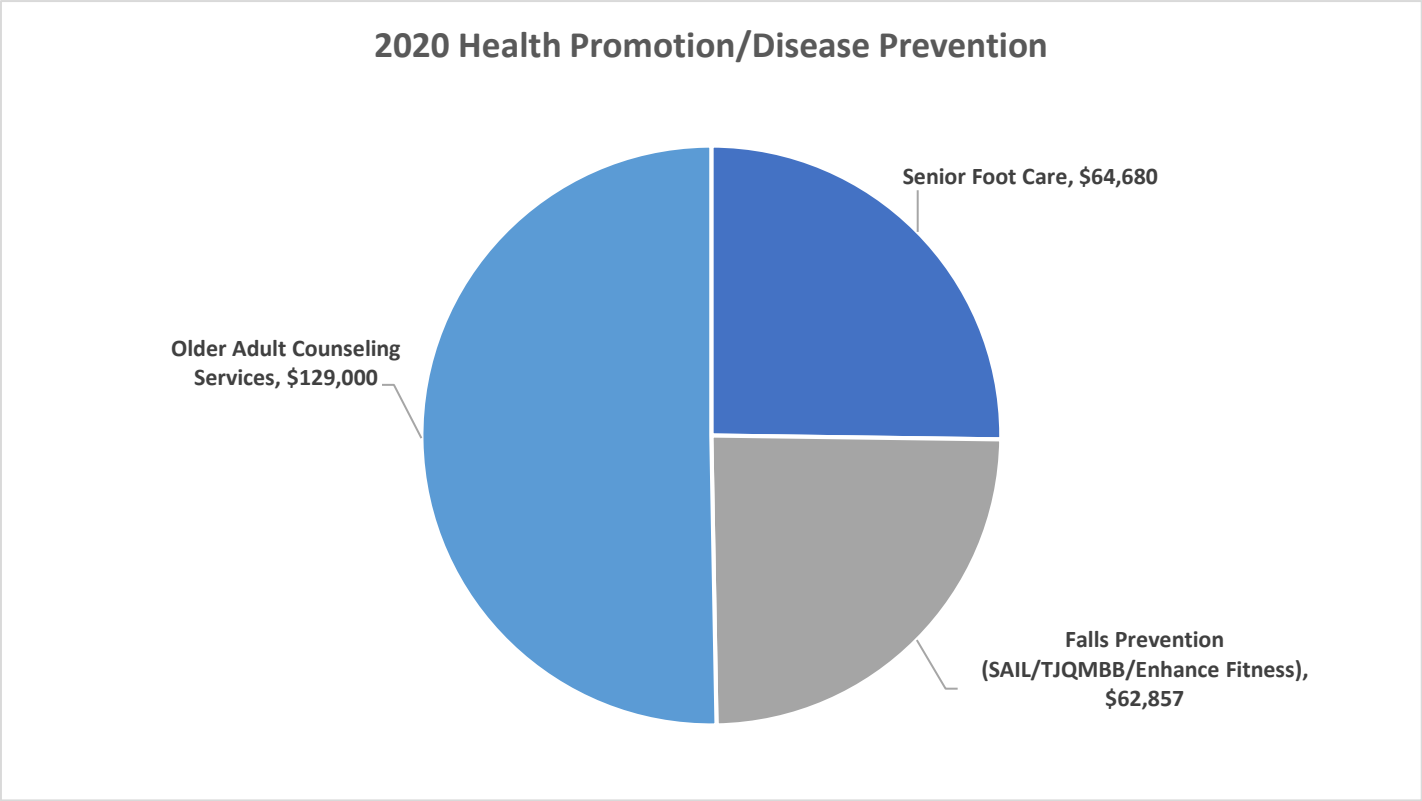


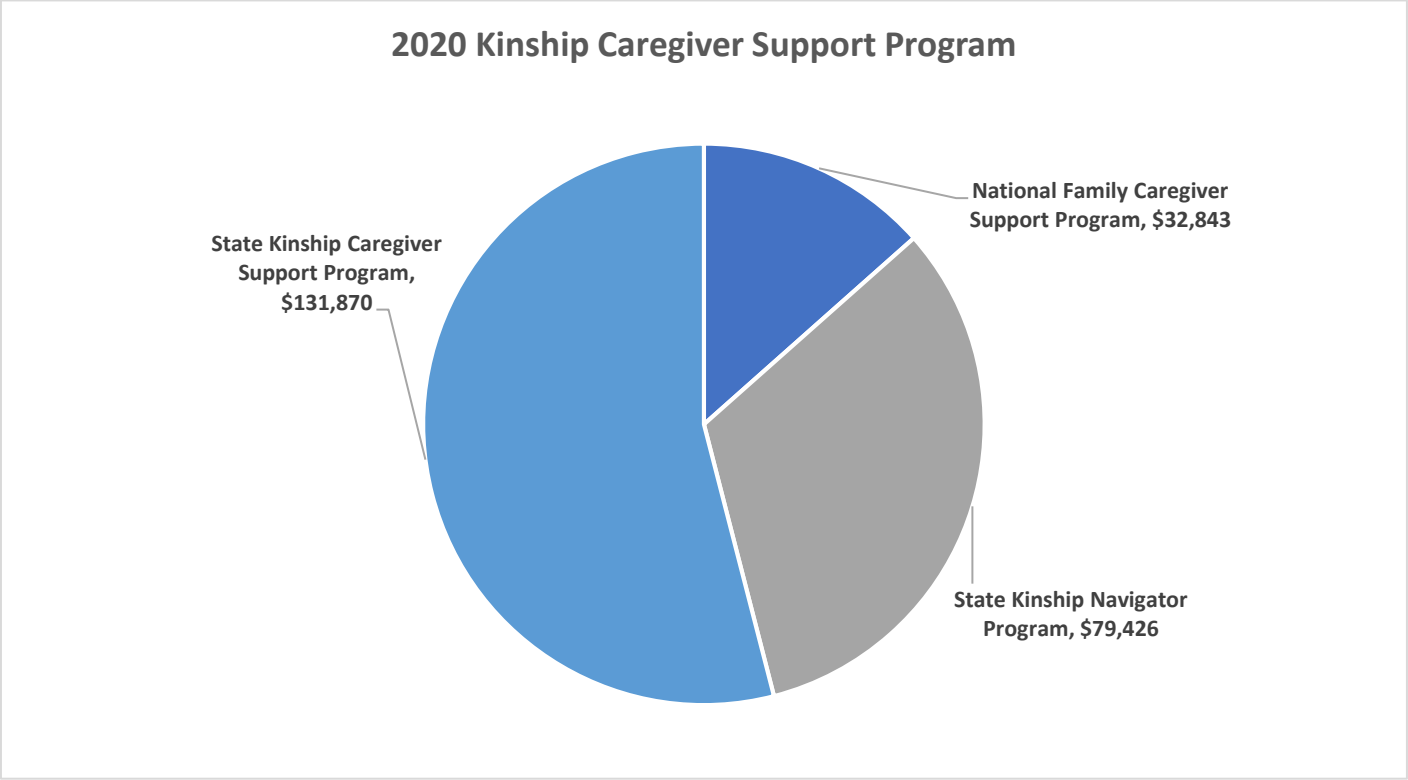


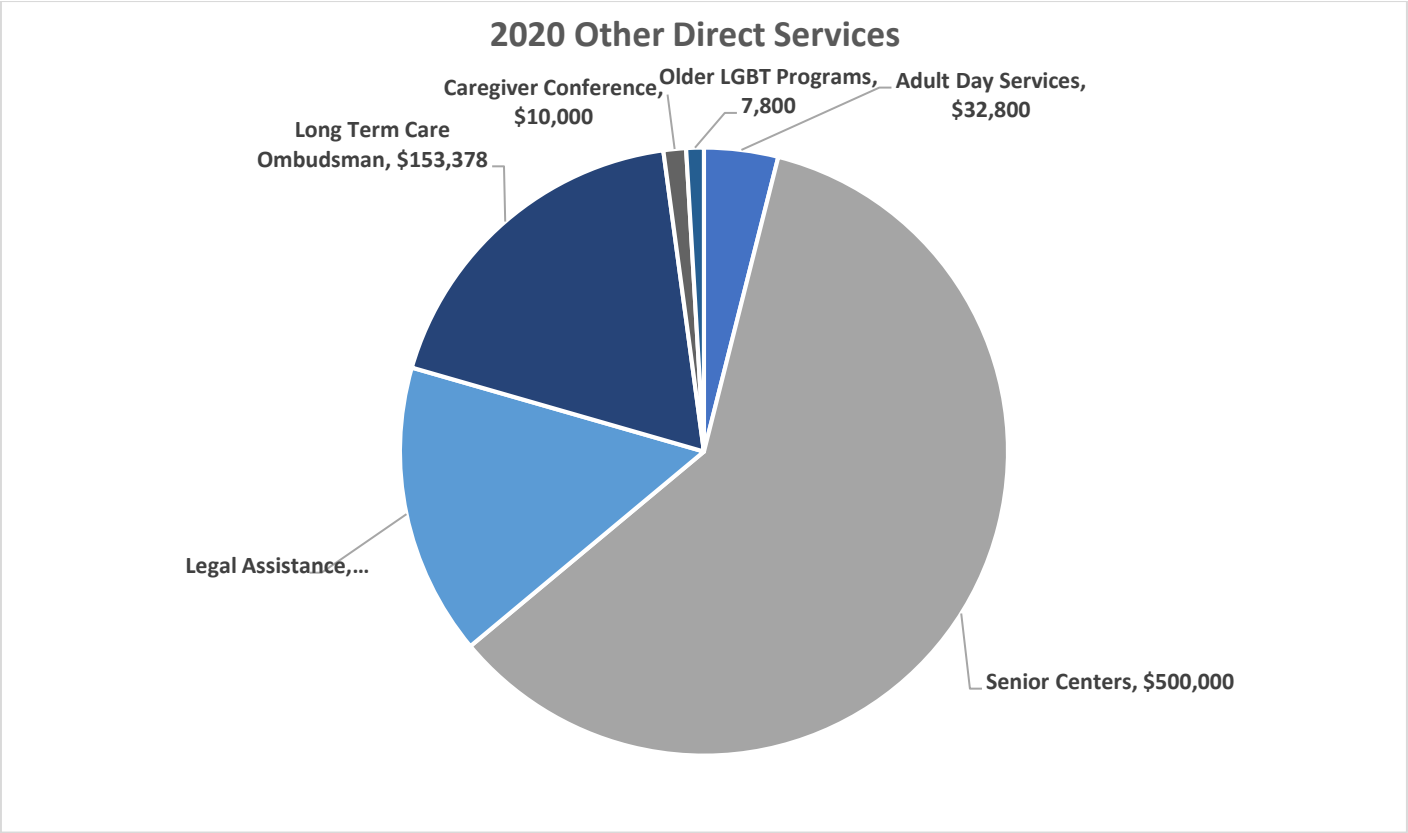

2020 Senior Nutrition
Nutrition Services Incentive Program, $158,418
Nutrition Education, $17,440
Senior Farmers Market Nutrition Program, $73,800
Home Delivered Meals, $416,136
Senior Mealsites, $1,061,369


2020 Transportation
Mealsite Transportation, $35,000
Volunteer Transportation, $39,100


2020 Case Management & Nursing Services
Health Home Care Coordination, $1,359,680
Veterans Project, $30,000
Medicaid Case Management, $11,408,766

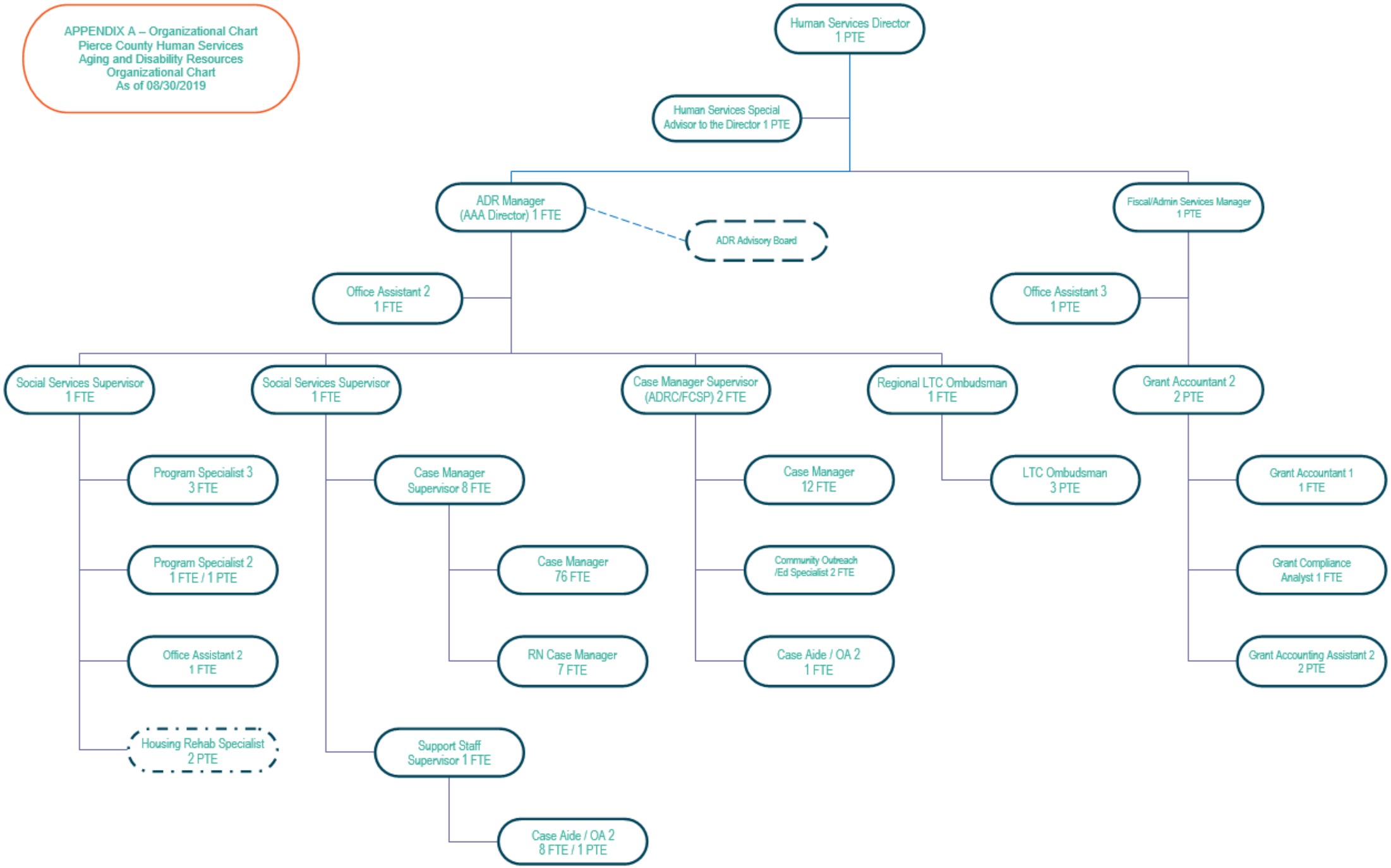

2020 Health Promotion/Disease Prevention
Senior Foot Care, $64,680
Older Adult Counseling Services, $129,000
Falls Prevention (SAIL/TJQMBB/Enhance Fitness), $62,857


2020 Kinship Caregiver Support Program
National Family Caregiver Support Program, $32,843
State Kinship Caregiver Support Program, $131,870
State Kinship Navigator Program, $79,426


2020 Other Direct Services
Caregiver Conference, $10,000
Older LGBT Programs, 7,800
Adult Day Services, $32,800
Long Term Care Ombudsman, $153,378
Legal Assistance,...
Senior Centers, $500,000

Appendices

APPENDIX A – Organizational Chart
Pierce County Human Services
Aging and Disability Resources
Organizational Chart
As of 08/30/2019



ADR Staffing Plan

- 113 full time equivalents (FTE)
- 15 part time equivalent (PTE)
- 14 FTE vacant positions
- 142 total staff positions

- 48 minority staff*
- 14 staff over age 60*
- 5 staff self-indicating a disability*

*est. as of Oct. 2019

Position Title	Total Full Time & Part Time	Position Description
Human Services Director	1 PTE	Responsible for overall management of Pierce County Human Services, (includes Aging, Developmental Disabilities, Community Action, Community Development, Homelessness, Housing, Veterans and WSU Extension programs)
Special Advisor to the Director	1 PTE	Responsible for assisting with department-wide strategic initiatives and messaging
Division Manager – Aging and Disability Resources	1 FTE	Responsible for overall management of the Aging and Disability Resources division, including advocacy, Advisory Board support, and supervision / oversight of Case Management and Nursing Services (AAA Director) Oversees Pierce County Human Services Developmental Disabilities unit
Social Service Supervisor – Administration / Planning	1 FTE	Responsible for supervision of the ADR Admin/Planning/Coordination unit and related Area Agency on Aging administrative functions, including community based planning, coordination, program development, technical assistance and contract management activities

Position Title	Total Full Time & Part Time	Position Description
Social Service Program Specialist 3	3 FTE	Responsible for program administration, technical assistance, special projects, coordination, planning, advocacy and Advisory Board Support
Social Service Program Specialist 2	1 FTE 1 PTE	Responsible for contract procurement and management, technical assistance, program compliance monitoring and special projects
Office Assistant 2	1 FTE	Responsible for supporting the ADR Provider Support Services Unit, Ombudsman Program and ADR Advisory Board
Regional LTC Ombudsman	1 FTE 3 PTE	Responsible for providing Ombudsman services, volunteer training and supervision, and LTCO Advisory Council coordination
Social Service Supervisor (Medicaid Case Mgt / Health Homes)	1 FTE	Responsible for overall supervision / management of the Medicaid Case Management and Health Home Care Coordination programs. Also responsible for Fair Hearing coordination and staff training
Case Management Supervisor (Medicaid & Health Homes)	8 FTE (1 vacant)	Responsible for supervision of Case Managers and Registered Nurses staffing Medicaid Case Management, and CM/Care Coordinators staffing Health Homes

Position Title	Total Full Time & Part Time	Position Description
Case Manager (Medicaid / Health Homes) (Vacant = includes positions to be added due to projected caseload growth)	76 FTE 10 vacant	Responsible for ensuring provision of quality case management services to older adults and adults with disabilities. Program areas include COPES/RCL, Medicaid Personal Care (Community First Choice), New Freedom Case Management, and Health Home Care Coordination Bilingual staff capacity: Khmer (Cambodian), Laotian, Tagalog (Filipino), Korean, Russian, Samoan, Spanish, Vietnamese
Registered Nurse	7 FTE (1 vacant)	Responsible for ensuring provision of quality case management, nursing services and care coordination to older adults and adults with disabilities receiving state funded in-home care. Program areas include COPES/RCL, Medicaid Personal Care (Community First Choice) and Health Homes Bilingual staff capacity: Korean and Tagalog
Case Management Supervisor (ADRC / Family Caregiver Programs)	2 FTE (1 vacant)	Responsible for supervision of Case Managers staffing the Aging & Disability Resource Center (ADRC), Family Caregiver Support Program and Medicaid Transformation Project Demonstration
Case Manager (ADRC / Family Caregiver)	12 FTE	Responsible for ensuring provision of responsive, person-centered information and assistance and case management services for the ADRC, Community Living Program, Family Caregiver Support Program, Veterans Directed Community Services, and Medicaid Transformation Demonstration (MTD)
Office Assistant 4 / Support Staff Supervisor	1 FTE	Responsible for supervision of OA / Case Aide staff supporting ADR Medicaid case management and Health Home programs

Position Title	Total Full Time & Part Time	Position Description
Office Assistant 2 /Case Aide	10 FTE (1 vacant) 1 PTE	Responsible for supporting the Aging & Disability Resource Center, ADR Medicaid Case Management and Health Home programs, including Individual Provider contracting, records management and specified case assistance duties
Fiscal / Administrative Services Manager	1 PTE	Responsible for overall management of the Human Services Finance and Administration division
Grant Accountant 2	2 PTE	Responsible for management of program accounting, budgets, and purchasing
Grant Accountant I	1 FTE	Responsible for assisting with the planning and development of annual County, State, and various grant budgets, monitoring budgets and related fiscal reports and preparing billings to funders
Grant Accounting Assistant 2	2 PTE	Responsible for processing vendor and subcontractor reimbursements for services
Grant Compliance Analyst	1 FTE	Responsible for conducting subcontractor fiscal monitoring and technical assistance
Office Assistant 3	1 PTE	Responsible for administrative office support in areas of personnel, public records and reception
Housing Rehabilitation Specialist	2 PTE	Responsible for providing contract management support for Medicaid-funded environmental modification services, including provider technical assistance and compliance monitoring

Emergency Response Plan

The following is an abstract of Pierce County Human Services, Aging and Disability Resources Emergency Management Plan.

Area Agency on Aging Policy and Procedure 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.	• Emergency Management Coordinator, Pierce County Human Services (PCHS) Aging and Disability Resources (ADR) • ADR Case Management Staff • Indirect Services Staff
2. Letters of agreement between the AAA and local emergency operations leadership that identify responsibilities	ADR is a unit of Pierce County Human Services. PCHS' role in emergent situations is identified in the Perce County Comprehensive Emergency Management Plan. Specifically, outlined in Emergency Support Functions 6 (Mass Care/Housing/Human Service) and 8 (Health and Medical Care).
3. Preparedness activities done by the AAA	a. Quarterly meeting of the ADR Emergency Management Planning Committee to review and update the ADR Emergency Management Plan b. Periodic meetings with subcontractors to review emergency management plans c. Coordination with PCHS in updating the Human Services Continuity of Operations Plan (COOP) d. New ADR staff orientation to the ADR Emergency Management Plan e. On-going collaboration with Pierce County Department of Emergency Management
4. Criteria for identifying high risk clients in the community	Consistent with DSHS/Home and Community Services Management Bulletin H07-072 (dated November 26, 2007), criteria to identify high risk clients in the community may include: Individuals who live alone and…. a. Lack family or informal supports. b. Have conditions such as dementia, insulin dependent diabetes, cannot transfer without assistance from bed to chair, etc. c. Are technologically dependent, for example, clients who use a respirator. d. Are in a geographically remote area. ADR shall identify and classify at-risk (most vulnerable) clients prior to an emergency utilizing the criteria in the table below. Clients classified as level one are designated as the highest priority for receipt of services during an emergency/disaster followed by levels two and three.

Area Agency on Aging Policy and Procedure Manual Chapter 1 Elements	Responses		
	Level One • Electrical equipment in which interruption endangers life; • Requires oxygen 24 hours a day; • Insulin dependent diabetic, unable to self-administer and no assistance available; • Renal failure, dialysis scheduled weekly; • Any situation where there is no informal support and client is not able to meet their own needs without assistance	**Level Two** • Lives alone; • No formal support; • Interruption of services would impact the clients' health/safety needs, (e.g., unable to administer own medications, unable to prepare own meals/is a danger when trying to make own meals, may wander)	**Level Three** • Have limited/no support system; • May be able to maintain their own safety for 2-3 days; • Would need help if on their own for more than 3 days
5. Plan for contacting high-risk clients and referring to first responders as necessary	a. ADR Division Manager or designee(s) initiate notification of ADR staff consistent with guidelines noted in the ADR emergency management plan. b. ADR case management and administrative support staff notify contracted providers. The emergent situation shall dictate the method of notification. c. Case managers and providers coordinate notification and staffing of high-risk clients. d. Simultaneously, service coordination is initiated with PCHS and the Pierce County Department of Emergency Management.		
6. Local partners such as the American Red Cross	ALTSA, Alzheimer's Association of Western & Central WA, American Veterans (AMVETS), American Heart Association, Associated Ministries, Pierce County Beyond the Borders, Brain Injury Support Team, CCS Volunteer Chore, Center for Independence, City of Puyallup/Library, Community Health Care, CS -Deaf and Hard of Hearing Resource Specialist, Department of Services for the Blind, Developmental Disabilities Administration, Division of Vocation Rehabilitation, Fish Food Banks, Goodwill, Goodwill-SCSEP Program, Habitat for Humanity, Harmony Hill Retreat Center, Hearing, Speech, and Deafness Center, HomeCare Referral Registry of Washington, HopeSparks, Key Peninsula Mustard Seed Project, KWA, Lutheran Community Services Northwest, Metro Parks Tacoma, MultiCare Good Samaritan Older Adult Services, Northwest Furniture Bank, NW Justice, Ombudsman Program, PC Coalition for Developmental Disabilities, Pierce Asset Building Coalition, Pierce County Library System, TACID, Pierce County Veterans Bureau, Pierce Transit, Rainbow Center, Rebuilding Together South Sound, SeaMar Community Health, Shared Housing Services, South Sound Outreach		

Area Agency on Aging Policy and Procedure Manual Chapter 1 Elements	Responses
	Services—SHIBA, Tacoma Fire Department-FD Cares, Tacoma Learning Center, Tacoma Older- LBGT, Tacoma Pierce County Health Department, The Hoarding Project, Trauma Trust, Washington Masonic Charities, Washington PAVE, Washington Talking Book and Braille Library, Shared Housing Services, Tacoma Urban League, Tahoma Associates, United Way of Pierce County, United Way of Pierce County, and Pierce County Department of Emergency Management
7. Cooperation with the appropriate community agency preparedness entities when areas of unmet need are identified	PCHS ADR shall coordinate identified areas of unmet needs through Pierce County Department of Emergency Management and support agencies identified in Emergency Support Function 6 of the Pierce County Comprehensive Emergency Management Plan.
8. A system for tracking unanticipated emergency response expenditures for possible reimbursement	PCHS Fiscal division, in coordination with ADR tracks emergency response expenditures consistent with the Departments' emergency management plan and Pierce County Department of Emergency Management Support Annexes 1 (Financial Management).
9. An internal Business Continuity Plan that emphasizes communications, back-up systems for data, emergency service delivery options, and transportation	PCHS is obliged to follow the County's Continuity of Operations Plan (COOP) which includes all elements noted in Area Agency on Aging Policy and Procedure Manual, Chapter 1. Additionally, ADR includes the PCHS Continuity of Operations Plan in its emergency management plan. The PCHS COOP revised February 2017 includes the following: • Purpose, scope, situations, and assumptions • Concept of Operations (readiness, preparedness, activation, relocation, service delivery, continuity of operations, activation and relocation, alternate facility operations, and reconstitution) • Organization and assignment of responsibilities • Directions, control, and coordination • Disaster intelligence • Communications • Plan development and maintenance • Essential functions to include transportation considerations • Identification of continuity personnel • Vital records management • Delegation of authority • Human capital

Aging and Disability Resources
Advisory Council

As of August 2019

- 12 current members (+3 members pending appointment)
- 8 members 60+ years of age
- 4 members under age 60
- 2 members self-indicating a disability
- 0 minority members
- 2 elected officials*

Name	Representing Area / District
Terri Baker	**Council District 4** covers Fircrest, parts of North and South Tacoma, Downtown and Hilltop Tacoma, and University Place
John Ernest Berry III	**Council District 2** covers Southeast Auburn, Browns Point, Dash Point, Edgewood, Fife, Milton, Northeast Tacoma, Pacific, Puyallup and Sumner
Senator Steve Conway*	**Council District 5** covers Midland, North Clover Creek/Collins, Parkland, Spanaway, Summit View, Summit-Waller, Tacoma's Eastside and South End
Cheryl Cristello	**Council District 7** covers Gig Harbor, Key Peninsula, Fox Island, McNeil Island, Ruston, West and North Tacoma
Christine Cuffe	**Council District 1** covers Bonney Lake, Buckley, Carbonado, Crystal Mountain, Greenwater, Lake Tapps, Orting, South Hill, South Prairie, Wilkeson and the unincorporated areas of East Pierce County
Bruce Dougherty	**Council District 4** covers Fircrest, parts of North and South Tacoma, Downtown and Hilltop Tacoma, and University Place
David Friscia	**Council District 3** covers Ashford, Eatonville, Elbe, Elk Plain, Frederickson, Graham, Harts Lake, Lacamas, McKenna, Roy, and Spanaway
Hannah Johnson	**Council District 4** covers Fircrest, parts of North and South Tacoma, Downtown and Hilltop Tacoma, and University Place
Stuart Maier	**Council District 4** covers Fircrest, parts of North and South Tacoma, Downtown and Hilltop Tacoma, and University Place
Pat McIntyre	**Council District 5** covers Midland, North Clover Creek/Collins, Parkland, Spanaway, Summit View, Summit-Waller, Tacoma's Eastside and South End
Mayor Joshua Penner*	**Council District 1** covers Bonney Lake, Buckley, Carbonado, Crystal Mountain, Greenwater, Lake Tapps, Orting, South Hill, South Prairie, Wilkeson and the unincorporated areas of East Pierce County
Roslyn Wagner	**Council District 7** covers Gig Harbor, Key Peninsula, Fox Island, McNeil Island, Ruston, West and North Tacoma

Public Process: Activities & Timeline

Dates	Participants	Activity
Mar. 2019	Advisory Board, Planning Committee & Staff	-Reviewed plan for community involvement/engagement activities -Reviewed / updated ADR mission, vision, values -Reviewed State's targeted issue area themes
Feb.-Jun. 2019	Community Members, Service Recipients, Key Informants / Experts, Stakeholders, Advisory Board, Planning Committee & Staff	-Coordinated and implemented community involvement/ engagement activities • *LGBTQ Aging in Pierce Co*. Town Hall – Mar. 17, 2018 • SAGE Table events – Nov. 8, 2018, Feb. 19 & Jun. 25, 2019 • *Aging into the Future* event – Mar. 23, 2019 • Community Survey – Jun 2019 -Collected and analyzed data / information gathered from community input processes -Collected additional information as needed: key informant interviews, secondary data research, etc. • ADR Case Manager focus groups – Jun. 24 & 27, 2019 • Pierce Co. Community Action Program Community Needs Assessment – 2018
Apr.-May 2019	Advisory Board, Planning Committee & Staff	-Reviewed / updated discretionary funded service priorities & priority criteria -Reviewed / updated policy on funding enhancements / reductions
May-July 2019	Community Members, Key Informants / Experts, Stakeholders, Advisory Board, Planning Committee & Staff	-Reviewed projected 2020 revenues & expenditures -Initiated drafting of Area Plan goals & objectives -Presented initial overview of draft Area Plan to full Advisory Board for review and comment (July 16th meeting)
Aug.-Sept. 2019 Sept. 17, 2019 - Public Hearing	Community Members, Stakeholders, Advisory Board, Planning Committee, & Staff	-Finalized 2020 draft budget -Published public hearing legal notice & Draft Area Plan for public review/comment -Conducted public hearing on the Draft Area Plan -Reviewed public comments with full Advisory Board for recommendation of final revisions -Forwarded to ADR Manager and Director of Pierce County Human Services for final review
Oct. 4, 2019	Staff	Submitted final draft of 2020-2023 Area Plan to DSHS/Aging & Long Term Services Administration (ALTSA)

Community Input

- *Aging into the Future* (PechaKucha) – March 23, 2019
  - 200+ community participants*
  - Key themes & responses:
    - Built Environment:
      - Housing - Universal design, ADA accessible, affordable
      - Transportation – Free / reduced cost public transit
    - Long Term Conditions:
      - Family caregiving
    - Personal Wellness:
      - Physical and emotional health
    - Safety:
      - Financial scams
    - Economic Security:
      - Support Services

Community Forum

*SNAP SHOT:
- 52% 60+ yrs old
- 49% suburban
- 14% rural
- 22% disabled
- 27% 60+ / not working
- 3% speak other than English

AITF report - final.pdf

https://www.piercecountywa.gov/DocumentCenter/View/84195/AITF-report---final

Community Input

- *Online, paper & in-person survey* June 2019
  - 932 respondents*
    - Essential / Very Important Services:
      - Information
      - Help to access
      - Special transportation
    - Older Adults – Top 3 Needs:
      - Food
      - Health Care
      - Transportation
    - Adults with Disabilities – Top 3 Needs:
      - Food
      - Health Care
      - Housing
    - Informal / Family Caregivers – Top 3 Needs:
      - Information / Help to access
      - Emotional support
      - Help with caregiving tasks
    - Invest More:
      - Volunteer Transportation
      - In-Home Personal Care
      - Senior Meal Site Programs

*SNAP SHOT:
- 82% 60+ yrs old
- 73% female
- 37% non-White
- 48% disabled
- 37% family caregivers
- 19% veterans
- 52% low income

Community Survey / Needs Assessment

Area Plan Survey Infographic- final.pd

https://www.piercecountywa.gov/DocumentCenter/View/84196/Area-Plan-Survey-Infographic--final

Community Input

- *Case Management Focus Groups* (3) – June 24 & 27, 2019
  - 23 ADR Direct Service staff*
    - Older Adults / Adults with Disabilities–Top 3 Needs:
      - Affordable Housing
      - Transportation
      - Mental Health Care
    - Informal / Family Caregivers – Top 3 Needs:
      - Respite
      - Support Groups
      - Counseling
    - Barriers to Access:
      - Knowledge of services / supports
      - Technology
      - Transportation
    - Invest More:
      - Transportation
      - Housing-related assistance
      - Culturally inclusive services

Key Informant / Stakeholder Input

*SNAP SHOT:
- 8 General & Family Caregiver CMs
- 14 Medicaid CMs
- 6 Bilingual CMs

Community Input

- *LGBTQ Aging in Pierce County* Town Hall – March 17, 2018
  - 52 participants*
  - Roundtables:
    - Health, Wellness and Health Care
    - Housing and Transportation
    - Caregiving, Long-Term Care and Financial Planning
    - Ethnic and Cultural Inclusivity
    - Social Engagement
  - *SAGE Table* Conversations (3) – Nov. 8, 2018, Feb. 19 & Jun. 25, 2019
  - 22 participants* ave / event
  - Themes:
    - Isolation / Loneliness
    - Activism
    - 50 Years of Stonewall

*SNAP SHOT:
- All LGBTQ+ or Allies

Key Informant / Stakeholder Input

Pierce County Human Services
Aging & Disability Resources

PUBLIC MEETING NOTICE

2020-2023 DRAFT AREA PLAN

Promoting community living for older adults, persons with disabilities and their caregivers

- **September 17, 2019 – Tues.**
  10:00 am to 11:00 am

Pierce County Human Services
Sound View Building – SV1
3602 Pacific Ave., Tacoma, WA. 98418

Pierce County Aging & Disability Resources (ADR) invites the community to attend a public meeting to comment on the Draft 2020-2023 Area Plan, including the 2020 proposed budget. The Area Plan budget allocates program funding for the following community based services:

Adult Day Services * Aging & Disability Resource Center * Alzheimer's Support * Case Management / Nursing Services * Community Living Program * Counseling Services * Falls Prevention * Family Caregiver Support * Foot Care * Home Delivered Meals * In-Home Personal Care * Kinship Caregiver Services * Legal Assistance * LGBTQ Services * Long Term Care Ombudsman * Senior Centers * Senior Drug Education * Senior Farmer's Market Nutrition Program * Senior Meal sites * Specialized Transportation

The draft 2020-2023 Area Plan will be available online at www.piercecountywa.gov/ADR or in print upon request by September 3, 2019. To request a print copy or for additional information, please contact Mickie Brown (information below).

Written comments will also be accepted until September 17, 2019, by:

Connie Kline, Social Services Supervisor - Aging & Disability Resources
Pierce County Human Services
By Mail: 1305 Tacoma Ave. S., Suite 104, Tacoma, WA 98402
By E-mail: connie.kline@piercecountywa.gov
By FAX: (253) 798-3812

The meeting location is fully accessible. To request the services of a signer or translator, or for other special accommodations, please contact Mickie Brown at (253) 798-7376 or via email: mickie.brown@piercecountywa.gov by September 10, 2019.

2018-2019 Accomplishments

Pierce County Human Services

Aging & Disability Resources

Long Term Services and Supports

GOAL: Provide a network of effective person-centered care management and other community based services and supports that enable older adults and adults with disabilities to receive needed care in their own home

OBJECTIVES	STATUS	ACTIVITIES
1. Respond to the growing numbers, diversity and clinical complexity of persons requiring Medicaid funded in-home long term services and supports (LTSS)		• Added language-specific Case Management capacity (Korean, Russian, Vietnamese) • Added MTD Case Management staff • Implemented bi-monthly case assignment staffings
2. Provide person-centered planning and care coordination for persons with significant health challenges		• Completed staff training on new CARE Web • Implemented CARE Web for all client assessments • Provided Motivational Interviewing trainings • Improved coordination between Case Managers and Health Home Care Coordinators
3. Ensure a comprehensive and coordinated system of qualified and quality local LTSS		• Conducted bi-annual surveys of needed provider services • Added 10 new LTSS or MTD contracted providers
4. Remain an active partner in the implementation of Washington State's health system transformation		• Participated in statewide MTD quality assurance and process improvement activities • Attended state level meetings reviewing LTSS performance-based outcome measures
5. Support State efforts in implementing MTD supportive housing and employment services to targeted Medicaid beneficiaries		• Assigned 1 Supervisor and 2 Case Managers as on-site subject matter experts for the Supportive Housing Initiative

Fully Achieved | Partially Achieved | Not Achieved

Year 2020
Appendix F

Delay of Medicaid-funded Long Term Services and Supports

GOAL A: Provide community information and education about a broad range of long term services and supports (LTSS)

OBJECTIVES	STATUS	ACTIVITIES
1. Ensure accurate Pierce County resource information is available on the Community Living Connections (CLC) website		• Added Office Assistant support resulting in improved CLC resource directory data entry and regular updates
2. Collaborate with community partners to provide access to regular information / education based on emerging needs, developing news and enrollment periods		• Conducted 294 outreach events / activities, reaching an estimated 15,000 individuals • Presented the "Aging Into the Future" event attended by over 200 community members • Continued publication of the quarterly Family Caregiver Newsletter • Continued publication of the monthly Aging and Disability Resource Center E-News
3. Aging and Disability Resource Center (ADRC) will nurture and expand community partnerships		• Signed formal Letters of Collaboration with 25+ ADRC community partners • Continued to host monthly Aging and Long Term Care Community Providers Networking meeting • Continued to sponsor annual "Making the Link" community resource event

Fully Achieved | Partially Achieved | Not Achieved

Delay of Medicaid-funded Long Term Services and Supports

GOAL B: Provide tailored supports and services to family / informal caregivers, enabling care receivers to remain in their own home for as long as possible

OBJECTIVES	STATUS	ACTIVITIES
1. Improve awareness of and access to Family Caregiver Support Program (FCSP) services		• Launched major Family Caregiver outreach campaign • Offered 6-week "Powerful Tools for Caregivers" series 2 times, throughout Pierce County
2. Improve access to FCSP information and assistance for under-served populations		• Added ADRC / Family Caregiver Support language / cultural capacity (Korean, Cambodian) • Hosted LGBTQ Town Hall, SAGE Table events and LGBTQ "Aging Out Loud" conference • Participated in annual Tacoma PRIDE event
3. Expand targeted FCSP services to Medicaid-eligible recipients		• Added MTD Case Management staff to serve growing caseload • Participated in statewide MTD quality assurance and process improvement activities

Fully Achieved | Partially Achieved | Not Achieved

Delay of Medicaid-funded Long Term Services and Supports

GOAL C: Provide supports and services for families and caregivers impacted by Alzheimer's / Dementia

OBJECTIVES	STATUS	ACTIVITIES
1. Educate community members about brain health, cognitive aging, risk factors for developing dementia and signs of cognitive problems		• Co-sponsored annual Pierce County Alzheimer's Conference • Provided scholarships for attendance at annual "Challenges in Caregiving" conference
2. Improve the ability of caregiving families affected by Alzheimer's/dementia to continue providing care at home		• Provided 6-week "Oh My Gosh" dementia training series 4 times, throughout Pierce County • Continued to offer evidence based dementia support services to families affected by Alzheimer's / dementia
3. Improve capacity of the ADRC to identify and respond to the needs of individuals with Alzheimer's/dementia and their caregivers		• Provided Skills2Care an educational and safety awareness program tailored towards individuals with dementia or Parkinson's • Partnered with community groups on the development of a Dementia Friendly Community initiative

Fully Achieved	Partially Achieved	Not Achieved

Delay of Medicaid-funded Long Term Services and Supports

GOAL D: Provide evidence-based interventions that promote both mental and physical health in older adults

OBJECTIVES	STATUS	ACTIVITIES
1. Maintain access to evidence-based mental health interventions for older adults countywide		• Continued to support evidence based PEARLS intervention as part of ADR funded Older Adult Counseling services
2. Continue to support evidence-based health promotion / fall prevention interventions		• Expanded evidence-based falls prevention programs offered

Fully Achieved	Partially Achieved	Not Achieved

Delay of Medicaid-funded Long Term Services and Supports

GOAL E: Provide services and supports to an expanded population of family caregivers and other targeted individuals, delaying the use of more intensive Medicaid-funded services

OBJECTIVES	STATUS	ACTIVITIES
1. Identify and engage family caregivers and other individuals who are potentially eligible for Medicaid Transformation Demonstration (MTD) services available under the Medicaid Alternative Care (MAC) and Targeted Supports for Older Adults (TSOA) benefit packages		• Launched major Family Caregiver outreach campaign • Participated in statewide MTD quality assurance and process improvement activities

Fully Achieved	Partially Achieved	Not Achieved

Service Integration and Systems Coordination

GOAL: Improve health and reduce avoidable health care costs of older adults and adults with disabilities who face multiple chronic conditions and health challenges, by providing person-centered coordination of health and community supports

OBJECTIVES	STATUS	ACTIVITIES
1. Educate Medicare / Medicaid beneficiary members of Managed Care Organizations (MCOs) about the Health Home Care Coordination service		• Designated as a Health Home Lead organization • Appointed new HH Care Coordination Supervisor • Strengthened outreach and engagement strategies • Exceeded HH engagement targets • Initiated tracking to measure improvement in HH client PRISM scores and patient activation
2. Sustain collaborative relationships with major Pierce County health systems		• Regularly coordinated with MultiCare & Franciscan Health Systems; Optum, Community Health Plan of Washington, Molina, & Amerigroup; Sea Mar Community Health Center – care coordination services
3. Engage with the local Accountable Communities of Health (ACH) to establish a role in future health system transformation activities, including implementation of MTD Initiative #1 projects		• Served on Pierce County ACH Board of Trustees • Attended ACH Community Voice Council meetings • Submitted Phase #1 Action Plan proposal to ACH

Fully Achieved | Partially Achieved | Not Achieved

Services to Older Native Americans: Pierce County & Puyallup Tribe of Indians

GOAL: Ensure engagement of federally recognized tribes in the planning and coordination of services provided for older Native Americans

OBJECTIVES	STATUS	ACTIVITIES
1. Continue to enhance communication and build capacity for care coordination with the Puyallup Tribe of Indians	Partially Achieved	• Attended State sponsored AAA/Tribal Summits • Participated in County-sponsored Government-to-Government Tribal Relations training
2. Continue to increase awareness of services and supports offered by the Puyallup Tribe of Indians and Aging & Disability Resources (ADR) / ADRC	Partially Achieved	• Continued outreach to the Puyallup Tribe Elder & Vulnerable Adult Services program
3. Provide responsive support and /or technical assistance as requested by the Puyallup Tribe of Indians	Not Achieved	• No requests for support or technical assistance were received during this reporting period
4. Collaborate with the Puyallup Tribe of Indians to develop a mutually agreed upon 7.01 Implementation Plan	Not Achieved	• Participated in County-sponsored Government-to-Government Tribal Relations training

Fully Achieved | Partially Achieved | Not Achieved

A Livable Community for All Ages

GOAL A: Improve mobility for seniors and persons with disabilities in Pierce County

OBJECTIVES	STATUS	ACTIVITIES
1. Maintain transportation services to the Eatonville senior meal site		• Increased provider funding by 40% • Maintained 2016-2017 service levels • Renewed agreement with transportation provider
2. Continue coordination with internal and external stakeholders to maintain and increase funding for coordinated transportation programs targeted to seniors and other special needs populations		• Served on local and regional transportation coalition and council. • Grant funding awarded to Pierce County by state and federal transportation funders increased by 30% for biennium 2019-2021

Fully Achieved | Partially Achieved | Not Achieved

A Livable Community for All Ages

GOAL B: Maintain or improve the physical and/or psychosocial well-being of older persons in Pierce County by providing or securing appropriate nutrition services

OBJECTIVES	STATUS	ACTIVITIES
1. Serve high quality meals that meet the nutritional needs of older adults at the lowest reasonable cost		• Worked with key stakeholders to align home delivered meals menus with state nutrition program standards
2. Promote and maintain food safety and sanitation standards of contracted senior nutrition programs		• Funded expansion of service provider food prep and storage areas • Increased home delivered meals transportation capacity by purchase of an additional van
3. Increase awareness of community members and service providers regarding availability of food/nutrition and other supportive services in Pierce County		• Disseminated information to contracted providers related to all known meal sources and supportive services in Pierce County available to targeted populations
4. Expand availability of home delivered meals to older adults		• Implemented home delivered meals expansion project
5. Increase senior congregate nutrition services to targeted populations		• Increased meal attendance and meals served by primary contracted provider by at least 25 percent over the past four years

Fully Achieved | Partially Achieved | Not Achieved

A Livable Community for All Ages

GOAL C: Ensure older adults and persons with disabilities have access to available housing assistance programs

OBJECTIVES	STATUS	ACTIVITIES
1. Improve community awareness of Pierce County Human Services (PCHS) housing-related programs		• Increased coordination with Pierce Co. Homeless Coalition and Coordinated Entry System • Expanded access to minor home repair services
2. Support State efforts in implementing MTD supportive housing services to targeted Medicaid beneficiaries		• Explored possible role as a contracted MTD supportive housing services provider • Designated ADR Case Management subject matter experts for MTD supportive housing services

Fully Achieved	Partially Achieved	Not Achieved

Appendix G

Statement of Assurances and Verification of Intent

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

9-26-19
Date

Aaron Van Valkenburg, Division Manager
Pierce County Aging & Disability Resources

Sep 17th 2019
Date

David Friscia, Advisory Board Chair
Pierce County Aging & Disability Resources

9-26-19
Date

Heather Moss, Director
Pierce County Human Services