

2027-2030
AREA PLAN ON AGING
FOR LEWIS-MASON-THURSTON COUNTIES

DRAFT FOR PUBLIC REVIEW– May 2026

Prepared by: Melissa Elkins, Planning Manager

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1. EXECUTIVE SUMMARY

Who is LMTAAA?

Lewis-Mason-Thurston Area Agency on Aging (LMTAAA) provides support for older adults, adults living with disabilities, and family or friends who help.

We are **1 of 13** Area Agencies on Aging (AAAs) in Washington state, known as the Washington Association of Area Agencies on Aging (W4A).

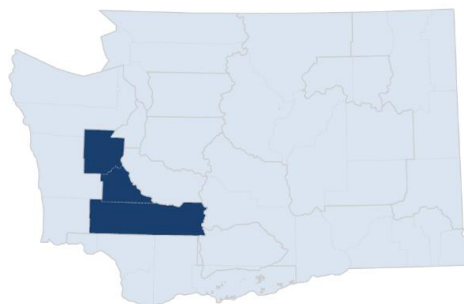
We are also part of a national association of Area Agencies on Aging (USAgings), consisting of approximately 622 AAAs.

LMTAAA and W4A Staff, 2026



In 1965, President Lyndon B. Johnson signed the Older Americans Act (OAA) into law. An amendment of the OAA, in 1973, formally established AAAs across the country. Shortly after, in 1976, LMTAAA was established and federally recognized as the Area Agency on Aging for Planning and Service Area (PSA) #6, made up of Lewis, Mason, and Thurston counties in Washington state.

**Map of LMTAAA (PSA6)
Coverage Area**



Source: Washington State DSHS

LMTAAA is funded on the state level by the Washington Department of Social and Health Services (DSHS) and its Home and Community Living Administration (HCLA). It is designated to receive federal funding from the OAA through the Administration for Community Living (ACL) and also receives federal funding through the Centers for Medicaid and Medicare Services (CMS).

Who governs LMTAAA?

The agency's governing board is the Council of Governments (COG), which is represented by one county commissioner from each county in the Planning and Service Area (PSA). An inter-local agreement, established between the three counties, supports the provision and collaboration of service delivery within PSA #6. In addition, our Advisory Council provides advice on key plans and initiatives, as well as supports the Agency's advocacy and outreach efforts. The council is made up of 18 representatives, six from each county within the PSA.

Members of LMTAAA Advisory Council & Staff on Advocacy Day, 2025



Refer to Appendix B for the full list of Advisory Council Members.

What is LMTAAA's role in the community?

LMTAAA is a local community pillar, playing a key role in developing and maintaining a comprehensive system of assistance through planning, coordinating, and delivering a wide range of services that facilitate aging in place with dignity and quality of life.

As the aging and disability systems, policies, and initiatives continue to grow in complexity, and the population continues to age, so does the need to be innovative and solutions based. **We must continue to build capacity as a network, strengthening systems that support older adults, adults with disabilities, and the family and friends who help.**

Planning Priorities: Population Trends and Service Needs

PSA #6 shows a system under growing pressure from rapid population aging and uneven access to services. **About 3 in 10 residents are aged 60 or older, with the 85+ population expected to grow sharply (259%) and drive higher demand for care over the next 25 years.** Many older adults face overlapping risks, including disability, living alone, and limited income, while housing costs place added strain, especially on renters. Rural areas in Lewis and Mason counties face greater barriers to healthcare, transportation, and provider access, compounded by workforce shortages across the region. Together, these trends signal rising demand that may outpace current capacity, reinforcing the need for targeted, coordinated strategies that expand access, strengthen the workforce, and support aging in place. The findings in Section 3.2 underscore the need for strategic, coordinated efforts to ensure services keep pace with demand.

LMTAAA’s Impact

As of May 2026, the agency holds 111 contracts with 68 organizations:

- 41 contracts for Medicaid Services
- 19 contracts for Older Americans Act & State Services
- 9 contracts for Home Care
- 42 contracts for WA Cares Fund eligible services

Table 1 reflects LMTAAA’s 2025 direct service impact and that of the agency’s contracted services.

See Section 2.2 for more details on our Services.

2025 by the Numbers










	<p>15,000+ Community members served in Lewis, Mason and Thurston Counties.</p>
<p>6,458 Calls received by our Aging & Disability Resource Connection team.</p>	
 <p>168,906 Congregate and home-delivered meals funded.</p>	<p>2,172 Older adults awarded funds for fresh summer produce.</p> 
 <p>6,550 Questions about family caregiver services and support.</p>	<p>639 Kinship caregivers supported.</p> 
	<p>4,751 Rides to essential appointments.</p>
<p>1,435 Hours of legal assistance provided.</p>	
	<p>38,261 Hours of in-home and out-of-home respite care funded.</p>

Table 1 Sources: OAAPS reporting and internal program databases

What are LMTAAA’s Direct Services?

The agency delivers a wide range of services within Lewis, Mason, and Thurston counties.

Direct services offered include:

- Aging & Disability Resource Center (ADRC)
- Family Caregiver Support Program (FCSP)
- Governor’s Opportunity for Supported Housing (GOSH)
- Health Home
- Medicaid Alternative Care / Tailored Supports for Older Adults (MAC/TSOA)
- Title XIX Case Management
- Veteran Directed Home Services
- WA Cares Fund (worker’s long term care insurance)

LMTAAA also has an extensive network of community partnerships and collaborations across our region. These partnerships focus on:



See Section 2.2 for more details on LMTAAA’s Partnerships.

What is the Area Plan?

The Area Plan is a four-year guide to building programs and services that reflect community needs. The plan is developed in alignment with expectations set forth in the OAA and our contractual partnership with Washington DSHS, HCLA. The Area Plan sets clear goals, objectives, and strategies for LMTAAA to serve the PSA’s population and communities, including clear steps our staff will take to reach our goals.

What Key Issue Areas does the Area Plan address?

Our 2027-2030 Area Plan outlines the strengths and needs of the PSA, along with how we propose to serve the OAA’s target populations over the next four years through the following Key Issue Areas:



Addressing these Key Issue Areas is the foundation of LMTAAA’s Area Plan for Lewis, Mason and Thurston Counties. *See Section 4 for more details on Key Issue Areas.*

Area Plan Questions:

Kyle Sanchez, Planning Director at kyle.sanchez@dshs.wa.gov

Service Questions:

Please contact us directly, toll free, at 888-545-0910, or by visiting us at LMTAAA.org

Lewis County Office

360-664-2168
By appt only
1651 S. Market Blvd.
Chehalis, WA 98532

Mason County Office

360-664-2168
By appt only
2008 Olympic Hwy N
Shelton, WA 98584

Thurston County Office

360-664-2168
M-Th 9am-4pm
2404 Heritage Ct SW
Olympia, WA 98502

2. STEWARDSHIP & OVERSIGHT

Lewis-Mason-Thurston Area Agency on Aging (LMTAAA) serves as a trusted community resource for older adults, people with disabilities, and the family or friends who help. Our work emphasizes client choice, person-centered care, and strong partnerships across the region. By delivering essential long-term care services and strengthening referral networks, we help individuals remain in their homes and communities.

Annually, LMTAAA completes strategic planning, advancing on key strategic areas. In 2025, these were:

- External Focus
- Innovative Infrastructure
- Internal Focus on Culture & Success
- Staff Recruitment, Retention & Development

LMTAAA Staff, 2024



2.1 Mission, Values, Vision

Our Vision...

***Enriching lives and supporting people
to live fully and with dignity***

LMTAAA’s mission is to help develop, provide, and advocate for quality long term care services and supports emphasizing home and community care options.

The agency supports client choice and is a key community-based organization for supporting older adults and people with disabilities staying in their homes for as long as possible. It also serves as a community resource with a robust referral network.

The agency fulfills its mission through direct service delivery by the agency’s professional and dedicated staff and by collaborating with community partners.

CORE VALUES

SERVICE

EXCELLENCE

COLLABORATION

EMPOWERMENT

BELONGING

LMTAAA Staff, 2024



Our Value Statement

In serving the clients and communities in PSA #6, and in contracting for services on behalf of older adults, adults with disabilities and their caregivers, LMTAAA values:

- ✓ Individual choices and efforts to remain in the community, living as independently as possible.
- ✓ Treating individuals with respect and dignity as they make decisions about their lives and care needs.
- ✓ The growing diversity within our communities and efforts to make planning and programming responsive to all people.
- ✓ Efforts to reach and serve those people whose culture, language, residence, or financial circumstances may limit their ability to easily access services to meet their needs.
- ✓ The wealth of support that families, friends, and other informal relationships bring to consumers of our services.
- ✓ A community stewardship model of leadership that builds local capacity to engage and serve older adults and adults with disabilities.
- ✓ The volunteer efforts of those who work, promote, advise, and act on the needs of our communities and citizens.
- ✓ Strong accountability that safeguards the resources utilized by LMTAAA, the confidentiality of our consumers, and fair treatment of providers doing business with LMTAAA.
- ✓ The dedicated workforce of LMTAAA and our provider organizations as they seek to fulfill their professional roles within a highly regulated and evolving system.
- ✓ The ability to advocate and educate on behalf of the communities and populations we serve.
- ✓ Creativity and innovation that allows us to adapt to the evolving and more complex needs of our clients and communities.
- ✓ Collaboration and partnerships that support the maintenance, planning and development of a comprehensive, diverse system of services and supports.

2.2 AAA Services and Partnerships

Overview

LMTAAA provides services to all eligible individuals without regard to race; color; creed; national origin; religion; gender; age; marital status; Vietnam era or disabled veteran status; or the presence of any sensory, mental, or physical handicap. LMTAAA strives to uphold the Home and Community Living Administration’s vision to support person centered planning.

The agency monitors demographic and target population data (*highlighted in Sections 3.2 and 3.3*) and engages with community partners to remain aware of shifts that may impact service populations or available resources. At this time, the cost and availability of affordable housing is a resonating concern, as is transportation. Rising housing costs strain lower- and fixed-income households; in PSA #6, 54% of renters aged 60+ are cost-burdened, leaving fewer resources for essentials like gas, further compounding transportation access. This impact is felt most by those in the PSA’s rural communities, where public transportation to services and medical appointments is limited.

Within our three-county region, Lewis and Mason Counties are considered rural. Within Lewis County, the city of Packwood holds the US Department of Agriculture’s highest “[frontier and remote](#)” designation for geographic isolation, indicating difficulty accessing goods and services that are available even in small towns, such as grocery stores, gas stations, and basic healthcare services. Within Thurston County, the metropolitan tri-city area of Olympia, Lacey and Tumwater are surrounded by smaller rural communities. The agency makes intentional efforts to provide services to all outlying areas of our counties. *See Table 1 on page 4 for information on services provided in 2025.*

Through our Aging and Disability Resource Connection team, LMTAAA provides widespread distribution of information about community resources. We have published the *Resource Directory of Lewis, Mason and Thurston Counties* for more than 25 years. Distribution of these directories occurs throughout our region at various health care organizations, senior centers, support groups, health fairs, and community outreach events. The Advisory Council plays an active role in distribution, using the Resource Directory as a calling card in their communities and networks.

The Resource Directory is also available online at [LMTAAA.org/resources](https://lmtaaa.org/resources).

Direct Services Provided by LMTAAA Staff

Services provided by LMTAAA include the following. Availability is noted by county, as well as if the service is impacted by budget reduction.

Table 2

Service	Lewis	Mason	Thurston
<p>Aging & Disability Resource Connection/Information and Assistance Provides older adults with information, advocacy, referral, and other assistance accessing community services. I&A staff also provide outreach and information to community groups and at community events.</p>	X	X	X
<p>Family Caregiver Support Assessment, ongoing case management, information & assistance, and training for unpaid caregivers caring for family members living in their own homes.</p>	X	X	X
<p>Case Management [Medicaid] Needs assessment and in-depth, on-going assistance for adults with disabilities who have multiple needs and significant social and health issues.</p> <p>Impacted by budget reduction <input checked="" type="checkbox"/></p> <p>Other resources available and similar to impacted services are: None available</p>	X	X	X

Service	Lewis	Mason	Thurston
<p>Nurse Consultation RN Consultation for high-risk adults with disabilities receiving Case Management services.</p> <p>Impacted by budget reduction ☒</p> <p>Other resources available and similar to impacted services are: None available</p>	X	X	X
<p>Health Home Comprehensive care management, care coordination, health promotion, transitions planning, individual and family support, and referral to community and social services.</p>	X	X	X
<p>Contracts Management Procurement and oversight of subcontracted services for older adults and individuals with disabilities.</p> <p>Impacted by budget reduction ☒</p> <p>Core Services Contract Management (CSCM) funding will be affected by reductions in Case Management funding/rates.</p> <p>Other resources available and similar to impacted services are: Other funding supporting Contracts Management include WA Cares and Health Related Social Needs (HRSN).</p> <p>Note: Other funding can only be used to fund contracting activities for those specific programs and does not signal supplementation of funds lost due to reductions in Case Management funding/rates.</p>	X	X	X

Services Provided by Subcontracts

LMTAAA provides a multitude of services through subcontracts with other entities that provide important services to our community, including older adults, adults with disabilities, and family or friends who help. These services are provided by for-profit, non-profit, governmental, and private organizations. We consider all to be an important part of the network of services available to those in need in our region.

Availability is noted by county, as well as if the service is impacted by budget reduction.

Table 3

Service	Lewis	Mason	Thurston
<p>Adult Day Care – Day centers for adults with disabilities living in private homes that provide social activities for the participant and may also provide respite for caregivers.</p>			X
<p>Family Caregiver Support Program Support for unpaid family caregivers that includes Respite Care, Counseling, Supplemental Services, Housework and Errands, Yard Work and Snow Removal (MAC & TSOA only), and support to Grandparents raising grandchildren. As part of this program, Medicaid Alternative Care (MAC) provides support to unpaid caregivers who are eligible for Medicaid LTC services but are not yet using them, and Tailored Supports for Older Adults (TSOA) supports caregivers and individuals who are not yet eligible for Medicaid services, but likely will be without support.</p> <p>Impacted by budget reduction ☒</p> <p>Other resources available and similar to impacted services are: The MAC and TSOA programs are impacted by a waitlist. The Family Caregiver Support program is an alternative for caregivers and Medicaid Title XIX (CFC/COPES) are an option for individuals needing assistance in their homes.</p>	X	X	X

Service	Lewis	Mason	Thurston
<p>Care Transitions Patients and families work with a Transitional Care Specialist to learn self-management skills during transition from hospital to home setting.</p>			X
<p>Kinship Caregiver Support Program Provides emergency services for basic needs of grandparents and other relatives raising children, who are at or below 200% of the Federal Poverty Level.</p>	X	X	X
<p>Kinship Navigator Program Provides assistance and Case Management to grandparents and other relatives raising children.</p>	X	X	X
<p>Legal Services Civil legal advice and limited representation for older adults.</p>	X	X	X
<p>Nutrition Services:</p> <ul style="list-style-type: none"> • Congregate Nutrition – Group meals provided in community-based settings. • Home Delivered Meals – Meals provided to those who are home-bound, unable to provide meals for themselves, and may be at nutritional risk. • Nutrition Education and Outreach – Provides individual or group education about healthy meal planning and preparation, and the impact of diet on health. 	X	X	X
<p>Transportation Provides rides to medical appointments, social services, shopping, and other essential errands for adults who do not have alternative ways to access these types of services.</p>	X	X	X

Service	Lewis	Mason	Thurston
<p>Health Related Social Needs (HRSN) Nutrition Support Services</p> <p>The following services are available to eligible individuals to meet their health-related social needs.</p> <ul style="list-style-type: none"> • Fruit & Vegetable Provisions • Medically Tailored Meals • Nutrition Counseling & Education • Pantry Stocking 	X	X	X
<p>Medicaid Waiver Services</p> <p>The following services are available to support Medicaid eligible clients living in their own home.</p> <ul style="list-style-type: none"> • Adult Day Care • Behavior Support Services • Community Choice Guiding • Client Training • Community Transition and Training Services • Environmental Modification • In Home Personal Care • Home Delivered Meals • Personal Emergency Response Systems • Skilled Nursing 	X	X	X
<p>WA Cares Services</p> <p>The following services are available to eligible WA Cares Beneficiaries.</p> <ul style="list-style-type: none"> • Adult Day Services • Dementia & Behavior Support • Education & Consultation (Medical & non-Medical) • Environmental Modification • Home Delivered Meals • Housework & Errands • In Home Personal Care • Skilled Nursing • Transportation • Yardwork & Snow Removal 	X	X	X

Systems Development/Service Coordination Partners

The below partnerships support LMTAAA’s efforts to create a comprehensive, coordinated, community-based system for older adults. LMTAAA continues the long-held value of working with community, regional, state, and national partners to maintain, or enhance, the provider referral network and to collaborate on issues of long standing or emergent concern. Key outcomes from these partnerships historically include trainings, representing the voices of those we serve during public comment periods, grant opportunities, enhanced referral networks, and resource development.

Table 4

Focus Areas	Key Partners
Transportation	<ul style="list-style-type: none"> • Lewis County Transit • Mason Transit • Intercity Transit • Senior Services for South Sound • Washington Department of Transportation • Thurston Regional Planning Council • Cowlitz-Wahkiakum Council of Governments • Peninsula Regional Transportation Planning Organization
Housing	<ul style="list-style-type: none"> • LMTAAA Advisory County Housing Committee • Thurston Affordable Housing Advisory Board
Health Care/Providers	<ul style="list-style-type: none"> • Valley View Health Center • Providence Health Systems • Morton General Hospital • Mason Health • Home Health Providers • CHOICE
Systems Development/Coordination	<ul style="list-style-type: none"> • Senior Action Network
In-home Services and Supports	<ul style="list-style-type: none"> • Home Care Coalition • Home & Community Services, DSHS • Medical Equipment Banks • Veterans Services • Developmental Disabilities Community Services • Translation Services

Focus Areas	Key Partners
Nutrition	<ul style="list-style-type: none"> • Washington Association of Nutrition Services Providers • National Association of Nutrition and Aging Services Programs • Senior Services for South Sound • Timber River Connections • Thurston County Food Bank • Local Food Banks
Health and Safety	<ul style="list-style-type: none"> • Public Health Jurisdictions • Washington State Senior Games • Adult Protective Services • Senior Centers • Tribes • Long-Term Care Ombudsman
Policy/Advocacy	<ul style="list-style-type: none"> • Washington Association of Area Agencies on Aging (W4A) • USAging • Senior Lobby • AARP • National Association of Nutrition and Aging Services Programs (NANASP)

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3. CONTEXT

To complete a needs assessment, LMTAAA conducted an Area Plan Survey and held seven (7) Community Forums: Two per county and one virtual. Prior to completing these activities, LMTAAA created a work plan to ensure the needs assessment provided us with meaningful information centered around the following Key Issue Areas:

1. Greatest Social Need/Greatest Economic Need
2. Healthy Aging/Older Americans Act (OAA) Core Programs
3. Expanding Access to Home and Community-Based Services (HCBS)
4. Caregiving
5. 7.01 Planning with Native American Tribes and Tribal Organizations

Both the survey questionnaire and forum discussion guide were carefully developed to gain insights on the first four Key Issue Areas based on the profile of Lewis, Mason and Thurston Counties (PSA #6). Including seeking feedback from the Advisory Council's Planning Committee.

In alignment with DSHS Administrative Policy, Key Issue Area #5 is accomplished through a 7.01 plan, which can be viewed at [LMTAAA.org/tribal-plan](https://lmtaaa.org/tribal-plan).

The primary focus of this research was to learn what is needed to age well. This included:

- Profile of community members
- Issues facing older adults
- Use of services & happiness with services
- Top ways to learn about services
- Issues using or accessing services
- Health and wellness
- Transportation
- Housing
- Socialization
- Caring for family and friends
- Profile of service providers

The findings from this needs assessment can be found within 3.2 in the data trends section. This information was also used to develop goals, objectives, strategies and outcomes in section 4.

3.1 Planning and Review Process

See Appendix C for a complete list of planning activities held to assess need and obtain community input, as well as for descriptions of the local Area Plan approval process.

Forum and survey data can be found on pages 23 – 28.

Survey Details

- Target Audience included Clients, Partners, Community Members (Older Adults, Adults with Disabilities and Friends and Family who Provide Help)
- Survey was open between March 16 – April 14, 2026
- 298 Completed Surveys (205 Community Members & 72 Service Providers)
- Surveys were available in both electronic and paper format

Community Forum Details

Table 5

Date	Locations	# Of Participants
March 23, 2026	Timber River Connections, Chehalis, Lewis County	9
March 26, 2026	Belfair- The Hub, Mason County	12
March 30, 2026	Senior Activities Center Shelton, Mason County	3
April 02, 2026	The Olympia Center, Thurston County	3
April 07, 2026	Senior Center-Packwood, Lewis County	4
April 08, 2026	Yelm Senior Center, Thurston County	17
April 10, 2026	Virtual	2

3.2 Demographics

Planning and Service Area (PSA) Profile

This section provides a profile of PSA #6 which is made up of Lewis, Mason and Thurston Counties. Combined, these counties have a population of 442,668, 6% of the total population in Washington State (7,705,281).

Table 6

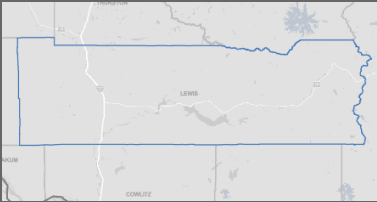
 <p>Lewis County has 2,403 square miles of land area and is the 6th largest county (out of 39) in WA by total area. The county is comprised of thirteen cities, towns and census-designated places—Centralia, Chehalis, Fords Prairie, Mineral, Morton, Mossyrock, Napavine, Onalaska, Packwood, Pe Ell, Toledo, Vader, Winlock and other unincorporated communities.</p>		
Total Population 82,149 <i>1% of Total Population in WA</i>	Median HH Income \$79,285 <i>Compared to \$99,389 in WA</i>	Bachelor’s Degree or Higher 23% <i>Compared to 41% in WA</i>
Total Households 34,205 <i>1% of Total Households in WA</i>	Median Age 43.5 <i>Compared to 38.7 in WA</i>	Employment Rate 53% <i>Compared to 61% in WA</i>

Table 7



 <p>Mason County, Washington has 960 square miles of land area and is the 29th largest county (out of 39) in WA by total area. The county is comprised of one city, and seven census-designated places—Shelton, Allyn, Belfair, Grapeview, Hoodsport, Kamilche, Skokomish, Union and other unincorporated communities.</p>		
Total Population 65,726 <i>~1% of Total Population in WA</i>	Median HH Income \$88,999 <i>Compared to \$99,389 in WA</i>	Bachelor’s Degree or Higher 22% <i>Compared to 41% in WA</i>
Total Households 28,225 <i>~1% of Total Households in WA</i>	Median Age 44.9 <i>Compared to 38.7 in WA</i>	Employment Rate 47% <i>Compared to 61% in WA</i>

Table 8

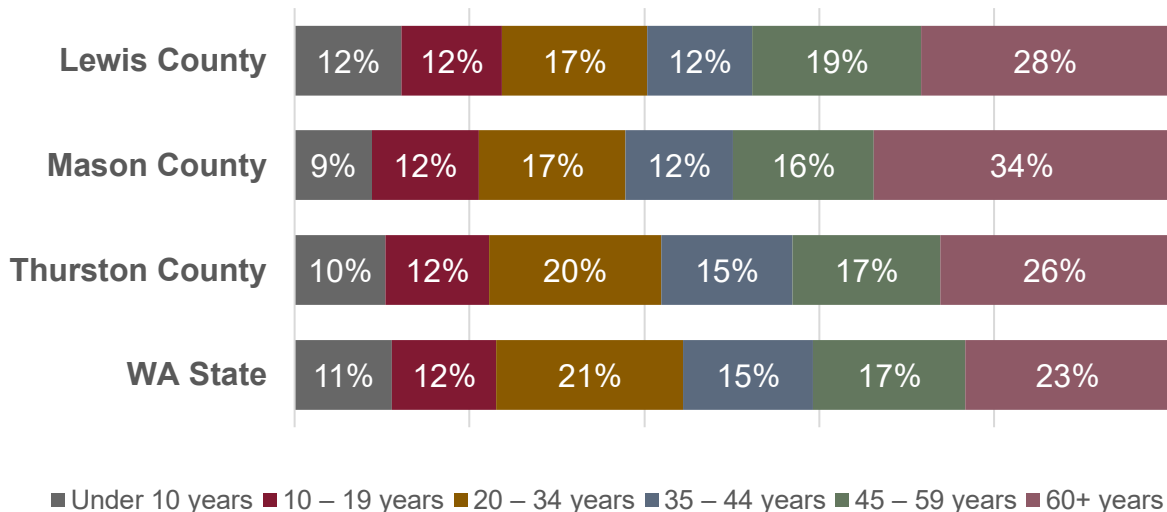
 <p>Thurston County has 723 square miles of land area and is the 32nd largest county (out of 39) in WA by total area. The county is comprised of three main urban cities—Olympia (the state capital), Lacey, and Tumwater—along with the smaller towns of Bucoda, Rainier, Tenino, and Yelm.</p>		
Total Population 294,793 <i>4% of Total Population in WA</i>	Median HH Income \$98,264 <i>Compared to \$99,389 in WA</i>	Bachelor’s Degree or Higher 41% <i>Compared to 41% in WA</i>
Total Households 122,533 <i>4% of Total Households in WA</i>	Median Age 40.4 <i>Compared to 38.7 in WA</i>	Employment Rate 56% <i>Compared to 61% in WA</i>

Source: Census Bureau - American Community Survey, 2024

Age Breakdown by County in PSA #6

In 2024, an average of **3 in 10** residents within Lewis, Mason, and Thurston Counties were over the age of 60. Factoring in tables 6 – 8 above, while Thurston County has the largest number of older adults due to its population size, even at the lower share (26%), **Mason County has the highest concentration of older adults** at 34%, followed by Lewis as 28%. This signals Thurston drives total service demand, while Mason and Lewis likely face greater per-capita needs.

Chart 1



Source: Census Bureau - American Community Survey, 2024

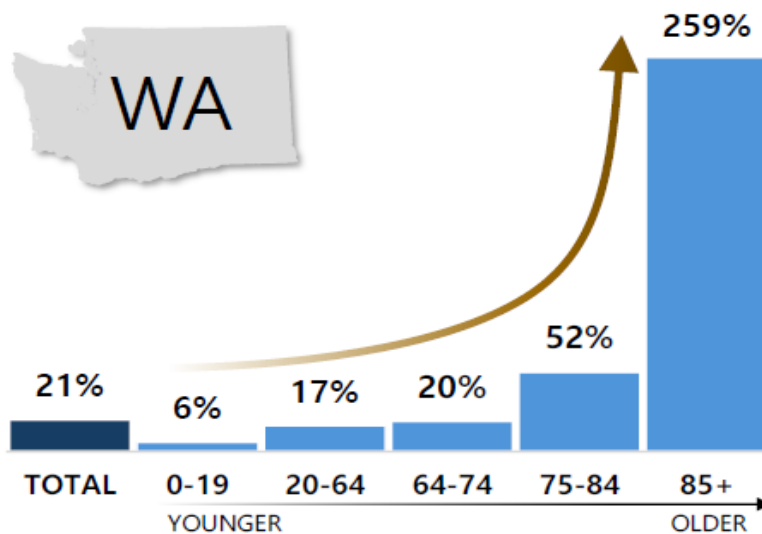
Data Trends

Projected Population Growth

The population of adults ages 85 and older in Washington State is projected to grow rapidly over the next 25 years. While the total population is expected to increase by 21%, the 85+ group is projected to grow by 259%. Growth is also notable among ages 75–84 (52%), while younger age groups show much slower increases (20% or less).

Chart 2

Projected Population Increase by Age Group
Percent Increase CY 2025 to 2050, Washington State



Source: Long-Term Services and Supports Workforce - 2025 Annual Report. Bailey Ingraham, PhD - Katie Bittinger, PhD - David Mancuso, PhD - Barbara E.M. Felver, MES, MPA - DSHS Research and Data Analysis Division

This demographic shift is anticipated to increase demand for high-intensity services, such as in-home care, case management, and caregiver support, while far outpacing supply of LTSS workers.

Adults 85+ are more likely to require long-term services and supports, including in-home care and assistance with daily activities. As a result, demand for services is expected to increase in both volume and complexity, placing additional pressure on existing systems and providers, as well as family and friends that help, who are typically unpaid.

The trends that follow should be viewed within the context of this projected population growth, which will shape service needs, access challenges, and system capacity across PSA #6 in the years to come.

Survey and Community Forum Data

The following are emerging trends, specific to PSA #6’s aging population and those with a disability, from LMTAAA’s 2026 community forums and Area Plan survey.

Community members 60 years or older stated the following as issues they experience often that have big impacts on them staying in their home and community:

Chart 3

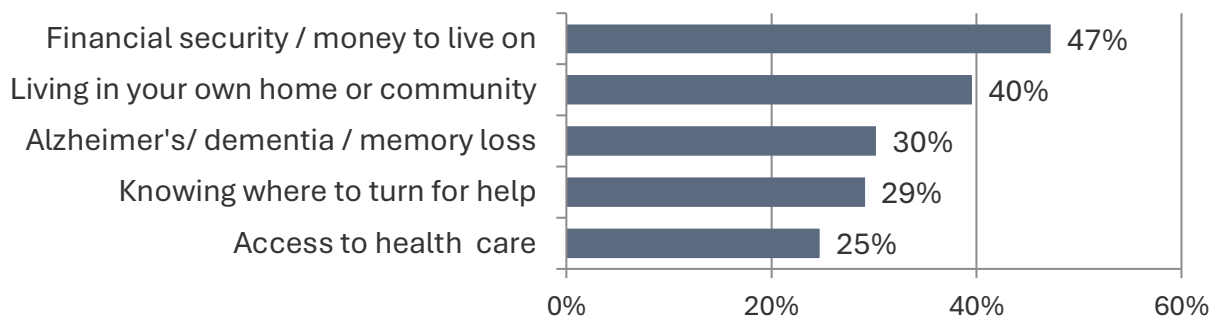


Source: Data Findings from LMTAAA’s 2026 Survey and Forums

Top Issues Facing Older Adults Today

The following are top tier issues facing older adults in PSA #6. However, when looking at this by county, community members in Mason County also shared that knowing where to swcturn to for help was their top issue of concern (at 47%).

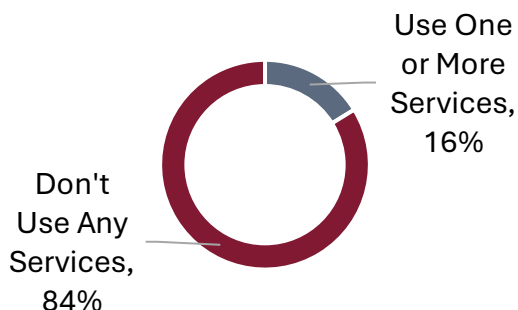
Chart 4



Source: Data Findings from LMTAAA’s 2026 Survey and Forums

Use of Services

Chart 5



Most survey respondents reported no service usage.

However, of those who do, Meals at Senior Centers*, Information on Services, and help understanding health insurance options were self-reported as top services used.

*Six (6) forums were held at senior centers.

Service Users Happiness

Table 9

Services Most Happy With	Services Most Unhappy With
<ul style="list-style-type: none"> • How to prevent falls • Healthy living classes • Meals served at Senior Centers and other group settings 	<ul style="list-style-type: none"> • Legal Assistance Services • Affordable, accessible housing • Help finding older adult job training and placement

Source: Data Findings from LMTAAA's 2026 Survey and Forums

Top Ways to Learn about Services

Table 10

Top Ways to Learn about Services	
Senior or Community Centers	44%
Health Professionals	37%
Internet Searches	37%
LMTAAA's Online Resource Directory	34%
Community orgs or nonprofits	34%
Word of mouth from family or friends	31%
Email	28%
LMTAAA's Printed Resource Directory	25%

Community members are most interested in learning about services available to older adults at Senior or Community Centers, at Health Professional offices, via Internet Searches, or through LMTAAA's Online Resource Directory.

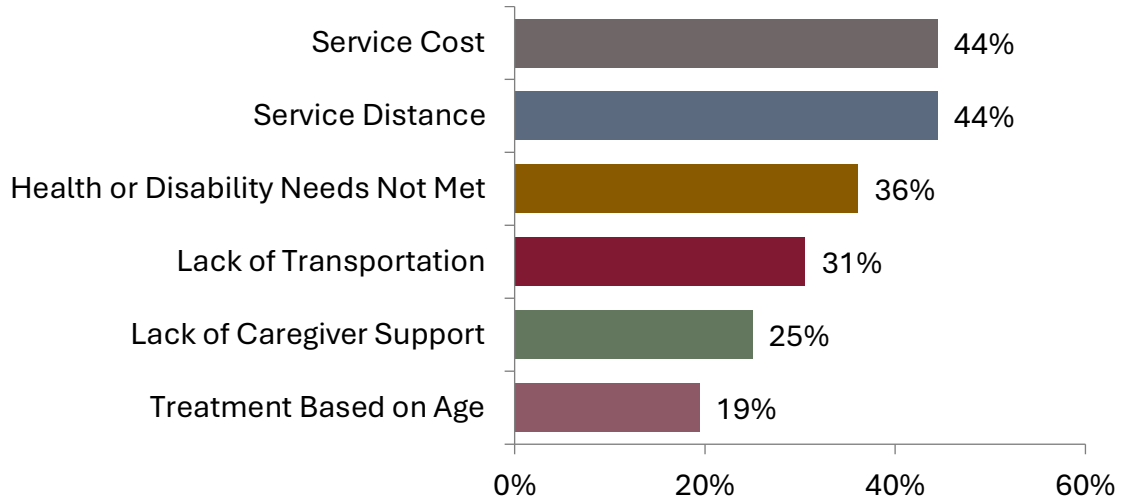
Learning about services through LMTAAA's Online Resource Directory was higher for Mason County respondents (50%).

Source: Data Findings from LMTAAA's 2026 Survey and Forums

Top Issues Using or Accessing Services

One-in-five (22%) respondents reported issues with using or accessing services in their community. Service cost and distance are the top reported issues by community members in PSA #6. For Mason County residents, limited internet, phone, or technology access is a top issue.

Chart 6



Source: Data Findings from LMTAAA’s 2026 Survey and Forums

Service Provider Ranking of Increased Demand for Services

Table 11

Top Services Facing Increasing Demand	
Affordable, accessible housing	90%
Personal care services that help people stay in their homes	88%
Info and assistance on services, resources, and how to access them	87%
Help understanding health insurance options and signing up for plans	85%
Transportation (to medical appointments or other services)	83%
Support (like respite) for family or friends who provide unpaid help	81%
Programs that help people with dementia, including Alzheimer’s disease	81%
Help getting home/staying at home after hospital or nursing home stay	79%
Mental Health Services	77%
Other residential care (like assisted living, adult family homes, memory care)	71%

Source: Data Findings from LMTAAA’s 2026 Survey and Forums

Service Provider Ranking of Increased Demand for Services (continued)

Service Providers in PSA #6 ranked top services facing the highest increase in demand based on their experience working with clients.

The services with the highest reported increase in demand were:

- Affordable, accessible housing
- Personal care
- Information and assistance on services and resources

“Sadly most people do not start looking at options for caring for the elderly until it has been thrust upon them due to injury or illness, and they do not know where to turn to.”

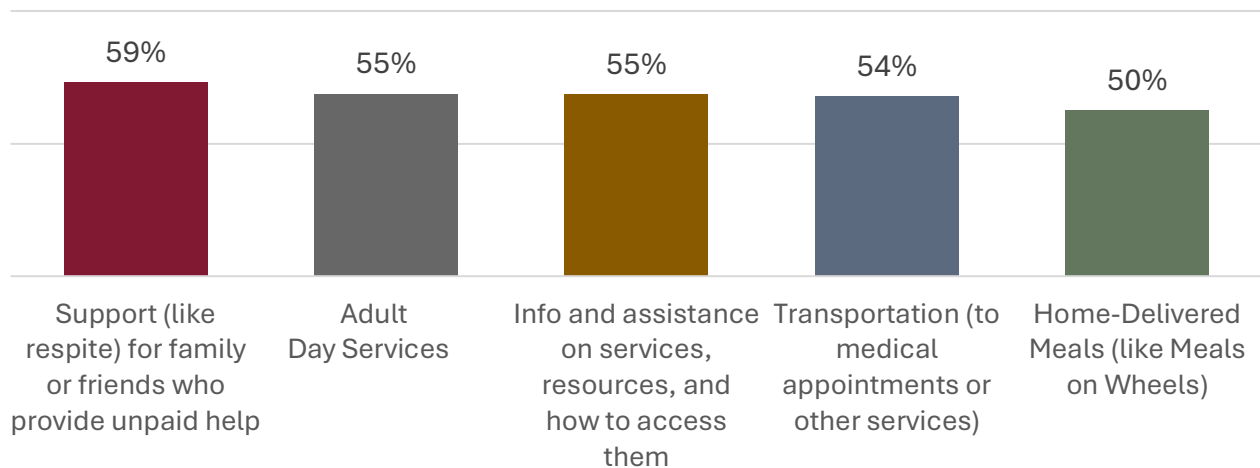
– Service Provider

Source: Data Findings from LMTAAA’s 2026 Survey and Forums

Top Services with Funding that Doesn’t Meet Demand

Service Providers in PSA #6 shared the following services were most affected by funding demands not being met.

Chart 7



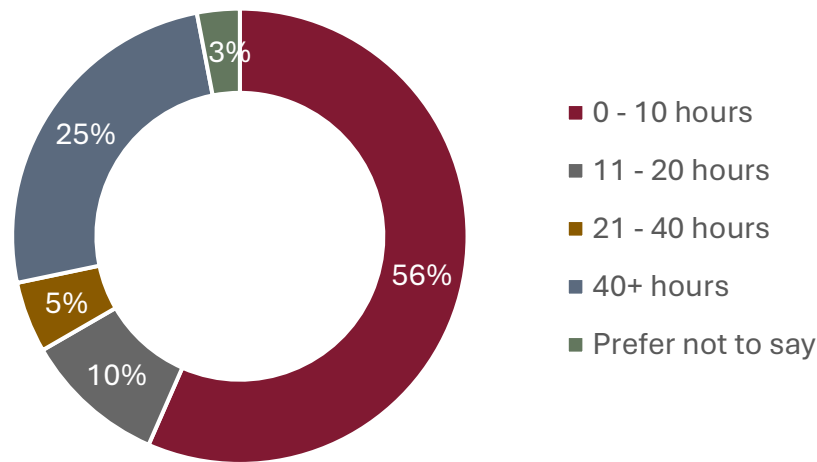
Source: Data Findings from LMTAAA’s 2026 Survey and Forums

Unpaid Caregivers in PSA #6

Nearly **4-in-10** (37%) respondents provide unpaid help or care for a family member, friend, or neighbor in PSA #6.

For those who provide unpaid care for a family member, friend, or neighbor, over half (56%) typically spend 0-10 hours a week providing care. However, 25% provide 40 or more hours of care.

Chart 8



Source: Data Findings from LMTAAA's 2026 Survey and Forums

Those providing help to others primarily seek help with **information and assistance on available resources** (47%), **finding reliable help** (40%) and **support with housework and errands** (35%).

24% shared that training on the following caregiving topics would be most helpful:

- Responding to difficult behaviors (60%)
- Stress management (52%)
- Managing caregiving costs and finances (40%)

Other Trends Amongst Community Member 60+ Year of Age in PSA #6



Housing

One-quarter (26%) reported no worries about staying in their home

However, for those that do, half are worried about making repairs (51%)

Health & Wellness

Less than half of respondents participate in health and wellness activities

For those who do, exercise or support groups are the top programs used



Brain Change

Nearly half (47%) are living with, or know someone living with, brain change

Half (53%) would, or know someone who would, benefit from tips and support for someone with brain change

Transportation

One-fifth (22%) experienced transportation barriers in the past year

The most prevalent barrier reported is few options in their community (47%) followed by cost to operate their own vehicle (39%)



Table 12

3.3 Target Population

Through outreach, services and advocacy, LMTAAA targets services to vulnerable adults with the greatest social and economic need, as well as minority and rural populations. Intentional efforts are made to ensure that programs are designed, located, and offered in a manner responsive to individuals with physical, mental, language, and cultural needs. LMTAAA’s services are targeted to populations in greatest economic and social need as described further in section 4 of this area plan.

Table 13

Target Population	Lewis-Mason-Thurston County PSA #6 Projections		
	2025	2030	% Increase through 2030
Number of persons			
Aged 60+	131,696	140,165	6%
Aged 60+ with a disability	26,251	27,926	6%
Aged 60+ with cognitive impairment	10,993	11,682	6%
Aged 60+ with Instrumental Activities of Daily Living (IADL) difficulty	15,416	16,443	7%
Aged 60+ at or below Elder Economic Security Standard Index	19,607	20,844	6%
Aged 60+ At or below 100% Federal Poverty Level (FPL)	12,741	13,505	6%
Aged 60+ people of color	14,680	17,243	17%
Aged 60+ people of color at or below 100% FPL	1,228	1,430	17%
Aged 60+ American Indian/Alaska Native (AI/AN)	3,548	3,904	10%
Aged 60+ AI/AN with a disability	1,177	1,285	9%
Aged 60+ with limited English proficiency	1,916	2,113	10%
Aged 65+ with dementia	7,118	8,765	23%

Source: DSHS Research and Data Analysis Division

Greatest Economic Need

Based on the information in Table 13, **in 2025 a total of 12,741 individuals in PSA#6 age 60+ are at or below 100% of the Federal Poverty Level (FPL)**, meeting the [45 CFR 1321.3](#) definition of Greatest Economic Need. The number of individuals meeting this definition is projected to increase 6% by 2030. Income sources are an additional determinant of Greatest Economic Need:

Table 14

Economic Demographics	60 years or over				Total PSA #6
	Lewis	Mason	Thurston	Average PSA #6	
% With Social Security income	80%	79%	76%	79%	40%
% With cash public assistance income	4%	4%	3%	4%	4%
% With Retirement Income	52%	58%	63%	58%	32%
% With Food Stamp/ SNAP benefits	13%	13%	9%	12%	14%

Source: Census Bureau - American Community Survey, 2024

Table 14's income data shows a heavy reliance on fixed sources, with 79% of older adults receiving Social Security and 58% relying on retirement income. At the same time, 12% receive SNAP benefits, and a smaller share (4%) rely on cash public assistance.

County differences highlight varying levels of need: Lewis and Mason counties show slightly higher reliance on Social Security (80% and 79%), while Thurston has higher reliance on retirement income (63%), suggesting somewhat greater financial stability. However, SNAP participation is higher in Lewis and Mason (13%) compared to Thurston (9%), indicating greater economic strain in more rural counties.

Greatest Social Need

The following factors are critical to determining the **Greatest Social Need** (per [45 CFR 1321.3](#)) for PSA #6:

- Local natural and built environment; including communication technology infrastructure;
- Access to health care;
- Impacts due to emergencies, natural disasters, and/or pandemic conditions; or
- Social need reflective of family caregiver status.

The Tables and Charts that follow capture the above factors within PSA #6.

Housing Demographics Related to Percentage of Income by Age

Housing is considered affordable when rent/mortgage and utility expenses are less than 30% of a household’s monthly income. Households that spend more than 30% are considered “rent/mortgage burdened.”

Table 15

Housing Demographics	60 years or over				Total PSA #6
	Lewis	Mason	Thurston	Average PSA #6	
% of Owner Costs as % of HH Income – 30 percent or more	26%	25%	23%	24%	25%
% of Gross Rent as % of HH Income – 30 percent or more	56%	48%	59%	54%	46%

Source: Census Bureau - American Community Survey, 2024

Table 15 shows **more than half of renters aged 60+ in PSA #6 are rent burdened (54%)**. Older renters face the greatest burden, with rates higher than the overall population (46%), highlighting a clear affordability gap. This gap points to a need for targeted investments in affordable housing, rental subsidies, and supportive services to help older adult renters remain stably housed.

Communication Technology Demographics by Age

Table 16

Communication Technology Demographics	60/65 years or over				Total PSA #6
	Lewis	Mason	Thurston	Average PSA #6	
% With No Telephone Service Available	2%	1%	1%	1%	1%
% Without Computer*	11%	5%	5%	6%	2%
% Without Internet subscription*	7%	4%	5%	5%	3%

* Represents data for those 65+ years of age due to unavailability of data on those 60+ years of age.

Source: Census Bureau - American Community Survey, 2024

Table 16 **shows gaps that support the need to maintain non-digital service options**, since not all older adults can access online systems. Lewis County may benefit from more targeted outreach, device access programs, or digital literacy support. The data also reinforces the importance of phone-based and in-person services, especially for rural and older populations. **Expanding digital access could improve service coordination, but only if paired with training and support.**

Social Demographics by Age

The following table represents target social demographic populations within PSA #6. Older adults who are living alone are considered an at-risk segment.

Several indicators suggest older adults in PSA #6 face overlapping risk factors. About 34% report a disability, 36% live alone, and 19% with Veteran status, all higher than the overall population. These risks often compound, meaning many older adults likely face multiple challenges at the same time, such as isolation, limited income, and functional limitations. Lewis County shows higher isolation (39% living alone), while Mason shows higher poverty (22%), and Thurston shows greater diversity, which may add language or cultural barriers.

Table 17

Social Demographics	60 years or over				Total PSA #6
	Lewis	Mason	Thurston	Average PSA #6	
% With Disability	36%	36%	31%	34%	18%
% With Veteran Status	17%	22%	13%	19%	12%
% Who Speak a Language Other Than English at Home	4%	3%	9%	6%	10%
% of Males	47%	50%	45%	47%	50%
% of Females	53%	50%	55%	53%	50%
% of People of Color (POC)	10%	12%	16%	12%	25%
% of American Indian/Alaska Native (AI/AN)	1%	2%	1%	1%	2%
% Living Alone	39%	34%	36%	36%	26%
% Responsible For Grandchildren Under 18 Years	2%	1%	1%	1%	1%

Source: Census Bureau - American Community Survey, 2024

Table 17's patterns support a need for integrated, not siloed, services:

- Programs prioritizing older adults with multiple risk factors, especially those living alone with disabilities or who are low income, will likely have the largest impact.
- Targeted outreach in Lewis, economic and housing supports in Mason, and culturally responsive services in Thurston will better match local needs.
- This also reinforces the importance of coordinated case management, since clients with overlapping risks are less likely to navigate systems on their own.

Percent of Licensed Drivers by Age

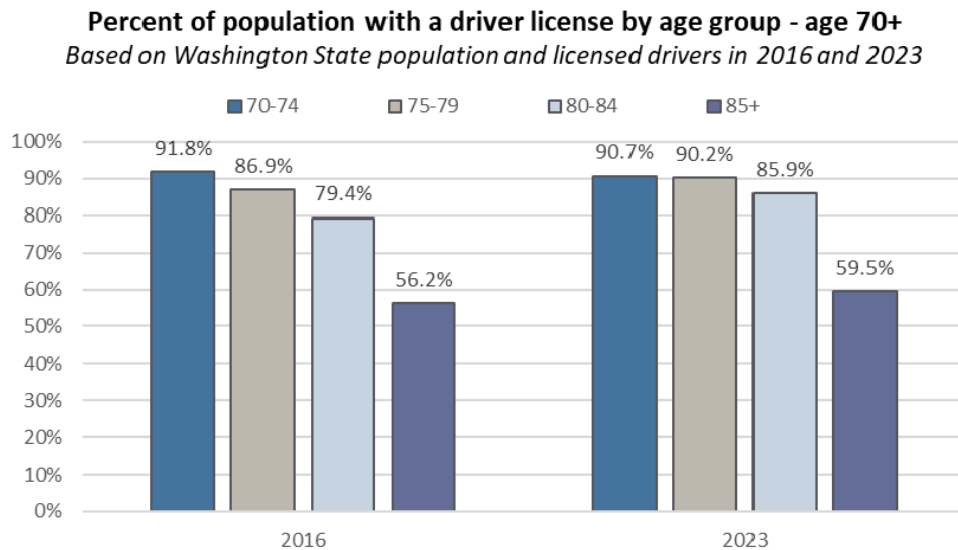
While there is limited data specific to transportation factors for individuals 60+ years of age within PSA #6, the following should be considered:

- Most older adults outlive their ability to drive
- Many seniors are vehicle dependent, especially those living in rural areas

Chart 9 shows from 2016 to 2023, licensed drivers age 75-79 increased by 3.8%, those age 80-84 increased by 8.19%, and those 85+ increased by 5.87%, demonstrating a trend of older adults driving longer than in previous years.

Investments in demand-response transit, volunteer driver programs, and non-emergency medical transportation are critical, especially in rural areas, to expanding transportation options before driving is no longer possible. Outreach and coordination can help identify individuals at risk of losing mobility and connect them to services earlier.

Chart 9



Source: Older Drivers in Washington State: Implications of an Aging Population on Traffic Safety, Washington State Department of Licensing

New HIV Cases by County

Table 18 shows PSA #6 accounts for 26 new HIV cases, or 5.8% of the state total, with most cases concentrated in Thurston County (18 cases). Mason reports 7 cases, while Lewis reports 1 case, though small numbers may limit reliability. Initial linkage to HIV care is reported only in Thurston County, where 12 of 18 individuals (about two-thirds) were connected to care. No linkage data is reported for Lewis or Mason, which creates a gap in understanding access to treatment across the region. This data shows two key issues.

First, HIV cases are concentrated in Thurston, likely reflecting its larger population and service access points. Second, linkage to care is incomplete and uneven, with missing data or potential service gaps in Mason and Lewis.

Table 18

County	New HIV Cases	Initial Linkage to HIV Care
Lewis County	1 (0.2% of state)	--
Mason County	7 (1.6% of state)	--
Thurston County	18 (4.0% of state)	12 (3.2% of state)
PSA #6 Total	26 (5.8% of state)	12 (3.2% of state)
WA State Total	445	374

Source: Washington State HIV Surveillance Report - 2025 Edition, Washington State Department of Health

Medically Underserved Areas

There are five (5) service areas within PSA #6 deemed [Medically Underserved Areas \(MUA\)](#), signifying limited access to health center sites. The lowest score (highest need) is 0; the highest score (lowest need) is 100. To qualify for designation, the IMU (Index of Medical Underservice) score must be less than or equal to 62.0.

Table 19 shows Lewis County stands out, with both eastern and western service areas scoring 0 on the IMU scale—the highest level of need. Mason and Thurston also show need, but at lower levels, with IMU scores ranging from 57.1 to 60.7.

Table 19

Service Area	Rural Status	IMU Score
Eastern Lewis Service Area	Rural	0
Western Lewis Service Area	Rural	0
Panaroma, Thurston	Non-Rural	57.1
Low Income – Downtown Olympia, Thurston	Non-Rural	59.8
South Shelton, Mason	Rural	60.7

Source: Health Resources & Services Administration

Lower scores reflect greater barriers, meaning Lewis County faces the most severe health center site access challenges in the region. **Even in non-rural Thurston areas, IMU scores near 60 still signal unmet need, especially for low-income populations.**

This pattern highlights a strong rural disparity. **The highest-need MUA areas are rural, where distance, provider shortages, and transportation barriers limit access to care.** The designation of Packwood as a Level 4 Frontier and Remote (FAR) Area, further reinforces the isolation and access barriers in parts of Lewis County. Level 4 FAR areas are 15 minutes or more from an urban area of 5,000–10,000 people, 30 minutes or more from an urban area of 10,000–24,999 people, 45 minutes or more from an urban area of 25,000–49,999 people, and 60 minutes or more from an urban area of 50,000 or more people.

Healthcare Access Gaps and Provider Shortages

Each county within PSA #6 has a mid-range Health Professional Shortage Area (HPSA) score across Mental, Dental and Primary Care facilities.

Table 20

Service Areas	Rural Status	Average HPSA Score*
Lewis County- 5 facilities (Arbor Health Packwood Clinic, Centralia Specialty Center, Lewis County, Lewis County Community Health, Low Income - Lewis County) providing Mental/Dental and Primary Care	Rural	12
Mason County- 4 facilities (Mason County, Mason Health - Mason Clinic, Skokomish Tribe, WA State Corrections Center) providing Mental/Dental and Primary Care	Rural	15
Thurston County- 4 facilities (East Thurston Service Area, County, Low Income -Olympia-Lacey-Tumwater Service Area, Thurston, North Thurston County, South Thurston County) providing Mental/Dental Health	Partially Rural	13

**This attribute represents the Health Professional Shortage Area (HPSA) Score developed by the National Health Service Corps (NHSC) in determining priorities for assignment of clinicians. The scores range from 0 to 26 where the higher the score, the greater the priority. Source: Health Resources & Services Administration*

Table 20 shows Mason County has the highest HPSA score (15), indicating the greatest provider shortage, followed by Thurston (13) and Lewis (12). While all scores are considered mid-range, the higher score in Mason suggests more limited provider availability relative to need. Both Lewis and Mason are fully rural, which likely adds to access challenges. This pattern reinforces a regional workforce gap, with shortages present across all counties but more acute in rural areas. Even Thurston, which is only partially rural, still shows notable provider shortages.

The data presented on Tables 19 and 20 support the need to strengthen the healthcare workforce across PSA #6, with targeted focus on rural counties like Mason and Lewis.

Strategies the region may consider include provider recruitment, retention incentives, and expanded use of telehealth. Integrating behavioral health, dental, and primary care services can also help maximize limited resources.

The data aligns with goals to improve access to care and reduce service gaps across the region.

Summary

PSA #6 faces growing pressure from rapid population aging, increasing service demand, and uneven access across the region.

- About 3 in 10 residents are age 60+, with the 85+ population projected to grow sharply and drive higher need for long-term services.
- Many older adults face overlapping risks, including disability, poverty, and living alone, while housing cost burden—especially among renters—limits resources for basic needs and transportation.
- Community and provider data reinforce these trends, identifying housing, in-home care, information and assistance, and transportation as top and growing needs, alongside gaps in caregiver support and service awareness.
- At the same time, rural access barriers, workforce shortages, and cost and distance challenges continue to limit service availability, particularly in Lewis and Mason counties.

These combined trends highlight increasing complexity of need and demand across PSA #6 and should inform policy and investment decisions to ensure services remain accessible, coordinated, and responsive to populations with the greatest economic and social need.

4. GOALS, OBJECTIVES, STRATEGIES, AND OUTCOMES

This section outlines the 2027-2030 Lewis-Mason-Thurston Area Agency on Aging goals, objectives, strategies and outcomes for each of the following Key Issue Areas.

1. **Greatest Social Need/Greatest Economic Need**
2. **Healthy Aging/Older Americans Act (OAA) Core Programs**
3. **Expanding Access to Home and Community-Based Services (HCBS)**
4. **Caregiving**
5. **7.01 Planning with Native American Tribes and Tribal Organizations**

The goals, objectives, strategies and outcomes are defined as:

- **Goals**
Visionary statements describing LMTAAA’s strategic direction. This identifies how we will enhance services, access for target populations, or improve affordability/achieve cost-effectiveness over the next four years.
- **Objectives**
Specific, measurable, attainable, relevant, and timely steps LMTAAA will take to reach our goals.
- **Strategies**
Outlines how the LMTAAA will achieve our goals and objectives.
- **Outcomes**
Documents measurable effects from goals, objectives, and strategies. These may be short-term (i.e., increasing awareness through outreach/assistance), intermediate (i.e., changes in policy or process), or long-term (i.e., reflecting the goals of the OAA or Healthy Aging of the community).

4.1 Key Issue Area: Greatest Social Need and Greatest Economic Need

The OAA requires services to be targeted to older individuals and family caregivers with the greatest economic need and greatest social need. This Key Issue Area has four (4) Core Program Areas that must be addressed in the Area Plan: Defining Greatest Economic Need and Greatest Social Need, Identifying Target Populations, Engagement in Outreach, and Serving Older Adults Living with HIV/AIDS. *For definitions and target population details, see Section 3.3.*

The intended **outcome** of the below Goals, Objectives, and Strategies are to reach older individuals and family caregivers with the greatest economic need and greatest social need.

Goal 1: Target Services to older adults and family caregivers who meet ALTSA's definitions of Greatest Economic Need and Greatest Social Need		
Measurable Objectives	Strategies	Lead Position Support Positions
a. Increase public awareness of LMTAAA's services, prioritizing reaching populations in Greatest Economic Need and Greatest Social Need.	Build partnerships with HIV/AIDS specialists, organizations, and/or agencies serving older adults living with HIV/AIDS.	Community Supports Director Community Support Department
	Develop and implement an outreach plan to link older adults living with HIV/AIDS to social support services.	ADRC Supervisor ADRC Team
	Advance an integrated, cross-functional communications strategy that strengthens visibility of LMTAAA's leadership, demonstrates the value of its services, and aligns organizational voices around a cohesive external narrative.	Communications Manager Agency Management

Measurable Objectives	Strategies	Lead Position Support Positions
b. Establish and implement a standardized process to define and track outreach engagement with priority populations.	Collaborate with department management to review existing outreach engagement measures to align with the OAA's updated expectations of reaching older individuals and family caregivers with greatest economic need & greatest social need.	Planning Director Community Supports Management
	Review ADRC's outreach plans annually for outreach engagement with communities most impacted by Social Drivers of Health (SDoH), adjusting outreach strategies as needed.	Community Supports Director ADRC Supervisor

Goal 2: Strengthen data-based decision-making

Measurable Objectives	Strategies	Lead Position Support Positions
a. Create workplan for using data to identify target populations and guide resource allocation.	Identify Social Drivers of Health (SDoH) that influences service needs and impact access to services.	Planning Director Agency Management
	Establish baseline measures by 12/31/2028, then review data annually to inform adjustments to outreach and funding priorities.	Planning Director Contracts & Planning Team
	Review regional demographic data annually to identify emergent trends or population shifts.	Planning Manager

4.2 Key Issue Area: Healthy Aging and Older Americans Act Core Programs

The agency provides an array of services that support healthy aging and implementation of OAA core programs. This Key Issue Area has fifteen (15) Core Program Areas that must be addressed in the Area Plan, covering topics such as transportation, nutrition, service access, brain health, legal assistance, socialization, advocacy, and more.

The intended **outcome** of the below Goals, Objectives, and Strategies are to support the goals of OAA Core Programs and Healthy Aging of the community.

Goal 1: Support healthy aging and OAA core program sustainability through partnerships that promote the health and well-being of older adults and adults with disabilities in Lewis, Mason, and Thurston Counties

Measurable Objectives	Strategies	Lead Position Support Positions
a. Support the delivery of Older American's Act programs through contracting with community organizations. <i>Continues next page.</i>	Contract with providers of in-home and out of home respite care (home care, adult day care) to provide respite for family caregivers.	Contracts Director Contracts Division
	Contract with transportation provider(s) to ensure adequate, accessible transportation for older adults.	
	Contract with nutrition providers to provide congregate and home delivered meals in order to support the health and well-being of older adults and provide opportunities for social interaction.	
	Contract with licensed mental health practitioners to provide family caregiver counseling.	
	Contract with legal provider(s) to provide free civil legal assistance to older adults.	

	Explore contracting opportunities that increase access to evidence-based health promotion programs to support healthy aging.	Contracts Director Contracts & Planning Department
Measurable Objectives	Strategies	Lead Position Support Positions
b. Raise awareness of senior malnutrition through educational offerings, outreach, and partnerships.	Partner with state and national organizations to advocate for community-based senior nutrition programs.	Executive Director Contracts & Planning Department
	Create plan to educate seniors on malnutrition through internal programs and expanded partnerships, with goal of increasing community engagement in senior malnutrition education.	Planning Director Contracts & Planning Department
	Publish a best practices guide on ways to decrease malnutrition at the community level.	Planning Manager
	During the nutrition service procurement process, when applicable to the funding source, include sections on how services will address malnutrition, provide culturally tailored meals, and/or provide grab and go meal provisions.	Contracts Director Contracts Division
c. Develop and execute a community plan to increase access to nutritious meals, and/or raw food, for older adults and adults with disabilities.	Identify rural or underserved service populations that have limited access to affordable establishments to purchase food.	Planning Director Planning Division
	Research and develop partnerships with local organizations that support increasing access to nutritious meals, such as mobile food options, shelf stable provisions, home delivered meals, and/or other service delivery options.	
	Explore contract, grant, and programmatic opportunities to support partnerships that increase access to nutritious meals and/or raw food.	Contracts Director Contracts Division

Measurable Objectives	Strategies	Lead Position Support Positions
d. By 2030, assess feasibility, and community need, for county-specific volunteer and civic engagement strategies with the goal of increasing social participation among older adults and/or reducing isolation.	Contracts and Planning leadership will collaborate with Community Supports Department leadership to identify existing resources and craft plan for developing new partnerships, meeting a minimum of once per quarter.	Planning Director Community Supports Department
	Using universal design principles, conduct county-specific assessments to identify barriers to civic engagement and interest in volunteer opportunities among older adults.	Planning Manager
	Create a county-level inventory of volunteer and civic engagement opportunities.	
e. Increase awareness of transportation options and opportunities for expanded funding and services.	Meet with local subcontracted transportation providers at least annually to evaluate programs and services that can help support and increase operational capacity. This will be implemented at annual monitoring and other opportunities as they arise.	Contracts Director Contracts Division
	Create plan for supporting awareness of Washington State Department of Transportation's consolidated grant process with organizations who offer transportation services for medical appointments in rural communities.	Planning Director Contracts & Planning Department
	Explore grant and programmatic opportunities for new partnerships.	
	Utilize website and social media to educate the community on available transportation services.	Communications Manager Community Supports Department

Goal 2: Strengthen and grow a coordinated, data-driven system of services and supports for older adults and caregivers.

Measurable Objectives	Strategies	Lead Position Support Positions
<p>a. By 2030, establish an agency-wide Universal Design policy for major initiatives impacting older adults. Use this process to improve how information, programs, policies, and services intersect across planning, delivery, evaluation, and communication.</p>	<p>Provide at least one briefing to agency management on how Universal Design applies across organization.</p>	<p>Communications Manager Planning Director</p>
	<p>Develop a system, or set of criteria, for using Universal Design-informed practices agency-wide. Use it in the early phases of at least two high-impact projects to improve access.</p>	<p>Communications Manager Community Supports Department</p>
	<p>Participate in at least one city or county planning cycle per county, such as Community Needs Assessments and Comprehensive planning, advocating for age and ability inclusive design.</p>	<p>Planning Manager Agency Management</p>
<p>b. Assess systems for service gaps and areas of improvement to inform advocacy efforts and maintain sound fiscal stewardship.</p>	<p>Conduct a service gap analysis on OAA Core Programs and develop plan to address identified gaps.</p>	<p>Planning Director Contracts and Planning Department</p>
	<p>Annually assess service needs for agency's Medicaid contracted services.</p>	<p>Contracts Director Contracts and Planning Department</p>

Measurable Objectives	Strategies	Lead Position Support Positions
c. Align agency programs and advocacy efforts with emerging demographic, policy, and system changes.	Conduct public and client survey a minimum of every two years and report findings to leadership.	Planning Manager
	Collaborate with agency management to identify program demographic collection methods.	Planning Manager Community Supports & Contracts and Planning Department

Goal 3: Increase awareness and understanding of aging issues and programs that impact the health and well being of older adults, people with disabilities and caregivers.

Measurable Objectives	Strategies	Lead Position Support Positions
a. Expand on advocacy communication strategy to meet Goal 3.	Develop and execute an advocacy awareness plan.	Executive Director Government Affairs Liaison Communications Manager Planning Team
	Develop and expand on key partnerships, including partnerships that provide resources and information to rural communities.	Government Affairs Liaison Executive Director
	Participate in the annual W4A Advocacy Week, meeting with State Legislators to bring attention to the importance of funding programs that support older adults and adults with disabilities remaining in their homes as well as programs that support their caregivers.	Executive Director, Advisory Council Government Affairs Program Liaison
	Annually, participate in local, state, and national events and/or policy discussions for applicable issues and programs.	Executive Director Policy Team

Measurable Objectives	Strategies	Lead Position Support Positions
b. Increase community knowledge of the agency and agency programs & resources by providing a presence at local libraries and senior centers.	Support Advisory Council members in attending a minimum of one location or event per quarter, rotating between counties, such as joining with the ADRC or FCSP staff or assisting with an activity sponsored by a senior center or library.	Government Affairs Program Liaison Advisory Council
c. Advocate with local entities to address affordable housing and homelessness concerns in each county.	Work with Advisory Council's Housing Committee to identify affordable housing needs and network with community partners.	Chief of Programs and Services Government Affairs Program Liaison
	Attend partner meetings in each county to represent fixed income, affordability, and other related perspectives to our population.	Chief of Programs and Services

4.3 Key Issue Area: Expanding Access to Home and Community Based Services

Home and community-based services are designed to provide support and service coordination that maximizes the ability for older adults and people with disabilities to maintain independence and engage in the self-direction of their chosen services. Person-centered services empower clients to identify what is important to them. This Key Issue Area has twelve (12) Core Program Areas that must be addressed in the Area Plan, covering topics such as case management, health homes, person-centered counseling, self-directed services, in-home care services, information and assistance, care transitions, advocacy, and more.

The intended **outcome** of the below Goals, Objectives, and Strategies are to address services that support aging in place.

Goal 1: Maintain and expand, where applicable, Community Living Connections (CLC) and Aging & Disability Resource Connection (ADRC) services		
Measurable Objectives	Strategies	Lead Position Support Positions
a. Collaborate with community-based organizations who serve older adults and family caregivers with greatest economic need and greatest social need. <i>Continues next page</i>	Identify and seek out leaders and organizations that serve communities most impacted by Social Determinates of Health (SDoH), to include faith based, service, social organizations, etc.	Community Supports Director Community Supports Team
	Support organizations in identifying what outreach may be relevant and needed, with goal of tailoring outreach event items to organizational audience.	Community Supports Director ADRC Supervisor
	Develop relationships with organizations that serve those with disabilities to understand services and when to provide referrals.	ADRC Supervisor ADRC Team

	Maintain partnerships with affordable housing organizations to advocate for the needs of our clients and community members.	Chief of Programs and Services Community Supports Director
Measurable Objectives	Strategies	Lead Position Support Positions
b. Implement at least 40 outreach events and activities annually which reach those in Greatest Economic Need and Greatest Social Need in the LMTAAA service area.	Participate in Senior Action Network meetings and events (Dementia Conference and Living Well, Living Long).	Community Supports Director ADRC Supervisor and FCSP Supervisor
	Thematically frame outreach activities to build on Social Determinants of Health (SDoH) activities happening at state and national level.	ADRC Supervisor ADRC Team
	Present monthly Providers Meetings in collaboration with county-based partners.	
	Provide outreach to rural areas of our service area with partners such as tribes and senior centers.	
c. Information and services provided through the Community Living Connections and Disability Resources Center is accessible, accurate, easy to use. <i>Continues on next page</i>	Develop an information and assistance resource in partnership with rural communities that reflects their informal support networks.	Planning Manager Communications Manager
	Reach those in Greatest Economic Need and Greatest Social Need by providing materials translated into languages spoken in our service areas.	ADRC Supervisor Communications Manager
	Create a plain-language resource that explains how to request utility discounts, property tax relief programs and other frequently asked supports.	Communications Manager Community Supports Leadership

	Assess how program information is accessed and shared in order to develop recommendations to improve how underserved communities find, understand, and use key information.	
	Create outreach materials and presentations using plain language and accessible design, developing plain language and accessibility standards, with a review process for department-created external presentations.	
Measurable Objectives	Strategies	Lead Position Support Positions
d. Maintain ADRC capacity within each county office to assist consumers with information and access to LTSS services.	Ensure staff providing Medicare orientation and enrollment are adequately trained to meet needs of consumers.	ADRC Supervisor
	Within Community Living Connections/GetCare environment maintain 5% call follow up rate. This is accomplished through reviewing call data in the reporting system to assure compliance with the state standard annually.	
	Ensure existing and new ADRC staff receive orientation and training on Veterans Administration services and for people who are blind, hard of hearing, and have other disabilities.	
	Provide Medicare open enrollment supports and referrals as well as Medicare Savings Program (MSP) and Low Income Subsidy (LIS) application assistance.	ADRC Supervisor ADRC Team
	Ensure each staff providing WA Cares information are adequately trained to answer questions during outreach, presentations, and calls.	ADRC Supervisor Planning Director
	Maintain staff certification in data curation and maintain online CLC directory's data on available resources to support self-directed services across our service area.	ADRC Supervisor Community Supports Director

Goal 2: Expand access to home and community-based services through data based decision-making

Measurable Objectives	Strategies	Lead Position Support Positions
a. By 2029, use regional needs data and program evaluation findings to identify and implement at least two service expansion or improvement strategies for person-centered counseling and Care Transitions.	Assess regional need and organizational capacity for person centered counseling/options counseling.	Planning Director Community Supports Department & Contracts & Planning Department leadership
	Evaluate Care Transitions program and assess for growth opportunities.	Community Supports Director Contracts and Planning Department

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Goal 3: To offer case management services according to State mandates and consumers' needs

Measurable Objectives	Strategies	Lead Position Support Positions
a. Secure adequate funding and sustainability of core case management services.	Work with the State to establish contractual program obligations by increasing funding to support caseload ratios or reducing standards and expectations to match available funding.	Executive Director
	Advocate with DSHS and the Washington State legislature for increased funding to fully implement the case management role.	
b. Deliver case management programs in alignment with program standards and maintain knowledge of referral processes.	Case Management Supervisors will use the QA CARE tool to monitor Case Managers' work and compliance throughout the year.	Case Management Director
	Provide case management for clients in the Governor's Opportunity for Supportive Housing (GOSH) program.	
c. Maintain case management's knowledge, and awareness of, services that support vulnerable older adults.	Case Management Supervisors and Case Manager 2s will participate in monthly ACT Team meetings with Adult Protective Services.	
	Case Manager 2s will participate in monthly Vulnerable Task Force meetings.	

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Goal 4: Provide services through our Case Management and Community Supports Divisions that embrace person-centered thinking, planning and practices

Measurable Objectives	Strategies	Lead Position Support Positions
<p>a. Deliver person-centered trainings to applicable direct service staff, distributing HCLA standardized trainings to applicable divisions and tracking via attendance logs and post-training assessment reviews.</p> <p><i>Continues on next page</i></p>	<p>Provide training during probationary period, and annually thereafter, in Person Centered approach to applicable direct service staff.</p>	<p>Training & QA Team Case Management & Community Supports Directors</p>
	<p>Provide annual training to applicable direct service staff in housing resources (Supportive Housing, LMTAAA Housing Alliance, Shared Housing, Emergency Rental Assistance, etc.).</p>	
	<p>Provide training on emerging issues such as fraud, program integrity, and eligibility changes respective to their program requirement on an annual basis.</p>	
	<p>Invite local advocacy resources to staff in-service training (Ombudsman, APS, etc.), annually.</p>	
	<p>Provide a minimum of one annual training to applicable direct service staff regarding Foundational Community Supports - Supportive Employment.</p>	<p>Case Management & Community Supports Directors</p>

	<p>Provide training during probationary period, and annually thereafter, to applicable direct service staff on Assistive Technology, Environmental Modifications, SME/DME options and authorizations to support clients staying at home.</p>	<p>Training & QA Team Community Supports Director</p>
	<p>Provide annual Mental Health Training to strengthen applicable direct service staffs' ability to recognize, understand, and effectively respond to diverse mental health needs. Training will support staff in managing burnout to promote a safer, more compassionate, and trauma-informed work environment.</p>	<p>Training & QA Team</p>
	<p>Provide training during probationary period, and annually thereafter, to applicable direct service staff on how to assist clients in planning, implementing, and transitioning from in-home to a residential setting of the client's choice. Reviews upon transfers will provide tracking for knowledge checks.</p>	
	<p>Train all staff bi-annually on de-escalation through Management of Aggressive Behavior (MOAB) program.</p>	
Measurable Objectives	Strategies	Lead Position Support Positions
<p>b. Maintain Community Supports Department knowledge within each county to assist clients.</p>	<p>Complete bi-annual staff training on motivational interviewing in alignment with program guidelines.</p>	<p>Community Supports Director ADRC Supervisor, FCSP Supervisor, and Care Coordination Supervisor</p>

4.4 Key Issue Area: Caregiving

This Key Issue Area has six (6) Core Program Areas that must be addressed in the Area Plan: Strengthening and supporting the direct care workforce, State Family Caregiver Support Program, Kinship Caregiver Support Program, evidence-based caregiver programs, Medicaid Alternative Care (MAC), and Tailored Supports for Older Adults (TSOA).

The intended **outcome** of the below Goals, Objectives, and Strategies are to reflect the goals of supporting family caregivers.

Goal 1: LMTAAA delivers evidenced based and promising caregiver programs to targeted populations and communities at large.		
Measurable Objectives	Strategies	Lead Position Support Positions
a. Provide education on dementia to caregivers and community organizations.	Host monthly, virtual Dementia Support Groups.	FCSP Supervisor
	Promote and present dementia care methods such as Positive Approach to Care to community two times a year.	
	Distribute 100 dementia educational resources annually, such a Dementia Road Map and Dementia Legal Toolkit.	FCSP & ADRC Supervisors FCSP and ADRC Staff
	Provide information and resources to community annually through local Dementia Conference attendance.	
	Research feasibility of starting a Memory Café in each county by 12/30/2029.	Community Supports Director FCSP Supervisor Planning Team

Measurable Objectives	Strategies	Lead Position Support Positions
b. Provide evidence based and promising trainings, workshops, and presentations.	Offer Powerful Tools Train the Trainer Training once per year, with goal of training full FCSP team.	FCSP Supervisor
	By 12/30/2028, assess feasibility of providing STAR-Caregivers training to 2 additional FCSP staff.	
	Provide Advance Care Planning workshop training annually, in partnership with local providers.	FCSP Supervisor FCSP Staff
	By 12/30/2030 launch A Matter of Balance trainings through community partnerships.	Community Supports Director
	Present Dementia Friends Information Sessions a minimum of two times a year, with goal of recruiting community members to be Dementia Friends presenters.	

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Goal 2: Family Caregivers experience supported decision making through education, information and person centered guidance.

Measurable Objectives	Strategies	Lead Position Support Positions
<p>a. Family Caregivers provide accurate and helpful assessments to ensure caregivers can access the services they desire, and/or are eligible for.</p>	<p>Maintain staff training and competencies in the Tailored Caregiver Assessment and Referral (TCARE) tool, Medicaid Alternative Care/Tailored Supports for Older Adults (MAC/TSOA) intake and Nursing Facility Level of Care (NFLOC).</p>	<p>FCSP Supervisor</p>
	<p>Evaluate and update consultation methods and resources annually.</p>	
	<p>Utilize the Tailored Caregiver Assessment and Referral (TCARE) tool, care plan, and consultation to inform caregivers about services for themselves and their care receivers.</p>	<p>FCSP Supervisor FCSP Staff</p>
	<p>Provide decision-making packet addressing levels of care including in home services, out of home levels of care.</p>	
	<p>Train staff on needs and preferences of caregivers within our tri-county area.</p>	<p>Community Supports Director FCSP Supervisor</p>

Measurable Objectives	Strategies	Lead Position Support Positions
b. Family Caregiver Resource Managers and MAC/TSOA staff are trained and competent for their roles.	Provide Advance Care Planning training during Family Caregiver Specialist staff onboarding.	FCSP Supervisor
	Attend Oregon State University Geriatrics Training, as needed.	FCSP Supervisor FCSP Staff
	Attend topical trainings as determined by emergent issues, for example, chemical dependency, fraud, suicide prevention, etc.	
c. Increase Medicaid Alternative Care/Tailored Supports for Older Adults (MAC/TSOA) program reach by 12/30/2030.	Recruit Dyads (Medicaid Alternative Care/Tailored Supports for Older Adults clients and their caregiver).	FCSP Supervisor
	Develop and implement targeted outreach plan to home health agencies, hospital social work and medical staff, and Federally Qualified Health Centers, as appropriate.	Community Supports Director FCSP Supervisor ADRC Supervisor
	Maintain WHO protocols and relationship with HCS Intake.	FCSP Supervisor Lead Family Caregiver Specialist
	Provide county-based Community education specific to Medicaid Alternative Care/Tailored Supports for Older Adults (MAC/TSOA) at LMT sponsored provider meetings, Senior Action Networks, community forums, faith-based groups, service clubs, etc.	Community Supports Director FCSP Supervisor

4.5 Key Issue Area: 7.01 Planning

LMTAAA meets annually with each of the recognized tribes in our Planning and Services Area (PSA), for the purpose of developing a DSHS Administrative Policy 7.01 Plan that outlines our coordination with the individual tribes. The five tribes in our PSA are the Confederated Tribes of the Chehalis Reservation, the Cowlitz Indian Tribe, the Nisqually Indian Tribe, the Skokomish Indian Tribe, and the Squaxin Island Indian Tribe. Online meetings are arranged by the Regional Manager from the Office of Indian Policy, at the Department of Social and Health Services, who serves as a liaison to LMTAAA.

These plans contain goals, objectives, and activities that have been mutually agreed upon with each tribe, in order to continually improve our efforts to support tribal elders. Plans are considered to be living documents, and so are updated and adjusted throughout the year, as needs and circumstances change.

LMTAAA remains a resource for the tribes throughout the year and values the sharing of ideas and staff resources with each tribe on behalf of tribal elders. Plans have been updated and distributed with current contact information.

- Confederated Tribes of the Chehalis Reservation
- The Cowlitz Indian Tribe
- The Skokomish Indian Tribe
- The Squaxin Island Indian Tribe
- The Nisqually Indian Tribe

You can see our complete 7.01 plans on our website.

5. APPENDIX

To be developed