

Area Agency on Aging & Disabilities
of Southwest Washington
2024-2027 Area Plan



A R E A A G E N C Y O N
Aging & Disabilities
O F S O U T H W E S T W A S H I N G T O N

201 NE 73rd St.
Vancouver, WA 98665-8345
360-735-5720
www.HelpingElders.org

Clark ♦ Cowlitz ♦ Klickitat ♦ Skamania ♦ Wahkiakum

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Executive Summary

The Area Plan provides an overview of challenges facing older adults, adults with disabilities and family caregivers, and includes AAADSW's goals and objectives that address these challenges. Additionally, it includes information on Area Plan development, AAADSW's current and future program offerings, 2024 budget and organizational chart, and the region's population profile.

The growth in number of persons age 60+, adults with disabilities age 18+ and family caregivers is significant.

By 2027:

- ❖ Over 186,800 individuals residing in our five-county region will be age 60 or above. This is approximately 25% of our region's total population.
- ❖ Over 15,000 individuals age 65+ will have dementia
- ❖ There will be more than 65,000 individuals providing uncompensated care to a loved-one age 18+
- ❖ There will be more than 90,000 individuals age 18+ that either have a disability or cognitive impairment

Two principal factors influence AAADSW's 2024-2027 program offerings and discretionary funding: (1) results from over 380 surveys completed by a mix of adults age 60+, adults with disabilities age 18+, family caregivers, community partners and (2) Washington State Department of Social & Health Services - Aging & Long Term Services Administration "Issue Area Themes." Aggregate survey results reveal help with yard care is the most important need for older adults to remain living in their homes. For caregivers, help providing personal care is the most important need.

Regarding Washington State Department of Social & Health Services - Aging & Long Term Services Administration "Issue Area Themes", the four required themes are:

1. Healthy Aging
2. Expanding and strengthening services and supports that prevent or delay entry into Medicaid funded long-term services and supports
3. Person-centered home and community-based services
4. Recognizing tribal sovereignty in planning services for older Native Americans

Even more alarming than a 6.6% increase in the age 60+ population by 2027, is the fact that this cohort represents 25% of the region's total population!

Over the next four years, AAADSW will help our region's older adults, adults with disabilities and family caregivers thrive in the setting of their choice by accomplishing the 2024-2027 Area Plan goals and objectives.

Sincerely,

Mike Reardon
Executive Director
Area Agency on Aging & Disabilities of Southwest Washington

Arnie Dyer
Advisory Council Chair
Area Agency on Aging & Disabilities of Southwest Washington

Section A: Area Agency Planning and Priorities

A-1 Introduction

The Area Agency on Aging & Disabilities of Southwest Washington (AAADSW) is a regional government agency that receives federal, state and grant funding to help older adults and adults with disabilities remain in their homes as well as to support family caregivers. AAADSW's region, also known as its Planning and Service Area, includes Clark, Cowlitz, Klickitat, Skamania and Wahkiakum counties with Clark the only urban county. The remaining four counties are rural. One county Commissioner from Clark, Cowlitz, Klickitat, Skamania and Wahkiakum comprises AAADSWs' governing authority.

AAADSW's 18-member, all volunteer, Advisory Council plays an important role in the agency. They meet with state legislators, educate community members about what programs and services are available, and inform AAADSW leadership about needs in their communities.

AAADSW's core program offerings include (but are not limited to) Medicaid Case Management, Care Coordination and Community Services. Different and varying levels of services are available in each program area based on an individual's age, income, resources and amount of assistance needed with activities of daily living such as eating, bathing, walking, managing medications, etc.

A-2 Mission, Vision and Values

AAADSW's mission is "To promote independence, choice, well-being, and dignity for older adults, adults with disabilities, and family caregivers in our five-county Planning and Service Area (PSA) through a comprehensive, coordinated system of home and community-based services." We accomplish this in a variety of ways.

- Providing resources and information

AREA PLAN

- A federal and state requirement
- Updated every 4 years
- Provides an overview of issues facing:
 - older adults
 - adults with disabilities
 - family caregivers
- Includes goals to address identified issues
- Provides information on:
 - current programs
 - future program offerings
 - agency budget and staffing

on programs and services to:

- adults age 60 and older
- adults with disabilities
- family caregivers
- Offering programs and classes that support family caregivers
- Working with local social service and healthcare providers to strengthen and expand local safety net programs
- Distributing federal, state and grant funding while developing new funding sources
- Engaging in legislative advocacy at state and national levels
- Ensuring contracted service providers operate programs in accordance with state and federal guidelines

AAADSW's vision is "Every older adult, adults with disabilities, and their family members have access to information, programs and services to help them thrive in the setting of their choice." To fulfill this vision, AAADSW adheres to the following values:

- Choice
We encourage and respect individual choice, especially regarding a person's choice to live in the setting that he/she most desires
- Independence
We promote client empowerment and focus on preserving client independence
- Family support
We recognize and support the care of older adults and adults with disabilities provided by family and friends
- Responsiveness
We gather input from those we serve to improve our services
- Quality
We are committed to delivering quality services in a cost- effective manner
- Teamwork
We value the contributions of our dedicated employees and contracted agencies, embrace creative problem solving and foster a teamwork-based environment focused on results
- Diversity
We encourage an environment that accepts differences

- Leadership
We foster strong community partnerships and provide solution focused leadership

A-3 Planning and Review Process

Through the hard work of our staff and Advisory Council members, 387 individuals across Clark, Cowlitz, Klickitat, Skamania and Wahkiakum counties were surveyed in May and June of 2023. Those surveyed include older adults, adults with disabilities, family caregivers and community partners. Surveys were available in English, Russian, Spanish, Vietnamese, Farsi, and Chuukese languages and were distributed via email and hard copies.

Responses were received from all 5 counties. Most survey respondents reside in Clark or Cowlitz Counties (73%). There was a total of 299 client surveys completed.

- Clark: 37 % (112)
- Cowlitz: 36% (110)
- Wahkiakum: 8% (25)
- Klickitat: 10% (30)
- Skamania: 9% (26)

In addition to survey results, several documents played an important role in the development of AAADSW's 2024-2027 Area Plan. The following lists the reports reviewed:

- Kaiser Permanente Health Needs Assessment
- Providence 2023-2025 Community Health Improvement Plan (Hood River)
- Department of Social & Health Services Forecasts of the Aging Population
- Dementia Prevalence and Use of Long-Term Care Services Technical Report
- Administration on Aging Administration for Community Living
U.S. Department of Health and Human Services – A Profile of Older Americans: 2021 report
- Washington State County Population Projections for Growth Management, 2000- 2025, January 2002

For details of the public process, see Appendix E.

A draft of the Area Plan was presented to Advisory Council members, at public meetings as well as available online as of September 22, 2023. Comments and feedback are incorporated into the 2024-2027 Area Plan. AAADSW's Advisory Council and Board of Directors approved the Area Plan on Wednesday, November 15 and on Friday, December 1, 2023 respectively.

A-4 Prioritization of Discretionary Funding

While most of our revenue is dedicated to providing mandated federal and

state services, AAADSW has a limited amount of discretionary funding from Washington State Senior Citizens Services Act and Federal Older Americans Act Title IIIB. Even though these dollars are “discretionary,” there are federal requirements with which AAADSW must comply. Those requirements are:

1. 11% of Older Americans Act Title IIIB funding must be budgeted for Legal Services
2. 15% of Older Americans Act Title IIIB funding must be budgeted in the Access Services category, i.e. Transportation, Information & Assistance, Aging Network Case Management.
3. 1% of Older Americans Act Title IIIB funding must be budgeted in the In-Home Services category, i.e. Aging Network Personal Care, Adult Day Care, Bath Assistance.
4. Funding for Long-Term Care Ombudsman Program must meet or exceed its 2019 Title IIIB and Title VII spending levels for ombudsman services. For AAADSW, this amount is \$8,352.

In prioritizing which programs to support with the remaining discretionary funds, AAADSW considers the following questions:

- a. Does the program/service align with AAADSW’s mission?
- b. Does the program/service support the person’s ability to remain at home?
- c. Does the program/service reach our target population(s)?
- d. Does the program/service help accomplish Area Plan goals and objectives?
- e. Is the program/service currently available through another organization?
- f. What are the expressed needs identified through the most recent Area Plan Public Process?

Taking into consideration survey results, input from public meetings and Advisory Council members, feedback from partner agencies and program analysis, AAADSW will support the following programs with discretionary funding.

- Aging & Disability Resource Center
- Health and Wellness Programs
- Respite
- Aging Network Personal Care
- Aging Network Case Management
- Long-Term Care Ombudsman

It is important to note that survey results, input from public meetings and Advisory Council members show strong support for supporting family caregivers. AAADSW values the role of family caregivers and has a long history of supporting them by offering various educational events, funding respite care to the maximum amount allowed under state and federal requirements and offering services such as Dementia Kits.

Prioritizing programs when significant funding reductions or increases occur involves several factors, including but not limited to contractual and legal requirements, ability to carry out Area Plan Goals and Objectives and needs identified through the most recent Area Plan Public Process. In addition to these factors, answers to the following questions will help determine program prioritization.

- a. What fund source(s) is reduced and by how much?
- b. Are there alternative revenue sources within AAADSW that can offset the reduction?
- c. Which program(s) protect core functions critical to the health and safety of our target populations?
- d. What is the impact if reductions are spread across programs versus one program?
- e. Is the program currently available through another organization?

Taking all this into consideration discretionary funded programs are ranked accordingly.

1. Aging & Disability Resource Center
2. Transportation
3. Respite
4. Oral Health
5. Volunteer Connection Program

SECTION B: PLANNING AND SERVICE AREA PROFILE

B-1 Target Population Profile

Federal and state statutes establish whom is eligible to receive AAADSW services. Adults age 60 and over, adults with disabilities and family caregivers are AAADSW’s target populations. The following eight tables focus on a different characteristic of AAADSW’s target populations. In all of these tables, demographic information is from Washington State’s Department of Social and Health Services Research and Data Analysis, July 16, 2019 report, except Table 9. Data in this table is from an AARP 2023 estimate that there are 820,000 unpaid family caregivers statewide.

For a more comprehensive look at population forecast, see Appendix K.

Consider the information in Table 1: Growth in age 60+ population by county. The percentage of increase in this population ranges from under 1% in Wahkiakum to over 7.7% in Clark County.

Table 1: Growth in age 60+ population.

County	2024 to 2027	Percent Increase
Clark	127,020 to 136,850	7.7
Cowlitz	33,459 to 34,769	3.9
Klickitat	8,462 to 8,676	2.5
Skamania	4,418 to 4,597	4.1
Wahkiakum	1,958 to 1,946	-.6
Region	175,318 to 186,838	6.6

There will be a regional 6.6% increase in age 60+ population from 2024 to 2027. This cohort represents a significant percentage of the region’s total population! According to the report by Washington State County Population Projections for Growth Management (January 2002), a minimum of 1 in 4 residents will be age 60+ by the year 2025. See Table 2 for specific county statistics.

Table 2: Percentage of population age 60+ in 2025.

County	Total Population	Age 60+ Population	Percent of age 60+ population
Clark	543,507	130,708	24.0%
Cowlitz	114,123	34,029	29.8%
Klickitat	23,625	8,556	36.2%
Skamania	12,079	4,521	37.4%
Wahkiakum	4,581	1,959	42.8%
Region	697,915	179,772	25.8%

Consider the various subgroup statistics within AAADSW's target populations in Tables 3-8.

Table 3: Growth in number of persons age 60+ living at or below 100% of Federal Poverty Level

County	2024 to 2027	Percent Increase
Clark	6,311 to 6,761	7.1
Cowlitz	3,302 to 3,332	.9
Klickitat	649 to 636	-2.0
Skamania	323 to 316	-2.2
Wahkiakum	152 to 148	-2.6
Region	10,737 to 11,196	4.3

Table 4: Growth in number of persons age 65+ with dementia.

County	2024 to 2027	Percent Increase
Clark	9,526 to 11,042	15.9
Cowlitz	2,567 to 2,862	11.5
Klickitat	668 to 761	13.9
Skamania	295 to 340	15.3
Wahkiakum	179 to 196	9.5
Region	13,234 to 15,200	14.9

Table 5: Growth in disabled population age 18+.

County	2024 to 2027	Percent Increase
Clark	38,016 to 41,497	9.2
Cowlitz	9,961 to 10,513	5.5
Klickitat	2,465 to 2,597	5.4
Skamania	1,253 to 1,330	6.1
Wahkiakum	529 to 547	3.4
Region	52,223 to 56,485	8.2

Table 6: Growth in number of persons age 18+ with cognitive impairment.

County	2024 to 2027	Percent Increase
Clark	23,060 to 24,794	7.5
Cowlitz	6,049 to 6,299	4.1
Klickitat	1,416 to 1,476	4.2
Skamania	746 to 781	4.7
Wahkiakum	273 to 283	3.7
Region	31,543 to 33,633	6.6

Table 7: Growth in number of persons age 60+ and minority.

County	2024 to 2027	Percent Increase
Clark	13,368 to 15,233	14.0
Cowlitz	2,276 to 2,520	10.7
Klickitat	675 to 747	10.7
Skamania	349 to 395	13.2
Wahkiakum	97 to 102	5.2
Region	13,765 to 18,996	13.3

Table 8: Growth in number of persons age 60+ and Limited English Proficiency.

County	2024 to 2027	Percent Increase
Clark	4,911 to 5,547	13.0
Cowlitz	1,281 to 1,383	8.0
Klickitat	339 to 359	5.9
Skamania	165 to 177	7.3
Wahkiakum	65 to 66	1.5
Region	6,760 to 7,532	11.4

AARP estimated that in 2023 there are 820,000 unpaid family caregivers throughout the state. Since AAADSW’s region accounts for approximately 8% of the state’s total population, we can reasonably assume there are a minimum 65,000 caregivers in our region. For an estimated number of caregivers by county, see Table 9.

Table 9: Number of Family Caregivers by County.

County	Family Caregivers
Clark	50,398
Cowlitz	10,798
Klickitat	2,222
Skamania	1,147
Wahkiakum	435
Region	65,000

AAADW’s target populations include low-income, minority, Limited English Proficiency (LEP), older adults residing in rural areas, older Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, Two Spirit, Plus (LGBTQIA2+) individuals and adults with disabilities and their family caregivers.

AAADSW staff members conduct presentations and in-service trainings to community partner agencies specializing in serving these populations. Improving access to information and services for LEP individuals remains a priority for AAADSW. To accomplish this goal, the agency provides information in multiple languages to include Spanish and Russian and uses interpreters as needs arise.

As described in the Population Profile, Clark County is urban while the other four counties are rural. Reaching older adults and adults with disabilities in these rural counties requires a concerted effort. Klickitat and Skamania counties are sub-contracted agencies that serve as focal points and service providers. Klickitat County Senior Services (KCSS) and Skamania County Senior Services (SCSS) distribute regular newsletters to reach target populations and the public and inform them of issues, programs and services touching their lives. In Wahkiakum County, AAADSW contracts with Wahkiakum County Health & Human Services to provide Aging and Disability Resource Center services.

AAADSW's outreach efforts are multiplied through sustaining the Aging & Disability Resource Network (ADRN), comprised of private and public sector organizations. Representatives from over 50 organizations attend quarterly ADRN meetings to learn from each other, strengthen partnerships and improve referral processes so vulnerable populations receive quality care. AAADSW established the ADRN in 2016.

Through our GWEC program, we have conducted numerous presentations to physicians, social workers and discharge planners at clinics and hospitals in Southwest Washington. As a result of these outreach efforts, we have seen a significant increase in referrals for services for older adults, adults with disabilities and family caregivers.

AAADSW staff members participate on committees including Clark County Commission on Aging, Clark and Cowlitz Counties Cross Continuum Care Transitions Collaborative, and Affordable Housing for Low-income, Vulnerable and Diverse Populations Workgroup.

Further outreach efforts to target populations include, but not limited to the following:

- participation in health/senior fairs
- presentations to support groups, homeowners associations, service organizations, state agencies, schools, faith communities,
- paid advertising in newspapers and digital advertising
- strategic partnerships with staff at organizations serving similar populations

Lastly, AAADSW's sub-contractors are required to refer vulnerable adults to their local Aging & Disability Resource Center/Focal Point.

B-2 AAA Services and Partnerships

AAADSW offers over 35 programs, directly or through its network of subcontracted providers, striving to ensure all programs are available in full and equal measure in every county.

However, there are significant challenges to accomplishing this goal:

- 1) limited funds to distribute
- 2) shortage of agencies/contractors available to do the work
- 3) diversity of perceived needs as per recent survey responses

Despite these challenges, AAADSW continues to think creatively about ways to bring programs/services to scale across all five counties, as appropriate.

With an eye toward future needs and a successful record of program innovations, AAADSW collaborates with community partners to launch pilot projects that meet the needs of the local community through its Area Plan Grants. Examples of 2021-2023 grants include Pathways Home, Palliative Care Services Program and Volunteer Connection.

A trio of related programs comprise the core of AAADSW's services. The largest of these programs is Medicaid (Title XIX) Case Management. Under this program, case managers conduct assessments, authorize and coordinate services to many of the areas' most medically complex individuals on Medicaid in-home services. Annually, approximately 5,000 individuals receive case management services through this program, accounting for roughly 52% of the agency's budget.

The second, accounting for approximately 11% of AAADSW's budget is Health Home Care Coordination. Through this program, high-risk, high-cost individuals with chronic health conditions on Medicaid-Medicare (dually eligible), or those on Medicaid only, receive intensive support services. The goal is to improve their health outcomes and reduce unnecessary medical costs by creating a client-centered Health Action Plan (HAP). Care coordination services are voluntary and may include any of the following services:

- 1) comprehensive care management
- 2) comprehensive transitional care from inpatient to other settings, including the client's home, with appropriate follow-up
- 3) referral to community and social support services

The third, launched in 2017 is Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA). These demonstration programs help clients avoid, or delay accessing, Medicaid long-term services and supports. These programs allow individuals with higher incomes and resources to access certain Medicaid benefits. As of May 2023, approximately 450 clients are receiving services through these programs.

MAC and TSOA have proven effective, resulting in a renewal of the demonstration for five years effective July 1, 2023.

The remaining services offered by AAADSW are available to older adults, adults with disabilities, and family caregivers, including:

- nutrition
- transportation
- case management
- dental care
- minor home repairs and accessibility modifications
- Aging & Disability Resource Centers
- respite care and counseling for caregivers
- educational classes and support groups covering chronic illnesses and caregiving
- healthy aging resources and exercise programs
- PERS and other Supplemental Services (medical equipment, supplies and assistive devices)

AAADSW is the host agency for the region's Long-Term Care Ombuds program whose purpose is to protect and promote the rights of residents living in skilled nursing homes, assisted living communities, and adult family homes guaranteed under federal and state law and regulations. Trained volunteers and staff receive complaints and resolve problems in situations involving quality of care and life, use of physical or chemical restraints, or abuse/neglect and other aspects of residents dignity and rights. AAADSW also hosts the Statewide Health Insurance Benefits Advisors (SHIBA), which is a service of the Washington State Office of the Insurance Commissioner. SHIBA provides free, unbiased, confidential help with Medicare to people of all ages and backgrounds.

For a complete list of programs and services offered, see Appendix L.

Partnerships and Networks

Forming and maintaining meaningful community partnerships remains a high priority to AAADSW. To expand awareness of AAADSW programs and services, staff develop and sustain strong partnerships with professional peers in healthcare, housing authorities, dementia support groups, senior centers and a broad range of other community-based service organizations. AAADSW facilitates the Aging and Disability Resource Network in Clark County. Network membership consists of healthcare, long-term care services, emergency medical services, social services and disability groups. The network convenes to share resources, identify and problem solve gaps in services and collaborate to improve care to clients.

For a complete list of partnerships, see Appendix M.

Volunteers

AAADSW and their contracted providers rely heavily on the talents, skills and abilities of dedicated volunteers. With the help of these generous individuals, key services are delivered in the most cost effective manner possible.

In 2022, volunteers provided more than \$688,615 worth of services! These services include:

- serving meals and washing dishes at congregate meal sites
- delivering meals to home-bound seniors
- giving seniors rides to medical appointments
- advocating for residents of nursing homes, adult family homes and assisted living facilities
- building access ramps and installing grab bars
- serving on AAADSW’s Advisory Council and committees

The \$688,615 helps AAADSW meet its federal funding “match” requirements, and thereby frees up other funding to enhance and expand services.

B-3 Focal Points

A focal point is a facility established to encourage the maximum connection and coordination of services for older individuals.

Listed below are designated focal points in AAADSW’s five county region.

“What volunteers bring is the human touch, the individual, caring approach that no government program, however well-meaning and well- executed, can deliver.” – Edward James Olmos

“Volunteers do not necessarily have the time; they just have the heart.” – Elizabeth Andrew

County	Organization or Site Name	Focal Point Address	Public Phone Number & E-Mail Address	Services Coordinated at this Site
Clark	AAADSW	201 NE 73 rd Street, Vancouver, WA 98665	<p><u>Phone:</u> 360-694-8144</p> <p><u>Toll Free:</u> 888-637-6060</p> <p><u>Email:</u> ClarkADRC@dshs.wa.gov</p>	ADRC and other AAA Services

Cowlitz	AAADSW	1338 Commerce Avenue, Suite 309, Longview, WA 98632	Phone: 360-501-8399 Toll Free: 800-682-2406 Email: CowlitzADRC@dshs.wa.gov	ADRC and other AAA services
Wahkiakum	Wahkiakum County Health and Human Services	42 Elochoman Valley Road, Cathlamet, WA 98612	Phone: 360-795-8630, Option 4 Email: cor@co.wahkiakum.wa.us	ADRC and referrals to other services
Skamania	Skamania County Senior Services	710 SW Rock Creek Drive, Stevenson, WA 98648	Phone: 509-427-3990 Email: seniorsia@co.skamania.wa.us	ADRC, Congregate Meals, Home Delivered Meals, DPHP, Transportation
Klickitat	Klickitat County Senior Services	115 W Court Annex IIMC- CH-21, Goldendale, WA 98620	Phone: 509-773-3757 Toll Free: 800-447-7858 Email: kcssinfo@klickitatcounty.org	ADRC, Congregate Meals, Home Delivered Meals, DPHP, Transportation, Case Management, MAC/TSOA and FCSP
Klickitat	Klickitat County Senior Services	501 NE Washington Street, White Salmon, WA 98672	Phone: 509-493-3068 Toll Free: 800-447-7858 Email: kcssinfo@klickitatcounty.org	ADRC, Congregate Meals, Home Delivered Meals, DPHP, Transportation, Case Management, MAC/TSOA and FCSP

SECTION C: ISSUE AREA THEMES

This section outlines goals that address issues facing older adults, adults with disabilities, and family caregivers. The selected “Issue Areas” are the result of over 387 survey responses and requirements by Washington State’s Aging and Long Term Services Administration.

C-1 Healthy Aging

Healthy aging influences the ability of older adults and adults with disabilities to remain at home and can help reduce healthcare costs. As such, AAADSW provides health and wellness programs and will continue to work with our community partners to address social determinants of health that impact the health of older adults, adults with disabilities and family caregivers in Southwest Washington.

Brain Health and Dementia Supports

According to the Alzheimer’s Association, there is evidence “people can reduce their risk of cognitive decline by making key lifestyle changes, including participating in regular physical activity, staying socially engaged, and maintaining good heart health.” AAADSW and its contractors provide fitness, nutrition and life enrichment programs that facilitates both physical and brain health.

AAADSW will continue its focus on supporting individuals with dementia and their families by connecting them to services and supports, and by facilitating the expansion of Dementia Friendly communities.

Goal: Help individuals with Alzheimer’s or a related dementia and their family caregivers connect to services and support.	
Objectives	Date
Sustain respite and personal care services.	12/31/2027
Connect family caregivers to local support groups.	12/31/2027
Offer family caregiver education opportunities via print, online and in-person.	12/31/2027
Provide dementia capable training to AAADSW staff.	12/31/2027

Goal: Facilitate the expansion of dementia friendly communities.	
Objectives	Date
Collaborate with Washington Dementia Action Collaborative regarding the dementia friendly communities’ initiative.	12/31/2027
Collaborate with community members, partners, businesses, and volunteers to expand Dementia Friends in Clark County.	12/31/2027
Collaborate with community members, partners, businesses, and volunteers to bring Dementia Friends to a second county in our service area.	12/31/2027

Health Promotion Programs

AAADSW and its sub-contractors provide the following evidence-based health promotion programs: TCARE, Powerful Tools for Caregivers, STAR-C, Enhance Fitness, Staying Active and

Independent for Life, Strong Women, Walking with Ease, Transitional Care Services, and the Program to Encourage Active, Rewarding Live (PEARLS). Focal points of this plan period are:

- Explore Health Social Engagement as a key component of the program
- Pivot Health Promotion back to prioritizing in-person offerings post-COVID
- Increase public awareness of available wellness programs in Southwest Washington

Senior Center, Avoiding Isolation, and Social Participation

The Area Plan Survey results show social connection and social activities is an important need for older adults in the community. AAADSW and its contractors offer many programs and services which provide connection and engagement to help reduce social isolation and loneliness. AAADSW will continue to work towards addressing the issue of social isolation.

Goal: Reduce social isolation amongst older adults	
Objectives	Date
Join and participate in groups that focus on addressing social isolation and loneliness.	12/31/2027
Research social isolation and find out what work is being done to address the issue in the community.	12/31/2027
Explore ways to address social isolation and loneliness with Nutrition and Transportation providers.	12/31/2027

Nutrition

Senior Nutrition programs are available throughout AAADSW’s five-county service area, and includes Congregate Nutrition Services (CNS), Home Delivered Meals (HDM) and Senior Farmers’ Market. Services focus on serving older adults, who are low-income, identify as minorities, and/or are at nutritional risk, nutritious meal and social engagement.

“I’m 91 years old and the meals help me a lot, they keep me alive. I eat fruit and vegetables every day because of the meals and I wouldn’t otherwise. I feel safer in my home knowing someone is coming to deliver my meals and checking up on me. They are good cooks!” – Clark County Older Adult

Goal: Increase awareness of Senior Nutrition Programs	
Objectives	Date
Conduct outreach in the community for Senior Nutrition Programs	12/31/2027
Convene meetings of nutrition providers, healthcare partners and clients to learn more about clients’ unmet nutritional needs.	12/31/2027
Create and implement plan to improve communication about the Senior Farmers’ Market program with contractors, partners, and AAADSW staff.	12/31/2027
Increase number of certified growers for the Senior Farmers’ Market	12/31/2027

Transportation

Southwest Washington does not have adequate transportation resources to meet the needs of older adults and adults with disabilities. Due to limited funding, AAADSW contracted transportation providers must prioritize who gets a ride to what destination. Often times, transportation to life-sustaining medical appointments such as dialysis, oncology, primary and specialty care take priority over rides to the grocery store, congregate meal sites and life enrichment activities. In addition, while transportation to medical appointments is vitally important, so is transportation to life enrichment activities as they reduce social isolation which in-turn improves a person's overall health.

Goal: Advocate for expanded transportation services.	
Objectives	Date
Research ways to recruit and obtain volunteer drivers, share findings with community partners and determine implementation feasibility.	12/31/2027
Participate with Accessible Transportation Coalitions Initiative and Gorge TransLink Alliance.	12/31/2027
Contribute feedback to the Southwest Washington Regional Transportation Council's Human Service Transportation Plans.	12/31/2027

Universal Design and Community Planning Feedback for Aging Populations

AAADSW's HOME Program provides older adults with minor home modifications so they can continue to live independently and safely in their own homes. Modifications include grab bars, handrails, handheld showers, and access ramps. The pilot program currently serves adults over age 60 who reside in Cowlitz county. AAADSW intends to expand the program to Clark County by 2027.

In addition to AAADSW's HOME program, AAADSW will sustain its advocacy and education to promote dementia friendly communities by attending community events to share feedback with community planners.

Mental Health and Counseling

AAADSW will continue to collaborate with community partners, such as NAMI, who focus on mental health in the community to connect community members to behavioral health services, local support groups and classes available in the community. AAADSW offers the Program to Encourage Active, Rewarding Lives (PEARLS) to address late-life depression. Family caregivers may also access counseling services.

“Need Companionship, social events with others, sharing meals, going to music events. I don't like to go alone.” – Wahkiakum County Older Adult

C-2 Expanding and Strengthening Services and Supports that Prevent or Delay Entry into Medicaid-Funded Long Term Services and Supports

Aging and Disability Resource Centers - Information and Assistance/Community Living Connections

ADRCs provide person-centered information and assistance to connect people to community-based service options and Long-Term Services and Supports. Personalized assistance to facilitate access to community-based services is provided when needed. ADRCs in our service area utilize Community Living Connections to curate and share the resources and services that will best meet the needs of our callers.

“Aging at home is a good thing except you have to “hustle” more to try and get the information you need to try and maintain your home, so it doesn’t “fall down around you”.
- Skamania County Older Adult

Care Transitions

Transitional Care Services, provided by a contracted community organization, help patients and their family caregivers to ensure a successful transition from hospital or rehabilitation center to home. Coaches focus on key components of transitioning home, medication management and self-care, recognizing symptoms that may require immediate attention, and making and keeping follow-up appointments with their primary care physicians. With this support, individuals are more likely to avoid hospital readmissions, and experience improved medical outcomes and quality of care.

Goal: Connect individuals and families to services and supports that maximize independence and improve quality of life in their home and community.	
Objectives	Date
Sustain an information and assistance service in each county, provided by Aging and Disability Resource Centers (ADRC).	12/31/2027
Continue to cultivate healthcare partnerships and collaborations.	12/31/2027
Explore new opportunities to expand ADRC service delivery.	12/31/2027
Update resources for Yard Care.	12/31/2024 and ongoing
Seek to expand network adequacy to include yard care as a service.	12/31/2024

State Family Caregiver Program

The Family Caregiver Support Program (FCSP) offers tailored services, supports, and resources to unpaid family caregivers, who provide continuous care for adults with functional disabilities or are age 60 or older. These supports and services enable family caregivers to continue at-home care and allow care receivers to remain in their familiar, home environment and postpone or prevent the need for more expensive forms of care. Services include:

- a) Information on Community and Caregiver Resources
- b) Referral to Support Groups
- c) Respite Care Services, including In-home care and Adult Day Care (Clark County only)
- d) Caregiver Education
- e) Evidence-based caregiver services such as TCARE Assessment, Powerful Tools for Caregivers, and STAR-C
- f) Transportation for caregiver and/or care receiver to medical services, essential shopping, wellness activities, meal programs, social services, and/or senior center
- g) Counseling Services for caregiver
- h) Case Management
- i) Assistive Supplies, Devices, and Equipment, and
- j) Personal Emergency Response Systems (PERS).

“I have had to go out of county for dementia care for my family members. None is provided in Skamania County.” – Skamania County Caregiver

Goal: Expand support to family caregivers	
Objectives	Date
Include information for Family Caregiver Support Group (FCSP) at community outreach events AAADSW attends.	12/31/2027
Promote availability of support groups through agency website and social media.	12/31/2027
Connect family caregivers to information about dementia and memory loss through classes, online education, printed materials, and agency and community resources.	12/31/2027
Maximize utilization of funding available for all services and supports available through FCSP.	12/31/2027

Medicaid Alternative Care (MAC)

MAC supports older adults age 55+ who are on Apple Health (Medicaid), that need help to live at home. These services are designed to assist unpaid caregivers receive supports necessary to continue to provide care to their loved one and to focus on their own health and well-being. There is no estate recovery or client participation for this program.

Tailored Supports for Older Adults (TSOA)

TSOA helps older adults age 55+ who need help to live at home. These services are for adults who do not meet Medicaid financial eligibility but do meet the functional criteria for care. They may or may not have an unpaid caregiver. There is no estate recovery or client participation for this program.

Advanced Care Planning

AAADSW plays an active role in advance care planning and education in Southwest Washington. AAADSW has been a member of the Life Transitions: End of Life Coalition since 2011. AAADSW partners with these and other community organizations to refer community members to both group and one-on-one Advanced Care Planning consultations,

C-3 Person-centered Home and Community-based Services

The “person-centered” philosophy focuses on individuals and their personal self-directed goals, preferences, strengths, needs and desires. It changes the conversation from what the “professional” thinks is most important for the individual to know, to finding out what is most important to the individual. This “person-centered” approach puts individuals and their goals and desires at the center of the conversation and, through a series of questions, the “professional” helps individuals explore their options and make informed decisions.

The person-centered approach is present in all interactions with individuals; regardless of from which department (Medicaid Case Management, Care Coordination, or Community Services) they receive services.

Person-Centered Counseling/Options Counseling

The ADRC’s Person Centered Options Counseling facilitates informed decision-making and provides a pathway for individuals to access long-term care services and supports they think are most beneficial to their current and future situation.

Goal: Provide a person-centered approach to explore resources and options for care.	
Objectives	Date
Aging and Disability Resource Specialists and Community Services Case Managers will complete person-centered options counseling training within six months of hire.	12/31/2027
Continue to share information about upcoming person-centered options counseling trainings with AAADSW's Medicaid Case Management and Care Coordination teams.	12/31/2027
Aging and Disability Resource Specialists will assist individuals to explore resources and service options, and to support the individual in weighing pros and cons.	12/31/2027
Case managers will continue to use the TCARE assessment to identify family caregivers' needs, provide consultations to share recommended services and supports, that meet their needs, and collaborate with them to incorporate their preferred services and supports into their plan of care.	12/31/2027
Case managers will continue to support clients in making informed decision about Long-Term Services and Supports.	12/31/2027

In Medicaid Case Management and Care Coordination, staff receive person-centered training within their first six months of hire. Additionally, the person-centered approach is also embedded in the required assessment tools (electronic and paper versions).

Examples include the following:

- Case managers receive information on person-centered planning during their new-hire orientation at Case Management Program Training by Aging and Long-Term Services Administration staff.
- Case managers receive person-centered training and support from their supervisors during team meetings.
- Client-directed goals in Comprehensive Assessment and Reporting Evaluation (CARE) become part of the client's service plan.
- Care coordinators participate in a 2-day Health Care Authority training where person-centered planning is the foundational approach to working with clients.
- Care coordinators complete tri-annual client Health Action Plans (HAP) that contain goals created by the client and supported by the care coordinator.
- During the development of a Health Action Plan, a client's level of motivation and confidence is assessed using the Patient Activation Measure (PAM) tool. The scores on the PAM help the care coordinator work with the client to create realistic and achievable goals.

Aging Network Program (ANP)

ANP supports older adults age 60+ who need help to live at home. These services are for adults who are not eligible for other programs or whose needs are not met by those programs. ANP offers four services to meet a variety of needs: case management, supplemental services, minor home modification, and personal care in the home. Services may be short term or

ongoing (depending on needs and service parameters), and eligible adults can access any combination of services offered.

Equity, Diversity and Inclusion

AAADSW continues to move forward with knowledge and understanding of the broadness of diversity, equity and inclusion (DEI). We seek to foster an environment which focuses on connections in our community and within our agency, to further our understanding of the many intersectionality's of our community members, clients, staff, and stakeholders. AAADSW continues to offer staff trainings and learning events and creates work groups to discuss our common goals and measure our progress, and to ensure our DEI efforts continue to expand.

Through outreach and programs, we aim to reach those with the greatest economic and social needs, minorities, those who caretake for or who have dementia, persons at risk of institutionalization, live in rural communities, those who have non-dominant-culture relationships or family dynamics, and those who care for or who are 60 years of age or older or living with a disability.

C-4 Recognizing Tribal Sovereignty in Planning Services for Older Native Americans (7.01 Plan)

Washington State Department of Social & Health Services Administrative Policy 7.01 requires Area Agencies on Aging to develop a formal plan that outlines their coordination with individual tribes within their region. There are two tribes within AAADSW’s region, Cowlitz Indian and Yakama Nation. Please note, January 1, 2022 to December 31, 2023 7.01 plan with Cowlitz Tribe is listed below but has been updated to reflect current personnel. This plan will be sustained until Cowlitz Tribe is ready to meet to update the 7.01 plan.

Policy 7.01 Implementation Plan for Area Agencies on Aging (AAAs) Timeframe: January 1, 2022 to December 31, 2023 Have not met with Cowlitz Tribe in 2024. DRAFT				
Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the previous year.

Continue working relationship with Cowlitz Indian Tribe Health & Human Services	Communicate with CITH&HS representatives to analyze past coordination efforts and review Policy 7.01 Implementation Plan	Develop a stronger relationship between Area Agency on Aging & Disabilities of SW WA (AAADSW) and Cowlitz Indian Tribe. Ensure 7.01 Plan objectives are met	AAADSW Community Services Supervisor – Longview Office Christina Marneris and Breanne Swanson Semi Annually 2022-2023	
Increase Tribal awareness and utilization of long term services and supports (LTSS) and Community Paramedicine	Coordinate information exchange about available programs, services and events and how to access them. Invite a representative from the Tribe to the bi-monthly CODES/Community Paramedicine meeting. Attend luncheon with Tribal Elders the third Friday of each month.	Improve awareness of and access to LTSS and programs and services available through AAADSW	AAADSW Community Services Supervisor – Longview Office – Christina Marneris and Breanne Swanson Bi-monthly beginning 2022 through 2023 Monthly beginning 2022 through 2023.	
Improve support for Native American informal caregivers	1. Promote and provide Powerful Tools for Caregivers class to Cowlitz Tribal members annually. 2. Promote and provide Senior Health and Wellness classes to Cowlitz Tribal members annually. 3. Offer Kinship services to Tribal members who qualify	Improve awareness of and access to Caregiver and Health and Wellness Education opportunities and Kinship Services available through AAADSW	AAADSW Community Services Supervisor – Longview Office – Christina Marneris, Yen Lu Ortega and Breanne Swanson 30 days prior to scheduled class.	
	4. Attend Tribal Event in June to promote AAADSW programs to include SHIBA.	Improve awareness of and access to SHIBA and MIPPA programs and services available through AAADSW.	AAADSW Community Services Supervisor – Longview Office – Christina Marneris, Breanne Swanson and Pam Monahan June 2022	

Policy 7.01 Plan and Progress Report

Timeframe: January 1, 2024 to December 31, 2024

Updated: 8/3/2023

AAA: Area Agency on Aging & Disabilities of Southwest Washington

Region: PSA 7

Tribe: Yakama Nation

Implementation Plan				Progress Report
Goals/Objectives	Activities	Expected Outcome	Lead Staff and Target Date	Status Update for the previous year.

<p>Continue to enhance communication and working relationship among Yakama Nation AAA (YNAAA), Klickitat County Senior Services (KCSS), Skamania County Senior Services (SCSS) and the Area Agency on Aging and Disabilities of Southwest Washington (AAADSW).</p>	<p>Communicate with YNAAA, KCSS, SCSS, and AAADSW representatives to analyze past coordination efforts and review Policy 7.01 Implementation Plan</p> <p>Update contact and referral lists among partners, to include phone, email, and list of services. Update and redistribute contact information when there is a staff transition.</p> <p>Reconvene meetings every other month with KCSS and SCSS and include YNAAA. Introduce staff from Yakama Nation to staff at KCSS, SCSS and AAADSW</p> <p>KCSS, SCSS and YNAAA will share newsletters with one another.</p> <p>Sponsor resource tables at community events. Conduct outreach at congregate meal sites.</p>	<p>Agreement on future coordination efforts and ensure 7.01 Plan objectives are met.</p> <p>Review what programs and services each agency offers and share points of contact to access services.</p> <p>Staff from Yakama Nation AAA, KCSS, SCSS and AAADSW will have increased opportunities to connect, and build confidence in making referrals to one another.</p>	<p>AAA/AAA Contractor: Christina Marneris, AAADSW Sharon Carter, KCSS Sophie Miller, SCSS</p> <p>Tribe: Melissa Howtopat</p> <p>Target Date: Convene partner meetings twice a year to review progress on 7.01 Plan: January and August.</p>	
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<p>Increase Tribal awareness and utilization of long-term services and supports (LTSS).</p> <p>Increase SCSS's, KCSS's and AAADSW's awareness of the LTSS needs of Yakama Nation (YN) Tribal Members and identify outreach strategies and opportunities.</p>	<p>Share information (e.g. process to apply, eligibility criteria and service packages) about LTSS available through SCSS, KCSS and AAADSW with Yakama Nation.</p> <p>Consult with YNAAA to understand service needs and gaps.</p> <p>Leverage all resources available through Yakama Nation AAA, SCSS, KCSS and AAADSW to support outreach.</p> <p>Add as a standing agenda item to every other month meetings.</p>	<p>Increase elders' awareness and access to LTSS.</p>	<p>AAA/AAA Contractor: Christina Marneris, AAADSW Sharon Carter, KCSS Sophie Miller, SCSS</p> <p>Tribe: Melissa Howtopat</p> <p>Target Date: Convene partner meetings twice a year to review progress on 7.01 Plan: January and August.</p>	
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<p>Improve support for Native American informal caregivers</p>	<p>Share information about FCSP, MAC, TSOA and Kinship programs and services with YNAAA.</p> <p>YNAAA and AAADSW will collaborate to develop printed outreach materials.</p> <p>YNAAA, KCSS and AAADSW will share information about upcoming Family Caregiver events and classes.</p> <p>Add as a standing agenda item to every other month meetings.</p>	<p>Partners will be aware of what resources are available through each office and county.</p> <p>Elders will have improved access to care.</p> <p>Increase the number of elders served.</p>	<p>AAA/AAA Contractor: Sarah Revord, AAADSW Willa Evans, AAADSW Yen Lu-Ortega, AAADSW Sharon Carter, KCSS</p> <p>Tribe: Melissa Howtopat</p> <p>Target Date: Convene partner meetings twice a year to review progress on 7.01 Plan: January and August.</p>	
<p>Increase KCSS, SCSS and AAADSW cultural awareness.</p>	<p>Provide Native American cultural awareness/sensitivity training to all new KCSS, SCSS and AAADSW staff.</p>	<p>AAA staff and its contractors will develop or expand cultural awareness when serving Native Americans.</p>	<p>AAA/AAA Contractor: Christina Marnieris, AAADSW Sharon Carter, KCSS Sophie Miller, SCSS</p> <p>Target Date: Trainings will be scheduled as needed with Janet Gone and Heather Hoyle. Training may also be accessed via recorded training.</p>	

<p>Improve health and wellness of Yakama Nation (YN) Tribal Member Elders.</p>	<p>Share information about Senior Nutrition programs in Klickitat and Skamania counties.</p> <p>Provide information about Senior Health & Wellness classes and activities.</p> <p>Add as a standing agenda item to every other month meetings.</p>	<p>Yakama Nation Tribal Elders will have access to information about congregate meal sites in Klickitat and Skamania counties..</p> <p>Yakama Nation Tribal Elders will have access to information about Senior Health & Wellness classes and activities available through KCSS, SCSS and virtually through AAADSW.</p>	<p>AAA/AAA Contractor: Claire Thackery, AAADSW Sharon Carter, KCSS Sophie Miller, SCSS</p> <p>Tribe: Tina Antone & Alina George</p> <p>Target Date: Convene partner meetings twice a year to review progress on 7.01 Plan: January and August.</p>	
<p>Improve access to Medicare and Medicare related programs.</p>	<p>AAADSW, KCSS and SCSS will coordinate with YNAAA on Medicare Enrollment events.</p> <p>Add as a standing agenda item to every other month meetings.</p>	<p>Yakama Nation Tribal Elders will access Medicare benefits and related programs.</p>	<p>AAA/AAA Contractor: Pamala Monahan, AAADSW Sharon Carter, KCSS Sophie Miller, SCSS</p> <p>Tribe: Tina Antone & Alina George</p> <p>Target Date: Convene partner meetings twice a year to review progress on 7.01 Plan: January and August.</p>	
<p>Completed Items (and date):</p>				

C-5 Issue Area Themes – Additional Goals

During the Area Plan development process, community members, representatives from local agencies and advisory council members brought forward issues that do not fit within the required Issue Area Themes. These issues include (1) lack of trained and certified caregivers in rural areas and (2) need to improve communication and outreach to client populations.

Goal: Increase awareness of the High School Home Care Aide Program in rural service areas.	
Objectives	Date
Conduct outreach with Superintendents in the four rural counties within the Planning Service Area to share information about the High School Home Care Aide Program.	12/31/2025
Continue to brainstorm with stakeholders to improve probability of program being implemented.	12/31/2026
Communicate progress with community stakeholders.	12/31/2027

Goal: Enhance outreach to older adults, and adults with disabilities, family caregivers and community partners.	
Objectives	Date
Develop outreach plan to promote ADRC.	12/31/2024
Implement outreach plan to promote ADRC.	12/31/2027
Conduct outreach with mobile park home communities within PSA.	12/31/2027
Expand outreach with neighborhood associations and housing authorities.	12/31/2027
Share information about senior health and wellness activities.	12/31/2027

SECTION D: BUDGET SUMMARY
D-1 Area Plan Budget Summary

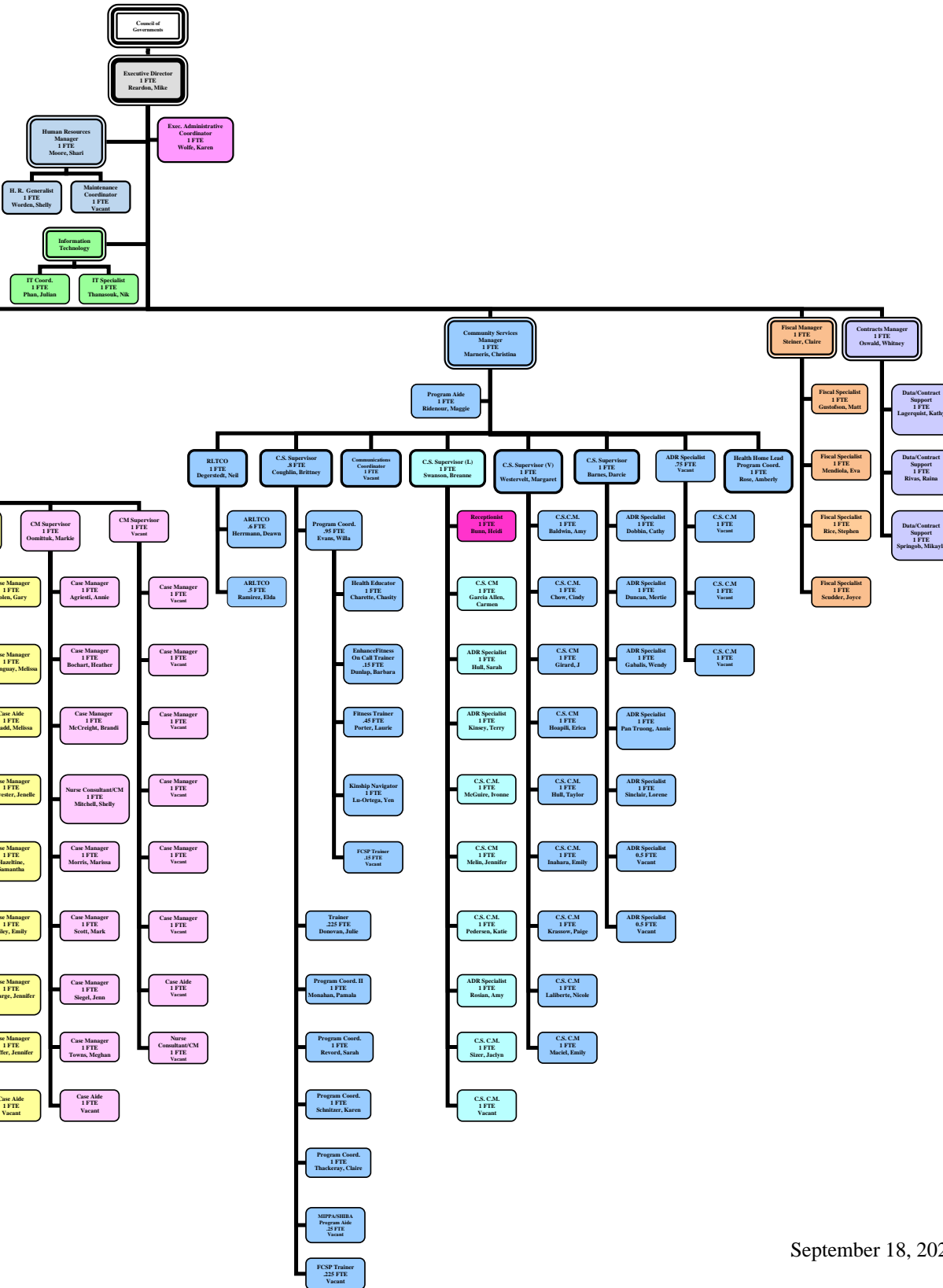
2024 AREA PLAN BUDGET

	Final 2023 AP Budget	Submitted 2024 AP Budget	Change more/(less)
Federal Contracts - ALTSA			
OAA - Title 3B: Support Services	937,585	1,097,311	159,726
OAA - Title 3C1: Congregate Meals	382,565	394,393	11,828
OAA - Title 3C2: Home Delivered Meals	840,446	649,077	(191,369)
OAA - Title 3D: Disease Prevention	43,177	45,770	2,593
OAA - Title 3E: Family Caregiver Services	317,244	318,596	1,352
OAA - Title 7: Elder Abuse	5,387	5,363	(24)
NSIP: Congregate/Home Delivered Meals	127,910	128,075	165
Total Federal Contracts - ALTSA	2,654,314	2,638,585	(15,729)
State/Federal Contracts - ALTSA			
Title XIX - Case Management/Nursing Services	14,375,824	15,228,756	852,932
Title XIX - Core Services Contract Management	457,558	470,209	12,651
Title XIX - Administrative Claiming for I&A	30,000	30,000	-
DAA - Nursing Services	35,000	35,000	-
American Rescue Plan - including State Match	1,413,809	662,321	(751,488)
Veterans Directed Home Services	66,000	66,000	-
Total State/Federal Contracts - ALTSA	16,378,191	16,492,286	114,095
State Contracts			
SCSA	719,588	719,129	(459)
State Family Caregiver Support	946,227	946,354	127
Senior Drug Ed	12,612	12,612	-
Kinship Caregiver Support	131,099	131,099	-
Kinship Navigator	88,251	130,000	41,749
State Home Delivered Meals	125,953	52,819	(73,134)
Senior Farmers Market	173,596	178,476	4,880
Senior Nutrition	-	143,831	143,831
Medicaid Transformation Demonstration - MAC/TSAO	1,774,482	1,774,482	-
Health Home-Health Home Lead-HCA	2,353,030	504,463	(1,848,567)
Care Transitions	294,614	294,614	-
Caregiver Training Services	400,000	400,000	-
Agency Worker Health Insurance	100,000	100,000	-
Total State Contracts	7,119,452	5,387,879	(1,731,573)
Total Expenditures paid by Government Contracts	26,151,957	24,518,750	(1,633,207)
Other Sources: Non-Governmental			
Multi-Service Center - Ombudsman	131,861	150,000	18,139
MTD-MIH-PeaceHealth	80,000	-	(80,000)
University of Washington - GWEC	92,000	92,000	-
Health Home-Care Coordination	3,514,875	3,476,309	(38,566)
Office of Insurance Commissioner - SHIBA/MIPPA	119,740	122,000	2,260
Donations/Program Income/Interest	8,000	6,000	(2,000)
Internal funds	1,468,612	1,388,415	(80,197)
Total Other Sources: Non-Governmental	5,415,088	5,234,724	(180,364)
Total Expenditures Paid by All Sources	31,567,045	29,753,474	(1,813,571)
Total Non-ALTSA Match Provided	617,700	915,000	297,300
Total AREA PLAN BUDGET	32,184,745	30,668,474	(1,516,271)

Appendix A: Organization Chart



AAADSW
Advisory Council



September 18, 2023

Appendix B: Staffing Plan – January 1, 2024

Full-time employees work an average of 40 hours per workweek. AAADSW estimates 9 FTE for MTP. Positions highlighted in blue indicate a portion of the FTE is attributed to MTP.

Position Title	FTE	Position Description	# of staff
Executive Director Mike Reardon	1.0	Serves as chief administrator with the major responsibility of managing social and health services for older adults and persons with disabilities. Coordinates legislative advocacy and community networking activities. Responsible for the direct administration, organization, and coordination of the Agency.	1
Fiscal Manager Claire Steiner	1.0	Provides direction and leadership in the business planning, accounting, asset management and budgeting of the agency. Advises Director on financial policies, strategies, and procedures.	1
Fiscal Specialist-AP Matt Gustofson	1.0	Provides fiscal support to the agency such as establishing and maintaining a comprehensive system for recording AP fiscal activity, coordinating purchasing functions and expenditure control, or maintaining revenue account records.	1
Fiscal Specialist – Payroll Eva Mendiola	1.0	Acts as primary payroll specialist for Agency and performs semi-monthly payroll processing and all related payroll support functions as noted below. Also provides fiscal support to the agency such as establishing and maintaining a comprehensive system for recording fiscal activity, coordinating purchasing functions and expenditure control, and/ or maintaining revenue/cash account records.	1
Fiscal Specialist – AR Stephen Rice	1.0	Provides fiscal support to the agency such as establishing and maintaining a comprehensive system for recording AR fiscal activity, coordinating purchasing functions and expenditure control, or maintaining revenue account records.	1
Facilities Maintenance (1.0 Vacant)	1.0	Provides and coordinates on-site facilities maintenance and repair activities.	0

<p>HR & Facilities Manager Shari Moore</p>	<p>1.0</p>	<p>Provides generalist human resources support to the agency and staff. Provides advice and assistance on staff policies, regulations, recruitment, compensation, performance management, disciplinary procedures, job descriptions, labor relations, union contract negotiations and training. Administers benefits (insurance, Washington State Retirement programs) including enrollments and terminations. Responsible for site safety programs and limited facility maintenance.</p>	<p>1</p>
<p>IT Specialist Nik Thanasouk</p>	<p>1.0</p>	<p>In support of the agency's information systems and users, independently performs analysis, design, acquisition, installation, configuration, maintenance, quality assurance, troubleshooting and/or technical support for applications, hardware and software products, databases, website, support products, network infrastructure equipment, or telecommunications infrastructure, software or hardware.</p>	<p>1</p>
<p>IT Coordinator Julian Phan</p>	<p>1.0</p>	<p>In support of the agency's information systems and users, independently performs analysis, design, acquisition, installation, configuration, maintenance, quality assurance, troubleshooting and/or technical support for applications, hardware and software products, databases, website, support products, network infrastructure equipment, or telecommunications infrastructure, software or hardware.</p>	<p>1</p>
<p>Fiscal Specialist – Purchasing Joyce Scudder</p>	<p>1.0</p>	<p>Acts as primary Purchaser of administrative goods and services for Agency, functions as agencies communications (telephones) services support staff and supports monthly billing for services, recording of fiscal activities and all tasks related to support those functions as noted below. Also provides or may provide fiscal support to the agency such as establishing and maintaining a comprehensive system for recording fiscal activity, monitoring expenditure control, and/or maintaining revenue/cash account records. With moderate direction from the Fiscal Manager, interprets and applies rules and regulations to resolve problems; advises staff and administrators regarding applicable policy and procedures; selects/recommends alternative courses of action. Uses established procedures in purchasing administration, and recording, summarizing, and reporting fiscal activity.</p>	<p>1</p>
<p>Health Home Lead Program Coordinator Amberly Rose</p>	<p>1.0</p>	<p>Administers and implements AAADSW's Health Home Lead (HH) Program in support of Care Coordinating Organizations (CCO) in Area 5 covering a 5-county service area.</p>	<p>1</p>

<p>Contracts Manager Whitney Oswald</p>	<p>1.0</p>	<p>Develops, monitors, and assesses service provision by subcontractors, provides or arranges for technical assistance and training for service providers, and participates in the implementation of procurement and contracting processes. Develops and manages resource development activities.</p>	<p>1</p>
<p>Human Resources Generalist Shelly Worden</p>	<p>1.0</p>	<p>Under general supervision, performs first-level professional human resource assignments. Provides support to all employees and management through effective communication and administration across all functions of the assigned business unit(s). Under the direction of the HR Manager, the HR Generalist Support Coordinator II provides administrative support to one or more human resources functions, including recruiting, employee/labor relations, compensation, benefits, training, safety, and/or employee records. May conduct pre-employment screening interviews, check references, respond to routine questions on HR policy, employee development, policy interpretation, compiles statistics for various HR management reports and legal compliance. Acts as Payroll backup.</p>	<p>1</p>
<p>Contracts & Data Support Specialist Mikayla Springob Raina Rivas Kathy Lagerquist</p>	<p>3.0</p>	<p>Supports program coordinator in administration of programs and services by maintaining all data collection records and producing reports.</p>	<p>3</p>
<p>Community Services Manager Christina Marnaris</p>	<p>1.0</p>	<p>Responsible for development, oversight, and management of Title III, SCSA, and Elder Abuse programs and services including Long-Term Care Ombudsman, Senior Transportation, Senior Nutrition, Minor Home Repair, Adult Day Care, Adult Day Health, Aging Network Case Management, Senior Personal Care, Disease Prevention /Health Promotion, Senior Farmers' Market, Registered Dietician, Medication Management, and Senior Drug Education. Oversees Family Caregiver Support, Kinship Caregiver Support, Kinship Navigator and Information & Assistance programs.</p>	<p>1</p>

Community Services Program Supervisor Brittney Coughlin	.8	Responsible for development, oversight, and management of Older American Act Title III, Senior Citizens Services Act, Elder Abuse and Grant funded programs and services including but not limited to Aging & Disability Resource Center (ADRC), Family Caregiver Support, Senior Transportation, Senior Nutrition, Senior Health & Wellness, Kinship caregiver Support and Kinship Navigator programs across agency's five-county planning and service area.	1
Community Services Supervisors Margaret Westervelt Darcie Barnes Breanne Swanson	3	Supervise and manage Case Managers and part-time staff/trainers and related programs/services. Accountable for supervising the effective coordination and application of specific applicable components of standardized assessment tools in collaboration with individual caregiver/client input to develop customized plans of care which will enable caregiver/client to maintain the highest level of independent living possible. Responsible for initiation, identification, referral and coordination efforts with public community service resources, and promotes and performs outreach and marketing activities by developing and delivering presentations/educational trainings/information on a variety of Agency related programs and services to the general public, providers, professionals and other diverse populations.	3
Community Services Program Coordinator Claire Thackeray Willa Evans (.95 FTE) Sarah Revord Karen Schnitzer	3.95	Responsible for coordination and oversight of Federal, State, and private grant funded programs including but not limited to Family Caregiver Support, Senior Health & Wellness, Senior Nutrition, Senior Transportation, Kinship Caregiver and Navigator, and Legal Services.	4
SHIBA/MIPPA Program Coordinator Pamala Monahan	1.0	Responsible for program development, coordination, management and oversight of AAADSW's Medicare Patient and Provider Act (MIPPA) and Statewide Health Insurance Benefit Advisors (SHIBA) programs in Clark, Cowlitz, Klickitat, Skamania, and Wahkiakum counties.	1
Health Educator Chasity Charette	1.0	Provide evidenced-based wellness and disease prevention educational services to older adults, adults with disabilities and family caregivers through 1:1 consultations with clients, community presentations and classroom settings.	

<p>Community Services Case Manager Jaime Girard Jennifer Melin Emily Inahara Jaclyn Sizer Katie Pedersen Amy Baldwin Carmen Garcia-Allen Ivonne McGuire Taylor Hull Paige Krassow Cindy Chow Nicole Laliberte Erica Hoapili Emily Maciel (4 Vacant)</p>	18	<p>Assess needs of clients utilizing standardized assessment tools. Clients include family caregivers, older persons and adults with disabilities. Develop and administer client centered service plans which will result in maintaining the client (or client's care receiver) at the highest level of independent living possible. Authorize and obtain in-home and community based services in accordance with the client's service plan.</p> <p>Support unpaid caregivers who have primary responsibility for the care or supervision of an adult (age 18 or older) with one or more functional disabilities. Provide outreach and promotion of the Family Caregiver and Community Services programs.</p>	4
<p>Regional Long Term Care Ombudsman Neil Degerstedt</p>	1.0	<p>Serves as an effective and visible advocate for the well being of long-term care residents, promotes both individual and systematic complaint resolution activities including community involvement, administrative and legislative monitoring and reporting.</p>	1
<p>Asst. Regional Long Term Care Ombudsman Elda Ramirez (.5) Deawn Herrmann (.6)</p>	1.1	<p>Assists Regional Long Term Care Ombudsman as an effective and visible advocate for the well being of long-term care residents, promotes both individual and systematic complaint resolution activities including community involvement, administrative and legislative monitoring and reporting.</p>	2
<p>Aging & Disability Resource Specialist Lori Sinclair Terry Kinsey Cathy Dobbin Amy Rosian Wendy Gabalis Annie Pan Truong Mertie Duncan Sarah Hull (1.75 Vacant)</p>	9.75	<p>Provides information and assistance/referral to the senior population and individuals with disabilities and their caregivers. Screens and authorizes services for seniors and assists people to access and arrange needed in-home and community services.</p>	8

Kinship Navigator Yen Lu-Ortega	1.0	Assists kinship caregivers of any age with understanding and navigating the system of services for children in out-of-home care while reducing the barriers faced by kinship caregivers when accessing services.	1
Admin. Exec. Coordinator Karen Wolfe	1.0	Provides Admin Support to Executive Director and Mgt. Team	1
Quality Assurance Coordinator Alison Luzader	1.0	Coordinates and assures compliance and quality of ADSA contracted and SWAAD sub-contracted TXIX case management services and core service contracted client and provider records.	1
Receptionist Danae Hoffman Heidi Bunn	2.0	Acts as receptionist and provides administrative support to agency staff.	2
TXIX Case Management Services Manager Samantha Waldbauer	.85	Program Management and policy development for the Case Management Program. Responsibilities include the identification and implementation of new program standards and corrective actions required, ongoing program and policy development, and oversight, development and monitoring of contracts assigned to this program.	1
Senior Medicaid Case Management Supervisor Ruth Taylor	1.0	Manages the Title XIX (Medicaid) Case Management unit across multiple offices. It is responsible for the successful operation of Title XIX Case Management program. This includes compliance with applicable federal and state regulations, development of staff training, participation in state workgroups/committees, and building a positive culture within the unit. This position is a member of the agency's Extended Management Group.	1

<p>TXIX Case Management Supervisors Larry Hoxeng Kristy Veruca Sandy Phillips Colleen Croney Mary Noyes Trisha Hilton-Orth Debbie Whipple Markie Oomittuk (2 Vacant)</p>	<p>10.0</p>	<p>Supervises and manages primarily Medicaid funded case management services. Develops and coordinates service delivery, promotes public access to services, including seniors and adults with disabilities receiving in-home and community-based long-term care (LTC) services.</p>	<p>8</p>
<p>Nurse Consultant/Case Manager Lisa Sadoski Shelly Mitchell Brittany Fraidenburg Aona Koski Julia Lester Chris Young (2.0 Vacant)</p>	<p>8</p>	<p>Provides clients (COPES, MPC and DDD Waiver Personal Care, Medicare, Medicaid), providers, and Case Managers with health-related assessment and consultation to enhance the development and implementation of the client's plan of care. Reviews and assesses clients' health status, personal care needs, and current service plan; identifies and coordinates medically related referrals and follow-up visits primarily in clients' homes. Reviews the performance of the client's care provider/caregiver, implements training for the client's provider and coordinates with healthcare providers. Assist adults with disabilities and older persons to assess their needs, authorize and obtain in-home and community-based services to: (1) maintain their independence in the community; (2) be diverted from nursing home or other institutional settings (3) make a timely return home following a short hospital or residential stay; and (4) remain at home with support despite functional impairments. Develops and administers a service plan which will result in maintaining the client at the highest level of independent living possible while still addressing the issues which arise in acute situations.</p>	<p>6</p>
<p>Care Coordination Supervisor Amy Guffey Leslie Jones Kathleen Haglund Alicia Taylor (.85 FTE) Prudence Zeni (.5 FTE)</p>	<p>4.35</p>	<p>Responsible for development and supervision of the Care Coordination Organization across the agency's five-county planning and service area to meet the requirements of the Health Home lead contracts for service provision in the six functions of Health Homes; care management, care coordination, health promotion, individual and family/caregiver support, transitional care and referral management.</p>	<p>5</p>

<p>Care Coordinator Cynthia Doolin, Hong Le, Bonnie McQueen, Shawna Thom, Kimberly Michaels, Michelle Beaudine-Kier, Donna Ganly, Kathleen Carson, Tatyana Loginova, Irina Ryan, Kathleen Chilson, Kevin Kuper, Lavonda Spillers, Teresa Vela, Nicole Buckner, Isidro Flores, Gail Gallien, Angelique Harding, Kaylin Bushey, Shelly Houska, Mandy Soderlund Anna Bradshaw, Samantha Gremley, Desiree Jeschke, Missy Moriarty, Ginger Masters, Melanie Neiman, Julie Williams, Shannon Friederich (.25 FTE) (5 Vacant)</p>	<p>33.25</p>	<p>Provides support for designated clients which includes coordinating an array of services designed to improve the health of high needs, high risk clients. Care coordination responsibilities will include assessment, care planning and monitoring of client status, implementation and coordination of services.</p>	<p>29</p>
<p>Care Coordination Program Aide Mary Cameron Christina Rose</p>	<p>2.0</p>	<p>Assists RN & CA Care Coordinators with referral and assistance in delivering effective care coordination services.</p>	<p>2</p>

<p>TXIX Case Manager Shelley Peters, Jennifer Robarge, Jennifer Sibley, Jaclyn Simchuk, Dan Anderson, Yelena Karnafel Oksana Sykalo, Mark Scott, Rene Scarcella, Jeri Kelly, Julia Taylor, Suzana Dzyuba, Mary Ann Shaw, Jennifer Allinger, Rhonda Jones, Julie LaRocco, Gary Bolen, Erik Young, Deborah Radillo, Stephanie Scanapico, Kathryn Cleland, Sarah Libby, Carrie Johnson, Sarah Allen, Janiece Michael, Emily Riley, Rosie Carey, Nicola Cook, Krista Thompson, Katherene McCallister, Madison Rathsman, Tim Wilson, Annie Agriesti, Heather Bochart, Melissa Castonguay, Janelle Harvester, Claudia Hawthorne, Susie Moltrum, Brandi McCreight, Marissa Morris, Jennifer Shaffer, Jill Groves, Trisha Holcomb, Kris Sutherland, Jamey Duffy, Gretchen Hereford, Anthony Parker, Erin Williams, Milli Ferris, Kylie Sanders, Chava Solberg, Piper Warren, Paris Heart-Hester, Sher Kennon, Julie Streib, Sheryl Bruno, Autumn Little, Tracey May, Tami Perry, Lucy Peterson, Samantha Hazeltine, Jennifer Siegel (14 Vacant)</p>	<p>76.0</p>	<p>Assist adults with disabilities and older persons to assess their needs, authorize and obtain in-home and community based services to: (1) maintain their independence in the community; (2) be diverted from nursing home or other institutional settings (3) make a timely return home following a short hospital or residential stay; and (4) remain at home with support despite functional impairments. Develops and administers a service plan which will result in maintaining the client at the highest level of independent living possible while still addressing the issues which arise in acute situations.</p>	<p>62</p>
<p>TXIX Case Aide Kimberly King Melissa Cozadd Andrea Zamilpa (6 Vacant)</p>	<p>9</p>	<p>Provides information, referral and assistance to older persons with disabilities and their caregivers.</p>	<p>3</p>

Community Services Program Aide Maggie Ridenour	1.0	Provides program and administrative support to Community Services Program staff and Supervisors to include: program implementation, program/contract monitoring, contract Statement of Work and Special Terms and Conditions, program report writing, data collection, and web site updates.	1
Trainer/Researcher Laurie Porter (.45) Barbara Dunlap (.15) Julie Donovan (.225) Vacant FCSP Trainer (.15) Vacant MIPPA/SHIBA Program Aide (.25) Vacant FCSP Trainer (.225)	1.45	Trainers teach classes to members of the public in Enhance Fitness and Powerful Tools for Caregivers.	3
Communications Coordinator Patricia Atkins	1	The Communications Coordinator II will define, develop, implement, and promote Agency approved branding for messaging Agency collateral and public communications. The position will actively build brand awareness throughout AAADSW's five-county region and develop, document, and communicate a working strategic outreach and communication plan. Requires demonstrated public speaking and written communication skills. Provides vision, direction and guidance to Agency outreach and communications activities.	0

Total number of full-time equivalents = 209.5
Total number of staff = 166
Total number of minority staff = 32
Total number of staff over 60 = 30
Total number of staff indicating a disability = 24

Appendix C: Emergency Response Plan

Emergencies or disasters may occur at any time causing human suffering, injury, disease, emotional crisis, death, public and private property damage, environmental damage, loss of essential services, economic impacts to businesses, families and individuals, and disruption to local and state governments and other governmental entities. Some emergencies or disasters will occur with enough warning that appropriate notification is issued to ensure some level of preparation. Other situations will occur with no advanced warning allowing no time for preparation. Due to the unpredictability of emergencies and disasters and their demand on first responders, AAADSW focuses its efforts on educating clients on sheltering in place. AAADSW's Title XIX Case Management program has a system in place to determine which clients are most vulnerable in the event of an emergency. These clients receive education on how to shelter-in-place from their case manager. Clients that meet one or more of the following criteria are determined high-risk:

1. Live in remote area with NO SUPPORT from others AND unprepared to shelter in place.
2. Supplemental oxygen dependent requiring oxygen 24hrs/day, not just at night.
3. Requires weekly visits to a hospital/clinic for survival, e.g. attending dialysis or transfusions.
4. Requires power equipment dependent for survival, e.g. clients who cannot evacuate the home without power lifts such as Hoyer, EWC and anyone who is technology dependent, e.g. using a ventilator for survival.

AAADSW maintains an electronic and printed record of CM caseloads that include client contact information; phone number, address and reasons they are considered high risk. In the event of an emergency, AAADSW would notify first responders on an individual client basis. AAADSW participates in the Clark Regional Emergency Services Area Planning Committee and other task forces as needed, such as the Cooperator's task force that coordinated efforts to improve access to vaccines for vulnerable populations. Through the Aging and Disability Resource Network, AAADSW collaborates with healthcare partners such as PeaceHealth, Legacy and Kaiser Permanente. We also partner with community based organizations such as 211info and Public Health.

The Executive Director is the designated staff person to oversee planning tasks and determine how emergency management is carried out in the local jurisdiction.

Goal: Develop a plan that addresses the needs of high-risk AAADSW clients and AAADSW's business continuity in the event of an emergency.	
Objectives	Date
Sustain AAADSW Emergency Preparedness committee	Ongoing
Sustain participation in Clark Regional Emergency Services Area planning committee	Ongoing
Provide Shelter-in-Place training to current and new case managers.	12/31/2024 and on-going
Apply high-risk criteria and provide shelter in place education to all AAADSW clients receiving case management services.	12/31/2024 and on-going
Maintain system for tracking unanticipated emergency response expenditures for possible reimbursement	On-going
AAADSW will communicate with local emergency operations leadership to identify responsibilities.	On-going
Maintain a current internal business continuity plan	On-going

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

AAADSW continues to sustain crucial services and supports to meet the needs of older adults, adults with disabilities and family caregivers during COVID. This includes flexibility to modify programs and services to align with current COVID guidance, maintain programs launched during COVID such as virtual education and expanded nutrition services.

Appendix D: Advisory Council
2024 ADVISORY COUNCIL ROSTER

Clark County	Cowlitz County	Klickitat County	Skamania County	Wahkiakum County
Sue Cameron	Colleen Bennett	Gavin Carmichael	Vacant	Pearl Blackburn
Pat Cano	Diane Craft	Vacant	Vacant	Kathy Briggs
Arnie Dyer	Vacant	Vacant	Vacant	Marianne Burkholder
Greg Flakus				
Jodi Oliver				
Joseph Bosch				

Category	Number of AC Members
# age 60 and over	9
# age 59 and under	2
# of males	3
# of females	8
# with self-identified disability	1
Minority	1
Family Caregiver	2

Appendix E: Public Process

This appendix should include simple documentation of planning activities, such as notices for or a list of the dates and locations of the community forums, focus groups, surveys or public hearings held to assess need and obtain community input. Describe roles played by Advisory Council and County/Council of Governments/Tribal Government in the local approval process of the final Area Plan.

Planning–Community Forums, Focus Groups, Surveys, Public Hearings

Date	Planning Activity	Partners & Roles	Date Finalized
9/16/22	Convened initial planning meeting	AAADSW Staff	9/16/22
Feb to April 2023	Developed Area Plan Survey templates for individuals and community partners	AAADSW Staff	4/26/23
3/9/2023	Presented initial draft of Area Plan Survey and	AAADSW Staff shared with Advisory Council Planning and Allocation Committee	3/9/2023
4/17/2023	Convened second planning meeting	AAADSW Staff	4/17/2023
4/27/2023	Incorporated feedback from Advisory Council Planning and Allocation members and finalized	AAADSW Staff	4/27/2023
5/8/2023	Translated Survey into Spanish, Vietnamese, Russian, Farsi, and Chuukese	AAADSW Staff	5/18/2023
8/4/2023	7.01 Planning Meeting	Yakama Nation, Office of Indian Policy, Skamania County Senior Services, Klickitat County Senior Services and Area Agency on Aging and Disabilities of Southwest Washington	Draft was developed and shared 8/27/2023.
9/12/2023	2022-2023 7.01 Plan will be sustained for Cowlitz Indian Tribe until further notice.	Cowlitz Indian Tribe, Office of Indian Policy and Area Agency on Aging and Disabilities of Southwest Washington	WIP
9/20/2023	Initial draft of the Area Plan presented	Advisory Council & AAADSW Staff	9/20/203

11/15/2023	Public hearings were conducted and a revised draft of the Area Plan was presented.	Advisory Council & AAADSW Staff	11/15/2023
12/1/2023	Statement of Assurances and Verification of Intent was signed.	Advisory Council Chair and Council of Governance Chair	12/1/2023

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

Date	Activity	Location	Partners/Roles
4/27/23	Distributed Area Plan Surveys to disseminate in the planning and service area	Clark, Cowlitz, Wahkiakum, Skamania and Klickitat	AAADSW and AAADSW Advisory Council Members
5/23/2023	Area Plan Surveys for individuals and community partners distributed		AAADSW, Aging and Disability Resource Network, and Contractors
9/11/2023	Distributed Area Plan Public Meeting Notices	Clark, Cowlitz, Wahkiakum, Skamania and Klickitat	Local Publications to include: Skamania County Pioneer, Wahkiakum Eagle, the Columbian, the Daily News, Goldendale Sentinel, White Salmon Enterprise.
10/9/2023	Public Hearing	Pioneer Center, 501 NE Washington St., White Salmon, WA 98672.	Klickitat County Senior Services
10/10/2023	Public Hearing	Wahkiakum County Courthouse, 3rd Floor Commissioner’s Meeting Room, 64 Main St., Cathlamet, WA 98612.	Wahkiakum County Health and Human Services and Wahkiakum County
10/10/2023	Public Hearing	Johnson Park Community Center, 30 Rosburg School Road, Rosburg, WA 98643	Wahkiakum County Health and Human Services and Johnson Park Community Center
10/13/2023	Public Hearing	Area Agency on Aging & Disabilities of Southwest Washington’s Longview office located at 1338 Commerce Avenue, Unit 309, Longview, Washington 98632	N/A
10/16/2023	Public Hearing	City of Vancouver Water Resources Education Center in the Bruce E. Hagensen Community Room, located at 4600 SE Columbia Way, Vancouver, WA 98661	N/A

10/23/2023	Public Hearing	Hegewald Center, 710 SW Rock Creek Dr., Stevenson, WA 98648	Skamania County Senior Center
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Public Hearing Comments and Recommendations

Agency/General Public Member	Comments/Recommendations	Area Agency on Aging Response
General Public Member	When is the plan presented to the State?	The Area Plan will be sent to the State by December 4th, following local review and approval.
General Public Member	How much do you have set aside for the continued operations in case of a government shut down?	We set aside enough funding to cover 6 months of operations.
General Public Member	Where do the Healthy Aging funds come in?	This is funded by Older Americans Act and is limited funding for evidenced-based funding.
General Public Member	Where does AAADSW come in to be able to help get a pool in White Salmon again? Does this fall under the Healthy Aging funds? "If we are going to talk about health and aging then you have to talk about that." <ul style="list-style-type: none"> • The pool used to be the gathering place for families and for seniors. • The water aerobics class that had been offered is dearly missed. • The promise of a new pool after the old pool was closed has gone on for about 7 years. There have been multiple asks to the state for funding that have been denied. 	It was clarified funding could not be used for capital improvements and must meet the Administration for Community Living's OAA Title III-D Evidence-Based Program requirements.
General Public Member	It needs to be noted that the job of caregiving falls to women. The impact of earnings in the household is huge.	AAADSW acknowledged the value of family caregivers providing care to loved ones and the impact it has to health and ability to continue employment.
General Public Member	Diabetes is rampant throughout the county and is a huge concern. Care in the communities (specifically Latino families) falls to mothers and daughters	AAADSW acknowledged the impact of chronic disease such as Diabetes

General Public Member	“It’s important for agencies to meet us where we are at. I was shocked at how low the response was for Klickitat County.”	AAADSW acknowledged what is best for one county is not necessarily what is best for another. AAADSW seeks to respond to the unique needs of each county and plan accordingly.
KCSS	Klickitat County struggles to fully implement programs due to the lack of contractors in the county, such as home care agency caregivers.	AAADSW acknowledged the ongoing struggle of workforce, particularly in the are of caregiving.
General Public Member	When is the Skamania County meeting and will the agenda be the same?	Monday, October 26, 2023, 12:30pm – 1:30pm The agenda will be the same.
General Public Member	Volunteers do a lot in our small communities! They are the unsung heroes.	AAADSW agreed.
General Public Member	Concern was raised that AAADSW’s Advisory Council Skamania County positions are vacant.	AAADSW confirmed the positions remain vacant and that recruitment remains underway.
General Public Member	Compliments were offered for Senior Transportation.	AAADSW supported this praise of its local contractor, SCSS.
General Public Member	Home care workers are lacking in Skamania County.	AAADSW Executive Director shared he is conducting outreach with local school leadership to increase awareness of the High School Home Care Aide Program in rural service areas.
General Public Member	Meals in Skamania County have been helpful.	AAADSW supported this praise of its local contractor, SCSS.
General Public Member	More information about things like heating systems would be nice.	AAADSW recorded this public comment and contractor indicated when they receive requests such as this, they research resources.

General Public Member	<p>Aging at home is a good thing except you have to “hustle” more to get the information you need to maintain your home.</p> <ul style="list-style-type: none"> • Having a “navigator” type person who may be able to direct you to the right places. • It would be appreciated if there was a way to have a facilitator to help you through application processes for different agencies/services. 	AAADSW acknowledged the complexity of finding needed resources.
General Public Member	Sensitivity training & life skills training (cooking for example) would be helpful for home care workers, not just health care training. Hands-on practical training, not just computer/online training.	AAADSW acknowledged and recorded this feedback.
General Public Member	Maybe a stipend for gas could be offered as motivation to try and encourage people to become caregivers in rural areas.	
General Public Member	The case managers need to be encouraged more to share things like Area Plan surveys to increase community response.	AAADSW acknowledged this feedback and committed to exploring how it can further encourage staff to share the Area Plan survey in the future.
General Public Member	<p>Do you find that in rural areas such as Skamania there are many seniors who are hesitant to ask or don't want to ask for help even when it is needed?</p> <p>Sometimes the issue is too many forms to fill out.</p> <p>Sometimes the issue is not understanding or awareness as to what is available.</p>	AAADSW shared there may be multiple reasons why older adults may choose not to access support to include often times family and community may be supporting them, they prefer not to engage in public services, and may not be aware there are services available.
General Public Member	Getting older is not easy.	AAADSW acknowledged and recorded this feedback.

General Public Member	Is it a state law that a home care agency can't hire a family member to care for you?	AAADSW advised family members cannot be a care receiver's home care agency caregiver, but they could apply to be an Individual Provider.
General Public Member	Counseling for seniors on Medicare is needed in Skamania County. There aren't mental health providers available for Medicare recipients.	AAADSW acknowledged the challenge of the availability of counseling services in rural communities.
General Public Member	Concerns were expressed around planning when caring for someone with dementia	AAADSW shared information about available resources and connected community member to the ADRC.

Written Comments and Recommendations

Agency/General Public Member	Comments/Recommendations	Area Agency on Aging Response
Public Member	<p>“I am a dental hygienist in SW Washington and I was reviewing the Area Agency on Aging & Disabilities of Southwest Washington’s 2024 - 2027 Area Plan.</p> <p>I am unable to attend your meeting but would like to raise a question. Perhaps I missed it, but in the body of the plan, dental was mentioned but I did not see anyone in the chain of people listed who had a dental background noted. Please tell me that you have someone with dental training in your list of contributors. Our geriatric population suffers from the worst oral health of any population, and those depending on others for their care have been severely dis-served. My question is just this, Is there someone from the dental hygiene community represented in your organization? Have you kept abreast on the overall health implications from poor oral hygiene? More and more research is coming out that links the bad bacteria in our mouths to systemic diseases including but not limited to cardiovascular disease, rheumatoid arthritis, Alzheimer’s, and most importantly for those who are severely compromised and dependant, aspirated pneumonia.</p> <p>I thank you for your time and appreciate all that your organization does.”</p>	<p>“Thank you for your email and advocacy for the oral health needs of older adults. Our oral health services are contracted with two oral health providers: Battle Ground HealthCare Clinic and Community Health Partners/Cowlitz Free Clinic.</p> <p>Our Oral Health services were developed to respond to what you know to be one of the most significant unmet needs for older adults.</p> <p>I’m sorry you will not be available to join us for the public meeting, but please let me know if you have any additional questions or feedback.”</p>

Appendix F: Report on Accomplishments of 2020-2023 Area Plan Update

Objective	Accomplishment
AAADSW will include Statewide Health Insurance Benefit Advisors (SHIBA) Program as part of its suite of services available in Clark, Cowlitz, Klickitat, Skamania, and Wahkiakum Counties. The SHIBA program aims to empower, educate, and assist Medicare-eligible Washington state consumers, their families, and caregivers through objective outreach, counseling, and training, to make informed health insurance decisions that optimize access to care and benefits.	AAADSW operationalized SHIBA as part of its suite of services.
Collaborate with Washington Dementia Action Collaborative regarding their dementia friendly communities' initiative.	In 2021, AAADSW began partnering with University of Washington Memory and Brain Wellness Center and HOPE Dementia Support to provide Dementia Friends in Clark County. Over 1,200 people have completed a Dementia Friend session. Plans are underway to expand to another county within the service area in 2024.
Introduce a program to reduce social isolation.	Launched the robotic pet program using Joy for All Companion Pets to reduce social isolation and loneliness within the PSA.
AAADSW will use American Rescue Plan funding to augment programs.	AAADSW leveraged ARP funding to respond to expanded service delivery and increased program costs due to inflation and supply and demand challenges.
AAADSW will amend its reporting practice to align with the new OAAPS reporting process.	AAADSW's reporting practices align to OAAPS reporting processes.
Continue to cultivate healthcare partnerships and collaborations.	AAADSW continues to develop its partnerships with healthcare providers through it Geriatric Workforce Enhancement Center program.
Explore new opportunities to expand ADRC service delivery.	AAADSW revised its website to include an ADRC contact form. Additional staffing has been added to meet service delivery needs.

Appendix G: Statement of Assurances and Verification of Intent

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

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

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

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

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

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

- A. Information concerning whether there is a significant population of older Native Americans in the planning and service area, and if so, an assurance that the Area Agency on Aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under the Area Plan.
- B. An assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides with services provided under title VI of the Older Americans Act; and

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

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

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

Date

Mike Reardon, Executive Director
Area Agency on Aging & Disabilities of
Southwest Washington

Date

Arnie Dyer, Advisory Council Chair
Area Agency on Aging & Disabilities of
Southwest Washington

Date

Richard Mahar, Skamania County Commissioner
Chair of Southwest Washington Council

Appendix H: 2024 - 2027 Individual Area Plan Survey - English

1. Age _____
2. Gender Female Male _____
3. In general, how would you rate your physical health?

Excellent Very Good Good Fair Poor
4. In which county do you live?

Clark Cowlitz Klickitat Skamania Wahkiakum
5. Which of the following best describes your living situation? (check all that apply)

Homeless
 Live Alone
 With Spouse or Partner
 With Relatives
 With Non-Relatives
 Senior Independent Living Community
 Care Facility (Assisted Living, Adult Family Home, or Nursing Home)
 Other _____
6. Approximate monthly household income:

less than \$1,000 \$1,001-\$2,000 \$2,001-\$3,000 more than \$3,000
7. Do you worry about being able to stay in your home as you get older? No Yes
 If yes, what are you most concerned about?

8. Do you help take care of another adult? No Yes
 If yes, what types of activities do you help them with?

Place a check next to activities that you do independently (without help from another person):

<input type="checkbox"/> dressing	<input type="checkbox"/> meal preparation or cooking
<input type="checkbox"/> eating	<input type="checkbox"/> shopping
<input type="checkbox"/> managing medications	<input type="checkbox"/> housework and laundry
<input type="checkbox"/> getting up or down from a seated position	<input type="checkbox"/> using the phone
<input type="checkbox"/> bathing	<input type="checkbox"/> driving
<input type="checkbox"/> walking or using a mobility device (e.g. wheelchair, scooter)	<input type="checkbox"/> minor home maintenance (e.g. changing lightbulbs or smoke detector batteries)
<input type="checkbox"/> foot and toenail care	<input type="checkbox"/> yard care
<input type="checkbox"/> toileting	<input type="checkbox"/> managing finances

Below are some things that can help make life better for older adults, people with disabilities, or caregivers. Please use a checkmark to indicate if you or the person you care for currently has this type of support, need this type of support, or don't need this type of support.

	Have	Need	Don't need
In home caregiving or personal care (e.g. help with bathing, dressing, etc.)			
Social activities or social contact			
Medication management (e.g. daily reminders, setting up weekly pill box)			
Emergency alert button (e.g. Life Alert pendant)			
Meal preparation (e.g. home delivered meals, senior meal sites)			
Transportation to medical appointments			
Non-Medical transportation			
Information & referral services			
Case manager or social worker			
Help with laundry or housecleaning			
Help with yard care (e.g. lawn care, tree limb removal, snow clearing, etc.)			
Handyman services (e.g. changing light bulbs or smoke detector batteries)			
Home modification (e.g. wheelchair ramp, walk-in shower, etc.)			
Help affording supplies or equipment (e.g. grab bar, incontinence briefs, etc.)			
Prescription medication pick-up or delivery			
Advance care planning (e.g. power of attorney, advance directive, etc.)			
Support for Dementia, Alzheimer's, or cognitive impairment			
Access to reliable high-speed internet			
Computer, tablet, or smartphone support			
Help understanding Medicare or Medicaid options			
Help with applications for service (e.g. Social Security, Medicare, etc.)			
Fitness or wellness programs			
Dental care			
Companions or social visitors			
Respite care (a break from caregiving)			
Access to enough healthy food			
Grocery pick-up or delivery			
Low-income resources			

For items marked "need" above, what are the main reasons you're not able to access these supports?

Other Comments

Appendix H: 2024 - 2027 Individual Area Plan Survey - Spanish

1. Edad _____
2. Género Femenino Masculino _____
3. En general, ¿cómo calificaría su salud física?
 - Excelente Muy buena Buena Regular Mala
4. ¿En qué condado vive?
 - Clark Cowlitz Klickitat Skamania Wahkiakum
5. ¿Cuál de las siguientes opciones describe mejor sus condiciones de vida? (marque todo lo que corresponda)
 - Sin hogar
 - Vive solo(a)
 - Con cónyuge o pareja
 - Con familiares
 - Con personas que no son familiares
 - Comunidad de vida independiente para personas mayores
 - Centro asistencial (vida asistida, hogar familiar para adultos o residencia de ancianos)
 - Otra _____
6. Ingresos mensuales aproximados de la unidad familiar:
 - menos de \$1,000 \$1,001-\$2,000 \$2,001-\$3,000 más de \$3,000
7. ¿Le preocupa poder permanecer en su casa a medida que envejece? No Sí
 En caso afirmativo, ¿qué es lo que más le preocupa?

8. ¿Ayuda a cuidar a otro adulto? No Sí
 En caso afirmativo, ¿en qué tipo de actividades le ayuda?

Ponga una marca al lado de las actividades que realiza de forma independiente (sin ayuda de otra persona):

<input type="checkbox"/>	vestirse	<input type="checkbox"/>	preparar la comida o cocinar
<input type="checkbox"/>	comer	<input type="checkbox"/>	hacer la compra
<input type="checkbox"/>	manejar los medicamentos	<input type="checkbox"/>	las tareas domésticas y lavar la ropa
<input type="checkbox"/>	levantarse desde una posición sentada o sentarse	<input type="checkbox"/>	utilizar el teléfono
<input type="checkbox"/>	bañarse	<input type="checkbox"/>	manejar
<input type="checkbox"/>	caminar o utilizar un dispositivo de movilidad (p. ej., silla de ruedas, escúter)	<input type="checkbox"/>	mantenimiento menor del hogar (p. ej., cambiar los focos o bombillas o las pilas de los detectores de humos)
<input type="checkbox"/>	cuidado de los pies y las uñas de los pies	<input type="checkbox"/>	cuidado del jardín
<input type="checkbox"/>	aseo	<input type="checkbox"/>	manejo de las finanzas

A continuación encontrará algunas cosas que pueden ayudar a mejorar la vida de las personas mayores, las personas con discapacidad o los cuidadores. Ponga una marca para indicar si usted o la persona a la que cuida dispone actualmente de este tipo de apoyo, necesita este tipo de apoyo o no necesita este tipo de apoyo.

	Tengo/tiene	Necesito/a	No necesito/a
Cuidados en el hogar o cuidados personales (p. ej., ayuda para bañarse, vestirse, etc.)			
Actividades sociales o contacto social			
Gestión de la medicación (p. ej., recordatorios diarios, creación de un pastillero semanal)			
Botón de alerta en caso de emergencia (p. ej., colgante Life Alert)			
Preparación de comidas (p. ej., comidas a domicilio, sitios de comidas para mayores)			
Transporte a citas médicas			
Transporte no médico			
Servicios de información y derivación			
Gestor de casos o trabajador social			
Ayuda con el lavado de ropa o la limpieza del hogar			
Ayuda con el cuidado del jardín (p. ej., cuidado del césped, retirada de ramas de árboles, limpieza de nieve, etc.)			
Servicios de mantenimiento (p. ej., cambio de focos o bombillas o de las pilas de los detectores de humos)			
Modificaciones en el hogar (p. ej., rampa para sillas de ruedas, ducha a ras del suelo, etc.)			
Ayuda para adquirir suministros o equipos (p. ej., barras de apoyo, calzones para la incontinencia, etc.)			
Recogida o entrega de medicamentos recetados			
Planificación anticipada de cuidados (p. ej., poder notarial, instrucciones anticipadas, etc.)			
Apoyo en casos de demencia, Alzheimer o deterioro cognitivo			
Acceso a Internet de alta velocidad fiable			
Asistencia para computadoras, tabletas o teléfonos inteligentes			
Ayuda para comprender las opciones de Medicare o Medicaid			
Ayuda con las solicitudes de servicios (p. ej., Seguro Social, Medicare, etc.)			
Programas de acondicionamiento físico o bienestar			

Atención dental			
Acompañantes o visitas sociales			
Atención de relevo (un descanso para los cuidadores)			
Acceso a suficientes alimentos sanos			
Recogida o entrega de alimentos			
Recursos para personas con bajos ingresos			

Para los elementos marcados como “necesito/a”, ¿cuáles son las principales razones por las que no puede acceder a estas ayudas?

Otros comentarios

Appendix H: 2024 - 2027 Individual Area Plan Survey - Russian

1. Возраст _____
2. Пол Женский Мужской _____
3. В целом, как Вы оцениваете свое физическое состояние?
 Отличное Очень хорошее Хорошее Удовлетворительное Плохое
4. В каком округе Вы живете?
 Clark Cowlitz Klickitat Skamania Wahkiakum
5. Какой из нижеследующих вариантов лучше всего описывает Вашу жилищную ситуацию? (отметьте все соответствующие варианты ответов)
 Бездомный (ая)
 Живу один (одна)
 С супругой (ом) или партнером
 С родственниками
 С друзьями/знакомыми
 Самостоятельное проживание в комплексе для престарелых
 Проживание с предоставлением ухода (Assisted Living, Adult Family Home или Nursing Home)
 Другое _____
6. Приблизительный ежемесячный доход семьи:
 менее \$1,000 \$1,001-\$2,000 \$2,001-\$3,000 более \$3,000
7. Вас беспокоит вопрос о том, сможете ли Вы жить самостоятельно дома в пожилом возрасте? No Yes
 Если да, что беспокоит Вас больше всего?

8. Вы помогаете ухаживать за другим человеком? Нет Да
 Если да, какого рода помощь Вы предоставляете этому человеку?

Отметьте пункты, где указаны функции, которые Вы можете выполнять самостоятельно (без посторонней помощи):

<input type="checkbox"/> Одеваться	<input type="checkbox"/> Готовить пищу
<input type="checkbox"/> Принимать пищу	<input type="checkbox"/> Ходить в магазин
<input type="checkbox"/> Принимать лекарственные препараты	<input type="checkbox"/> Выполнять работу по дому, стирку
<input type="checkbox"/> Вставать из положения сидя или садиться	<input type="checkbox"/> Пользоваться телефоном
<input type="checkbox"/> Принимать душ или ванну	<input type="checkbox"/> Водить автомобиль
<input type="checkbox"/> Передвигаться самостоятельно или со вспомогательным оборудованием (инвалидное кресло, скутер и пр.)	<input type="checkbox"/> Делать незначительный текущий ремонт дома (поменять лампу или батарею в детекторе дыма)
<input type="checkbox"/> Ухаживать за ногтями рук и ног	<input type="checkbox"/> Ухаживать за газоном, двором
<input type="checkbox"/> Пользоваться туалетом	<input type="checkbox"/> Вести учет своих финансов

Ниже приводится список услуг и видов помощи, которые могут облегчить жизнь пожилых, инвалидов или людей, предоставляющих услуги по уходу. Пожалуйста, в каждом пункте отметьте соответствующую графу, получаете ли Вы и человек, за которым Вы ухаживаете, данные виды услуг, нуждаетесь в них или не нуждаетесь в них.

	Получаю данную услугу	Нуждаюсь в данной услуге	Не нуждаюсь в данной услуге
Предоставление ухода в домашних условиях или личный уход (например, помощь принять душ/ванну, одеться и пр)			
Посещение культурных мероприятий и социальное общение			
Прием лекарственных препаратов (ежедневные напоминания, подготовка контейнера для таблеток на неделю вперед и пр)			
Кнопка вызова экстренной помощи (например, подвеска Life Alert)			
Приготовление пищи (например, доставка еды домой, организованное питание для пожилых)			
Предоставление транспорта для поездки на прием к врачу и получения других медицинских услуг			
Предоставление транспорта для немедицинских целей			
Информационные услуги и получение направлений			
Куратор или социальный работник			
Помощь со стиркой или уборкой			
Помощь во дворе (уход за газоном, обрезка деревьев, уборка снега и пр.)			
Разнорабочие услуги (поменять лампу, батарею в детекторе дыма и пр.)			
Обустройство дома (например, скат для инвалидного кресла, душевая кабина без поддона и пр.)			
Вспомогательное оборудование и расходные материалы (например, поручни, памперсы при недержании и пр.)			
Получение рецептурных лекарств в аптеке или их доставка			
Предварительное планирование (например, оформление доверенности, предварительных распоряжений)			
Поддержка для больных деменцией, Альцгеймером или другими когнитивными расстройствами			
Доступ к надежному высокоскоростному интернету			
Техническая поддержка компьютеров, планшетов или смартфонов			
Помощь в выборе различных вариантов страхования Medicare или Medicaid			
Помощь с оформлением заявлений на получение услуг (например, Social Security, Medicare и др.)			
Фитнес или оздоровительные программы			
Стоматологические услуги			
Компаньоны или посетители для общения			

Организация ухода на период отпуска работника по уходу (отпуск с работы по уходу)			
Доступ к здоровой пище			
Покупка или доставка продуктов питания			
Ресурсы для малоимущих			

Какие основные причины, из-за которых у Вас нет возможности получать помощь по тем пунктам, где Вы отметили графу «Нуждаюсь в данной услуге»?

Другие комментарии

Appendix H: 2024 - 2027 Individual Area Plan Survey - Chuukese

1. Ier _____
2. Emen mét Fefin Mwán _____
3. Ifa ussun ómw kopwe éúkú péchékúnen inisumw napengeni iteitan ráán?
 Mei nunó péchékúnei Wesen péchékún Péchékún Ianan Ese péchékún
4. Meni kinikinin neni ke nómw nón?
 Clark Cowlitz Klickitat Skamania Wahkiakum
5. Meni nein met ekkei mei tettenitiw fan e kon wenengeni nonomwumw iei (fini meinsin ekkena mei wenengonuk)
 Ese wor imwei iká neniei
 Ú Pwisin imwunó wón ái
 Ú nómw ren púnúwei iká chienei
 Ú nómw ren aramasei
 Ú nómw ren ekkóch esapw aramasei ir
 Ú nómw nón ekkewe nenien chinap
 Ú Nómw nón Ekkewe Nenien Túmwún (Ekkewe nenien túmwún chinap me ekkewe ir mei mwék/ter ren *Assisted Living, Adult Family Home iká Nursing Home*)
 Pwan ew neni me núkkún ekkei

6. Akarap fite úkkúkkún ómw mwoni tonong nón ew maram?
 kúkkún seni \$1,000 \$1,001-\$2,000 \$2,001-\$3,000 nap seni \$3,000
7. En mei ani nóninenin ómw kopwe tufichin nómw nón imwomw iká ka wattenó (fetán ngeni ierin chinap)? Apw Ewer
 Iká pwe ewer, met ena ke kon ani osukosukan iká éúrekin? _____
8. En mei ánis ne túmwúnú pwan emén aramas a watte Apw Ewer
 Iká pwe ewer, met sókkun mettóch ke kan ánisir wón? _____

Kose mochen cheki met ekkán en mei tongeni pwisin féri wón ómw (esapw pwan wor ión e ánisuk wón):

<input type="checkbox"/> Úfféúf	<input type="checkbox"/> fér mwéngé iká kuk
<input type="checkbox"/> Mwéngé	<input type="checkbox"/> nó kamé
<input type="checkbox"/> Túmwúnú únúmwomw sáfei	<input type="checkbox"/> nimenimen nón imw me sópw pisek
<input type="checkbox"/> Útá iká tétiw seni ómw nenien mwómwót	<input type="checkbox"/> néúnéú foon
<input type="checkbox"/> Túútú	<input type="checkbox"/> uwouw tarakú
<input type="checkbox"/> fetán iká aia ekkewe pisekin fetán (awewe ren wheelchair me scooter)	<input type="checkbox"/> féri ekkis angangen nón imw (awewe ren siwini tenki iká patirin ewe pisekin esisinen an wor étúwét)
<input type="checkbox"/> túmwúnú apachapachan pechemw me úkkún pechemw	<input type="checkbox"/> túmwúnún nimenimen núkkún
<input type="checkbox"/> Aia imwen ngasenó	<input type="checkbox"/> Túmwúnún néúnéún mwoni

Ekkei mettóch mei tettenitiw faan mei tongeni anisi manaúan ekkewe aramas ra ierin watte (chinap), ekkewe aramas ir mei ter, me ekkewe chóón túmwúnúr. Kose mochen cheki ómw kopwe esisina iká pwe a fen wor ekkei sókkun áninis, mei namwot me aúchea ekkei sókkun áninis, iká ese namwot me aúchea ekkei sókkun áninis ngonuk iká ewe aramas ke kan wiisen túmwúnú

	Mei wor	Mei aúchea me namwot	Ese aúchea me namwot
Epwe wor chóón túmwún me nón imw (awewe ren pekin túútú, úfféúff, me pwan ekkóch me núkkún ekkei)			
Kukkunou, nómw nein ekkóch me póróus ngenir			
Túmwúnún Sáfei (awewe ren án epwe achemá an epwe angei sáfei iteitán ráán me amasowanó pwórun safei epwe angei nón en wiik)			
Ew mettóch epwe tongeni tiki nupwen fansoun epwe wor osukosuk mei weweitá me atapwanapwan (awewe ren ewe féún mwárámwár seni Life Alert)			
Amwonatá mwéngé (awewe ren uwouwto mwéngé a fen férúnó ngeni en imw, mwéngé ren ekkewe nenien iká imwan chinap)			
Wa ngeni apointmen ren sáfei me semwen			
Wa esapw wenengeni ngeni apointmen ren sáfei me semwen			
Póróus me ekkóch áninis ren ekkewe neni epwe nó ngeni (referral)			
Chóón wiisen emweni me túmwúnú ngeni ekkewe mei semwen ar repwe sáfei (Case Manager me Social Worker)			
Áninis ren pekin sopw pisek me nimenim nón imw			
Áninis ren pekin túmwúnún núkkún (awewe ren otot, pékúetiw sópwun irá, sárisi en sno, me pwan ekkóch me núkkún ekkei)			
Atawei ne féri angangen nón imw (awewe ren siwini tenki me patirin ewe pisekin esisinen an a wor étúwét)			
Ekkesiwini férún en imw (awewe ren awora nenien en wheelchair an epwe tongeni sá, féri ekkewe nenien túútú an epwe mecheres ne ipwenong nón me pwan ekkóch me núkkún ekkei.)			
	Mei wor	Mei aúchea me namwot	Ese aúchea me namwot
Áninis an epwe naf niwinin pisek (awewe ren ekkewe mechá epwe tongeni kémwéchútá, pamper, me pwan ekkóch me núkkún ekkei)			
Anen an epwe wor chóón angei iká uweiato ekkewe sáfei tóktér e maakei an epwe úún			

Kókkótún túmwúnún nón ekkan ráán mwach awewe ren néún taropwe mei nómw fan péchékúnen énnúk an finata íón epwe wiisen mwékútúkút fáán itan nupwen fansoun ese chiwen tufichin (power of attorney), iká taropwe epwe afata met epwe fiis ngeni túmwúnún inisin nupwen fansoun ese chiwen tufichin kapas (advance directive), me pwan ekkóch me núkkún ekkei)			
Áninis ren ekkewe mei úrir ewe sókkun semwen a osukosuka an epwe chiwen chechemeni, ekkiek me finatá met epwe féri (Dementia), ewe sókkun semwen mei esenipato an emén esapw chiwen tufichin chechemeni (Alzheimers), me pwan ekkóch sókkun semwen e awora an esapw chiwen fatafatéóch nón ekkiek me an esapw chiwen tongeni chechemeni (cognitive impairments)			
Anen an epwe wor an internet epwe tongeni aia me mei pwan mwútir.			
Ánininis kamputer, tablet, iká smartphone			
Ánisi an epwe weweiti ekkewe pekin Medicare me Medicaid			
Áninis ren amasow taropwen ekkewe pekin áninis (awewe ren Social Security, Medicare, me pwan ekkóch me núkkún ekkei.)			
Prokram mei wenengeni pekin táiso me épéchékúnen inis			
Túmwúnún ngii			
Chiechian me chóón kukkunouto ren			
An epwe wor emén chóón túmwún nón mwochomwochen fansoun pwún epwe awora fansoun an ewe wiisen chóón túmwún epwe ekkis asésé (<i>Respite Care</i>)			
Anen an epwe naf anan ekkewe sókkun mwéngé mei éóch ngeni péchékúnen inis			
Epwe wor chóón nó angei iká uwouwto mwéngé e kamé me nón sitowa			
Pekin me nenien áninis ngeni ekkewe mei kúkkún ar mwoni tonong			

Ren ekkewe mettóch asan en mei esisina pwe “mei namwot iká aúchea”, met ekkan e epeti sonuk ekkei sókkun áninis?

Pwan ekkóch mefiomw

Appendix H: 2024 - 2027 Individual Area Plan Survey - Vietnamese

1. Tuổi _____
2. Giới tính Nữ Nam _____
3. Về tổng thể, quý vị đánh giá sức khỏe thể chất của mình như thế nào?
 Xuất sắc Rất Tốt Tốt Khá Kém
4. Quý vị sống ở quận nào?
 Clark Cowlitz Klickitat Skamania Wahkiakum
5. Điều nào sau đây mô tả đúng nhất về hoàn cảnh sống của quý vị? (đánh dấu tất cả các lựa chọn phù hợp)
 Vô gia cư
 Sống Một mình
 Với Vợ/Chồng hoặc Bạn tình
 Với Người thân
 Với Người ngoài
 Cộng đồng Người cao tuổi Sống Độc lập
 Cơ sở Chăm sóc (Hỗ trợ Sinh hoạt, Nhà dành cho Người lớn, hoặc Viện Dưỡng lão)
 Khác _____
6. Thu nhập hộ gia đình hàng tháng ước tính:
 ít hơn \$1,000 \$1,001-\$2,000 \$2,001-\$3,000 nhiều hơn \$3,000
7. Quý vị có lo lắng về việc ở trong nhà của quý vị khi quý vị già đi không? Không Có
 Nếu có, quý vị lo lắng về điều gì nhất?

8. Quý vị có giúp chăm sóc cho người lớn khác không? Không Có
 Nếu có, loại hoạt động nào quý vị giúp họ?

Đánh dấu vào ô các hoạt động mà quý vị có thể tự làm (không cần sự giúp đỡ của người khác):

<input type="checkbox"/> mặc quần áo	<input type="checkbox"/> chuẩn bị bữa ăn hoặc nấu ăn
<input type="checkbox"/> ăn	<input type="checkbox"/> mua sắm
<input type="checkbox"/> quản lý các loại thuốc	<input type="checkbox"/> công việc nhà và giặt giũ
<input type="checkbox"/> đứng lên hoặc ngồi xuống từ một chỗ ngồi	<input type="checkbox"/> sử dụng điện thoại
<input type="checkbox"/> tắm	<input type="checkbox"/> lái xe
<input type="checkbox"/> đi bộ hoặc sử dụng thiết bị di chuyển (ví dụ: xe lăn, scooter)	<input type="checkbox"/> bảo dưỡng lật vật tại nhà (ví dụ: thay bóng đèn hoặc pin của máy dò khói)
<input type="checkbox"/> chăm sóc bàn chân và móng chân	<input type="checkbox"/> chăm sóc sân vườn
<input type="checkbox"/> đi vệ sinh	<input type="checkbox"/> quản lý tài chính

Dưới đây là một số dịch vụ hỗ trợ có thể giúp cải thiện cuộc sống của người lớn tuổi, người khuyết tật, hoặc người chăm sóc. Vui lòng sử dụng dấu chọn để biết liệu quý vị hoặc người mà quý vị chăm sóc hiện đã có loại hỗ trợ này, cần loại hỗ trợ này hay không cần loại hỗ trợ này.

	Đã có	Cần	không cần
Trong công việc chăm sóc tại nhà hoặc chăm sóc cá nhân (ví dụ: giúp tắm rửa, mặc quần áo, v.v.)			
Các hoạt động xã hội hoặc tiếp xúc xã hội			
Quản lý thuốc (ví dụ: nhắc nhở hàng ngày, thiết lập hộp thuốc hàng tuần)			
Nút cảnh báo khẩn cấp (ví dụ: mặt dây chuyền Life Alert)			
Chuẩn bị bữa ăn (ví dụ: bữa ăn giao tận nhà, các địa điểm cung cấp bữa ăn cho người cao tuổi)			
Dịch vụ đưa đón đến các cuộc hẹn khám bệnh			
Dịch vụ phương tiện chuyên chở phi y tế			
Dịch vụ Giới thiệu & Thông tin			
Người quản lý hồ sơ hoặc nhân viên xã hội			
Giúp giặt giũ hoặc dọn dẹp nhà cửa			
Giúp chăm sóc sân vườn (ví dụ: chăm sóc cỏ, dọn cành cây, dọn tuyết, v.v.)			
Dịch vụ làm việc vặt (ví dụ: thay bóng đèn hoặc pin máy dò khói)			
Sửa đổi nhà cửa (ví dụ: đường dốc dành cho xe lăn, bồng tắm đứng, v.v.)			
Trợ giúp cung cấp đồ dùng hoặc thiết bị (ví dụ: thanh vịn, quần lót dành cho người không kiểm soát được tiểu tiện, v.v.)			
Nhận hoặc giao thuốc kê toa			
Lập kế hoạch chăm sóc trước (ví dụ: giấy ủy quyền, chỉ dẫn trước, v.v.)			
Hỗ trợ cho người mắc chứng Sa sút trí tuệ, bệnh Alzheimer hoặc suy giảm nhận thức			
Truy cập internet tốc độ-cao đáng tin cậy			
Hỗ trợ sử dụng máy tính, máy tính bảng hoặc điện thoại thông minh			
Giúp hiểu các lựa chọn Medicare hoặc Medicaid			
Trợ giúp với các đơn đăng ký dịch vụ (ví dụ: An sinh Xã hội, Medicare, v.v.)			
Các chương trình thể dục hoặc chăm sóc sức khỏe			
Chăm sóc răng miệng			
Người đi cùng hoặc người của xã hội tới thăm			
Chăm sóc hỗ trợ tạm thời (tạm thời ngừng chăm sóc)			
Tiếp cận đủ loại thực phẩm lành mạnh			
Nhận hoặc giao hàng tạp hóa			
Các nguồn trợ giúp dành cho người có thu nhập thấp			

Đối với các mục được đánh dấu là “cần” ở trên, lý do chính khiến quý vị không thể tiếp cận các dịch vụ hỗ trợ này là gì?

Các bình luận Khác

Appendix H: 2024 - 2027 Individual Area Plan Survey - Farsi

1. سن -----

2. جنسیت زن مرد
3. در کل، سلامت جسمانی خود را چگونه ارزیابی می‌کنید؟
 عالی بسیار خوب خوب متوسط ضعیف
4. در کدام کانتی زندگی می‌کنید؟
 کلارک کانولینز کلیکتات اسکمنیا واهکیکوم
5. کدام عبارت بهترین توصیف از وضعیت زندگی شماست؟ (تمام مواردی که صدق می‌کنند را علامت بزنید)
 بی‌خانمان
 تنها زندگی می‌کنید
 با همسر یا شریک زندگی
 با اقوام
 با غیر اقوام
 جامعه سالمندان دارای زندگی مستقل
 مرکز نگهداری (زندگی دارای نیروی کمکی، خانه نگهداری از بزرگسال، یا خانه پرستاری)
 سایر

6. درآمد تقریبی ماهانه خانوار:

کمتر از \$1,000 \$1,001-\$2,000 \$2,001-\$3,000 بیشتر از \$3,000

7. آیا نگران هستید که در اثر کهولت سن نتوانید در منزل خود بمانید؟ خیر بله
 اگر بله، بیشتر در مورد چه چیزی نگران هستید؟

8. آیا شما به مراقبت از فرد بزرگسال دیگری کمک می‌کنید؟ خیر بله
 اگر بله، در انجام چه فعالیت‌هایی به او کمک می‌کنید؟

لطفا کادر فعالیت‌هایی که به طور مستقل انجام می‌دهید (بدون کمک گرفتن از فرد دیگری) را علامت بزنید:

<input type="checkbox"/>	لباس پوشیدن	<input type="checkbox"/>	آماده کردن یا طبخ غذا
<input type="checkbox"/>	غذا خوردن	<input type="checkbox"/>	خرید کردن
<input type="checkbox"/>	مدیریت کردن داروها	<input type="checkbox"/>	انجام کارهای خانه و شستشو
<input type="checkbox"/>	برخاستن از یا نشستن روی صندلی	<input type="checkbox"/>	استفاده از تلفن
<input type="checkbox"/>	حمام کردن	<input type="checkbox"/>	رانندگی کردن
<input type="checkbox"/>	راه رفتن یا استفاده از یک وسیله حرکتی (مثل ویلچیر، اسکوتر)	<input type="checkbox"/>	تعمیر و نگهداری جزئی منزل (مثل تعویض لامپ یا باطری‌های تشخیص‌دهنده دود)
<input type="checkbox"/>	مراقبت از پا و ناخن	<input type="checkbox"/>	نگهداری از حیاط

توالیت رفتن	<input type="checkbox"/>	مدیریت امور مالی	<input type="checkbox"/>
-------------	--------------------------	------------------	--------------------------

در زیر به چند مورد از کارهایی اشاره شده است که کمک می‌کنند زندگی برای سالمندان، معلولین یا مراقبین بهتر شود. لطفاً برای اینکه نشان دهید آیا شما یا شخصی که در حال حاضر از او مراقبت می‌کنید از این نوع حمایت برخوردار هستید، به این نوع حمایت نیاز دارید، یا به این نوع حمایت نیازی ندارید از علامت تیک استفاده کنید.

نیاز ندارد	نیاز دارد	برخوردار است	
			مراقبت در منزل یا مراقبت شخصی (به طور مثال، کمک به حمام کردن، لباس پوشیدن و غیره)
			فعالیت‌های اجتماعی یا ارتباط اجتماعی
			مدیریت دارو (به طور مثال، یادآوردهای روزانه، آماده کردن جعبه مصرف هفتگی قرص)
			دکمه هشدار اضطراری (به طور مثال، گردن آویز هشدار دهنده خطر جانی)
			آماده کردن غذا (به طور مثال، وعده‌های غذایی که درب منزل تحویل داده می‌شوند، مراکز ارائه دهنده وعده غذایی به سالمندان)
			حمل و نقل برای حضور در نوبت‌های پزشکی
			حمل و نقل برای امور غیر پزشکی
			اطلاعات و خدمات ارجاع
			مدیر پرونده یا مددکار اجتماعی
			کمک به شستشو با نظافت منزل
			کمک به نگهداری از حیاط (به طور مثال، نگهداری از چمن، حرص کردن شاخه درخت، برف روبی، و غیره)
			خدمات تعمیرکار (به طور مثال، تعویض لامپ یا باطری‌های تشخیص‌دهنده دود)
			تغییرات در منزل (به طور مثال، رمپ ویلچیر، کابین دوش)
			کمک به تهیه ملزومات یا تجهیزات (به طور مثال، دستگیره کمکی، زیرپوش‌های بی‌اختیاری و غیره)
			تحویل گرفتن یا دریافت داروی تجویزی
			برنامه‌ریزی پیشاپیش مراقبت (به طور مثال، وکالتنامه، وصیت پیشاپیش و غیره)
			حمایت برای زوال عقل، آلزایمر یا اختلال شناختی
			دسترسی به اینترنت پر سرعت مطمئن
			حمایت کامپیوتر، تبلت، یا گوشی هوشمند
			کمک به آشنایی پیدا کردن با گزینه‌های Medicare یا Medicaid
			کمک به دادن درخواست برای خدمات (به طور مثال، تامین اجتماعی، Medicare و غیره)
			برنامه‌های تناسب اندام یا تندرستی
			مراقبت دندانپزشکی
			همراهان و ملاقات کنندگان اجتماعی
			فرجه در مراقبت (مرخصی از مراقبت کردن)
			دسترسی به غذای سالم
			دریافت یا تحویل گرفتن مواد غذایی
			منابع اقتدار کم درآمد

برای مواردی که در بالا "نیاز دارد" علامت زده شده است، به چه دلیلی نمی‌توانید به این حمایت‌ها دسترسی داشته باشید؟

سایر توضیحات

Appendix I: 2024 - 2027 Area Plan Public Meeting – Agenda – Cathlamet



2024-2027 Area Plan Public Meeting Agenda

Tuesday, October 10, 2023, 11:30 a.m. to 12:30 p.m.

Wahkiakum County Courthouse, 3rd Floor Commissioner’s Meeting Room

64 Main St., Cathlamet, WA 98612

11:30 – 11:35	Introductions
11:35 – 12:15	2024-2027 Area Plan Overview <ul style="list-style-type: none">a) Regional Population Profileb) Area Plan Survey Resultsc) Issue Area Themesd) Budget
12:15 – 12:30	Comments and Questions

Appendix I: 2024 - 2027 Area Plan Public Meeting – Agenda – Clark County



2024-2027 Area Plan Public Meeting Agenda

Monday, October 16, 2023, 11:00 a.m. to 12:00 p.m.

City of Vancouver Water Resources Education Center

Bruce E. Hagensen Community Room

4600 SE Columbia Way, Vancouver, WA 98661

- | | |
|---------------|--|
| 11:00 – 11:05 | Introductions |
| 11:05 – 11:45 | 2024-2027 Area Plan Overview <ul style="list-style-type: none">a) Regional Population Profileb) Area Plan Survey Resultsc) Issue Area Themesd) Budget |
| 11:45 – 12:00 | Comments and Questions |

Appendix I: 2024 - 2027 Area Plan Public Meeting – Agenda – Cowlitz
County



2024-2027 Area Plan Public Meeting Agenda

Friday, October 13, 2023, 11:00 a.m. to 12:00 p.m.

Area Agency on Aging & Disabilities of Southwest Washington
Coweeman Conference Room

1338 Commerce Avenue, Unit 309, Longview, Washington 98632

- | | |
|---------------|--|
| 11:00 – 11:05 | Introductions |
| 11:05 – 11:20 | 2024-2027 Area Plan Overview <ul style="list-style-type: none">a) Regional Population Profileb) Area Plan Survey Resultsc) Issue Area Themesd) Budget |
| 11:45 – 12:00 | Comments and Questions |

Appendix I: 2024 - 2027 Area Plan Public Meeting – Agenda – Klickitat
County



2024-2027 Area Plan Public Meeting Agenda

Monday, October 9, 2023, 1:30 p.m. to 2:30 p.m.

Pioneer Center

501 NE Washington St., White Salmon, WA 98672

- | | |
|-------------|--|
| 1:30 – 1:35 | Introductions |
| 1:35 – 2:15 | 2024-2027 Area Plan Overview <ul style="list-style-type: none">a) Regional Population Profileb) Area Plan Survey Resultsc) Issue Area Themesd) Budget |
| 2:15 – 2:30 | Comments and Questions |

Appendix I: 2024 - 2027 Area Plan Public Meeting – Agenda – Rosburg



2024-2027 Area Plan Public Meeting Agenda

Tuesday, October 10, 2023, 2:00 p.m. – 3:00 p.m.

Johnson Park Community Center, in the cafeteria

30 Rosburg School Road, Rosburg, WA 98643

2:00 – 2:05	Introductions
2:05 – 2:45	2024-2027 Area Plan Overview <ul style="list-style-type: none">a) Regional Population Profileb) Area Plan Survey Resultsc) Issue Area Themesd) Budget
2:45 – 3:00	Comments and Questions

Appendix I: 2024 - 2027 Area Plan Public Meeting – Agenda – Skamania
County



2024-2027 Area Plan Public Meeting Agenda

Monday, October 23, 12:30 p.m. to 1:30 p.m.

Hegewald Center

710 SW Rock Creek Drive, Stevenson, WA 98648

- | | |
|---------------|--|
| 12:30 – 12:35 | Introductions |
| 12:35 – 1:15 | 2024-2027 Area Plan Overview <ul style="list-style-type: none">a) Regional Population Profileb) Area Plan Survey Resultsc) Issue Area Themesd) Budget |
| 1:15 – 1:30 | Comments and Questions |

Appendix J: 2024-2027 AP Public Meeting Notice – Clark County
Public Meeting Notice

FOR IMMEDIATE RELEASE
Monday, September 11, 2023

Contact: Christina Marneris
360-735-5728

Re: Area Agency on Aging & Disabilities of Southwest Washington’s 2024 - 2027 Area Plan

Clark County, Washington: The Area Agency on Aging & Disabilities of Southwest Washington (AAADSW) and its Advisory Council invite all interested parties to attend the 2024-2027 Area Plan Public Meeting for Aging and Disability Services.

The meeting is Monday, October 16, 2023, 11:00 AM to 12:00 PM at the City of Vancouver Water Resources Education Center in the Bruce E. Hagensen Community Room, located at 4600 SE Columbia Way, Vancouver, WA 98661.

The 2024-2027 Area Plan guides AAADSW’s development of community-based supports and programs, and determine funding priorities, for older adults, adults with disabilities and family caregivers in its five-county planning and service area. Those counties include Clark, Cowlitz, Klickitat, Skamania, and Wahkiakum Counties.

A draft of the 2024-2027 Area Plan will be available at the public meeting and online at www.HelpingElders.org by September 22, 2023.

Please contact Christina Marneris with questions or requests for special accommodations at 360-735-5728, 1-888-637-6060 or AAADSWRS@dshs.wa.gov.

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Appendix J: 2024-2027 AP Public Meeting Notice – Cowlitz County
Public Meeting Notice

FOR IMMEDIATE RELEASE
Monday, September 11, 2023

Contact: Christina Marneris
360-735-5728

Re: Area Agency on Aging & Disabilities of Southwest Washington’s 2024 - 2027 Area Plan

Klickitat County, Washington: The Area Agency on Aging & Disabilities of Southwest Washington (AAADSW) and its Advisory Council invite all interested parties to attend the 2024-2027 Area Plan Public Meeting for Aging and Disability Services.

The meeting is Friday, October 13, 2023, 11:00 AM to 12:00 PM, at the Area Agency on Aging & Disabilities of Southwest Washington’s Longview office located at 1338 Commerce Avenue, Unit 309, Longview, Washington 98632. The meeting will be held in the Coweeman Conference room.

The 2024-2027 Area Plan guides AAADSW’s development of community-based supports and programs, and determine funding priorities, for older adults, adults with disabilities and family caregivers in its five-county planning and service area. Those counties include Clark, Cowlitz, Klickitat, Skamania, and Wahkiakum Counties.

A draft of the 2024-2027 Area Plan will be available at the public meeting and online at www.HelpingElders.org by September 22, 2023.

Please contact Christina Marneris with questions or requests for special accommodations at 360-735-5728, 1-888-637-6060 or AAADSWRS@dshs.wa.gov.

###

Appendix J: 2024-2027 AP Public Meeting Notice – Klickitat County
Public Meeting Notice

FOR IMMEDIATE RELEASE
Monday, September 11, 2023

Contact: Christina Marneris
360-735-5728

Re: Area Agency on Aging & Disabilities of Southwest Washington’s 2024 - 2027 Area Plan

Klickitat County, Washington: The Area Agency on Aging & Disabilities of Southwest Washington (AAADSW) and its Advisory Council invite all interested parties to attend the 2024-2027 Area Plan Public Meeting for Aging and Disability Services.

The meeting is Monday, October 9, 2023, 1:30 PM to 2:30 PM at Pioneer Center, 501 NE Washington St., White Salmon, WA 98672.

The 2024-2027 Area Plan guides AAADSW’s development of community-based supports and programs, and determines funding priorities, for older adults, adults with disabilities and family caregivers in its five-county planning and service area. Those counties include Clark, Cowlitz, Klickitat, Skamania, and Wahkiakum Counties.

A draft of the 2024-2027 Area Plan will be available at the public meeting and online at www.HelpingElders.org by September 22, 2023.

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Appendix J: 2024-2027 AP Public Meeting Notice – Skamania County
Public Meeting Notice

FOR IMMEDIATE RELEASE
Monday, September 11, 2023

Contact: Christina Marneris
360-735-5728

Re: Area Agency on Aging & Disabilities of Southwest Washington’s 2024 - 2027 Area Plan

Stevenson, Washington: The Area Agency on Aging & Disabilities of Southwest Washington (AAADSW) and its Advisory Council invite all interested parties to attend the 2024-2027 Area Plan Public Meeting for Aging and Disability Services.

The meeting is Monday, October 23, 12:30 AM to 1:30PM at Hegewald Center, 710 SW Rock Creek Dr., Stevenson, WA 98648.

The 2024-2027 Area Plan guides AAADSW’s development of community-based supports and programs, and determines funding priorities, for older adults, adults with disabilities and family caregivers in its five-county planning and service area. Those counties include Clark, Cowlitz, Klickitat, Skamania, and Wahkiakum Counties.

A draft of the 2024-2027 Area Plan will be available at the public meeting and online at www.HelpingElders.org by September 22, 2023.

Please contact Christina Marneris with questions or requests for special accommodations at 360-735-5728, 1-888-637-6060 or AAADSWRS@dshs.wa.gov.

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Appendix J: 2024-2027 AP Public Meeting Notice – Wahkiakum County
Public Meeting Notice

FOR IMMEDIATE RELEASE
Monday, September 11, 2023

Contact: Christina Marneris
360-735-5728

Re: Area Agency on Aging & Disabilities of Southwest Washington’s 2024 - 2027 Area Plan

Wahkiakum County, Washington: The Area Agency on Aging & Disabilities of Southwest Washington (AAADSW) and its Advisory Council invite all interested parties to attend the 2024-2027 Area Plan Public Meetings for Aging and Disability Services.

The first meeting is Tuesday, October 10, 2023, 11:30 AM to 12:30 PM at the Wahkiakum County Courthouse, 3rd Floor Commissioner’s Meeting Room, 64 Main St., Cathlamet, WA 98612. Then the second meeting is Tuesday, October 10, 2023, 2:00 PM – 3:00 PM in the cafeteria at Johnson Park Community Center, 30 Rosburg School Road, Rosburg, WA 98643

The 2024-2027 Area Plan guides AAADSW’s development of community-based supports and programs, and determines funding priorities, for older adults, adults with disabilities and family caregivers in its five-county planning and service area. Those counties include Clark, Cowlitz, Klickitat, Skamania, and Wahkiakum Counties.

A draft of the 2024-2027 Area Plan will be available at the public meeting and online at www.HelpingElders.org by September 22, 2023.

Please contact Christina Marneris with questions or requests for special accommodations at 360-735-5728, 1-888-637-6060 or AAADSWRS@dshs.wa.gov.

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Appendix K: Population Forecast 2024

	Population and Aging Services Utilization Forecast for 2024					
	PSA	Clark	Cowlitz	Klickitat	Skamania	Wahk.
Number of persons aged 60 or above	175,318	127,020	33,459	8,462	4,418	1,958
Number of persons aged 60 or above and at or below 100% FPL	10,737	6,311	3,302	649	323	152
Number of persons aged 60 or above and minority	16,765	13,368	2,276	675	349	97
Number of persons aged 60 or above and American Indian/Alaska Native	1,555	715	663	106	30	40
Number of persons aged 60 or above and at or below 100% Federal Poverty Level and minority	1,018	644	322	25	12	15
Number of persons aged 60 or above with limited English proficiency	6,760	4,911	1,281	339	165	65
Number of persons aged 60 or above and Disabled (American Community Survey 18b or 18c)	36,623	26,120	7,265	1,878	904	455
Number of persons aged 18 or above and Disabled (American Community Survey 18b or 18c)	52,223	38,016	9,961	2,465	1,253	529
Number of persons aged 60 or above with cognitive impairment (American Community Survey 18a)	16,080	11,320	3,302	847	406	204
Number of persons aged 18 or above with cognitive impairment (American Community Survey 18a)	31,543	23,060	6,049	1,416	746	273
Number of persons aged 65 or above with dementia	13,234	9,526	2,567	668	295	179
Number of persons using in-home services, based on June 2018 Community First Choice utilization calibration	5,455	4,184	1,031	123	95	23

Source: Selected Population and Aging Service Utilization Forecast, Southwest Washington AAA, DSHS Research and Data Analysis Division, July 16, 2019

Appendix K: Population Forecast 2027

	Population and Aging Services Utilization Forecast for 2027					
	PSA	Clark	Cowlitz	Klickitat	Skamania	Wahk.
Number of persons aged 60 or above	186,838	136,850	34,769	8,676	4,597	1,946
Number of persons aged 60 or above and at or below 100% FPL	11,196	6,761	3,332	639	316	148
Number of persons aged 60 or above and minority	18,996	15,233	2,520	747	395	102
Number of persons aged 60 or above and American Indian/Alaska Native	1,705	780	747	106	30	41
Number of persons aged 60 or above and at or below 100% Federal Poverty Level and minority	1,134	747	336	23	12	15
Number of persons aged 60 or above with limited English proficiency	7,532	5,547	1,383	359	177	66
Number of persons aged 60 or above and Disabled (American Community Survey 18b or 18c)	40,483	29,190	7,818	2,017	979	478
Number of persons aged 18 or above and Disabled (American Community Survey 18b or 18c)	56,485	41,497	10,513	2,597	1,330	547
Number of persons aged 60 or above with cognitive impairment (American Community Survey 18a)	17,805	12,687	3,552	911	438	217
Number of persons aged 18 or above with cognitive impairment (American Community Survey 18a)	33,633	24,794	6,299	1,476	781	283
Number of persons aged 65 or above with dementia	15,200	11,042	2,862	761	340	196
Number of persons using in-home services, based on June 2018 Community First Choice utilization calibration	5,898	4,599	1,052	124	100	23

Source: Selected Population and Aging Service Utilization Forecast, Southwest Washington AAA, DSHS Research and Data Analysis Division, July 16, 2019

Appendix L: AAADSW Services

The following programs are provided by AAADSW via Older American Act, Washington State Senior Citizens Services Act, Medicaid Transformation Demonstration and grant funding:

- Aging & Disability Resource Center (No Wrong Door) provides people from all backgrounds, with information about a broad range of community, social, health and government services. It opens doors into the human service delivery system and helps people obtain access to the services they need. To support local access to services in large rural areas, Information & Assistance services are subcontracted to Klickitat and Skamania County government. As part of ADRC, we also provide the following:
 - Information and Assistance provides people from all backgrounds, with information about a broad range of community, social, health and government services. It opens doors into the human service delivery system and helps people obtain access to the services they need. To support local access to services in large rural areas, I&A services are subcontracted to Klickitat and Skamania County government.
 - Options Counseling provides a person-centered approach to explore resources and options for care. It facilitates informed decision-making and provides a clear pathway for individuals to access LTSS.
 - Transitional Care Services empower individuals to successfully transition back to the community following a hospital or nursing home stay. Transitional Care Coordinators partner with individuals to provide tools, information, and guidance to help manage health conditions and avoid readmission into more costly settings.
- Aging Network Programs
 - Case Management (CM) provides assistance in the form of access, advocacy and/or care coordination in circumstances where older persons and/or their caregivers are experiencing a decline in their ability to manage their daily lives. Case Management activities include options counseling, comprehensive assessment of an individual's needs, developing a detailed service plan, authorizing services, coordinating, and monitoring service delivery and follow-up.
 - HOME provides minor home modifications and physical adaptations that are necessary to ensure a client's health, welfare, and safety. Modifications and adaptations may include the installation of access ramps, grab bars, key boxes, stairway rails, accessible cabinets, exterior lights for safety, widening of doorways, or modifications of bathroom facilities. Also included are the installations of specialized electric and plumbing systems, which are necessary to accommodate specialized medical equipment or supplies.
 - Personal Care Services - The Aging Network Program provides personal services to include physical or verbal assistance with activities of daily living (ADL) and instrumental activities of daily living (IADL) due to a care receiver's functional limitations. These services are subcontracted to local home care

agency providers.

- Supplemental Services provides financial assistance to qualified individuals to offset the financial burden involved in the purchase of services and supplies necessary to maintain a client's health and wellbeing, such as durable medical equipment, care supplies, and personal emergency response systems.
- Congregate Nutrition Services help meet the social and the nutritional needs of older adults. Other services include nutritional outreach, education, and social activities.
- Disease Prevention and Health Promotion services help older persons prevent the onset of serious diseases by providing evidence-based health and wellness programs. These include the following:
 - EnhanceFitness is an evidence-based group exercise class for adults age 60 and over that improves your balance, flexibility, bone density, endurance, coordination, mental sharpness and decreases your risk of falling.
 - Oral Health Services provides oral health and dental services to people age 60 and older without dental insurance
 - Stay Active and Independent for Life (SAIL) is a strength, balance and fitness program for adults 65 and older.
 - StrongWomen is a community exercise and nutrition program targeted to midlife and older women.
 - Walk with Ease – A workshop developed by the Arthritis Foundation that strives to teach participants how to safely make physical activity part of their everyday life.
 - PEARLS Program is a highly effective method designed to reduce depressive symptoms and improve quality of life in older adults.
- Family Caregiver Support Program (FCSP) provides information, resources, education, and support services to unpaid family caregivers who provide continuous care for adults with functional disabilities or age 60 and older. These services enable caregivers to continue at-home care and allow care receivers to remain in their familiar environments. Activities under this program are performed and authorized by case management staff and subcontractors.
- FCSP Support Services
 - Counseling Services support caregivers by providing up to six sessions per 12-month cycle, of individual, family, short term, solution-focused counseling so the caregiver may continue his/her role as primary caregiver.
 - Powerful Tools for Caregivers (PTC) is a six-week educational program providing family caregivers with tools to increase their self-care and confidence.
 - Caregiver Education is provided through workshops, books, DVDs, pamphlets and websites. Educational opportunities help the caregiver obtain

information about services and resources, develop coping skills and build caregiving skills.

- Family Caregiver Support Group offers family caregivers a place to connect with other caregivers, talk about issues and ways of coping, and share feelings, needs, and concerns.
- Star-C is a program designed to help family caregivers who are caring for someone with Alzheimer's disease or a related dementia. This is a clinically tested program proven to lower depression in caregivers and decrease problem behaviors in the person with dementia.
- FCSP Access
 - TCARE is an award-winning evidence-based caregiver assessment tool.
 - Consultation/Coordination/Case Management assists caregivers with coordinating services. Caregivers may also consult with a case manager as needed or when there are any significant changes in the health or well-being of either the caregiver or care receiver.
- FCSP Supplemental Services
 - Assistive Devices include items such as grab bars, raised toilet seats, etc. Devices typically help reduce a caregiver's work burden and help maintain safety for the caregiver and/or care receiver.
 - Assistive Supplies include items such as incontinence supplies and typically aid the caregiver in attending to the activities of daily living needs of the care receiver.
 - Assistive Equipment includes items such as ramps and typically reduces a caregiver's work burden. They may also help to maintain a safe environment for the caregiver and care receiver.
 - Personal Emergency Response System (PERS) is an alert system that provides 24-hour access to a call center. With the push of a button, PERS can be used to contract the call center to connect with fire, police, and/or EMS services or to contract a list of preapproved family/friends in case of an emergency. Some PERS devices also include GPS and fall detection services. Caregivers can access PERS for their care receivers to help provide a safe environment.
 - Transportation Services include transportation for caregivers and/or care receivers to medical services, essential shopping, wellness activities, meal programs, social services, and/or senior centers.
- FCSP Respite Services
 - In-Home Care is available and provided on an hourly basis. Licensed and trained home care aide workers provide supervision, companionship, and personal care services in place of the primary caregiver. Services appropriate to the needs of individuals with dementia and related illnesses are also provided.

- Adult Day Care offers primary caregivers relief from care giving and provides the care receiver with opportunities for socialization. Services are available on a regular or irregular basis and designed to address the social needs of participants as well as the needs of families for a safe, comfortable place for adults eighteen years or over with functional disabilities.
- Family Caregiver Support Program - Services to Grandparents/Relatives provides grandparents or other relatives aged 55 and over who are raising a child with information, resources, education, and support services. These services enable caregivers to continue at-home care and allow the care recipients to remain in stable and familiar environments. This program is available only in Clark County.
 - Caregiver Education is provided through workshops, books, DVD's pamphlets, and websites. Educational opportunities help the caregiver obtain information about services and resources, develop coping skills, and build caregiving skills.
 - Support Group Services provide caregivers a safe environment to share and connect with other kinship caregivers.
 - Newsletters are publications distributed bi-monthly to kinship caregivers for the purpose of informing clients of programs and/or public benefits which will enhance their ability to maintain a caregiver role and provide a stable environment for the kinship child(ren).
- Home-Delivered Meals provide meals and other nutrition services to older adults, and those eligible under Title XIX. Services are intended to maintain and improve the health status of these individuals, support their independence, prevent premature institutionalization, and allow earlier discharge from hospitals, nursing homes or other residential care facilities.
- Kinship Caregivers Support Program provides financial support to grandparents and relatives who are the primary caregivers to children under the age of 19. Limited funding is available to eligible recipients to help with unmet and emergent needs, such as basic necessities, legal services, transportation, school and youth activities, interpreter services, counseling services, etc.
- Kinship Navigator Program connects grandparents and other relatives, who are raising children, with community resources such as health, financial and legal.
 - Caregiver Education is provided through workshops, books, DVD's, pamphlets, and websites. Educational opportunities help the caregiver obtain information about services and resources, develop coping skills, and build caregiving skills.
- Long-Term Care Ombuds visit with residents, dispense Ombuds outreach materials, and notify residents of their statutory rights related to quality of care and life in their LTC home or community. Ombuds services may include investigating and resolving complaints, and identifying problems that affect a substantial number of residents. Ombuds may recommend changes in federal, state and local legislation, regulations and policies to correct identified problems, and will assist in the development of

resident and family councils and citizen organizations concerned about the quality of care and life in long-term care homes and communities.

- Medicare Improvement for Patients & Providers Act (MIPPA)/Statewide Health Insurance Benefits Advisors (SHIBA) includes outreach, enrollment assistance, and education about disease prevention and wellness activities to Medicare beneficiaries likely to be eligible for the Low-Income Subsidy program (LIS) or Medicare Savings Program (MSP).
- Newsletters are regularly printed publications distributed primarily to persons age 60 and over for the primary purpose of informing older adults of programs and/or public benefits which will enhance their ability to remain independent.
- Registered Dietician conducts visits to congregate meal sites to ensure compliance with program standards. Annual training and technical assistance to nutrition staff, and review and approval of menus, is also provided.
- Senior Drug Education provides information and training to persons 65 years of age and older regarding the safe and appropriate use of prescription and non-prescription medications.
- Senior Farmers Market Nutrition Program provides benefit cards to eligible older adults which are redeemable for fresh fruits, vegetables, edible herbs, and honey at participating farmers markets and farm stores throughout the service area. Nutrition education is also provided.
- Senior Legal Assistance assists older persons in advocating for their rights, benefits, and entitlements. Services in non-criminal matters are provided by attorneys and paralegals and range from advice and drafting of simple legal documents to representation in complex litigation. Services include disseminating information about legal issues to older adults, service groups and bar associations through lectures, group discussions and the media.
- Senior Transportation services transport older persons to and from social services, medical and health care services, meal programs, senior centers, shopping, and recreational activities, who have no other means of transportation. Personal assistance for those with limited physical mobility is provided.
- Veterans Directed Home Care program assists Veterans, determined by the Veterans Administration, to be at risk of institutional placement. Veterans receive financial assistance and use this funding to purchase, at their discretion, a mix of goods and services that help them live more independently.
- Medicaid Alternative Care (MAC) supports older adults age 55+ who need help to live at home. Supports are also provided to the care receiver's unpaid family caregiver, encouraging them to focus on their own health and well-being, and helping them continue to provide care. There is no estate recovery or client participation for this program.

- Tailored Supports of Older Adults (TSOA) helps older adults age 55+ who need help to remain at home. The benefit is for individuals who currently do not meet Medicaid financial eligibility criteria but do meet functional criteria for care. They may or may not have an unpaid family caregiver. There is no estate recovery or client participation for this program.

The following programs are provided by/through AAADSW by Medicaid funding:

- Title XIX (Medicaid) Case Management & Nursing Services provides case management services to functionally limited older adults and adults with disabilities who are at risk of institutionalization. The goal is to provide services necessary to maintain the highest level of independence in the least restrictive setting, which is typically the client's own homes. To be eligible for this service a comprehensive assessment of an individual's needs is performed and a detailed service plan is developed to authorize, coordinate and monitor the delivery of services. Case Managers from many programs refer clients to Nursing services, including TXIX, Developmental Disabilities Administration and Family Caregiver Programs to provide health related consultation and education to clients and caregivers involved in community-based care services.
- Personal Care Services (In-Home), provide caregiving assistance for personal care tasks. Tasks include assistance with activities of daily living, transportation and household chores to eligible adults who have met income and resource guidelines, and are at risk of institutionalization. Services are provided by a licensed home care agency or Individual Provider.
- Community First Choice (CFC) and Community Options Program Entry System (COPEs) is the statewide Medicaid waiver program that funds in-home and related services for eligible adults who would otherwise receive like services in a nursing home. Types of services included, but are not limited to, personal care, transportation, housework (as it relates to personal care), adult day care, environmental modifications, specialized medical equipment and supplies, skilled nursing, client training, and Personal Emergency Response Systems (PERS).
- Health Home Care Coordination is a program that includes six core services provided to high-risk, high-cost clients with chronic health conditions to improve their health outcomes and reduce unnecessary medical costs by creating client-centered goals in a Health Action Plan (HAP). Care coordination services are voluntary and provided by Care Coordination Organizations (CCOs) to Medicaid only and dually eligible clients. The six core services provided are:
 1. Comprehensive care management
 2. Care coordination and health promotion
 3. Comprehensive transitional care from inpatient to other settings, including appropriate follow-up.
 4. Individual and family support, which includes authorized representatives.
 5. Referral to community and social support services

6. Use of Health Information Technology (HIT) to link services as feasible and appropriate.
- Health Home Lead Entity is an administrative function supporting the work of the Health Home program. Health Home Lead entities hold contracts with the Health Care Authority (HCA) and Medicare Dual Eligible Special Needs Plans (DSNP) to provide Health Homes services. Lead entities also hold contracts with CCOs, manage the payment of services from HCA and Medicare DSNPs to the CCOs and monitor the quality of work performed by CCOs when carrying out the six core services of the Health Home program. Interpreter Services are available by phone, in person and in writing, by certified interpreters, to non-English and LEP clients.

The table below shows programs and services provided by AAADSW or an AAADSW contracted provider, by county.

Key

- Number (1-8) represents total number of contracted providers in corresponding county
- N/A is Not Available
- Asterisk (*) means program/service is available to eligible persons: no local provider or provided virtually

SERVICE or PROGRAM	CLARK	COWLITZ	KLICKITAT	SKAMANIA	WAHAKIYAKUM
Legal Assistance	1	1	1	1	1
Medicare Improvement for Patients & Providers Act (MIPPA)	1	*	1	1	*
Access Services					
Transportation	1	2	1	1	1
Aging & Disability Resource Center/Information & Assistance	1	1	1	1	1
Transitional Care	1	1	N/A	N/A	1
Case Management - Aging Network	1	1	N/A	1	1
In-home Services					
Personal Care - Aging Network	10	7	3	4	6
Nutrition Services					
Congregate Meal Sites	6	5	3	1	2
Home Delivered Meals	2	1	1	1	1
State Home Delivered Meals Expansion	1	1	1	1	1
Registered Dietitian	1	1	1	1	1
Senior Farmers Market Benefits	1	2	1	1	1
Social & Health Services					
Senior Drug Education	1	1	*	*	*
Fitness/Exercise	1*	N/A	1	1	1
Oral Health Care	1	1	*	*	*
Kinship Care Support	1	1	1	1	1
Kinship Navigator	1	1	1	1	1
PEARLS	1	1	N/A	N/A	N/A
HOME	N/A	1	N/A	N/A	N/A
Family Caregiver Support - Assessment & Coordination					
TCARE	1	1	1	1	1
Consultation & Coordination	1	1	1	1	1
Family Caregiver Support - Access & Support Services					
Powerful Tools for Caregivers	1	1	1	*	*
Counseling	1	1	N/A	*	1
Family Caregiver Support - Supplemental Services					
Assistive Devices	Multiple providers available in all counties				
Assistive Supplies					
Assistive Equipment					

Family Caregiver Support - Respite Services					
Respite (in-home)	8	6	3	4	6
Respite (adult day care)	1	N/A	N/A	N/A	N/A
Family Caregiver Support - Grandparents/Relatives					
	1	N/A	N/A	N/A	N/A
Long Term Care Ombuds					
	1	1	1	1	*
Newsletters					
	N/A	N/A	1	1	1
Medicaid					
Case Management	1	1	1	1	1
Nurse Consultation	1	1	*	*	1
Personal Care (In Home)	12	9	4	5	7
Community First Choice PERS	7	7	7	7	7
Community Options Program Entry System	22	18	13	12	16
Care Coordination	5	5	5	5	5
Interpreter Services	4	4	4	4	4
Medicaid Demonstration					
Medicaid Alternative Care	1	1	1	1	1
Tailored Supports for Older Adults	1	1	1	1	1

Appendix M: Community Partnerships

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AMR
Adult Protective Services
Adventist Health
Battle Ground Health Clinic
Caring Closet
Cascade Pacific Action Alliance
Catholic Community Services
CDM
Children's Home Society
Child & Adolescent Clinic
Clark College Dental Hygiene Program
Community Health Plans of Washington
City of Vancouver Parks and Recreation
Clark & Cowlitz Counties Cross Continuum
Care Transitions Collaborative
Clark County Commission on Aging
Clark County Community Health Access
Resource Group
Clark County Community Services
Clark County Crisis
Clark County Fire & Rescue
Clark County Public Health
Clark County Sheriff's Office
Clark-Cowlitz Fire Rescue
Columbia River Mental Health
Community Health Partners
Community Housing Resource Center
Community in Motion
Community Services NW
Council for the Homeless
Cowlitz 2 Fire and Rescue
Davita Dialysis
C-Tran
Elder Justice Center
Faith Community Nursing Health
Ministries Northwest
Fort Vancouver Kidney Center
Fort Vancouver Regional Library
Fresenius Dialysis
Home & Community Services
HOPE Dementia Support Groups
Kaiser Permanente
Klickitat County Senior Services
Klickitat Valley Health
Koelsch Communities
Legacy Health
Life Transitions: End of Life Southwest
Washington
Lifeline Connections
Longview Fire Department
Lower Columbia Community Action
Lutheran Community Services
Meals on Wheels People
Molina Healthcare
NAMI SWWA
North Country Emergency Medical
Services
Northwest Justice Project
Oregon State Unit on Aging
PeaceHealth
Providence
Rainier Springs
REACH CDC
Rose Urgent Care & Family Practice
Safety One Specialty Transport
SeaMar
Skamania County Senior Services
Skamania Klickitat Community Network
University of Washington
Vancouver Clinic
Veterans Administration
Vancouver Housing Authority
Wahkiakum Health and Human
Services
Washington Aging and Longterm Services
Administration
Washington Dementia Action Collaborative
Washington Independent Living Council
Washington State University-Vancouver