

# 2024 - 2027 Strategic Plan



*Island - San Juan - Skagit - Whatcom*  
Area Plan Version



Bellingham  
600 Lakeway Drive  
Bellingham, WA 98225

Mount Vernon  
301 Valley Mall Way, Suite 100  
Mount Vernon, WA 98273



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Introduction

The Northwest Regional Council (NWRC) is an association of county governments, including Island, San Juan, Skagit, and Whatcom Counties. Two elected officials from each of the representing 4 counties serve on the governing board, which oversees the agency’s operations. The NWRC governing board is composed of the following members:

**Island County Commissioners:**

Jill Johnson *Chair*  
Melanie Bacon

**San Juan County Council:**

Christine Minney  
Jane Fuller

**Skagit County Commissioners:**

Peter Browning,  
*Executive Committee*  
Ron Wesen

**Whatcom County Council/Executive:**

Satpal Sidhu, *County Executive, Vice Chair*  
Kathy Kershner, *Council Member,*  
*Executive Committee*

This plan focuses on the needs of older people, people with disabilities, and people impacted by complex medical conditions. It outlines our agency’s mission, describes our target population, defines the areas of importance to improve support for those populations in our communities and clients, provides a profile of how our resources are deployed in the coming year and sets the overall direction for the work of NWRC over the next four years.

**For more information:**

- Visit our website at [www.nwrcwa.org](http://www.nwrcwa.org)
- The NWRC Bellingham office is located at 600 Lakeway Drive, Bellingham, WA 98225. The local telephone number is (360) 676-6749 or from Western Washington: (800) 585-6749
- The NWRC Mount Vernon office is located at 301 Valley Mall Way, Suite 100 Mt. Vernon, WA 98273. The local phone number is (360) 428-1301, or toll free (800) 585-6749.

## Mission, Vision, and Values

### Northwest Regional Council Belief Statement:

Innovation in human services starts with believing that everyone matters. At our core, we care. So, we listen.

### Northwest Regional Council Anthem:

- We connect and create new solutions to navigate the challenges of aging and disability.
- Proactive paths to behavioral health and recovery.
- And new partnerships between healthcare and social services.
- We build better support systems, to better serve people, because we exist for people.

### Northwest Regional Council Mission Statement:

To build a comprehensive and coordinated support system for older individuals, people with disabilities, and people affected by complex medical conditions in Island, San Juan, Skagit, and Whatcom Counties.

The support system will:

- (1) Promote personal independence and dignity, and
- (2) Improve the quality of life by removing barriers that can create physical and social isolation.

### NWRC Values and Envisions . . .

- **Community Access for All**  
Individuals who need long-term services and supports can make informed choices about their care.

Services are easy to access, understandable, and physically, culturally, linguistically, and financially accessible.

- **Consumer Protection and Safety**  
Services and assistance help clients avoid abuse, access safe products, and make choices about health behaviors that allow their best quality of life.
- **Evidence-Based Programming**  
Services and programs incorporate evidence-based best practices, evolve based on consumer input and needs.
- **Consumer Empowerment and Advocacy**  
Consumers are their own advocates to shape services that are comprehensive, cost-effective, flexible, well-coordinated, and prudently managed.
- **Caregiver Support**  
Caregivers have access to appropriate training and other support for their caregiving responsibilities.
- **Community Involvement**  
Communities that are aware of the care needs of NWRC's target populations and have knowledge of the network of services and programs that support them.

Communities that participate in the development of essential services using their strengths and assets to identify, prioritize, and guide opportunities for the future.

## 2024-2027 Planning and Review Process

Northwest Regional Council (NWRC) developed the 2024-2027 Strategic Plan for our area under the leadership of the NWRC Governing Board and the Northwest Senior Services Advisory Board. Input was gathered from local Tribes, NWRC staff, and community members in our region. For further detail of the planning process please see Appendix E.



## Prioritization of Discretionary Funding

In the event of an increase or decrease in discretionary funding from what is projected in the annual NWRC budget, changes would be based on any restrictions placed on the fund source, applicable policies, advisory board input and final amendment of the NWRC budget by the NWRC Governing Board.

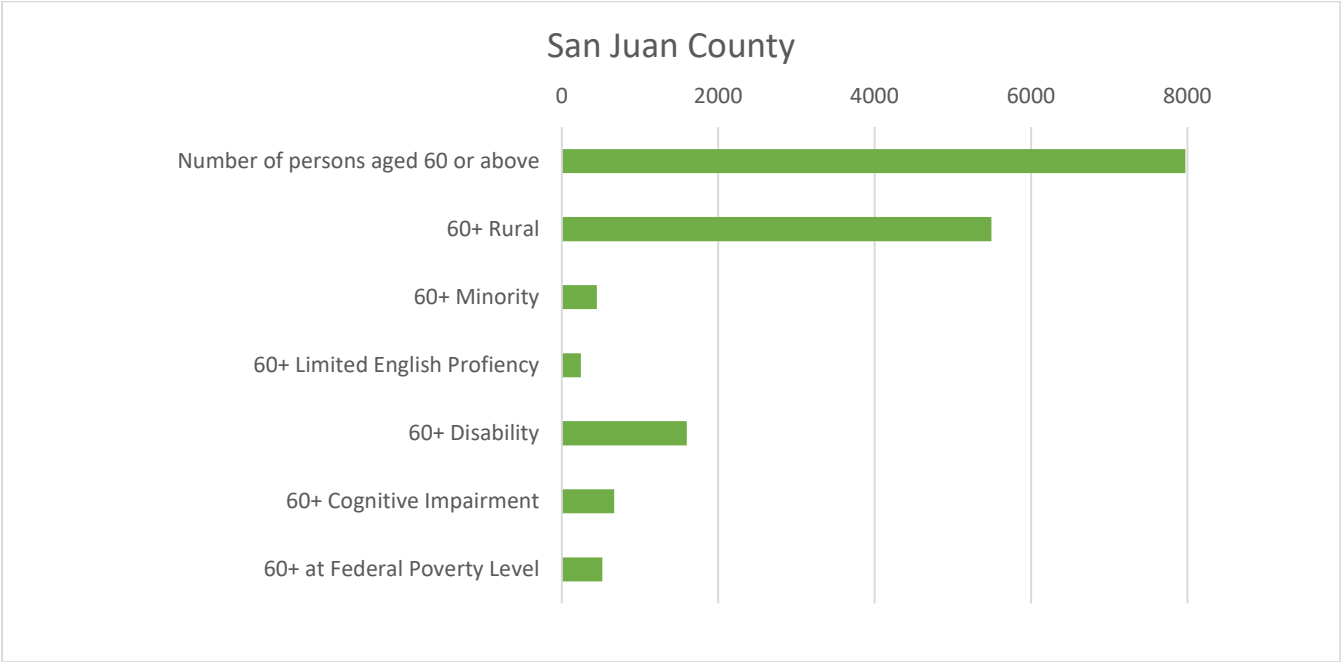
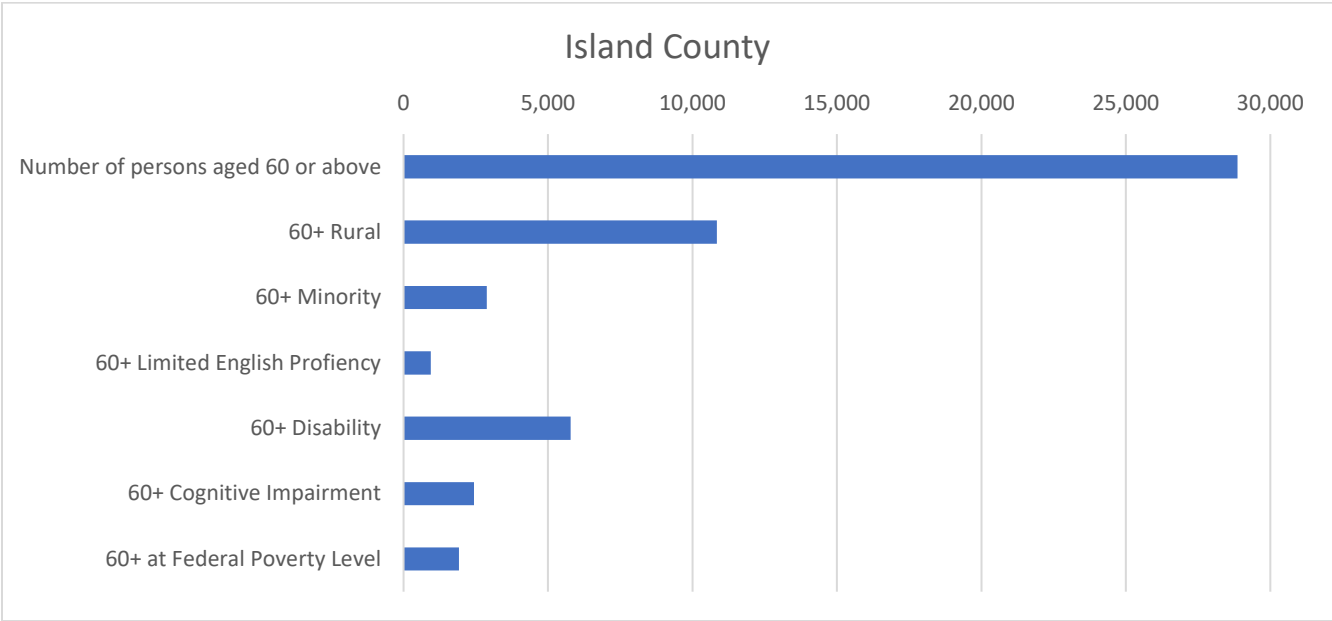
## Target Population Profile

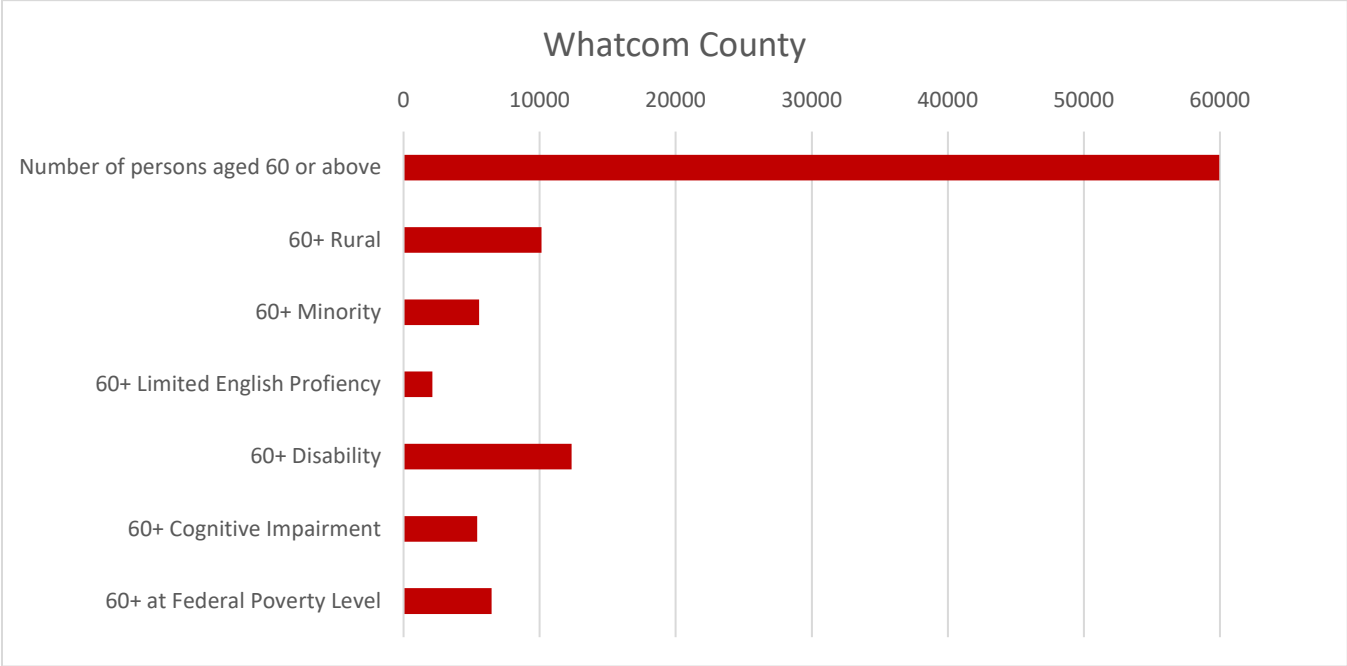
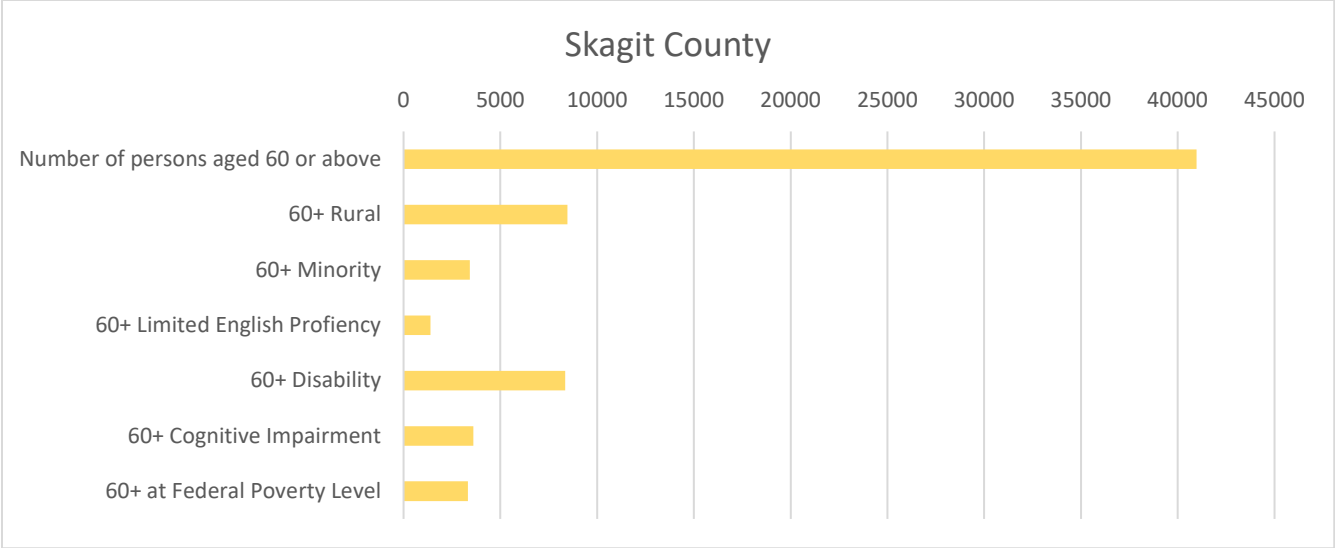
NWRC considers it important to reach those who face challenges related to low income, disability, language limitations, culture, ethnicity, geography. Where income is not directly part of program eligibility, NWRC adds targeting requirements to provider contracts for people with low incomes. Minimum service requirements are also included for people with limited-English proficiency, who live in rural areas, and for members of minority populations. Contracts include requirements for the provider to delineate specific actions they will complete to ensure services to targeted populations.

<b>NORTHWEST REGIONAL COUNCIL</b>	<b><i>Island</i></b>	<b><i>San Juan</i></b>	<b><i>Skagit</i></b>	<b><i>Whatcom</i></b>	<b><i>Region</i></b>
<b><i>Total Population*</i></b>	<b>86,625</b>	<b>18,662</b>	<b>131,179</b>	<b>230,677</b>	<b>467,146</b>
<i>% of the Region</i>	18.5%	3.9%	28.8%	49.4%	100%
<b><i>60+ Population</i></b>	<b>28,864</b>	<b>7,975</b>	<b>40,968</b>	<b>59,940</b>	<b>137,747</b>
<i>% of County</i>	21%	5.8%	29.7%	43.5%	29.5%
<b><i>60+ and Minority</i></b>	<b>2,878</b>	<b>450</b>	<b>3,427</b>	<b>5,555</b>	<b>12,310</b>
<i>% of County 60+</i>	23.3%	3.6%	27.9%	45.1%	2.6%
<b><i>60+ at Federal Poverty Level</i></b>	<b>1,912</b>	<b>517</b>	<b>2,185</b>	<b>6,472</b>	<b>11,086</b>
<i>% of County 60+</i>	3.7%	4.8%	5.9%	9.4%	6.9%
<b><i>60+ at FPL and Minority</i></b>	<b>471</b>	<b>91</b>	<b>671</b>	<b>882</b>	<b>2,115</b>
<i>% of County 60+ and Minority</i>	8.3%	13.7%	14.4%	9.7%	10.7%
<b><i>60+ Limited English Proficiency</i></b>	<b>942</b>	<b>243</b>	<b>1,392</b>	<b>2,113</b>	<b>4,690</b>
<i>% of County 60+</i>	3.0%	3.1%	3.4%	4.1%	3.6%
<b><i>60+ Rural^</i></b>	<b>10,845</b>	<b>5,493</b>	<b>8,472</b>	<b>10,316</b>	<b>35,126</b>
<i>% of County 60+</i>	40.2%	73.1%	22.8%	19.1%	27.9%
<b><i>60+ Disability</i></b>	<b>5,786</b>	<b>1,599</b>	<b>8,348</b>	<b>12,344</b>	<b>28,078</b>
<i>% of County 60+</i>	20.6%	5.6%	29.7%	44.0%	6.0%
<b><i>18+ Disability</i></b>	<b>7,711</b>	<b>1,962</b>	<b>11,667</b>	<b>19,021</b>	<b>40,361</b>
<i>% of County</i>	19.1%	4.9%	28.9%	47.1%	8.6%
<b><i>60+ Cognitive Impairment</i></b>	<b>2,440</b>	<b>688</b>	<b>3,606</b>	<b>5,422</b>	<b>12,136</b>
<i>% of County 60+</i>	8.5%	8.6%	8.8%	9.0%	8.8%
<b><i>18+ Cognitive Impairment</i></b>	<b>4,418</b>	<b>1018</b>	<b>6,962</b>	<b>12,712</b>	<b>25,110</b>
<i>% of County</i>	5.1%	5.5%	5.3%	5.5%	5.4%
<b><i>60+ AI/AN</i></b>	<b>481</b>	<b>56</b>	<b>632</b>	<b>1,234</b>	<b>2,403</b>
<b><i>60+ AI/AN Disability</i></b>	<b>102</b>	<b>12</b>	<b>137</b>	<b>292</b>	<b>543</b>
<b><i>Native American Tribes</i></b>			Sauk-Suiattle, Samish, Swinomish, Upper Skagit	Lummi, Nooksack	

Key - \*OFM 2022 Estimate, ^2010 US Census, All others from RDA Age Wave 2021.

## Regional Population Profile





## AAA Services & Partnerships

This chart illustrates the range of services provided by the Northwest Regional Council, including direct and contracted services. A narrative description of each program follows.

AAA Services Provided	Counties Provided In			
	Island	San Juan	Skagit	Whatcom
<b>Care Management</b>				
In-home Case Management	X	X	X	X
Care Coordination *includes Snohomish County	X	X	X	X
Behavioral Health (in-home)	X	X	X	X
<b>Community Programs</b>				
Aging & Disability Resources	X	X	X	X
Health & Wellness Programs	X	X	X	X
American Indian/Tribal Outreach			X	X
WA Cares Fund	X	X	X	X
<b>Nutrition</b>				
Congregate Nutrition	X	X	X	X
Home Delivered Meals	X	X	X	X
Senior Farmers Market Program	X	X	X	X
<b>In-Home Support</b>				
In-home care	X	X	X	X
<b>Family Caregiver Support</b>				
Family Caregiver Support Programs	X	X	X	X
Dementia Support Program	X	X	X	X
MAC/TSOH			X	X
Kinship Caregiver Program			X	X
<b>Other</b>				
Medicaid Transportation	X	X	X	X
Volunteer Services			X	X
Senior Legal Assistance	X	X	X	X
Long-Term Care Ombudsman	X	X	X	X
Jail Health				X
Supportive Housing			X	X

Focal Points

**ISLAND COUNTY (Senior Information & Assistance Program)**

<b>Oak Harbor Office</b> 51 SE Jerome Oak Harbor, WA 98277 (360) 675-0311	<b>South Whidbey Office</b> 14594 SR 525 Langley, WA 98260 (360) 321-1600	<b>Camano Island Office</b> 606 Arrowhead Road Camano Island WA 98282 (360) 387-6201
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**SAN JUAN COUNTY (Senior Information & Assistance Program)**

<b>Lopez Island</b> Located in Woodmen Hall 4102 Fisherman Bay Road PO Box 154, Lopez, WA 98261 (360) 370-7521	<b>Orcas Island</b> Senior Center/County Services Bldg 62 Henry Road PO Box 1146, Eastsound, WA 98245 (360) 376-2677 V/TDD
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**San Juan Island**  
Mullis Senior Community Center  
589 Nash Street  
PO Box 951, Friday Harbor, WA 98250  
(360) 378-2677

**SKAGIT COUNTY (Aging & Disability Resources Program)**

**Northwest Regional Council**  
301 Valley Mall Way, Suite 100  
Mount Vernon WA 98273  
(360) 428-1301

**WHATCOM COUNTY (Aging & Disability Resources Program)**

**Northwest Regional Council**  
600 Lakeway Drive  
Bellingham, WA 98225  
(360) 738-2500

## Care Management (CM)

1. In-Home Case Management: assists functionally impaired adults at risk of institutionalization in accessing, obtaining, and effectively utilizing the necessary services which will enable them to maintain the highest level of independence in the least restrictive setting. Activities include a comprehensive assessment of individual needs, development of a detailed plan of services, authorization of services, and ongoing monitoring of services.
2. Care Coordination: Helps people with complex chronic conditions maintain their health and more effectively use the medical system. NWRC offers Health Homes Care Coordination, Hospital Care Transitions Care Coordination, Recovery Care Coordination and Humana contracted Care Coordination.
3. Behavioral Health (in-home): Offers individual counseling to those who cannot attend in-office services due to physical or behavioral challenges.

## Aging and Disability Resources (ADR)

1. Aging and Disability Resources: is the focal point for information about services for older people and their families. Functions of the I&A component include information giving, service referral, assistance, advocacy, and screening to determine whether an older person should be referred to another agency/organization for support. The I&A component is responsible for I&A program publicity, outreach, and developing and maintaining a file of community resources which serve older people.
2. Health & Wellness Activities: include medication management, nutrition education, hospital transitions, falls prevention, oral health support, and Chronic Disease Self-Management.
3. Native American/Native Alaskan Tribal Outreach: provides information and support to Elders in the six federally recognized tribes in the region.

## Nutrition

1. Congregate Nutrition: helps meet the complex nutritional needs of older persons who are nutritionally at risk by providing nutritionally sound, satisfying meals, and

other nutritional services, including nutritional outreach and education, in a group setting.

2. Home Delivered Meals: provides nutritious meals and other nutrition services to older persons, and persons eligible under Title XIX, who are homebound due to illness, incapacitating disability, or who are otherwise isolated.
3. Senior Farmers Market Program: provides fresh, locally grown produce to home delivered meal clients, through congregate meal programs, or through vouchers to be used at approved Farmers Markets throughout the region.

## In-Home Care

1. In-home care: provides in-home assistance for eligible adults who would otherwise require services in a nursing home. Case Management, as well as Nursing Service, is also provided. Services available include personal care, transportation, housework, home delivered meals, adult day care or adult day health, environmental modifications, client training, and personal emergency response systems.

## Family Caregiver Support

1. Family Caregiver Support Program: provides services and support to family caregivers including Family Caregiver Support Case Managers who provide coordination of services and information of family caregivers; seven caregiver resource libraries; general information about caregiving available in English, Spanish, and Russian; in-home training; Powerful Tools for Caregivers classes; respite; and supplemental services.
2. Dementia Support Program: The Dementia Support Program aims to aid families and individuals who are experiencing dementia. Program staff provide community education, Care team strengthening support and proven interventions to help individuals and their families increase quality of life.
3. Medicaid Alternative Care(MAC)/Tailored Support for Older Adults(TSOA): MAC creates a new optional choice for people who are eligible for Medicaid but not currently accessing Medicaid-funded LTSS and provides services to unpaid caregivers designed to assist them in providing quality care to family members while also improving their own well-being.



TSOA is a program funded under the Medicaid Transformation Project Demonstration and provides services to support unpaid caregivers in Washington State and provides a small personal care benefit to people who don't have an unpaid family caregiver to help them.

4. Kinship Caregiver Support Program: supports services for grandparents and other older family members raising children.

## Other

1. Medicaid Transportation: provides transportation to covered medical services for persons eligible for state medical assistance (Medicaid) who have no other means of transportation available, or whose available transportation services are inadequate or inappropriate to meet their needs.
2. Volunteer Services: aids persons aged 18 and over who cannot afford to pay for the needed services and lack assistance by willing family members or other community programs. Tasks performed by volunteers may include such things as heavy chores, household cleaning and light maintenance, transportation, home repair, as well as personal care tasks that do not require the expertise of a specialist or licensed health practitioner.
3. Regional Long-Term Care Ombudsman: provides information, outreach, and advocacy for individuals in long-term care residential settings, including nursing homes, adult family homes, and assisted living facilities.
4. Senior Legal Assistance: Assists older persons in advocating for their rights, benefits, and entitlements. Services focus on non-criminal matters such as food and shelter.
5. Supportive Housing: aids in finding or sustaining to individuals receiving case management or care coordination services.

## **Building a Long-Term Services and Support (LTSS) System to Meet Complex Needs**

### **Profile**

**NWRC remains committed to empowering older adults and people with disabilities to remain independent and supported in their homes.** The in-home program supports people with moderate to severe physical limitations, as well as those who are medically complex, often also accompanied by significant behavioral and cognitive challenges.

**Washington has a long history of providing high quality Community-based Long-Term Services and supports (LTSS) which has allowed persons with varied needs to age in place in their homes.** Using a person-centered approach to case management, older persons and people with disabilities can work with NWRC staff to create a care plan that honors their individualized preferences.

**As would be expected, about 77% of adults aged 50 and older want to remain in their homes for as long as possible and this trend remained the same throughout the pandemic.** In this post pandemic time, 58% of adults over the age of 50 report being extremely concerned about the impact of COVID-19 on themselves and their families. The healthcare system has adapted to the pandemic and become more accessible for those with disabilities and complex conditions using telehealth. The gains achieved in the healthcare delivery system have enabled those in need to access services and become more independent. Yet, there are still complex and confusing gaps in healthcare delivery that cannot be remedied with telehealth. Coordinating care is confusing and fragmented, which poses a significant challenge for those with complex, chronic conditions.

### **Some specific concerns affecting our four-county region include:**

- The national caregiver shortage continues to be an issue in our region, with the rural areas experiencing even greater shortages, resulting in longer waits for in-home care services.
- Behavioral health needs in the region continue to be high and were escalated from the COVID-19 pandemic.
- Navigating healthcare and community services continues to be difficult and confusing, especially with the change to digital technology to accommodate

the Covid-19 pandemic. As systems continue to change, NWRC clients and community members will need dependable assistance with getting their needs met.

**NWRC has three main goals in this focus area:**

- 1. Provide person-centered in-home LTSS that are well integrated with the health care services for adults with disabilities to allow them to remain as independent, healthy, and safe as possible.
- 2. Provide person-centered coordination of health and community supports for people who face significant health challenges, including behavioral health and substance use, in a manner that improves their health and reduces avoidable health care costs.
- 3. Represent the interests of families, consumers, and providers in shaping the access to, the scope, quality, and availability of services, and the consumer protections that will be essential to delivery of services, including those delivered through the WaCares fund Program.

**How will NWRC achieve those goals?**

- 1. We will continue to develop and expand an integrated, robust, and multi-disciplinary in-home care management system.

Maintaining monthly averages in the following programs:

Average served Per month:	2024	2025	2026	2027
Care Transitions	25	25	25	25
Recovery Based Care Coordination	45	45	45	45
Supportive Housing	15	15	15	15

Continued growth for average number of clients served monthly:

Average served per month:	2024	2025	2026	2027
In-Home LTSS	1950	2025	2100	2175
In-Home Behavioral Health	125	175	225	275
Health Home Care Coordination	1075	1100	1125	1150

- 2. We will maintain a comprehensive network of quality In-home service providers to address the complex needs of the individuals we serve:

- Completing an inventory of current utilization of in-home contracted services.
  - Comparing utilization with client need based on client assessments and location.
  - Identify any gaps in service supply or referral patterns and develop strategies close to them.
3. **We will continue to develop and grow our Substance Use Disorder (SUD) Treatment** which is designed substance abuse models that are effective for populations of seniors and people with disabilities.
4. **We will represent the interests of families, consumers, and providers in shaping the access to, the scope, quality, and availability of services, and the consumer protections** that will be essential to delivery of services under the WaCares Fund Program by:
- a. Representing the Washington Association of Area Agencies on Aging on the LTC Trust Commission
  - b. Identifying and advocating for approaches to access and eligibility that make Trust Act services locally available and provides the information beneficiaries need to make the best/most efficient use of their benefit.
  - c. Identifying infrastructure and service design changes that will efficiently and effectively make services provided by NWRC and its contactors available to Trust beneficiaries.
  - d. Identifying and advocating for consumer protections that are necessary to protect against price-gouging, fraud, conflict of interest and service quality problems.
  - e. Identifying and advocating for methods to assure continuity of care for people who exhaust their LTC trust benefits but continue to need services
  - f. Identifying and advocating for the design of infrastructure, marketing, and other functions that are appropriate for delivery of an insurance benefit and that distinguish delivery of Trust insurance benefits from delivery of Medicaid entitlement benefits.
  - g. Advocating for any necessary legislative changes
-

## Resources:

1. AARP Organization  
<https://www.aarp.org/pri/topics/livable-communities/housing/2021-home-community-preferences.html>
2. AARP Organization  
<https://www.aarp.org/pri/topics/ltss/family-caregiving/long-term-care-planning-readiness.html>
3. Washington State Aging and Long-Term Support Administration  
<https://www.dshs.wa.gov/sites/default/files/ALTSA/stakeholders/documents/agingplan/Wash%20State%20Plan%20on%20Aging.pdf>
4. AARP Organization  
<https://livablecommunities.aarpinternational.org/>

## Supporting Caregivers and People Impacted by Dementia

### Profile

Washington has 820,000 family caregivers who bring an estimated \$16.8 billion in economic value to the state. It is well-documented that family caregivers face challenges including finding work/life balance, financial strain, caregiver stress and compromised health leading to increased likelihood of chronic illness and increased mortality.

Caregivers are family members or friends who typically provide unpaid, long-term, community-based care and assistance to older adults and people with chronic health conditions or disabilities. Caregivers help with a variety of routine tasks such as shopping, paying bills, bathing, dressing, and managing medicines. They are often a source of emotional support and companionship for care recipients.

### Family Caregiver profile:

- 58% of caregivers are women.
- Nearly 33% of caregivers provide 20 hours of care per week.
- Caregivers receive no formal training and often learn while providing care.
- Nearly 80% of caregivers care for adults aged 50 and older, and 76% of care receivers are aged 65 or older.

By 2030, 73 million people in the United States will be 65 or older, and many of those people will need assistance from at least one caregiver to maintain independence. Family caregivers will be in high demand. In 2010 the number of potential family caregivers available for each person was 7 to 1. In 2030, this number will shrink to 4 to 1, creating less unpaid support for family and higher likelihood for caregiver burnout.

The NWRC Family Caregiver Support Program (FCSP) provides access to a range of supports tailored to the individual caregiver's strengths and needs. About half of FCSP clients are caregivers of people who have dementia, another third care for individuals with other memory or cognitive problems. FCSP provides a spectrum of support for all stages of caregiving and services are distributed throughout the four-county region. It is estimated that NWRC's FCSP reaches only about 1% of the potential number of family caregivers in our region.

**Cases of Alzheimer's disease and other dementias are increasing dramatically, creating a greater need for family members to consider becoming caregivers.**

#### **Global Profile:**

- 55 million people have dementia worldwide, over 60% of whom live in low-and middle-income countries. Every year, there are nearly 10 million new cases.
- Dementia is currently the seventh leading cause of death and one of the major causes of disability and dependency among older people.
- In 2019, dementia cost economies globally 1.3 trillion US dollars, approximately 50% of these costs are attributable to care provided by informal caregivers.
- Women are disproportionately affected by dementia, both directly and indirectly. Women experience higher disability-adjusted life years and mortality due to dementia, but also provide 70% of care hours for people living with dementia.

**In Washington state, about 10% of the approximately 1.3 million residents aged 65 and older, or about 126,700 people, have Alzheimer's disease, per a new study.**

NWRC also is one of three specially funding Dementia Support Programs in the State of Washington. The Catalyst funding started in 2021 and is receiving maintenance funding through the year 2025, and hopefully beyond. In combination with NWRC's contribution of one FTE, the Program can employ two full-time dementia support specialists who serve the community in many ways.

#### **NWRC has two main goals in this focus area:**

1. To assist family caregivers who need help accomplishing daily activities provide as much care as possible, for as long as possible.
2. To provide dementia specific community education to reduce stigma, support for people and families with planning, and provide proven Evidenced-Based interventions to help persons with dementia and their families live in the community for as long as possible.

#### **How will NWRC achieve these goals?**

1. We will continue to maintain and expand family caregiver supports throughout the region using federal resources.

- Maintain monthly Caseload numbers for MAC/TSOA Program across all four counties.

<b>Year</b>	<b>MAC/TSOA</b>
2024	75
2025	75
2026	75
2027	75

- Maintain a monthly FCSP Caseload across all four counties.

<b>Year</b>	<b>Family Caregiver Support Program (FCSP) Served Per Month</b>
2024	300
2025	300
2026	300
2027	300

- Reinvigorating our Health Promotion Program efforts by increasing the numbers of workshops (Chronic Disease Self-Management, Powerful Tools for Caregivers, etc.) offered each year.

<b>Year</b>	<b>Number of workshops</b>
2024	7
2025	10
2026	14
2027	21

- The NWRC Dementia Support Program will strive to help every resident and person effected by dementia in Island, Skagit, San Juan, and Whatcom counties have access to planning, care, and support to live a full and engaging life.



The NWRC Dementia Support Program has three aims as illustrated below:



The NWRC Dementia Support Program will provide Dementia Specific educational opportunities, assistance with strengthening the care team, and proven interventions and assessments. Continued emphasis on breaking down dementia stereotypes in our region is also part of creating an environment where persons with cognitive impairment will not feel ashamed but empowered to find and accept help.

- The Dementia Support Program will continue to offer a baseline number of services, while continuing to expand offerings based on the needs of the community.

			Evidenced-Based Tools	
Year	Supported Caregiving dyads per month	Persons receiving dementia specific education per month	STAR-C participants per year	Completed MoCA assessments Per year
2024	35	20	16	30
2025	35	20	16	30
2026	35	20	16	30
2027	35	20	16	30

- We will maintain the availability of caregiver and dementia support groups offered throughout the region and expand when possible.

Year	Support Group Sessions per year
2024	156
2025	156
2026	156
2027	156

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### Resources:

1. Centers for Disease Control and Prevention  
<https://www.cdc.gov/aging/caregiving/pdf/caregiver-brief-508.pdf>
2. The World Health Organization  
<https://www.who.int/news-room/fact-sheets/detail/dementia>
3. National Institute of Health  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7291827/>
4. American Association of Retired Persons  
<https://www.aarp.org/ppi/info-2020/caregiving-in-the-united-states.html>
5. American Association of Retired Persons- Washington State  
<https://states.aarp.org/washington/family-caregivers-in-washington-provide-nearly-17-billion-in-unpaid-care-to-loved-ones>
6. Alzheimer's and Dementia, Volume 19, issue 10, 10-23, pg 4388-4395.  
<https://alz-journals.onlinelibrary.wiley.com/doi/10.1002/alz.13081>

## Providing Information and Access

### Profile

**National studies revealed that while most Americans acknowledge they will need assistance later in life, only 25% of them take steps to educate, plan and prepare in advance.** This lack of preparation leaves many calling for assistance when they reach crisis mode. The Aging and Disability Resources' (ADR) goal is to provide timely access to community resources, government programs, short and long-term planning advice and any other information that will help them get the services they need.

**In another recent study, AARP found that roughly half of the adults 50+ believe that Medicare covers care in a nursing home or care in their own home from a home health aide.** Misinformation about critical support services creates barriers for time-sensitive service referrals, resulting in additional stress for those in crisis. As increasing numbers of people face challenges associated with aging and disability, they can quickly become bewildered as they sort through their options.

**The WA Cares Fund will make private funding for LTSS in 2026 and will shift the approach to delivering LTSS from its long-standing Medicaid-centric orientation.** NWRC is positioned to aid community members seeking information and assistance with spending their benefit according to their preferences. Once beneficiaries are approved to spend their benefit, they have lifetime access and will be searching for assistance with accessing quality services.

- NWRC will continue to have vetted and contracted relationships with community providers and will work to increase as the beneficiary population grows.
- NWRC will continue to observe and make changes necessary to allow this program to be as productive and efficient as possible for both beneficiaries, stakeholders, partners, and the state of Washington.

**NWRC has designated focal points in each county to help provide information and support for people who face challenges related to aging and disabilities.** These focal points provide accurate, impartial information and focus on providing access to needed services, which can often be confusing and overwhelming to pursue. Each Focal point is staffed with certified resource specialists who are experienced with assisting

potential clients, family members and regional professionals with the information they need to get the services they prefer.

Designated Focal Points

Island County: Senior Information & Assistance Program

<b>Oak Harbor Office</b> 51 SE Jerome Oak Harbor, WA 98277 (360) 675-0311	<b>South Whidbey Office</b> 14594 SR 525 Langley, WA 98260 (360) 321-1600	<b>Camano Island Office</b> 606 Arrowhead Road Camano Island WA 98282 (360) 387-6201
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Sand Juan County, Senior Information & Assistance Program

<b>Lopez Island</b> Located in Woodmen Hall 4102 Fisherman Bay Road PO Box 154 Lopez, WA 98261 (360) 370-7521	<b>Orcas Island</b> Senior Center/County Services Building 62 Henry Road PO Box 1146 Eastsound, WA 98245 360) 376-2677 V/TDD	<b>San Juan Island</b> Mullis Senior Community Center 589 Nash Street PO Box 951 Friday Harbor, WA 98250 360-378-2677
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Skagit County: Aging & Disability Resources Program

**Northwest Regional Council**  
301 Valley Mall Way, Suite 100  
Mount Vernon WA 98273  
(360) 428-1301

Whatcom County: Aging & Disability Resources Program

**Northwest Regional Council**  
600 Lakeway Drive  
Bellingham, WA 98225  
(360) 738-2500

Washington does not have a new or sustainable revenue source to fund Aging & Disability Resources(ADR) expansion. Outreach, information, assistance, and referral service demands continue to grow with the size of the aging population. The ADR is

committed to efficiency of service delivery, resulting in the highest number of people served with the resources we have available.

**NWRC will stay committed to one primary goal:**

- To provide outreach, information, assistance, options and benefits counseling for people with aging or disability related challenges, who are trying to plan for their needs, or who are lost as they try to understand the confusing and complex array of programs, supports, and options that may assist them.

**How will NWRC achieve this goal?**

Information and Assistance Contacts		
Year	Unduplicated Clients	Total Number of Contacts
2024	8,000	18,000
2025	8,000	18,000
2026	8,000	18,000
2027	8,000	18,000

- Continue to market and share with our community our Aging Disability Resource number and services that can be accessed for service assistance and preventative planning.
- Continuous emphasis on advocacy for a state legislative funding increase.
- Continue to build internet presence and marketing through social media platforms.

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**Resources:**

1. Washington State Department of Social and Health Services Aging and Long-Term Support Administration  
<https://www.dshs.wa.gov/sites/default/files/ALTSA/ltss/documents/LTSS%20Trust%20Act%20One-Pager.pdf>
2. Washington State Long-Term Care Trust Program  
<https://wacaresfund.wa.gov/>
3. AARP Organization  
<https://www.aarp.org/pri/topics/ltss/family-caregiving/long-term-care-planning-readiness.html>

## Transportation

### Profile

**Transportation can be especially challenging throughout the four-county rural and geographically diverse counties.** NWRC currently operates Non-Emergency Medical Transportation (NEMT):

- Non-ambulance transportation to all people eligible for Medicaid who have no other means of transportation to covered medical services.
- NWRC is the broker for these services, authorizing and arranging transportation for people in Island, San Juan, Skagit, and Whatcom Counties.

Each month NWRC Transportation:

- Receives 2100 phone calls to arrange rides.
- 76% of calls are answered within 3 minutes.
- Serves 1656 unduplicated clients.
- Issues 600 bus passes for Whatcom and Skagit Counties (Island is free and San Juan does not have public transit).

NWRC provides monthly bus passes, gas vouchers, gas debit cards, ferries, taxis, airfare, lodging reimbursement, and cabulance services.

Community members access transportation through:

- The call center which operates 8:30 am to 4:30 pm weekdays.
- Clients can leave messages or submit emails 24/7.
- After hours, weekends, and holidays City/Yellow Cab handles urgent care and hospital/ER discharges.
- Contact numbers are **(360) 733-8294** in Bellingham or **1-800-860-6812** in other areas.

o NWRC has an extensive network of non-emergency transportation providers.

- 11 taxi & stretcher van companies
- 3 gas stations, replaced 6 with reloadable debit cards
- 6 tribes
- Direct ferry ticket purchasing through WA State Ferries

- 1 charter boat
- 1 airline
- 3 volunteer organizations (Camano, Island, Community Action)
- 1 shuttle van service
- 16 hotels

Those providers may have added capacity that could be tapped to provide additional transportation services as transportation continues to remain an unmet need in various community surveys.

## Coordination with Tribes

### Profile

Per the Washington State American Indian Administrative Policy No. 07.01, the Northwest Regional Council follows a government-to-government consultation and participation plan. This is in compliance with chapter 43.376 RCW, the Washington State Centennial Accord and the federal Indian Policy as outlined by the Executive order #13175 and the Presidential Memorandum on Tribal Consultation.

It is the goal of The Northwest Regional Council to provide human services that will have positive impacts and will improve the quality of life for those we serve. The NWRC staff has a Tribal Program Specialist to offer information and assistance in finding culturally relevant care for elders who need personal care and other assistance in their home. Technical assistance is also provided to six local tribes for planning and coordinating services and resources to address the needs for long term care services and supports, Medicaid, and dementia support.

- NWRC Collaborates with 6 tribes in our Region.
  - We provide assistance to Lummi, Nooksack, Samish, Sauk-Suiattle, Swinomish, Upper Skagit tribal communities, as well as Alaskan Natives and Native Americans residing in our service area.
  - The total population from these 6 tribes is roughly 16,000 people.
  - There have been and still are barriers to the tribal populations accessing help from NWRC.
  - Our tribal outreach coordinator provides outreach, information, dementia support, telephone reassurance and friendly visits to elders.
- **What Can NWRC do?**  
The NWRC Tribal Liaison uses the Washington State American Indian Administrative Policy No. 07.01 Plan to ensure they are meeting contract terms and assisting where needed.



**Policy 7.01 Plan and Progress Report for Area Agencies on Aging (AAAs)**

**Timeframe: July 1, 2023 to June 30, 2024**

**Administration/Division: ALTSA/HCS**

**Region/Office: Region 2 North/Northwest Regional Council**

**Tribe(s)/RAIO(s): Lummi, Nooksack, Upper Skagit, Sauk-Suiattle, Samish, Swinomish**

**Annual Due Date: April 2 (Submit Regional Plan to the Assistant Secretary) and April 30 (submit Assistant Secretary Plan to OIP).**

Implementation Plan				Progress Report
(1) Goals/ Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff	(5) Status Update for the Fiscal Year Starting last July 1.
<b>1. Continue to provide Tribal Outreach Assistance services.</b>	a. Continue to visit each tribe on a regular basis. b. Hold meetings with individual tribes or tribal groups to discuss elder issues as requested. c. Expand activities in this area through grants available.	a. Enhanced access to needed service for tribal elders. b. Increased collaboration with local tribes and community partners to assure appropriate services.	Katherine Romero Melody Woodrich-Fernando	<p><b>Due to Covid-19, in-person meetings and activities continue to be limited in order to follow health and safety recommendations.</b></p> <p><b>Some tribes have resumed operations and we have continued to participate in meetings and provided support remotely as requested.</b></p> <p><b>Services continue to be offered in person, by phone, or video conference.</b></p> <p><b>Tribal Program Specialist does site visits to the 6 tribes of Whatcom and Skagit Counties to enhance working relationships between NWRC and the tribal leadership and staff.</b></p>
<b>2. Continue to provide technical assistance to local tribes for planning and coordination</b>	a. Work with local tribes to develop plans for to identify sources of funds for addressing the needs for long term services and supports. b. Continue to work with tribal staff to collaborate and coordinate services and resources to best serve the elderly community.	a. Development of tribally-owned and operated services on those reservations that choose to participate.	Katherine Romero Melody Woodrich-Fernando Ryan Blackwell	<p><b>Staff continue to provide information to tribes. We will continue to support tribes in their efforts to develop LTSS and operate them in their own community.</b></p> <p><b>NWRC staff participate in the Tribal/AAA/HCS Summits and are on the planning committee for future Summit's.</b></p> <p><b>Lummi Nation, NWRC, HCA, and ALTSA are currently collaborating to explore and engage in the planning phase for Lummi Nation to become a Medicaid Health Homes Care Coordination Organization.</b></p>

				Tribal Program Specialist provides representation on boards and committees as invited including Aging Well Whatcom, Accountable Community Health, and Tribal Tasks Forces; this ensures health equity and inclusion for tribal communities.
<p align="center"><b>Policy 7.01 Plan and Progress Report for Area Agencies on Aging (AAAs)</b>  <b>Timeframe: July 1, 2023 to June 30, 2024</b></p>				
<b>3. Establish contracts with local tribes for Medicaid LTSS services so that they can provide client training, skilled nursing, and environmental modifications for their tribal members who need them.</b>	<ul style="list-style-type: none"> <li>a. Develop agreements.</li> <li>b. Provide technical assistance for using them.</li> <li>c. Work with tribes and case managers to assure that all understand the use of the services and how to access them.</li> </ul>	<ul style="list-style-type: none"> <li>a. Increased use of Medicaid LTSS services by Tribal members.</li> <li>b. Provide resources to Tribes to pay for services to their own members.</li> </ul>	Michael Dunckel Melody Woodrich-Fernando	<b>Contracts have not been widely utilized and staff continues to work with tribes and case management staff to facilitate the use of the services.</b>
<b>4. Maintain billing agreements with local tribes for Medicaid Transportation services.</b>	<ul style="list-style-type: none"> <li>a. Develop agreements</li> <li>b. Provide technical assistance for using them.</li> <li>c. Work with tribes to assure that all eligible trips are billed</li> <li>d. Bill Non-Emergency Medical Transportation (NEMT) for Tribal Trips.</li> </ul>	<ul style="list-style-type: none"> <li>a. Increased use of Medicaid Transportation by Tribal members.</li> <li>c. Provide resources to Tribes to pay for Medicaid transportation to their own members</li> </ul>	Aly Horry Shu-Ling Sun	<p><b>Contracts are in place with Lummi, Nooksack, Sauk-Suiattle, Stillaguamish, Swinomish, and Upper Skagit Tribes. Programs have been successfully implemented in each area and tribes are receiving reimbursement. Continued technical assistance is provided to keep tribes informed about changes in the program due to budget cuts as well as training new staff and administrators about the service.</b></p> <p><b>Additionally, contracts are in place with Upper Skagit and Nooksack gas stations to provide gas for eligible clients in their area. This increases revenue to tribal corporations in rural areas of our region.</b></p>

<p align="center"><b>Policy 7.01 Plan and Progress Report for Area Agencies on Aging (AAAs)</b>  <b>Timeframe: July 1, 2023 to June 30, 2024</b></p>				
<b>5. Continue to provide tribal support to assist Case Management and Care Coordination staff in region.</b>	a. Participation in Tribal clients' assessments, annual review, and financial eligibility reviews. b. Consultation and training with case managers related to issues for tribal elders. c. Provide an identified In-Home Case Manager and Care Coordinator for tribal members in Whatcom & Skagit County.	a. Enhanced assessment for elders and appropriate services.	Katherine Romero Melody Woodrich-Fernando Amanda McDade Silva Sarafian	<b>NWRC has In-Home Case Managers, and a Health Home Care Coordinator who are the primary staff for Tribal members in our region.</b> <b>Tribal Programs Specialist is making connections with tribal elders and staff to build trust and rapport to effectively conduct home visits and provide services and resources that enhance the quality of life for the elderly</b>
<b>6. Provide Medicare Part D, QMB*, and SLMB** program training and technical assistance for local tribes.</b>	a. Presentations at each Elders' Center. b. Assist with enrollment. c. Provide technical assistance to clinics to develop contracts and funding streams.	a. Elders will enroll in Medicare Part D programs. b. Clinics will receive payment for services through contract with medication contractors.	<b>Aging and Disability Resources staff</b> Katherine Romero Melody Woodrich-Fernando	<b>The NWRC continues to provide assistance with applications for Medicare parts B and D as requested. Presentations have been made to clinic and elder staff as requested to assure that the clinics understand the programs and the application process.</b>  <b>*QMB = Qualified Medicare Beneficiary</b> <b>**SLMB = Specified Low-Income Medicare Beneficiary</b>

<b>7. Collaborate with local tribes to enhance understanding of elder abuse in all its presentations.</b>	d. Include tribal representatives on Elder Abuse Council and training developed in the region. e. Tribal Program Specialist participates in Tribal Elders Task Force Meetings.	c. Enhanced understanding of the many “faces” of elder abuse.	Katherine Romero Melody Woodrich-Fernando Silva Sarafian	<b>NWRC staff assists with tribal elder abuse teams for local tribal communities. These teams are multidisciplinary, using members from tribal government, law enforcement, social services, spiritual leadership, NWRC, Home &amp; Community Services (HCS), and Adult Protective Services (APS) staff.</b>  <b>Most of these activities are being conducted virtually at this time.</b>
<p style="text-align: center;"><b>Policy 7.01 Plan and Progress Report for Area Agencies on Aging (AAAs)</b>  <b>Timeframe: July 1, 2023 to June 30, 2024</b></p>				
<b>8. Provide cultural awareness training for NWRC and contractor staff.</b>	a. Continue to address cultural awareness in staff orientation. b. Annual training for NWRC and HCS staff. c. Training for contractors when suggested by tribes or requested by contractors.	a. Increased cultural competency when dealing with Indian Elders.	Katherine Romero Melody Woodrich-Fernando	<b>There continue to be requests from community providers and DSHS to work together to provide cultural training. We participate in and provide those as requested.</b>  <b>NWRC staff have participated in virtual/webinar trainings to increase understanding of working with indigenous communities.</b>
<b>9. Include Tribal representation on the Northwest Senior Services Board (NWSSB)</b>	a. Continue to have tribal members on the NWSSB to provide input to local aging programs, policy development, and decision-making.	a. Enhanced communication and collaboration through NWSSB members and local tribes.	Ryan Blackwell Katherine Romero	<b>We currently have a tribal representative on the NWSSB.</b>
<b>10. Participate with DSHS Regional Administrators, Tribal Representatives,</b>	a. Meetings are held quarterly and NWRC staff attends regularly. b. Develop agenda items for trainings which may occur outside of the RTCC meetings (adult family home, tribal orientation	a. Better communication with Indian Elders. b. Enhanced access to	Melody Woodrich-Fernando Katherine Romero	<b>Meetings continue to be an excellent environment to share ideas, resources, and solve problems for all attendees. This is a model program and has now been used as a best practice and model for programs implemented in other areas of the state.</b>

OIP staff, and Snohomish County AAA in Region 3 in quarterly Regional Tribal Coordinating Council (RTCC) meetings.	meetings for DSHS divisions, cultural competency). c. Bring meeting information to tribes that did not attend.	services in the region. c. Fewer missteps for non-tribal staff working with Indian Elders.		
<p align="center"><b>Policy 7.01 Plan and Progress Report for Area Agencies on Aging (AAAs)</b>  <b>Timeframe: July 1, 2023 to June 30, 2024</b></p>				
<b>11. Participate in bimonthly 7.01 meetings together with tribal members, HCS, RCS* and DDA** staff.</b>	a. Tribes and program administration meet every other month to provide training and to discuss projects to be done, and activities to be accomplished together.	a. A "living" 7.01 plan which directs our activities and interactions in Indian Country.	Melody Woodrich-Fernando Katherine Romero	<p><b>Meeting continues to direct the development of this document.</b></p> <p><b>*RCS = Residential Care Services</b>  <b>**DDA = Developmental Disability Administration</b></p>
<b>12. Work with local tribes to develop wellness programs which include CDSME* classes for their elders.</b>	<p>a. Work with clinic personnel and elders programs to offer classes about medication management, nutrition, caregiver support, and CDSME (Pain and Chronic Illness)</p> <p>b. Train lay leaders to provide services under the NWRC licensure.</p>	a. Enhanced well-being for Indian elders.	Katherine Romero Melody Woodrich-Fernando	<p><b>Staff is working the Wisdom Warriors project to promote healthy living and management of chronic illnesses with tribal elders. These classes are also available in other communities upon request.</b></p> <p><b>*CDSME = Chronic Disease Self-Management Education</b></p>

<b>13. Offer culturally tailored dementia caregiving education to tribes in region.</b>	a. Conduct Savvy Caregiver in Indian Country training and/or workshops	a. Enhanced access to dementia specific services in the region.	Katherine Romero Melody Woodrich-Fernando	<b>A Savvy Caregiver model is being drafted to include tribal culture and traditions.</b>  <b>Tribal Program Specialist is now MoCA certified and conducting cognitive assessments for tribal elders.</b>  <b>Tribal Program Specialist has completed the Dementia Friends sessions to help promote dementia friendly communities and awareness in tribal communities.</b>
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## Social Isolation and Loneliness

### Profile

**Living life in social isolation and loneliness has serious health repercussions.** It is well documented that social connection has been declining over the last several decades. The COVID-19 Pandemic brought social isolation and loneliness to the forefront of public health concern, with persons of all ages recognizing how damaging lack of social connection can be for quality of life and health.

**Having a lack of social connection has been shown to be just as dangerous as smoking 15 cigarettes per day.** This is especially concerning given the following statistics on social isolation:

- The COVID pandemic increased social isolation of older adults from 28% to 46%.
- A 2017 study identified an estimated \$6.7 billion in additional annual federal spending for Medicare due to a lack of social contacts among older adults. For these reasons, social isolation is emerging as a preeminent health and social policy issue.
- One in four adults aged 50-plus report feeling less connected to their community since the COVID-19 outbreak. Younger adults are even more likely to feel less connected, isolated, and lonely.
- While the numbers have improved Post Covid, Social Isolation and unaddressed behavioral health issues are still a major issue in our region and nation.
- Barriers such as living in rural populations, lack of access to technology, and decreased numbers of available family members, has added to the likelihood of experiencing social isolation.
- Social Isolation has been shown to increase chronic health conditions and contribute to an earlier death.

**NWRC has 1 goal in this focus area:**

1. NWRC will continue to raise awareness around this issue and work on finding innovative approaches to help those who could benefit from education, additional services, or connections within community.

## What can NWRC do to meet this goal?

1. Establish a dedicated Social Isolation Coalition to work across the region to assess needs and generate program ideas and implementation accordingly.
2. Stay committed to continuously recognizing that our clients' needs change, and we need to work with our community to stay educated on how to reduce barriers for social connection.
  - Work with community partners to identify and create new opportunities for those in need to get help.
  - Learn how other agencies are addressing these issues in their communities.

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## Resources:

1. Health and Human Services, Surgeon General Social Connection Advisory  
<https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf>
2. Washington State Home and Community Services  
[https://www.dshs.wa.gov/sites/default/files/ALISA/stakeholders/documents/socialisolation/HCS\\_IsolationPaper\\_UPDATED\\_5.7.2021.pdf](https://www.dshs.wa.gov/sites/default/files/ALISA/stakeholders/documents/socialisolation/HCS_IsolationPaper_UPDATED_5.7.2021.pdf)
3. Berks, Lancaster & Lebanon Organization
4. <https://berkslancasterlebanonlink.files.wordpress.com/2020/05/social-isolation-and-loneliness-in-older-adults.pdf>
5. The Cigna Group
6. <https://newsroom.thecignagroup.com/loneliness-epidemic-persists-post-pandemic-look?printable>
7. Department of Health and Human Services  
<https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf>
8. AARP Organization
9. <https://www.aarp.org/health/conditions-treatments/info-2019/study-isolation-health-risks.html>
10. AARP Organization
11. <https://livablecommunities.aarpinternational.org/>
12. Advancing States Organization



13. <http://www.advancingstates.org/hcbs/article/services-address-social-isolation-findings-and-recommendations>

## Diversity, Equity, and Belonging

### Profile

Nationally, the number of older adults from minority populations is expected to increase by 217% over the next few decades. There have been increases in diverse populations in our four-county region, creating the need to address diversity education in both our service delivery and in our understanding of what our community's needs are.

### What Can NWRC do?

NWRC has recently formed an equity committee to address the and identify ways for our agency to better serve clients and staff members around equity issues. The committee formed the following mission statement:

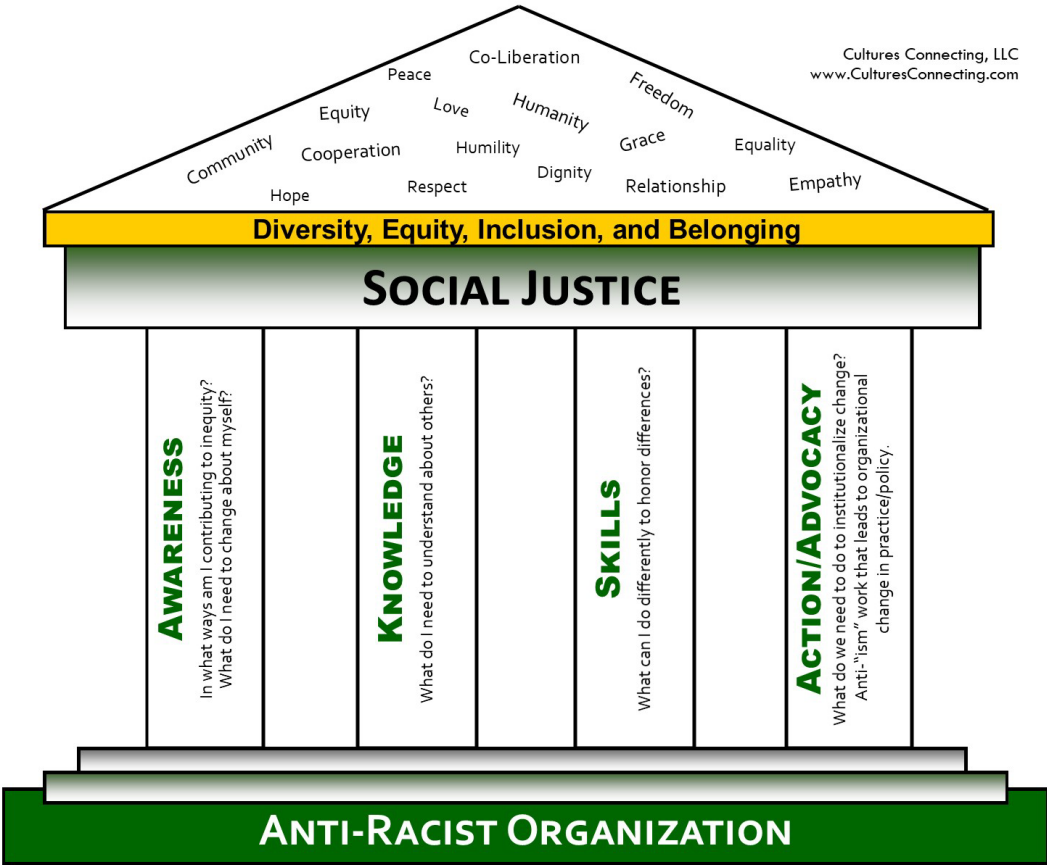
The mission of the NWRC **Equity** Committee is to:

- **Recognize** social injustices and racism in our world, communities, and organization through a lens of awareness, compassion, collaboration, and resiliency.
- **Acknowledge** perspectives and experiences arising from racial, ethnic, socio-economic, sexual, gender, age, physical, intellectual, and religious diversity.
- **Cultivate** a culture of belonging where diversity, equity and inclusion are respected and intentionally valued.
- **Create** thoughtful, integrative, and innovative strategies to address inequities and identify opportunities for improvement.
- **Embrace** accountability by inviting authentic feedback, measuring outcomes, and holding ourselves to the standards of this statement.

### How will NWRC do that?

NWRC is working with a local consulting agency to promote principles of equity and justice. The equity committee will use the following Framework for Social Justice to

inform the decision process and creation of policies and procedures around diversity education within the agency:



The Equity committee and management team will continue to work together to identify areas in need of improvement and how those areas can most efficiently be addressed.

The following priorities have been established for the next 4 years:

Year	Diversity and Equity Priority
2024	Using a needs assessment to establish a baseline level of knowledge and areas for improvement. Commit to strengthening the foundation for the DEI Committee.
2025	Develop Cultural Competency Orientation Training.
2026	Incorporating annual diversity trainings and module development.
2027	Updating Vision and goals for the future.

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## Resources:

1. Washington State Office of Financial Management  
<https://ofm.wa.gov/sites/default/files/public/shr/Diversity/SubCommit/Model%20Policies%20and%20Considerations%20for%20DEIRWE.pdf>
2. USAgeing Organization  
<https://www.asaging.org/diversity-equity-inclusion>
3. USAgeing Organization  
[https://www.usaging.org/article\\_content.asp?edition=7&section=16&article=1](https://www.usaging.org/article_content.asp?edition=7&section=16&article=1)
4. American Psychological Association  
<https://www.apa.org/pi/aging/resources/guides/multicultural>

## AREA AGENCIES ON AGING AREA PLAN BUDGET

## AREA PLAN BUDGET SUMMARY

AAA: Northwest Regional Council

BUDGET PERIOD: January 1 - December 31, 2024

BARS CODE	Contract or Direct	Number	Unit	Persons Served	ALTSA Funding	All Other Funding	Total	Cost per Unit
<b>AAA BUDGETED SERVICES</b>								
555 .10 <b>ADMINISTRATION</b>					<b>952,281</b>	<b>0</b>	<b>952,281</b>	
.11 Area Agency Planning/Administration	0				565,609	0	565,609	
.12 Interfund Payments for Services	0				0	0	0	
.13 Core Services Contract Management	0				386,672	0	386,672	
555 .21 <b>COORDINATION</b>	0				<b>75,000</b>	<b>0</b>	<b>75,000</b>	
555 .31 <b>LEGAL ASSISTANCE</b>	C	460	Hours	220	<b>54,714</b>	<b>9,655</b>	<b>64,369</b>	139.93
555 .40 <b>ACCESS SERVICES</b>					<b>7,084,782</b>	<b>397,103</b>	<b>7,481,885</b>	
.42 Information & Assistance	C/D	18,000	Contacts	8,800	1,179,642	369,227	1,548,869	86.05
.43.1 Case Management/Nursing Services - Core Services	C/D	1,950	Cases	1,950	5,905,140	25,376	5,930,516	3,041.29
.43.2 Case Management - Aging Network	0	3	Hours	3	0	2,500	2,500	1,000.00
.44 Nursing Services - DDA	0	0	Visits	0	0	0	0	#DIV/0!
.45 Nursing Services - Aging Network	0	0	Sessions	0	0	0	0	#DIV/0!
.46 Nursing Services - Contracted with HCS	0	0	Visits	0	0	0	0	#DIV/0!
555 .50 <b>IN-HOME SERVICES</b>					<b>128,121</b>	<b>236,139</b>	<b>364,260</b>	
.59 Volunteer Services	C	15,000	Hours	615	118,868	234,506	353,374	23.56
.50 Other In-home Services (Respite)	C	303	Hours	8	9,253	1,633	10,886	35.91
555 .60 <b>NUTRITION SERVICES</b>					<b>1,424,638</b>	<b>2,967,557</b>	<b>4,392,195</b>	
.61 Congregate Meals	C	86,314	Meals	2,560	273,596	707,788	981,384	11.37
.63 Nutrition Education & Outreach	C	219	Sessions	930	1,054	0	1,054	4.81
.64 Home Delivered Meals	C	318,280	Meals	3,044	932,573	2,259,769	3,192,342	10.03
.65 Shopping Assistance	0	0	Assists	0	0	0	0	#DIV/0!
.66 Registered Dietitian	0		Hours		0	0	0	
.67 Senior Farmer's Mkt (SFMNP) Food/Checks	C	2,403	Participants	2,403				80.00
.67.1 Food Purchased					12,091	0	12,091	
.67.2 Checks Received					180,160	0	180,160	
.67.3 Service Delivery					25,164	0	25,164	
555 .70-.80 <b>SOCIAL &amp; HEALTH SERVICES</b>					<b>1,191,172</b>	<b>336,908</b>	<b>1,528,080</b>	
.74 Senior Drug Education	D	1,200	Trainings	2,300	12,612	0	12,612	10.51
.75 Disease Prevention/Health Promotion	C	7	Sessions	84	51,323	0	51,323	7,331.86
.76 Elder Abuse Prevention	C	1	Hours	1	54	0	54	54.00
.78 Kinship Care								
.78.1 Kinship Caregivers Support Program								
.78.1.a Service Delivery					17,453	0	17,453	
.78.1.b Goods and Services	C	73	Items/Services	73	52,359	0	52,359	717.25
.78.2 Kinship Navigator Services	C	350	Contacts/Activities	350	130,000	0	130,000	371.43
.79 Family Caregiver Support Program								
.79.1 Information Services	C/D	255	Activities	3,395	52,672	40,253	92,925	
.79.2.a Access Assistance	C/D	1,035	Hours/Contacts	300	389,842	235,655	625,497	
.79.2.b Support Services	C	1,160	Hours	825	191,897	0	191,897	165.48
.79.3 Respite Care Services	C	7,240	Hours	101	260,001	0	260,001	35.91
.79.4 Supplemental Services	C	97	Units	97	29,000	0	29,000	
.88 Long Term Care Ombudsman	C	200	Investigations	200	3,959	61,000	64,959	324.80
555 .90 <b>OTHER ACTIVITIES</b>					<b>1,847,362</b>	<b>60,411</b>	<b>1,907,773</b>	
Disaster Relief					0	0	0	
American Rescue Plan	C/D				577,945	0	577,945	
Care Transitions	C/D				141,323	0	141,323	
State Match for ARP	C/D				85,771	0	85,771	
WA Cares	C/D				181,596	0	181,596	
Dementia Resource Catalyst	C/D				337,500	60,411	397,911	
Medicaid Transformation Demonstration Project	C/D				523,227	0	523,227	
<b>Sub-Total - AAA Budgeted</b>					<b>12,758,070</b>	<b>4,007,773</b>	<b>16,765,843</b>	
<b>AAA NON-BUDGETED SERVICES</b>								
Caregiver Training						247,000	247,000	
Agency Workers' Health Insurance and CGT for Respite/Non-Core						52,800	52,800	
Other Funding (Enter Description)		0		0		0	0	
<b>Sub-Total - AAA Non-Budgeted</b>					<b>0</b>	<b>299,800</b>	<b>299,800</b>	
<b>Total AAA - Budgeted and Non-Budgeted</b>					<b>12,758,070</b>	<b>4,307,573</b>	<b>17,065,643</b>	

Notes: Non-Budgeted funds include all those reimbursed services over which the AAA has no discretion on spending.  
The services are either entitlement in nature, or specific spending requirements established by the source of the funds.

## AREA AGENCIES ON AGING AREA PLAN BUDGET

## EXPENDITURE DETAIL BY FUNDING SOURCE

AAA: Northwest Regional Council

BUDGET PERIOD: January 1 - December 31, 2024

BARS CODE	Contract or Direct	Number	Unit	CFDA # Persons Served	Older Americans Act							NSIP 93.053	DSHS Allocated Title XIX/ MFP/Chore 93.778/93.791	Title XIX/ MFP AAA Requested 93.778/93.791 Matched by SCSA/Local	SCSA	State Family Caregiver
					93.044 Title 3B	93.045 Title 3C1	93.045 Title 3C2	93.043 Title 3D	93.052 Title 3E	93.041 Elder Abuse	OAA Total					
555 .10 <b>ADMINISTRATION</b>					97,657	20,899	68,200		28,765		215,521		386,672		98,848	70,809
.11 Area Agency Planning/Administration					97,657	20,899	68,200		28,765		215,521				98,848	70,809
.12 Interfund Payments for Services					0	0	0		0		0		386,672		0	0
.13 Core Services Contract Management																
555 .21 <b>COORDINATION</b>					75,000						75,000					
555 .31 <b>LEGAL ASSISTANCE</b>	C	460	Hours	220	54,714				0		54,714				0	
555 .40 <b>ACCESS SERVICES</b>					661,393						661,393		5,697,648	275,434	450,307	
.42 Information & Assistance	C/D	18,000	Contacts	8,800	661,393						661,393				359,249	
.43.1 Case Management/Nursing Services - Core Services	C/D	1,950	Cases	1,950									5,697,648	159,000	91,058	
.43.2 Case Management - Aging Network	0	3	Hours	3	0						0				0	
.44 Nursing Services - DDA	0	0	Visits	0									0			
.45 Nursing Services - Aging Network	0	0	Sessions	0	0						0				0	
.46 Nursing Services - Contracted with HCS	0	0	Visits	0									0			
555 .50 <b>IN-HOME SERVICES</b>					9,253			0			9,253				0	
.59 Volunteer Services	C	15,000	Hours	615	0						0				0	
.50 Other In-home Services (Respite)	C	303	Hours	8	9,253						9,253				0	
555 .60 <b>NUTRITION SERVICES</b>					0	188,089	613,797	0			801,886	257,142			0	
.61 Congregate Meals	C	86,314	Meals	2,560		188,089					188,089	58,602			0	
.63 Nutrition Education & Outreach	C	219	Sessions	930	0	0	0	0			0				0	
.64 Home Delivered Meals	C	318,280	Meals	3,044			613,797				613,797	198,540			0	
.65 Shopping Assistance	0	0	Assists	0		0	0				0				0	
.66 Registered Dietitian	0	0	Hours	0		0	0	0			0				0	
.67 Senior Farmer's Mkt (SFMNP) Food/Checks	C	2,403	Participants	2,403												
.67.1 Food Purchased																
.67.2 Checks Received																
.67.3 Service Delivery																
555 .70-.80 <b>SOCIAL &amp; HEALTH SERVICES</b>					27,238			51,323	258,886	4,013	341,460				0	637,288
.74 Senior Drug Education	D	1,200	Trainings	2,300												
.75 Disease Prevention/Health Promotion	C	7	Sessions	84	0			51,323			51,323				0	
.76 Elder Abuse Prevention	C	1	Hours	1	0					54	54				0	
.78 Kinship Care																
.78.1 Kinship Caregivers Support Program																
.78.1.a Service Delivery																
.78.1.b Goods and Services	C	73	Items/Services	73												
.78.2 Kinship Navigator Services	C	350	Contacts/Activities	350	0						0					
.79 Family Caregiver Support Program																
.79.1 Information Services	C/D	255	Activities	3,395	0				15,172		15,172				0	37,500
.79.2.a Access Assistance	C/D	1,035	Hours/Contacts	300	27,238				198,351		225,589				0	164,253
.79.2.b Support Services	C	1,160	Hours	825	0				41,362		41,362				0	150,535
.79.3 Respite Care Services	C	7,240	Hours	101	0				1		1				0	260,000
.79.4 Supplemental Services	C	97	Units	97	0				4,000		4,000				0	25,000
.88 Long Term Care Ombudsman	C	200	Investigations	200	0					3,959	3,959				0	
555 .90 <b>OTHER ACTIVITIES</b>					0			0			0				0	
Disaster Relief					0						0				0	
American Rescue Plan	C/D										0					
Care Transitions	C/D										0					
State Match for ARP	C/D										0					
WA Cares	C/D										0					
Dementia Resource Catalyst	C/D										0					
Medicaid Transformation Demonstration Project	C/D										0					
<b>Total Services</b>					827,598	188,089	613,797	51,323	258,886	4,013	1,943,706	257,142	5,697,648	275,434	450,307	637,288
<b>Total Expenditures</b>					925,255	208,988	681,997	51,323	287,651	4,013	2,159,227	257,142	6,084,320	275,434	549,155	708,097

## AREA AGENCIES ON AGING AREA PLAN BUDGET

## EXPENDITURE DETAIL BY FUNDING SOURCE

AAA: Northwest Regional Council

BUDGET PERIOD: January 1 - December 31, 2024

BARS CODE	Kinship Caregiver Support	Kinship Navigator	Senior Nutrition	Sr Farmers Market State	Sr Farmers Market Fed 10.576	Total Sr Farmers Market	Medicaid Transformation Demonstration 93.778	Other ALTSA Funding	Total ALTSA	Non-ALTSA Funding Sources	Grand Total
555 .10 <b>ADMINISTRATION</b>	0	0	0	0	0	0	0	180,431	952,281	0	952,281
.11 Area Agency Planning/Administration	0	0	0	0	0	0	0	180,431	565,609	0	565,609
.12 Interfund Payments for Services	0	0	0	0	0	0	0	0	0	0	0
.13 Core Services Contract Management									386,672	0	386,672
555 .21 <b>COORDINATION</b>									75,000	0	75,000
555 .31 <b>LEGAL ASSISTANCE</b>									54,714	9,655	64,369
555 .40 <b>ACCESS SERVICES</b>							0		7,084,782	397,103	7,481,885
.42 Information & Assistance							0		1,179,642	369,227	1,548,869
.43.1 Case Management/Nursing Services - Core Services									5,905,140	25,376	5,930,516
.43.2 Case Management - Aging Network									0	2,500	2,500
.44 Nursing Services - DDA									0	0	0
.45 Nursing Services - Aging Network									0	0	0
.46 Nursing Services - Contracted with HCS									0	0	0
555 .50 <b>IN-HOME SERVICES</b>								118,868	128,121	236,139	364,260
.59 Volunteer Services								118,868	118,868	234,506	353,374
.50 Other In-home Services (Respite)									9,253	1,633	10,886
555 .60 <b>NUTRITION SERVICES</b>			107,620	182,907	35,562	218,469		39,521	1,424,638	2,967,557	4,392,195
.61 Congregate Meals			26,905						273,596	707,788	981,384
.63 Nutrition Education & Outreach			0	1,054		1,054			1,054	0	1,054
.64 Home Delivered Meals			80,715					39,521	932,573	2,259,769	3,192,342
.65 Shopping Assistance			0						0	0	0
.66 Registered Dietitian			0						0	0	0
.67 Senior Farmer's Mkt (SFMNP) Food/Checks									0		
.67.1 Food Purchased				12,091		12,091			12,091	0	12,091
.67.2 Checks Received				149,000	31,160	180,160			180,160	0	180,160
.67.3 Service Delivery				20,762	4,402	25,164			25,164	0	25,164
555 .70-.80 <b>SOCIAL &amp; HEALTH SERVICES</b>	69,812	130,000						12,612	1,191,172	336,908	1,528,080
.74 Senior Drug Education								12,612	12,612	0	12,612
.75 Disease Prevention/Health Promotion									51,323	0	51,323
.76 Elder Abuse Prevention									54	0	54
.78 Kinship Care									0		
.78.1 Kinship Caregivers Support Program									0		
.78.1.a Service Delivery	17,453								17,453	0	17,453
.78.1.b Goods and Services	52,359								52,359	0	52,359
.78.2 Kinship Navigator Services		130,000							130,000	0	130,000
.79 Family Caregiver Support Program									0		
.79.1 Information Services									52,672	40,253	92,925
.79.2.a Access Assistance									389,842	235,655	625,497
.79.2.b Support Services									191,897	0	191,897
.79.3 Respite Care Services									260,001	0	260,001
.79.4 Supplemental Services									29,000	0	29,000
.88 Long Term Care Ombudsman									3,959	61,000	64,959
555 .90 <b>OTHER ACTIVITIES</b>			0				523,227	1,324,135	1,847,362	60,411	1,907,773
Disaster Relief									0	0	0
American Rescue Plan								577,945	577,945	0	577,945
Care Transitions								141,323	141,323	0	141,323
State Match for ARP								85,771	85,771	0	85,771
WA Cares								181,596	181,596	0	181,596
Dementia Resource Catalyst								337,500	337,500	60,411	397,911
Medicaid Transformation Demonstration Project							523,227	0	523,227	0	523,227
<b>Total Services</b>	69,812	130,000	107,620	182,907	35,562	218,469	523,227	1,495,136	11,805,789	4,007,773	15,813,562
<b>Total Expenditures</b>	69,812	130,000	107,620	182,907	35,562	218,469	523,227	1,675,567	12,758,070	4,007,773	16,765,843

## EXPENDITURE DETAIL BY FUNDING SOURCE

AAA: Northwest Regional Council

BUDGET PERIOD: January 1 - December 31, 2024

	Description
BARS CODE	
555 .10 <b>ADMINISTRATION</b>	
.11 Area Agency Planning/Administration	State Match for ARP = \$38,835 and Care Transitions = \$15,702 DRC = \$37,500 CGT = \$13,000 ARP = \$75,394
.12 Interfund Payments for Services	
.13 Core Services Contract Management	
555 .21 <b>COORDINATION</b>	
555 .31 <b>LEGAL ASSISTANCE</b>	Match from in-kind hours provided by subcontractor
555 .40 <b>ACCESS SERVICES</b>	
.42 Information & Assistance	Match from SCSA. Non ALTSA is subcontractor local resources Non ALTSA is certified public expenditures used as match (see note below), Non ALTSA is LEOFF, other private pay
.43.1 Case Management/Nursing Services - Core Services	
.43.2 Case Management - Aging Network	
.44 Nursing Services - DDA	
.45 Nursing Services - Aging Network	
.46 Nursing Services - Contracted with HCS	
555 .50 <b>IN-HOME SERVICES</b>	
.59 Volunteer Services	Non ALTSA is subcontractor local resources
.50 <a href="#">Other In-home Services (Respite)</a>	Match from SFCSP, other discretionary local funds
555 .60 <b>NUTRITION SERVICES</b>	
.61 Congregate Meals	Match is from Non ALTSA subcontractor local resources  Match is from Non ALTSA subcontractor local resources. Non ALTSA also includes Whatcom County funding of \$60,000 for HDM.
.63 Nutrition Education & Outreach	
.64 Home Delivered Meals	
.65 Shopping Assistance	
.66 Registered Dietitian	
.67 Senior Farmer's Mkt (SFMNP) Food/Checks	
.67.1 Food Purchased	
.67.2 Checks Received	
.67.3 Service Delivery	
555 .70-.80 <b>SOCIAL &amp; HEALTH SERVICES</b>	
.74 Senior Drug Education	Non ALTSA is subcontractor local resources Non ALTSA is subcontractor local resources and local NWRC funds
.75 Disease Prevention/Health Promotion	
.76 Elder Abuse Prevention	
.78 Kinship Care	
.78.1 Kinship Caregivers Support Program	
.78.1.a Service Delivery	
.78.1.b Goods and Services	
.78.2 Kinship Navigator Services	
.79 Family Caregiver Support Program	
.79.1 Information Services	
.79.2.a Access Assistance	Non ALTSA is subcontractor local resources
.79.2.b Support Services	
.79.3 Respite Care Services	
.79.4 Supplemental Services	
.88 Long Term Care Ombudsman	Non ALTSA is subcontractor local resources
555 .90 <b>OTHER ACTIVITIES</b>	
Disaster Relief	Non ALTSA is NWRC local funds
<a href="#">American Rescue Plan</a>	
<a href="#">Care Transitions</a>	
<a href="#">State Match for ARP</a>	
<a href="#">WA Cares</a>	
<a href="#">Dementia Resource Catalyst</a>	
<a href="#">Medicaid Transformation Demonstration Project</a>	
<b>Total Services</b>	
<b>Total Expenditures</b>	



MATCH REQUIREMENT COMPUTATION

	Title 3B Supportive Services	Title 3C1 Congregate Meals	Title 3C2 Home Delivered Meals	Title 3D Disease Prevention / Health Prom.	Title 3E Nat'l Family Caregiver Support	OAA Total	TXIX/MFP Matched by SCSA/Local	Total Match
Administration Match	32,552	6,966	22,733		9,588	71,840	0	71,840
Services Match	146,047	33,192	108,317		86,295	373,851	275,434	649,285
Total Match	178,599	40,159	131,050		95,884	445,692	275,434	721,126

REQUIRED MATCH

	Title 3B	Title 3C1	Title 3C2	Title 3D	Title 3E	OAA Total
% of Admin. Match Budgeted (OAA Min. 25%)	25.00%	25.00%	25.00%			
% of Services Match Budgeted (OAA Min. 15%)	100.00%	15.00%	15.00%			
% of Total Match Budgeted (T3E only, Minimum 25%)					25.00%	

ADMINISTRATION EXPENDITURE LIDS

	Title 3E	OAA Total
T3E - must not exceed 10%. OAA Total - Must be exactly 10% if Coordination is budgeted. OAA Total - Must not exceed 10% if Coordination is not budgeted.	10.00%	10.00%

OAA MINIMUM FUNDING LEVEL

T3B Funds

Access Services (Minimum 15%)	AAA Level	Transfer
Legal Services (Minimum 11%)	71.48%	
In-Home Services (Minimum 1%)	5.91%	11.00%
	1.00%	

LIDS

	SCSA	SFCSP	Title 3E	KCSP	KinNav	Senior Nutrition
Administration (SCSA 18% Max., SFCSP, KinNav & Senior Nutrition 10%)	18.00%	10.00%			0.00%	0.00%
FCSP - Respite Services (53% Max. SFCSP, 35% Max. Title 3E Funds)		36.72%	0.00%			
KCSP - Admin and Service Delivery (25% total Max.);				25.00%		

## AAA: Northwest Regional Council

BUDGET PERIOD: January 1 - December 31, 2024

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**YES**

AAA INDIVIDUAL DIRECT SERVICES WORKSHEET

AAA: Northwest Regional Council

BUDGET PERIOD: January 1 - December 31, 2024

COST CENTER OR COST POOL: Pool - General Administrative

			OLDER AMERICAN'S ACT						DSHS ALLOCATED																				
			Title	Title	Title	Title	Title	Elder Abuse		Core Svcs Contract	TXIX / MFP / Chore	Nurse Services	Nurse Svcs Contract	Contract Front	Matched by SCSA/ Local	Medicaid Transformation		State Family Caregiver	Kinship Caregiver	Kinship Navigator	Senior Nutrition	Senior Farmers Market	Other ALTSA Funding	Non - ALTSA Medicaid Transp	Non - ALTSA Health Homes	Non - ALTSA Jail Health	Non - ALTSA Behavioral Health	Non - ALTSA Local	
TOTAL			3B	3C1	3C2	3D	3E	Prevention	NSIP	Management	CMNS	DDA	With HCS	Door		Demonstration	SCSA	Caregiver	Support										
Full Time Equivalents: Total FTEs			11.65																										
Direct Services:																													
10	Salaries & Wages	1,001,435	43,155	3,718	14,928	0	8,707	0	0	11,802	259,553	0	0	0	7,917	33,748	37,370	14,339	0	0	0	0	51,338	84,722	165,645	128,621	74,357	61,515	
20	Personnel Benefits	388,157	16,727	1,441	5,786	0	3,375	0	0	4,574	100,636	0	0	0	3,069	13,081	14,485	5,558	0	0	0	0	19,899	32,838	64,204	49,816	28,832	23,836	
30-80	All Other Costs	413,181	16,448	413	826	0	3,286	0	0	6,178	105,246	0	0	0	3,286	13,989	12,749	17,275	0	0	0	0	22,340	35,257	68,685	56,287	30,311	20,605	
90	Interfund Pmts for Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Direct Expenditures			1,802,773	76,330	5,572	21,540	0	15,368	0	0	22,554	465,435	0	0	0	14,272	60,818	64,604	37,172	0	0	0	0	93,577	152,817	298,534	234,724	133,500	105,956

ALTSA/Non-ALTSA Breakout Section			
	ALTSA	Non-ALTSA	Total
Percentage	49%	51%	100%
FTE	5.67	5.98	11.65
Funding	\$ 877,242	\$ 925,531	\$ 1,802,773

Correct  
Correct

AAA INDIVIDUAL DIRECT SERVICES WORKSHEET

AAA: Northwest Regional Council

BUDGET PERIOD: January 1 - December 31, 2024

COST CENTER OR COST POOL: Pool - Fiscal

		OLDER AMERICAN'S ACT								DSHS ALLOCATED																		
		Title	Title	Title	Title	Title	Elder Abuse		Core Svcs Contract	TXIX / MFP / Chore	Nurse Services	Nurse Svcs Contract	Contract Front	Matched by SCSA/ Local	Medicaid Transformation		State Family Caregiver	Kinship Caregiver	Kinship Navigator	Senior Nutrition	Senior Farmers Market	Other ALTSA Funding	Non - ALTSA Medicaid Transp	Non - ALTSA Health Homes	Non - ALTSA Jail Health	Non - ALTSA Behavioral Health	Non - ALTSA Local	
	TOTAL	3B	3C1	3C2	3D	3E	Prevention	NSIP	Management	CMNS	DDA	With HCS	Door		Demonstration	SCSA	Caregiver	Support	Navigator									
Full Time Equivalents: Total FTEs		6.00																										
Direct Services:																												
10	Salaries & Wages	480,015	12,817	5,280	16,033	0	7,200	0	0	7,032	76,994	0	0	0	4,560	7,200	14,832	12,000	0	0	0	0	32,401	124,036	78,291	33,961	23,425	23,953
20	Personnel Benefits	195,781	5,227	2,154	6,539	0	2,937	0	0	2,868	31,403	0	0	0	1,860	2,937	6,050	4,895	0	0	0	0	13,215	50,590	31,932	13,851	9,554	9,769
30-80	All Other Costs	66,569	1,777	732	2,223	0	999	0	0	975	10,678	0	0	0	632	999	2,057	1,664	0	0	0	0	4,493	17,202	10,857	4,710	3,249	3,322
90	Interfund Pmts for Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Direct Expenditures		742,365	19,821	8,166	24,795	0	11,136	0	0	10,875	119,075	0	0	0	7,052	11,136	22,939	18,559	0	0	0	0	50,109	191,828	121,080	52,522	36,228	37,044

ALTSA/Non-ALTSA Breakout Section			
	ALTSA	Non-ALTSA	Total
Percentage	41%	59%	100%
FTE	2.45	3.55	6.00
Funding	\$ 303,663	\$ 438,702	\$ 742,365

Correct  
Correct

AAA INDIVIDUAL DIRECT SERVICES WORKSHEET

AAA: Northwest Regional Council

BUDGET PERIOD: January 1 - December 31, 2024

COST CENTER OR COST POOL: Pool - Contract Management

		OLDER AMERICAN'S ACT							DSHS ALLOCATED																			
		Title	Title	Title	Title	Title	Elder Abuse		Core Svcs Contract	TXIX / MFP / Chore	Nurse Services	Nurse Svcs Contract	Contract Front	Matched by SCSA/ Local	Medicaid Transformation		State Family Caregiver	Kinship Caregiver	Kinship Navigator	Senior Nutrition	Senior Farmers Market	Other ALTSA Funding	Non - ALTSA Medicaid Transp	Non - ALTSA Health Homes	Non - ALTSA Jail Health	Non - ALTSA Behavioral Health	Non - ALTSA Local	
TOTAL		3B	3C1	3C2	3D	3E	Prevention	NSIP	Management	CMNS	DDA	With HCS	Door	Local	Demonstration	SCSA	Caregiver	Support	Navigator	Nutrition	Market	Funding	ALTSA Medicaid Transp	ALTSA Health Homes	ALTSA Jail Health	ALTSA Behavioral Health	Local	
Full Time Equivalents: Total FTEs		1.40																										
Direct Services:																												
10	Salaries & Wages	122,962	1,015	4,827	14,738	0	1,525	0	0	0	7,873	0	0	0	2,034	11,941	7,620	10,164	0	0	0	0	14,738	0	36,070	0	0	10,417
20	Personnel Benefits	47,608	393	1,869	5,706	0	590	0	0	0	3,048	0	0	0	788	4,624	2,950	3,935	0	0	0	0	5,706	0	13,966	0	0	4,033
30-80	All Other Costs	11,855	98	465	1,421	0	147	0	0	0	759	0	0	0	196	1,151	735	980	0	0	0	0	1,421	0	3,478	0	0	1,004
90	Interfund Pmts for Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Direct Expenditures		182,425	1,506	7,161	21,865	0	2,262	0	0	0	11,680	0	0	0	3,018	17,716	11,305	15,079	0	0	0	0	21,865	0	53,514	0	0	15,454

ALTSA/Non-ALTSA Breakout Section			
	ALTSA	Non-ALTSA	Total
Percentage	62%	38%	100%
FTE	0.87	0.53	1.40
Funding	\$ 113,457	\$ 68,968	\$ 182,425

Correct  
Correct

AAA INDIVIDUAL DIRECT SERVICES WORKSHEET

AAA: Northwest Regional Council

BUDGET PERIOD: January 1 - December 31, 2024

COST CENTER OR COST POOL: Pool - Clinical Programs (Supervisors)

		OLDER AMERICAN'S ACT							DSHS ALLOCATED																		
		Title	Title	Title	Title	Title	Elder Abuse		Core Svcs Contract	TXIX / MFP / Chore	Nurse Services	Nurse Svcs Contracted	Contract Front	Matched by SCSA/	Medicaid Transformation		State Family	Kinship Caregiver	Kinship	Senior	Senior Farmers	Other ALTSA	Non - ALTSA Medicaid Transp	Non - ALTSA Health Homes	Non - ALTSA Jail Health	Non - ALTSA Behavioral Health	Non - ALTSA
	TOTAL	3B	3C1	3C2	3D	3E	Prevention	NSIP	Management	CMNS	DDA	With HCS	Door	Local	Demonstration	SCSA	Caregiver	Support	Navigator	Nutrition	Market	Funding					
Full Time Equivalents:																											
Total FTEs	3.75																										
Direct Services:																											
10 Salaries & Wages	375,288	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6,352	0	203,366	0	109,544	56,026
20 Personnel Benefits	134,069	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,269	0	72,651	0	39,134	20,015
30-80 All Other Costs	38,672	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,439	0	20,980	0	11,264	4,989
90 Interfund Pymnts for Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Direct Expenditures	548,029	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10,060	0	296,997	0	159,942	81,030

ALTSA/Non-ALTSA Breakout Section			
	ALTSA	Non-ALTSA	Total
Percentage	2%	98%	100%
FTE	0.07	3.68	3.75
Funding	\$ 10,060	\$ 537,969	\$ 548,029

Correct  
Correct

AAA INDIVIDUAL DIRECT SERVICES WORKSHEET

AAA: Northwest Regional Council

BUDGET PERIOD: January 1 - December 31, 2024

COST CENTER OR COST POOL: Pool - Community Programs (Supervision and Support)

		OLDER AMERICAN'S ACT							DSHS ALLOCATED																		
		Title	Title	Title	Title	Title	Elder Abuse		Core Svcs Contract	TXIX / MFP / Chore	Nurse Services	Nurse Svcs Contract	Contract Front	Matched by SCSA/	Medicaid Transformation		State Family	Kinship Caregiver	Kinship	Senior	Senior Farmers	Other ALTSA	Non - ALTSA Medicaid Transp	Non - ALTSA Health Homes	Non - ALTSA Jail Health	Non - ALTSA Behavioral Health	Non - ALTSA
	TOTAL	3B	3C1	3C2	3D	3E	Prevention	NSIP	Management	CMNS	DDA	With HCS	Door	Local	Demonstration	SCSA	Caregiver	Support	Navigator	Nutrition	Market	Funding					
Full Time Equivalents:																											
Total FTEs	2.00																										
Direct Services:																											
10 Salaries & Wages	212,641	45,718	0	0	0	17,011	0	0	0	0	0	0	0	9,250	33,597	19,104	24,454	0	0	0	0	58,829	0	0	0	0	4,678
20 Personnel Benefits	74,024	15,915	0	0	0	5,922	0	0	0	0	0	0	0	3,220	11,696	6,650	8,513	0	0	0	0	20,479	0	0	0	0	1,629
30-80 All Other Costs	25,539	5,491	0	0	0	2,043	0	0	0	0	0	0	0	1,111	4,035	2,426	2,937	0	0	0	0	6,934	0	0	0	0	562
90 Interfund Pymnts for Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Direct Expenditures	312,204	67,124	0	0	0	24,976	0	0	0	0	0	0	0	13,581	49,328	28,180	35,904	0	0	0	0	86,242	0	0	0	0	6,869

ALTSA/Non-ALTSA Breakout Section			
	ALTSA	Non-ALTSA	Total
Percentage	98%	2%	100%
FTE	1.96	0.04	2.00
Funding	\$ 305,335	\$ 6,869	\$ 312,204

Correct  
Correct

AAA INDIVIDUAL DIRECT SERVICES WORKSHEET

AAA: Northwest Regional Council

BUDGET PERIOD: January 1 - December 31, 2024

COST CENTER OR COST POOL: Pool - Program Support (Supervision and Support)

		OLDER AMERICAN'S ACT							DSHS ALLOCATED																			
		Title	Title	Title	Title	Title	Elder Abuse		Core Svcs Contract	TXIX / MFP / Chore	Nurse Services	Nurse Svcs Contract	Contract Front	Matched by SCSA/	Medicaid Transformation		State Family	Kinship Caregiver	Kinship	Senior	Senior Farmers	Other ALTSA	Non - ALTSA Medicaid Transp	Non - ALTSA Health Homes	Non - ALTSA Jail Health	Non - ALTSA Behavioral Health	Non - ALTSA	
	TOTAL	3B	3C1	3C2	3D	3E	Prevention	NSIP	Management	CMNS	DDA	With HCS	Door	Local	Demonstration	SCSA	Caregiver	Support	Navigator	Nutrition	Market	Funding						
Full Time Equivalents:																												
Total FTEs	12.75																											
Direct Services:																												
10 Salaries & Wages	791,452	31,261	0	0	0	16,779	0	0	0	286,822	0	0	0	17,251	32,055	21,372	28,176	0	0	0	0	72,578	0	160,109	0	84,446	40,603	
20 Personnel Benefits	365,530	14,438	0	0	0	7,749	0	0	0	132,468	0	0	0	7,967	14,805	9,871	13,013	0	0	0	0	33,520	0	73,946	0	39,001	18,752	
30-80 All Other Costs	31,100	1,228	0	0	0	659	0	0	0	11,271	0	0	0	678	1,260	840	1,107	0	0	0	0	2,852	0	6,292	0	3,318	1,595	
90 Interfund Pymnts for Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Total Direct Expenditures	1,188,082	46,927	0	0	0	25,187	0	0	0	430,561	0	0	0	25,896	48,120	32,083	42,296	0	0	0	0	108,950	0	240,347	0	126,765	60,950	

ALTSA/Non-ALTSA Breakout Section			
	ALTSA	Non-ALTSA	Total
Percentage	64%	36%	100%
FTE	8.16	4.59	12.75
Funding	\$ 760,020	\$ 428,062	\$ 1,188,082

Correct  
Correct



AAA INDIVIDUAL DIRECT SERVICES WORKSHEET

AAA: Northwest Regional Council

BUDGET PERIOD: January 1 - December 31, 2024

COST CENTER OR COST POOL: Pool - Jail Health Pool (Supervision and Support)

		OLDER AMERICAN'S ACT							DSHS ALLOCATED																			
		Title	Title	Title	Title	Title	Elder Abuse		Core Svcs Contract	TXIX / MFP / Chore	Nurse Services	Nurse Svcs Contract	Contract Front	Matched by SCSA/	Medicaid Transformation		State Family	Kinship Caregiver	Kinship	Senior	Senior Farmers	Other ALTSA	Non - ALTSA Medicaid Transp	Non - ALTSA Health Homes	Non - ALTSA Jail Health	Non - ALTSA Behavioral Health	Non - ALTSA	
	TOTAL	3B	3C1	3C2	3D	3E	Prevention	NSIP	Management	CMNS	DDA	With HCS	Door	Local	Demonstration	SCSA	Caregiver	Support	Navigator	Nutrition	Market	Funding						
Full Time Equivalents:																												
Total FTEs	1.25																											
Direct Services:																												
10 Salaries & Wages	159,057	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	159,057	0	0	
20 Personnel Benefits	49,955	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	49,955	0	0	
30-80 All Other Costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
90 Interfund Pymnts for Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Direct Expenditures	209,012	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	209,012	0	0	

ALTSA/Non-ALTSA Breakout Section			
	ALTSA	Non-ALTSA	Total
Percentage	0%	100%	100%
FTE	0.00	1.25	1.25
Funding	\$ -	\$ 209,012	\$ 209,012

Correct  
Correct

AAA INDIVIDUAL DIRECT SERVICES WORKSHEET

AAA: Northwest Regional Council

BUDGET PERIOD: January 1 - December 31, 2024

COST CENTER OR COST POOL: Coordination

		OLDER AMERICAN'S ACT							DSHS ALLOCATED																		
		Title	Title	Title	Title	Title	Elder Abuse		Core Svcs Contract	TXIX / MFP / Chore	Nurse Services	Nurse Svcs Contract	Contract Front	Matched by SCSA/	Medicaid Transformation		State Family	Kinship Caregiver	Kinship	Senior	Senior Farmers	Other ALTSA	Non - ALTSA Medicaid Transp	Non - ALTSA Health Homes	Non - ALTSA Jail Health	Non - ALTSA Behavioral Health	Non - ALTSA
	TOTAL	3B	3C1	3C2	3D	3E	Prevention	NSIP	Management	CMNS	DDA	With HCS	Door	Local	Demonstration	SCSA	Caregiver	Support	Navigator	Nutrition	Market	Funding					
Full Time Equivalents:																											
Total FTEs	0.35																										
Direct Services:																											
10 Salaries & Wages	30,433	30,433	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
20 Personnel Benefits	11,836	11,836	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30-80 All Other Costs	32,731	32,731	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
90 Interfund Pymnts for Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Direct Expenditures	75,000	75,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

ALTSA/Non-ALTSA Breakout Section			
	ALTSA	Non-ALTSA	Total
Percentage	100%	0%	100%
FTE	0.35	0.00	0.35
Funding	\$ 75,000	\$ -	\$ 75,000

Correct  
Correct

AAA INDIVIDUAL DIRECT SERVICES WORKSHEET

AAA: Northwest Regional Council

BUDGET PERIOD: January 1 - December 31, 2024

COST CENTER OR COST POOL: Core Services Contract Management

		OLDER AMERICAN'S ACT							DSHS ALLOCATED																		
		Title	Title	Title	Title	Title	Elder Abuse		Core Svcs Contract	TXIX / MFP / Chore	Nurse Services	Nurse Svcs Contract	Contract Front	Matched by SCSA/	Medicaid Transformation		State Family	Kinship Caregiver	Kinship	Senior	Senior Farmers	Other ALTSA	Non - ALTSA Medicaid Transp	Non - ALTSA Health Homes	Non - ALTSA Jail Health	Non - ALTSA Behavioral Health	Non - ALTSA
	TOTAL	3B	3C1	3C2	3D	3E	Prevention	NSIP	Management	CMNS	DDA	With HCS	Door	Local	Demonstration	SCSA	Caregiver	Support	Navigator	Nutrition	Market	Funding					
Full Time Equivalents:																											
Total FTEs	2.40																										
Direct Services:																											
10 Salaries & Wages	210,792	0	0	0	0	0	0	0	210,792	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
20 Personnel Benefits	81,617	0	0	0	0	0	0	0	81,617	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30-80 All Other Costs	20,326	0	0	0	0	0	0	0	20,326	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
90 Interfund Pymnts for Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Direct Expenditures	312,735	0	0	0	0	0	0	0	312,735	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

ALTSA/Non-ALTSA Breakout Section			
	ALTSA	Non-ALTSA	Total
Percentage	100%	0%	100%
FTE	2.40	0.00	2.40
Funding	\$ 312,735	\$ -	\$ 312,735

Correct  
Correct

AAA INDIVIDUAL DIRECT SERVICES WORKSHEET

AAA: Northwest Regional Council

BUDGET PERIOD: January 1 - December 31, 2024

COST CENTER OR COST POOL: Community Programs (ADR, FCSP, Tribal, Medicaid Demonstration) - ALTSA Funded

			OLDER AMERICAN'S ACT						DSHS ALLOCATED																				
			Title	Title	Title	Title	Title	Elder Abuse		Core Svcs Contract	TXIX / MFP / Chore	Nurse Services	Nurse Svcs Contracted	Contract Front	Matched by SCSA/ Local	Medicaid Transformation		State Family Caregiver	Kinship Support	Kinship Navigator	Senior Nutrition	Senior Farmers Market	Other ALTSA Funding	Non - ALTSA Medicaid Transp	Non - ALTSA Health Homes	Non - ALTSA Jail Health	Non - ALTSA Behavioral Health	Non - ALTSA Local	
		TOTAL	3B	3C1	3C2	3D	3E	Prevention	NSIP	Management	CMNS	DDA	With HCS	Door	Local	Demonstration	SCSA	Caregiver	Support	Navigator	Nutrition	Market	Funding						
Full Time Equivalents: Total FTEs		15.00																											
Direct Services:																													
10	Salaries & Wages	1,018,475	350,916	0	0	0	100,916	0	0	0	0	0	0	0	47,606	127,077	5,882	25,574	0	0	0	0	194,779	0	0	0	0	165,725	
20	Personnel Benefits	457,928	161,998	0	0	0	44,857	0	0	0	0	0	0	0	21,922	57,541	2,708	11,610	0	0	0	0	84,877	0	0	0	0	72,415	
30-80	All Other Costs	271,675	61,666	0	0	0	17,586	54	0	0	0	0	0	0	7,046	26,647	19,620	33,930	0	0	0	0	105,126	0	0	0	0	0	
90	Interfund Pymnts for Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Total Direct Expenditures		1,748,078	574,580	0	0	0	163,359	54	0	0	0	0	0	0	76,574	211,265	28,210	71,114	0	0	0	0	384,782	0	0	0	0	238,140	

ALTSA/Non-ALTSA Breakout Section			
	ALTSA	Non-ALTSA	Total
Percentage	86%	14%	100%
FTE	12.96	2.04	15.00
Funding	\$ 1,509,938	\$ 238,140	\$ 1,748,078

Correct  
Correct

AAA INDIVIDUAL DIRECT SERVICES WORKSHEET

AAA: Northwest Regional Council

BUDGET PERIOD: January 1 - December 31, 2024

COST CENTER OR COST POOL: Clinical Programs

		OLDER AMERICAN'S ACT							DSHS ALLOCATED																			
		Title	Title	Title	Title	Title	Elder Abuse		Core Svcs	TXIX / MFP /	Nurse	Nurse Svcs	Contract	Matched	Medicaid		State	Kinship	Kinship	Senior	Senior	Other	Non -	Non -	Non -	Non -	Non -	
	TOTAL	3B	3C1	3C2	3D	3E	Prevention	NSIP	Contract	Chore	Services	Contracted	Front	by SCSA/	Transformation	SCSA	Family	Caregiver	Support	Navigator	Nutrition	Farmers	ALTSA	ALTSA Medicaid Transp	ALTSA Health Homes	ALTSA Jail Health	ALTSA Behavioral Health	ALTSA Local
Full Time Equivalents:																												
Total FTEs	1.00																											
Direct Services:																												
10 Salaries & Wages	2,065,358	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	78,197	0	921,085	0	780,704	285,372	
20 Personnel Benefits	871,999	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	32,242	0	394,381	0	321,260	124,116	
30-80 All Other Costs	408,294	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,895	0	209,830	0	163,116	29,453	
90 Interfund Pymnts for Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Direct Expenditures	3,345,651	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	116,334	0	1,525,296	0	1,265,080	438,941	

ALTSA/Non-ALTSA Breakout Section			
	ALTSA	Non-ALTSA	Total
Percentage	3%	97%	100%
FTE	0.03	0.97	1.00
Funding	\$ 116,334	\$ 3,229,317	\$ 3,345,651

Correct  
Correct

AAA INDIVIDUAL DIRECT SERVICES WORKSHEET

AAA: Northwest Regional Council

BUDGET PERIOD: January 1 - December 31, 2024

COST CENTER OR COST POOL: Case Management

		OLDER AMERICAN'S ACT							DSHS ALLOCATED																			
		Title	Title	Title	Title	Title	Elder Abuse		Core Svcs Contract	TXIX / MFP / Chore	Nurse Services	Nurse Svcs Contract	Contract Front	Matched by SCSA/ Local	Medicaid Transformation Demonstration		State Family Caregiver	Kinship Caregiver Support	Kinship Navigator	Senior Nutrition	Senior Farmers Market	Other ALTSA Funding	Non - ALTSA Medicaid Transp	Non - ALTSA Health Homes	Non - ALTSA Jail Health	Non - ALTSA Behavioral Health	Non - ALTSA Local	
	TOTAL	3B	3C1	3C2	3D	3E	Prevention	NSIP	Management	CMNS	DDA	With HCS	Door	Local	Demonstration	SCSA	Caregiver	Support	Navigator	Nutrition	Market	Funding	ALTSA Medicaid Transp	ALTSA Health Homes	ALTSA Jail Health	ALTSA Behavioral Health	Local	
Full Time Equivalents:																												
Total FTEs	27.75																											
Direct Services:																												
10 Salaries & Wages	2,109,304	0	0	0	0	0	0	0	0	2,069,741	0	0	0	16,611	0	21,432	0	0	0	0	0	0	0	0	0	0	1,520	
20 Personnel Benefits	886,028	0	0	0	0	0	0	0	0	869,837	0	0	0	6,803	0	8,829	0	0	0	0	0	0	0	0	0	0	559	
30-80 All Other Costs	476,097	0	0	0	0	0	0	0	0	476,056	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	41	
90 Interfund Pymnts for Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Direct Expenditures	3,471,429	0	0	0	0	0	0	0	0	3,415,634	0	0	0	23,414	0	30,261	0	0	0	0	0	0	0	0	0	0	2,120	

ALTSA/Non-ALTSA Breakout Section			
	ALTSA	Non-ALTSA	Total
Percentage	100%	0%	100%
FTE	27.73	0.02	27.75
Funding	\$ 3,469,309	\$ 2,120	\$ 3,471,429

Correct  
Correct

AAA INDIVIDUAL DIRECT SERVICES WORKSHEET

AAA: Northwest Regional Council

BUDGET PERIOD: January 1 - December 31, 2024

COST CENTER OR COST POOL: Program Support (Disaster Relief)

		OLDER AMERICAN'S ACT							DSHS ALLOCATED																		
		Title	Title	Title	Title	Title	Elder Abuse		Core Svcs Contract	TXIX / MFP / Chore	Nurse Services	Nurse Svcs Contract	Contract Front	Matched by SCSA/	Medicaid Transformation		State Family	Kinship Caregiver	Kinship	Senior	Senior Farmers	Other ALTSA	Non - ALTSA Medicaid Transp	Non - ALTSA Health Homes	Non - ALTSA Jail Health	Non - ALTSA Behavioral Health	Non - ALTSA
	TOTAL	3B	3C1	3C2	3D	3E	Prevention	NSIP	Management	CMNS	DDA	With HCS	Door	Local	Demonstration	SCSA	Caregiver	Support	Navigator	Nutrition	Market	Funding					
Full Time Equivalents:																											
Total FTEs	1.00																										
Direct Services:																											
10 Salaries & Wages	64,386	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	64,386	0	0	0	0	0
20 Personnel Benefits	28,385	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	28,385	0	0	0	0	0
30-80 All Other Costs	53,497	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	53,497	0	0	0	0	0
90 Interfund Pymnts for Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Direct Expenditures	146,268	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	146,268	0	0	0	0	0

ALTSA/Non-ALTSA Breakout Section			
	ALTSA	Non-ALTSA	Total
Percentage	100%	0%	100%
FTE	1.00	0.00	1.00
Funding	\$ 146,268	\$ -	\$ 146,268

Correct  
Correct

AAA INDIVIDUAL DIRECT SERVICES WORKSHEET

AAA: Northwest Regional Council

BUDGET PERIOD: January 1 - December 31, 2024

COST CENTER OR COST POOL: Other non-ALTSA

		OLDER AMERICAN'S ACT							DSHS ALLOCATED																			
		Title	Title	Title	Title	Title	Elder Abuse		Core Svcs Contract	TXIX / MFP / Chore	Nurse Services	Nurse Svcs Contracted	Contract Front	Matched by SCSA/ Local	Medicaid Transformation		State Family	Kinship Caregiver	Kinship	Senior	Senior Farmers	Other ALTSA	Non - ALTSA Medicaid Transp	Non - ALTSA Health Homes	Non - ALTSA Jail Health	Non - ALTSA Behavioral Health	Non - ALTSA Local	
TOTAL		3B	3C1	3C2	3D	3E	Prevention	NSIP	Management	CMNS	DDA	With HCS	Door		Demonstration	SCSA	Caregiver	Support	Navigator	Nutrition	Market	Funding						
Full Time Equivalents: Total FTEs		47.08																										
Direct Services:																												
10	Salaries & Wages	1,661,054	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	529,329	0	1,101,953	0	29,772	
20	Personnel Benefits	689,965	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	248,136	0	428,077	0	13,752	
30-80 All Other Costs		108,414	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	64,372	0	40,344	0	3,698	
90	Interfund Pymnts for Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Direct Expenditures		2,459,433	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	841,837	0	1,570,374	0	47,222	

ALTSA/Non-ALTSA Breakout Section			
	ALTSA	Non-ALTSA	Total
Percentage	0%	100%	100%
FTE	0.00	47.08	47.08
Funding	\$ -	\$ 2,459,433	\$ 2,459,433

Correct  
Correct



AAA TOTAL DIRECT SERVICES WORKSHEET INCLUDING SUBCONTRACTED COSTS

AAA: Northwest Regional Council  
BUDGET PERIOD: January 1 - December 31, 2024

PLEASE ENTER ALL SUBCONTRACTED COST BY FUNDING SOURCE ON LINE 30 BELOW

		OLDER AMERICAN'S ACT								DSHS ALLOCATED																		
		Title	Title	Title	Title	Title	Elder Abuse		Core Svcs Contract	TXIX / MFP / Chore	Nurse Services	Nurse Svcs Contract	Contract Front	Matched by SCSA/ Local	Medicaid Transformation		State Family Caregiver	Kinship Caregiver	Kinship Navigator	Senior Nutrition	Senior Farmers Market	Other ALTSA Funding	Non - ALTSA Medicaid Transp	Non - ALTSA Health Homes	Non - ALTSA Jail Health	Non - ALTSA Behavioral Health	Non - ALTSA Local	
TOTAL		3B	3C1	3C2	3D	3E	Prevention	NSIP	Management	CMNS	DDA	With HCS	Door	Local	Demonstration	SCSA	Caregiver	Support										
Full Time Equivalents:																												
Total FTEs		133.38																										
Direct Services:																												
10	Salaries & Wages	10,302,652	515,315	13,825	45,699	0	152,138	0	229,626	2,700,983	0	0	0	105,229	245,618	127,612	114,707	0	0	0	0	573,598	738,087	1,564,566	1,423,592	1,072,476	679,581	
20	Personnel Benefits	4,282,882	226,534	5,464	18,031	0	65,430	0	89,059	1,137,392	0	0	0	45,629	104,684	51,543	47,524	0	0	0	0	240,592	331,564	651,080	541,699	437,781	288,876	
30-80 All Other Cost		1,957,950	119,439	1,610	4,470	0	24,720	54	27,479	604,010	0	0	0	12,949	48,081	38,427	57,893	0	0	0	0	203,997	116,831	320,122	101,341	211,258	65,269	
90	Interfund Pymnts for Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Direct Expenditures		16,543,484	861,288	20,899	68,200	0	242,288	54	0	346,164	4,442,385	0	0	0	163,807	398,383	217,582	220,124	0	0	0	0	1,018,187	1,186,482	2,535,768	2,066,632	1,721,515	1,033,726
Total Subcontracted Expenditures		11,468,919	63,967	188,089	613,797	51,323	45,363	3,959	257,142	0	409,921	0	0	0	111,627	77,904	331,573	487,973	69,812	130,000	107,620	218,469	657,380	5,340,000	2,075,000	0	228,000	
Total Other Subcontractor Resources		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
ALTSA/Non-ALTSA Breakout Section																												
Total Expenditures¹		28,012,403	925,255	208,988	681,997	51,323	287,651	4,013	257,142	346,164	4,852,306	0	0	0	275,434	476,287	549,155	708,097	69,812	130,000	107,620	218,469	1,675,567	6,526,482	4,610,768	2,066,632	1,721,515	1,261,726

¹ The Total Expenditures line shown above must equal the Grand Total line on the Expenditure/Revenue Detail By Funding Source worksheet.

ALTSA/Non-ALTSA Breakout Section			
	ALTSA	Non-ALTSA	Total
Percentage	48%	52%	100%
FTE	63.65	69.73	133.38
Funding	\$ 7,999,361	\$ 8,544,123	\$ 16,543,484

Correct  
Correct

Reconciliation																										
Grand Total Line from Expenditure Detail	12,758,070	925,255	208,988	681,997	51,323	287,651	4,013	257,142	386,672	5,697,648	0	0	0	275,434	523,227	549,155	708,097	69,812	130,000	107,620	218,469	1,675,567				
Difference	(932,790)	0	0	0	0	0	0	0	(40,508)	(845,342)	0	0	0	0	(46,940)	0	0	0	0	0	0	0				
	Error	Correct	Correct	Correct	Correct	Correct	Correct	Correct	Error	Error	Correct	Correct	Correct	Correct	Error	Correct	Correct	Correct	Correct	Correct	Correct	Correct				

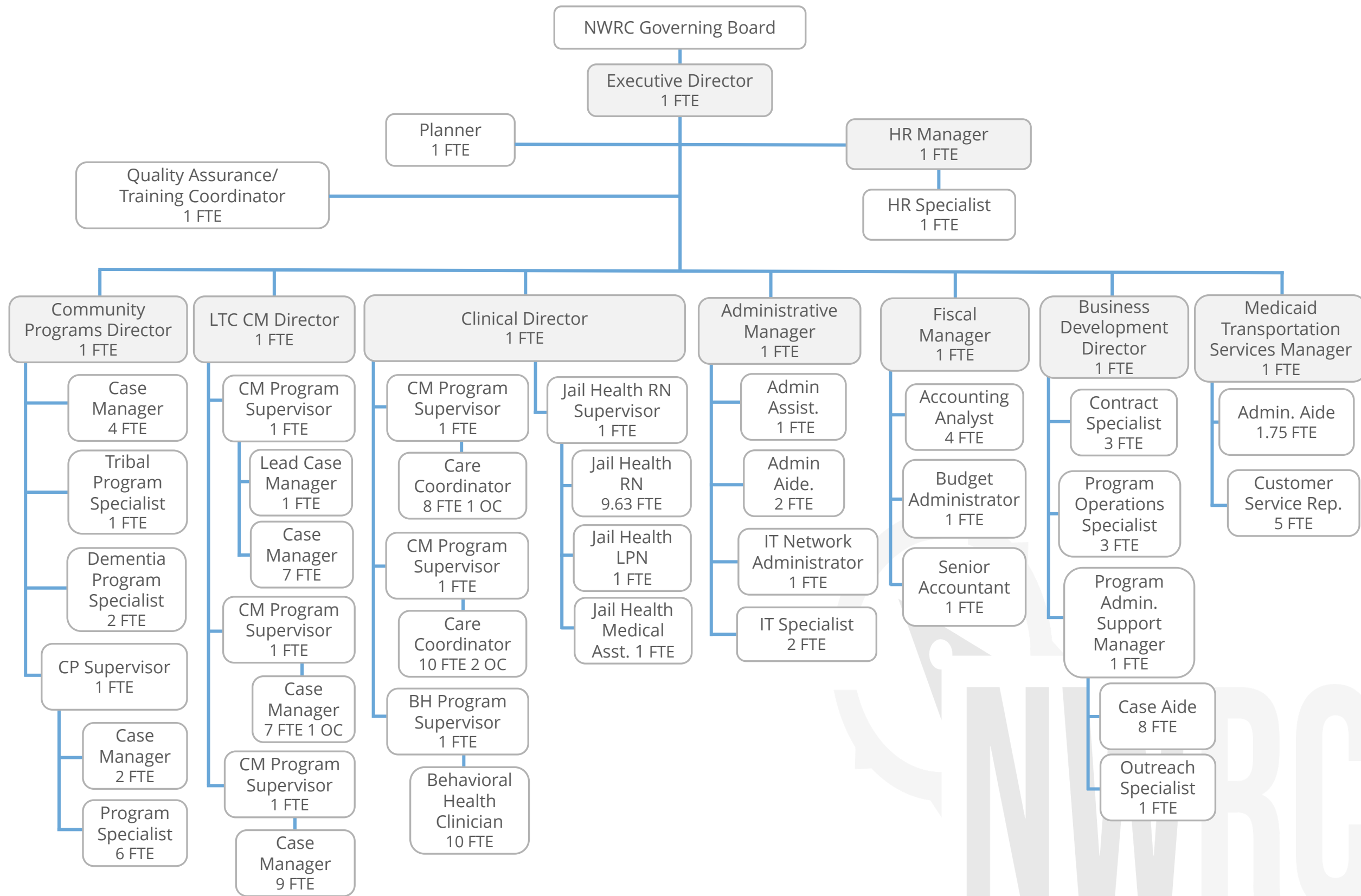
If error amount is due to rounding, ignore

see note below for explanation

Note  
Difference = (addition to fund balance)

Note  
Difference = (addition to fund balance)

# NORTHWEST REGIONAL COUNCIL ORGANIZATIONAL CHART



**NWRC Strategic Plan****2024-2027****Northwest Regional Council Staffing Plan**

<b>Position Title</b>	<b>Total Staff</b>	<b>Staff Initials</b>	<b>Position Description</b>
Accounting Analyst	4 FTE	GD, JS, KC, LH	General fiscal support; processes and reconciles financial documentation
Administrative Aide	1.75 FTE	GM, RS (.75)	Provides administrative support to the Non-Emergent Medicaid Transportation Program
Administrative Assistant	1 FTE	JJ	Provides administrative support
Administrative Manager	1 FTE	DS	Office management and supervision of Admin Assistant, Receptionist/Aides, and IT
Behavioral Health Clinician	10 FTE	AM, FM, SS, CK, CR, JH-L, RE, Vacant (2), New (1)	Provides in-home counseling services
Budget Administrator	1 FTE	KL	Prepares variety of agency budgets
Business Development Director	1 FTE	RB	Oversees contracting and program development
Care Management Program Supervisor	3 FTE	AR, DS, Vacant	Supervises Case Management staff
Case Aide	8 FTE	DC, EV, JC, JS, JZ, KM, MM, SB	Provides program admin support
Care Coordinator	18 FTE	AC, AF, BP, DU, EC, JR, JM, JL, KH, KH, LM, NM, KV, MR, Vacant (1);  LH, Vacant (1)  New (1)	Provides care coordination services
Clinical Director	1 FTE	EA	Directs Clinical Care Management programs
Clinical Programs Supervisor	3 FTE	KA, SD, SS	Supervises Clinical Programs staff
Community Programs Director	1 FTE	MW	Directs Community Programs
Community Programs Supervisor	1 FTE	SM	Supervises Community Programs staff

**NWRC Strategic Plan****2024-2027**

<b>Position Title</b>	<b>Total Staff</b>	<b>Staff Initials</b>	<b>Position Description</b>
Contract Specialist	3 FTE	AC, MD, New (1)	Contracts management
Dementia Program Specialist	2 FTE	KL, KM	Provides direct services for the Dementia Support Program
Executive Director	1 FTE	AM	Directs agency
Fiscal Manager	1 FTE	SS	Manages fiscal operations
Human Resources Manager	1 FTE	SS	Oversees/provides human resource activities
Human Resources Specialist	1 FTE	KD	Provides HR support
Information Technology Specialist	2 FTE	BC, New (1)	Provides IT support
IT Network Administrator	1 FTE	GC	Provides IT support
Jail Health Nursing Supervisor	1 FTE	BB	Responsible for daily operations of Whatcom County Jail Health Program
Jail Health Program Medical Assistant	1 FTE	LL	Provides admin support to Whatcom County Jail Health Program
Jail Health Program Registered Nurse	9.63 FTE	AF, CB, EB, ES, JB, JRS, KP, LB, SE KK (.63)	Provides nursing services to inmates of Whatcom County Jail
Jail Health Program LPN	1 FTE	AD	Provides nursing services to inmates of Whatcom County Jail MOUD program
Lead Case Manager	1 FTE	GR	TXIX Case Management Services, supervision, training, and quality assurance
LTC Case Management Director	1 FTE	AA	Directs Long-Term Care Case Management programs
MAC/TSOA & FCSP Case Manager	6 FTE	CC, EJ, KA, KS, SI, VL	MAC/TSOA & FCSP Case Management Services
NEMT Transportation Services Manager	1 FTE	AH	Manages brokered transportation services
NEMT Customer Service Representative	5 FTE	HH, KC, KR, LT, SV	Screens clients and authorizes Non-Emergent Medicaid Transportation services
Outreach Specialist	1 FTE	MD	Provides direct services to support clients accessing services
Planner	1 FTE	BC	Planning, program development, advocacy

**NWRC Strategic Plan****2024-2027**

<b>Position Title</b>	<b>Total Staff</b>	<b>Staff Initials</b>	<b>Position Description</b>
Program Administrative Support Manager	1 FTE	BS	Manages case aide unit
Program Operations Specialist	3 FTE	DM, HW, JS	Provides operations support
Program Specialist	6 FTE	AS, JP, NT, RM, SW, SA	Provides direct Community Programs Services
QA / Training Coordinator	1 FTE	Vacant (new)	Coordinates QA and training
Receptionist/ Administrative Aide	2 FTE	JM, LB	Reception/general office support
Senior Accountant	1 FTE	KF	Provides accounting operations
Tribal Program Specialist	1 FTE	KR	Provides coordination for tribal activities for the region; serves as tribal liaison
TXIX Case Manager	23 FTE	AB, AT, AW, BP, CB, DM, ES, ET, GN, HM, JG, JMc, KO, LO, MO, MP, RB-W, SH, SC, SC, TL, YP, Vacant (2)	TXIX Case Management Services
<b>Total FTE</b>	<b>133.38</b>		*Some budgeted positions are vacant/hiring is in process at this time.

Number of Full-Time Staff	<b>118 employees</b>
Number of Part-Time Staff	<b>7 employees</b>
Total Number of All Current Staff	<b>125 employees</b>
Total Number of Staff by race/ethnicity: American Indian/Alaskan Native Caucasian Two or More Races Hispanic/Latino Black Asian Undisclosed	<b>2 employees</b> <b>106 employees</b> <b>3 employees</b> <b>6 employees</b> <b>1 employees</b> <b>2 employees</b> <b>5 employees</b>
Total Number of Staff over age 60	<b>20 employees</b>
Total Number of Staff self-indicating a disability	<b>0 employees</b>
Number of hours considered full-time at NWRC	<b>40 hours per week</b>

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Human services  
with **you** at the center

## EMERGENCY RESPONSE PLAN

**Review Date: October 11, 2023**

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## **Section A      POLICY STATEMENT**

### **1.      Policy Statement**

Northwest Regional Council (NWRC) is a Council of Governments for Island, San Juan, Skagit, and Whatcom Counties and will serve as an important support agency during an emergent event or disaster in our service area.

In the event of a major disaster that may result in significant disruption of client services, NWRC will make every effort to maintain services to all high-risk clients, to coordinate efforts with Aging & Long-Term Services Administration (AL TSA) and the Health Care Authority (HCA), and to notify local emergency management responders (e.g. police, fire, city emergency management, public health) when concerns for the safety of individual clients arise.

#### **a.      Continuity of Services**

In case of events and/or emergencies causing disruption of normal service delivery, every effort will be made to maintain essential support for high-risk clients.

#### **b.      Staff Safety**

In the event of an emergency or disaster (e.g. hazardous weather conditions, earthquakes, fires, floods, toxic spills) staff will take the necessary safety precautions to prevent any injury and/or put themselves at risk. Depending on the circumstances, staff will make every effort to be informed before entering a dangerous area that may place them at risk.

#### **c.      Service Priority: High Risk Clients**

NWRC will maintain a current list of high-risk clients and made available to all supervisors and staff.

- NWRC's Care Management Unit will maintain the list of high-risk clients.
- Changes and/or updates to the list are on-going. The list will be reviewed by the NWRC and revised, as needed, every 6 months.
- During a disaster and/or emergency event, staff will use this list to prioritize service delivery to high-risk clients. (Attachment 1)

## **SECTION B    PREPAREDNESS GUIDELINES**

### **1.    Agency Preparedness**

NWRC is continuing the process of reviewing and updating its emergency plan (Attachment 4) to include guidance for agency staff activities during and after an emergency or disaster. NWRC will take all possible steps to maintain service delivery or restore essential services as rapidly as possible following an event.

As feasible, this includes arrangements for (as appropriate):

- Description of the specific steps and actions to be taken if an emergency and/or a disaster occurs
- Evacuation: moving to temporary facilities
- Acquisition of emergency supplies
- Protection of client's records, personal information, data (includes offsite backup of critical data at regular intervals)
- Continuation of payroll services
- Maintaining an up-to-date contact list for local emergency services, Public Health-Emergency Operations Center (EOC), local jurisdiction EOC, and other support services available to assist in an emergency; (Attachment 2)
- All staff is oriented in the organizational and departmental emergency preparedness procedures
- Overview of the plan will be included in staff orientation and periodical training and exercises

NWRC has a system in place to track unanticipated emergency response expenditures including a placeholder in the budget. In the event of a Presidential Declaration, additional funds for response and/or reimbursement may be available.

### **2.    Business Continuity**

NWRC has developed a business continuity plan that provides guidance to continue daily activities in the event a large portion of employees are unable to attend work. Contractors/Service Providers will also play a large role in providing reliable information to clients, and their families. NWRC's goal is to help support staff and client's health and safety during an emergency event. NWRC's staff will do what they can to get operations back up and running in the event of an interruption. Information regarding data backup systems is included in NWRC's Information Technology Plan.

### **3.    Staff Preparedness**

NWRC will encourage staff to take the responsibility to make personal disaster preparations in order to increase their availability to come to work and assist the community. Some NWRC staff are CERT (Community Emergency Response Team) trained and participate in local training and exercise events.

## 4. Client Preparedness

NWRC has developed educational materials regarding preparedness that are distributed to clients and their families through Care Management, Aging and Disability Resources, and the Family Caregiver Support Program. NWRC staff encourages clients and their family members and/or caregivers to establish a family emergency preparedness plan. This plan may include consideration for:

- Adequate shelter with heat
- Emergency supplies such as water, food, personal supplies (e.g., flashlights, radio, blankets), medications, first aid kits, medical information
- Enough supplies to last for at least 3 days, preferably 7 days until outside help can arrive
- Family and/or extended family contact list including an out of State contact for reporting and updating information about the safety of all family members
- An emergency kit in vehicle that includes water, flashlight, warm blanket, etc.

Upon assessment, Case Managers, and Care Coordinators work with clients and their family/caregivers to develop a plan in case of an emergency.

## 5. NWRC Key Contacts

The Executive Director of NWRC provides oversight of all operations at NWRC and has final approval on all activities. The Management Team is comprised of the following positions: Executive Director, Planner, Human Resources Manager, Community Programs Director, Community Programs Supervisor, LTC CM Director, Clinical Director, CM Program Supervisors, Jail Health Supervisor, Administrative Manager, Fiscal Manager, Business Development Director, Program Admin Support Manager, Medicaid Transportation Services Manager.

NWRC's Management Team will play an important role during a disaster or emergency event. The Executive Director, or designee, will be the primary contact to facilitate and coordinate the agency's response. The Executive Director will establish a designated lead (e.g., Executive Director, Management Team Member, or designee). The designated lead will establish and maintain communications with key leadership staff to keep them informed of the activation of emergency response procedures. The Management Team will coordinate response within the agency, with the Department of Emergency Management, and any first response organizations.

The NWRC Management Team and available staff will work closely with key contractors and service providers (Attachment 3) to identify needs and provide resources when possible.

The designated lead will establish communications with key ALTSA and HCA state staff in order to share information regarding status and identified needs.

## **6. Local Emergency Resources Contacts**

NWRC will maintain a list of local emergency contact information that includes but is not limited to the following (Attachment 2):

- Local Police
- Fire Department
- Emergency Medical Services
- Hospitals
- Public Health-Each County
- Red Cross
- Emergency Management

NWRC is a member of COAD (Community Organizations Active in Disasters) in both Whatcom and Skagit Counties and will work with First Responder Organizations and the American Red Cross to coordinate services needed in the community.

## **7. Inter-Agency Agreements**

Whenever possible and necessary prior to a disaster and/or emergency, NWRC will develop mutual agreements to coordinate service delivery with other home care agencies to mutually support the delivery of home care services and/or for assessing the welfare and well-being of high-risk clients during emergencies.

NWRC includes language in its contracts with service providers requiring they have a plan for serving current clients during periods when normal services are disrupted. The plan must include maintenance of a current list of clients prioritized for service based upon established criteria (Attachment 1).

## **SECTION C     RESPONSE EXPECTATIONS**

### **1.     Activation of Agency Emergency Response Plan**

NWRC's designated lead will make the determination that a condition exists that has resulted in a significant disruption of normal agency operations.

- The designated lead will establish and maintain communications with all critical staff throughout the duration of the emergency.
- All supervisors will report/contact the office to assist with coordination.
- All staff will make efforts to report their availability to the main office and/or any other existing field agency's office.

### **2.     Communications**

NWRC will activate the communications plan:

- The designated staff coordinator will determine staffing levels for both scheduled and unscheduled staff.
- Communication will take place via available cell numbers, home phone numbers, and any other available communication device in order to ascertain staff availability and personal safety.
- Unavailable staff scheduled to work are expected to report their status daily.
- NWRC designated staff will contact contractors/service providers and determine if they are available for needed services.

Available Aging and Disability Resource Center and Family Caregiver Support Program staff will be available to answer phones and communicate pertinent information. The Community Programs Director will work with contractors and community partners to identify available resources.

The LTC CM Director will work with Care Management and Care Coordination staff to contact all previously identified vulnerable clients, with the most at risk first. They will check in with the vulnerable clients, determine if any assistance is needed, and report information regarding clients in need to the LTC CM Director, or designee.

As a Community Organizations Active in Disasters (COAD) member, NWRC will be in close contact with the Emergency Coordination Center and/or First Response Organizations to assist with coordinating services to the community.

### 3. Contacting High-Risk Clients

NWRC will make every effort following a disaster to assign priority for contacting high-risk clients as soon as possible.

- High-risk clients will be contacted by telephone as soon as possible to determine their safety and well-being, and to advise when resumption of services can be expected.
- High-risk clients will be advised to contact their immediate family, extended family, and/or neighbor for further assistance.
- High-risk clients that require immediate medical attention will be advised to call 911.
- High-risk clients in need of medical assistance will be reported to First Response Organizations (Attachment 2)
- High-risk clients in need of non-medical assistance will be reported to the local Office of Emergency Management Emergency Operations Center.
- High-risk clients that are not accounted for will be noted and tracked by the NWRC and reported to Emergency Management as appropriate.

### 4. Contacting Contractors/Service Providers (Attachment 3)

NWRC will contact its contractors/services providers immediately after the agency's emergency operations plan has been activated. The contractors/service providers will share with NWRC the following information:

- Status of all high-risk clients
- Status of their ability to perform in person welfare checks to high-risk clients
- Assessment of high-risk client's needs (e.g. medical, non-medical)
- The need for additional service provisions.

### 5. Contacting Local Emergency Resources (Attachment 2)

NWRC will contact local emergency responders. Depending on need, distinctions will be made between medical and non-medical needs of the agency and high-risk clients.

- In the event of a life-threatening situation call 911
- All medical requests (i.e., wheel chairs, transportation, oxygen) will be reported to the appropriate support organization identified through the Emergency Operations Center.
- All non-medical resource requests (e.g., fuel, blankets, food, water, etc.) will be reported on to the local Office of Emergency Management through their Emergency Operations Center (EOC). (Attachment 2)
- All shelter, food, and evacuation information for non-medical needs contact the American Red Cross.

6. EMERGENCY RESPONSE CHECK LIST

Take all necessary actions to maintain clients and staff safety

DATE: _____	TIME: _____	AM/PM
NAME: _____		

- ☐ Call 911 if life or personal safety threats exists
- ☐ Activation of Agency Emergency Response Plan
- ☐ Assess the integrity/safety of office location
- ☐ Activate internal communication plan
- ☐ Initiate call back of staff
- ☐ Assess the availability of staff and determine if you can continue to provide a service
- ☐ Monitor initial and ongoing welfare of staff

Following the immediate response:

- ☐ Contact and Monitor “High Risk” clients’ status
- ☐ Contact ALTSA and HCA to share status of Agency operation
- ☐ Coordinate services both in-house and through contractors/service providers
- ☐ Contact First Response Organizations regarding medical needs of clients
- ☐ Contact Local Emergency Management EOC for non-medical needs of clients:
  - **Island County** (360) 679-7370
  - **San Juan County** (360) 370-7612
  - **Skagit County** (360) 416-1850
  - **Whatcom County** (360) 676-6681

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## Section D ATTACHMENTS

### ATTACHMENT 1 High-Risk Client Criteria

<b>Individuals who live alone and lack family or other supports</b>	
<b>AND</b>	
<b>one or more of the following risk factors are identified:</b>	
<b>1.</b>	Bed/Chair bound, medically fragile, skin pressure ulcers
<b>2.</b>	Dementia, Alzheimer's, severe mental health issues, suicidal
<b>3.</b>	Noncompliant or unstable diabetic
<b>4.</b>	Power dependent. High tech equipment.
<b>5.</b>	Targeted case management clients
<b>6.</b>	With complex medical conditions
<b>7.</b>	Live in a remote area, without social support
<b>Add if Needed:</b>	
	Nurse Delegation
	Skilled Nursing

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## ATTACHMENT 2 Local Emergency Resources by County

### ISLAND COUNTY

#### **Emergency Management**

Island County Emergency Services  
1 NE 6<sup>th</sup> Street #B128  
Coupeville, WA 98239  
Phone: (360) 679-7370

#### **Law Enforcement**

##### **Sheriff's Office**

101 NE 6<sup>th</sup> Street  
Coupeville, WA 98239  
Phone: (360) 678-4422

##### **Police Department**

860 SE Barrington Drive  
Oak Harbor, WA 98277  
Phone: (360) 279-4600

#### **Hospitals**

##### **Whidbey Health Medical Center**

101 North Main Street  
Coupeville, WA 98239-3413  
Phone: (360) 678-5151

##### **Island Health**

1211 24<sup>th</sup> Street  
Anacortes, WA 98221  
Phone: (360) 299-1300

#### **Public Health**

Island County Public Health Department  
1 NE 7<sup>th</sup> Street  
Coupeville, WA 98239  
Phone: (360) 679-7350

#### **American Red Cross**

1150 SE Dock Street  
Oak Harbor, WA 98250  
Phone: (360) 675- 2912

#### **Fire/Emergency Medical Services**

Island County Emergency Services  
840 SE Barrington Drive  
Oak Harbor, WA 98277  
Phone: (360) 679-9567

##### **Maxwelton Fire Station**

3405 E French Road  
Clinton, WA 98236  
Phone: (360) 321-1533

##### **Coupeville Fire Department**

1164 Race Road  
Coupeville, WA 98239  
Phone: (360) 678-3602

##### **Oak Harbor Fire Department**

855 E Whidbey Avenue  
Oak Harbor, WA 98277  
Phone: (360) 279-4700

##### **Camano Island Fire & Rescue**

811 Sunrise Blvd.  
Camano Island, WA 98282  
Phone: (360) 387-1512

##### **North Whidbey Fire & Rescue**

770 NE Midway Boulevard  
Oak Harbor, WA 98277  
Phone: (360) 675-1131

##### **Fire District 13**

17433 Snee Oosh Road  
La Conner, WA 98257  
Phone: (360) 466-1224

**ATTACHMENT 2    Local Emergency Resources By County**

**SAN JUAN COUNTY**

**Emergency Management**

San Juan County Emergency Management  
96 2<sup>nd</sup> Street  
Friday Harbor, WA 98250  
Phone: (360) 370-7612

**Sheriff's Office**

96 2nd Street  
Friday Harbor, WA 98250  
Phone: (360) 378-4151

**Hospitals**

**Island Hospital**  
1211 24<sup>th</sup> Street  
Anacortes, WA 98221  
Phone: (360) 299-1300

**Peace Island Medical Center**

1117 Spring Street  
Friday Harbor, WA 98250  
Phone: (360) 378-2141

**Public Health**

Courthouse Annex Environmental Health  
145 Rhone Street  
Friday Harbor, WA 98250  
Phone: (360) 378-4474

**American Red Cross**

1150 SE Dock Street  
Oak Harbor WA 98250  
Phone: (360) 675-2912

**Fire/EMS**

San Juan County Fire District #3  
1011 Mullis Street  
Friday Harbor, WA 98250  
Phone: (360) 378-5334

**Emergency Medical Services**

San Juan Island EMS  
1079 Spring Street  
Friday Harbor, WA 98250  
Phone: (360) 378-5152

**ATTACHMENT 2    Local Emergency Resources By County**

**SKAGIT COUNTY**

**Emergency Management**

2911 E College Way B  
Mount Vernon, WA 98273  
Phone: (360) 416-1850

**Law Enforcement**

**Sheriff's Office**

600 S 3<sup>rd</sup> Street, Suite 100  
Mount Vernon, WA 98273  
Phone: (360) 416-1911

**Mount Vernon Police Department**

1805 Continental Place  
Mount Vernon, WA 98273  
Phone: (360) 336-6271

**Hospitals**

**Skagit Regional Health**

300 Hospital Way  
Mount Vernon, WA 98273  
Phone: (360) 424-4111

**Island Health**

1211 24<sup>th</sup> Street  
Anacortes, WA 98221  
Phone: (360) 299-1300

**United General Hospital**

2000 Hospital Drive  
Sedro-Woolley, WA 98284  
Phone: (360) 856-6021

**Public Health**

700 South Second, 301  
Mount Vernon, WA 98273  
Phone: (360) 416-1500

**American Red Cross**

104 S Walnut St.  
Burlington, WA 98233  
Phone: (360) 424-5291

**Fire/Emergency Medical Services**

2911 E College Way C  
Mount Vernon, WA 98273  
Phone: (360) 416-1830

**Skagit County Fire District 6**

16220 Peterson Road  
Burlington, WA 98233  
Phone: (360) 757-2891

**Mount Vernon Fire Department**

1901 North LaVenture Road  
Mount Vernon, WA 98273  
Phone: (360) 428-3211

**Anacortes Fire Department**

1016 13<sup>th</sup> Street  
Anacortes, WA 98221  
Phone: (360) 293-1925

**ATTACHMENT 2    Local Emergency Resources By County**

**WHATCOM COUNTY**

**Whatcom County Emergency Management**

3888 Sound Way  
Bellingham, WA 98226  
Phone: (360) 676-6681

**Law Enforcement**

**Sheriff's Office**

311 Grand Avenue  
Bellingham, WA 98225  
Phone: (360) 676-6681

**Bellingham Police Department**

505 Grand Avenue  
Bellingham, WA 98225  
Phone: (360) 778-8800

**Hospital**

**PeaceHealth/St Joseph Medical Center**

2901 Squalicum Parkway  
Bellingham, WA 98225  
Phone: (360) 734-5400

**Public Health**

**Whatcom County Health Department**

509 Girard Street  
Bellingham, WA 98225  
Phone: (360) 778-6000

**American Red Cross**

2111 King Street  
Bellingham, WA 98225  
Phone: (360) 733-3290

**Fire/EMS**

**Bellingham Fire Department**

1800 Broadway  
Bellingham, WA 98225  
Phone: (360)778-8400

**Whatcom County Fire District 7**

2020 Washington Street  
Ferndale, WA 98248  
Phone: (360) 384-0303

**Kendall Fire Hall**

7528 Kendall Road  
Maple Falls, WA 98266  
Phone: (360) 599-2823

**Lummi Island Fire Hall**

3809 Legoe Bay Road  
Lummi Island, WA 98262  
Phone: (360) 758-2411

**North Whatcom Fire & Rescue**

1507 E. Badger Road  
Lynden, WA 98264-0286  
Phone: (360) 318-9933

**South Whatcom Fire Authority**

2050 Lake Whatcom Blvd.  
Bellingham, WA 98229  
Phone: (360) 676-8080

### ATTACHMENT 3 NWRC Contractor/Service Providers: Emergency Contact Information

Agency	Contact	Address	City	ST	Zip	Telephone
San Juan County	Mike Thomas	PO Box 607	Friday Harbor	WA	98250	(360)378-3870
Island Senior Resources	Michele Cato	PO Box 939	Freeland	WA	98249	(360)321-1600
Skagit County Department of Health and Human Services	Sarah Hinman	700 S 2 <sup>nd</sup> St., Room 301	Mt. Vernon	WA	98273	(360)416-1507
Whatcom Council on Aging	Chris Orr	315 Halleck St.	Bellingham	WA	98225	(360)733-4030
Community Action of Skagit County	William Henkel	330 Pacific Place	Mt. Vernon	WA	98273	(360)416-7585
Opportunity Council	Greg Winter	1111 Cornwall Ave	Bellingham	WA	98225	(360)734-5121
All Ways Caring	Sherry Pemberton	851 Coho Way, Suite 311	Bellingham	WA	98225	(360)715-9936
Cascade Connections	George Beanblossom Jr.	PO Box 3174	Ferndale	WA	98248	(360)714-9355
Catholic Community Services	Peter Nazzal	1704 Iowa St	Bellingham	WA	98229	(360)922-0959
Chesterfield Services	Stella Ogiale	231 SE Barrington Drive	Oak Harbor	WA	98277	(360)346-4397
Community Support Solutions	Priscilla Monahan	PO Box 956	Conway	WA	98238	(888)819-8787
Family Resource Home Care	Tiffany Wiberg	325 E George Hopper Road Suite 202-C	Burlington	WA	98233	(425)386-1156
Sunrise Services	Sue Closser	PO Box 2569	Everett	WA	98213	(360)755-3800
Visiting Angels	Debbie Bengen	4213 Rural Ave	Bellingham	WA	98226	(360)671-8388

## **ATTACHMENT 4      Emergency Management Plan Outline**

### **A. Mitigation**

1. Service Risks
  - a. Environmental Risks and Hazards
  - b. Facility Risks and Hazards
  - c. Business Risks and Hazards
2. Service/Business Continuity

### **B. Preparedness**

1. Service Description
2. General contingency plans
3. Essential equipment
4. Essential Supplies
5. Utility Information
6. External Dependencies
7. Staff preparedness, including family preparedness
8. Client preparedness
9. Contact Lists
  - a. Staff
  - b. Emergency Response
  - c. Service Providers
  - d. Utility providers
10. Training and exercises

### **C. Response**

1. General emergency response checklist
2. Action checklist for staff activating the response
3. Guidelines for staff
4. Incident status reports
5. Incident logs

### **D. Recovery**



Northwest Senior Services Advisory Board

MEMBER	COUNTY	OFFICE
Mary Kanter	Island County	Vice-Chair
Shirley Bennett	Island County	
Bob Monize	Island County	
Vacant	Island County	
Carl Bender	San Juan County	Chair
Stephen Shubert	San Juan County	
Vacant	San Juan County	
Mike Shaw	Skagit County	State Council on Aging Rep
Alberta Horn	Skagit County	
Vacant	Skagit County	
Vacant	Skagit County	
Vacant	Skagit County	
Vacant	Skagit County	
Vacant	Skagit County	
Vacant	Whatcom County	
Jodi Sipes	Whatcom County	
Georgiann Dustin	Whatcom County	
Vacant	Whatcom County	
Holly Robinson	Whatcom County	
Marshall Gartenlaub	Whatcom County	
George Edward	Whatcom County	
Douglas Cornelsen	Whatcom County	
Jana Finkbonner	Whatcom County	

At-Large Members: Elected official appointed by the Northwest Regional Council  
Jennifer Lautenbach (Everson City Council)

Total Active Membership	15
Members age 60 or over	14
Minority members	1
Self-indicating a Disability	3
Self-indicated a Disability under age 60	0

Planning and Review Process Detailed

The planning process used during the creation of this document included the following:

**Research on Specific Issue Areas: January – April, 2023**

NWRC staff researched key issue areas for development of the plan, including issue profiles and objectives, incorporating recent state legislative topics, the efforts of local community partners, and the Aging Well Whatcom Blueprint.

**NWSSB and Northwest Regional Council: March – September 2023**

NWRC staff drafted this plan based on guidance and information compiled throughout the process from the public, community partners, the NWSSB, and the NWRC Governing Board. The local Tribes in our region also provided input and assisted in developing our local Policy 7.01 Plan.

- NWRC Governing Board Meetings: May 19, August 18
- NWSSB Advisory Meetings: May - September
- NWRC Management Team Meetings: April - September
- NWRC Staff Planning Sessions:
  - LTSS System to Meet Complex Needs May 31
  - Transportation June 12
  - Providing Information & Access June 6
  - Supporting Family CGs & People Impacted by Dementia June 8
  - Coordinating with tribes June 14
  - Social Isolation and Loneliness June 21
  - Diversity, Equity and Belonging July 6
- Key Informant Discussions:
  - Aging Well Whatcom Initiative January - September
  - Skagit County July
  - San Juan County September
  - Island County September

**Public Comment: September- October 2023**

Draft Plan Circulated for Public Comment.

**Final Plan Completed: November 2023**

The NWSSB will approve the draft version and will review and take action at the November meeting.

**Final Action December 2023**

Based on NWSSB recommendation, the 2024–2027 Plan will go before the Northwest Regional Council Governing Board at their December meeting for final action.

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Appendix F: Report on Accomplishments from  
2020-2023 Area Plan

Building a Long-Term Services and Supports (LTSS) System to Meet Complex Needs

NWRC HAS THREE MAIN GOALS IN THIS FOCUS AREA:

- Provide person-centered, in-home LTSS, integrated with health care, for older adults & adults with disabilities to allow them to remain as independent, healthy, & safe as possible.
- Provide person-centered coordination of health and community supports for people with significant health challenges, including behavioral health and substance use, to improve their health and reduce avoidable health care costs.
- Represent the interests of families, consumers, and providers in shaping the access to, the scope, quality, and availability of services, and the consumer protections that will be essential to delivery of services under the WaCares Trust Program.

HOW WILL NWRC ACHIEVE THESE GOALS?

1. We will continue to develop and expand an integrated, robust, and multidisciplinary in-home care management system.

➤ Maintain the average number of individuals served each month for:

Average served per month:	2022 Goal	2022 Achieved	2023 Goal
Care Transitions	25	32.3	25
Recovery Based Care Coordination	45	49	45
Supportive Housing	25	22	25

**2022-2023 Update:** Care Transitions work at PeaceHealth St. Joseph Hospital in Whatcom County and Skagit Valley Hospital has succeeded in speeding discharges and reducing rehospitalizations. Readmission rates continue to be at around 11%, down from 41%. Work in 2024 and beyond will focus on stabilizing permanent funding for the effort, with the goal of adding to the number of Community Care Transitions received yearly.

- Participate in planning for sustainment of supportive housing services after the Medicaid Transformation Demonstration funding ends in 2028.

**2022-2023 Update:** The Medicaid Transformation Demonstration (MTD) funding will be extended through at least the end of 2028. NWRC continues to seek new contract partners and will also participate in planning for sustainment when MTD funding ends.

- Increase the average number of individuals served each month for:

Average served per month:	2022 Goal	2022 Achieved	2023 Goal
In-Home LTSS	2,000	1928	2,075
In-Home Behavioral Health Counseling Program	183	118	225
Care Coordination	1,200	1080	1,250

**2022-2023 Update:** \*Behavioral Health name changed to reflect integration of behavioral health and a new program to address substance use. Goals also increased due to program growth and an increase in staff from 3 behavioral health clinicians to 7 in 2021 and two additional substance use counselors in 2022. Staffing shortages have had effect on numbers, however the program is now fully staffed as of 2023. \*\*Health Home Care Coordination was changed to reflect the addition of Humana CC included with Health Home CC. The goals in 2022 were slightly reduced to reflect the effect of Medicare Part C impacting client eligibility for care coordination services.

- Develop recommendations for substance use models that are effective for older adults and individuals with disabilities. Goals for 2022 & 2023 TBD.

**2022-2023 Update:** Substance Use Program license has been approved. NWRC has added substance use counselors to its Behavioral Health program in and continue to work on expanding the program.

**2022-2023 Update:** This goal will remain on hold until funding is identified.

- Develop hospital transitions care coordination models for our member counties as health care providers have interest and resources.

**2022-2023 Update:** \*This has been implemented in Whatcom and Skagit Counties. The goal for 2023 and beyond will be to stabilize ongoing funding.

**2. We will maintain a comprehensive network of quality in-home service providers to address the complex needs of the individuals we serve and to prepare for services in the Long-Term Care Trust Act.**

- Complete a utilization inventory of in-home contracted services.

**2022-2023 Update:** In process.

- Compare utilization with client need based on assessments and location.

**2022-2023 Update:** In process and remains a goal.

- Identify gaps in service supply or referral patterns and develop strategies to close them.

**2022-2023 Update:** Remains a goal.

**3. We will represent the interests of families, consumers, and providers in shaping the access, scope, quality, and availability of services, along with the consumer protections, that will be essential to delivery of services under the Long-Term Care Trust Act.**

- Represent the Washington Association of Area Agencies on Aging on the LTC Trust Commission.

**2022-2023 Update:** The NWRC Executive Director was appointed to the LTC Trust Commission in 2020. They have been actively engaging in shaping policy decisions related to Trust implementation. This remains an area NWRC will continue to prepare for as future beneficiaries are currently contributing to the Trust.

- Identify and advocate at a statewide level for:
  - Approaches to access and eligibility that make WaCares Trust Act services locally available and provides the information beneficiaries need to make the most efficient use of their benefit.
  - Infrastructure and service design changes that will efficiently make services provided by NWRC and its' contactors available to WaCares Trust Act beneficiaries.
  - Consumer protections that are necessary to protect against price-gouging, fraud, conflict of interest, and service quality problems.
  - Methods to assure continuity of care for individuals, who exhaust their WaCares Trust Act benefits, but continue to need services.
  - Design of infrastructure, marketing, and other functions that are appropriate for the delivery of an insurance benefit, and that distinguish delivery of WaCares Trust Act insurance benefits from the delivery of Medicaid entitlement benefits.
  - Any necessary legislative changes.

**2022-2023 Update:** In process and these remain important goals.

## Supporting Family Caregivers and People Impacted by Dementia

NWRC HAS TWO MAIN GOALS IN THIS FOCUS AREA:

- To aid family caregivers who need help accomplishing daily activities provide as much care as possible, for as long as possible.
- To provide support for people and families affected by Alzheimer's disease or other forms of dementia.

HOW WILL NWRC ACHIEVE THESE GOALS?



1. We will continue to develop and expand family caregiver supports throughout the region using federal resources through the end of Medicaid Transformation Demonstration in 2028.

Year	Average Number of Caregivers Per Month
2022 Goal	395
2022 Achieved	298
2023 Goal	405

- Work with DSHS and the state legislature to develop post waiver funding vehicles and resources to sustain at least 2023 levels of support for family caregivers.

**2022-2023 Update:** The Medicaid Transformation Demonstration (MTD) has been extended at least through the end of 2028. Participation in strategies to sustain the program sufficiently to meet demand remains a goal.

2. We will assess best program fit for people without caregivers who are served with waiver resources and adjust program scope accordingly.

Year	Average Number Without Caregivers Per Month
2022 Goal	125
2022 Achieved	110
2023 Goal	130

3. We will maintain a comprehensive network of quality caregiver support providers to address the needs of the caregivers we serve, and to prepare for services in the WaCares Care Trust Act.

- Complete an inventory of current utilization of contracted services.
- Compare utilization with client need based on assessments and location.
- Identify any gaps in service supply or referral patterns and develop strategies

to close them.

**2022-2023 Update:** The inventory process is in development and remains a goal.

- 4. We will advocate for state funding of comprehensive elements of the state dementia action plan.

**2022-2023 Update:** NWRC was designated as the Dementia Catalyst pilot site for western Washington and will work with DSHS and the legislature to expand the developing model to other areas of the state. The Dementia Support Program has been running successfully for 2 years.

- 5. We will maintain the availability of caregiver and dementia support groups throughout the region, and as resources are available, expand when possible.

Year	Number of Support Group Sessions
2022 Goal	156
2022 Achieved	156
2023 Goal	156

**2022-2023 Update:** This is in process and goals for the upcoming years remain active.

- 6. We will maintain the availability Evidence-Based workshops (Chronic Disease Self-Management, Powerful Tools for Caregivers) throughout the region, and as resources are available, expand when possible.

Year	Number of Workshops
2022 Goal	21
2022 Achieved	0
2023 Goal	21

**2022-2023 Update:** This is in process and goals for the upcoming years remain active. The numbers for 2020 were impacted by the COVID-19 pandemic and the impact on future years is still to be determined.

**Providing Information and Access**

NWRC HAS ONE MAIN GOAL IN THIS FOCUS AREA:

- To provide outreach, information, assistance, and options and benefits counseling for people with aging or disability related challenges, who are trying to plan for their needs, or who are lost as they try to understand the confusing and complex array of programs, supports, and options that may assist them.

HOW WILL NWRC ACHIEVE THIS GOAL?

We will continue to maintain capacity (and expand as resources allow) to provide information and assistance services that are in high demand in each of our counties.

Information and Assistance Contacts		
Year	Unduplicated Clients	Total Number of Contacts*
2022 Goal	8,800	-
2022 Achieved	8,611	-
2023 Goal	8,800	-

**2022-2023 Update:** \*The number of contacts as a goal has been discontinued due to difficulty in tracking this accurately.

- Build access funding into all major program initiatives.

**2022-2023 Update:** Remains in process and a goal.

- Improve the Internet presence of our community information focal points, including social media.

**2022-2023 Update:** This goal continues to be a work in progress. We

are happy to report that we completed our website rebranding and have been expanding on the work we’ve already done.

- Work in collaboration with the local tribes as detailed in the 7.01 Implementation Plan.

**2022-2023 Update:** Remains in process and a goal.

**Increasing Capacity to Meet Transportation Needs**

NWRC HAS TWO MAIN GOALS IN THIS FOCUS AREA:

- To help individuals with transportation needs access needed services.
- To leverage NWRC transportation brokerage and network capabilities to meet additional transportation demand.

HOW WILL NWRC ACHIEVE THESE GOALS?

**1. We will continue to provide essential transportation to Medicaid services with exceptional customer service.**

- Increase the number of trips provided by 5% each year, based on Medicaid expansion trends.

Year	Number of Trips
2022 Goal	211,680
2022 Achieved	125,799
2023 Goal	-

**2022-2023 Update:** Due to the COVID-19 pandemic the number of trips were significantly reduced. The goal for the remaining years will be significantly less as we continue to assess the impact of the pandemic on the numbers.

**2. We will measure current brokerage and network capacity for additional rides in each county and identify gaps.**

- Create analysis of brokerage and network capacity in a report.

**2022-2023 Update:** Remains in process and a goal.

- 3. We will seek additional funding sources for transportation services, including Medicare Advantage plans, Medication Assisted Therapies, outpatient therapies, Work First, and McKinney-Vento.**

- Explore contracting possibilities with three of the potential funders identified above.

**2022-2023 Update:** Remains in process and a goal.

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## Statement of Assurances and Verification of Intent

For the period of January 1, 2024 through December 31, 2027, the Northwest Regional Council accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) (P.L. 114-144, 42 USC 3001-3058ff) and related state law and policy. Through the Area Plan, Northwest Regional Council 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 Northwest Regional Council 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 Northwest Regional Council for providing services to low-income minority individuals and older individuals residing in rural areas within the Planning and Service Area.

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

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

- A. Information concerning whether there is a significant population of older Native Americans in the planning and service area, and if so, an assurance that the Area Agency on Aging will pursue activities, including outreach, to increase access of

those older Native Americans to programs and benefits provided under the Area Plan;

- B. An assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides with services provided under title VI of the Older Americans Act; and
- C. An assurance that the Area Agency on Aging will make services under the Area Plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

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

Obtain input from the public and approval from the AAA Advisory Council on the development, implementation, and administration of the Area Plan through a public process, which should include, at a minimum, a public hearing prior to submission of the Area Plan to DSHS/ADS. The Northwest Regional Council 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.

11/2/23  
Date

  
Amanda McDade,  
Executive Director, NWRC

\_\_\_\_\_  
Date

\_\_\_\_\_  
TBD,  
Chair, NWSSB

\_\_\_\_\_  
Date

DocuSigned by:  
  
9C9133BAC246439...  
Jill Johnson,  
Chair, NWRC  
Island County Commissioner