



**Aging &  
Adult Care**  
OF CENTRAL WASHINGTON

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**Two Year Update to the 2008-2011 Area Plan  
October 1, 2009**

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**AGING & ADULT CARE OF CENTRAL WASHINGTON  
2010-2011 AREA PLAN UPDATE**

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**SECTION A**  
**AREA AGENCY PLANNING & PRIORITIES**

## **Aging & Adult Care of Central Washington Introduction**

This is a two-year update (2010-2011) to Aging & Adult Care of Central Washington's four-year (2008-2011) area plan. Accomplishments on the goals and objectives in the issue areas are addressed. Goals and plans for the next two years (2010-2011) including the 2010 projected budget are detailed.

Aging & Adult Care of Central Washington (AACCW) is an Area Agency on Aging (AAA), and is part of a network of 13 AAA's in Washington State. Under the Federal Older Americans Act, AACCW develops an Area Plan which describes services, goals and objectives for our six-county area. AACCW operates and serves a Public Service Area (PSA) that is comprised of Adams, Chelan, Douglas, Grant, Lincoln, and Okanogan Counties. AACCW's Policy Board is the Council of Governments (COG). One county commissioner of the six sponsoring counties serves on the Council of Governments. The COG provides a local governing structure for AACCW by assuming responsibility for promoting the development and enhancement of a comprehensive and coordinated service system.

The COG established the AACCW Advisory Committee (AC) to advise on all matters related to developing, administering, planning, coordinating, and operating community-based services. Advisory Committee members, five representatives from each of the six counties serve as advocates, identify needs, and explain to the community the functions of and services available through AACCW. AACCW serves as an advocate and focal point for the seniors, unpaid family caregivers, and vulnerable adults with disabilities.

AACCW provides information and assistance, case management and nurse consultation services directly, and contracts with non-profit and for-profit companies to provide services that assist individuals to stay in their own home. Our Family Caregiver Support Program provides five core service components; access and support, assessment and coordination, supplemental services, respite, and services to grandparents and relatives.

In June 2009, AACCW held multiple planning meetings throughout our PSA to discuss services and the area plan in order to seek input and identify unmet needs. Two public hearings were held in September 2009, to gather additional information and comments on AACCW's two-year plan update.

Questions or comments may be directed to Bruce Buckles, Executive Director. Main office and satellite office locations and phone numbers:

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## **MISSION**

### **THE MISSION OF AGING & ADULT CARE OF CENTRAL WASHINGTON (AACCW) IS TO ENHANCE A PERSON'S ABILITY TO MAINTAIN A LIFE OF INDEPENDENCE AND CHOICE.**

Aging & Adult Care of Central Washington (AACCW) provides assistance to aging adults, caregivers and persons with disabilities through educational efforts by providing them with information regarding resources and the opportunity to access services. AACCW strives to provide the fullest possible array of cost-effective home care and community-based services. The objective of these programs is to maintain individuals at the most appropriate (least restrictive) level of service and to minimize premature or unnecessary residential care placement.

Our mission will be achieved by coordinating with local and national service providers, support groups, local and county governments, and consumer advocate groups to plan, promote, and develop quality, non-duplicated, long-term care services on behalf of seniors and persons with disabilities age 18 and older.

## **VALUES**

AACCW adheres to the following values:

- We value volunteerism as a crucial service to the community and the clients, and as a rewarding activity for the individual volunteers. Advisory Committee members advocate for each of their individual communities as well as perform an essential role to plan for AACCW services. AACCW administers a volunteer Long-Term Care Ombudsman program to advocate for individuals in adult family homes, boarding homes, veteran's homes and nursing homes.
- AACCW values and supports Twin River Productions, a group of dedicated volunteers who produce informative, entertaining videos for public access television, and training videos for non-profit organizations. Other volunteer programs include SHIBA, Wishmasters and the Chelan-Douglas Elder Abuse Council.
- AACCW values diversity. Bilingual staff members are employed to help non-English speaking consumers access services. Materials and service plans are translated into other languages as needed.
- AACCW values collaboration with others to help provide information and access to services to those with the greatest social, economic and health needs.

## **VISION**

This update will help readers understand AACCW's mission, vision, and values as they relate to our selection, implementation, performance, and administration of home care and community-based long-term care services.

## **Planning and Review Process**

AACCW's funding through the state-wide funding formula may see a decrease, especially through SCSA (Senior Citizen's Services Act). AACCW may then be presented with challenges to manage the cuts with the least impact to our rural, frail and needy clients.

In June of 2009, AACCW held five planning meetings, one in each county (see Appendix D for dates and locations). Chelan and Douglas Counties have been combined to make planning more efficient for those counties. An open process was used during the planning meetings. Invitations to the community planning meetings were publicized through radio, newspapers, mailings and flyers. Individual invitations were sent to mayors, clinics, hospitals and contracted service agencies. Planning booklets were also mailed to interested individuals who were unable to attend the meetings.

Planning booklets contained information about current services, service levels, budgets, census data, and demographics by county. AACCW Advisory Committee members and Council of Government members were encouraged to attend, and some did participate. Additional planning packets and contact information were left at the meeting sites and at senior centers for distribution.

In June 2009, AACCW distributed 400 surveys throughout a six-county service area. The survey asked respondents to rate the importance of each of our services. Possible responses were "Not Important", "Somewhat Important", and "Important". The survey also provided space for general comments and/or suggestions regarding unmet needs. Responses were weighted with a point value, and the results were tabulated for the PSA and for each county.

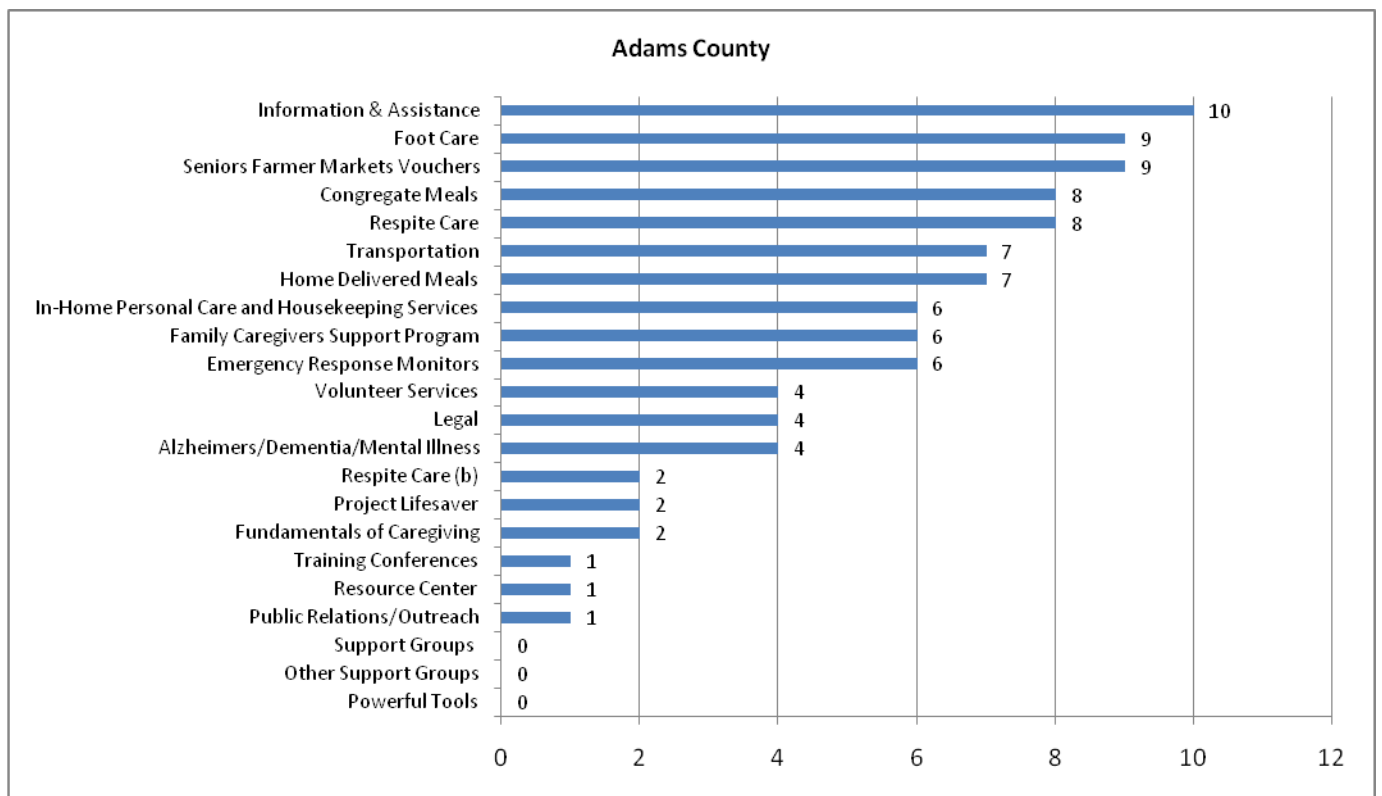
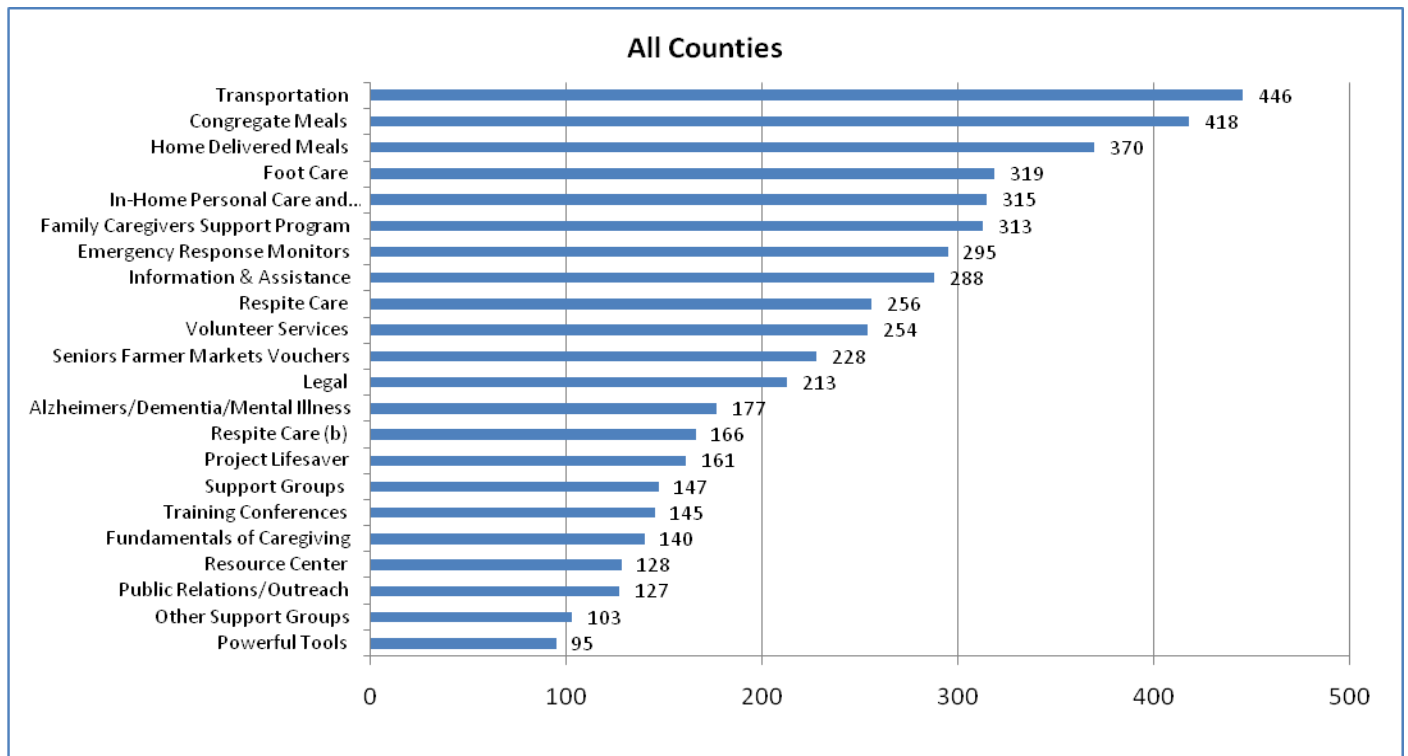
Based upon survey responses, services rated as most important include transportation, nutrition and Aging Network Chore (in home personal care and housekeeping services). Also of concern for seniors were assistance with home repairs and help with prescription costs.

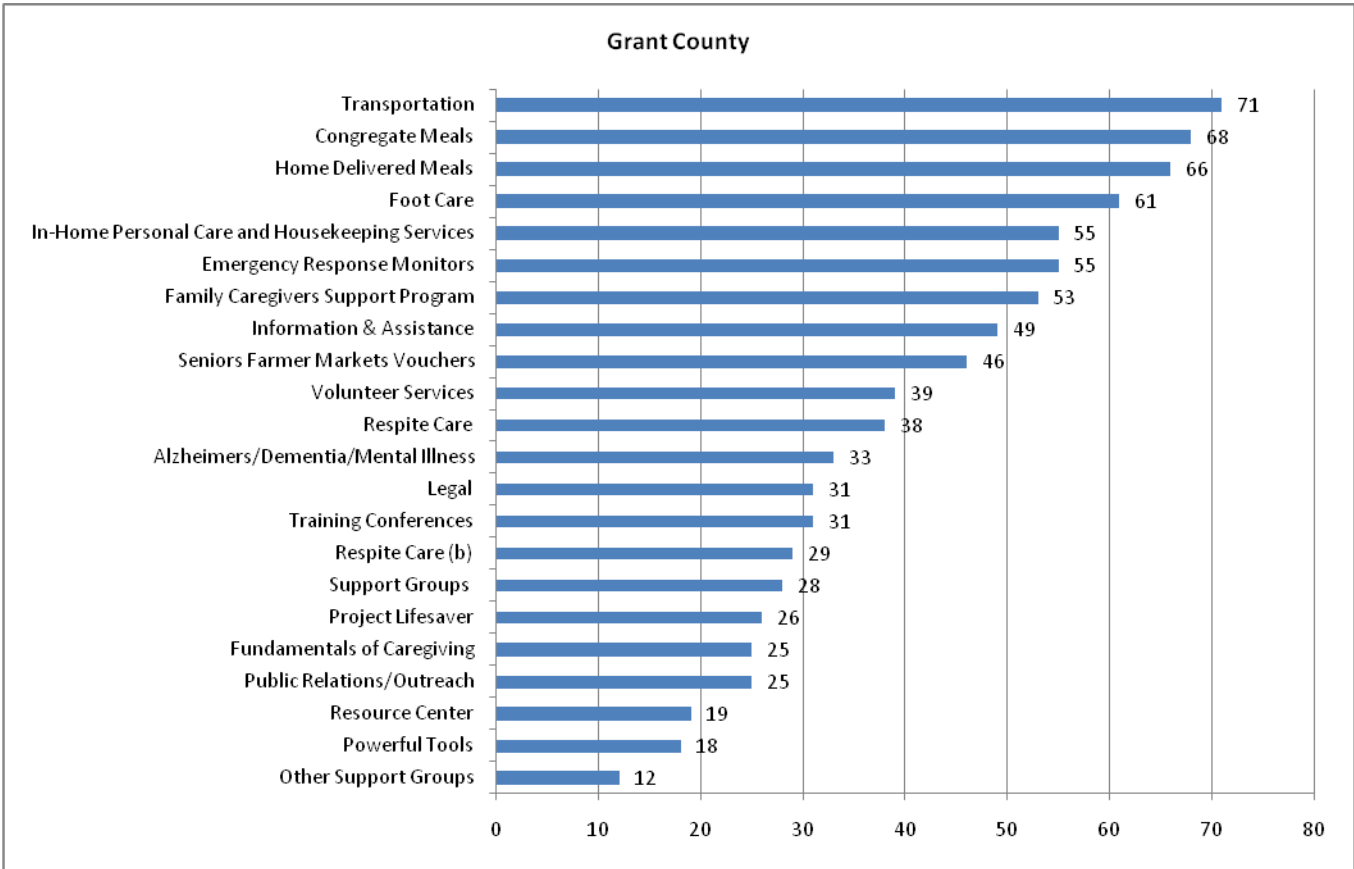
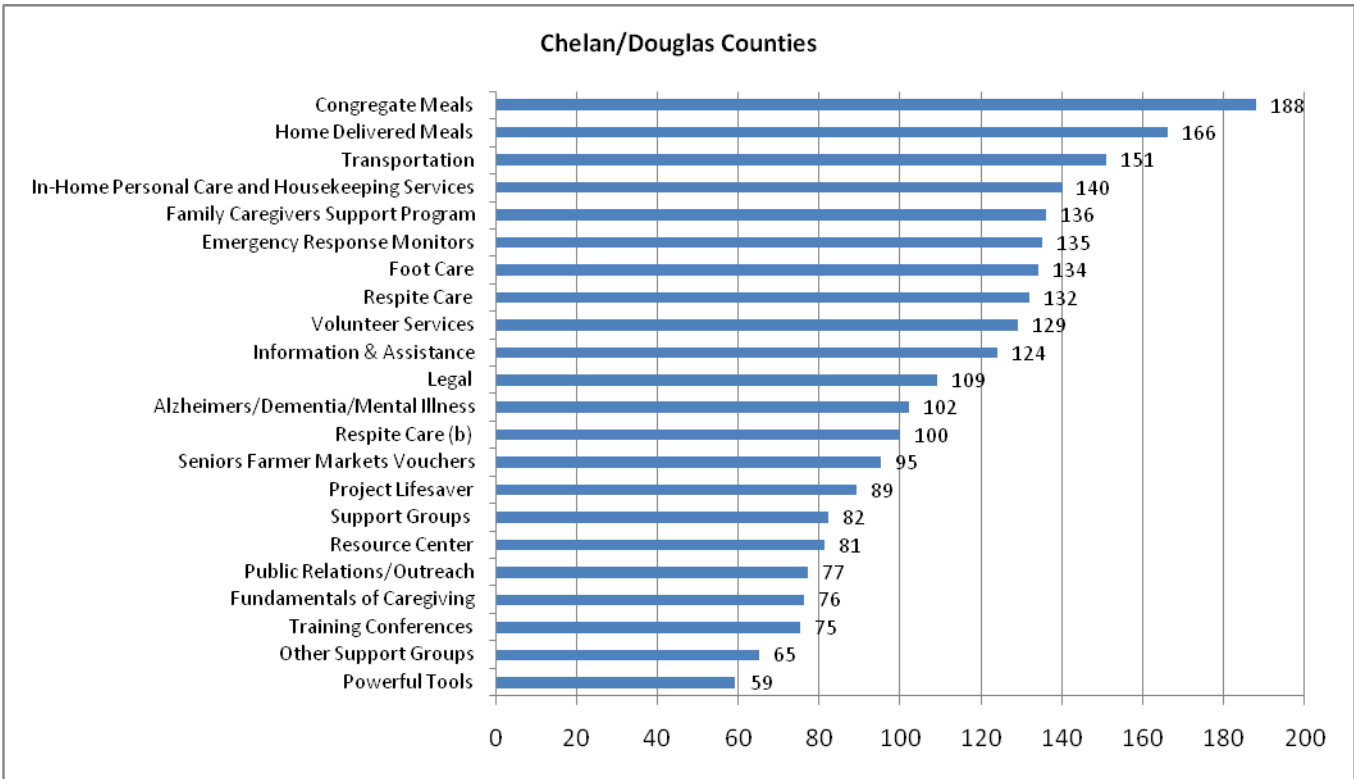
Two public hearings were held to present this plan to the public. Comments received and updates to the Area Plan are reviewed by the AACCW Advisory Council and the Council of Governments (COG) at their respective monthly meetings. The Committees may make changes in the plan based on the public hearings. (Information is open for comment at public hearings before the COG's action). The Advisory Committee and the Council of Governments (COG) approved the Area Plan update during their September meetings.

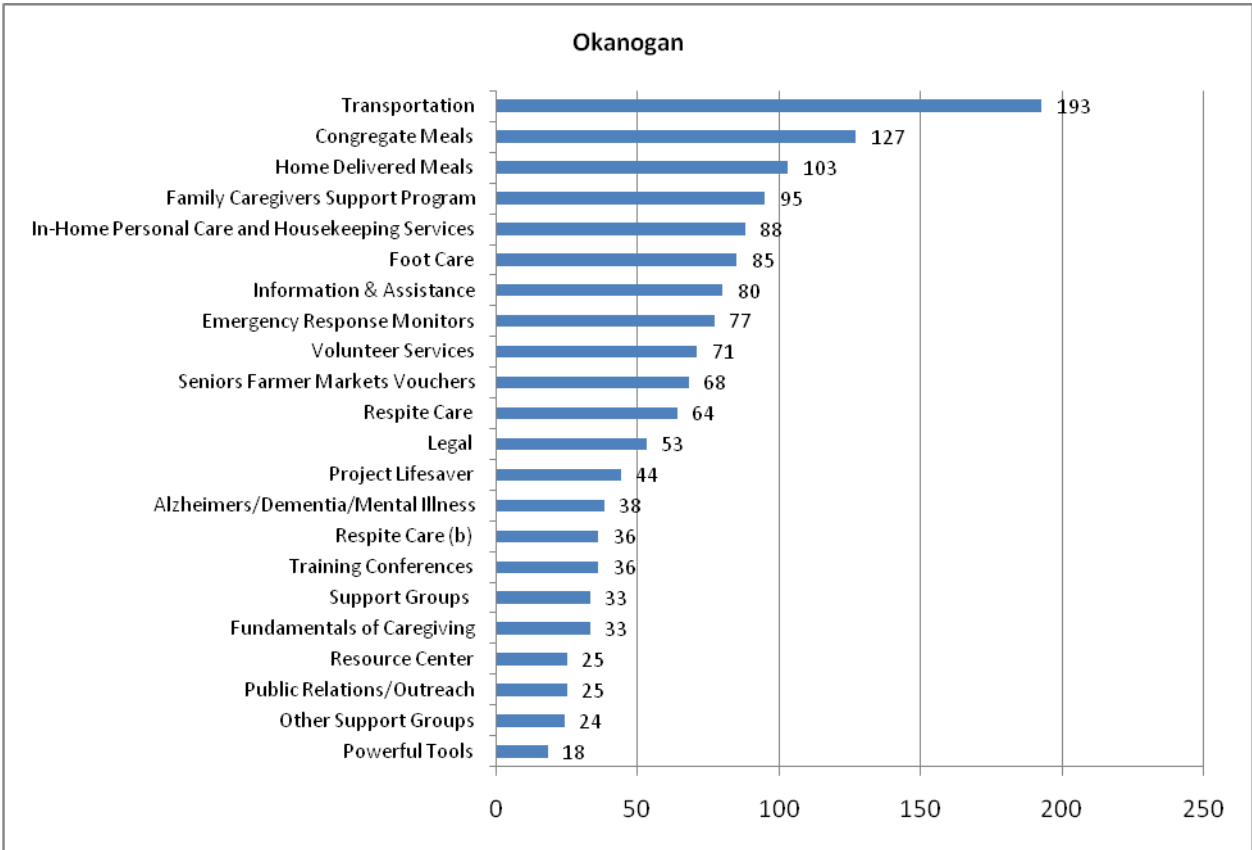
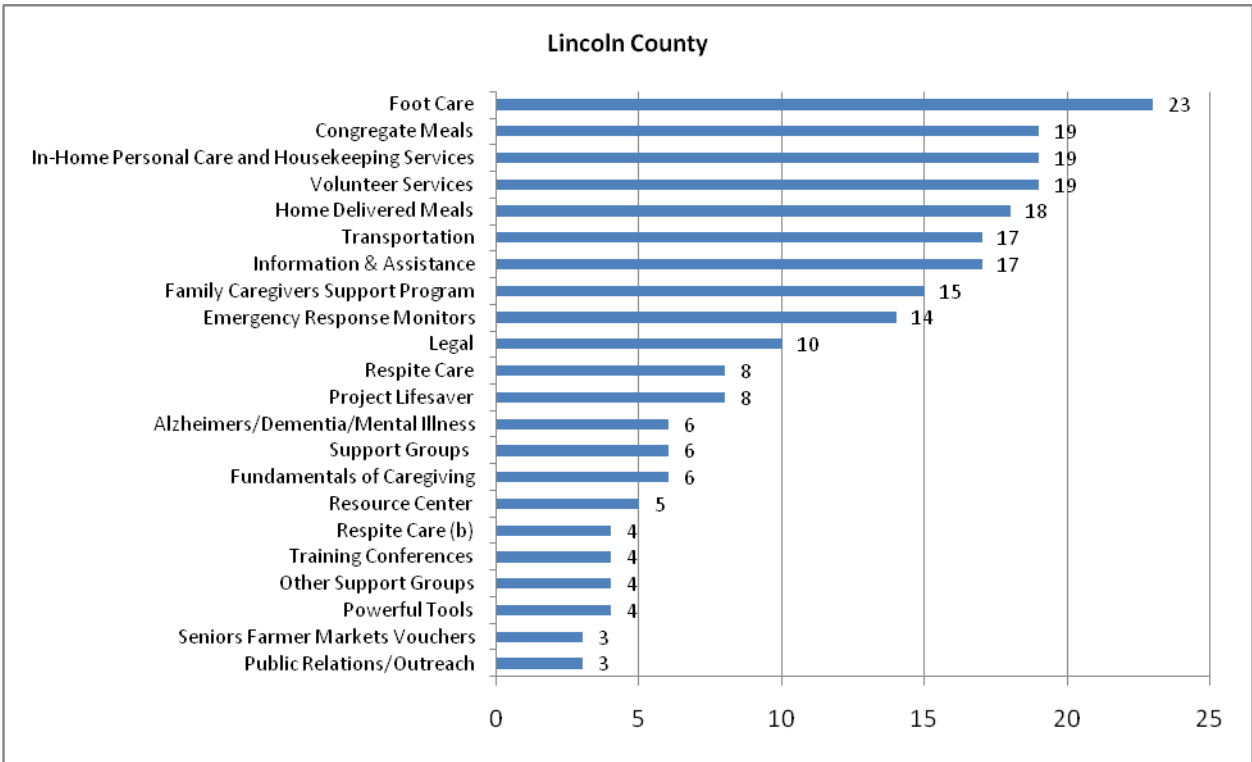
**Aging & Adult Care of Central Washington**  
**Two year update to the 2008 – 2011 Area Plan**  
**2009 Planning Schedule**

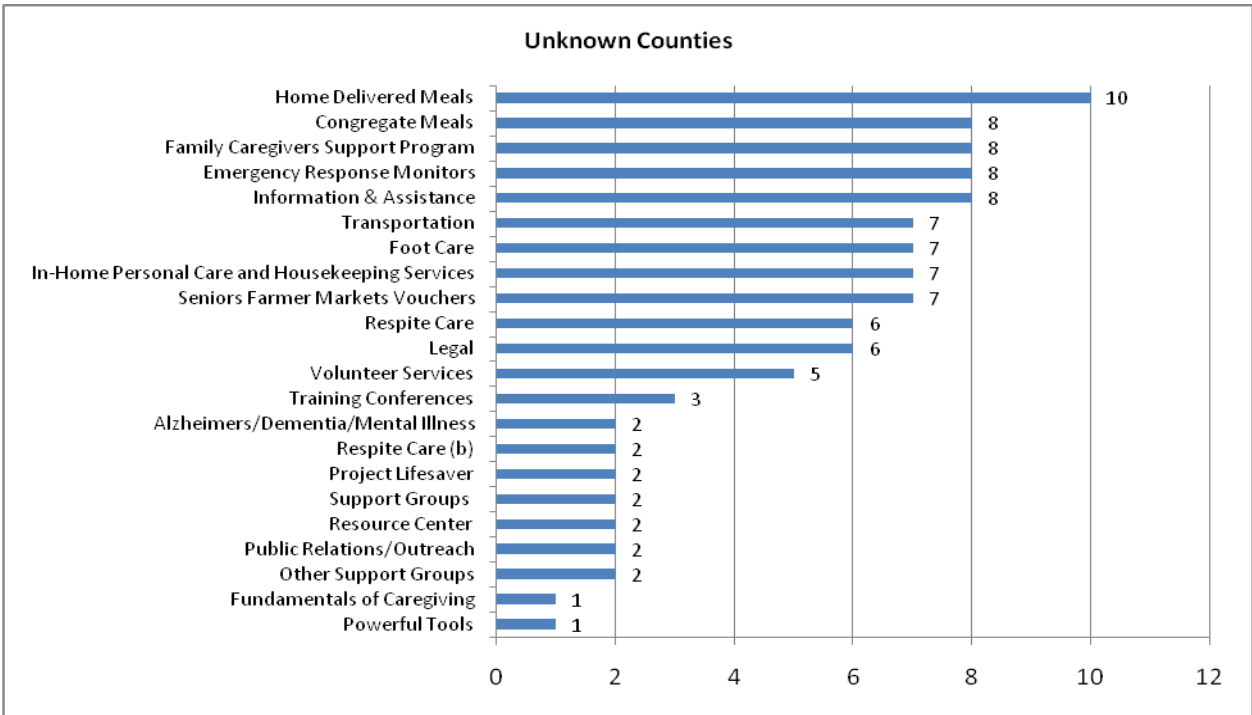
May – June	Five planning meetings were held in communities throughout our six county area. Surveys were distributed and collected.
June – August	Survey responses and comments were compiled and analyzed. Draft plan summary prepared.
August	Advisory Committee and Council of Governments reviewed survey results, public comments, and draft plan summary. Public hearing notices mailed and publicized through newspapers.
September	Two public hearings held; one in Moses Lake and the second in East Wenatchee. Advisory Committee and Council of Governments approved the Area Plan.
October	Deadline to submit two year update to the 2008 – 2011 Area Plan.

## Aging & Adult Care of Central Washington 2010-2011 Planning Survey Results









## Prioritization of Discretionary Funding

Service priorities are determined during the planning process and throughout the year as the need arises. Priorities are established through information gathered from surveys and from written and verbal comments received during the planning meetings. Social and economic factors and identifying unmet needs within our target population must take priority when planning referral and assistance for individuals to maintain a life of independence and minimize premature or unnecessary residential care placement.

73% of the 2010 budget of \$7,697,091 is “restricted”. Restricted dollars must be used exclusively for the specific program funded by that source. 8% of the total budget is allocated for planning, administration, and coordination. 19% of the budget or \$1,449,850 are “discretionary” dollars, provided through the Federal Older Americans Act and Washington State’s Senior Citizen’s Services Act. Discretionary funding has some flexibility, and is used to provide for prioritized needs. Currently, two Public Transportation Benefit Areas (PTBA’s) operate in PSA #8; Link Services in Chelan and Douglas Counties, and Grant Transit Authority in Grant County. Historically, our priority has been to partially fund, through contractors, transportation to medical appointments, essential shopping and to meal sites.

AACCW’s Advisory Council administers a discretionary fund of \$4,000 for 2009 for our PSA. Requests are received from senior centers and other organizations for items such as computers, copy machines, refrigerators, ovens etc. If approved by the Advisory Council, requests are sent to the COG who have final approval authority. Additionally, the AACCW Advisory Council established a Client-Specific Fund to provide funding for needs that were not addressed by other programs or funding streams.

### DISCRETIONARY FUNDS

Congregate Meals	Home-Delivered Meals
Transportation	Client Specific Funds
Information and Assistance	Multipurpose Senior Center
Volunteer Services	Disease Prevention/Health Promotion
Personal Emergency Response System	Aging Network Chore
American Recovery and Reinvestment Act (ARRA)	

In the event of funding reductions, priorities would again be reviewed by staff. If necessary, a public hearing would be held. All information would then be presented to the Advisory Council for review, consideration, and recommendation for the COG, who would have final approval regarding changes to the Area Plan. In the event of program service reductions, service reductions will be identified while keeping other affected services at the same levels. In part, this may be accomplished for 2010 because of anticipated carryover. The table on the next page itemizes the proposed budget as approved by the COG.

The Federal ARRA funds awarded to our PSA present unique challenges associated with the limitations and reporting requirements. The Federal ARRA funds will be used to benefit our target population for the senior nutrition program. AACCW will work with contractors, individuals and senior centers to reduce the risk of job losses and nutrition meal site closures.

<b>Services</b>	<b>2009 Area Plan Budget</b>	<b>2010 Proposed Budget</b>	<b>Difference</b>
Aging Network Chore	90,000	100,000	10,000
Client Specific Funds	1,000	3,000	2,000
Congregate Meals	402,224	402,224	0
Disease Prevention/Health Promotion	63,828	18,337	(45,491)
Home-delivered Meals	287,974	287,974	0
Information & Assistance	328,897	328,897	0
LTC Ombudsman	10,000	15,000	5,000
Multipurpose Senior Center	4,000	10,000	6,000
Personal Emergency Response System	7,940	7,940	0
Transportation	154,329	196,820	42,491
Volunteer Services	15,000	15,000	
Unobligated	20,000		(20,000)
<b>Total</b>	<b>1,385,192</b>	<b>1,385,192</b>	

Proposed Reductions / Changes

Congregate Meals – ARRA – New, one-time funding of	\$90,994.00
Home-Delivered Meals – ARRA – New, one-time funding of	\$40,829.00
Multipurpose Senior Center – increased by	\$6,000.00
LTC Ombudsman – increased by	\$5,000.00
Client Specific Funds – increased by	\$2,000.00
Disease Prevention/FootCare – reduced by	\$45,491.00
FootCare services have been eliminated and replaced with Health Promotion	

**SECTION B**  
**PLANNING & SERVICE AREA PROFILE**

**Aging & Adult Care of Central Washington  
Planning and Service Area Profile**

**Population Profile**

According to the 2000 Census and American Community Survey data, there are approximately 46,400 persons aged 60 and over residing in PSA #8. Moses Lake and Wenatchee areas are defined as urban. All other county service areas are defined as rural. Colville AAA, PSA #12, is responsible for serving the Colville Reservation. All Native American Elders living outside the reservation qualify for services provided by AACCW.

<b>Characteristics</b>	<b>Adams</b>	<b>Chelan</b>	<b>Douglas</b>	<b>Grant</b>	<b>Lincoln</b>	<b>Okanogan</b>	<b>Total</b>
(1) 60+ Population	2,729	13,987	6,643	13,737	2,816	6,576	46,488
(2) 60+ Below Poverty Level	198	911	200	843	186	631	2,969
(3) 60+ Rural Areas	2,729	9,634	4,211	13,737	2,816	6,576	39,703
(4) 60+ Minorities	278	437	209	857	49	542	2,372
(5) 60+ Minority Below PL	73	24	68	274	13	169	621
(6) 60+ Limited English	296	237	119	715	15	69	1,451
(7) 18+ Disabled	1,153	4,106	1,976	4,744	768	1,496	14,243
(8) Native American Elders	0	32	55	61	19	422	589
PSA #8 Represented Tribes	0	0	0	0	0	0	0
<b>Total Population</b>	<b>17,800</b>	<b>72,100</b>	<b>37,000</b>	<b>84,600</b>	<b>10,400</b>	<b>40,100</b>	<b>262,000</b>

- 1) Source: OFM data book by county; Population by Age and Gender
- 2) Source: Census data set 2005-2007 65+ Below Poverty Level by County (Data available for Chelan, Douglas, Grant, and Okanogan only)
- 3) Source: Census data set 2005-2007 B01001H Principle City (Urban) white alone 65+ population (Wenatchee only urban city choice)
- 4) Source: Census data set 2005-2007 B01001I 65+ Hispanic population by county (Chelan, Douglas, Grant, Okanogan only). Native American (Okanogan only). White Alone data did not return reasonable results. Other minority data sets not available for our counties.
- 5) Source: Census data set 2005-2007 B17020I 65+ Hispanic below poverty level (Chelan, Douglas, Grant, Okanogan only). Native American (Okanogan only). White Alone data did not return reasonable results. Other minority data sets not available for our counties.
- 6) Source: Census data set 2005-2007 C16004 65+ speaks English less than "very well" (Grant only)
- 7) Source: 2000 Census, SF3
- 8) Source: Census data set 2005-2007 65+ American Indian and Alaska Native (Douglas, Okanogan only)

**Total Population Source: OFM 2008 Population Trends**

## Target Population

Per the Older Americans Act, we are mandated to provide services to individuals with the greatest economic and social needs. Target groups include minority individuals, limited English speaking people, and seniors living in rural areas. With nearly 17,000 square miles to cover, and almost all of it rural, AACCCW has some unique challenges in serving these groups. We have offices in Wenatchee, Moses Lake, and Omak. Consideration will be given in the next two years to decentralizing even more. In 2007 we entered into a cooperative agreement with Davenport Senior Center, under which they provide office space and internet access for our staff. Similar cooperative agreements will be pursued in more rural communities. Regularly scheduled visits to these communities are planned.

The 28 senior centers in PSA #8 are major conduits through which our services reach those target populations. Information is distributed through literature racks, special flyers and posters, and through presentations. We also distribute information to, and receive referrals from, all of our contractors. Senior Services Network, gatekeepers, and Serve Our Seniors bring stakeholder groups together, and are important venues for identifying and making services known to target populations.

Our efforts to improve service to older Native Americans in cooperation with local Native American Tribes are described in Section B.4, Policy 7.01 Implementation Plan.

We continue to advertise through Spanish newspapers and radio, as well as other media throughout our region. Good relationships with newspapers and radio stations allow us to provide regular public service announcements at no cost.

Keeping up with advancements in technology will be an important part of our future. As demand for services and costs continue to rise, and resources remain static, working smarter with technology will become increasingly important. Interactive websites will become a reality as our aging population becomes increasingly tech-savvy. The advent of the ADRC will bring with it the need to establish more cooperative working agreements with stakeholders in the coming years.

Soap Lake in Grant County is estimated to have 1/3 Russian-speaking, 1/3 Spanish-speaking, and 1/3 English-speaking residents. During the past 12 months, AACCCW has increased bilingual staff from six to eleven; 10 Spanish speaking and one Russian. Our contracted home care agencies will need more bilingual caregivers to keep up with the increasing demand. In 2007 we contracted with People for People to provide interpreter and translation services for many languages. Our home care provider training subcontractor, PRN, also provides interpreter services for all classes when needed.

Increasing food and fuel costs coupled with a declining economy are making it increasingly difficult for rural seniors to access essential services. Three of our rural counties have no publicly funded transportation. In Okanogan County, our largest and most rural county, transportation funding was reduced 25%. Effective July 1, 2009, door to door services for seniors has been reduced and additional reduction in services for 2010 and 2011 are anticipated.

## **AAA Services**

### **Aging Network Chore (Age 60+)**

Aging Network Chore provides household care, assistance with activities of daily living, personal care and/or protective supervision to older persons who need help with allowable chore services tasks if they are to live independently in their own homes.

### **COPES Case Management (Age 18+)**

Case management conducts assessments and reassessments for functionally impaired adults at risk of institutionalization. Case management also helps clients in accessing, obtaining, and effectively using the necessary services which will enable them to maintain the highest level of independence in the least restrictive setting.

### **Information and Assistance (I&A)**

Information and assistance is the publicly recognized access point for receiving I and A/case management (I&A/CM). I&A functions include information giving, service referral, assistance, client advocacy and screening to determine whether an older person should be referred to the appropriate agency for a comprehensive assessment. The I and A component is also responsible for (I&A/CM) program publicity and developing and maintaining a file of community resources which serve older people. This component involves one-to-one, not group contacts with clients.

### **Kinship Caregivers Support Program**

Kinship care is the full-time care of children by relatives. Kinship care occurs informally, when children are not involved with public child welfare agencies, and formally, when public child welfare agencies are involved in placing children with relatives. The Kinship Caregivers Support Program funds can be used to help pay for the cost of emergent needs incurred by grandparents or other relatives at the time a child(ren) comes to live with them as well as after the initial period.

### **Kinship Navigator Program**

The Kinship Navigator Program is designed to assist grandparents and other relatives navigate the system of services for children living with relatives. Assistance is provided to relatives connecting them to needed services and resources to keep children from entering foster care.

### **Professional Nursing Services (Age 18+)**

Nursing services are provided in residential and home settings. The services enhance the Community Options Program Entry System (COPES), Medicaid Personal Care, and the Developmental Disabilities program. Nursing services are initiated on a referral basis from case managers and social workers.

## **Long-Term Care Ombudsman Services**

The Long-Term Care Ombudsman program is a coordinated system of services designed to improve the quality of life for residents of nursing homes, boarding homes, congregate care facilities and adult family homes. Services provided by state and local ombudsmen include investigating and resolving complaints made on behalf of residents or residents; identifying problems which affect a substantial number of residents; recommending changes in federal, state and local legislation, regulations and policies to correct identified problems; and assisting in the development of resident councils, family councils, and citizen organizations concerned about the quality of life in long-term care facilities.

## **Mental Health Ombudsman Services**

The Mental Health Ombudsman advocates ensuring individual rights are respected and services respond to consumer needs and preferences. The ombudsman helps to resolve problems at the lowest level possible and can also help with the grievance and/or fair hearing process.

## **Senior Farmers Market Nutrition Program (Age 60+)**

The Senior Farmers Market Nutrition Program is designed to improve the nutritional status and overall health of low-income seniors by providing them with fresh fruits and vegetables from farmers markets. Educational information about the benefits, selection, storage, and preparation of fresh foods is also provided to participants.

## **Congregate Nutrition (Age 60+)**

Congregate meals help meet the complex nutritional needs of older persons who are nutritionally at risk by providing nutritionally sound and satisfying meals and other nutrition services, including nutrition outreach and nutrition education, in a group setting. Each meal served contains at least one-third of the current Recommended Dietary Allowances as established by the Food and Nutrition Board of the National Academy of Sciences National Research Council.

## **Home-Delivered Nutrition (Age 60+)/COPES Home-Delivered (Age 18+)**

Home-delivered meals provide nutritious meals and other nutrition services to older persons who are home-bound by reason of illness, incapacitating disability, or who are otherwise isolated. Services are intended to maintain or 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. Each meal served contains at least one-third of the current Recommended Dietary Allowances as established by the Food and Nutrition Board of the National Academy of Sciences National Research Council.

## **Chore Personal Care (Age 18+)**

The Chore Personal Care program provides assistance with personal care and household tasks. Financial participation may be required.

### **COPEs Environmental Modification (Age 18+)**

The COPEs Environmental Modification program provides physical adaptations to the home of a client. The adaptations must be necessary to ensure the client's health, welfare, and safety, must enable the client to function with greater independence in the home, must be of direct and remedial benefit to the client, and without which the client would require institutionalization.

### **COPEs Home Health Aide & Skilled Nursing (Age 18+)**

Home Health Aide provides assistance with hands-on personal care, ambulation, exercise, and self-administered medications to clients in their own homes on a visiting basis. Skilled Nursing services are provided by an RN or LPN, under RN's supervision, on a visiting basis when the client has temporary skilled nursing needs beyond the scope which can be provide by non-licensed staff. The services must be medically necessary.

### **COPEs Personal Care (Age 18+)**

COPEs Personal Care provides assistance with personal care and household tasks. The client must be determined Medicaid eligible for nursing home level of care. Financial participation may be required.

### **Disease Prevention/Health Promotion (Age 60+)**

Disease Prevention and Health Promotion services provided at multipurpose senior centers, at congregate nutrition sites, through home delivered meals programs, or at other appropriate sites. These services are designed to assist older persons in helping to prevent the onset of serious diseases and to promote good health habits and rid themselves of bad ones in such a way as to enhance their lives and prevent premature institutionalization.

### **Family Caregiver Support Program**

The Family Caregiver Support Program helps unpaid caregivers who provide care to persons 18 years and older to make informed decisions about current and future care plans, solve day-to-day caregiving problems, learn essential caregiving skills, and locate services that may strengthen their capacity to provide care.

### **Legal Services (Age 60+)**

The Legal Services program assists older persons in advocating for their rights, benefits, and entitlements. Assistance in non-criminal matters is provided by referrals to attorneys, paralegals, and appropriate others and range from advice and drafting of simple legal documents to representation in complex litigation. Services include disseminating information about legal issues to older persons, service groups and bar associations through lectures, group discussions, and the media.

### **Medicaid Personal Care (Age 18+)**

The Medicaid Personal Care program provides assistance with personal care and household tasks for persons with at least one personal care task need. The client must be SSI eligible.

### **Personal Emergency Response System [PERS] (Age 60+) COPES PERS (Age 18+) (Restricted Service)**

PERS monitors the frail, homebound elderly by means of an electronic device that secures help in the event of an emergency. The response center has access to the client's local response network including police, fire, ambulance, friends and/or neighbors depending on the nature of the emergency.

### **Respite (Age 18+)**

Respite provides relief for families or other caregivers of adults 18 years and over with functional disabilities. In-home respite care is available and provided on an hourly and daily basis including 24-hour care for several consecutive days. Respite care workers provide supervision, personal care services and nursing tasks usually provided by the primary caregiver of the disabled adult.

### **Transportation (Age 60+)**

Transportation services are designed to transfer older persons to and from social services, medical and health care services, meal programs, senior centers, shopping and recreational activities so such services will be accessible to eligible individuals who have no other means of transportation. Personal assistance for those with limited physical mobility is provided.

### **Volunteer Opportunities**

Volunteer opportunities provide meaningful, rewarding volunteer opportunities, especially for older adults and people with disabilities. Volunteer opportunities exist in AACCW's three offices, in our contracted programs, and in serving clients not being served through existing programs.

### **Client Specific Services**

Client-Specific funded services are aimed to provide funding for needs that are not addressed by other programs or funding streams.

## Services provided through the AAA

Service	Adams	Chelan	Douglas	Grant	Lincoln	Okanogan
Aging Network Chore	X	X	X	X	X	X
COPEs Case Management	X	X	X	X	X	X
Information and Assistance	X	X	X	X	X	X
Kinship Caregivers Support Program	X	X	X	X	X	X
Kinship Navigator Program	X	X	X	X	X	X
Professional Nursing Services	X	X	X	X	X	X
Long-Term Care Ombudsman Services	X	X	X	X	X	X
Mental Health Ombudsman Services (Includes assistance to counties outside PSA #8 – Pend Oreille, Ferry & Stevens Counties)	X	X	X	X	X	X
Senior Farmer’s Market Nutrition Program	X	X	X	X	X	X
Congregate Nutrition	X	X	X	X	X	X
Home-Delivered Nutrition (including COPEs Home-Delivered)	X	X	X	X	X	X
Chore Personal Care	X	X	X	X	X	X
COPEs Environmental Modification	X	X	X	X	X	X
COPEs Home Health Aide & Skilled Nursing	X	X	X	X	X	X
COPEs Personal Care	X	X	X	X	X	X
Disease Prevention / Health Promotion	X	X	X	X	X	X
Family Caregiver Support Program	X	X	X	X	X	X
Legal Services	X	X	X	X	X	X
Medicaid Personal Care	X	X	X	X	X	X
Personal Emergency Response System (including COPEs Personal Emergency Response System)	X	X	X	X	X	X
Respite	X	X	X	X	X	X
Transportation	X				X	X
Volunteer Services		X	X	X		
Client Specific Services	X	X	X	X	X	X

**Non-AAA Services**

<b>SERVICE</b>	<b>ADAMS COUNTY</b>	<b>CHELAN COUNTY</b>	<b>DOUGLAS COUNTY</b>	<b>GRANT COUNTY</b>	<b>LINCOLN COUNTY</b>	<b>OKANOGAN COUNTY</b>
Adult Day Respite -Wenatchee Adult Respite Care	0	1	*Chelan Co.	0	0	0
Adult Family Homes	5	20	11	16	4	12
Alzheimer's Associations	*Spokane Co.	*King Co.	*Spokane Co.	*Spokane Co.	*Spokane Co.	*Spokane Co.
Alzheimer's Support Groups	0	2	*Chelan Co.	2	0	1
Assisted Living Facilities/ARC's	2	10	5	6	2	5
Assistive Technology -Easter Seal Society of WA	*Spokane Co.	*Spokane Co.	*Spokane Co.	*Spokane Co.	*Spokane Co.	*Spokane Co.
Blind Services -Lilac Foundation for the Blind	*Spokane Co.	*Spokane Co.	*Spokane Co.	*Spokane Co.	*Spokane Co.	*Spokane Co.
Caregiver Support Groups	0	10	*Chelan Co.	2	1	1
Clinics	2	5	2	4	2	3
Community Action Councils	*Grant Co.	1	*Chelan Co.	1	*Grant Co.	1
Community Health Centers	1	1	*Chelan Co.	2	0	1
Deaf & Hard of Hearing Services -Eastern Washington (Spokane) -Central Washington (Yakima)	*Spokane Co.	*Yakima Co.	*Yakima Co.	*Yakima Co.	*Spokane Co.	*Spokane Co.
Developmental Disabilities -DSHS-DDD -County-DDD	*Grant Co. 1	1 1	*Chelan Co.	1 1	*Grant Co. 1	1 1
Elder Abuse Prevention -DSHS-APS -Phoenix Place Rape Crisis -CLEAR *Sr	*Grant Co.  *King Co.	1 1 *King Co.	*Chelan Co.  *Chelan Co. *King Co.	1  *King Co.	*Spokane Co.  *King Co.	*Ferry Co.  *King Co.
Food Banks -Salvation Army	3	2 1	*Chelan Co.	4 1	1	2
Health Districts	1	1	*Chelan Co.	1	1	1
Home Health/Hospice	*Okanogan Co.	3	*Chelan Co.	2	*Okanogan Co.	1
Hospitals	2	4	*Chelan Co.	4	2	4
Housing Authorities	1	1	*Chelan Co.	1	1	Community Action Council
Mental Health Agencies	1	1	*Chelan Co.	1	1	1
Nursing Homes	2	3	1	4	2	4
Shelters -Hospitality House -Haven of Hope -Wenatchee Friendship Center	0	1 1 1	*Chelan Co.	1	0	4
Senior Centers	5	6	2	7	5	6
SHIBA	*Grant Co.	1	*Chelan Co.	1	*Grant Co.	*Chelan Co.
Transportation -PTBA	0	1	1	1	0	0
Veterans Services -Veterans Association -American Legion	*Spokane Co.	*Spokane & King Counties 1	1  *Chelan Co.	*Spokane Co.	*Spokane Co.	*Spokane Co.  *Chelan Co
Volunteer Chore Services	*Lincoln Co.	1	*Chelan Co.	1	1	1

**SECTION C**  
**ISSUE AREAS, GOALS & OBJECTIVES**

## Family Caregivers and Kinship Caregivers

### Profile of the Issue:

AACCCW Family Caregiver Support Program will focus planning on both the individual caregiver and the system that supports the caregiver. Family and other unpaid caregivers provide nearly 80% of all long-term care in this country. Estimates are that family caregivers provide care to someone over age 50 in one out of every four households. Nearly two-thirds of these caregivers are employed outside the home either full or part time. More than 540,000 family members are providing care in Washington State. To replace this informal care with paid care would cost an estimated \$4 billion per year. In 1990 there were 11 potential caregivers for each person needing care. By 2050, that ratio will be 4:1.

More than 65,000 grandparents and other family members or relatives are raising children whose parents are unable to provide care in the state of Washington.

The Family and Kinship Caregiver Programs exist to help these unpaid family caregivers. In 2007, State Respite and the Family Caregiver Support Program were combined. Washington respondents to a major survey noted that the major needs of family caregivers are respite care, specialized caregiver information, training and consultation with specialists, and support groups.

### Problem/Need Statement:

Family members who suddenly find themselves in the unfamiliar role of caregiver are often ill-equipped when it comes to having the knowledge and skills required to provide the necessary care. They need opportunities to learn how to safely provide quality care.

Family caregivers often continue to provide care to the detriment of their own health, jobs, and well-being. The loss of productivity to U.S. employers because of time lost to caregiving is estimated to be \$11.4 billion per year.

Non-traditional families need legal resources, social services, and financial help, but don't always know what support services are available. Furthermore, they may encounter entrenched bureaucratic barriers when they try to get the help they need.

Assessing caregiver needs with existing tools has been difficult and expensive. Current assessment tools do not always accurately capture caregiver needs.

It is AACCCW's goal to provide appropriate support to all persons including; minorities, low income, and limited English speaking caregivers. Efforts to identify and reach these special populations are found in Section B.2, page 16. Revised Fundamentals of Caregiving classes and continuing education classes are taught in Russian and Spanish. Outreach to caregivers serving the dementia population will be through the various media, gatekeepers, Senior Services Network, Serve Our Seniors, the Alzheimer's Association, North Central

Washington Rural Health Foundation, and other collaborative efforts with stakeholder groups. Outreach to unpaid family members who are caring for people under 60 will be through the same methods and media. Additionally, in cooperation with Twin Rivers Productions, information will be provided periodically through the weekly television show, “Senior Moments”. Informational brochures, fliers and posters for all family caregivers will be made available at community medical clinics, doctor’s offices, and other strategic locations.

Our vision is that family caregiver support groups established in all six counties will provide a major conduit for the other six core services; information, assistance, training, counseling, respite care, and supplemental services.

**Goal:**

Provide caregiver training opportunities to equip caregivers with the knowledge and skills they need to provide safe, quality care.

**Objectives:**

- AACCW will have certified two additional Community Service Specialists to teach Legacy-Powerful Tools series of classes by August 2010.
- Conduct at least two Powerful Tools for Caregiving classes every year. The classes will be offered in rural communities where they have not yet been available by December 2011.
- Provide scholarships for family caregivers to attend Continuing Education training by December 2010.
- Promote information of available VHS/DVD and web-based caregiver trainings on pertinent issues by June 2010.

**Goal:**

Provide caregivers with the strategies and practical help they need to prevent burnout, minimize stress, and provide for their own well being.

**Objectives:**

- Provide caregivers the opportunity for individual counseling with either a Mental Health Professional, Registered Nurse, or other certified counselor by December 2010.
- Provide for one new support group in Adams, Lincoln and Okanogan Counties. Anticipated date for Okanogan County is August 2010, Adams and Lincoln Counties is November 2011.

- Identify the need, and provide for at least three specialized support groups by December 2011.
- Work closely with Partnership for Children and Families to enhance, develop and implement a network of services to support children, families and caregivers by December 2010.

**Goal:**

Identify and remove barriers encountered by families when they try to get the information for help they need. More accurately capture caregiver needs.

**Objectives:**

- Develop a defined quality improvement process by December 2010.
- Coordinate referrals through our community partners such as Columbia Valley Community Health, Wenatchee Valley Medical Center and Community Action. These and other community partners will play an important role when offering services to address unmet needs by January 2010.

**Goal:**

To comport with the agenda, standards and directions for Tailored Care Referral (T-Care) rollout with ADSA.

**Objectives:**

- Launch outreach efforts to smaller communities within our PSA, to help identify potential caregivers who may benefit from T-Care by March 2010.
- Finalize training of additional Community Service Specialists which will allow AACCW to measure outcomes and re-evaluate any necessary changes by March 2010.

## **Aging & Disability Resource Centers (ADRCs) and Information and Assistance Services**

### **Profile of the Issue:**

Our traditional Information and Assistance (I&A) is “Senior” I&A. Senior I&A has focused on people age 60 and over. The Title IIIB and Senior Citizens Services Act funding restricts the service to seniors. Senior I&A has and continues to provide information connecting seniors in our six county area with the services they need. In recent years, we have seen the introduction of National and State Family Caregiver Support Programs, and the Kinship Caregiver Support Program. Changes in the reauthorization of the Older Americans Act in 2006 may provide for new ADRCs in the future. All of these new programs will require us to expand the scope of our interests well beyond seniors. Relative caregivers of all ages are already turning to us for information on how to provide care for their family members and for the help they need to continue. Soon people of all ages with disabilities will also look to us for information and assistance, and to link them with the resources they need in both the public and private sectors. The future ADRC will be a single, coordinated system of information and access for people of all ages. The ADRC will eventually be built around our Senior I&A program. The ADRC will have under its broad umbrella other programs as well, including Family Caregiver Support Programs, Kinship Caregiver Support Program, Kinship Navigator Program, Benefits Check-Up, T-Care, and Aging Network Chore assessment.

### **Problem/Need Statement:**

One challenge, as we prepare for the advent of the ADRC, is a lack of funding for it. We’ve been directed to plan for the creation of an ADRC, and have done so in the past, but funding for ADRCs has not yet been appropriated in Washington State for our agency.

Another challenge is how to radically broaden the scope of our interests without losing any of the expertise and experience we’ve built up over many years specializing in Senior I&A. We must expand our resource database to include public and private sector resources for people of all ages without compromising its usefulness to seniors. We must serve a much larger population yet remain agile enough to serve each segment well. Our services and resources must be user friendly for people of all ages. We need to collaborate with other resource directories, such as 2-1-1.

### **Goal:**

Build an ADRC around the strengths of our Senior I&A program when funding becomes available.

### **Objectives:**

- Develop and implement an outreach plan for the ADRC and its new elements once funding becomes available.

- Develop a flow chart for day to day operations. Identify necessary organizational changes needed to create an ADRC when program funding becomes available.
- Write and implement new policies and procedures when program funding becomes available.
- Develop a process for measuring and monitoring consumer satisfaction when program funding becomes available.

**Goal:**

Provide our region's seniors with the best and latest information available to help them make informed choices. Reach more low income, rural seniors; seniors with the greatest economic and social need, minorities, and those with limited-English proficiency.

**Objectives:**

- Conduct 12 educational presentations each year to service clubs, at senior centers, libraries, health fairs, and faith communities throughout our region.
- Develop liaisons with partner agencies in all six counties with special focus in our most rural counties, Adams and Lincoln.
- Provide outreach training for all senior centers in our PSA to share information of what AACCW may offer in the way of support or services by October 2010.
- Be available to participate with Emergency Preparedness presentations in our six counties each year. Be prepared to enter into MOUs with county emergency services.
- Continue Emergency Preparedness collaborative efforts with community health agencies and county emergency services.

**Goal:**

Improve the quality and efficiency of services and data collection through improved technology.

**Objectives:**

- Review possibility of integrating Harmony Software's with Benefits Check-Up with Social Administration Management System (SAMS) by October 2011.

## **In-Home Services**

### **Profile of the Issue:**

Elderly and disabled individuals in our service area choose to receive the care they need in their own homes through the COPES, MPC, MNIW, RCL, Respite, and Aging Network Chore programs. We must ensure that all of our clients receive the care that they need in order to avoid premature placement outside of their homes. This includes an accurate assessment of their needs, education regarding what services are available to them, and quality care from their authorized providers.

### **Problem/Need Statement:**

The assessment process using the CARE tool is complex. Frequent changes are made to the assessment process. We have experienced a high rate of turnover in case managers. While the CARE tool was selected because of its high rate of repeatability and reliability regardless of who uses it, not all case managers are equally proficient in using the tool. Continued training is needed on the CARE tool and its proper use.

### **Goal:**

Improve the quality of client needs assessments. More accurately capture client needs through the proficient and consistent use of the CARE tool.

### **Objectives:**

- Enhanced training for all case managers on the proper use of the CARE assessment tool at least quarterly. Supervisors will spot check assessments quarterly, and review at least one file per case manager using the QA monitoring tool provided by ADSA by December 2011.
- Case managers will improve in their use of the CARE assessment tool as measured by annual QA audits by December 2011.

### **Goal:**

Ensure that every client's right to choose their provider is respected and honored. Try to identify and address the cause(s) of the current trend away from Independent providers to Agency providers.

### **Objectives:**

- Train every case manager by December of every year on a client's right to choose their own provider.

- Evaluate case loads by November of every year for disproportionate ratio of agency providers to individual providers, and for other trends which might indicate a lack of client choice.
- Train every case manager on waived services at least annually. Supervisors will perform quarterly spot checks of client service plans to ensure that waived services and other non-agency resources were considered and used when appropriate.

**Goal:**

Improve information distribution and communication in order to ensure that case management staff are aware of information relevant to their work that is contained in and/or provided by HCS Management Bulletins, QA review, AAA program standards, and LTC manual revisions. In addition, ensure that case management staff are aware of community resources for which their clients may be eligible.

**Objectives:**

- The Director of Case Management and Nursing Services will provide a newsletter at least monthly to all case management staff that will, at a minimum, provide updated information regarding relevant HCS Management Bulletins, internal and ADSA based QA review results, updates in AAA program standards, LTC manual revisions, and community resources that are available to clients.

**Goal:**

Establish an AACCCW training program for new Title XIX case managers to help them become more successful in their new roles with AACCCW.

**Objectives:**

- In addition to one-on-one training and oversight, new case managers will attend the AACCCW “Case Manager Academy” based out of the East Wenatchee office. This training will take place over a three day period and will be completed within the first three months of employment.

## Healthy Aging

### Profile of the Issue

In Washington State, heart disease and respiratory disease are second and third only to cancer in claiming the lives of people between the ages of 55-84. Chronic diseases, such as heart disease, stroke, diabetes, and hypertension are major causes of disability. Falls are a leading cause of injury-related death. Proper interventions can prevent premature death and/or disability. According to the Behavioral Risk Factor Surveillance System, 36% of adults are overweight. 33% of adults age 65 and older had no flu shot in the past year. Just over 75% of adults age 65 and older have never had a Pneumococcal vaccination. Seventeen percent reported no physical exercise, and more than 17% of adults still smoke. Only 25% of adults eat the recommended 5 servings of fruit and vegetables each day. Nearly one in four adults has been told by their doctor that they have high blood pressure. Many seniors are unable to properly care for their own feet. Foot problems lead to mobility and other problems affecting activities of daily living. Elder abuse continues to be a major obstacle to healthy aging for too many people. The body of knowledge around this problem is quite young and incomplete. To address the issue in our area, the Chelan/Douglas Elder Abuse Prevention Council was formed in 2007 under the leadership and direction of AACCW. The council provides training on issues of elder abuse for its members and offers specialized training to businesses and the community.

### Goal:

Improve senior nutrition through increased participation in the Senior Farmer's Market Nutrition Program (SFMNP). Advocate for increased funding to expand the SFMNP.

### Objectives:

- Increase awareness of the Senior Farmer's Market Nutrition Program through flyers, public service announcements and through Senior Moments: Perspectives in Aging, a weekly television show.
- Coordinate live radio broadcasts with area Farmer's Markets promoting the SFMNP at least twice a year.

### Goal:

Encourage and promote physical exercise, vaccinations, and provide other information about healthy aging. Increase awareness of behaviors which, if modified, can reduce the likelihood of chronic disease, premature death, and disability. Prevent premature loss of mobility and its associated problems through the provision of evidence-based fall prevention and medication management.

**Objectives:**

- In our ongoing collaborative effort with Twin River Productions, our weekly television show, Senior Moments: Perspectives in Aging, we reach an estimated 30,000 people. At least 25 of the shows every year will be on topics related to healthy aging. In the two counties not reached by the program, we will address issues of healthy aging through flyers and at least two public service announcements per year.

**Goal:**

Increase awareness of, and work towards the elimination of elder abuse through elder abuse councils and training as well as working with public safety departments of local municipalities.

**Objective:**

- Provide one conference for all six counties, and two trainings for community groups annually. Assist other counties in establishing an Elder Abuse Council by December 2011.

## Older Native Americans

### Profile of the Issue:

Approximately 600 older Native Americans live in PSA #8. Approximately 425 of them live in Okanogan County. AACCW works closely with the Colville AAA, PSA #12, which is responsible for the reservation area that lies within Okanogan County. All older Native Americans living outside the reservation boundaries, but within PSA #8 qualify for services provided by AACCW. There are no federally recognized tribes located in PSA #8. There are, however, older Native Americans who are not members of local tribes. Currently, AACCW provides Native Americans with information and assistance, transportation, congregate and home-delivered meals, caregiver training, access to Family Caregiver Support Programs, and the Senior Farmers Market Nutrition Program (SFMNP). AACCW holds two SFMNP outreach events on the Colville reservation annually. Service delivery to older Native Americans is measured through activity reports from direct service staff, participant information forms, and contractor's reports.

### Problem/Need Statement:

Geographically the largest county in Washington, Okanogan County ranks 34<sup>th</sup> of 39 in population density and is exceedingly rural in nature. Okanogan County is divided by the Okanogan River. AACCW serves the residents west of the river and the Colville AAA (PSA#12) serves the residents who live on the reservation, which lies east of the river. Native Americans live on both sides of the river. There is much crossover for housing, employment, shopping, and services. PSA boundaries, long distances, and cultural differences are often barriers to the smooth delivery of services to older Native Americans. Better collaboration with the Colville AAA will translate to better service to older Native Americans in both PSAs. AACCW currently collaborates with the Colville AAA to operate the SFMNP on the reservation. We also through our contractor, train independent and agency care providers for them. We have provided on-site technical support to the Colville AAA for critical software installation, and are available as an ongoing technical resource. The Colville AAA case managers have a standing invitation to attend any training we offer for our own case managers. While much progress has been made in recent years, more can be done to improve service delivery to older Native Americans. Outreach to older Native Americans has been a persistent challenge. Collaboration with the tribal representatives and the Colville AAA is very important. We need to establish better relationships with these groups to improve communication and understanding. Coordinating our activities with those of other organizations that provide services to older Native Americans has improved. While our staff receives some training in cultural competence, staff turnover requires this to be an ongoing effort. AACCW and the Colville AAA both have contractual relationships with the same home care agencies. Building on these relationships will lead to more consistent standards of practice in home care service delivery. The goals and objectives as shown in the 7.01 Implementation Plan are part of our plan to address these needs.

**Policy 7.01 Implementation Plan  
For  
Central Area Agencies on Aging (AAAs)  
Biennium Timeframe: January 1, 2010 to December 31, 2010.**

**Plan Due Dates:**

**October 1<sup>st</sup> of each odd numbered year a complete Implementation plan is due for the coming biennium.  
October 1<sup>st</sup> of even numbered years a progress report is due.**

<b>Implementation Plan</b>				<b>Progress Report</b>
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting Last January 1
Increase awareness of the Senior Farmer's Market Nutrition Program by Native American Elders.	Confer with Colville AAA Director to formulate a plan for serving Native American Elders through the early SFMNP.	Reach a collaborative plan in which AACCW will administer the SFMNP for the Colville AAA	Kathy Wright A.C. Volunteers I and A Staff May 2010-2011	Coordinated with Executive Director for check distribution.  Nespelem, WA June 9, 2010 Omak, WA June 9, 2010
Improve the health of Native American Elders through the SFMNP by providing fresh fruits and vegetables, and nutrition education	Implement the plan, which will include advertising, outreach, voucher distribution and redemption. Analyze program data, and meet with Colville AAA Director to assess the effectiveness of achieving SFMNP goals for the year.	Increase program awareness and participation among eligible Native American Elders. Identify and document lessons learned, best practices, and ways to improve the service provided to Native American elders through the SFMNP in the future.	Kathy Wright A.C. Volunteers I and Staff May 2010-2011	PSA and paid advertising by AACCW for two Colville AAA distribution sites. Vouchers & educational materials sent to the Nespelem Tribal Center for the Colville AAA to distribute. AACCW staff & volunteers distributed vouchers and educational materials at the Omak Tribal Center. 127 tribal seniors were served. Recommendation to contact ADSA if they wish to operate their own SFM nutrition and education program.

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<b>Implementation Plan</b>				<b>Progress Report</b>
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting Last January 1
Improve care quality for Native American Elders who are DSHS clients through care provider training	Per an existing agreement between the Colville AAA, ADSA and AACCW, we will continue to provide IP training when requested through our contractor, PRN.	None of the independent or agency providers serving DSHS clients will be out of compliance with training requirements.	Kathy Wright, Subcontractor, PRN, December 2010-2011	Training regulations changed January 1, 2010. PRN is a community trainer, but cannot be subcontracted by the AAA's.  Objective dropped.
Provide information to help increase the safety of the Native American Elders residing both on and off the reservation through the use of Project Lifesaver.	Offer to meet with the Colville Tribal Law Enforcement regarding participating in Project Lifesaver.	Colville Tribal police will be provided information regarding Project Lifesaver.	Stacey Salley October 2010	January and March 2010: Letters of invitation to Colville AAA and Tribal police to participate in training and information sharing about Project Lifesaver that can help locate those who have wandered due to Alzheimer's, autism or any form of dementia.

**Policy 7.01 Implementation Plan  
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**October 1<sup>st</sup> of even numbered years a progress report is due.**

<b>Implementation Plan</b>				<b>Progress Report</b>
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the Fiscal Year Starting Last January 1
Improve communication between the Colville Confederated Tribes and AACCW.	Select AACCW staff will participate in meetings with the Director of the Colville AAA and staff from AACCW and ALTCEW twice a year to discuss issues of mutual concern and identify barriers to providing services to tribal elders and disabled. AACCW will extend invitations to the Colville AAA to attend case management and I and A staff trainings.	Identified barriers to providing services will be reduced, when possible, through efforts suggested in these meetings.  Relationships will be forged between AACCW and Colville AA staff that will lead to enhanced communications and working relationships between the AAAs.	Val Graber, Director of Community Services & Nursing Services  Meetings will be held in April and October of 2010.  Val Graber & Nancy Thorn TBA as meetings are scheduled.	Distance creates time and meeting coordination barriers. Community stakeholders meeting held in Omak, WA August 31, 2010.  Colville AAA to participate in GoTo case management meetings.  RCL guest speaker at AACCW. Colville AAA case management and I and A staff invited to join the meeting on September 23, 2010.

## **Wishmaster Foundation**

### **Profile of the Issue:**

The Wishmaster Foundation, under the auspices of AACCCW, is a non-profit organization desiring to bring fulfillment and joy to our elders and disabled who have given so much to others throughout their lives. We say thanks by granting unfulfilled dreams for them. The Wishmaster Foundation continuously endeavors to raise quality of life among our seniors through the education of younger adults concerning the aging process.

The mission of the Wishmaster Foundation is to endeavor to bring joy and completion to those who have, until now, only lived out these dreams in their minds. These folks are our moms, dads, uncles, aunts, special friends and often times, unfortunately, our children.

### **Problem/Need Statement:**

More opportunities for intergenerational community interaction are needed. There is a disconnect between many of the elderly and the rest of the community. Meaningful volunteer opportunities are needed for people of all ages.

### **Goal:**

Unite people of all ages in the communities, including businesses, around the common goal of helping elderly people achieve life-long goals. Heighten community awareness of elder issues, encourage and provide meaningful volunteer opportunities to help resolve them.

### **Objectives:**

- Continue building relationships with individuals, corporations, civic clubs, and other organizations in support of the Wishmaster Foundation.
- Provide at least three wish fulfillments in 2010, and at least four fulfillments in 2011.

## **Aging Readiness – Sustainable Communities For All Ages**

### **Profile of the Issue**

Washington's 60+ population is expected to increase by 75% between 2005 and 2020. As the leading edge of the baby boomers hit 60 in 2006, and as triumphs in medicine and research have increased longevity, the elderly comprise the fastest growing segment of our population. Proper planning and collaboration are essential for ensuring our communities are livable for people of all ages. Cooperative efforts need to be encouraged in our counties and local communities to ensure transportation needs, housing, emergency services, and health care are adequately addressed, provided for in planning, and incorporated into our infrastructures.

### **Problem/Need Statement:**

Much more needs to be done to increase awareness of the new opportunities presented by the advancing age wave. County planning departments, building associations, private business, city governments, medical providers, and other entities need the right information to make informed planning decisions.

### **Goal:**

Ensure our communities are "aging ready" and that proper planning takes place now to make them so.

### **Objectives:**

- Conduct "aging ready" presentations and provide relevant information to county commissioners, planning departments, business groups and other stakeholders on an annual basis.
- Prepare a North Central Washington area-wide Aging Readiness conference in partnership with county governments in the spring of 2010.

### **Goal:**

Participate with Okanogan Housing Authority and other regional partners to provide supportive housing for seniors.

### **Objectives:**

- As a non-profit, make application to the U.S. Department of Housing and Urban Development under Section 202, supportive housing for the elderly. Partner with the Okanogan Housing Authority to provide one 15 senior housing unit by December 2011.
- Apply same model for other counties within our PSA by December 2011.

## Nutrition

### Problem/Needs Statement

Comments received at planning meetings, survey results, and input received from stakeholders consistently show congregate and home-delivered nutrition are two of the most important discretionary services AACCCW provides. These programs were never intended to be fully funded by AACCCW. As of 2007, the suggested donation per meal was increased from \$3.00 to \$3.25. The nutrition contractor must make up the difference through fund raising. For some contractors, traditional sources of revenue have recently decreased their support. Costs continue to rise, propelled by higher fuel costs and a minimum wage that increases every year. Washington State minimum wage for 2009 is \$8.55, \$1.30 higher than the federal minimum wage. This area plan budget includes a non-sustainable funding level of \$135,823.00 of ARRA dollars through December 31, 2010.

The federal ARRA funds awarded to our PSA present unique challenges associated with the limitations and reporting requirements. The following items are part of our plan to address these needs.

### Goal

Identify the appropriate use of federal funds to increase the number of meals, the number of individuals served, the number of jobs retained, and to maintain existing meal sites that may be at risk.

### Objectives:

- Help restore/maintain nutrition services in our most rural areas by increased awareness of the senior nutrition program through flyers and public service announcements by December 2009.
- Stimulate greater interest for the senior nutrition program among eligible participants by offering alternatives for meal services, days and times by December 2010.
- Measurements mandated by the use of ARRA dollars will be captured using SAMS (the Social Assistance Management System) to collect and report data by December 2009. The NAPIS tool extracts data from SAMS creating a federal NAPIS report, a benefit to the state of Washington and AACCCW. Harmony, creators of SAMS, who hold the federal contract for reporting NAPIS information, have created an ARRA reporting tool for state units.