Pierce County Human Services

Aging and Disability Resources

2018-2019 Area Plan Update

Drafted August 31, 2017
Submitted October 9, 2017

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Section A

Area Agency Planning and Priorities

Pierce County Human Services
Aging and Disability Resources

WHO WE ARE:

Aging and Disability Resources (ADR) is a program of Pierce County Human Services. Human Services also includes Homelessness and Housing programs, Chemical Dependency Prevention, Developmental Disabilities, Community Development and Community Action programs and more.

OUR ROLE:

ADR is one of 13 designated Area Agencies on Aging in Washington State. As an Area Agency on Aging, ADR is responsible for local planning and administration of Federal and State funds targeted to provide a range of community based supports and services. These services are designed to address the long term care needs of frail older adults and adults with disabilities residing in Pierce County.

WHAT THIS PLAN IS ABOUT:

ADR conducts community-based planning to identify local service needs and gaps. ADR then funds programs accordingly. This Area Plan Update encompasses the goals and objectives of ADR, and outlines proposed strategies to be executed over the 2018-2019 timeframe, as well as provides a summary of accomplishments for the last two years. The Area Plan Update also presents information regarding planning activities, current staffing, and projected revenue for 2018 to fund the following services:

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	• 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		

Program Mission, Vision & Values For 2018-2019

MISSION

Pierce County Aging and Disability Resources' mission is to ensure that residents have available community-based services that allow older adults and adults with disabilities to remain at home as long as possible, while promoting dignity and maximizing individual choice.

VISION

ADR seeks to create and sustain livable communities throughout Pierce County by better serving older adults and adults with disabilities and by enhancing the capacity of communities to support people of all ages.

VALUES

In its service to Pierce County residents, ADR pledges to:

- ✓ Provide services, tailored to individual needs, in a timely manner
- ✓ Treat every individual with respect, compassion, and dignity
- ✓ Protect older adults and adults with disabilities from abuse, neglect, and exploitation
- ✓ Provide leadership and advocacy, and collaborate with community partners to enhance services
- ✓ Respect individuals' rights to privacy, confidentiality and choice
- ✓ Honor and accommodate language and cultural differences among individuals
- ✓ Pay particular attention to the needs of the most vulnerable—those with low incomes and those who are frail, disabled, homebound, with limited English-speaking capacity, and/or isolated
- ✓ Promote opportunities for individuals to make healthy lifestyle choices

Essential Elements of a Livable Community for All Ages

Basic Needs

- Housing is affordable, appropriate, and accessible
- Personal, financial, and environmental safety is a community priority
- Everyone has enough to eat
- Access to essential services is seamless, barrier free, affordable, and welcoming
- Individuals have the financial resources to meet their basic needs

Independence & Caregiving

- People are informed and motivated to rely on each other and existing systems
- A comprehensive, coordinated continuum of services supports older adults through all stages of their lives, including end of life
- Transportation is affordable, accessible, flexible, reliable, safe, and easy to arrange
- Caregivers are informed, educated, acknowledged, and supported

Physical & Mental Health and Well-Being

- Wellness is a personal priority
- Wellness is a community priority
- Health and wellness services are affordable, accessible, and readily available
- Wellness includes end of life and dying as a natural part of life
- A welcoming environment fosters physical activity and participation

Individual & Community Involvement

- Everyone in the community feels connected to others
- People of all ages participate in social, civic, cultural, educational, and recreational activities
- Opportunities exist for meaningful volunteer work
- Positive images of aging are promoted

Planning and Review Process

Community Input

In developing the original 2016-2019 Four Year Area Plan, ADR's planning process for assessing and representing the needs of Pierce County residents included community input collected through a variety of methods and with input from a wide group of individuals and organizations, including:

- Clients of ADR-funded services
- Members of the target populations who are not ADR service users
- ADR subcontracted service providers
- Professionals from the health, long-term care and social service network throughout Pierce County
- 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

For the 2018-2019 Area Plan Update, ADR implemented a targeted follow-up survey of contracted agency providers and other stakeholders to review and update findings from the original community survey (see Appendix E).

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 2018-2019 Area Plan Update.

The Planning and Allocations Committee of the ADR Advisory Board was most directly involved with the overall development of the Area Plan Update, including review of, and input on:

- ADR's mission, vision and values
- Data gathered from surveys, stakeholders and other sources
- Priority issue areas, goals and objectives
- Service priority criteria and ranking of priority services
- Community-based service needs and discretionary funding recommendations
- Service funding enhancement and reduction policies and priorities
- Current and projected years' revenues and expenditures

For the 2018-2019 Area Plan Update, Planning and Allocations Committee members were also responsible for hosting the Area Plan Update Public Hearing and for presenting public testimony / comment on the draft Update Plan to the full Advisory Board for review and recommendation to the ADR 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.

Following the Area Plan Update Public Hearing, the full ADR Advisory Board reviewed public comments and any proposed changes, and recommended final approval of the 2018-2019 Area Plan Update.

Public Review Process

The draft 2018-2019 Area Plan was made available to the public on September 5, 2017 on the ADR website and in print upon request. The draft Area Plan Update was presented at a Public Hearing held in Tacoma on September 19, 2017. Written comments on the plan were also accepted until September 19, 2017.

In addition to the required legal notice, information about the Public Hearing was disseminated via the Pierce County Human Services website, ADRC E-News, and long-term care provider network electronic mail list.

Role of Local Government

Following the Public Hearing, comments on the draft 2018-2019 Area Plan Update were reviewed by the ADR Advisory Board, which then forwarded any recommended changes and final draft for approval by the ADR Manager and the Director of Pierce County Human Services, a department of Pierce County Government.

Prioritization of Discretionary Funding

Services to be considered for funding in 2018 were prioritized with the following questions in mind:

- ✓ Does the program reach the priority / target populations, including those:
  - with low incomes?
  - with physical or mental disabilities?
  - who are limited English speaking or have other language barriers?
  - who are homebound or geographically isolated?
  - who are culturally or socially isolated due to racial or ethnic status, sexual orientation or gender identity?
- ✓ Does the program meet a basic need for food, shelter, physical / emotional health, safety or assistance with normal daily tasks?
- ✓ Does the program support the person's ability to remain at home as long as possible?
- ✓ Does the program fill a service gap in the community?
- ✓ Does the program help accomplish the Area Plan Goals and Objectives?
- ✓ Does the program promote healthy lifestyle choices?
- ✓ Does the program help avoid use of higher cost services?

Services to receive 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. Adult Day Health	1. Foot Care Services 2. Counseling Services 3. Evidence-based Dementia Intervention	1. Legal Aid Services 2. Kinship Caregiver Support 3. Long Term Care 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 2018-2019 Area Plan Update period. The policy for reducing funding levels will be implemented as outlined below for the 2018 budget in the event reductions are experienced due to Federal sequestration or cuts in 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 at the state or federal level, the agency will implement the following strategies:
❖ Aging & Disability Resource Center, including the Community Living Program ❖ Any Level One priority service with an increased service demand and/or waiting list 1. Family Caregiver Support 2. Transportation 3. Falls Prevention ❖ Restoration of Level Two or Three priority services that were previously reduced 1. Counseling Services 2. Legal Aid Services 3. Kinship Caregiver Support	❖ ADR will first consider funding eliminations or reductions to the following Level Three priority services that continue to receive discretionary funding: 1. LTC Ombudsman / Elder Abuse 2. Kinship Caregiver Support 3. Legal Aid Services ** - Funding is required to be maintained at a minimum 11% OAA III-B ❖ ADR will next consider funding eliminations or reductions to Level Two priority services, beginning with the lowest ranked service

Pierce County Population Profile

General Population Overview

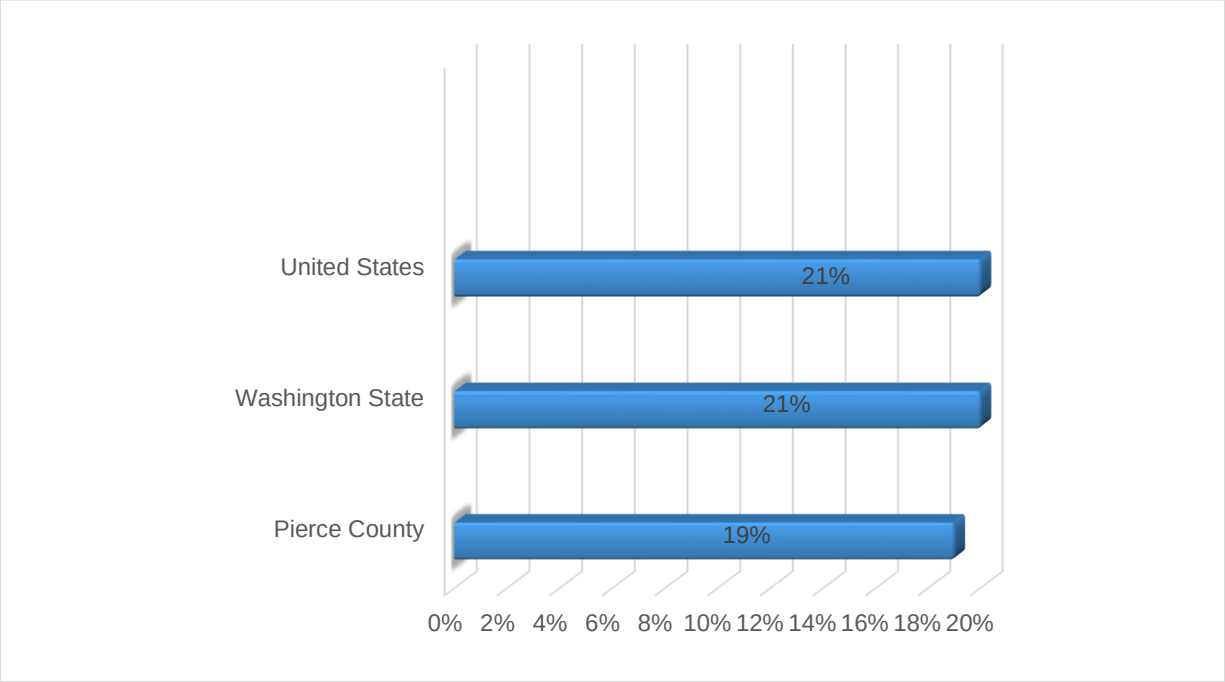
- Pierce County's estimated population on April 1, 2017 was 859,400 based on data from the Washington State Office of Financial Management (OFM). This population estimate is used for the allocation of selected State revenues and differs from the U. S. Census population estimate
- Pierce County's population based on 2016 U. S. Census data is estimated at 861,312
- 458,920 (53.4% of the general population resides in the 24 incorporated areas of Pierce County (OFM, 2017)
- 400,480 (46.6% of the general population resides in unincorporated areas of the County (OFM, 2017)
- Pierce County population increased an estimated 4.6% compared to Washington's 5% and the U. S. growth rate of 3.3% between April 2010 and July 2014 (Census 2010 and OFM, 2014)

Pierce County Population Age 60 and Over

- The age 60 and over population represented an estimated 18.76 percent of the County's total population (2015 U. S. Census, American Community Survey)
- Between 2010 and 2015 the age 60 and over population increased from an estimated 130,452 to over 158,000. This is greater than an eight percent growth. (U. S. Census Bureau)
- Census data for 2015 shows that approximately 50.2% of the age 60 and over population are women and an estimated 49.8% are men
- Approximately three percent of the age 60 and over population resides in rural areas of the County according to Census data

Comparison of the United States, State, and County Age 60 and Over Population

Percentage of Total Population Age 60 and Older



Source: 2015 U. S. Census Bureau, American Community Survey, 1 year Estimate

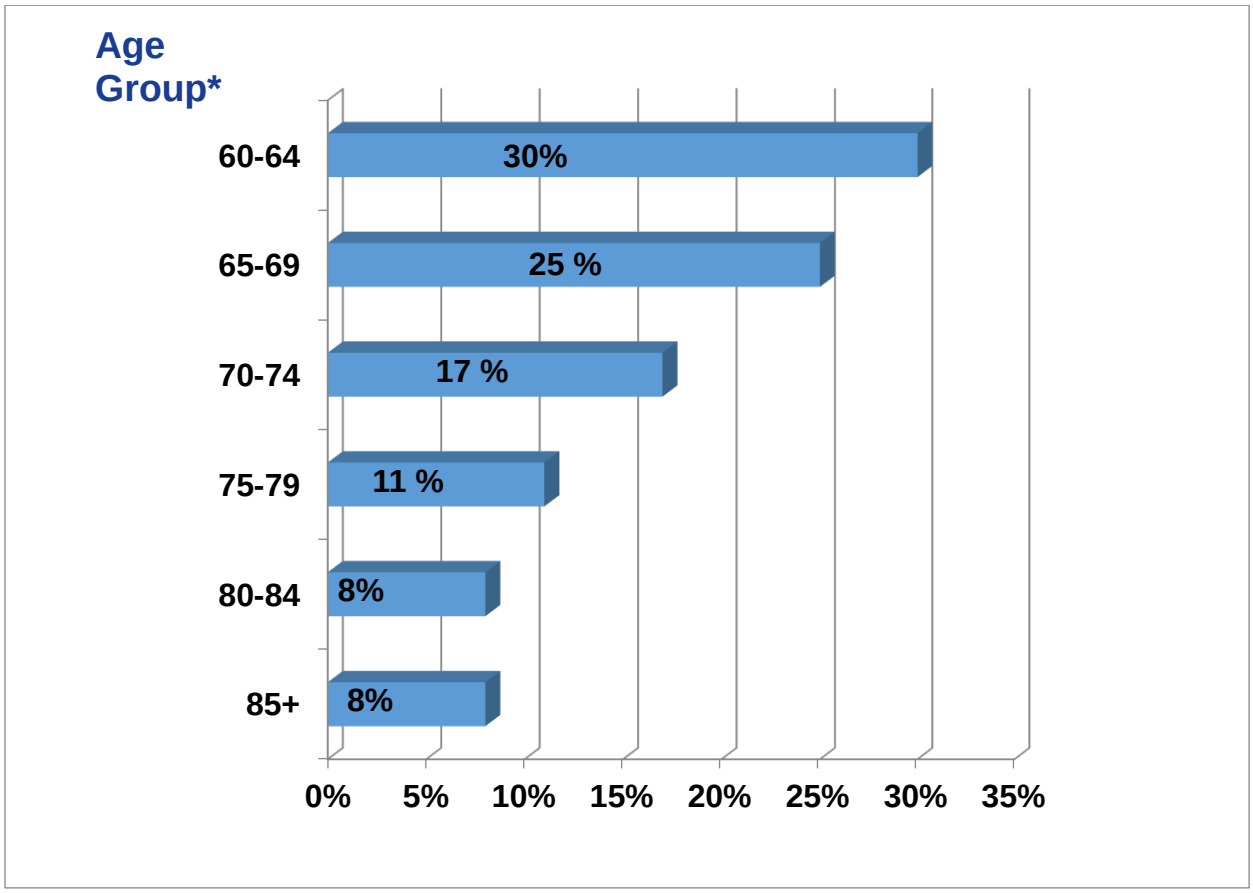
Source: 2015 U. S. Census Bureau, American Community Survey, 1 year Estimate

Select Data on Pierce County Age 60 and Over Population

Age Group	Percent of Total County Population (843,954)	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	5.67%	30.29%	47,871	22,908	47.85%	24,963	52.15%
65-69	4.64%	24.81%	39,209	18,782	47.90%	20,427	52.10%
70-74	3.20%	17.10%	27,035	12,558	46.45%	14,477	53.55%
75-79	2.11%	11.30%	17,864	7,953	44.51%	9,911	55.49%
80-84	1.50%	8.03%	12,704	5,358	42.17%	7,346	57.83%
85 and over	1.58%	8.44%	13,351	4,610	34.52%	8,741	65.48%
Total	18.7%	------	158,034	72,169	------		------

Source: U. S. Census Bureau, 2015 Annual Population Estimates

Population Estimates
Percentage of Total Population
Age 60 and Over



Growth of Age Group 60 and Over Between 2000 and 2015

Age Group	2000	2010	2015
60-64	23,771	44,435 (8.69%)*	47,871 (.77%)
65-69	20,266	32,316 (5.94%)	39,209 (2.13%)
70-74	17,888	20,198 (1.29%)	27,035 (3.38%)
75-79	15,048	16,158 (0.73%)	17,864 (1.05%)
80-84	10,149	11,310 (1.14%)	12,704 (1.23%)
85 and over	8,269	12,118 (4.65%)	13,351 (1.01%)
TOTAL	**95,391**	**136,535 (43.13%)**	**158,034 (15.74%)**

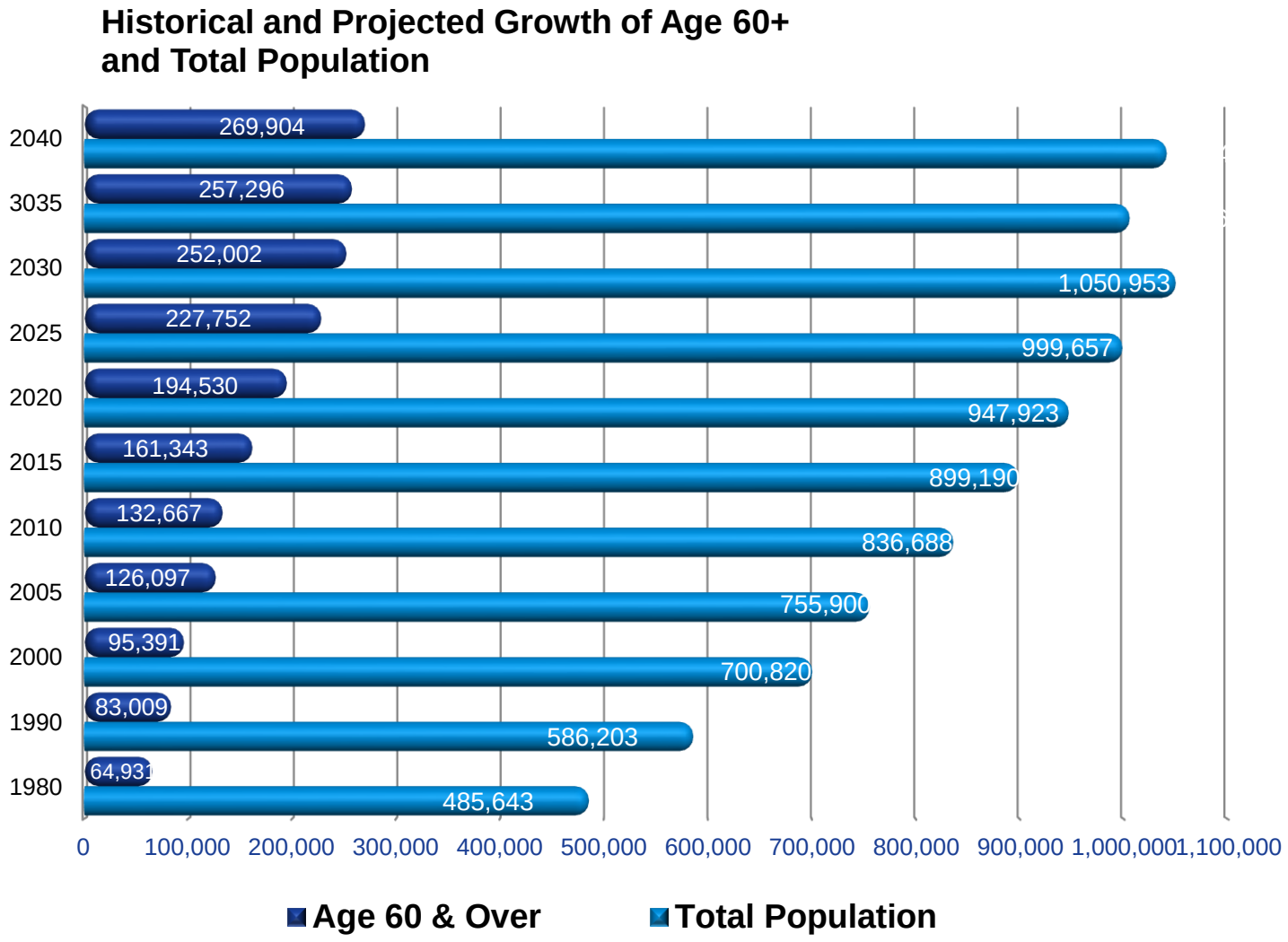
* Percentage is the increase between census 2000, 2010, and 2015. Source: U. S. Census Bureau

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

Race and Hispanic or Latino Origin	Census 2000 Percentage of Persons Age 60 and Over	Census 2010 Percentage of Persons Age 60 and Over	Census 2015 Percentage of Persons Age 60 and Over
White or Caucasian	89.0%	85.4%	83.9%
Asian	5.0%	6.6%	7.2%
Black or African American	3.5%	4.5%	4.7%
American Indian/Alaska Native	0.6%	0.9%	0.6%
Native Hawaiian/Other Pacific Islander	0.3%	0.5%	0.5%
Some Other Race	0.4%	0.7%	0.9%
Two or More Races	1.4%	1.4%	2.2%
Hispanic or Latino Origin(of any race)	3.4%	2.7%	3.2%

Source: U. S. Census Bureau, Census 2000, 2010 AND 2015, American Community Survey (1 year estimate)

Pierce County Population Age 60 and Over
Past and Future



Source: 2012 Washington State Office of Financial Management (OFM), Pierce Population Projections: Intermediate Series

Projected and Historical Growth of Total County and Age 60 and Over Population

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: 2012 Washington State Office of Financial Management (OFM), Pierce Population Projections: Intermediate Series (data adjusted post census)

Pierce County Population Age 60 and Over

An estimated one in seven Pierce County residents (14%) was over the age of 60 in 2000.

Between 2000 and 2030 the age 60 and over population is projected to increase by an average of 160% while the general population is expected to grow by almost 50%.

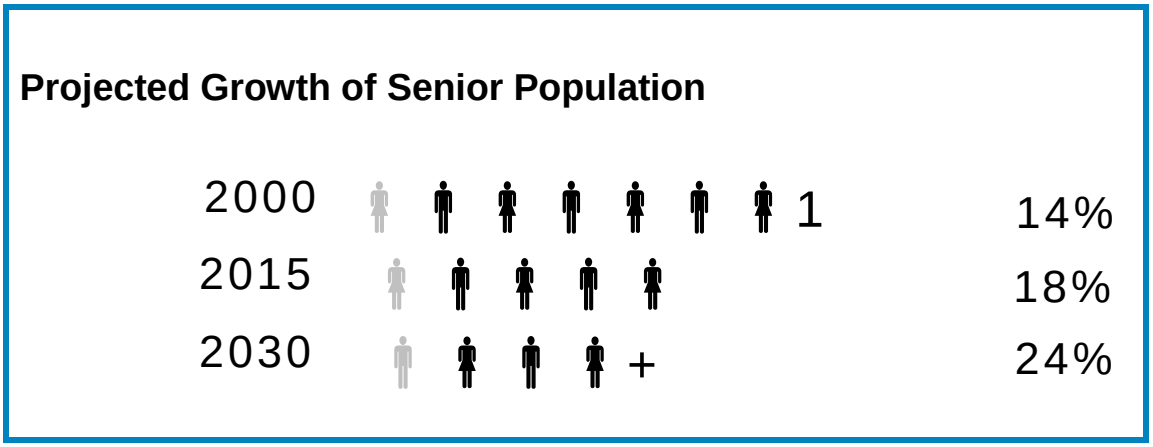
Between 2000 and 2030 the age 60 and over group is anticipated to grow as follows.

Age Range	Anticipated Growth Rate
60-64	150%
65-69	195%
70-74	188%
75-79	148%
80-84	140%
85 and over	140%

Source: U.S. Census 2010

Pierce County Population Age 60 and Over

By 2030 census data estimates greater than one in four Pierce County residents is projected to be over the age of 60.



Source: U. S. Census Bureau, 2010

Pierce County Population Age 60 and Over

Demographic Characteristic	Current Estimates	Remarks	
Number of persons	158,034 to 158,392	The County's age 60 and over population has grown at a rate of greater than 3.5 a year since 2000 compared to the general population rate of 1.3 percent a year Source: U. S. Census Bureau, 2015 American Community Survey	
Number of White persons	132,890	Source: U. S. Census Bureau, 2015 American Community Survey	
Number of minority persons	25,502	**Race Category**	**Estimate**
		Asian	11,404
		Black or African American	7,444
		American Indian and Alaska Native	950
		Native Hawaiian and Other Pacific Islander	791
		Some other race	1425
		Two or More Races	2,581
		Source: U. S. Census Bureau, 2015 American Community Survey	
Number of persons age 60 and over of Hispanic or Latino origin (persons of Hispanic or Latino origin may be of any race)	5,068	Persons of Hispanic or Latino origin represent 3.2% of the total age 60 and over population Source: U. S. Census Bureau, 2015 American Community Survey	
Number of persons at or below 100% of the Federal Poverty Level (FPL)	11,721	Source: U. S. Census Bureau, 2015 American Community Survey	
Number of White persons at or below 100% of the FPL	4,475 (65 and over)	Income below the poverty level (age 55 and over): 11,865 Source: U. S. Census Bureau, 2011 American Community Survey	
Number of minority persons at or below 100% of the FPL	2,258	Source: WA State DSHS R &D Analysis Division	
Number of persons of Hispanic or Latino origin (persons of Hispanic or Latino origin may be of any race) at or below 100% of the FPL	938 (65 and over)	Income below the poverty level (age 55 and over): 2,558 Source: U. S. Census Bureau, 2011 American Community Survey	
Number of persons living in rural areas	39,599	Source: U. S. Census Bureau, 2011 American Community Survey	

Demographic Characteristic	Current Estimates	Remarks
Number of persons with disabilities	44,941**	Approximately 33.7% of civilian non-institutionalized persons age 60 and above have a disability compared to 13.4% of the general population Approximately 105,183 persons in the civilian non-institutionalized general population have a disability Source: U. S. Census Bureau, 2011 American Community Survey **2015 WA State DSHS R &D Analysis Division estimates the number of persons with disabilities at 32,654
Number of persons with limited English proficiency	8,167***	Language spoken at home and ability to speak English • An estimated 6% of the age 60 and over population speaks English less than very well compared to 5.6 % (42,123) of the general population • Approximately 11.1% of the age 60 and over population speaks a language other than English at home compared to 14.9 % of the general population Source: U. S. Census Bureau, 2011 American Community Survey **2015 WA State DSHS R &D Analysis Division estimates the number of persons with limited English proficiency at 6,782
Number of persons with cognitive impairments	14,593	2015 WA State DSHS R &D Analysis Division
Number of persons impacted by Instrumental Activities of Daily Living	20,512	
Number of Native American Elders	6,922	Persons age 60 and over represents 14.8% of the total population (The male population is 3,450 and the female population is 3,472) The total Puyallup Reservation and Off Reservation Trust Land population is estimated at 46,816 (Males comprise 23,215 and females 23,601) Source: U. S. Census Bureau, 2010

Demographic Characteristic	Current Estimates	Remarks
The Native American Tribes represented in the PSA, indicating which have Title VI programs	1	Puyallup Tribe of Indians Source: U. S. Census Bureau, 2010
Veterans Status (based on a civilian population 18 years and over)	94,493 (general population)	Percentage of veterans by age group in Pierce County • 15.9% of the County's general population are veterans • 28.7% (39,066) of the total age 60 and over population are veterans Source: U. S. Census Bureau, 2011 American Community Survey

All Population data is based on estimates obtained primarily from the U. S. Census Bureau, Washington State Office of Financial Management, and other demographic sources.

All population data provided are estimates only. The estimates are subject to revision by the population estimates data centers (U. S. Census Bureau and Washington State Office of Financial Management). Consider exercising caution in using the data as information provided varies depending on the source.

Targeting Services

The Older Americans Act requires Area Agencies on Aging to prioritize services to older individuals with the greatest economic and social needs, including low-income minority individuals, persons with limited English speaking ability and those living in rural areas.

Aging and Disability Resources strives to ensure that services are available and accessible to these targeted populations through outreach, community education, coordination/collaboration, and implementation of appropriate programs and services.

Through our role as an Aging and Disability Resource Center, ADR also reaches and serves individuals with disabilities under the age of 60, family and kinship caregivers, and individuals from the Lesbian, Gay, Bisexual and Transgender (LGBT) communities in collaboration with a broad array of community-based social service partners.

Relevant information pertaining to identifying, engaging and serving targeted populations is referenced under the following sections of the Area Plan Update:

- Section A-3 Planning and Review Process
- Section A-4 Prioritization of Services
- Section B-1 Population Profile
- Section C Issue Areas, Goals and Objectives
- Appendix E Public Process
- Appendix F Report on Accomplishments

SERVICES PROVIDED THROUGH

Aging and Disability Resources

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.	
Providers	***Service Area***
2	Countywide

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.	
Providers	***Service Area***
2	Countywide

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.	
Providers	***Service Area***
1	Countywide

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.	
Providers	***Service Area***
4	Countywide

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.	
Providers	***Service Area***
2	Midland-Summit; Lakebay, Home and Vaughn

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.	
Providers	***Service Area***
17	Countywide

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 in order to maintain foot health and mobility.	
Providers	***Service Area***
1	Countywide

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.	
Providers	***Service Area***
1	Countywide

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.	
Providers	***Service Area***
1	Countywide

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 (COPES/RCL), Medicaid Personal Care, Community First Choice, Developmental Disabilities Administration (DDA) or Respite/Family Caregiver Support programs.	
Providers	***Service Area***
11	Countywide

INFORMATION, ASSISTANCE, EDUCATION & BENEFITS COUNSELING	
Description: Serves as the publicly recognized access point for those seeking information and assistance regarding long term care services. Provides information, service referral assistance, client advocacy, eligibility screening, outreach, education and options counseling.	
Providers	***Service Area***
1	Countywide

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.	
Providers	***Service Area***
1	Countywide

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.	
Providers	***Service Area***
1	Countywide

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.	
Providers	***Service Area***
4	Countywide

LONG TERM CARE OMBUDSMAN	
Description: Provides resident rights advocacy for residents of long-term care settings, investigating complaints and working to achieve resolution.	
Providers	***Service Area***
1	Countywide

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.	
Providers	***Service Area***
5	24 sites Countywide (serving ethnic and non-ethnic menus)

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.	
Providers	***Service Area***
1	Countywide

OLDER ADULT COUNSELING	
Description: Comprehensive mental health assessment and individual therapy is provided to older adults, primarily in their own home.	
Providers	***Service Area***
1	Countywide

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.	
Providers	***Service Area***
8	Countywide

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.	
Providers	***Service Area***
1	Countywide

SENIOR FARMERS' MARKET NUTRITION PROGRAM	
Description: Provides vouchers to low-income elders enabling them to purchase fresh, locally-grown produce at authorized farmers markets.	
Providers	***Service Area***
1	Countywide

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.	
Providers	***Service Area***
3	Countywide

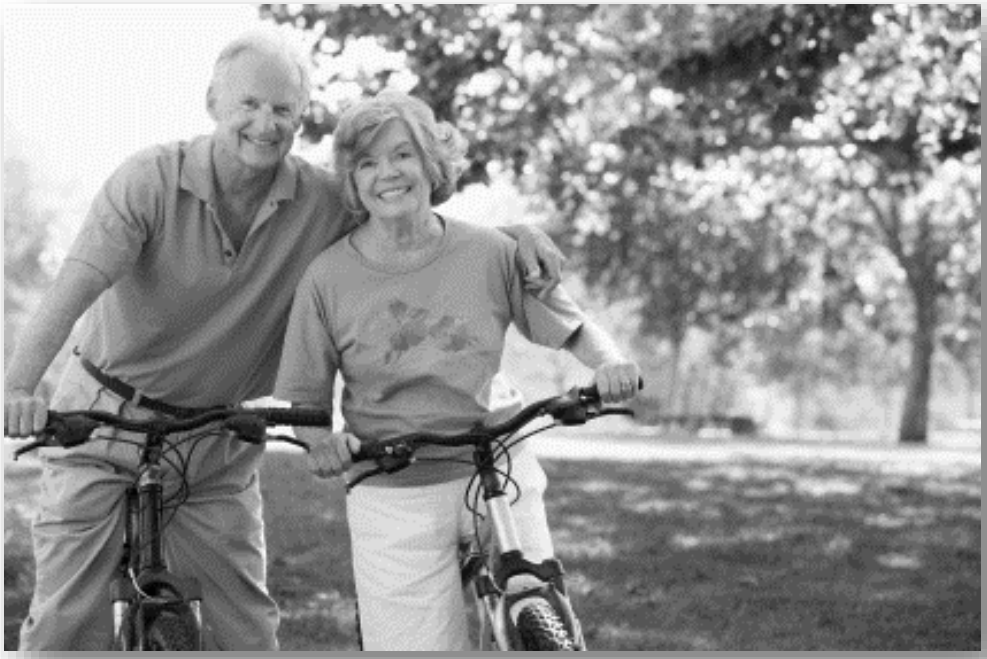
Community Services Not Funded By ADR

The following lists the types and location of additional services available in Pierce County that are not funded by ADR. This list is not all-inclusive and not all services are provided countywide. These services may be funded by private and/or other public fund sources.

Services	Serves all of County	South Pierce County	East Pierce County	Key Peninsula	Tacoma
Alzheimer's Resources	X				
Case Management	X				
Disability Services & Programs	X				
Elder Abuse / Domestic Violence Prevention	X				
Employment Services	X				
Energy / Utilities Assistance	X				
Falls Prevention	X				
Family Caregiver Support	X				
Food Banks	X				
Health Promotion/Wellness & Community Health	X				
Home Health (Medicare Certified)	X				
Home Repair	X				
Household Assistance	X				
Housing	X				
Information, Assistance, Education & Benefits Counseling	X				
Legal Aid	X				
Mental Health Counseling	X				
Senior Centers	X				
Services to Ethnic Groups	X				
Spiritual/Faith-based	X				
Transportation	X				
Volunteer Opportunities	X				

Section C

Issue Areas, Goals and Objectives



Long Term Services and Supports

What We Know

- 19% of Pierce County residents are estimated to be over the age of 60[1] with that population expected to increase to 26% by 2040. Older adults comprise just over 63% of Pierce County ADR's Medicaid long term services and supports (LTSS) caseload in 2017 year to date
- In-home care is the preferred and most cost-effective LTSS setting[2], with over 63% of clients statewide receiving their care in-home at approximately one-third the average annual cost of nursing home care
- Funding for Area Agency on Aging (AAA) care management services, including comprehensive assessment, care planning and service authorization for LTSS, continues to lag behind the real cost of maintaining those critical services
- Pierce County ADR also coordinates a network of community-based LTSS that includes in-home personal care, equipment, home modifications and other professional services to maintain the health and safety of persons receiving Medicaid LTSS
- Since July 2015, AAAs have been involved in the statewide implementation of the Community First Choice (CFC) program, which refinanced the State's Medicaid in-home personal care program and created a new model of person-centered care

Why It Matters

- Increasing growth in the aging population will continue to stretch the Medicaid-funded system of in-home personal care and other community supports, resulting in growing LTSS caseloads and the need for additional case-handling staff
- Over 37% of respondents to an ADR community survey[6] indicated in-home personal care was a top need for adults with disabilities; over 30% indicated the same for older adults. Fifty-four percent of providers surveyed reported in-home care was a top need of adults with disabilities; 91% agreed in-home personal care was a top need of older adults[7]
- Without adequate care management funding to support the necessary staffing, critical services such as regular in-home visits to ensure client health and safety, are at risk
- The management of overtime for contracted in-home care providers, known as Individual Providers or IPs, resulted in significant additional workload for ADR Case Management program, without sustained funding to support the new activity
- CFC will enable the State to continue its history of providing quality in-home LTSS, while improving client health and controlling Medicaid expenditures

[1] 2015 U.S. Census Bureau, American Community Survey, 1 year estimate

[2] WA Senate Ways & Means Committee, Long Term Care & Developmental Disabilities Budget & Caseload (2015)

[6] Pierce County Aging & Disability Resources Community Survey (2015)

[7] Pierce County Aging & Disability Resources Professionals & Providers Survey (2017)

What We Know

- The WA State Common Measure Set for Health Care Cost and Quality[3] will require AAAs to meet system-wide outcome measures for clients receiving LTSS through new performance-based contracts

- WA State sought and received approval from the federal Centers for Medicare and Medicaid Services (CMS) for a Section 1115 Global Medicaid Waiver demonstration project[4] intended to continue statewide health system transformation efforts initiated under the CMS funded Healthier Washington State Health Care Innovation Plan[5]

- The MTPD includes two main LTSS programs, Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA) that will provide a person-centered package of benefits to a newly eligible Medicaid population

- MTPD services will also include new supportive housing and employment benefits to a targeted group of individuals currently served by Medicaid

Why It Matters

- AAA responsibilities for service procurement, monitoring and evaluation to ensure the availability and quality of Medicaid LTSS will grow and be of increasing importance toward meeting federal requirements of the CFC program and State performance-based outcome measures

- The 1115 Global Waiver, now known as the Medicaid Transformation Project Demonstration (MTPD) will provide opportunities for reinvesting Medicaid savings in expanded LTSS that result in improved client health, better care coordination and lower Medicaid expenditures.

- As the State's close partner in providing LTSS, AAAs will be directly involved in developing and implementing expanded MTPD services at the local level, including authorization of MAC/TSOA, supportive housing and employment services to families, and development of the MAC/TSOA service provider network

[3] Washington State Common Measure Set for Health Care Cost and Quality (2014)

[4] Healthier Washington, Concept Paper "Global Medicaid Transformation Waiver" (2015)

[5] Healthier Washington, WA State Health Care Innovation Plan (2014)

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	Expected Outcomes	Activities	Time Frame	
			Start Date	End Date
1. To respond to the growing numbers, diversity and clinical complexity of persons requiring Medicaid funded in-home LTSS	ADR will maintain revised care management case-handling ratio of 1 staff to 85.5 LTSS clients, while meeting adjusted state mandated quality assurance benchmarks for care management services	1a. Targeted hiring of care management staff to respond to specific language needs and clinical specialties (i.e. mental health) to meet demands of growing caseloads	08/01/2017	12/31/2019
		1b. Analysis and revision of internal care management case assignment process	01/01/2016	12/31/2019
2. To provide person-centered planning and care coordination for persons with significant health challenges	ADR Medicaid LTSS care management staff will demonstrate competencies in conducting person-centered care planning, and accessing appropriate resources to address client goals	2a. Implement CARE tool modernization focused on person-centered goal planning	01/01/2018	12/31/2019
		2b. Coordinate Options Counseling and Motivational Interviewing trainings for care management staff	01/01/2016	12/31/2019
		2c. Initiate, sustain and expand collaborative partnerships with other care coordination and service	01/01/2016	12/31/2019

Objectives	Expected Outcomes	Activities	Time Frame	
			Start Date	End Date
		provider agencies serving shared clients		
3. To ensure a comprehensive and coordinated system of qualified and quality local LTSS	ADR will meet identified client needs for LTSS through timely procurement and ongoing monitoring / evaluation of contracted Medicaid LTSS	3a. Implement regular review and analysis of LTSS service needs and system gaps	01/01/2016	12/31/2019
		3b. Analyze service network adequacy for MTPD services and establish new contracts as needed	08/01/2017	12/31/2019
4. To remain an active partner in the implementation of Washington State's health system transformation	ADR will be engaged in the State's health system transformation efforts and look for opportunities to improve coordination in the delivery of LTSS	4a. Attend State stakeholder meetings, trainings, etc. related to CFC, MTPD and performance-based outcome measures	08/01/2017	12/31/2019
		4b. Engage in collaboration / coordination efforts Pierce County Accountable Community of Health (ACH), including the Regional Health Improvement Plan Committee	08/01/2017	12/31/2019
		4c. Review State quarterly performance outcome reports to monitor progress toward outcomes established in performance-based State contracts	01/01/2018	12/31/2019

Objectives	Expected Outcomes	Activities	Time Frame	
			Start Date	End Date
5. To support State efforts in implementing MTPD supportive housing and employment services to targeted Medicaid beneficiaries	ADR LTSS Care Management staff will be knowledgeable of and able to authorize new MTPD services	5a. Designate ADR Care Management subject matter experts in the new Supportive Housing and Employment benefits	08/01/2017	12/31/2019

Delay of Medicaid-funded Long Term Services and Supports

What We Know

- The proportion of people 65+ in Washington State is expected to grow from 14% to 20% by 2020; the State spent about $1.4 billion on long-term care for 60,000 low-income elderly adults and adults with disabilities in fiscal year 2013[8]

- Since 2005, ADR has operated an Aging and Disability Resource Center (ADRC). This is part of a nationwide effort designed to improve access by older adults and people with disabilities to services and supports that promote community living and personal choice. Since that time, the ADRC has helped 125,213 individuals via our telephone help line and reached 76,671 individuals through 1,216 community events. (Dates inclusive Jan 2005-Aug 2015)

- 59% of Americans age 65 or older now go online with 47% enjoying a high-speed broadband connection at home. However, Internet use and broadband adoption among seniors falls off notably starting at approximately age 75 (47% and 34% respectively)[9]

- 828,000 adults are providing care to another person in Washington State, at an estimated value of $10.7 billion annually[10]

- Nationally, one in ten caregivers is 75 or older; nearly half of all caregivers provide care to someone 75+ years old[11]

Why It Matters

- Facing a growing aging population and limited financial resources, the State must evaluate models of service that will provide high quality cost-effective care

- A state-wide emphasis on providing individualized LTSS planning – called "Options Counseling" - through ADRCs is intended to promote choice, flexibility and community care over institutional care, while delaying entry into more expensive Medicaid services

- The State's Community Living Connections (CLC) website is intended to provide easy consumer access to information about services and supports that will enable them to maintain their independence at home. However, there remains a persistent need for live assistance and in-person "Options Counseling"

- Family support is often the key element in allowing someone to remain at home. ADR's community survey found one-third of respondents were providing unpaid care to a family member

- Older caregivers are more likely to be caring for a spouse with Alzheimer's or other dementia without other supports[18]

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[8] Washington State Auditor's Office (Dec. 2014)
[9] Pew Research Center (April 2014)
[10] AARP Public Policy Institute, "Valuing the Invaluable: 2015 Update" (July 2015)
[11] AARP Public Policy Institute & National Alliance for Caregiving, "Caregiving in the U.S. 2015" (June 2015)
[18] AARP Public Policy Institute & National Alliance for Caregiving, "Caregiving in the U.S. 2015" (June 2015)

What We Know

- The greatest risk factor for Alzheimer's is age. Most people with Alzheimer's are diagnosed at age 65 and over
- One-third of family caregivers are caring for a person with Alzheimer's disease or other dementia[12]
- 44% of Washington families receiving Family Caregiver Support Program (FCSP) services are both functionally and financially eligible for Medicaid-funded nursing home or in-home care[13]
- Washington State sought and received approval for a federal Centers for Medicare and Medicaid Services (CMS) Section 1115 Global Medicaid Waiver demonstration project[14]
- The MTPD includes two main LTSS programs, Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA) that will provide a person-centered package of benefits to a newly eligible Medicaid population
- 41% of older adults living in Pierce County report that their activity level is limited by their mental or physical health[15]
- 55% of older adults in Pierce County report that they are living with a chronic disease[16]
- 27% of older adults in Pierce County report that they have fallen in the past twelve months[17]

Why It Matters

- A growing aging population means an increasing incidence of Alzheimer's or other dementia; Alzheimer's is projected to increase for Washingtonians age 65 and over by 40% between 2015 and 2025[19]
- Medicaid-funded nursing home care costs 26 times more than the average annual expenditure for a caregiver receiving FCSP services[20]
- The Medicaid Transformation Project Demonstration (MTPD) will provide opportunities for reinvesting Medicaid savings in targeted LTSS to family caregivers that would delay full Medicaid eligibility and reduce costs
- As the State's close partner in providing LTSS, AAAs will be directly involved in developing and implementing expanded MTPD services at the local level
- The diagnosis of a chronic illness is estimated to contribute to 187 premature deaths among people 65 years of age or older. Nearly 30% of deaths among Pierce County residents are caused by heart disease alone[21]
- Mental and physical health are interrelated; older adults with poor mental health experience worse outcomes when also diagnosed with a chronic disease. At the same time, mental health can be improved through adoption of a healthy, active lifestyle[22]

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[12] Washington State Behavioral Risk Factor Surveillance Survey (BRFSS) (2007)
[13] Washington Department of Social & Health Services, "Supporting Family Caregivers: A Wise Investment in WA State Families" (Nov. 2007)
[14] Healthier Washington, Concept Paper "Global Medicaid Transformation Waiver" (2015)
[15] Washington State Department of Health, "Pierce County Chronic Disease Profile" (2015)
[16] Ibid
[17] Ibid
[19] Alzheimer's Association
[20] Washington Department of Social & Health Services, "Supporting Family Caregivers: A Wise Investment in WA State Families" (Nov. 2007)
[21] Tacoma-Pierce County Health Department, "Pierce County Community Health Status Assessment" (2013)
[22] World Health Organization Fact Sheet No. 381, "Mental Health and Older Adults" (2013)

What We Know

- Results from ADR's 2017 community survey health and wellness activities as one of the top three needs of older adults in Pierce County, but the cost of such classes was identified as the number one barrier to participation

- Members of our provider network offer a range of health and wellness services including exercise classes, health education, blood pressure and blood sugar checks, and information sessions regarding chronic conditions

Why It Matters

- One-third of survey respondents reported that all of their health and wellness services are offered free of charge. Two-thirds, however, reported that some of their classes are offered at a fee. Health and wellness programs must be affordable in order to improve accessibility for older adults

Issue Area: 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	Expected Outcomes	Activities	Time Frame	
			Start Date	End Date
1. Ensure accurate Pierce County resource information is available on the CLC website	Consumers will refer to the CLC and ADRC websites for services and supports in Pierce County as measured by 10% annual increase in site views / visits	1a. Service provider information will be entered into CLC resource directory	01/01/2016	12/31/2019
		1b. CLC data base will be maintained with annual reviews		
2. Collaborate with community partners to provide access to regular information / education based on emerging needs, developing news, and enrollment periods	ADR and the ADRC will be reliable resources for locating information and assistance for older adults, individuals with disabilities and their families / caregivers as measured by completion of regularly scheduled monthly activities	2. Maintain the following outreach and education activities: - Regular workshops - Monthly ADRC E-newsletter - FCSP quarterly newsletter - Host monthly Aging & LTC networking meetings	01/01/2016	12/31/2019
3. ADRC will nurture and expand community partnerships	Referral among ADRC partners will be streamlined to result in expedited consumer referrals, as assessed by ADRC Community Forum input	3a. Letters of collaboration will be signed by all ADRC partners	01/01/2016	12/31/2017
		3b. Recruit additional ADRC community partners	01/01/2016	12/31/2019
		3c. ADRC will develop client warm handoff protocols	01/01/2018	12/31/2019

Issue Area: 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	Expected Outcomes	Activities	Time Frame	
			Start Date	End Date
1. Improve awareness of and access to FCSP services	The number of caregivers referred and screened for FCSP through TCARE® will increase 5% every six months	1a. Continue to incorporate FCSP information in all ADR community education / outreach activities	06/01/2016	12/31/2019
		1b. Continue to provide and/or co-sponsor regular caregiver education opportunities		
		1c. Analyze TCARE® referral and screening data every six months		
2. Improve access to FCSP information and assistance for under-served populations	ADRC information contacts by family / informal caregivers of color and with limited English proficiency and those identifying as LGBT will increase 3% every six months	2a. Analyze ADRC caller demographic data from the CLC database every six months	06/01/2016	12/31/2019
		2b. Translate FCSP brochures into multiple languages		

Objectives	Expected Outcomes	Activities	Time Frame	
			Start Date	End Date
3. Expand targeted FCSP services to Medicaid-eligible recipients	Medicaid-eligible care receivers and their families will have access to services and supports	3. Participate in statewide planning and implementation of the Medicaid Transformation Project Demonstration (MTPD)	08/01/2017	12/31/2019

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

Objectives	Expected Outcomes	Activities	Time Frame	
			Start Date	End Date
1. Educate community members about brain health, cognitive aging, risk factors for developing dementia and signs of cognitive problems	Families and community members will be knowledgeable of Alzheimer's/ dementia and available supports and services as evidenced by an 80% or greater positive survey response	1a. Continue to provide, co-sponsor or participate in regular caregiver education addressing Alzheimer's / Dementia, including: - Annual Pierce County Alzheimer's Caregiver Conference - Annual "Challenges in Caregiving" Conference - Quarterly FCSP Newsletter - Regular caregiver education workshops	07/01/2016	12/31/2019
		1b. Partner with the Alzheimer's Association and aging/disability network members to plan and coordinate targeted outreach/ education activities		
		1c. Develop and implement annual surveys in designated community areas to measure awareness and service needs		

Objectives	Expected Outcomes	Activities	Time Frame	
			Start Date	End Date
2. Improve the ability of caregiving families affected by Alzheimer's/dementia to continue providing care at home	Caregivers enrolled in FCSP dementia-specific services will report lower levels of stress burden and depression over baseline as measured by the TCARE® assessment after six months	2a. Coordinate with ALTSA to develop TCARE® management reports for AAA use	06/01/2016	12/31/2019
		2b. Conduct measure of TCARE® stress burden and depression scores for caregivers enrolled in FCSP dementia-specific services after six months		
3. Improve capacity of the ADRC to identify and respond to the needs of individuals with Alzheimer's/ dementia and their caregivers	ADRC will demonstrate annual improvement as measured by the Community Based Organizations Dementia Capability Quality Assurance Assessment Tool (baseline to be established)	3a. Implement annual assessment of the ADRC dementia capability	01/01/2016	12/31/2019
		3b. Implement appropriate training for ADRC staff or other program improvements as identified in the annual dementia capability assessment		

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

Objectives	Expected Outcomes	Activities	Time Frame	
			Start Date	End Date
1. Maintain access to evidence-based mental health interventions for older adults countywide	Residents of Pierce County will be able to access brief mental health treatment in a home or office setting that is delivered according to an evidence-based model that is responsive to their condition and needs	1a. Identify specific evidence-based treatment approaches for older adults based upon the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-Based Programs and Practices	1/1/2016	12/31/2016
		1b. Collaborate with contracted mental health providers to implement evidence-based mental health interventions	1/1/2016	12/31/2016
		1c. Work with contracted mental health providers to ensure that services are accessible throughout Pierce County	1/1/2016	12/31/2016

Objectives	Expected Outcomes	Activities	Time Frame	
			Start Date	End Date
2. Continue to support evidence-based health promotion/fall prevention interventions	County residents will be able to access free Staying Active and Independent for Life (SAIL) classes (an evidence-based health promotion/fall prevention program) in at least two additional underserved areas of the county	2a. Collaborate with Pierce County's Accountable Communities of Health to explore potential new sources of funding to increase the availability of free, evidence-based health promotion/fall prevention programs	1/1/2016	12/31/2019
		2b. Disseminate information about health promotion and disease prevention activities that are available in senior centers, community centers, health clinics, and other community-based organizations via monthly ADRC E-News, etc.	1/1/2016	12/31/2019
		2c. Release a Request for Proposal for expansion of ADR-funded SAIL program classes	1/1/2016	12/31/2016

Issue Area: 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	Expected Outcomes	Activities	Time Frame	
			Start Date	End Date
1. To identify and engage family caregivers and other individuals who are potentially eligible for Medicaid Transformation Project Demonstration (MTPD) services available under the Medicaid Alternative Care (MAC) and Targeted Supports for Older Adults (TSOA) benefit packages	ADR will reach MTPD targets for projected clients to be served in Years One and Two of the demonstration Medicaid-eligible/at-risk care receivers and their families will have access to MAC and TSOA services and supports	1a. Prior to MTPD roll-out date, clients currently on FCSP respite waitlist and/or receiving general case management services will be identified for possible eligibility and conversion to MTPD MAC or TSOA	06/01/17	12/31/18
		1b. ADRC staff will educate community members, agencies and stakeholders about MTPD services by participating in community events and other outreach opportunities	08/01/17	12/31/18

Service Integration & Systems Coordination

What We Know

- For persons with complex health conditions, the healthcare system is fragmented, difficult to navigate and poorly integrated with other community and social supports
- Care for people with chronic conditions accounts for 77% of Medicaid spending for beneficiaries living in the community[23]
- From 2005 through June 2013, Pierce County ADR participated in the Washington State Chronic Care Management (CCM) pilot program, which provided person-centered health coaching and care coordination for high-cost/high-risk Medicaid clients with one or more chronic conditions
- Since July 2013, ADR has provided Health Home Care Coordination services for high-cost/high-risk dually eligible Medicare/Medicaid beneficiaries - modeled after the successful CCM pilot[24].
- ADR has also contracted with managed care organizations to provide Health Home Care Coordination services for Medicaid-only beneficiaries since Dec. 2013
- The Health Home Care Coordination program requires significant upfront work by ADR Care Coordinators, which must result in a completed Health Action Plan approved by the client prior to receiving reimbursement for the service.

Why It Matters

- Between 2000 and 2020, the number of people with multiple chronic conditions is expected to increase by 35% nationwide[26]
- The Washington State CCM pilot resulted in statewide savings of $2.5 million in medical costs[27]
- Health Homes are designed to integrate and coordinate all primary, acute, behavioral health and long term services and supports with the goal of helping achieve the “triple aim” of better health, better care and lower costs
- Broad adoption of the CCM or Health Home model for Medicaid-only clients is a key strategy of the State’s Health Care Innovation Plan for health system transformation
- State funds allocated for Health Home incentive payments to lead agencies beginning in State Fiscal Year 2018 will help, however as currently structured, payment reform is necessary to produce a Health Home model that is fiscally sustainable for community based organizations like ADR the long term
- The Healthier Washington plan will test models of payment redesign for state-financed health care services, with a greater emphasis on paying for value, not volume, through implementation of Medicaid transformation projects in collaboration with local ACH’s. Area Agencies on Aging are uniquely positioned to provide direct services, such as care transitions services, funded under the MTPD Initiative 1

[23] Mollica and Gillespie (2003)

[24] DSHS HealthPath Washington Duals Integration Phase 1 (2013)

[26] Mollica and Gillespie (2003)

[27] WA DSHS Research and Data Analysis Division (2014)

What We Know

- The Healthier Washington State Health Care Innovation Plan[25] seeks to achieve better health, better care and lower costs for persons receiving State financed health care – often referred to as the "triple aim". Under MTPD Initiative 1, local Accountable Communities of Health (ACH) will implement local projects to support these efforts

- ADR also participated as the lead organization for a CMS Community-based Care Transitions Program (CCTP) site in partnership with Franciscan and MultiCare Health Systems and Pacific Lutheran University School of Nursing (July 2012 - June 2014). The goal of the CCTP was to reduce rates of hospital readmission for high-risk Medicare beneficiaries through improved transitions between care settings

Why It Matters

- Tailored care transition interventions and health coaching provided through the local CCTP demonstration resulted in a 9% reduction in the overall readmission rate for program participants readmitting to the same health system[28].

  The project also identified clear factors for successful interagency collaboration, as well as areas to improve upon in the event funding becomes available in the future to implement an ongoing care transition service

[25] Healthier Washington, WA State Health Care Innovation Plan (2014)

[28] Pierce County Responsive Care Coordination Program Wrap-Up (2014)

Issue Area: 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	Expected Outcomes	Activities	Time Frame	
			Start Date	End Date
1. Educate Medicare / Medicaid beneficiary members of Managed Care Organizations (MCOs) about the Health Home/Care Coordination service	Position ADR as a known and trusted partner to in the delivery of Health Home/Care Coordination services Meet established enrollment and engagement targets for the Health Home/Care Coordination program Produce positive results for clients receiving Health Home/Care Coordination services	1a. Designate a Health Home / Care Coordination Lead Care Manager	08/01/2017	12/31/2019
		1b. Implement a Health Home community outreach and engagement plan		
		1c. Establish baseline and analyze data to demonstrate positive client outcomes in areas such as: • Decreased PRISM risk score • Increased level of client activation using the results of the Patient Activation Measure (PAM) surveys		

Objectives	Expected Outcomes	Activities	Time Frame	
			Start Date	End Date
		1d. Regularly monitor enrollment and engagement levels for each MCO contract, with a goal of 20% engagement	06/30/2016	12/31/2019
		1e. Continue to advocate for reimbursement reform and increased State funding for Health Home / Care Coordination services		
2. Sustain collaborative relationships with major Pierce County health systems	Improved communication and coordination will ensure timely and effective transition support for ADR clients experiencing a hospitalization	2a. Re-establish data-sharing agreement between ADR and MultiCare Health System, to include expansion of approved data users	01/01/2018	12/31/2019
		2b. Pursue finalization of data-sharing agreement with Franciscan Health System		
		2c. Seek potential funding options to re-establish a formal care transitions program		

Objectives	Expected Outcomes	Activities	Time Frame	
			Start Date	End Date
3. Engage with the local Accountable Communities of Health (ACH) to establish a role in future health system transformation activities, including implementation of MTPD Initiative 1 projects	Needs of older adults and individuals with disabilities will be represented in local ACH activities	3a. Participate in ongoing local ACH meetings, including the Regional Health Improvement Plan Committee	01/01/2018	12/31/2019
		3b. Monitor ACH activities and apply for local MTPD Initiative 1 project funds as appropriate		

7.01 Plan: Services to Older Native Americans Pierce County and Puyallup Tribe of Indians

What We Know

- The Puyallup Tribe of Indians is governed by a seven-member tribal council that is elected by the tribal membership to three-year terms. Tribal enrollment is reported to be about 3,547 members, with only 1,327 living on Puyallup reservation land[29]

- 10.4% of the Tribal members living on the Puyallup Reservation and Off-Reservation Trust Land are 55 years of age or older[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, and the Elder Wellness Center

Why It Matters

- The Puyallup Tribe has a strong commitment to meeting the needs of its members and is willing to invest in the development of a staff infrastructure to provide culturally-relevant services and supports that allow members to remain in the community

- The Puyallup Tribe has expressed an interest in professionalizing their custodial care services through the development of a licensed in-home care agency staffed by culturally-competent, certified nurse aides

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

Issue Area: Services to Older Native Americans
Pierce County and Puyallup Tribe of Indians (Policy 7.01)

Goals/Objectives Jan. 1, 2018-Dec. 31, 2019	Activities	Expected Outcome	Lead Staff and Target Date	Progress Report Status Update for Previous Year
1. Continue to enhance communication and build capacity for care coordination with the Puyallup Tribe of Indians by holding minimum of twice yearly 7.01 planning meetings	1a. Continue to strengthen partnerships with Puyallup Tribe of Indians representatives, service providers, Native American advocates, and others that will enhance the connection between Puyallup Tribe of Indians elders and services 1b. Pursue tribal representation on ADR Advisory Board as vacancies arise 1c. Continue information sharing, service and case management coordination between ADR/ADRC and tribal nurse care manager team 1d. Schedule twice yearly ADR/ Elder Services meetings	Increased communication and understanding between the Puyallup Tribe of Indians and ADR Increased opportunities for coordination and joint project development	ADR Manager ADR / ADRC Staff June and Dec. of each year	• ADR participated in the two-day Money Follows the Person Phase II Tribal Summit held in November of 2016. • At the end of November, ADR participated in a meeting with the Executive Director and nurse case managers of the Puyallup Tribe's Elder and Vulnerable Adult Services, as well as representatives from DSHS/Home and Community Services. The meeting was facilitated by staff from the Office of Indian Policy. • ADR and ADRC staff will meet with the Executive Director and nurse case managers of the Puyallup Tribe's Elder and Vulnerable Adult Services during the summer of 2017 to discuss the possibility of extending MTPD TSOA (Tailored Supports for Older Adults) services to eligible members of the Tribe.

Goals/Objectives Jan. 1, 2018-Dec. 31, 2019	Activities	Expected Outcome	Lead Staff and Target Date	Progress Report Status Update for Previous Year
2. Continue to increase awareness of services and supports offered by the Puyallup Tribe of Indians and ADR/ADRC through quarterly written correspondence	2a. Participate in selected tribal events at the invitation of the Tribe 2b. Explore interest on the part of the Puyallup Tribe of Indians in receiving training on topics such as family caregiving, dementia/Alzheimer's disease, the Long-Term Care Ombudsman Program, etc. 2c. Send information about ADR services to the Executive Director of Elder Services and the Wellness Center on a quarterly basis	Increased referrals of clients between the Puyallup Tribe of Indians and ADR	ADR / ADRC Staff March, June, Sept. and Dec. of each year	• ADR staff provided information regarding the 2017 Senior Farmers Market Nutrition Program to Puyallup Tribal Health Authority staff, to the Executive Director of Elder and Vulnerable Adult Services, and to the Executive Director of the Elder Wellness Center of the Puyallup Tribe of Indians. • ADR plans to schedule a meeting to introduce the new Pierce County Regional Long-Term Care Ombudsman to the Executive Director of Elder and Vulnerable Adult Services as the Tribe continues to work toward building an assisted living setting to serve their elders.
3. Provide responsive support and/or technical assistance as requested by the Puyallup Tribe of Indians	3a. Provide letters of support to grant projects when requested 3b. Share information regarding conferences, trainings, and other continuing education opportunities around services that both ADR and the Puyallup Tribe provide (e.g., Chronic Disease Self-Management,	Increased value as a resource for the Puyallup Tribe of Indians	ADR Manager ADR/ADRC staff March, June, Sept. and Dec. of each year	• ADR staff shared information regarding the ALTSA-sponsored Tribal Kinship Care conference scheduled for April, 2017 with the Executive Director of Elder and Vulnerable Adult Services. • At the request of the Executive Director of Elder & Vulnerable

Goals/Objectives Jan. 1, 2018-Dec. 31, 2019	Activities	Expected Outcome	Lead Staff and Target Date	Progress Report Status Update for Previous Year
	senior nutrition programs, in-home care) on a quarterly basis			Adult Services, ADR provided copies of the new "Where to Turn" guide.
4. Collaborate with the Puyallup Tribe of Indians to develop a mutually agreed upon 7.01 Implementation Plan by holding a minimum of twice yearly 7.01 planning meetings	4a. Determine what service needs exist that could be addressed through joint collaboration between ADR and the Puyallup Tribe 4b. Collaborate with leadership of the Tribe's Elder Services and Wellness Center to explore how any needed services can be provided to members in a culturally-competent manner 4c. Explore joint partnership with DSHS/HCS Region 5 to coordinate 7.01 Plan with Puyallup Tribe of Indians	Completion of a 7.01 Implementation Plan between the Puyallup Tribe of Indians and ADR	ADR Manager ADR Staff June and Dec. of each year	• ADR staff and the ADR manager continue to reach out to the Puyallup Tribe of Indians to offer information, assistance and support.

A Livable Community for All Ages

What We Know

- By 2025, adults 60+ years of age in Pierce County will represent nearly 23% of the total population
- Participants in ADR's 2017 community input activities ranked transportation (1) and housing (6) among the top needs of both older adults and adults with disabilities
- About 45% of participants in an ADR survey relied on others to drive them where they need to go; 39% indicated minor home repairs to be their most significant housing-related need and over 36% reported not having enough money to purchase food
- Transportation services in Pierce County, including special needs, are primarily provided by private transportation companies, community based services, and public transit providers
- Nearly 49% of respondents to a Pierce County Human Services community needs assessment stated food assistance was important to improving their current living situation[31]
- The overall food insecurity rate for Pierce County is 15.2%. This represents the percentage of households lacking access to enough food for an active, healthy life, or are experiencing limited or uncertain availability of nutritious food[32]

Why It Matters

- 82% of Americans choose to age in place[36]
- Critical issues of housing, transportation and food security are essential for creating a livable community, especially for lower income residents
- Responding to the needs of older adults makes a community more livable for persons of all ages and abilities[37]
- Reduced mobility due to age or disability can put a person at higher risk of isolation and poor mental and physical health[38]. The availability of transportation impacts the ability to meet basic needs of life including access to routine or preventive services
- The special needs population is presented with specific and acute mobility challenges that force a reliance on public, private, and non-profit transportation services[39]; the growing aging population will put increasing pressure on an already inadequate system
- Adequate nutrition and education are key components to health, functioning, and quality of life. Congregate and home delivered meals provided through the Senior Nutrition Program, and fresh produce accessed through local senior farmers market nutrition programs assist community elders in meeting a portion of their nutritional needs

[31] Washington State University, Division of Governmental Studies & Services, "Pierce County Community Connections Needs Assessment Project", (April 2015)
[32] Feeding America, "Map the Meal Gap 2015" (2013 data)
[36] Partners for Livable Communities
[37] Ibid
[38] Ibid
[39] Puget Sound Regional Council, " PSRC Coordinated Human Services Transportation Plan" (2011-2014)

What We Know

- 56% of adults 60 and older self-reported their nutritional risk as high[33]
- Meals and other food assistance are available to seniors and others at over 100 locations throughout the County; most cater exclusively to a single targeted population
- Over 67% of community-based service providers responding to an ADR survey reported they were only somewhat, or not at all familiar with senior nutrition programs funded by ADR[34]
- 61% of respondents to the Pierce County Human Services community needs assessment indicated affordable housing was important for improving their situation[35]. Subsidized housing (43%) and rental assistance (45%) were also noted as important
- Service professionals responding to an ADR survey ranked accessibility as the top housing concern of clients they serve, followed by assistance with housekeeping and home repairs, and affordability
- Finding and maintaining affordable, accessible housing is a significant challenge, particularly for low-income residents with mental health or substance abuse disorders
- Pierce County Human Services offers a broad array of supportive community services, including those addressing special needs transportation, housing-related issues and health/wellness and nutrition education

Why It Matters

- Potential exists for improvements, efficiencies and increases in total persons served / meals provided through improved coordination and service referral between food / nutrition service providers
- Older adults and persons with disabilities prefer to remain in their own homes; assistance with minor modifications or repairs often help make that possible
- The newly implemented Medicaid Transformation Project Demonstration (MTPD) will offer new supportive housing benefits under Initiative 3, which will be available to clients served by Area Agencies on Aging[40]
- Natural opportunities exist for collaborations within the Pierce County Human Services Department to leverage existing resources and expand access to programs for lower income older adults and persons with disabilities needing transportation, housing or nutrition-related assistance

[33] Pierce County Aging and Disability Resources, "What is Your Nutritional Health" Survey (June 2011)

[34] Pierce County Aging and Disability Resources Professionals & Providers Survey (2017)

[35] Washington State University, Division of Governmental Studies & Services, "Pierce County Community Connections Needs Assessment Project", (April 2015)

[40] Healthier Washington, WA State Health Care Innovation Plan (2014)

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

Objectives	Expected Outcomes	Activities	Time Frame	
			Start Date	End Date
1. Maintain transportation services to the Eatonville senior mealsite	Monthly special needs transportation services will be retained for all eligible participants (16 participants/month – Aug. 2017)	1a. Maintain Memorandum of Agreement with the Pierce Co. Human Services Beyond the Borders program, consistent with Federal Transportation Administration and Administration for Community Living regulations	01/01/2016	12/31/2019
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	Attainment of 10% increase in funding in the next funding to maintain current special needs transportation programs and expand transportation services ($1,273,600 – current)	2a. Maintain current knowledge of available State, regional and private entities providing funding opportunities in support of community transportation services	07/01/2017	12/31/2019
		2b. Continue active participation on the Pierce County Coordinated Transportation Coalition and Puget Sound Regional Council Special Needs Transportation Committee		

Objectives	Expected Outcomes	Activities	Time Frame	
			Start Date	End Date
		2c. Support projects and funding applications originating from the Pierce County Coordinated Transportation Coalition and others seeking funds to maintain or expand transportation services in Pierce County		
		2d. Serve on panels and other forums considering applications for distribution of funding for special needs transportation in Pierce County		

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	Expected Outcomes	Activities	Time Frame	
			Start Date	End Date
1. Serve high quality meals that meet the nutritional needs of older adults at the lowest reasonable cost	Ninety percent of program participants surveyed shall report satisfaction with meals served between 2016-2019 (comparative data used: meal site data from 2014-2015)	1a. Hold quarterly senior nutrition provider coordination meetings for the purpose of training, technical assistance and program improvement	01/01/2018	12/31/2019
		1b. Obtain quarterly feedback from nutrition program stakeholders and provide reports to providers		
2. Promote and maintain food safety and sanitation standards of contracted senior nutrition programs	Ninety percent or more of food service and fire safety inspections shall be conducted within 30 days of expiration of previous certification	2a. Identify and address safety / sanitation trends and training needs in coordination with contracted senior nutrition providers and community partners	06/01/2016	12/31/2019
	One hundred percent of all nutrition program staff or volunteers responsible for handling food shall maintain a current food handler's certificate	2b. Establish consistent, defined protocols in coordination with contracted providers and community partners to assure adherence to state and federal nutrition standards		

Objectives	Expected Outcomes	Activities	Time Frame	
			Start Date	End Date
3. Increase awareness of community members and service providers regarding availability of food/nutrition and other supportive services in Pierce County	One hundred percent of participants in ADR funded senior nutrition programs will be informed of other supportive services and/or nutrition services at intake and re-enrollment	3a. Develop informational materials for community distribution outlining ADR-funded nutrition programs, supportive services and other community resources	01/01/2018	12/31/2019
4. Expand availability of home delivered meals to older adults	Number of home delivered meals will be increased to older adults in targeted communities	4a. Coordinate with contracted home delivered meals providers to identify targeted communities / populations to be served with expansion funds allocated in State budget	09/01/2017	11/30/2017
		4b. Initiate and measure expanded services to targeted communities / populations	12/01/2017	06/30/2018
5. Increase senior congregate nutrition services to targeted populations	Culturally appropriate senior congregate nutrition services will be available to LGBTQ older adults	5a. Coordinate with contracted senior congregate nutrition providers and other community stakeholders to identify service needs and explore appropriate service models	01/01/2018	03/31/2018

Objectives	Expected Outcomes	Activities	Time Frame	
			Start Date	End Date
		5b. Provide needed training / technical assistance to contracted service providers	04/01/2018	06/30/2018
		5c. Implement recommended model of congregate nutrition service	07/01/2018	12/31/2019

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

Objectives	Expected Outcomes	Activities	Time Frame	
			Start Date	End Date
1. Improve community awareness of Pierce County Human Services (PCHS) housing-related programs	Referrals of older adults and persons with disabilities to PCHS housing-related programs and services will increase (baseline to be established)	1a. Coordinate with PCHS Community Services and Community Action divisions to identify housing-related assistance programs available to Pierce County residents	01/01/2018	03/31/2018
		1b. Develop relevant materials for distribution at all ADR outreach/education events	04/01/2018	06/30/2018
2. Support State efforts in implementing MTPD supportive housing to targeted Medicaid beneficiaries	ADR LTSS Care Management staff will be knowledgeable of and able to authorize new MTPD services	2a. Designate Care Management subject matter experts to provide ongoing training / technical assistance to Care Management staff regarding the new MTPD Supportive Housing benefits	08/01/2017	12/31/2019

Section D

Area Plan Budget

Area Plan Budget Summary

Fiscal Considerations

- Federal Sequester – Federal cuts to non-defense, discretionary programs, including the Older Americans' Act were first implemented in 2013. Budget compromises suspended sequestration cuts in Federal Fiscal Years (FFY) 2014-2017, however unless another compromise is reached to again raise budget caps, Area Agencies on Aging face further reductions in FFY 2018.

- State Revenue Increases – Additional funds were approved in the 2017-2019 State biennium budget, providing a two-percent increase in State funds for AAA Case Management, Family Caregiver Support and Senior Citizens Services Act in State Fiscal Years 2018 and 2019, as well as supplemental funds for home delivered meal services.

- Health Home Care Coordination for dually-eligible Medicare / Medicaid beneficiaries – Additional revenue is anticipated due to general caseload growth and initiation of new managed care contracts, as well as additional State funding approved in the 2017-2019 biennium budget

- Medicaid Caseload Growth – ADR projects increased funding to address anticipated growth in the Medicaid LTSS client caseload; future Medicaid revenue at risk under proposed per capita caps

- Medicaid Transformation Project Demonstration – The Centers for Medicare and Medicaid Services approved the State's Section 1115 Global Medicaid Waiver proposal, which will allow the State to reinvest a portion of Medicaid savings into targeted services that are designed to delay or reduce the need for Medicaid LTSS, including additional supports for eligible family caregivers.

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 that are provided with the flexibility to be spent on local needs, determined at the local level. Examples of discretionary funded services include Foot Care, Counseling Services, and Transportation.	***Non*-Discretionary** – Funds that are earmarked for a specific program or purpose. ADR does not have a choice on how to spend these funds. Examples include Family Caregiver Support and some nutrition program funds.

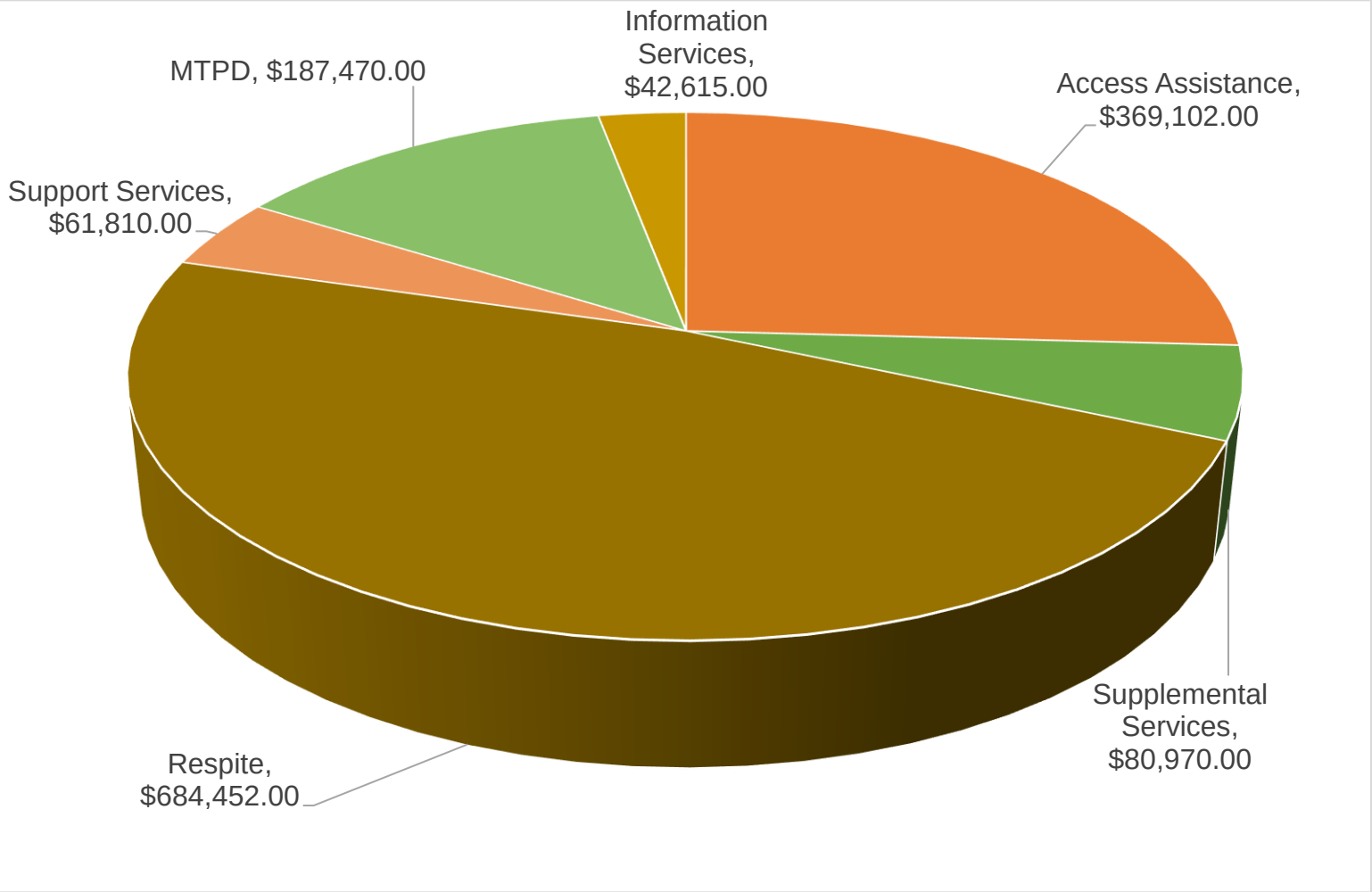
PIERCE COUNTY AGING AND DISABILITY RESOURCES
PROJECTED REVENUES 2018 – DRAFT

As presented Sept. 19, 2017

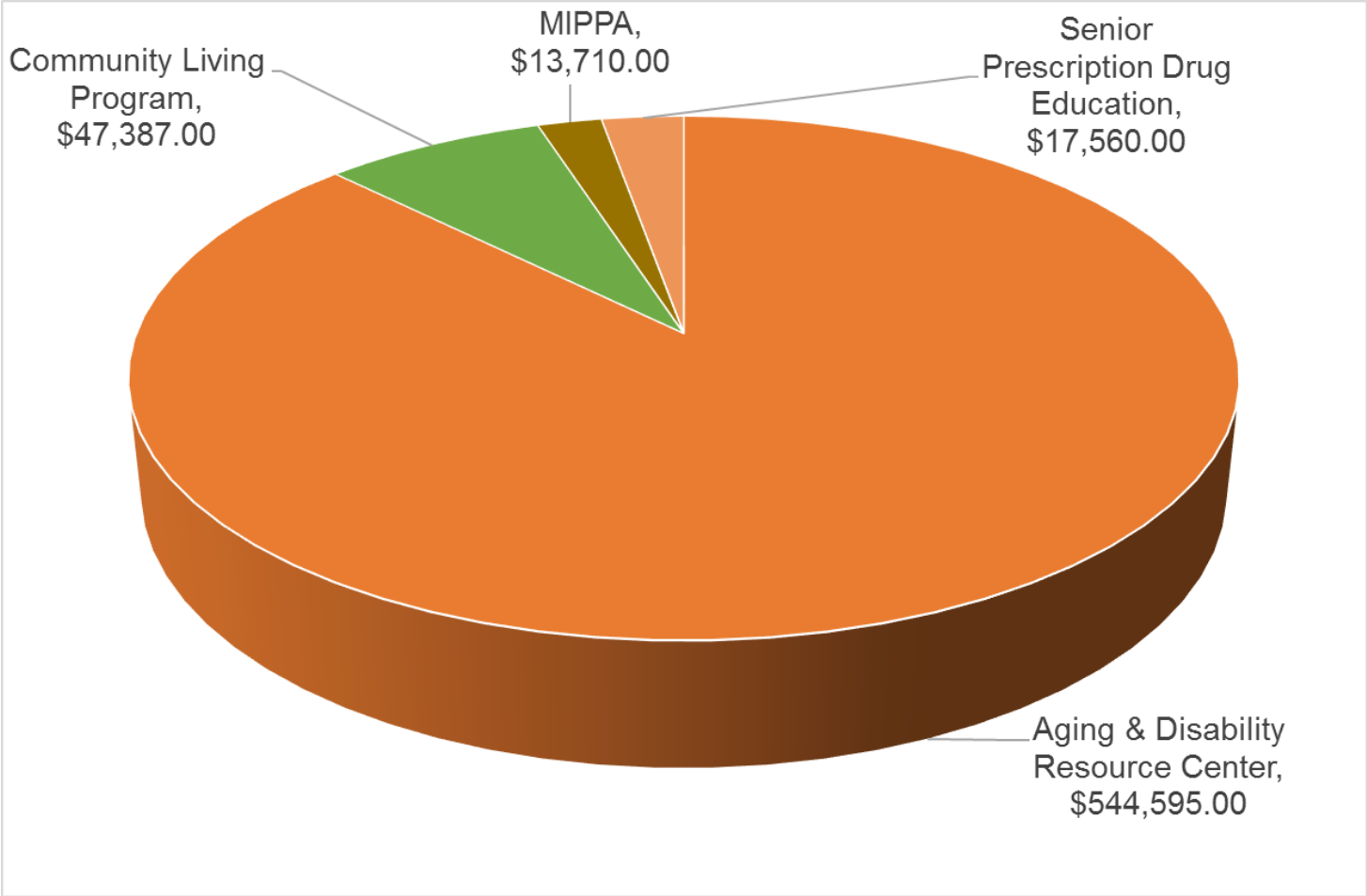
Discretionary Revenues	2017 Total Revenue (includes carry-over & transfers)	2018 Projected Revenue	Net Change	Comments
Title III-B (Supportive Services)	$711,796	$715,822	$4,026	
Title III-C1 (Nutrition – Senior Mealsites)	$824,353	$868,430	$44,077	
Title III-C2 (Nutrition - Home Delivered)	$262,639	$263,298	$659	
SCSA (Supportive Services)	$874,256	$814,199	($60,057)	Under-expended in first 6 months of SFY
Subtotal of Discretionary	**$2,673,044**	**$2,661,749**	($11,295)	
Non-Discretionary Revenues	**2017 Total Revenue (includes carry-over & transfers)**	**2018 Projected Revenue**	**Net Change**	**Comments**
Title III-D (Health Promotion)	$37,393	$36,370	($1,023)	
Title III-E (Family Caregiver Support)	$269,470	$272,409	$2,939	
Title VII-B (Elder Abuse)	$6,325	$6,325	$0	
Caregiver Training Admin	$40,000	$40,000	$0	
Home Delivered Meals Expansion (State)	$0	$58,436	$58,436	New funds allocated during 2017 Legislative session
Madigan Foundation – Kirby Fund	$10,000	$10,000	$0	
Family Caregiver Support (State)	$1,300,960	$1,094,546	($206,414)	Under-expended in first 6 months of SFY
Title XIX-Contract Management	$670,138	$723,650	$53,513	Projected caseload growth
Title XIX-Case Mgmt & Nursing	$8,673,314	$9,355,430	$682,117	
Title XIX-Admin Claim	$100,575	$84,345	($16,230)	Under-expended in first 6 months of SFY
Senior Drug Education	$22,424	$17,560	($4,864)	
Kinship Caregiver Support/Navigator (State)	$215,313	$230,066	$14,753	
Pierce County General Fund	$192,500	$192,500	$0	
MSC Long Term Care Ombudsman	$145,894	$148,995	$3,101	
Senior Farmer's Market (State)	$74,528	$62,579	($11,949)	
Senior Farmer's Market (Federal)	$20,189	$20,189	$ 0	
Nutrition Services Incentive Program	$155,266	$158,966	$3,700	

Medicare Improvements for Patients and Providers Act	$14,903	$14,900	($3)	
Medicaid Transformation Project	$374,950	$374,950	$0	
Non-Discretionary Revenues	**2017 Total Revenue (includes carry-over & transfers)**	**2018 Projected Revenue**	**Net Change**	**Comments**
ADRC Enhanced Options Counseling grant	$1,500	$0	($1,500)	Grant ended
Health Home contracts	$869,010	$1,076,800	$207,790	Projected caseload growth
Veteran's Project	$12,000	$12,000	$0	
Caregiver Conference (Speaker fees)	$10,000	$10,000	$0	
Subtotal of Non-Discretionary	**$13,216,651**	**$14,001,016**	**$784,365**	
GRAND TOTAL	**$ 15,889,695**	**$ 16,662,765**	**$ 773,070**	

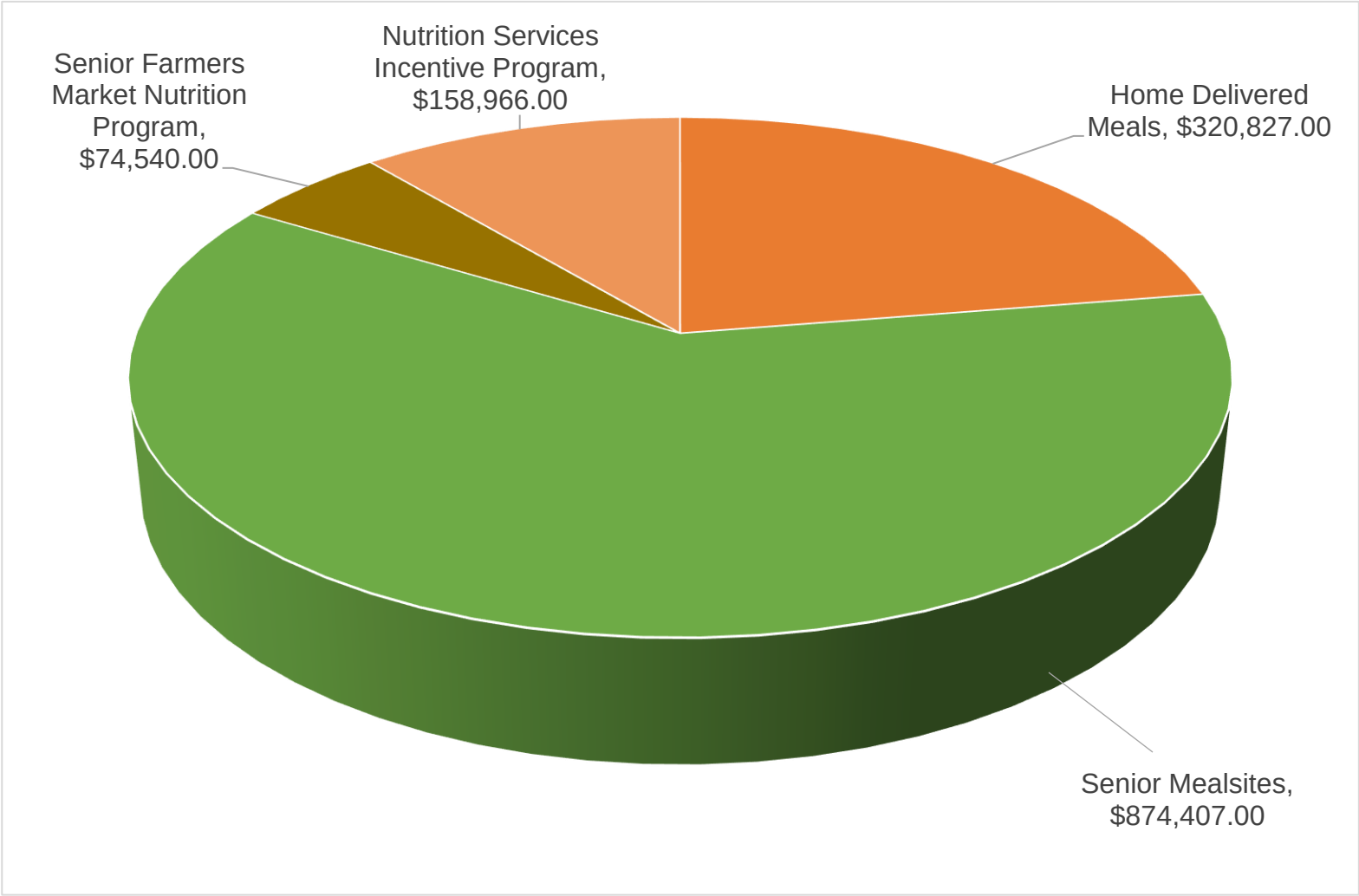
FAMILY CAREGIVER SUPPORT – Proposed 2018



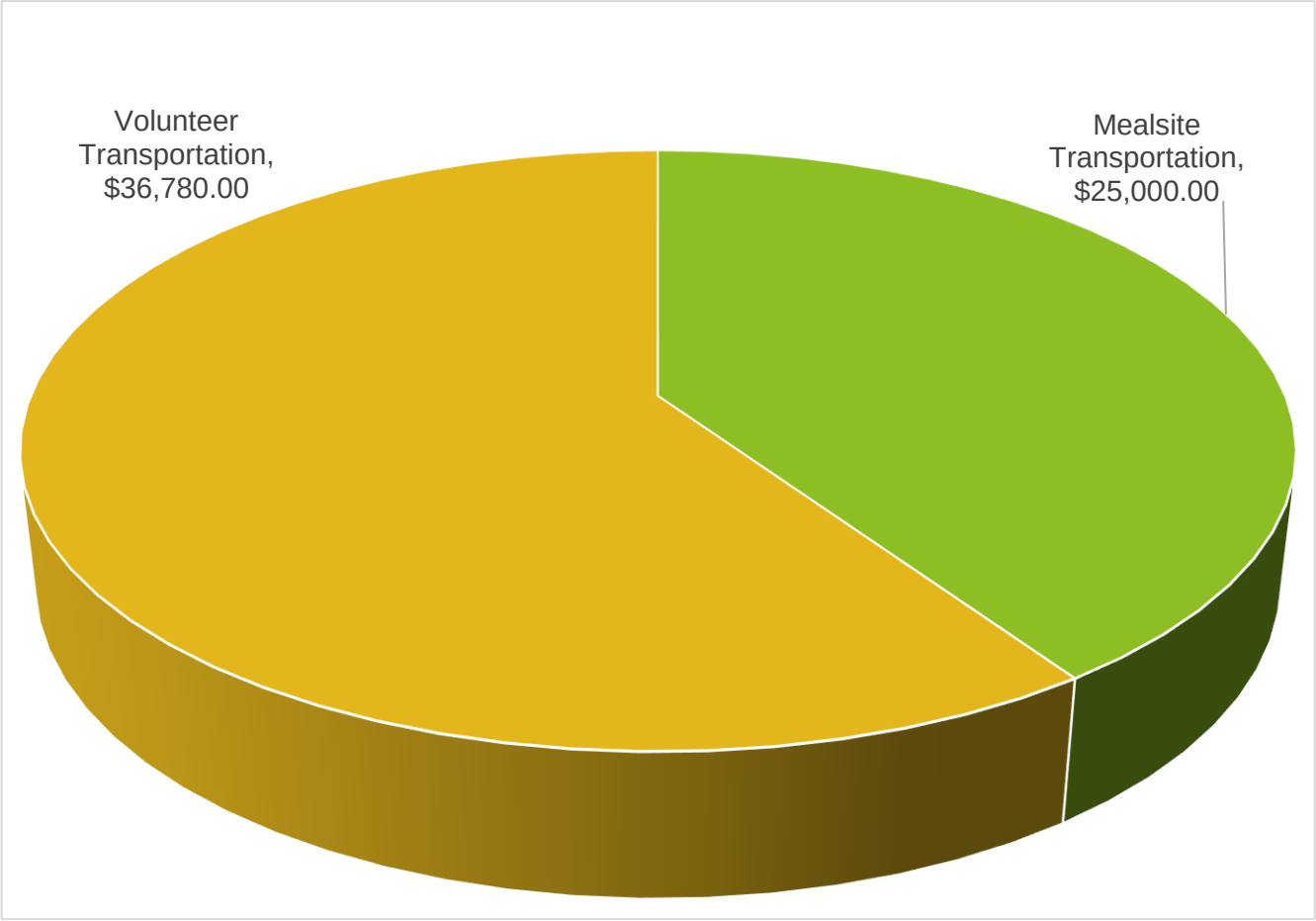
AGING & DISABILITY RESOURCE CENTER –
Proposed 2018



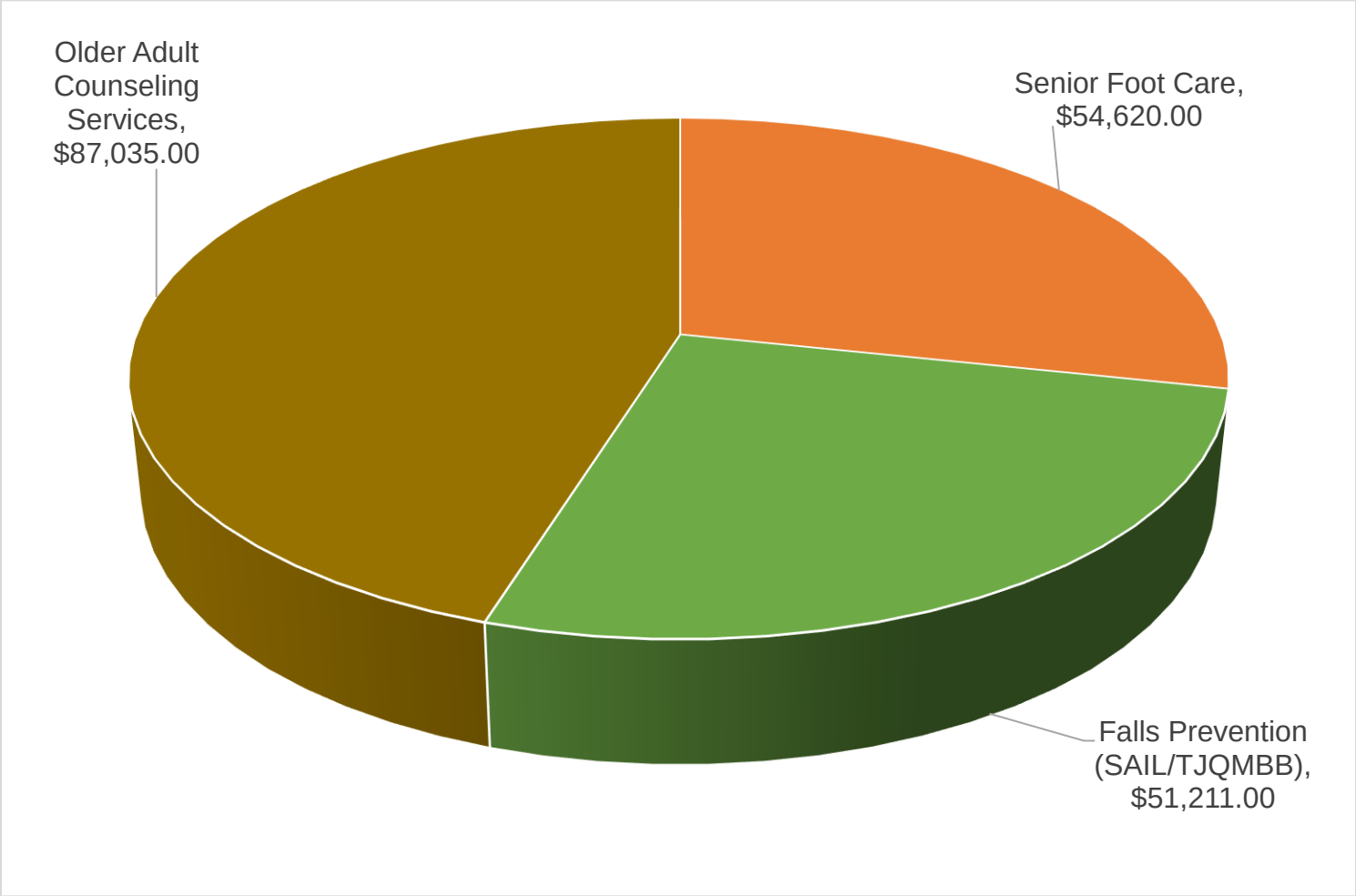
SENIOR NUTRITION PROGRAMS – Proposed 2018



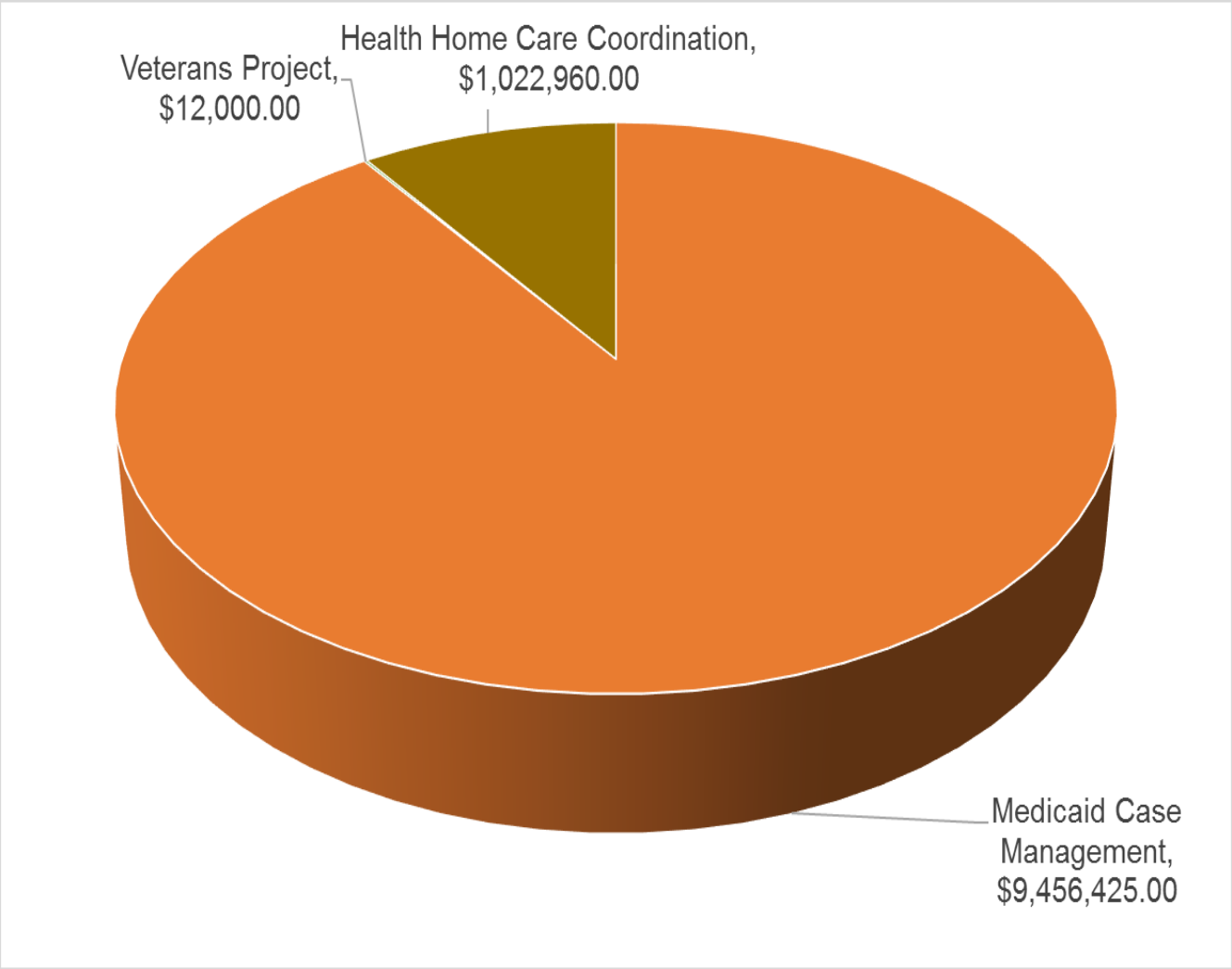
TRANSPORTATION PROGRAMS – Proposed 2018



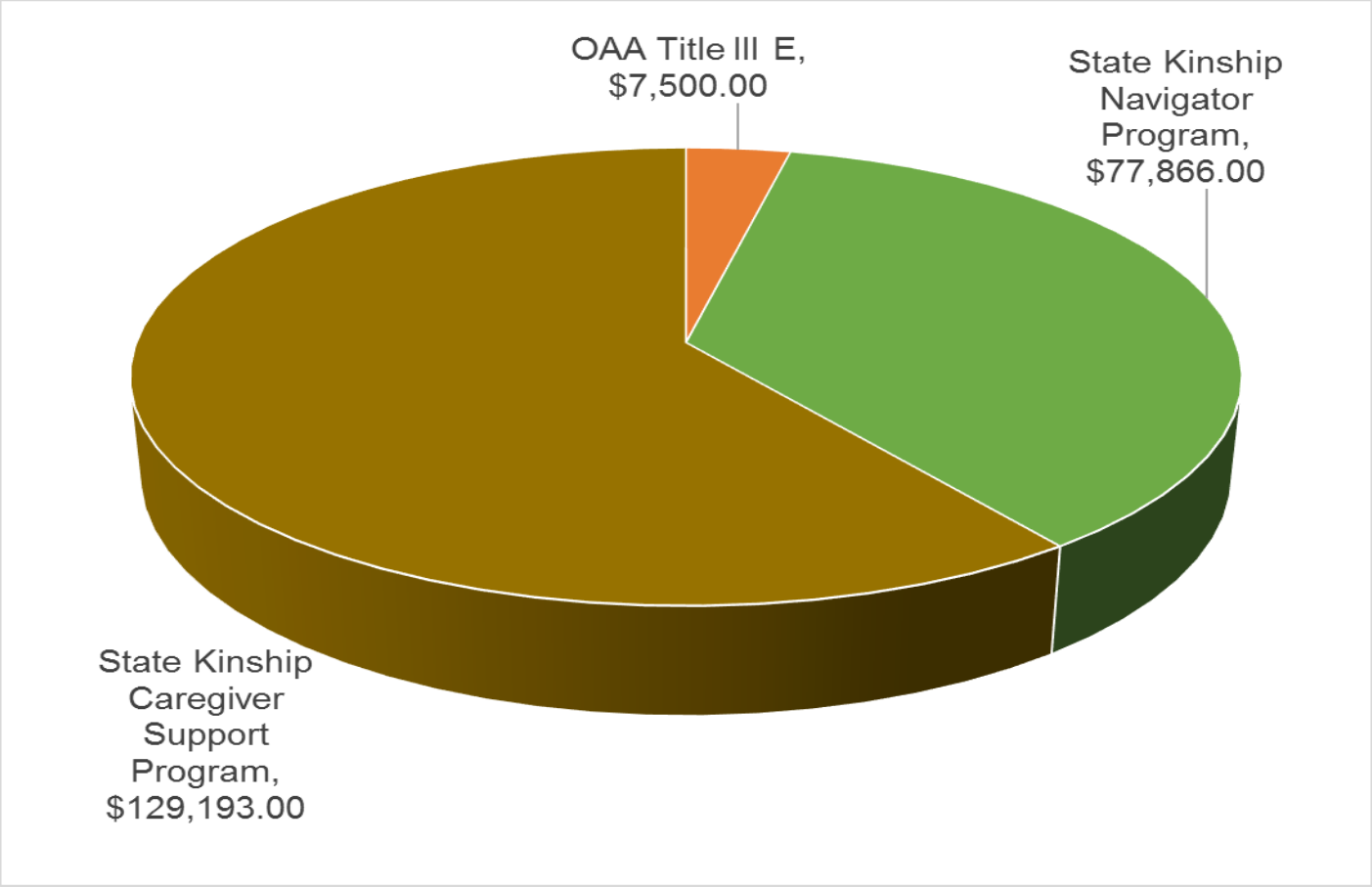
HEALTH PROMOTION / DISEASE PREVENTION –
Proposed 2018



CASE MANAGEMENT & NURSING SERVICES –
Proposed 2018

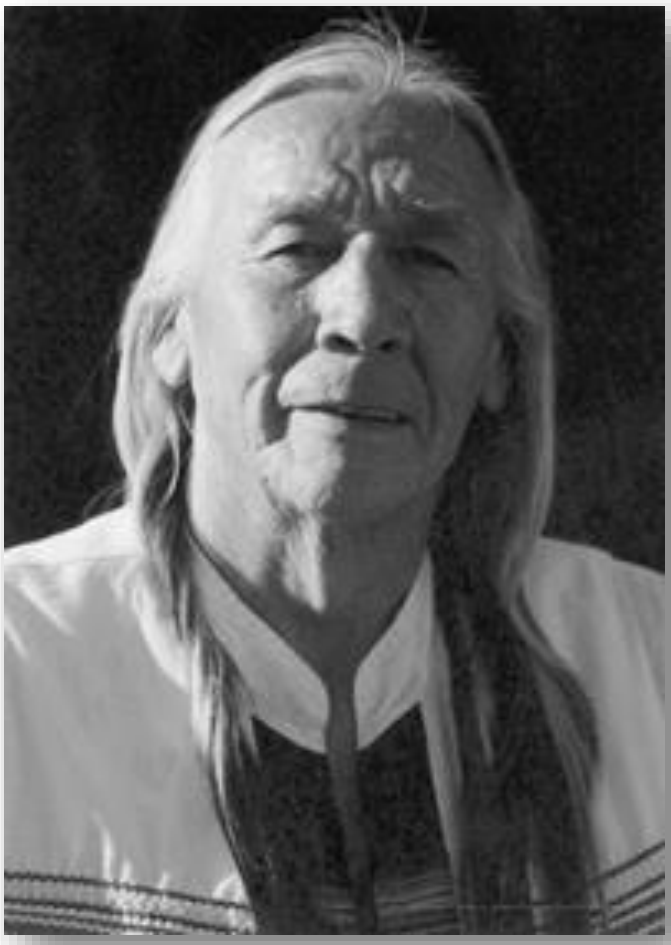


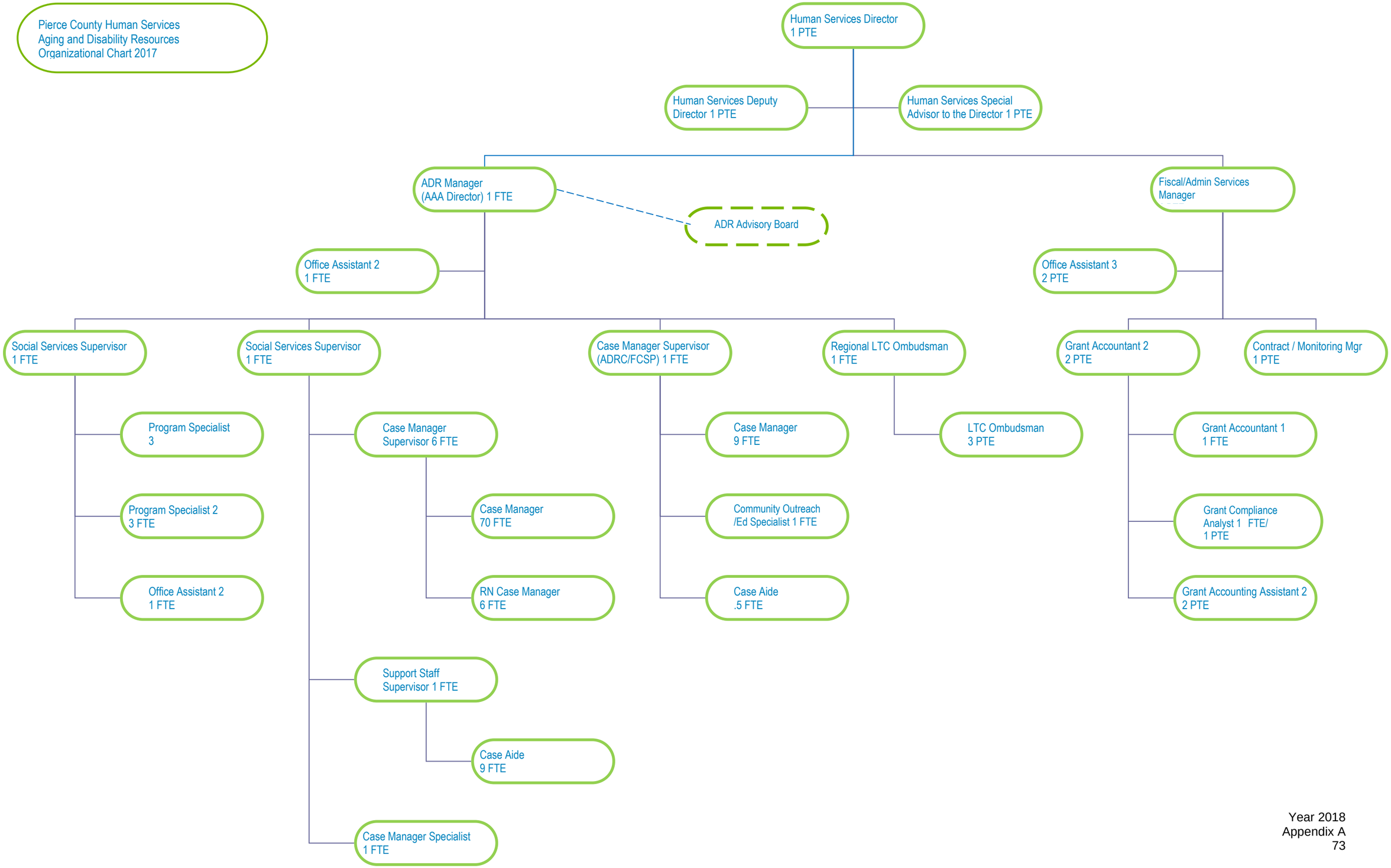
KINSHIP SUPPORT SERVICES – Proposed 2018



SERVICE	AMOUNT	FUND SOURCE(S)
Adult Day Health	$41,925	SCSA
Senior Centers	$175,000	Pierce County General Fund
Legal Aid	$78,740	OAA Title III B
Long-Term Care Ombudsman	$139,441	OAA Title VII B, SCSA, State Long-Term Care Ombudsman Program
Caregiver Conference (Speaker Fees)	$10,000	State Family Caregiver Conference

Appendices




Pierce County Human Services
Aging and Disability Resources
Organizational Chart 2017
Human Services Director
1 PTE
Human Services Deputy
Director 1 PTE
Human Services Special
Advisor to the Director 1 PTE
ADR Manager
(AAA Director) 1 FTE
ADR Advisory Board
Fiscal/Admin Services
Manager
Office Assistant 2
1 FTE
Office Assistant 3
2 PTE
Social Services Supervisor
1 FTE
Social Services Supervisor
1 FTE
Case Manager Supervisor
(ADRC/FCSP) 1 FTE
Regional LTC Ombudsman
1 FTE
Grant Accountant 2
2 PTE
Contract / Monitoring Mgr
1 PTE
Program Specialist
3
Program Specialist 2
3 FTE
Office Assistant 2
1 FTE
Case Manager
Supervisor 6 FTE
Case Manager
70 FTE
RN Case Manager
6 FTE
Support Staff
Supervisor 1 FTE
Case Aide
9 FTE
Case Manager Specialist
1 FTE
Case Manager
9 FTE
Community Outreach
/Ed Specialist 1 FTE
Case Aide
.5 FTE
LTC Ombudsman
3 PTE
Grant Accountant 1
1 FTE
Grant Compliance
Analyst 1 FTE/
1 PTE
Grant Accounting Assistant 2
2 PTE

Appendix B
ADR Staffing Plan

- 98 full time equivalents (FTE)
- 20 part time equivalent (PTE)
- 3 PTE / 13 FTE vacant positions
- 134 total staff positions
- 44 minority staff
- 12 staff over age 60
- 5 staff self-indicating a disability

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)
Human Services Deputy Director	1 PTE vacant	Responsible for assisting in the management and coordination of the Human Services department
Special Advisor to the Director	1 PTE	Responsible for assisting with department-wide strategic initiatives and messaging
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) Also oversees Pierce County Human Services Developmental Disabilities unit.
Social Service Supervisor - Admin	1 FTE	Responsible for supervision of the ADR Provider Support Services unit and related Area Agency on Aging administrative functions, including planning, coordination, technical assistance and contract management activities

Position Title	Total Full Time & Part Time	Position Description
Program Specialist 3	2 FTE + 1 vacant 3 total FTE	Responsible for program administration, technical assistance, special projects, coordination, planning, advocacy and Advisory Board Support
Community Outreach & Education Specialist	1 FTE	Responsible for community outreach and public education, technical assistance, special projects, coordination, planning assistance and Advisory Board Support
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)	6 FTE	Responsible for supervision of Case Managers and Registered Nurses staffing Medicaid Case Management

Position Title	Total Full Time & Part Time	Position Description
Case Manager (Medicaid / Health Homes)	60 FTE +10 vacant 70 total FTE	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	6 FTE	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 Manager Specialist (Health Homes)	1 FTE	Responsible for providing training and support for Health Home staff, gathering service data for reporting purposes and conducting quality assurance reviews for the division. Performs Care Coordination duties for a partial caseload.
Case Management Supervisor (ADRC / Family Caregiver Programs)	1 FTE	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)	8 FTE + 1 vacant 9 total 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 Project Demonstration
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
Office Assistant 2 /Case Aide	9 FTE 1 PTE +1 vacant PTE	Responsible for supporting the ADR Medicaid Case Management and Health Home programs, including Individual Provider contracting, records management and specified case assistance duties

Position Title	Total Full Time & Part Time	Position Description
Fiscal / Administrative Services Manager	1 PTE	Responsible for overall management of the Human Services Finance and Administration division
Contracts / Monitoring Manager	1 PTE vacant	Responsible for management of Human Services Contracts / Monitoring Unit
Program Specialist 2	2 FTE +1 vacant 3 total FTE	Responsible for contract procurement and management, technical assistance, program compliance monitoring and special projects
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 PTE 1 FTE	Responsible for conducting subcontractor fiscal monitoring and technical assistance
Office Assistant 3	2 PTE	Responsible for administrative office support in areas of personnel, public records and reception

Appendix C
Emergency Response Plan

Emergency Response Plan previously submitted Oct. 2, 2015

- 14 members
- 8 members age 60 or over
- 6 members under age 60
- 3 members self-indicating a disability
- 3 minority members
- 1 elected official*

Appendix D

Aging and Disability Resources Advisory Council

As of July 2017

Name	Representing Area / District
Terri Baker	**Council District 4** covers Fircrest, parts of North and South Tacoma, Downtown and Hilltop Tacoma, and University Place
Adrienne Barlow	**Council District 7** covers Gig Harbor, Key Peninsula, Fox Island, McNeil Island, Ruston, West and North Tacoma
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
Bruce Dougherty	**Council District 4** covers Fircrest, parts of North and South Tacoma, Downtown and Hilltop Tacoma, and University Place
Cheryl Cristello	**Council District 7** covers Gig Harbor, Key Peninsula, Fox Island, McNeil Island, Ruston, West and North Tacoma
David Friscia	**Council District 3** covers Ashford, Eatonville, Elbe, Elk Plain, Frederickson, Graham, Harts Lake, Lacamas, McKenna, Roy, and Spanaway
Bonnie Gill	**Council District 5** covers most of South Tacoma, a portion of East Tacoma, Midland, Parkland, and part of Spanaway
Stuart Maier	**Council District 4** covers Fircrest, parts of North and South Tacoma, Downtown and Hilltop Tacoma, and University Place
Tommy Manning	**Council District 2** covers Southeast Auburn, Browns Point, Dash Point, Edgewood, Fife, Milton, Northeast Tacoma, Pacific, Puyallup and Sumner
Pat McIntyre	**Council District 5** covers Midland, North Clover Creek/Collins, Parkland, Spanaway, Summit View, Summit-Waller, Tacoma's Eastside and South End
Brenda Milewski	**Council District 5** covers Midland, North Clover Creek/Collins, Parkland, Spanaway, Summit View, Summit-Waller, Tacoma's Eastside and South End
Katrina Simmons	**Council District 4** covers Fircrest, parts of North and South Tacoma, Downtown and Hilltop Tacoma, and University Place
Dick Thurston	**Council District 3** Ashford, Eatonville, Elbe, Elk Plain, Frederickson, Graham, Harts Lake, Lacamas, McKenna, Roy, and Spanaway

Appendix E

2018-2019 AREA PLAN UPDATE
Planning Activities / Timeline

Dates	Participants	Activity
Feb. 2017	Planning Committee & Staff	-Establish Committee goals for 2-year Area Plan Update development. -Draft outline for community involvement/engagement activities
Mar.-Apr. 2017	Community Members, Key Informants / Experts, Stakeholders, Advisory Board, Planning Committee & Staff	-Coordinate and implement community involvement/ engagement activities -Collect and analyze data / information gathered from community input processes
Apr.-May 2017	Advisory Board, Planning Committee & Staff	-Review / update ADR mission, vision, values -Review / determine service priorities & priority criteria -Review / update policy on funding enhancements / reductions
May-July 2017	Community Members, Key Informants / Experts, Stakeholders, Advisory Board, Planning Committee & Staff	- Collect additional information as needed: key informant interviews, secondary data research, etc. - Review targeted issue areas - Review projected 2018 revenues & expenditures - Initiate drafting of Area Plan Update -Present initial overview of draft Area Plan Update to full Advisory Board for review and comment (July 18th meeting)
Aug.-Sept. 2017	Community Members, Stakeholders, Advisory Board, Planning Committee, & Staff	-Finalize 2018 draft budget -Publish Draft Area Plan Update online for public review & comment (by Sept. 5th) -Conduct public hearing on the Draft Area Plan Update (Sept 19th meeting) -Review public comments with full Advisory Board for recommendation of final revisions (Sept. 19th meeting) - Forward to ADR Manager and Director of Pierce County Human Services for final approval (late Sept)
Oct. 9, 2017	Staff	-Submit final draft of 2018-2019 Area Plan Update to DSHS/Aging & Long Term Services Administration (ALTSA)

Community Input Highlights

For the 2018-2019 Area Plan Update, ADR developed a survey targeted to the network of contracted provider agencies. For the past several cycles, the community input process has been geared toward clients and the public at large. Many clients, however, turn to their home care aides, the staff at congregate meal programs, or to senior center personnel when they have questions about other resources that could help to fill an unmet need. In fact, in response to one survey question, nearly 70% of respondents stated that they receive resource-related questions from clients at least 2 to 3 times per month, and nearly 30% reported that they receive several questions per week. Understanding the key role that these professionals play, ADR felt that it would be important to gather information about the needs they see among older adults and adults with disabilities, and whether they feel equipped with the knowledge to respond to requests for information and assistance.

The ADR Professionals & Provider Survey consisted of a 25-question survey available in an online format and in hard copy. Hard copy versions of the survey were distributed at regularly-scheduled provider meetings. The link to the online survey was shared with contacts at contracted provider agencies funded through Medicaid, State and Older Americans Act dollars.

A total of 46 individuals completed the hard copy or online versions of the survey, including staff from environmental modifications companies, senior centers, and home care agencies. Selected results of the survey are shared below.

Priorities
Respondents were asked what they thought the top three priorities are for older adults and for people with disabilities. Their answers were as follows:

Top three needs for older adults:
- Transportation (86.9%)
- Health care (82.6%)
- Health and wellness services (80.4%)

Top three needs for adults with disabilities:
- In-home personal care (54.3%)
- Transportation (36.9%)
- Mental health services (34.8%)

Client Needs
Respondents were asked about the types of questions they receive from the clients they serve. Below is a brief snapshot of the types of information/resources sought by clients:

General resource questions
- How to get in-home personal care (72.2%)
- How to obtain affordable housing (52.8%)
- Identifying transportation resources (52.8%)

Caregiving
- General information and assistance about caregiver support services (58.5%)
- Training for family caregivers (48.8%)
- Accessing Medicaid-funded in-home care (48.8%)

Housing

- Obtaining affordable housing (82.6%)
- Finding housekeeping assistance (80.4%)
- Obtaining minor home repairs (78.3%)

The vast majority of providers who responded to the survey have either called the Aging & Disability Resource Center (ADRC) on behalf of a client (72.2%), or referred their clients to the ADRC to get the information that they needed (82.9%). However, the survey also revealed knowledge gaps among providers that ADR can fill. For example, two-thirds of respondents stated that they were unfamiliar or only “somewhat familiar” with ADR-supported senior nutrition programs. Others also requested that ADR staff come to their sites a couple of times each year to engage in resource Q&A with their clients. ADR looks forward to incorporating the feedback obtained through the Professionals & Provider community input survey into future activities with our provider network.

Pierce County Human Services
Aging & Disability Resources

PUBLIC MEETING NOTICE

2018-2019 DRAFT AREA PLAN UPDATE

Promoting Livable Communities
Throughout Pierce County

- **September 19, 2017 – Tues.**
  10:00 am to 11:00 pm

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 2018-2019 Area Plan Update, including the 2018 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 * Long Term Care Ombudsman * Medicaid Transformation Project * Senior Centers * Senior Drug Education * Senior Farmer's Market Nutrition Program * Senior Mealsites * Specialized Transportation

The draft 2018-2019 Area Plan Update will be available online at `http://www.piercecountywa.org/ADR` or in print upon request by September 5, 2017. To request a print copy or for additional information, please contact Mickie Brown (information below).

Written comments will also be accepted until September 19, 2017, submitted to:

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: `ckline@co.pierce.wa.us`
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: mbrown3@co.pierce.wa.us by September 12, 2017.

Appendix F
Report on Accomplishments
2016-2017

Issue Area: Long Term Services and Supports (LTSS)		
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	**Activities/Accomplishments**	**Completed or Continued**
1. To respond to the growing numbers, diversity and clinical complexity of persons requiring Medicaid funded in-home LTSS	• In 2016-2017, ADR added language-specific case management capacity to serve the growing caseloads of Spanish, Vietnamese, Korean, Tagalog, Chamorro, and Samoan-speaking LTSS clients • Clinical capacity was added with the hiring of two case managers with Masters of Social Work degrees and one with significant professional mental health work experience • Case management staff received training to implement CARE assessment changes and various workload reduction efforts as they were released • ADR reviewed and adjusted maximum caseloads per case manager and updated assignments of universal zip codes	Completed / Continued

Issue Area: Long Term Services and Supports (LTSS)		
2. To provide person-centered planning and care coordination for persons with significant health challenges	• ADR implemented use of the revised CARE assessment goal planning tool and incorporated review as part of regular CFC quality assurance activities • ADRC and New Freedom case management staff participated in Person Centered Options Counseling training with the release of the online curriculum and standards in 2016 • ADR participates regularly in various activities to promote care coordination of shared clients, including HCS “A Team” meetings; FD Cares coordination meetings; partner / provider agency field trips. • Effective June 2017, ADR assigned a designated case manager to coordinate with Nativity House, a local homeless shelter • ADR established a new Training Committee in 2016, with the goal of providing targeted training and professional development activities for ADR staff. Example: Mental Health First Aide training conducted in 2017	Completed / Continued

Issue Area: Long Term Services and Supports (LTSS)		
3. To ensure a comprehensive and coordinated system of qualified and quality local LTSS	• ADR Contracts staff implemented an annual survey of ADR case management and HCS social work staff to identify service gaps / needs • ADR added one additional Contracts staff FTE in 2016 to assist with additional workload related to Medicaid service procurement, contracting and monitoring • ADR completed initial analysis of provider network adequacy and established necessary contracts prior to the implementation of MTPD	Completed / Continued
4. To remain an active partner in the implementation of Washington State's health system transformation	• ADR staff regularly participated in Healthier WA Health System Transformation webinars • ADR staff participated as a member of the Healthier WA Collective Responsibility Accelerator Committee • ADR Program Manager is currently a member of the Pierce County Accountable Community of Health Board of Trustees, representing the long term care sector • Performance-based contracting was implemented in State / Federal contracts effective for State Fiscal Year 2017 • ADR Case Management staff completed mandatory training in advance of the Medicaid Transformation Project Demonstration roll-out	Completed / Continued

Issue Area: Delay of Medicaid-funded Long Term Services and Supports		
Goal A: • Provide community information and education about a broad range of LTSS		
Objectives	**Activities/Accomplishments**	**Completed or Continued**
1. Ensure accurate Pierce County resource information is available on the CLC website	• Intensive updating process begun 3/6/17; work continues as staffing resources allow	Continued
2. Collaborate with community partners to provide access to regular information / education based on emerging needs, developing news, and enrollment periods	Community Outreach Events: • Hoarding – 6x - - - Jan, 2016 • Dental Care – 3x - - - Feb, 2016 • Earthquake Prep – 6x - - - March, 2016 • SSA Disability – 1x - - - 3/23/16 • Oh My Gosh – 6x - - - Apr-June, 2016 • Options for Future – 1x - - - 4/12/16 • SSA Retirement – 1x - - - 4/19/16 • Living w/Vision Loss – 3x - - - Apr, 2016 • Plan To Work – 1x - - - 5/5/16 • Final Decisions – 3x - - - May, 2016 • Films on Age – 7x - - - May, 2016 • Oh My Gosh – 6x - - - Sept-Nov, 2016 • Pharmacists – 6x - - - Oct, 2016 • Travel w/ Dementia – 3x - - - Nov, 2016 • SSA Retirement – 1x - - - 12/8/16 • Diabetes – 2x - - - Jan, 2017 • Updating SSA – 6x - - - Feb, 2017 • Legal Documents – 4x - - - March, 2017 • Ethical Wills – 6x - - - April, 2017 • Being Mortal – 8x - - - May, 2017	Completed / Continued

Issue Area: Delay of Medicaid-funded Long Term Services and Supports		
Goal A: • Provide community information and education about a broad range of LTSS		
Objectives	**Activities/Accomplishments**	**Completed or Continued**
	ADRC E-News distributed monthly FCSP newsletter (hard copy) mailed quarterly Host Monthly Aging & LTC Networking Meetings • Virtual Dementia Tour - - - January 7, 2016 • Hoarding - - - February 4, 2016 • Consumer Debt - - - March 3, 2016 • SEIU - - - April 7, 2016 • Hearing Loss - - - May 5, 2016 • Senior Oral Health - - - June 2, 2016 • Vision Loss - - - August 4, 2016 • Ethical Wills - - - September 1, 2016 • Election 2016 - - - October 6, 2016 • Fair Housing - - - November 3, 2016 • Medicaid Transformation - - - December 1, 2016 • Updating SSA - - - Jan 5, 2017 • PERS - - - February 2, 2017 • Ombudsman Pgm. - - - March 2, 2017 • Crystal Judson Center - - - April 6, 2017 • Informal Caregiving Discussion - - - May 4, 2017	
3. ADRC will nurture and expand community partnerships	• 18 formal Letters of Collaboration have been signed • 27 organizations have unsigned informal relationships with the ADRC	Completed

Issue Area: 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	**Activities/Accomplishments**	**Completed or Continued**
1. Improve awareness of and access to FCSP services	• Print information about FCSP included in all ADRC presentations • Community Education events included: ADRC provided "Oh My Gosh – Now What?" for Alzheimer's Caregivers Apr 11–Jun 20, 2016 Sep 21–Nov 30, 2016 Jan 3–Mar 7, 2017 Apr 13–Jun 22, 2017 Parkinson's Caregiver Expo Apr 21, 2016 Veterans Resource Fair Apr 30, 2016 VA LTC Resource Fair May 12, 2016 Challenges in Caregiving Conf. June 6, 2016 June 5, 2017 Conversations on Grandparenting June 10, 2016 June 20, 2016 Cancer Survivorship Conference Aug 10, 2016	Completed / Continued

Issue Area: 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	**Activities/Accomplishments**	**Completed or Continued**
	Pierce County Alzheimer's Caregiver Conf. Sept 17, 2016 Sept 16, 2017 Making the Link Oct 19, 2016 Oct 18, 2017	
2. Improve access to FCSP information and assistance for under-served populations	• FCSP Community Outreach Event- Tacoma Pride Festival July 9th, 2016 and July 8th, 2017. • Monthly Outreach events at Beacon Senior Center • Quarterly Outreach events at New Tacoma Apartments • Hilltop Street Fair Aug. 26th, 2017	Continued
3. Expand targeted FCSP services to Medicaid-eligible recipients	Prior to roll-out of MTPD, identify current FCSP and General case management clients who may be financially and functionally eligible for MAC or TSOA	Continued

Issue Area: 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	**Activities/Accomplishments**	**Completed or Continued**
1. Educate community members about brain health, cognitive aging, risk factors for developing dementia and signs of cognitive problems	ADRC provided "Oh My Gosh – Now What" for Alzheimer's Caregivers Apr 11–Jun 20, 2016 Sep 21–Nov 30, 2016 Jan 3–Mar 7, 2017 Apr 13–Jun 22, 2017 Challenges in Caregiving Conf. June 6, 2016 June 5, 2017 Walk to End Alzheimer's Sept 11, 2016 Pierce County Alzheimer's Caregiver Conf. Sept 17, 2016 Sept 16, 2017 Making the Link Oct 19, 2016 Oct 18, 2017 Travel with Dementia Nov 12, 2016 Nov 14, 2016 Nov 15, 2016 ADRC E-News distributed monthly FCSP Newsletter distributed quarterly	Completed / Continued

Issue Area: 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	**Activities/Accomplishments**	**Completed or Continued**
2. Improve the ability of caregiving families affected by Alzheimer's/dementia to continue providing care at home	• Continue to authorize Skills2Care consultation services as a service of the FCSP • Collaborated with the University of WA. to modify the RDAD program model and continue to provide as an available in-home service offered by trained / certified ADR staff	Completed / Continued
3. Improve capacity of the ADRC to identify and respond to the needs of individuals with Alzheimer's/ dementia and their caregivers	• Negotiated with UW to modify RDAD program to increase number of clients who can be served	Continued

Issue Area: 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	**Activities/Accomplishments**	**Completed or Continued**
1. Maintain access to evidence-based mental health interventions for older adults countywide	• Collaborated with MultiCare/Good Samaritan Behavioral Health to support the provision of two types of SAMHSA-approved evidence-based mental health services to older adults in Pierce County. 281 sessions of PEARLS (Program to Encourage Rewarding, Active Lives) and 273 hours of Cognitive Behavioral Therapy for Late-Life Depression (through September 30, 2016 only) were provided.	Completed
2. Continue to support evidence-based health promotion/fall prevention interventions	• Conducted outreach to known providers of evidence-based health promotion/fall prevention interventions in Pierce County not currently receiving ADR funding support to assess interest in expanding their evidence-based programs. Providers in Milton, Lakewood and Ruston expressed interest. • Released two Requests for Proposal in 2016 with the goal of increasing the number of ADR-contracted evidence-based fall prevention providers. Due to turnover in agency leadership and inability to meet subcontractor requirements, organizations either chose not to apply or declined to contract when awards were made. • Expanded evidence-based fall prevention programs offered by ADR contracted providers (added Tai Ji Quan Moving for Better Balance)	Completed / Continued

Issue Area: 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	**Activities/Accomplishments**	**Completed or Continued**
	• Collaborated with Professor Harry Papadopoulous of Pacific Lutheran University to make available a web-based search tool that can be used to look for structured exercise opportunities based upon location (https://www.co.pierce.wa.us/1983/Caring-at-Home - choose "Exercise Locations"). The website was developed by, and will continue to be updated / maintained by Dr. Papadopoulous and a group of his students PLU. • As the Pierce County Accountable Community of Health continues to develop, ADR will explore collaborations to increase the availability of free, evidence-based health promotion/fall prevention programs for older adults • Participated in the following health promotion-related education / outreach activities: Senior Dental Care Workshops: Feb 17, 2016 Feb 18, 2016 Feb 19, 12016 Health Fairs: Gig Harbor Health & Safety Expo Spring into Better Health – Puyallup May 14, 2016 VA Women's Health Fair May 17, 2016 Senior Health & Fitness Fair - Tacoma May 19, 2016	

Issue Area: 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	**Activities/Accomplishments**	**Completed or Continued**
	Senior Farmers Market Vouchers Distribution Events: June 6, 2016 June 12, 2016 June 13, 2016 June 14, 2016 June 15, 2016 June 21, 2016 June 23, 2016 June 28, 2016 Concerto Health Resource Fair July 22, 2016 Fire District 23 Open House July 23, 2016 Franke Tobey Jones Wellness Walk Sept 9, 2016 Spanaway Community Health Fair Sept 17, 2016 Pierce County Hunger Walk Oct 2, 2016 Mid-County Health & Wellness Fair Oct 14, 2016	

Issue Area: 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	**Activities/Accomplishments**	**Completed or Continued**
1. Maintain and expand partnerships with local Managed Care Organizations (MCOs) to provide Health Home/Care Coordination services	• ADR maintained the contract with Community Health Plan of WA and continue to receive referrals • ADR entered into a new contract with Molina effective Jan. 2016 and has negotiated a new contract with Amerigroup to begin in 2017 • Coordinated Care contract expired with no activity. ADR does not plan to pursue a new contract at this time • ADR appointed a Health Home Lead Care Coordinator in June 2017 with responsibility to track and implement strategies to improve engagement rates • ADR participated in statewide legislative advocacy efforts during the 2017 session to increase funding for Health Homes	Revised / Continued
2. Advocate for continued Health Home services for dually-eligible Medicare/ Medicaid beneficiaries	• ADR participated in statewide advocacy efforts that results in the continued funding of Health Home services through State Fiscal Year 2017 and proposed funding increases for SFY18	Completed / Discontinued

Issue Area: Service Integration and Systems Coordination		
3. Sustain collaborative relationships with major Pierce County health systems	• Due to changes in personnel, planned activities around maintaining or implementing data-sharing agreements with MultiCare and Franciscan Health systems did not occur • ADR staff continued to participate in care coordination / care transition projects led by MultiCare and Franciscan representing the long term care / Area Agency on Aging network as requested	Continued
4. Engage with the local Accountable Communities of Health (ACH) to establish a role in future health system transformation activities	• ADR Program Manager is currently a member of the Pierce County Accountable Community of Health Board of Trustees, representing the long term care sector	Continued
5. Understand the impact related to the development of the Behavioral Health Organization (BHO) in Pierce County	• ADR established a local point of contact for the local BHO and coordinated training for case management staff	Completed / Discontinued

Issue Area: Service to Older Native Americans in Pierce County and Puyallup Tribe of Indians		
Goal: • Ensure access to information, assistance and direct services and supports for older Native Americans		
Objectives	**Activities/Accomplishments**	**Completed or Continued**
• Continue to enhance communication and build capacity for care coordination with the Puyallup Tribe of Indians	• ADR participated in the two-day Money Follows the Person Phase II Tribal Summit held in November of 2016. • ADR participated in a meeting with the Executive Director and nurse case managers of the Puyallup Tribe's Elder and Vulnerable Adult Services, as well as representatives from Home and Community Services. The meeting was facilitated by Brenda Francis-Thomas of the Office of Indian Policy.	Continued
• Continue to increase awareness of services and supports offered by the Puyallup Tribe of Indians and ADR/ADRC	• ADR staff shared information regarding the ALTSA-sponsored Tribal Kinship Care conference scheduled for April, 2017 with the Executive Director of Elder and Vulnerable Adult Services. • ADR staff provided information regarding the 2017 Senior Farmers Market Nutrition Program to Puyallup Tribal Health Authority staff, to the Executive Director of Elder and Vulnerable Adult Services, and to the Executive Director of the Elder Wellness Center of the Puyallup Tribe of Indians.	Continued

Issue Area: Service to Older Native Americans in Pierce County and Puyallup Tribe of Indians		
• Provide responsive support and/or technical assistance as requested by the Puyallup Tribe of Indians	• At the request of the Executive Director of Elder & Vulnerable Adult Services, ADR provided copies of the new "Where to Turn" guide to his Department.	Continued
• Collaborate with the Puyallup Tribe of Indians to develop a mutually agreed upon 7.01 Implementation Plan	• ADR staff and the ADR manager continue to reach out to the Puyallup Tribe of Indians to offer information, assistance and support.	Continued

Issue Area: A Livable Community for All Ages		
Goal A: • Improve mobility for seniors and persons with disabilities in Pierce County		
Objectives	**Activities/Accomplishments**	**Completed or Continued**
1. Increase scope, capacity, and outreach of contracted volunteer transportation programs	• Surveyed volunteer transportation program providers and program participants to gain additional insight into challenges faced in operating and maintaining a volunteer transportation program in a large urban and rural area. Information gleaned is being used to develop and implement strategies to increase participants, drivers, and program effectiveness in a period of constrained resources. • Through coordinated outreach by ADR and community transportation partners, participants' utilization of the major contracted volunteer transportation program in Pierce County increased by an estimated 31 percent between January 2016 and the second quarter of 2017. • Volunteer drivers providing services for the major contracted volunteer program in Pierce County, due primarily to modifications in outreach, retention strategies and coordination with aging network partners, increased by 46 percent between January 2016 and the second quarter of 2017. • In coordination with aging network partners, utilizing available and other funding, a contracted provider implemented a ride scheduler program which has increased the	Completed / Discontinued

Issue Area: A Livable Community for All Ages		
Goal A: • Improve mobility for seniors and persons with disabilities in Pierce County		
Objectives	**Activities/Accomplishments**	**Completed or Continued**
	efficiencies of all aspects of the program. The ride scheduler has resulted in better administration of the overall transportation program, drivers' management of scheduled rides, greater flexibility in scheduling rides, streamlining participants' request and scheduling, and drivers having greater autonomy in selecting participants and ride locations.	
2. Maintain transportation services to the Eatonville senior meal site	• Maintained a memorandum of agreement with Pierce County Human Services' Beyond the Borders Transportation Program (consistent with the Federal Transportation Administration and the Administration for Community Living regulatory requirements) to provide transportation services to seniors attending the Eatonville meal site. Services to the Eatonville meal site continues to be maintained. • Participated in a competitive bid process (Request for Proposal) with Pierce County's Beyond the Borders transportation program to select a subcontractor to provide transportation services throughout East Pierce County to include the Eatonville's senior nutrition meal site.	Completed / Continued

Issue Area: A Livable Community for All Ages		
Goal A: • Improve mobility for seniors and persons with disabilities in Pierce County		
Objectives	**Activities/Accomplishments**	**Completed or Continued**
3. Continue coordination with internal and external stakeholders to maintain and increase funding for coordinated transportation programs targeted to seniors and other special needs populations	• ADR staff continued to serve as a member of the Pierce County Coordinated Transportation Committee (PCCTC). This committee is charged with planning, developing, and coordinating transportation services to include seeking funding for implementing programs that promote transportation for Pierce County's special needs population. • In 2016 ADR staff was invited to become a member of the core group of the PCCTC which plans and guides the work of the committee in developing and implementing projects that promote coordinated transportation services in the County. • ADR staff served as a voting member of the Puget Sound Regional Council (PSRC) Special Needs Transportation Committee (SNTC). The SNTC advises the PSRC Transportation Operators Committee on special needs transportation and transit, including updates to the region's Coordinated Transit-Human Services Transportation Plan and prioritization of projects for funding. • Aging and Disability Resources staff served as the vice-chair of the Puget	Continued

Issue Area: A Livable Community for All Ages		
Goal A: • Improve mobility for seniors and persons with disabilities in Pierce County		
Objectives	**Activities/Accomplishments**	**Completed or Continued**
	Sound Regional Council Special Needs Transportation Committee (SNTC) in 2016. • In 2016, due in part to transportation advocates, coordination, and the dedicated work of Pierce County transportation network members, transportation projects in Pierce County were awarded funding for special needs transportation projects totaling around $1, 700,000 for the 2017-19 biennium. The funding is federal (PSRC) and state (Washington State Department of Transportation). These funds represent an increase in funding for the Pierce County transportation network of greater than 20 percent from the previous biennium.	

Issue Area: 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	**Activities/Accomplishments**	**Completed or Continued**
1. Serve high quality meals that meet the nutritional needs of older adults at the lowest reasonable cost	• Collaborated with contracted senior nutrition program providers to develop/enhance the program participants' survey tools. Tools have been redesigned to obtain objective feedback from participants regarding satisfaction with varied aspects of the meal programs. The survey contained items relative to food quality and related characteristics, participant's food preference, participant involvement in the meal planning process, length of participation in program, frequency of site attendance at primary and secondary meal sites, participant alternative sources for securing a meal, and community based services used. • Based on survey data, from one of five providers which serves greater than 70 percent of Pierce County senior nutrition program meals, 94% of participants indicated that they were satisfied with all meals received in 2016. • In addition to taste sampling congregate meals, Aging and Disability Resources (ADR) board members and staff are sampling and evaluating home delivered meals annually. Meals are evaluated based on packaging materials, degree of	Completed / Revised

	difficulty in opening packages, meal appearance before and after preparation, taste, ease of preparation consistent with instructions on the package and other related criteria. Feedback is provided to the contracted providers. This quality assurance measure has resulted in the discontinuation and replacement of several meals and menu enhancement to the satisfaction of meal participants. • ADR staff co-facilitated two nutrition conferences in 2016-17 attended by contracted and non-contracted senior nutrition providers and the staff of senior centers. The purpose of the conferences were to garner and share best practices as relate to providing quality nutrition services, review nutrition standards, and to offer a forum for problem solving of issues arising in operation of a senior nutrition program. ADR plans to facilitate nutrition conferences in the future and to extend an invitation to nutrition program participants. • ADR is coordinating with nutrition providers to establish quarterly contracted provider nutrition meetings to monitor service operations and solicit feedback on improving services. • Collaborated with the dieticians of the contracted providers to ensure meals served are meeting or exceeding requisite nutritional standards.	

Issue Area: A Livable Community for All Ages		
2. Promote and maintain food safety and sanitation standards of contracted senior nutrition programs	• ADR collaborated with contracted nutrition providers and their partners to assure that all food service and building fire inspections were conducted consistent with nutritional standards. • ADR staff worked with contracted senior nutrition providers to ensure 100 percent of the providers' staff and volunteers maintained current food worker's card. Quarterly on-site visits by ADR board members and staff verified compliance with the food handler's standard.	Completed / Continued
3. Increase awareness of community members and service providers regarding availability of food/nutrition and other supportive services in Pierce County	• ADR's Aging and Disability Resources Center provided to the community 18 different wellness and senior nutrition presentations in calendar years 2016-17. • Collaborating with senior nutrition program providers to redesign and pilot survey instruments that query participants on knowledge of and utilization of ADR and other community based services. Information obtained shall be utilized to develop strategies for increasing community awareness of ADR nutrition program and other services.	Completed / Continued

Issue Area: A Livable Community for All Ages		
Goal C: • Ensure older adults and persons with disabilities have access to available housing assistance programs		
Objectives	**Activities/Accomplishments**	**Completed or Continued**
1. Improve community awareness of Pierce County Human Services housing-related programs	• Information regarding Pierce County housing-related programs and services is regularly included in ADRC outreach / education efforts	Continued