

Attachment B

Human Services Recommendation Report, 2001-2003: Aging Services

King County, Washington

**Developed by the King County Community Services Division
June 2001**

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Executive Summary

A. Purpose of the Revised King County Aging Services Funding Policy

The purpose of the proposed revised Aging Services Funding Policy is to update the funding policy that has been in place since 1989, and, per the Human Services Framework Policy Recommendations Report, to provide direction for the County's role in the aging services network. The proposed policy was reviewed and revised in accordance with the implementation guidelines contained in the Final Report: King County Framework Policies for Human Services, September 1999.

Stakeholder input was sought throughout the process of developing the proposed policy revisions. County staff interviewed human services staff of eight municipalities of varying sizes and with varying involvement in provision of aging services. Surveys concentrating on the appropriate county role in aging services were sent to all cities participating in the Regional Planners forum on transportation held in April by the Area Agency on Aging. All providers with 2001 county aging services contracts were surveyed and follow-up was conducted to insure the accuracy of budget and funding information. The County's Children and Family Commission provided citizen oversight. This included input on the adequacy of the study design and a review of the draft recommendations.

Two public input forums were held by the King County Aging Program on the proposed policy changes. Attendance included providers, board members of provider organizations, senior center participants and volunteers, and municipal staff. These were held on June 4, 2001 in Seattle, and on June 5, 2001 in Renton. The forums resulted in strengthening the policy revisions with regard to the regional role of King County in the Area Agency on Aging and the County's obligations to represent both city and unincorporated residents in this policy making body. Please see Appendix G of the report for additional details.

Implementation of the proposed funding policy will result in some funding changes for service providers, beginning in 2002. Section C is a diagram showing a comparison of the current Funding Policy, the proposed Funding Policy and the budget implications of the proposed policy, if adopted. The proposed funding policy provides guidance on how the County should direct increases and decreases in Current Expense funding for aging services. Consistent with the Human Services Framework Policies, the proposed policy also defines the County's role as a local service provider and advocate for services. This role is similar to that of municipalities in incorporated cities. Specifically, the County has a role in supporting local services such as senior centers, Adult Day Health and Adult Day Care, and other services that increase access to a broad array of services for unincorporated county residents. The proposed Aging Services Funding Policy was developed through a King County interdepartmental effort, and data, information and input were sought from a number of sources. For clarification, descriptions of terms and services referred to throughout this document can be found in Appendix A.

B. Key Findings

- King County's current role as local provider of aging services for unincorporated residents is appropriate, according to the parameters set forth in the Framework policies.
- Continued funding of currently funded senior centers is appropriate, as long as the centers serve unincorporated residents.
- Continued funding of Adult Day Health and Adult Day Care is consistent with the County's local responsibility for unincorporated residents.

- As emphasized by stakeholders and enumerated in the Framework Policies, the County should strengthen its advocacy role with regional funders for both, incorporated cities and unincorporated areas.
- Advocacy is needed to obtain Medicaid reimbursement levels for Adult Day services that fully reimburse providers for services.
- Consistent with the Framework Policies' prohibition on use of CX/CJ funds for services that benefit incorporated residents only, the County must cease funding aging programs serving only Shoreline residents.
- Further review is needed to determine the extent to which needed aging services are reaching unincorporated residents.

C. Diagram - Revised Aging Services Policy

The attached diagram shows a comparison of the current Funding Policy, the proposed Funding Policy and the results of the proposed policy, if adopted.

Proposed Aging Services Policy: Revisions & Results

1989 Policy

Senior Centers

Eliminate funding when city reaches 12,000 population
Two-year phase-out



Proposed Policy Revisions

Continue funding existing centers when city of 12,000 has unincorporated residents on its boundaries
Establish targets for services to unincorporated residents
Increased emphasis on referrals and access to basic array of services



Results

Unincorporated residents continue to be served
Centers must meet target of 10% unincorporated residents served to retain funding (target to be revised for 2003 and beyond)
Cities of 12,000 & larger must contribute to centers

Adult Day Health

Services are organized & operated locally, usually by Senior Centers
Funded by major regional funders (Area Agency on Aging, Medicaid, SCSA)
County supports sliding scale fees for low income private pay seniors



Eliminate funding where only incorporated residents benefit (Shoreline Adult Day Health)
Continue advocacy for funding that reaches more low income seniors and caregivers than currently served
Establish targets for services to unincorporated residents



Continue services to unincorporated area residents
Continue funding until sufficient funds are available to support unincorporated area residents
10% target for unincorporated residents served in 2002

Other Services

Outreach, in-home assistance, congregate & home delivered meals, senior rights information & assistance, volunteer training & placement, and advocacy



Eliminate funding where only incorporated residents benefit (FPA Senior & Adult Services)
Eliminate funding for services where Area Agency on Aging has regional responsibility: nutrition, info & assistance (Senior Rights)
Other direct services can be funded if they are local services benefitting unincorporated residents according to need. County Human Services Framework policies and countywide emphasis on core services are used to determine the priority of services for funding



10% target for unincorporated residents served in 2002
Target to be revised for 2003 and beyond
Achieves needed reductions to 2002 budget
Non-core services such as FPA Retired Senior Volunteer Program, Elderhealth - ElderFriends are most likely to be eliminated

Proposed Agency Services Policy: Revisions & Results

1989 Policy

Current policy eliminates funding for Northshore, Maple Valley, Highline, and Evergreen Club (Federal Way) centers

Framework Policies eliminate funding for Shoreline Adult Day Health and FPA Senior & Adult Services



**Proposed Policy
Budget Impacts**

No senior center reductions; adds Lakeland Senior Center

Continues Framework policy reductions of local services that benefit city residents only



Results

2002 funding levels are the same under either policy

No transition funds available to cushion reductions because of financial situation

Advocacy Role

Sponsoring member of Area Agency on Aging

Funder of Washington Adult Day Services Association



Continue role in Area Agency on Aging

Emphasize advocacy for unincorporated areas, for cities and for regional services to all King County residents

Continued funding of Washington Adult Day Services Association



Both unincorporated and city residents receive needed local and regional services

Development of Recommendations For Revised CX Aging Services Funding Policy

Introduction

The Human Services Recommendations Report for 2001-2003 reviewed all currently funded CX human services some in detail and some briefly. In the brief review of aging services (Appendix B), a commitment was made to review the 1989 Aging Services Funding Policy to determine whether it was consistent with the Human Services Framework Policies and to recommend changes if needed. The policy had been in use without change since 1989.

The scope of the study as described in the HSRR 2001-2003 was 1) to examine the funding policy and the recommended changes based on the Human Services Framework Policies and 2) to review the extent to which human services were reaching unincorporated residents according to need. This report deals with the examination of the funding policy. The second task will be undertaken in 2002.

The Council's human services budget panel, in its discussion of the Executive's 2001 Recommended Budget for the Aging Program, requested that the review of the funding policy be undertaken early in 2001.

Process of Developing Recommendations

The development of this report was consistent with the implementation guidelines contained in the Final Report: King County Framework Policies for Human Services, September 1999. The section on assessment of current human services activities (using CX funds) specifies the following steps:

- Assess against the guidance of the framework policies;
- Assess against the results of countywide and subregional assessments of needs and strengths;
- Assess against other resources available to address need;
- Assess against program evaluation results;
- Incorporate stakeholder involvement in developing recommendations including stakeholder input, internal King County coordination, and citizen oversight through the Children and Family Commission.

Assessment against the Guidance of the Framework Policies

The first step in conducting the assessment was to compare the Aging Services Funding Policy to the relevant Human Services Framework Policies in order to determine consistency or lack thereof. The relevant Framework Policies were (see Appendix C):

HS-1: Regional Role—for All County Residents and Communities

HS-2: Local Role—for Unincorporated Area Residents

HS-13: Priorities for Use of CX/CJ for Human Services

HS-15: Use of CX/CJ for Certain "Local" Services Not Allowed In Urban Incorporated Areas

The second was to research questions left unanswered by the Framework Policies. This was the issue of whether Adult Day Health programs were "mandated" services to be provided regionally. The relevant Framework Policy in this area was HS-14: CX/CJ not to be used in "Mandated" Service Areas.

The third was to develop a set of recommendations that would address issues raised. While for 2002, the County will be reducing community based human services funded from the Current Expense fund; the recommended policies needed to be broad enough that they could direct increases as well as decreases in funding.

Local Services

In 2001 County current expense funds were supporting senior centers, adult day health facilities, advocacy, outreach, housing services, volunteer chore services, some nutrition services, and volunteer opportunities for seniors (Appendix D). Except for senior centers and adult day health facilities and advocacy, the other services that the County was providing in 2001 had been funded as a result of CSD's competitive Request for Proposals held in March 2000.

Senior Centers

The Framework Policies had clearly placed Senior Centers in the category of local services but had not been able to resolve the question of whether Adult Day Health and Adult Day Care Services were local or regional services. Other services for seniors were not specifically addressed in the Framework Policies Report.

The Aging Services Funding Policy in use since 1989 (Appendix E) funded senior centers in the unincorporated County and in small cities. When a city where a center was located reached 12,000 population, county funding was reduced over a two-year transition period. The Framework Policies clearly state that county funding of local services is for the benefit of unincorporated residents not for the benefit of residents of municipalities. The recommended change is that funding continue to be provided for senior centers which are located where they can serve neighboring unincorporated areas both rural and urban. In 2002 and beyond centers must demonstrate that they do serve unincorporated areas and must obtain funding from municipalities served that have a population of 12,000 or more.

Consistent with the Framework Policy HS-15, King County will no longer provide CX funds to support senior centers that are located in municipalities that do not have unincorporated areas at their boundaries.

The framework policies direct that the county's local human services role is about provision of access to services for unincorporated residents, according to need. The rationale of the existing funding policy is that senior centers were funded as a venue for a range of services for the aging population. This rationale is consistent with the framework policies. The revised policy requires that the centers provide access to a defined range of services in order to continue to receive county funding.

Adult Day Health and Adult Day Care

The Framework Policies Report questioned whether Adult Day Health and Adult Day Care was a regional or local service. In some ways it is both. The Adult Day Health and Adult Day Care facilities funded by King County also receive funding from the major regional funders DSHS-Medicaid and the Area Agency on Aging which administers Federal Older Americans Act and State Senior Citizens Act funding. The facilities, however, are locally organized and operated and are most often associated with the senior centers funded by the County.

County funds are not used to support clients who are eligible to receive funding through the regional funders. County funds support a population that is medically similar to those who are regionally funded: very old, frail, in need of rehabilitative services, and at risk of needing 24 hour institutional care if the day care is not available. These clients are low-income and meet the Medicaid income threshold. Their assets exceed the threshold, making them ineligible for government subsidies. The client or caregiver pays as much as they can per day (average payment is \$34), based on a sliding scale fee schedule. County funds and provider fundraising make up the difference in cost up to the current average rate of \$55 a day (Appendix F).

The 1989 funding policy embraced adult day centers for their role in preventing isolation of seniors in rural areas and funded centers that were associated with the county funded senior centers. The proposed funding policy would continue to provide funding to adult day health and adult day care facilities in areas adjacent to unincorporated areas, both rural and urban, on the same basis as the senior centers i.e. a minimum service level for unincorporated residents. Further, the County would continue to provide specialized care for those with Alzheimer's disease at the only facility that has a program for those in the advanced stages of the disease as long as space is set aside for unincorporated area residents.

Consistent with Framework Policy HS-15 King County will no longer provide CX funds to Adult Day Health and Adult Day Care facilities in municipalities that do not have unincorporated territory on their boundaries, except for the Alzheimer's care cited above.

Other Services

The current policy provides guidance on other services in that they will be supported as extensions of basic County-supported services and must be targeted towards vulnerable elders who reside in areas served by County-funded agencies. The proposed policy contains a broad clause which focuses on support for services which promote or increase access to services by residents of unincorporated King County, according to need.

The intent of the proposed policy is to reserve the capacity to:

- Fund services other than Senior Centers and Adult Day Health and Adult Day Care according to the broad criteria that local services must benefit unincorporated residents according to need; and
- Provide funding to support the other county human services roles specified in the Framework Policies—planning and advocacy; partnerships for development, design and implementation of better services; and resource development.

Underlying this policy is the assumption that the needs of and service priorities for unincorporated seniors will change over time. Review of these needs will result in a periodic shift in the emphasis of services.

In 2001, the “other services” category of services was found to include at least one service that benefited only incorporated residents. It is likely that the financial situation of the County will result in elimination of some additional services that are low priorities according to the needs that have already been reviewed in the Community Services Division Strategic Plan and the Area Agency on Aging Four Year Plan.

Assessment Against the Results of Countywide and Subregional Assessments of Needs and Strengths.

The Framework Policies in HS-13 establish priorities for the use of CX/CJ funds for human services. The priority that addresses local services states “to help provide access to a basic array of human services for residents of unincorporated King County, according to need.” The use of the phrase “according to need” contrasts with the priority for regional services which is to help assure access to services for persons “most in need, regardless of where they live.” In reviewing the results of countywide and subregional assessments, the standard used for aging services was that there was a demonstrated need for the services provided. Only when choices based on available funds had to be made for 2002 was there any consideration of the ranking of the need(s) addressed by a service.

As a Sponsor of the Area Agency of Aging (AAA), King County’s role is to be involved in the countywide coordination of funding for aging services. As the Area Agency on Aging for King County, the City of Seattle Aging and Disability Services administers federal, state and local funds for services for older people and adults with disabilities. The AAA is responsible for funding services which fulfill the priorities in the Older Americans Act and the State Senior Citizens Act. The KC Department of Community and Human Services Director represents the entire county outside the city of Seattle.

The Area Plan on Aging 2000-2003, developed by Aging and Disability Services, provides guidance on allocating AAA discretionary funding for aging services region-wide. The Area Plan established four issue areas as priority needs. The issue areas are Health, Long Term Care, Housing and Family Caregivers. These issue areas are to be addressed through objectives that were established through the planning and review process conducted by Aging and Disability Services. County CX services are complementary in that they address Long Term Care and Family Caregiver issues for the benefit of unincorporated residents through Adult Day Health and Adult Day Care services.

CX services directly address two of these issues: Long Term Care and Family Caregivers. The remaining two issues will be reviewed as part of the process for determining what services should be included in the broad array of services that must be accessible through senior centers.

The King County Community Services Division Strategic Plan highlighted issues from seven sub-regions of King County. Results from phone surveys with statistically valid samples from all of the sub-regions revealed that transportation and affordable housing are issues common to all groups, including seniors. The findings from these interviews indicated that transportation was a region-wide concern, as lack of transportation can be a major hurdle to accessing services. The phone survey process was thorough and extensive. As a result, the data collected was considered to be relevant for review as part of this assessment.

Follow-up on the survey resulted in the identification of more specific issues for seniors. One of the recommendations presented would allow us to use CX funding to address rural transportation issues related to Americans with Disabilities Act (ADA) regulations. These transportation issues are difficult for King County Metro to address because of limitations on the use of ADA funds.

Assessment Against Other Resources Available to Address Need

The difficult financial situation of Adult Day Health and Adult Day Care Services has been highlighted in the recent state legislative session where the Medicaid funding, which is discretionary on the part of Washington State, was proposed to be cut 50% by the Governor, 25% by the House of Representatives and not at all by the Senate. Due to successful advocacy efforts, the Governor recently signed an operating budget that fully funds adult day health. There is clearly a need for continued advocacy for reasonable funding levels, Medicaid reimbursement of the full cost of services, and appropriate recognition of ADH as a part of the spectrum of community long term care services. Continued funding of the Washington Adult Day Services Association is recommended in order to fulfill the County's advocacy role in this service area. The policy recommends continued funding for this program area until such time as resources are adequate to support ADH in unincorporated areas. Currently the centers depend heavily on County funds to continue to operate.

The findings that other resources are available to senior centers in cities of 12,000 or more led to the proposed requirement that centers in cities of 12,000 or more must receive some city funding in order to continue to receive county funding. This is consistent with HS-17: Promoting Regional Participation in Human Services.

Assessment Against Program Evaluation Results

The Community Services Division had not recently done any formal program evaluation of aging services. Evaluation of senior centers had been scheduled for 2001 but staff resources were not available to do both the evaluation and the policy development. The evaluation will be postponed until agreement is reached about the range of services that need to be accessed through Senior Centers, and until the new/common standards for reporting activity and outcomes have been developed by the providers and the County. Both of these changes are required in the proposed policy. The development of outcome based performance measures for all programs are also required.

The Adult Day Health facilities affiliated with Senior Services of King County have developed outcome based performance standards and the first year's data was reviewed. The standards were appropriate to the type of services provided and the results were positive for those served.

Involvement of Stakeholders in Development of Recommendations

The involvement of stakeholders in the development of recommendations is described in Appendix G. The major themes included concern for a strong representation of municipalities, as well as unincorporated areas, at the AAA; the roles of King County, the AAA, and municipalities; and clarification on establishing an appropriate target for serving unincorporated residents. As a result of feedback received, the section on Advocacy in the proposed ordinance was changed to strengthen the importance of the County's regional role on the AAA.

Recommendations for King County's Role in the Aging Services System

It is recommended that King County continue to support the infrastructure and services in the aging services system as follows:

- Continue provision of local services consistent with HS-2: Local Role
- Continue funding senior centers to provide access to a broad range of services, consistent with HS-15: Use of CX/CJ for certain "local services" not allowed in incorporated areas
- Continue to support adult day services as a local service until regional funding is adequate to serve the needs unincorporated residents consistent with HS-2
- Fund other services according to need, consistent with HS-13: Priorities for use of CX/CJ for Human Services
- Strengthen other human services roles enumerated in the Framework Policies, with emphasis on advocacy
- 2001 –2003 Priorities:
 - Advocacy for full funding of Adult Day Health as a long term care option
 - Advocacy for transportation options for the real needs of seniors, especially those outside of the County ADA boundary.

Proposed Revision of Aging Services Funding Policy

Section 1. Senior Centers

- Senior centers will be funded in order to provide access to a range of needed services for elderly residents of unincorporated areas of King County.
- Continued funding of senior centers funded in 2001 by King County will be contingent on these centers meeting the following criteria:
 - The center is located in a municipality where there is unincorporated territory adjacent to its boundaries , or the center is located in an unincorporated area.
 - At least 10% of those using the senior center in 2002 are residents of unincorporated King County.
 - In 2003 and subsequent years, Senior Centers shall meet unincorporated service targets which will be developed using existing service levels and a weighted formula using the relative densities of the senior population in incorporated and unincorporated areas served by each senior center, based on the most recent census data. *Senior Centers shall participate with King County in the development and periodic review of these targets.*
 - Senior centers in cities of more than 12,000 shall receive support from one or more of the municipalities served. Municipalities operating senior centers may use County funds for outreach, transportation and other needed services to provide seniors with access to a broad range of services according to need.
 - Senior center programming must include information and services that provide seniors with access to a range of needed services beyond those provided by the senior centers, such as health care, health maintenance services, etc. Senior centers shall cooperate with King County in developing the range of services which will be required.
- If, at any time, a center funded in 2001 fails to meet these conditions, King County may fund another center that can provide services to the elderly in the unincorporated area. This remedy shall be applied only after remedies available in King County service delivery contracts have been used and *have* failed to produce adequate corrective action.

Section 2. Adult Day Health

- Adult day health centers funded by King County in 2001 are operated locally and receive funds from multiple sources to care for individual patients. County funding will be continued in order to provide access to adult day health for the elderly and their caregivers living in unincorporated King County.
- To continue to receive King County funding, Adult Day Health Programs shall meet the following criteria:

- The center is located in a municipality where there is unincorporated territory adjacent to its boundaries , or the center is located in an unincorporated area.
- At least 10% of those using the Adult Day Health Program in 2002 *and after* are residents of unincorporated King County.
- County funds shall be used to subsidize the cost of care for elderly residents of King County who have low incomes but assets in excess of those allowed by other funding sources.
- County funds shall be used for patients who have the same functional and medical profiles as patients supported by other sources of funding.
- Specialized care for the elderly with advanced Alzheimer's shall be made available for unincorporated residents through County support of the Elderhealth Alzheimer's Program even though it is located in central Seattle and has no adjacent unincorporated area. Funding in 2002 and beyond will be continued based on the following:
 - The licensing agency (AAA) certifies that care for patients with the same degree of impairment is not available at any of the other Adult Day Health facilities funded by King County.
 - At least one bed in the Alzheimer's program is available for unincorporated residents on an annual basis.
- Continued County funding for Adult Day Health should be reviewed regularly in light of changes in funding sources and financial eligibility provided through regional agencies. It is not the intent of King County to continue to fund these services if sufficient funding becomes available for the population currently served with County funds.
- Regular review shall be undertaken to ensure that proportionate amounts of non-county funding are reaching unincorporated residents.
- King County will continue to provide support to the Washington Adult Day Health Association in order to advocate for the needs of Adult Day Health Providers serving unincorporated areas.

Section 3. Other Services

- King County will continue to support within its limited resources:
 - Services other than Senior Centers and Adult Day Health according to the broad criteria of local services to benefit unincorporated residents according to need; and
 - Other County human services roles specified in the Framework Policies—planning and advocacy; partnerships for development, design and implementation of better services; and resource development.

- Other local services that are funded for 2002 and beyond must meet the following conditions:
 - At least 10% of those using the program in 2002 must be residents of unincorporated King County. *Services targets will be reviewed regularly and may be changed to reflect changes in senior center targets. Services providers shall participate with King County in the development and review of target changes.*
 - Programs located in cities of more than 12,000 shall receive support from one or more of the municipalities served.
 - Programs serving individual clients such as volunteer chore service shall receive funding only for services provided to unincorporated residents.
- Any transportation services funded shall benefit rural elderly who live outside of the boundary established by the County Transit Division for provision of services for those covered by the Americans with Disabilities Act.

Section 4. Outcome Evaluation and Measurement

- All programs funded pursuant to this policy shall:
 - Show measurable, effective results that link to one or more of the five community goals for human services;
 - Participate with King County in developing agreed definitions of service levels and procedures for measurement. Programs will then be responsible for providing verifiable data on unincorporated area residents served.

Section 5. Advocacy

- The Framework Policies emphasize King County's unique position as a regional government with the capacity to advocate for the human services needs of its residents. A strong advocacy role must be maintained to benefit the quality of life of seniors and their caregivers in the areas of housing, transportation, respite care, health care and other critical services for seniors.
- King County *is* a sponsoring partner of the Area Agency on Aging which is responsible for services provided with state and federal aging funds in King County. King County shall continue to advocate for regional needs of all King County elders, and for the specific needs of elders living outside of the City of Seattle including those living in municipalities.
- The Department of Community and Human Services as the responsible agency for implementation of the Framework Policies for Human Services shall continue to monitor the availability to unincorporated residents of regional services provided by agencies of King County.

Appendix A: Definitions of Services

KING COUNTY AGING SERVICES FUNDING POLICY

DEFINITIONS OF SERVICES

According to Need: According to need, as used in the Framework Policies, is defined as local services (not mandated) which:

- reflect the wishes of residents of unincorporated residents;
- address demonstrated needs of the target population; or
- are generally consistent with local human services provided by cities.

Local Services: Criteria for identifying local services: services meeting unique, local needs and strongly supported by local communities. Services which fit into local partnerships (especially school districts and other key local parties). Services that do not fall into any "regional" categories and services whose core is recreation. King County's local role in human services shall be to help ensure that residents of unincorporated areas (both urban and rural) have access to a broad spectrum of human services, and to provide directly for those services which are considered a "local" responsibility. As the local government for unincorporated King County, King County recognizes that it has the *sole* governmental responsibility.

Mandated Services: Service areas mandated by federal and/or state government. King County CX/CJ funds shall not be used in mandated service areas unless the particular service falls outside the scope of the state mandate or is within the scope but is funded at a plainly insufficient level; is a high County priority; and continues to be unavailable from state and federal resources despite significant advocacy.

Regional services: Criteria for identifying regional services: services which are not feasible to offer in every locality and/or for which economies of scale make broader geographic delivery the most viable option. Services for which there is a regional need but insufficient local demand to justify operation/development of local services. Services which people may need access to in localities other than where they reside. Services necessary to support other regional systems. It is King County's position that support for regionally organized human services is a shared responsibility among state and local governments - including the cities of King County - and the private sector.

Adult Day Health and Day Care Services: Adult Day Health services are provided to frail and disabled adults in order to prevent or delay the need for institutional care. Participants attend centers during the day on a regular basis and receive care designed to meet their physical, mental, and emotional needs. Basic core services provided for both adult day health and day care services include client screening, individual assessment, care planning, basic health monitoring, social services, therapeutic activities, and at least one nutritional meal per day. Services also provide respite for family caregivers of frail seniors whose needs are more intense than what can be met through senior center services.

Services at **adult day care programs** are usually less medically oriented, and are appropriate for clients who have chronic medical conditions that do not require the services of a skilled health professional on a routine basis. The basic core services identified above are provided along with additional social, educational and recreational activities.

In addition to the basic core services identified above, services at **adult day health centers** also include rehabilitative nursing, occupational therapy, and psychological/counseling services with a focus on prevention, teaching, and health monitoring.

Adult Day Support: Training and advocacy for adult day health and adult day care providers and staff. Advocacy includes increasing support for reasonable funding levels for adult day services, Medicaid reimbursement of the full cost of services, and appropriate recognition of adult day health as a part of the spectrum of community long term care services.

Aging Network: This term is used to refer to the body of funders and providers who serve older adults. Some members of this network are specifically focused on the elderly population, such as the King County Aging Program; other network members, such as health care professionals, provide service to older adults as a part of serving the general population.

Aging Population: The Aging Program in King County provides services for older adults in King County who are 55 years and older, their families, and caregivers.

Area Agency on Aging (AAA): As required by the Older Americans Act. Administered by Seattle's Aging and Disability Services (ADS). Has the lead role in providing services for vulnerable elderly in all areas of King County, and is the designated recipient of state and federal funding for the elderly in King County. AAA is "sponsored" by the City of Seattle, United Way, and King County. The sponsors collaborate to make policy, allocate funds, and provide oversight of AAA actions. AAA is both a funding agency and a locus for the coordination of funding/planning activities of the various funding sources of programs for older adults in King County.

Ethnic Outreach: Services used to identify older persons of identifiable ethnic origin who would not otherwise come into contact with existing and traditional referral services. The purpose of outreach is to inform older persons about available services and entitlements, and to encourage their participation in aging programs.

Information & Assistance: Includes outreach services and also provides individuals with information, referral, help in coordinating and obtaining the needed service(s) from local providers. May also include legal assistance—preparation of wills, long term care insurance purchase and interpretation, public assistance applications, power of attorney, landlord/tenant relations, etc.

Nutrition – Meals, Transportation: Provision of congregate (at senior centers) and home delivered meals, transportation of those meals, and education on nutrition.

Senior Centers: Senior Centers serve as the focal point for the coordination, provision of and access to a basic array of services. Services include education, nutrition, health screening, recreational and social activities. Other funding sources (Federal, State, local) support specific services while County funds support operations and maintenance.

Small Cities: Cities of less than 12,000 in population. This term is used most often, in the phrase "unincorporated areas and small cities" to define King County's area of responsibility as identified in the 1989 Aging Policy.

Volunteer Chore Services: Provides volunteers to assist eligible elders with chores such as housework, shopping, laundry, transportation, yard work, etc. This helps frail elders to remain independent and avoid being prematurely or unnecessarily institutionalized.

Volunteer Training and Placement: Culturally-specific: recruit and train family members to be caregivers for their elders. General: recruit and train elders for placement as volunteers in community-based organizations.

Vulnerable Elderly: This term is used to describe the subset of the elderly population that is viewed to be "at risk" for some level of institutionalized care. The Area Agency on Aging has adopted a list of criteria for use in defining the vulnerable elderly. Any older adult who possess one or more of the following characteristics is considered to be vulnerable or "at-risk"; seventy-five years old or older, low income, limited or non-English speaking, ethnic/racial minority, homebound or disable, living alone and/or geographically isolated.

Sources for Definitions:

- *Aging & Disability Services Area Plan on Aging, 2000-2003, Seattle-King County, 1999*
- *Final Report: King County Framework Policies for Human Services, September 1999*
- *King County Aging Program Funding Policy & Allocation Plan, May 1989*
- *Washington Administrative Code 388-15-650 through 388-15-662, May 1999*

**Appendix B: Human Services Recommendations Report
2001-2003 – Brief Review of Aging Services**

Brief Review

Aging Services

Current Use of CX Funds:

- Approximately \$800,000 per year in CX funds support senior centers and programs, adult day programs, and miscellaneous other senior services.
- Most services are limited to residents of unincorporated King County, per the Aging funding policy.
- Other services target vulnerable elderly (age 75 or older, low-income, limited English speaking, minority status, disabled, living alone and/or geographically isolated).

Observations

Area Agency on Aging (administered by Seattle's Aging and Disability Services) has the lead role in providing services for vulnerable elderly in all areas of King County, and is the designated recipient of state and federal funding for the elderly in King County.

The County's Aging Program funding policy has not been reviewed since 1989. It is essential that this policy is reviewed over the next three years, in light of the changing numbers and needs of elderly residents, and the roles that others play to address those needs. Issues include:

- Currently, senior services are provided to unincorporated areas or small cities with populations of less than 12,000. Funding is discontinued if the city exceeds 12,000. The impact of this cap needs to be examined, along with a determination of the highest priority services the County should support.
- Currently, the County provides support to adult day services throughout the County. Whether this subsidy is appropriate given the *Framework Policies*, and for what segment of the population, needs to be explored. As part of this review, we need to examine the roles of others in providing support for this service.

Recommendation(s) for 2001-2003:

Undertake a review of the County's Aging Program funding policy with attention to both senior centers and adult day health.

**Appendix C: King County Framework Policies for Human
Services – September 1999 (excerpted)**



King County Framework Policies for Human Services

The King County Council adopted eighteen framework policies through Ordinance No. 13629. Highlighted below are the policies that provide guidance for Current Expense and Criminal Justice Funds (CX and CJ) as they relate to the proposed Aging Services Funding Policy.

II. King County's Role in Human Services

HS-1: Regional Role— for All County Residents and Communities

King County's regional role in human services shall be to help assure access to a range of prevention, intervention, and rehabilitative human services for residents of King County regardless of jurisdiction, with emphasis on serving those most in need.

King County shall lead the development and implementation of quality, countywide human service systems for its mandated service areas, that is, for mental health services, drug and alcohol services, services for people with developmental disabilities, veteran's services, and public health services. King County shall execute this role chiefly through the mandates, guidelines, and funding provided by the State of Washington and/or the federal government.

King County, in partnership with other jurisdictions and the private sector, shall also help support other regional human service systems for persons most in need, taking into account other resources available to address those needs. Examples of such systems include, but are not limited to, youth and family services, domestic violence and sexual assault services, information and referral, basic needs, and employment services.

King County does not assume primary or sole responsibility for the governmental portion of support for regional human services systems. As part of the partnership needed to support these regional systems, each jurisdiction should provide financial support to help address the human service needs of its residents, according to locally identified priorities.

HS-2: Local Role— for Unincorporated Area Residents

King County's local role in human services shall be to help ensure that residents of unincorporated areas (both urban and rural) have access to a broad spectrum of human services,

and to provide directly for those services which are considered a "local" responsibility, as described in HS-15.

As the local government for unincorporated King County, King County recognizes that it has the sole governmental responsibility. King County supports regional human services in part to help to provide access for unincorporated residents.

III. Parameters for the Use of County Funds for Human Services

HS-13: Priorities for Use of CX/CJ for Human Services

In the use of its CX and CJ funds for human services, King County shall give priority to services which help accomplish the following:

- To help provide access to a basic array of human services for residents of unincorporated King County, according to need.
- To help assure access to a basic array of human services for persons most in need, regardless of where they live.
- To reduce the impacts on the County's juvenile justice and adult criminal justice systems.

HS-14: CX/CJ Not to be Used in "Mandated" Services Areas

King County shall not use CX/CJ funds in mandated service areas unless the particular service falls outside the scope of the state mandate or is within the scope but is funded at a plainly insufficient level; is a high County priority; and continues to be unavailable from state and federal resources despite significant advocacy. For purposes of this policy the mandated services are: services for people with serious mental illness, substance abuse services, services for people with developmental disabilities; veteran's services; and aging services.

HS-15: Use of CX/CJ for Certain "Local" Services Not Allowed in Incorporated Areas

For incorporated residents, King County shall not routinely use CX/CJ to fund services that are typically organized and delivered on a local basis, such as: family, youth and senior social and recreation programs targeted at the general population; local food and clothing banks; and community-specific information and referral (e.g., a local help line for a particular neighborhood or community). King County will support these kinds of programs only for residents of unincorporated areas.

King County considers all other human services to be organized on a regional or subregional basis and may elect to support them as part of fulfilling both its regional and local roles as described in HS-1. As further explained in HS-1, it is King County's position that support for

regionally organized human services is a shared responsibility among state and local governments—including the cities of King County—and the private sector.

IV. Parameters for the Use of County Funds for Human Services

HS.17 Promoting Regional Participation in Human Services

King County shall encourage local governments and the private sector to become active in providing support for human services. King County shall promote this participation through the following practices:

- King County shall work with cities to develop understandings or agreements about who will support which services in a given area or within a particular human service system.
- Where appropriate, King County shall give funding preference to those contractors who demonstrate that they have acquired matching funds or otherwise leveraged support from other private and local government sources.

King County shall expect local services which are provided primarily for residents of unincorporated King County to seek other private or volunteer resources, but does not expect local government participation other than King County's support.

**Appendix D: 2001 – King County Current Expense (CX)
Funded Aging Services (table)**

2001 - KING COUNTY CX FUNDED AGING SERVICES

Provider	Location of Services	Total 2001 Program Budget	2001 Special Programs	2001 KC AP Allocation	% of Providers Budget (no \$P)	City / Municipality Contribution	Total Number Served 2000*	% of Uninc
Senior Center Operations -								
Black Diamond Community/Senior Center	Black Diamond	\$255,159	\$11,000	\$31,704	12%	\$0	610	61%
Enumclaw Senior Center	Enumclaw	\$208,762		\$21,942	11%	\$0	799	21%
Evergreen Club - Korean Senior Prog.	Federal Way	\$42,268	\$2,000	\$25,911	61%	\$0	2189	8%
Federal Way SC (100% Proviso \$)	Auburn - uninc	\$105,000	\$25,000 proviso	\$0	24%	\$0	1007	65%
Highline SC	Burien	\$177,610	\$15,000 proviso	\$33,877	28%	\$71,747 (Burien)	3057	15%
Issaquah Valley Senior Center	Issaquah	\$128,740	\$7,500	\$38,737	30%	\$23,194 (Issaquah)	1431	35%
Maple Valley Senior Program	Maple Valley	\$108,653	\$9,500	\$44,381	41%	\$5,000 (Maple Valley)	970	72%
Mount Si Senior Center	North Bend	\$205,501	\$7,500	\$57,883	28%	\$18,500 (North Bend, Snohomish Co)	1216	82%
Senior Services - Northshore Senior Center	Bothell	\$583,557		\$30,120	5%	\$64,087 (Bothell, Snohomish Co)	7644	12%
Senior Services - Sno-Valley SC	Carnation	\$188,656	\$5,000	\$45,237	27%	\$0	857	100%
Senior Services - Vashon-Maury SC	Vashon - uninc	\$150,100		\$35,180	23%	\$0	481	100%
Adult Day Care & Health Services -								
Elderhealth Northwest - Alzheimer's Prog	Seattle	\$1,063,770		\$19,361	2%	\$908,936	11	16%
Senior Services - Northshore ADH	Bothell	\$247,432	\$19,000 (Woodhutte)	\$29,937	12%	\$0	80	46%
Senior Services - Shoreline ADH	Shoreline	\$187,908		\$33,387	20%	\$8,953 (Shoreline)	57	0%
Senior Services-Sno-Valley ADH	Carnation	\$116,288	\$10,000	\$8,439	7%	\$0	37	100%
Senior Services-Vashon ADH	Vashon - uninc	\$93,519		\$18,257	20%	\$0	32	100%
Senior Services - Southeast ADH	Blvd Park - uninc	\$181,393	\$20,000 proviso	\$19,636	25%	\$0	33	33%
Black Diamond Community Cntr ADC	Black Diamond	\$8,439		\$8,439	100%	\$0	8	50%
Other Services -								
City of Seattle - Ethnic Outreach	Seattle	\$235,891		\$10,288	4%	\$0	678	10%
Senior Services - Senior Rights	King County	\$178,231		\$20,571	12%	\$0	1433	100%
City of Pacific/Algonia - Info & Assist.	Pacific/Algonia	\$158,180		\$14,912	9%	\$98,000 (Pacific)	1685	10%
WA Adult Day Services Assoc (WADSA)	King County	\$67,036		\$21,187	32%	\$0	n/a	n/a
City of Seattle - Meals on Wheels	King County	\$1,599,841		\$24,000	2%	\$45,808 (Bothell, Suburban Chase)	2990	31%
FPA - Senior and Adult Services	Shoreline	\$14,573,541		\$98,000	>50% of program budget	\$0	138	0%
Catholic Comm. Svcs.-Volunteer Chore	King County	\$293,197		\$25,714	9%	\$7,500	387	41%
FPA - RSVP	Seattle	\$290,434		\$23,177	8%	\$30,000 approx (Seattle)	1309	51%
ElderHealth - ElderFriends	King County	\$36,504	\$24,000	\$17,143	47%	\$0	42	17%

* Unduplicated count from 2000 year-end agency reports

** Agency unable to report uninc. \$. Percent estimated based on agency location and/or service area.

**Appendix E: 1989 Aging Program Funding Policy
(excerpted)**

KING COUNTY AGING PROGRAM
FUNDING POLICY AND ALLOCATION PLAN

May, 1989

Human Services Division
Department of Human Resources

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KING COUNTY AGING PROGRAM FUNDING POLICY
AND ALLOCATION PLAN

INTRODUCTION

The King County Council included the following provisos in Section 62 of the 1989 appropriations ordinance (8802):

"The Senior Center Funding Policy shall be reviewed and proposed revisions shall be submitted for Council consideration by February 1, 1989. The review shall include a needs assessment and shall also include, but not be limited to, the issues of: (1) local match; (2) senior center staffing standards; (3) funding for senior center-related nutrition and transportation services; (4) community centers which serve other age groups as well as seniors; and (5) the role and responsibilities of the Aging Program in relation to the program and funding responsibilities of the Seattle-King County Division of Aging.

Provided further that:

\$196,750 is provided for Aging Program enhancements. The Executive shall also submit, along with proposed revisions to the Senior Center Funding Policy, proposals for allocating these funds. The proposals shall address the needs identified in the needs assessment, and shall be consistent with the proposed revisions to the policy. The Executive shall consider in particular proposals to provide services for the fragile elderly in public housing projects in South King County."

Executive response to these two provisos has been organized into three parts: needs assessment, revised funding policy, and recommendations for programs to be funded with the \$196,750 of reserved funds.

As an aid to the reader, this introduction includes a definition of terms which are used throughout the remainder of this paper and a brief history of King County's involvement with specialized programs for elderly persons.

Definitions

- ° Aging network This term is used to refer to the body of funders and providers who serve elderly persons. Some members of this network are specifically focused on the elderly population, such as the King County Aging Program; other network members, such as health care professionals, provide service to the elderly as a part of serving the general population.
- ° Elderly The Older Americans Act defines an elderly person as a person who is 60 years of age or older. Many programs for elderly persons are targeted at an older group than this.
- ° Seattle-King County Division on Aging (SKDOA) SKDOA is the designated Area Agency on Aging as required by the Older Americans Act. This designation means that all federal and state funds for aging programs in King County flow through SKDOA. SKDOA is "sponsored" by the City of Seattle, The United Way

of King County and King County. The sponsors collaborate to make policy, allocate funds, and provide oversight of SKDOA actions. SKDOA is both a funding agency and a locus for the coordination of funding/planning activities of the various funding sources of programs for elderly persons in King County.

- Sponsor This term refers to the above mentioned "sponsors" of SKDOA.
- Vulnerable Elderly This term is used to describe the subset of the elderly population that is viewed to be "at risk" for some level of institutionalized care. SKDOA has adopted a list of criteria for use in defining the vulnerable elderly. Any elderly person who possesses one or more of the following characteristics is considered to be vulnerable or "at risk;" seventy-five years old or older, low income, limited or non-English speaking, ethnic/racial minority, homebound or disabled, living alone and/or geographically isolated.
- Small cities Cities of less than 12,000 in population are considered to be "small cities" for the purposes of this paper and the revised funding policy. This term is used, most often, in the phrase "unincorporated areas and small cities" to define King County's area of responsibility.

History of the Aging Program

King County's first involvement with specialized programs for elderly persons began in 1955 with the establishment of the Senior Recreation Program operated by King County Parks. Although two senior centers were developed in Seattle in the 1960's, the first senior center to serve County residents outside Seattle was founded in 1972 by the Kent Parks Department.

By the mid-1970's, local interest grew in developing senior centers. Availability of capital funds from Community Development Block Grants (CDBG), administered by the county, provided for construction or remodeling of facilities. At the end of 1975, the county assigned a full-time staff person to coordinate programs for elderly persons and provide input to the planning decisions of the Area Agency On Aging. The position was located in the Program Development Division, Intergovernmental Relations Section and was funded by the Comprehensive Employment and Training Act (CETA). At the beginning of 1977 the position was transferred to current expense funding. By 1978 the county was providing maintenance and operating funds to centers in Carnation, Highline, Maple Valley, North Bend and Shoreline. A number of other centers were indirectly assisted by the County through CDBG funds allocated to suburban cities.

By 1978 it was clear that the CDBG Joint Policy Committee's limitation of three years start-up funding for center maintenance and operations was not realistic. The centers had not been able to develop sufficient alternative funding sources to replace county allocated federal dollars. Given the value of the services to the local communities, the significant public investment in these facilities, and the high level of community expectations, county officials were unwilling to allow the centers to close. As the continuation of block grant funding would have violated not only local policy but, potentially, federal regulations, the feasible solution was to provide county current expense funding.

The King County Council provided contingency funds to support the centers after CDBG funds terminated but directed the Executive to prepare policy recommen-

dations on current expense funding for senior centers and community centers with senior programs. A senior center funding policy was developed in 1978 and implemented as Executive policy (See Attachment A). Under this policy, funding for senior centers in Federal Way, Issaquah and Northshore was added in 1979, and Enumclaw was added in 1980.

In 1978 a second county-funded position was added to provide additional contracting, technical assistance and analytical capabilities for the aging program. The County Office of Aging Programs was established within the Department of Budget and Program Development in 1979. In 1980, the Aging Program was transferred to the Human Services Division of the Department of Rehabilitative Services. The Aging Program is now in the Department of Human Resources and is still a section of the Human Services Division.

Background of the Senior Center Funding Policy

In 1983 a new funding policy for senior centers was adopted by the King County Council (see Attachment B). This policy incorporated the staffing standards set in the 1978 executive policy. The standards were applicable to the allocation of current expense funding for staffing and operation of senior centers and community centers located in unincorporated areas and small cities.

The 1983 policy states that the County will fund senior centers and community centers located in unincorporated King County and located in incorporated jurisdictions of not more than 12,000 residents. Funding levels provided in 1983 constituted the base funding level for all senior centers and community centers with senior programs.

Under the 1983 policy, any additional funds for senior centers would be allocated on a performance based formula which weighted number of clients served, number of low income individuals served, and the proportion of the service area elderly population served. Factors such as organizational capacity of a center to increase staffing and/or programs, the availability of other funds to support program expansion, and special service needs of ethnic linguistic minorities were not part of the allocation model.

Funding levels for new senior centers and/or community centers, as specified in the 1983 policy, were to be determined according to the staffing guidelines of the 1978 Executive Policy for Senior and Community Center funding (see Attachment A). The 1978 policy was adopted by reference in Section 8 of the 1983 policy. Under this policy, funding for senior centers in Black Diamond was added in 1984, Vashon in 1985, and Des Moines in 1987.

The 1983 policy was developed at a time when cut backs rather than expansions of public funding for human services programs seemed likely. The document prefaces the formula for allocation of additional funds with the statement, "It is likely that County budget constraints will continue for the foreseeable future". The 1983 funding policy did not address the issue of Cost of Living Allowance (COLA) which historically has been distributed to all contractors on a uniform percentage basis. The conditions which now exist in 1989 - tremendous growth in the numbers and needs of elderly in rural areas and small towns in the county were not foreseen in 1983. Limited or no growth in federal and state resources was not foreseen in 1983 either. These conditions exist in 1989 and are expected to continue in the next several years.

PART ONE
NEEDS ASSESSMENT

Aging Program staff conducted a needs assessment as the first step in the process of developing a revised funding policy. In general, the result of any needs assessment should be to provide answers to a series of questions concerning the nature and extent of problems that we wish to ameliorate and to provide strategies for action. In particular, Aging Program staff identified five questions to form the structure of this needs assessment. Answers to these questions provide a full examination of both the needs of the elderly in King County and the proposed actions to address those needs. Specifically, the questions answered by the needs assessment are as follows.

1. How large is the elderly population in King County; what is its growth potential, and what are its characteristics?
2. What are the unmet needs of the King County elderly population?
3. What are the funding sources that are available to meet the unmet needs of elderly in King County?
4. What should King County's role be in meeting these needs?
5. How has the existing funding policy been revised to support King County's proposed role?

Each of these questions are answered in turn.

1. HOW LARGE IS THE ELDERLY POPULATION IN KING COUNTY; WHAT IS ITS GROWTH POTENTIAL AND WHAT ARE ITS CHARACTERISTICS?

The following data were obtained from the Seattle Department of Community Development, the state Office of Financial Management (OFM), and the 1989-1991 Area Plan on Aging (APA) produced by the SKDOA. These data are used to demonstrate the size and projected growth of the elderly population.

Size and Growth In 1980, elderly persons (age 55+) totaled 250,714 and represented 19.7% of the King County population. OFM projects that by the year 2000 the elderly population will total 341,139 persons and represent 21.3% of the King County population. The number of elderly persons will increase by 35% from 1980 to 2000.

Thus, as indicated in the APA, the numbers of elderly are growing both in size and in proportion to the total King County population.

Place of Residence In 1980, 52.2% of King County elderly residents lived in the City of Seattle. In the year 2000, OFM projects that only 28.9% of the elderly (aged 55+) will live in the City of Seattle.

This dramatic shift is not projected for any other age group. In 1980, 29.4% of persons aged 0-19 lived in Seattle; by the year 2000 24.2% of persons aged 0-19 will live in Seattle. Similarly, in 1980, 38.9% of persons aged 20-54 lived in Seattle, by the year 2000, 34.5% of these persons will live in Seattle.

The elderly population will, thus, not only grow in size but will also move out into the county from the City of Seattle. Data are not available to indicate how much of this movement and growth will take place in unincorporated areas of King County. It is prudent to assume, however, that this shift in population will be felt in both unincorporated King County and the small cities.

Characteristics of the Elderly Population Data regarding characteristics of the elderly population are shown below. These data, and accompanying conclusions, are abstracted from the APA.

° Income

- The 1980 census indicated that King County families with a head of household aged 65+ had the second lowest median income when compared to families with other ages of head of household. Families with head of household aged 15-24 years had the lowest median income.
- The median income decreases as the age increases from 65.
- Minority elderly persons have lower incomes than white elderly persons.

° Race/Ethnic Status

- According to estimates produced by SKDOA, the distribution of the minority elderly population (60+) in King County in 1987 was as follows.

Asian/Pacific Islander	5.3%
Black	2.7%
Latino (of all races)	1.1%
Native American	.5%
White	90.4%
	<u>100%</u>

- According to data reported in the APA, the number of minority elderly are growing at a faster rate than the white elderly population. The report indicates that white elderly increased 14.7% from 1980 to 1987 while minority elderly increased 58.1% during the same time period.
- The minority elderly population is comprised of several distinct cultures. The APA indicates that. . ."an estimated 22 languages and dialects reflect the diversity of the minority elderly in King County."

◦ Living Arrangement

- The majority, 78%, of elderly aged 60-64 live within a family; by age 75+ only 45% still live in a family setting.
- Conversely, only 18% of elderly aged 60-64 live alone while 37% of elderly aged 75+ live alone.
- Only 12% of elderly aged 75+ live in a nursing home.

◦ Gender

- As stated in the APA; "older women greatly outnumber older men." At age 60, the ratio is 42% men, 58% women. At age 75, the ratio is 33% men to 67% women.

◦ Marital Status

- The APA indicates that . . . "while most older men are married, the majority of older women are widowed." Data from the 1980 Census indicates, for persons aged 65+, that the ratios for marital status of single or divorced were similar for men and women while the ratios for status of married or widowed were wildly different. For men aged 65+, 76% were married while only 37.5% of women were married. Conversely, 12.7% of men were widowed compared to 50.4% of women.

◦ "The Oldest Old"

- The APA indicates that the age group 85+ is the fastest growing age group among the elderly population. Some characteristics of this "special" group, which are relevant to planning and policy development, have been abstracted from the APA;
- 70% of this group are female.
- "The oldest old are more likely to be poor."
- The majority live independently in the community; 30% live alone. Only 24% live in nursing homes.

2. WHAT ARE THE UNMET NEEDS OF THE KING COUNTY ELDERLY POPULATION?

An understanding of the unmet needs of King County elderly citizens was obtained by reviewing eight different reports produced by SKDOA, United Way, and the South King County Transportation Task Force and by a review of the census, growth, and demographic characteristics data presented above. Information gathered from these reports was supplemented by soliciting the opinions of local "informed persons" such as senior center staff, SKDOA staff and United Way staff. The unmet needs are summarized below; the report used as a source for a given need statement is indicated by a number enclosed in parenthesis. The specific list of references that correspond to these numbers is included at the end of the Needs Assessment section.

Senior Center Capacity

Senior centers are crucial to the services provided to elderly persons by the aging network. They are the focal point for the coordination and provision of services which work to maintain independence and quality of life for the vulnerable elderly. There is evidence that increased capacity in these programs will be necessary in the future.

The data presented above demonstrate a clear trend of a growing elderly population. These data also indicate that the elderly population is "moving" away from the City of Seattle. Again, it is not clear what portion of the growth outside of Seattle will occur in unincorporated King County or in small cities. It is, however, a safe assumption that growth will certainly occur in these areas given the extent of growth that is projected.

The current senior center programs funded by King County have experienced a growth in the demand for their services. The eleven centers that were funded in 1986 served 20,067 elderly persons in 1986; these same eleven centers served 21,350 elderly persons in 1988. This is an increase of 6.4% in just two years.

In 1988, the Aging Program received a request to fund a new senior program in the City of Pacific. The petitioners believe that there is sufficient demand and that other programs are not close enough to this community to allow the elderly participants to easily travel to them. (This specific request will be described in the Part Three, Allocation Plan, of this paper). It is a certainty that more senior center capacity will be required in the future given the trends demonstrated by the census data, the increase in service demand experienced by the current programs, the request for new programs, and the pace of growth in the population and development of unincorporated King County.

Transportation

The South King County Transportation Task Force identified transportation as the greatest need in King County outside the City of Seattle.(1) Elderly persons lack information about the various requirements for special transportation services. Bus service is unavailable during off-peak hours and there is no weekend or evening service in some areas of south King County. Bus service going east to west and west to east in south King County is almost nonexistent. Bus service in south King County is located six to eight blocks from County housing projects. Many elderly report difficulty in using bus service--the steps are too high to climb. Some bus signs are difficult to read, elderly are also fearful of rowdy passengers, and complain of fatigue when riding buses for long periods of time or waiting for buses in bad weather. Elderly minority persons identify transportation as a great need to access services.(2) Additional transportation service is also a need for accessing noon meals provided at senior centers, medical appointments, adult day care, and shopping assistance.(3) Service providers also stated that volunteer drivers were difficult to recruit and insurance costs for volunteer transportation were too high to make it a viable option for elderly participants.

Options in Long-Term Care

Many elderly mistakenly equate long-term care with nursing home care. Frail elderly persons can remain in the community if additional services are available to help them maintain their independence. The reports indicated the need for a range of long-term care services including respite care, adult day care services, chore services, and in-home support services.(4)

Respite care and adult day care were listed as long-term care needs in the United Way Facts and Trends report.(5) Eighty percent of frail elderly persons eligible for nursing home care live at home with assistance from family members and other caregivers. The United Way study stated that employee assistance program personnel ranked respite care for employees dealing with aging parents as the most important unmet need. The study estimated that 4,200 elderly need day care service in King County, yet only 300, or 7% of the elderly, use the services annually. This under-utilization was attributed to inadequate transportation and limitation of available services.

Affordable Health/Mental Health Care

Health care was identified as another area of need in the SKDOA needs summary report.(6) The elderly are spending an increasing percentage of their income (15%) on medical expenses, even with Medicare coverage. Elderly persons complain about early discharges from hospitals, insurance not covering all medical costs, the need for medical home visits, after-care services, home care services, affordable dental care, and mental health services.

Support for Elderly in Low-Income Housing

The study conducted by the Housing Authority of the County of King (HACK), King County Aging Program, and SKDOA surveyed 95 elderly tenants of two older housing facilities.(7) These facilities were selected because they had the highest number of "oldest old" residents. The tenants identified the need for nutrition services, transportation, foot care, shopping assistance, and recreational/social activities which would enable them to remain in their residences and prevent premature institutionalization.

Culturally Appropriate Services

Minority elderly have difficulty accessing aging program services due to cultural and language barriers. Minority elderly prefer culturally appropriate services which reflect their ancestry, heritage, beliefs, values, and customs. Service providers expressed the need for ethnic meals, activities, transportation, and bilingual, bicultural advocacy programs to assist minority elderly in accessing health care, legal assistance, mental health care, and other services.(8) Generally, aging programs offer generic services and offer limited specialized services to minority elderly.

Financial Management/Guardianship

A number of at-risk elderly cannot manage their personal or financial affairs. A need was identified for protective payees, guardianship and "friendly visiting service" to assist frail elderly to live independently.(9)

Nutrition Services

Providers have repeatedly expressed concern over the increased demand for nutrition services in the suburban and rural areas. Senior centers requested additional meal service days to better serve the elderly in their communities. Providers expressed the need for nutrition services for low-income elderly living in areas where nutrition services are not available and for minority elderly who do not access nutrition services due to language and cultural barriers.

Information and Assistance/Outreach

An additional unmet need identified by senior center staff is the lack of information and assistance/outreach services. This service identifies elderly persons who are in need but have not accessed available services. These persons are then provided with information, referral and help in coordinating and obtaining the needed service(s) from existing local providers. The assistance/outreach workers also follow-up to insure that the person's needs are met.

Information and Assistance/Outreach services located at senior centers were discontinued in 1980 when the SKDOA created the centralized Case Management Program. Case Management provides information and assistance/outreach services only to the group of most frail, at risk of institutionalization elderly, which created a gap in services to persons who were in need but not as frail. King County Community Development Block Grant (KCCDBG) funded information and assistance/outreach services at senior centers from 1980-1981, when it was discontinued due to decreases in federal funding. Since 1981 the centers have had increased requests for information and assistance/outreach services from the elderly persons ineligible to be served under the Case Management Program.

Mount Si Senior Center, located in North Bend, received KCCDBG funding in 1988 for information and assistance/outreach services, and served 351 elderly persons. The other County-funded centers estimate that with information and assistance/outreach services an additional 2,000 elderly persons could be served.

Legal Assistance

Legal assistance was identified by several local "informed persons" as a need, especially in the County outside the City of Seattle. Elderly are requesting assistance with the preparation of wills, long-term care insurance purchase and interpretation, public assistance applications, power

of attorney, and landlord/tenant relations. Based on requests from County residents to the existing Senior Rights Assistance Program, an estimated 2,000 elderly residents living in King County outside the City of Seattle need legal assistance services.

3. WHAT ARE THE FUNDING SOURCES THAT ARE AVAILABLE TO MEET THE UNMET NEEDS OF ELDERLY IN KING COUNTY?

There are six major sources of funds for specialized elderly services in King County; SKDOA, United Way, King County, City of Seattle, the cities within King County and the Department of Social and Health Services (DSHS). Of these funding sources, United Way, King County, the City of Seattle and SKDOA are engaged in mutual and coordinated planning/funding efforts. This coordination has been fostered by the designation of SKDOA as the Area Agency on Aging. As mandated by the Federal Older Americans Act, the Area Agency on Aging (SKDOA) receives all federal and state funds appropriated specifically for community-based senior programs. SKDOA is "sponsored" by King County, United Way and the City of Seattle. The sponsors establish policies, make funding allocation decisions, and provide oversight for the actions of SKDOA. DSHS funds residential services for the elderly and works cooperatively with SKDOA.

The remaining funding source(s), cities in King County (other than Seattle), have not been formally involved in the countywide coordination of funding for aging programs.

It is important to understand the responsibilities of each of these funding sources, relative to services provided to the elderly population, in order to adequately evaluate options for King County's role. Following is a delineation of the responsibilities assigned to each of these funding sources. Two major points will be covered for each of these entities; the geographical area of responsibility and the types of services that are funded.

Seattle-King County Division on Aging (SKDOA)

- ° Services are planned and funded to serve all elderly in need in King County regardless of residence in incorporated or unincorporated King County. As mentioned above, priorities and policies are established by the sponsors.
- ° SKDOA provides a "core set" of services which are targeted to the vulnerable elderly. These priority services include information and assistance, case management, nutrition, transportation and legal assistance. Other services funded by SKDOA include home health, adult day health, employment, chore, long-term care ombudsman and mental health services.
- ° SKDOA annually administers approximately \$11.5 million of federal and state funds for these services.

City of Seattle

- Services are provided to residents of the City of Seattle only.
- The services provided by the City of Seattle augment and support those provided by SKDOA. One of these services, senior center operations, provides a focal point for many of the services funded by SKDOA.

The remaining services are utility discounts, volunteer chore services, social day care and public housing outreach.

- The City annually provides \$320,000 of general fund and \$584,000 of block grant support for senior center operations, volunteer chore services, social day care and public housing outreach. Approximately \$283,000 is provided annually for utility discounts.

King County Aging Program

- Services are provided in unincorporated King County and the small cities.
- King County Aging Program services mirror those provided by the City of Seattle to Seattle residents. They augment services funded by SKDOA. Services include senior center operations, (sometimes accomplished by funding a community center), information and assistance/outreach, adult day care, and transportation.

The transportation and information assistance/outreach services are services that would appear to be the responsibility of SKDOA. King County has provided transportation service to the north, south and east areas of King County because SKDOA funds were not sufficient to meet the demand for transit to SKDOA funded nutrition programs at county funded senior centers. As mentioned in the unmet needs section above, mainline bus service was not found to be adequate to address the transit problem.

The information and assistance/outreach service provided by King County is not the same service as that provided by SKDOA. The SKDOA service is called information and assistance; outreach is not provided and the SKDOA service is "officebound." The King County "outreach" service is mobile to assure that elderly persons in rural areas are provided access in their homes if necessary, to information and assistance services.

- King County Aging Program provides approximately \$640,000 of current expense annually (in 1988) to administer and provide senior programs.

United Way of King County

- The United Way funds services for persons in incorporated and unincorporated King County. As a private funding agency, United Way is not constrained by municipal boundaries or by the need to provide equal access to services for all King County residents. The United Way is, however, a sponsor of SKDOA and does participate in policy and funding decisions, the intent of which is to provide fair and equal access to services for all King County elderly residents.

- Services funded by the United Way include senior center operations, home health care, homemaker assistance, health maintenance, counseling services, legal assistance, continuing education, recreation, congregate and home delivered meals, adult day care and adult respite care.
- The United Way allocated \$1.8 million in 1988, for the services listed above.

Cities in King County (other than Seattle)

- Cities fund services for their own residents only. Some cities provide funds to match, in part, funds received from King County or United Way. Other cities, such as Bellevue, fund the operations of their senior center by themselves. Some cities even staff their senior centers with city employees.
- Funds are provided to support the operation of a senior center or community center which becomes the focal point for other services funded by SKDOA.

Summary of Funding Responsibility by Generic Service

It is also helpful to consider the above information from the perspective of categories of service rather than identity of funding source. The major categories of service are senior center operation, "core" services, and other services necessary to foster the independence of vulnerable elderly.

- Senior Centers which serve as a focal point for the coordination and provision of other services.
 - King County funds the operation of centers in unincorporated King County and the small cities.
 - City of Seattle funds the operation of four centers inside the Seattle city limits.
 - United Way helps to fund the operation of centers throughout King County on an agency by agency basis.
 - Large cities (those larger than 12,000 in population that are excluded from the current King County funding policy) fund the operation of centers for their own cities.
- "Core" Services for which federal and state funds are provided
 - SKDOA has the primary responsibility for provision, countywide, of services such as information and services, case management, nutrition, transportation and legal services to the vulnerable elderly.
 - King County and the larger cities have, from time to time, supplemented SKDOA's funding of certain of SKDOA's core services when the amount of funding provided by SKDOA has fallen short of the demand. A recent example is King County's funding for transportation in the north and south areas of King County.

The unmet needs, which were identified earlier, can be assigned to the major funding sources based upon current responsibilities and upon "optional" funding provided to fill an observed gap in service. Table 1 presents a matrix which depicts the assignment of unmet need to funding source. In order to provide a complete picture, all needs addressed by the funding sources are shown, including those not specifically mentioned in this paper. Also shown on Table 1 are recommendations for additional needs to which King County should allocate funds. This information will form the basis of the discussion of King County's role.

Summary of Funding Constraints

A summary of the likelihood of future funding increases, or decreases, for the major partners of the aging network is provided as a final note to the discussion of responsibilities. None of the major funders is expected to have more resources available to allocate to the needs of the elderly in the near future as indicated below.

- Gramm-Rudman-Hollings legislation, served to reduce federal funds for elderly services.
- Older Americans Act funding for nutrition has been lidded, with only the USDA subsidy of 56¢ per meal available for expansion of meals.
- Seattle-King County Division on Aging will maintain current service levels but is unable to expand or develop new services without additional resources due to the reduction in federal funds.
- United Way of King County fell short of its campaign goals; it will attempt to maintain funding for current services but is unlikely to fund new services.
- Community Development Block Grant has decreased in 1989, and services which were previously funded were terminated.
- Due to recent annexations and incorporations, King County will experience reductions in current expense which is the source of funding for the King County Aging Program.

4. WHAT SHOULD KING COUNTY'S ROLE BE IN MEETING THESE NEEDS?

Examination of Table 1 shows that King County currently has one major funding responsibility (excluding the responsibility of participating as a sponsor of SKDOA) on the list of unmet needs. That responsibility is to support senior centers of an adequate size to meet the demand in unincorporated King County and small cities. This role should continue. There are, however, the remainder of the unmet needs that King County has either not funded or has partially funded to fill gaps left by other funding sources. Following are principles which are used to define King County's role regarding these needs.

Table 1
Assignment of Need to Funding Sources

Need	SKDOA	City of Seattle	Other Larger Cities	United Way	King County Aging Funds	Other County or State
Appropriate Senior Center Capacity		R	R	0	R	
Transportation	R			0	0	R (METRO)
Options for Long Term Care	0	0		0	0	
Affordable Health/Mental Health Care	0			0		R
Support for Elderly in Low Income Housing		0			N	
Culturally Appropriate Services	R			0	N	
Financial Management/Guardianship						R
Nutrition	R			0	N	
Information and Assistance	R					
Information and Assistance/Outreach					0	
Legal Assistance				0	N	
Ombudsman	0					R
Case Management	R					R
Nursing Home Care						R
Affordable Property Tax						0
Affordable Utility Tax		0				
Employment and Income	R					
Legal Services (provided by lawyer)	R					
Chore Services	R	0				R
Continuing Education				0		
Recreation			0	0		0

R = current responsibility to provide

0 = current optional funding, has been funded currently or in the past

N = recommended as new areas for optional funding

- King County should not provide funds for services which are the primary responsibility of funding sources outside of the major participants of the aging network. Needs such as affordable health and mental health care and financial management/guardianship should be met by other systems.
- King County should encourage small cities to share in the support of senior center operation and should not replace funds provided by larger cities.
- If, as a sponsor of SKDOA, King County is satisfied that SKDOA "core services" are distributed county-wide in proportion to the need, King County should consider funding projects, on a case by case basis, to fill the remaining unmet need. This principle is consistent with actions taken by the Executive and Council in passage of the 1988 Aging Program budget when funds for transportation services for the north and south areas of King County were added. Unmet needs such as transportation, culturally appropriate services, nutrition and information assistance/outreach are included in this category.

One remaining condition is added to this principle. King County will fund services, such as these, only to address a need for such services exhibited by vulnerable elderly persons.

- King County should also consider funding other services for which there is not an identified funding source with primary responsibility. These services should receive consideration if they are targeted to the vulnerable elderly and if the service will work to maintain the independence of the elderly persons served. Services in this category include services which provide options for long term care, support for elderly who reside in low income housing units, and legal assistance.

Examples of local government support for projects of this type include two projects funded by Seattle and King County. The City of Seattle has provided funding for a project which provides support to elderly persons who reside in low income housing units. Services are provided which enable the elderly persons to continue to live independently. King County has provided funding for two social day care projects (one provided by the Aging Program, the other by the Women's Program) which represent "independent" options for long term care. In fact, the last statement in the budget proviso directs the Executive... "to consider in particular proposals to provide services for the fragile elderly in public housing projects in South King County."

In sum, the question of "what should King County's role be" can be answered as follows:

- King County should be responsible, as a sponsor of SKDOA, to work to see that all available resources are distributed across the county in proportion to need.
- King County should be responsible for funding senior center operations in unincorporated King County and in small cities.

- King County's method of funding services in the small cities should encourage those cities to participate in the funding of senior programs for their residents.
 - King County should (on a case by case basis and as resources allow) fund "core services" for unincorporated King County and the small cities if available SKDOA resources are insufficient to meet the need exhibited by the vulnerable elderly.
 - King County should fund, on a case by case basis, other services, for which there is not a primary funding source, for unincorporated King County and the small cities if such services will work to maintain vulnerable elderly persons' independence.
5. HOW HAS THE EXISTING FUNDING POLICY BEEN REVISED TO SUPPORT KING COUNTY'S PROPOSED ROLE?
- In general, the following revisions have been made to the existing funding policy to implement the above recommended role for King County.
- The revised policy affirms King County's commitment to function as a sponsor of SKDOA.
 - The revised policy includes a strengthened statement of purpose regarding the provision of funds for senior center operation in unincorporated King County and the small cities. Specific criteria have been provided to govern decisions regarding the staffing level to be funded relative to the number of persons served.
 - The revised policy includes specific criteria to govern decisions regarding the establishment of new senior centers and satellite programs. The intent is to establish new programs or satellites only when existing programs are not appropriate or sufficient to meet the specific need and when sufficient demand and community support is evidenced.
 - The revised policy encourages incorporated jurisdictions to participate in the funding of senior programs. Criteria are included in the policy which specify,
 - when a small city has become too large to retain county funding,
 - how annexations and city growth are to be handled in terms of transition from county to local funding, and
 - that small cities are to provide a "local match" in funding.
 - The revised policy includes criteria which specify the conditions under which the county may consider allocating funds, on a case by case basis, to services such as nutrition, transportation, social day care, legal assistance and support for elderly who live in low income housing.

NEEDS ASSESSMENT REFERENCES

1. South King County Transportation Task Force. Final Report, 1988.
2. Seattle-King County Division on Aging and King County Aging Program. Profile of Minority Elderly in Balance of King County, 1988.
3. Seattle-King County Division on Aging. Brain-storming and FOCUS Group Reports for 1989-1991 Area Plan, 1988.
4. Seattle-King County Division on Aging. Compilation of Previous Needs Assessments in King County, 1988.
5. United Way. Facts and Trends, 1987 and Implications, Priorities, United Way Board-Determined Target Populations and Community Problem-Solving Initiatives for 1988 and 1989, 1988.
6. Seattle-King County Division on Aging. Compilation of Previous Needs Assessments in King County, 1988.
7. Seattle-King County Division on Aging and King County Aging Program. King County Housing Authority Survey, 1988.
8. Seattle-King County Division on Aging and King County Aging Program. Profile of Minority Elderly in Balance of King County, 1988.
9. Seattle-King County Division on Aging. Compilation of Previous Needs Assessments in King County, 1988.

PART TWO

FUNDING POLICIES FOR THE KING COUNTY AGING PROGRAM

These policies are meant to govern the funding of Aging Program services with King County Current Expense funds. All necessary principles and rules are included within these policies so that they may be used alone to guide Aging Program funding decisions.

I. General Policies

- A. King County affirms its commitment as a sponsor of the Seattle King County Division on Aging (SKDOA) to coordinate with SKDOA in assessing community needs and in planning and providing funding for services. Furthermore, the County is committed to work with a broad variety of individuals and organizations to ensure a coordinated system of services for elderly persons.
- B. The County supports the key role of senior centers in unincorporated rural and suburban areas and small cities as focal points for information about, access to, and delivery of services which enable older persons to maintain their independence. In some communities, community centers which serve persons of all ages, also offer specialized senior programs which serve similar functions.
- C. County support for base staffing and operations of senior centers and community centers with senior programs shall help to ensure that elderly people who live in unincorporated areas and small cities, including low income and minority persons, have access to a wide range of social and health services, recreation, nutrition and other services which promote independence.
- D. County funding, when available for services beyond basic senior center support, shall be targeted to meet needs of vulnerable elderly persons living in areas served by County-supported senior and community centers. Elderly persons considered vulnerable include persons with one or more of the following characteristics:
 - seventy-five years of age or older
 - low income (income at or below 40 percent of the State Median Income (SMI))
 - non-English speaking or limited English speaking
 - ethnic/racial minority status
 - homebound or disabled
 - living alone
 - geographically isolated (does not drive and public transit not available)
- E. New service initiatives and service expansions for vulnerable elderly shall be planned and provided as an extension or expansion of County-funded senior center programs. Preference shall be given to development of services which provide support for elderly persons to live in their own residences and communities.

- F. On an annual basis, staff of the Aging Program will review needs in cooperation with SKDOA. This review will include analysis of the performance of County-contracted programs in serving elderly persons, data gathered through surveys and community interviews, and relevant demographic information. This review will form the basis for establishing priorities for any new service initiatives under these funding policies and any recommended revisions to these policies.
- G. Unless specifically directed by the County Council, County Aging Program funds may not be used to supplant federal, state or local revenues; however, use of County funds is encouraged to leverage additional funds from these sources.
- H. The County reserves the right to reduce or eliminate funding for senior and community centers and for other services for the elderly, should changes in county priorities or revenues occur. Funding for specific services and/or to providers may be reduced or discontinued based on service utilization and performance.

II. Senior Centers and Community Centers Staffing

- A. The County will continue, within available resources, to support basic staffing and administrative costs for senior centers which are located in and serve elderly persons who live in unincorporated areas and small cities. These costs include administrative and/or senior program staff, rent, utilities, supplies, and other reasonable costs associated with providing a senior center program.
- B. Funding levels provided by the County to senior centers and community centers in 1989 base budget authorization shall constitute the base funding level for each center under this policy (see Table A).
- C. Any Cost of Living Allowance (COLA) made available by the County will be distributed to all currently funded centers, subject to satisfactory performance. The distribution of COLA will be as a uniform percentage increase to the base level County funding to each agency.
- D. Increases of County funding may be approved, above base level, in 1989 and subsequent years, to enable centers to achieve and maintain staffing levels comparable to other centers serving similar numbers of elderly persons (Paragraph II H covers decreases due to under-performance).

1. County funding for Senior Center basic administrative/program staff shall not exceed the following standards:

<u>Total Annual # of Registered Center Participants (Age 55 and Older)</u>	<u>Staffing Standards (Administrative/Program FTE's)</u>
200-499	1.0
500 to 999	1.5
1,000 to 1,999	2.0
2,000 to 2,999	2.5
3,000 to 3,999	3.0
4,000 and above	3.5

2. The above basic staffing standards do not include staff providing services in a satellite site, if such a satellite is approved by the County, subject to the conditions described in Section III of these policies. County funding for a satellite for salary and related personnel costs shall not exceed the following standards:

<u>Total Annual # of Registered Participants</u>	<u>Staffing Standards (Administrative/Program FTE's)</u>
50 to 199	.25 to .75 based on number of people served and days service is provided.
200 and above	Same standards as for basic program staffing in D.1. above

3. In addition to the above standards, a maximum of .5 FTE per center may be funded by the County to provide outreach (information and assistance/outreach). The County may fund salary and related personnel costs for up to .5 FTE if all of the following conditions are met:
 - a. The center specifically requests an outreach position, and can demonstrate need for the service to enable substantial numbers of elderly persons who are geographically isolated, homebound or disabled and/or ethnic racial/minorities to access needed services.
 - b. At least 60 percent of the persons to be served meet the at-risk definition of low income (40 percent or less of state median income).
4. The local matching fund requirements specified in Section V. of these policies shall apply to both satellite staffing and outreach.

- E. The County will continue, within available resources, to support basic staffing and administrative costs of community centers which are located in unincorporated areas and small cities and which provide a facility and staffing support for a senior program.
1. The maximum amount of Aging Program Funding which will be provided to a community center will not exceed the share of the community center staffing, facility, and other operating costs which are reasonably allocable to the senior program. An example of a reasonable method is allocation of staff costs according to the percentage of time spent in support of the senior program and facility costs according to square footage and percentage of time the space is used by the senior program.
 2. The maximum number of basic administrative/program FTE's for which the Aging Program will provide funding may not exceed the number allowable under the staffing standards for senior centers described in Section II.D.1. of these policies.
- F. The Aging Program will compare each year, beginning with data available after December 31, 1989, the actual number of participants served by each center with the numbers set in the staffing standards. Any center which is serving more participants than the maximum number specified in the standards may be considered eligible for an increase in County funding to bring the center into conformance with the staffing standards, provided that the availability of other public and private resources will be taken into consideration.
1. Each Center which is eligible for an increase will be ranked according to the percentage of vulnerable elderly served. The ranking will be determined by scores which are calculated as follows:

<u>Vulnerability Factors</u>	<u>Percentage of Elderly Served (expressed in decimals)</u>
___ Seventy-five years and older	_____.
___ Low income (at or below 40% of SMI)	_____.
___ Limited or non-English speaking	_____.
___ Ethnic/racial minority	_____.
___ Homebound or disabled	_____.
___ Living alone	_____.
___ Geographically isolated	_____.
Total (maximum score = 7.0 if each item were 100%)	_____.

2. In the event of a tie ranking, the center with the larger percent of participants served above the maximum number specified in the standards will be ranked higher.
3. In the event that funding is not sufficient to fund all centers eligible for staffing increases, available funds will be distributed to the highest ranking centers.
4. Receipt of additional funding for staffing increases is contingent upon approval, by the County, of the workplan for the additional staff.
6. The actual amount of County Aging Program funding which will be awarded to a center will be based on the actual costs for the staffing level allowed under the policy and related operating costs less other public and private funds, including required match, available to support the program. The use of actual cost as a basis is subject to County determination that the costs are necessary and reasonable.
- H. Any center which is serving fewer than the minimum number of participants for the corresponding FTE amount that the center is funded for, as specified in the staffing standards, may be subject to a decrease in County funding to comply with the standards given in II.D.1 above. Centers serving at least 80% of the minimum number of participants will be given one year to comply with the levels established by the staffing standards. Centers serving less than 80% of the minimum number of participants will be given three months to bring the participant level up to a rate which, when projected to 12 months, would equal at least 80% of the minimum number stated in the staffing standards. The center will then have an additional year to bring the level up to 100% of the minimum level.

III. New Centers and Satellite Programs

- A. Funding for a satellite program of a currently funded center or new center in an unincorporated area or city of less than 12,000 total population may be considered provided that the following conditions are met.
 1. A non-profit board of directors or a subcommittee of an existing board is organized to study the feasibility of a new center or a local, volunteer-supported program is functioning to provide services to the elderly.
 2. Evidence of community support is demonstrated through financial and volunteer support.
 3. Any incorporated jurisdictions to be served by the new program approve its establishment and agree to provide a match equal at a minimum to 50% of County funds. The match may be provided by cash contribution to the program or by in-kind contributions such as staff, buildings, vehicles, etc.

4. The proposed senior program must be located in a facility and receive available support services which meet standards developed by the SKDOA.
 5. Need for the center is demonstrated based on the following factors: the physical facility and/or program capacity of the established senior center(s) preclude expansion; geographic or transportation barriers limit access to an established center by elderly to be served by the new center; and (1) at least 200 elderly persons will use the new center or (2) at least 50 elderly persons have been identified who will use the proposed satellite and who are unable to access an existing center program due to transportation barriers or linguistic and/or cultural barriers. If less than 200 elderly persons are to be served by the satellite, at least 60 percent of the persons to be served must be low income.
- B. If funding for a new program is approved, the initial (base) allocation shall be made in accordance with the staffing standards for the estimated number of participants to be served. The initial allocation shall take into account other public and private resources that are available to support the program.

IV. Senior Centers and Community Centers - Service Expansions and New Service Initiatives

- A. County funding may be used to subsidize a portion of the cost of nutrition services (congregate meals) which are provided in County-funded centers, satellite sites, and related programs, provided that at least 60 percent of the elderly persons who are receiving these meals are low income. Preference will be given to funding nutrition services for those programs in which participants cannot access established SKDOA funded nutrition programs due to transportation or linguistic cultural barriers.

The amount of County funding for each meal shall not exceed the difference between the total cost of the meal and the share of the cost met through federal funding and average client contribution. Federal and/or state funding for nutrition services shall be used to the extent available before County funds are used.

- B. County funding for van transportation may be provided, in conjunction with other services which are funded by the Aging Program, for trips to nutrition sites, adult day care and other trips necessary to assist elderly persons to live in their own residences and communities. Special consideration should be given to the frail elderly who cannot access mainline transportation because of physical difficulties or geographical barriers. County funding will be limited to provide transportation where other public or private resources are not available.

- C. Social Day Care is recognized as a service which meets the needs of frail elders who live in their own or family residences and provides essential respite to care givers. Social day care programs provide a supportive, therapeutic environment for older persons needing additional care. Social day care programs offered through senior centers provide a transition for other adults whose needs become too great for center activities to still be cared for in a familiar setting.
1. County Aging Program funds may be used to establish and/or maintain social day care programs which meet the following criteria:
 - a. Program is located in a geographic area which is eligible for county Aging Program funds for a senior center or community center.
 - b. Program has or agrees to establish a sliding fee scale which is consistent with schedules set by other senior day care programs and is approved by the County.
 - c. Services are provided for at least four hours on one or more days per week.
 - d. Support for the program is evidenced by a local match of at least 10 percent which may be in cash or in-kind, including volunteer time.
 - e. The social day care program is administered by a County-funded senior center or community center.
 - f. Need for the program including the estimated number to be served is documented through a needs assessment.
 2. County funding for operation of social day care programs will be limited to salary and benefit costs for 1.0 FTE program staff per program. Funding for 1.0 FTE is based on a program providing services five days per week. Programs providing services on one to four days per week will be funded in proportion to the number of days of operation.

The actual amount of county funding provided for salary and benefit cost will take into account local resources available including client fee income.
 3. Transportation and nutrition funding may be provided in addition to salary and benefit costs, in accordance with policies specified in Section IV. A. and B., described above.
- D. The County Aging Program funds may be used for recruitment, training, and coordination of volunteers to provide legal assistance services in County-funded senior centers outside the city of Seattle. Funding will be made available contingent upon these services being provided in every County Aging Program-funded senior center and community center.

- E. Funding for program staffing, nutrition, and transportation services for residents of two HACK projects will be provided on a demonstration basis for 1989 and 1990 and may be continued, subject to satisfactory performance and availability of funds, in future years.
1. The Aging Program will plan and complete, in cooperation with HACK, an evaluation of these demonstration projects by May 31, 1990. The scope of the evaluation will include program performance and will also include any additional service needs identified for program participants, the cost and sources of funding for these services, and strategies for obtaining needed resources.
 2. By May 31, 1990, the Aging Program also will complete in conjunction with HACK, an assessment of the needs and resources available to meet these needs for residents of other HACK senior housing developments located in unincorporated King County and small cities. Staff will prepare recommendations for the Council regarding continuation of the two demonstration projects beyond 1990 and the future role of the County in providing services to HACK senior housing developments.
 3. Up to \$8,500 may be expended from 1989 Aging Program Enhancement Funds to conduct an evaluation of the demonstration project at two sites and needs assessment at other HACK housing developments described in items 1. and 2. above.

V. City Size and Local Match

- A. Funding of senior centers and community centers shall be provided in accordance with the following city size limitations and matching funds requirements:
1. The County shall continue, within available resources, to fund a portion of the staffing and operating costs of senior centers and community centers in unincorporated areas and in cities of less than 12,000 total population.
 - a. Funding may be continued to currently funded centers located in cities whose populations increase above 12,000 if at least 50 percent of the persons served by the senior program are from a surrounding unincorporated area of King County.
 - b. The funding level for a center which is located immediately adjacent to a city of 12,000 or more and serves residents of this city will be contingent on the center obtaining matching funds from the city such that the ratio of County funding/City funding equals the ratio of County residents/City residents served.
 2. County-funded centers are expected to utilize a broad variety of financial resources to support center operations and, over time, to increase the amount of locally generated support. In-kind contributions are recognized as a component of such local sup-

port. Designated funds from King County, SKDOA, and United Way cannot be used to meet the match requirements for County Aging Program funding.

The local match requirement for centers located in cities of less than 12,000 population and centers located in rural unincorporated areas is a minimum of 50 percent of the County appropriation of Aging Program funds. The match requirement can be cash or in-kind contributions for which a fair market value can be established (see Table A).

- B. Centers that have local match of less than 50% at the time this policy is approved by the Council, as documented in Table A, will be allowed to continue at the lower rate. The match rate for centers below 50% will not, however, decrease below the rate shown in Table A.

Existing local resources must be maintained at current levels. Local match may decrease, however, in proportion to any decrease in County funding. It is further expected that centers will increase local support at a rate which is at least equal to any Cost of Living Allowance (COLA) provided by the County.

VI. Annexations, Incorporations, and Growth

- A. In the event that a senior center or community center which receives County support is in an area which incorporates as, is annexed to, or grows to become a city of over 12,000 total population, County funding shall be held-safe during a transition period to ensure continuity of services. The maximum length of the transition period shall be determined as follows:
 - 1. Center is located in an incorporated area which reaches 12,000 total population by growth of population - two years after December 31 of the year in which the 12,000 limit is reached.
 - 2. Center is located in an incorporated area which reaches 12,000 total population through annexation of an adjacent unincorporated area - one year from December 31 of the year in which the annexation occurs. In the event that the 12,000 limitation is reached through a combination of annexation and population growth, the one year transition period shall apply.
 - 3. Center is located in an unincorporated area which is annexed by a city of greater than 12,000 total population - one year from December 31 of the year in which the annexation occurs.
 - 4. Center is located in an unincorporated area which incorporates as a city of greater than 12,000 population - two years from December 31 of the year in which the incorporation occurs.
- B. The incorporated city and town population count will be based on the figures in the annual publication "Population Trends for Washington State" which is published by the State of Washington, Office of Financial Management.

TABLE A
1989 Base Funding Levels and Local Match

<u>Senior/Community Center</u>	<u>King County Aging Program Funds*</u>	<u>Local Match**</u>
Black Diamond	\$ 12,735	\$ 2,200
Des Moines	20,808	60,941***
Enumclaw	9,864	19,485***
Federal Way	34,238	39,483
Highline	68,461	61,815
Issaquah	26,240	39,182***
Maple Valley	43,162	26,490
Mount Si	44,345	22,786***
Northshore	39,676	80,463***
Shoreline	74,278	35,719
Sno-Valley	41,364	75,353
Vashon	21,224	26,323

*Funding Level included in the 1989 original appropriation (Ordinance 8802)
 **Local match as reported for the year 1989.
 ***Includes cash grants and/or in-kind contributions from local cities.

**Appendix F: Senior Services Adult Day Health Profile of
County-funded Private Pay Participants**
(submitted by Senior Services of Seattle/King County with an Addendum by
County staff)

Senior Services Adult Day Health Centers – 2000 Profile of Private Pay Participants

Number of private pay participants	140
Number of days of service for private pay participants	7,587
Total cost for private pay participants at \$55 per day	\$417,285
Average per day payment by private pay participants	\$34
Total revenue from private pay participants	\$257,958
Remaining expense for private pay participants	\$159,327
King County funding for private pay participants	\$128,676

In 2000, Senior Services served 315 older and disabled adults; the cost per day of service is \$55.00. 140 of the total participants (44%) do not receive Medicaid, State Respite, Senior Citizens Service Act, or Division of Developmental Disabilities funding; they are responsible to pay a daily rate based on a sliding fee schedule. The cost to the adult day health centers for the care of these participants accounts for 42% of the annual budget expense. The income from the fees they pay accounts for 26% of the budget revenue.

While the annual income level for a majority of these private pay participants is below 40% of the state median income (\$16,704 a year), they do not qualify for Medicaid or SCSA, primarily because their assets are above the \$2,000 Medicaid limit or \$10,000 SCSA limit. They do not qualify for State Respite if the caregiver does not provide at least twelve hours a day of care.

68% of these private pay participants are widowed, divorced or single; 70% live with adult children or a spouse, while 30% are in an adult family home or other assisted facility. The 42 families who pay privately for both an assisted facility and adult day health services are in many cases making a considerable sacrifice to provide enhanced care and oversight for their spouse or parent.

While the private pay participants all suffer from a multitude of chronic conditions, the most frequent diagnosis is Alzheimer's/dementia. Heart disease and stroke are next in frequency, followed by diabetes, mental illness (depression, bipolar disorder, schizophrenia), Parkinson's, lung disease, cancer,

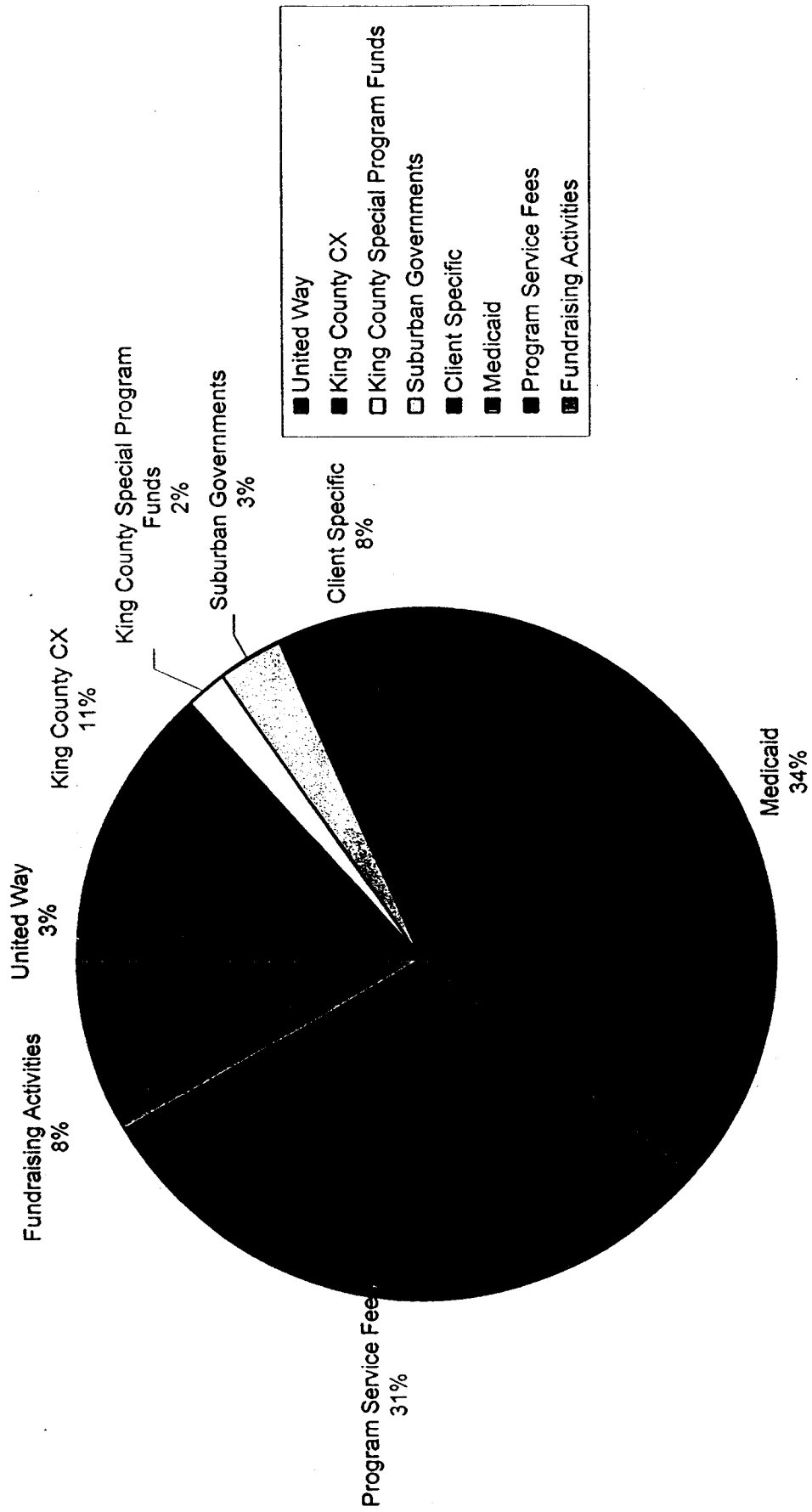
and arthritis. Most of these participants are in their 80's; a dozen are 90 or more. The extent of disability and frailty requires both skilled nursing and rehabilitation services, as well as case management and personal care.

At a cost of \$55 a day, no reimbursement source pays the entire cost of adult day health service for any participant. Medicaid, for example, covers only 84%. Respite and SCSA reimburse on a sliding fee scale with 84 to 89% of costs covered at the top rate, descending to 5% at the bottom rate. The difference between revenue from private pay, Medicaid, Respite, SCSA & King County, and actual program costs, is made up through fund-raising and additional allocations from other municipalities and United Way.

Private pay participants with no other source of funding are paying 62% of the cost of their care. King County funds 31% (2,352 days of service) for these frail and multi-disabled elders of modest means.

Although our King County allocation is only 13% of the Senior Services Adult Day Health budget of \$1,000,588, its impact on the lives of families struggling alone to maintain their loved ones in the community is enormous.

Senior Services Adult Day Health Funding Mix 2001



Addendum:

(Note - The information in this addendum was obtained by CSD staff)

Adult Day Health Contributions For Senior Services Adult Day Programs

The average contribution by a private pay client is approximately \$34 (average) per client, per day.

King County's contribution for private pay clients is approximately \$21 (average) per client, per day.

Adult Day Health Unit Rates* For Other Agencies

Per the Washington Adult Day Services Association, the following agencies (which are not member agencies of Senior Services) report their unit cost of providing adult day health services to be:

<u>Agency</u>	<u>Unit Rate</u>
ElderHealth (4 sites throughout King County)	\$62 per day
Eastside Adult Day Center (2 sites)	\$62.21 per day

The Medicaid reimbursement rate averages 70 to 75% of the unit cost. For King County, the Medicaid reimbursement rate is currently \$45.82 (approx. 72% of the unit cost).

*Unit Rate: The cost of serving 1 participant for one adult day health day. One adult day health day is equal to 4-5 hours.

**Appendix G: Community and Stakeholder Input,
Citizen Oversight**

APPENDIX G: Citizen Oversight, Community & Stakeholder Input

A. Input During Development Phase

Throughout Fall, 2000 and Spring, 2001, input was sought from a variety of key stakeholders, including service providers, other funders, human service planners and other aging service stakeholders to guide the development of the revised King County Aging Services Funding Policy. In particular, input was sought regarding the needs of seniors throughout King County, types of services actually provided, barriers to receiving or accessing services, as well as King County's role in the aging network. County staff received input via survey tools, interviews, and participation in meetings of stakeholders such as the Children and Family Commission and the Regional Planners Forum.

In addition to collecting new information regarding aging services, County staff also revisited the results of the King County Community Services Division Strategic Plan which highlighted issues from seven sub-regions of King County. This data was collected via phone surveys with statistically valid samples of residents from all of the sub-regions. Due to the thoroughness and extensive nature of this data collection effort, the results were considered to still be relevant and as such were utilized in the development of the revised funding policy.

Specific input sought from stakeholders included:

Citizen Oversight - Children & Family Commission -- Per their role providing oversight and review of the Human Services Recommendation Report and identified recommendations, County staff presented the Children & Family Commission with an overview of the proposed approach to the development of the revised funding policy. In addition, staff provided the members of the commission with a briefing on the history of the King County Aging Program and existing 1989 Aging Funding Policy. Input was received from the Commissioners regarding the proposed approach as well as suggestions for additional stakeholder input.

King County Interdepartmental Human Services Team (IHST) -- The Interdepartmental Human Services Team participated throughout the development of the Aging Services Funding Policy. County staff provided IHST with regular briefings on all aspects of the process, including the intended approach, findings, and draft policy. IHST provided input and suggestions related to the focus and direction of the aging program service area review.

Cities -- County staff conducted interviews with personnel from eight cities, including Bothell, Woodinville, Shoreline, Carnation, Issaquah, Renton, Enumclaw, and Auburn. Information was gathered through interview questions concerning the needs of seniors, current services and funding provided by each city and recipients of services and funding. In addition, input was sought regarding the existing funding role of each city as well as the role of King County in the aging network.

What would you consider to be the areas of most unmet need for seniors in your city and/or King County?

- ◆ Renton -- Transportation, non-english speaking seniors.
- ◆ Enumclaw -- Dental health, mental health, public transportation.
- ◆ Bothell -- Basic socialization needs; community activities; transportation services, day care services, and in-home personal care.
- ◆ Shoreline -- Adult day health is underserved and in jeopardy; there are not enough hours available for respite care and medical. This is needed to take pressure off the seniors usual care providers e.g., family. Growing need for ethnic focused care. The Hispanic and Asian populations are growing and the services designed for them need to grow as well.
- ◆ Carnation -- Healthcare and transportation.
- ◆ Woodinville -- Tax increases from increased assessments makes housing less affordable, transportation.
- ◆ Auburn -- Stable affordable housing (upkeep, utilities, repairs), transportation.
- ◆ Issaquah -- Affordable housing, public transportation.

What, if any, significant barriers exist that hinder senior's access to specific senior services?

- ◆ Enumclaw -- Transportation for rural areas.
- ◆ Renton -- Housing repair services, transportation, language.
- ◆ Bothell -- Inadequate size and number of senior oriented facilities as existing facilities experiencing overuse; lack of transportation, inadequate housing choices for seniors in various states of life.
- ◆ Shoreline -- Lack of transportation, cultural barriers. Senior services are not currently multicultural or multilingual.
- ◆ Carnation: Current lack of transportation.
- ◆ Woodinville: NA
- ◆ Auburn -- Transportation, language barriers.
- ◆ Issaquah -- Funding, transportation, physical structure of senior center.

What role do you think King County should play in aging services?

- ◆ Renton -- Have aging services involved in regular subregional planning efforts, participate in the development of grants for seniors, support efforts to get additional revenue together.
- ◆ Issaquah -- Ensure that every citizen has equal opportunity to receive services.
- ◆ Enumclaw -- Support communities that are serving unincorporated residents.
- ◆ Bothell -- Continue to support senior center and adult day center services, especially in Northshore, since they serve a number of unincorporated residents each year.
- ◆ Shoreline -- King County should play a limited role as a funder of senior centers
- ◆ Carnation -- No changes
- ◆ Woodinville -- Does well at regional needs assessments; deal with everything equally.
- ◆ Auburn -- Need to get out of the local role and more into a regional role.

Service Providers -- In addition to collecting information informally from providers throughout the development of the revised funding policy, County staff also developed and distributed surveys to all service providers receiving funding from King County in year 2001. Surveys were sent to 27 agencies, 21 were returned. Information covered in the survey included an agency/program services chart, geographic areas served, availability and access to services within the program service area, effectiveness of agency services, and King County's role in the aging network.

What services are most difficult to access for seniors and their caregivers living within the geographic area you serve?

Adult day services(2); in-home care workers (7); transportation (14), health services (4), respite for caregivers (6); dental care; mental health services; culturally appropriate services for new immigrants, shopping & chore services (4); emergency funding for basic needs (2); prescriptions; emergency housing; low income/affordable housing (4); home repair (2); medical insurance

Why is it difficult to get these services?

Lack of transportation	13
Services are unavailable	12
Services are too expensive	6
Seniors do not have sufficient information	5
Other – eligibility criteria makes it difficult for people to qualify	6

What is the most effective role King County could play in the overall system of senior services?

Supporting services for frail vulnerable elders to remain living with their families or in the community and out of institutions (9); fund community based services that support caregivers who are caring for elders on their own; supporting small cities; assist with collaborative events; be a voice for senior services; continued/additional funding (10); monitoring progress of program effectiveness; help publicize programs; provide more transportation and access to health and wellness providers; advocacy for greater accessibility to community based long term support services as well as increased funding (3)

Regional Planners -- As a mechanism for gathering information for the Regional Planners Forum, which took place in May, 2001, a pre-questionnaire was developed by City of Seattle Aging and Disability Services. County staff were provided with the opportunity to submit questions to be included in the questionnaire regarding aging services and King County's role. Twelve responses were received from planners representing a variety of subregions.

Results from the questionnaire include:

Subregions represented: Seattle (3), South Urban/South Rural (2), East Urban/East Rural (4), Entire County (3)

Identify the three most pressing needs for seniors and adults with disabilities:

Accessible/affordable health services, affordable housing, transportation; others – Adult Day Health Care in Auburn and Federal Way; access to resources; chore services

King County's role should be: coordination of funding and planning, including rural areas

Role with other partners – coordination and sharing of information, planning and services; a continuum of services for seniors and adults with disabilities; support services that cities cannot fund; work with all jurisdictions to work for a robust and stable source of revenue for human services; work to improve transportation; fund information and assistance for Latino elders.

B. Input on Draft Aging Services Funding Policy

Public Input Forums – The King County Department of Community and Human Service, Community Services Division provided two opportunities for public input on the draft 2001 Aging Services Funding Policy. Approximately 400 recipients received notices regarding the public input forums, along with the draft policy and documentation regarding the development of recommendations sent via U.S. mail and e-mail.

Two King County Aging Program Funding Policy Public Input Forums were held in early June:

- Seattle -- Monday, June 4, 2001. Tallmadge Hamilton House, University Activity Center, Seattle
- Renton – Tuesday, June 5, 2001. Good Neighbor Center, Renton.

A total of 25 participants attended the two public forums to provide formal public comment. Four individuals also provided written comment.

Participants at the public forums included service provider staff, agency board members, senior center participants, senior center volunteers, and city personnel. The following programs, agencies, and cities were represented at the forums:

Black Diamond Community Center
City of Issaquah
City of Kent Human Services
City of Pacific
City of Shoreline
Eastside Adult Day Services
Elderhealth - Elderfriends
Evergreen Club Korean Seniors
Federal Way Senior Center
Fremont Public Association
Highline Senior Center
Maple Valley Community Center
Mt. Si Senior Center
Northshore Senior Center
Senior Rights Assistance
Senior Services
Visiting Nurse Services

The following is a summary of themes that emerged through the public input process:

King County Aging Services Funding Policy

Concerns about the role of King County –

Throughout the public input process, a number of stakeholders expressed concern that much of the policy referred only to unincorporated residents and left out incorporated residents of both small and large cities. Questions were asked about the County's role as a sponsor in the Area Agency on Aging and whether or not that role included advocacy for the balance of county and not just unincorporated residents. Many stakeholders encouraged King County to increase their advocacy role to ensure that regional and mandated services are provided for all the residents of King County.

In addition, several stakeholders brought up issues related to the ability of incorporated cities to fill human services gaps, especially when they had previously received county funding. Specific questions were asked about how King County prepared cities for and handled funding transitions when county funding was either decreased or eliminated per the existing funding policy.

Role of Area Agency on Aging (AAA) -

A number of questions were asked about how the Area Agency on Aging determined funding priorities and distributed funds for services throughout King County. In particular, participants requested that an analysis of where Area Agency on Aging funds were currently being directed be undertaken by the sponsors of AAA. There was general concern that suburban and rural cities were not equitably receiving funds for mandated services as distributed by AAA.

Other comments and questions were raised regarding the sponsors of AAA and who had specific responsibilities for advocating for the needs of cities and unincorporated areas outside of Seattle. It was explained that all of the sponsors share the responsibility of ensuring that funds are directed appropriately. Suggestions were provided regarding opening up the "sponsors" membership to include other jurisdictions. If this was not possible, recommendations were made regarding increased advocacy for a strong representation of the needs of municipalities, as well as unincorporated areas, to the AAA.

Policy criteria -

For the most part, there was not a great deal of concern expressed regarding the proposed service criteria which agencies must meet in order to continue funding. Criteria include the number of unincorporated residents served, location of service in relation to unincorporated areas, and requested funding by other jurisdictions for those programs located in cities over 12,000. Requests were made that the County follow through with their intention to include agencies and programs in the development of future targets regarding the number of unincorporated residents served. In addition, technical assistance was requested for the actual collection of demographic data, specifically related to whether or not a participant resides in an unincorporated area. Finally, it was requested that when determining future unincorporated resident targets, that the overall numbers served by the agency be taken into consideration, since this might penalize agencies that serve a high number of participants, both incorporated and unincorporated.

Definitions of particular services as mandated, regional, or local -

Several service providers requested clarification as to how various services were defined as either mandated, regional, or local services. In particular this issue was raised for both advocacy services as well as nutrition services. Concerns were raised that as a result of the Meals as Wheels being

defined as a regional responsibility versus a local service, it would not be funded with King County CX funds. This categorization could have a negative impact on the frail elderly who would no longer be able to receive this service. In addition, stakeholders requested clarification in the meetings as to how the County determined what would be included or considered as "core services" for the aging program, and thus would be given priority in terms of the Aging Services Funding Policy. There was concern expressed by several stakeholders that what was being included as core services was not broad enough to adequately meet the needs of the aging population.

Citizen Oversight - Children and Family Commission – County staff attended the June 11, 2001 Children and Family Commission meeting to present the proposed Aging Services Funding Policy ordinance and findings from the funding policy development process. In addition, the presentation highlighted changes between the current 1989 policy and the revised policy. No specific revisions to the policy were requested. In general, some of the same issues identified in the public input forums were also raised by the Commission, especially in regards to the role of the County regarding both unincorporated and incorporated residents of King County. There was similar sentiment regarding the need for King County to be a strong advocate, with the Area Agency on Aging and other jurisdictions to ensure that all seniors, regardless of residence, receive necessary services.

DeSoto, Daniel

From: kiersten seeger [Elderfriends@wolfenet.com]

Sent: Wednesday, June 06, 2001 1:19 PM

To: Suzanne Simmons

Subject: Feedback Form

Hi Suzanne,

Here we go:

1) The County's role in aging services is inappropriate under the proposed Aging Funding Policy because:

- It is leaving out a significant population of frail elders whom without our program will more quickly become dependent on the County in a more critical capacity
- The form by which the Policy is qualifying the need basis for programs seems arbitrary
- Who conducted the "study" again? What are the age demographics of the population sampled?
- The panel seems to lack representation from each of the 29 cities in King County

2) The proposed Policy would cut our program from CSD funding entirely. Roughly 30% of our budget is funded from this resource. We have been working on getting this funding since we first started out in 1996. We have been directed to Human Services for support time and time again. It is the most logical and appropriate place for us to receive funding. Without funding for our program- we are unable to provide services to the 100+ isolated elders who are living in our community.

3) I believe it is a cut across the board. I understand the logic behind requesting compliance with the "10% Unincorporated King County" issue. But I also think it is a justification that has a quantifiable definition by which cuts can be made. For those programs that will continue to be funded, more busy work will be getting done filling geographic quotas than might be used providing much needed services. It will be a formality- but a time consuming one all the same.

4) Revisions and suggestions:

- Revise the definition of "core" programs.
- Re-evaluate the needs basis by which you are deciding to cut funding from programs.
- Re-distribute the monies with a % cut across the board.
- Cut programs that don't meet their goals.

5) Other comments, concerns:

- ElderFriends is delivering a much needed service to a frail and vulnerable population in King County. We have been "steered" to CSD and Human Services in the past 6 years that we have been serving King County residents. Always being encouraged to, "get into the regular budget because that is where we belong."
- We do not charge a fee for our services and don't qualify for Federal funding.
- How else are we to survive?
- Doesn't the County value it's elders?
- I am told that the next best place to go to for funding is from KC Special Projects. We have been piecing our budget together with contributions from Special Projects dollars- but are always being

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- warned of their instability. Every year they are in danger of being cut from the budget as well.
- We were told that the CSD would be providing a Funding contact that the programs who get cut- can call up and get some help from with grant research. When I asked about it directly to a panel member, I was told that I probably knew more than the person they will appoint to that position.

Written and submitted by Kiersten Seeger

--

Kiersten J. Seeger, Director

ElderFriends

Ph: 206 224.3793

F: 206 224.3779

www.elderfriends.org

DeSoto, Daniel

From: lori_guilfoyle [lori_guilfoyle@maplevalleycc.org]

Sent: Wednesday, June 06, 2001 4:54 PM

To: Suzanne Simmons

Subject: funding policy

Suzanne: through this finding facts process I have come across several things... the most frustrating is the difference in reported population data!! Everyone seems to have a different number. But I am using the following:

the Tahoma School district population is 28,700 (2000 census)

the Maple Valley city population is 14,200

the unincorporated area is 14,500

participants served 62% are outside of the City of Maple Valley. I would also like to put together information for you regarding the age, living status of those outside of the City limits.

the service area (Tahoma School district) is 90 square miles. The city is 6 square miles.

MVCC also serves Fairwood (unincorporated), Covington and other areas not served by other senior programs.

Thanks for all your work on this Suzanne. I will be doing a presentation to the Maple valley area council in July also regarding services to the unincorporated area. I talked with Terry Seaman today, MV area council chair and very active in King county politics. you may hear from him, I am sure someone in the office will!

Lori

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DeSoto, Daniel

From: Ruth Tolmasoff [tolmas@accessone.com]

Sent: Wednesday, June 06, 2001 2:08 PM

To: Suzanne Simmons

Subject: Proposed Senior Funding Policy

Hi Suzanne,

It was nice to see you yesterday and I felt the meeting was really informative and well done.

The only concern I have is how the county views seniors living within the city limits of the tiny cities in rural areas. I would like to see the county amend the policy to provide services to the "unincorporated residents and residents of the small rural cities".

The small rural cities are geographically isolated compared to the other small cities in King county (like Medina and Newcastle). Just look at the map given out at Tuesday's meeting.

The lack of a local transportation combined with the very limited Metro service in the rural areas, makes accessing services in the urban areas more difficult. There is no taxi service.

The small rural cities have small budgets and few dollars to spend on human services.

At this time, it doesn't seem that the citizens in the small rural cities will have services cut as a result of the revised Aging Funding Policy. I would like to see King County acknowledge the unique nature of the small rural cities and guard against anything that would cut services to those residents in the future.

Also, many of the elderly people who now live in the city limits spent most of their lives in unincorporated King County. In order to stay in their own community and age in place, many seniors move from their homes in unincorporated KC into apartments or other living situations that are located in the small cities.

Thanks for all your help and advice, and I'll talk to you soon.

Ruth
Mt. Si Senior Center

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King County Aging Program Funding Policy
Public Input Forum - Tuesday, June 5th, 2001
Feedback Form

As part of this process we would like your written input and feedback regarding the proposed Aging Funding Policy. Any written feedback will be included with the proposed policy when it is submitted to the King County Council for approval and adoption. Thank you.

1. Based on the proposed Aging Funding policy, do you think that King County's role in aging services is appropriate? Why/Why not?

Yes, it is clear that the County's first responsibility is to the unincorporated residents. It is sad to see the County in a position in which it feels it must relinquish its regional role - Adult Day Health is a key regional service!

2. How will the proposed Aging Funding Policy impact your agency/program?

It appears that we would ~~maintain our funding~~ retain our funding, pending any further incorporations, annexations.

3. What impact do you feel the proposed Aging Funding Policy will have on the aging services network as a whole?

It will have a devastating impact on Shoreline Adult Day Health Center, & a serious impact on Senior Rights Assistance & Meals on Wheels.

4. What revisions or additions would you suggest for the proposed Aging Funding Policy?

Please take into account the absolute # of unincorporated residents served, as well as the 10% of the total #.

5. Other comments, suggestions, or concerns (continue on back if necessary):

Please make Shoreline an exception to policy, at least for a 3 year period.
King County is an exception to the rule.

(optional) Name:

John Doe

Agency:

Northshore Senior Center