

MOTION NO. 5807

A MOTION adopting a policy for funding senior and community centers in King County.

WHEREAS, King County Current Expense support has been provided since 1978 to nine senior and community centers serving rural and suburban King County, and

WHEREAS, these senior and community centers have demonstrated their value in assisting county government to address the needs of low income senior citizens, families, and youth, and

WHEREAS, King County desires to confirm and strengthen its commitment to assisting those most in need of senior and community center services;

NOW, THEREFORE, BE IT MOVED by the Council of King County:

A. The attached policy for King County financial support of senior and community centers is hereby adopted.

B. The King County Executive is hereby authorized to utilize this policy in the development of budget recommendations for funding of senior and community centers.

PASSED this 15th day of August, 1983.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Chairman

ATTEST:

Clerk of the Council

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King County Executive
 Randy Revelle
Department of Human Resources
 Peter M. Jamero, *Director*

July 8, 1983

TO: Randy Revelle
 King County Executive

FM: Peter M. Jamero
 Director

RE: Senior Center Funding Policy

In accordance with the 1983 work program of the Human Services Division, Aging Program staff have developed a policy paper on funding senior and community centers.

The enclosed paper provides background on senior and community centers currently funded by King County, a review of existing funding policies, and an outline of policy options. A new policy on funding senior and community centers is recommended for your consideration.

This paper has received thorough review from the Budget Office and the Deputy County Executive. We therefore request that it be transmitted to the Council so that Council review can take place before activity on the budget begins.

PMJ:SJD:egp

Enclosures

cc: Harry Thomas, Deputy Executive
 Shelly Yapp, Director, Budget Office
 ATTN: Barbara Solomon, Budget Analyst
 Tom Fitzsimmons, Manager, Program Development Office
 ATTN: Anna McNally, Executive Staff Assistant
 Doug Stevenson, Acting Manager, Human Services Division
 ATTN: Susan Doerr, Coordinator, Aging Section

GOALS AND OBJECTIVES OF THE KING COUNTY AGING PROGRAM

Goal 1:

To assure the availability of services which assist older people, particularly those with low incomes, to maintain their independence in the community as long as possible.

Objective 1: To enable senior and community centers serving rural and unincorporated areas in King County to provide a range of vital community services.

Objective 2: To work with other governmental agencies and non-profit organizations in developing centers and/or services which address the needs of senior citizens.

Objective 3: To identify and procure grant or other resources as appropriate in order to establish new services or enhance existing ones.

Objective 4: To coordinate planning for services in order to eliminate duplication of funding and maximize available resources.

Goal 2:

To represent the needs and interests of senior citizens, with special emphasis on balance-of-county residents, to planning and funding bodies that support aging programs.

Objective 1: To participate actively in the determination of policies, plans and allocations of the Seattle-King County Division on Aging.

Objective 2: To communicate county interests and concerns on policy issues to United Way, METRO, and other important funding sources for aging programs.

Goal 3:

To support public policies that will improve the welfare of King County senior citizens, especially those who need assistance in order to maintain their independence.

Objective 1: To identify and promote federal and state policies and programs which will support the continued independence of older people.

Objective 2: To provide public education and training on policy issues and the decision-making process in order to enable senior citizens to advocate in their own behalf.

In order to achieve Goal 1, Objective 1, King County annually allocates funding to support selected senior and community centers in King County. The following policy provides guidance for the distribution and contracting of these funds.

SENIOR CENTER FUNDING POLICY

1. King County will provide funding, to the extent that resources are available, for senior and community centers that meet the following criteria:
 - located in unincorporated King County;
 - located in incorporated jurisdictions of not more than 12,000 residents.
2. County funds will be provided to no more than one center in service areas with less than 10,000 persons aged 60 and over.
3. Funding levels provided by the county to senior and community centers in 1983 shall constitute the base funding level for each center.
4. Any reductions brought about by changes in county funding levels will be made by reducing each center's current allocation level on an equal percentage basis.
5. It is likely that county budget constraints will continue for the foreseeable future. However, should additional funds be appropriated by King County for senior and community center support, allocation will be based on a weighted incentive formula which includes the following factors:
 - number of unduplicated clients served;
 - number of low-income clients served;
 - the proportion of service area population reached.

The maximum award to be made to any one center will be 20 percent of the total county funds to be allocated.

The incentive formula will be calculated as follows:

$$\frac{\text{Total New County Allocation}}{\text{Total Weighted Population}} \times \text{Center Weighted Population} = \text{Center Allocation Amount (up to 20\% of total allocation amount)}$$

The weighted client population will be determined for each center by adding together the unduplicated number of clients, the number of low-income clients, and the number of clients served in excess of the average percentage of service area population served.

Example:

Number of unduplicated clients served	700
Number of low-income clients served	350
Percentage of service area population reached	70%
Average percentage of service area population reached by all centers	40%

$$700 + 350 + (.3 \times 700) = 1,260 \text{ weighted client population}$$

6. Existing local resources must be maintained at current levels. Ten percent of additional county funds above the base funding level must be matched by locally generated resources.
7. King County recognizes that service areas with more than 10,000 senior residents may require more services than can be provided by one center. Funding for a satellite program or second senior center may be considered provided the following conditions are met:
 - a non-profit board of directors or a subcommittee of an existing board of directors is organized to investigate the feasibility of establishing a new program;
 - evidence of strong community support is demonstrated through substantial financial and volunteer support;
 - incorporated jurisdictions to be served by the proposed program approve its establishment and agree to provide required matching funds for base funding levels and incentive awards;
 - appropriate facility and support services are identified which meet the senior center standards adopted by the Seattle-King County Division on Aging.
8. If funding for a new program is approved, the initial allocation or "base" level and the local match requirement will be determined according to the 1978 senior center funding policy, updated to reflect inflation. The base allocation will take into account other resources that may be available to the center to support operating expenses. In no case will the initial base allocation exceed the funding provided to centers of comparable size serving similar communities.
9. King County reserves the right to reduce or eliminate funding for senior and community centers should changes in county priorities or revenues occur.

A REVIEW OF KING COUNTY'S POLICY
ON
FUNDING SENIOR AND COMMUNITY CENTERS

Prepared by: Susan Doerr, Gene Brooks
King County Human Services Division
July 12, 1983

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EXECUTIVE SUMMARY

King County has been a major source of funding for senior and community centers in rural and unincorporated King County since 1975 when Housing and Community Development block grant funds were first allocated for this purpose. It was not until 1978, however, that a policy was developed which set forth eligibility criteria and guidelines for services to be funded.

The policy developed in 1978 has since been used in the preparation of the Aging Program budget request each year. Funds are currently allocated according to a population-based formula contained in the policy. In the five years since the policy was established, a number of changes have taken place:

- The management and operations of county-funded senior and community centers have stabilized.
- Comparable data on program performance and client characteristics are now available.
- Updated census information for 1980 is now available.

The present policy also raises a number of issues for consideration:

- The policy recommendation requiring county funds to be administered through a United Way umbrella agency was never formally implemented. A number of centers decided to join the umbrella, Senior Services and Centers (SSC), and subsequently received United Way funding. Other centers remained independent of SSC but addressed county concerns by upgrading their accounting systems.
- The present policy states that only one senior center may be funded for each service area. Present service areas are based on those adopted by the first Housing and Community Development block grant plan in 1975. The number of seniors residing in each senior center service area in 1970 varied from 1,021 up to 8,996, which even then was a large variation. Population growth in the succeeding 10 years has increased the range enormously from 1,706 to 15,178. It seems unreasonable to expect a center in one area to serve 1,706 people while a center in another area must attempt to serve 15,178 people. Therefore, the present policy should be reexamined.
- The present allocation formula is based solely on the number of elderly residing in a service area. There is no provision for rewarding outstanding performance or discouraging substandard performance.

This was appropriate in 1978 when service level data was not available and there was no way to determine reasonable levels of performance. It may no longer be appropriate given the county's desire to serve the largest number of the target population in the most cost-effective manner possible.

- The policy now requires match levels that are linked to the size of the incorporated jurisdictions in which centers are located. The requirement has proven a burden for the seniors of Issaquah, as the funding provided by the City of Issaquah is limited to only half of the local match amount. The seniors themselves are thus required to raise the remaining funds.
- The policy currently states that county funds may be used only for administrative expenses. However, in some areas other needs may take precedence. For example, Issaquah Senior Center presently has no source for the transportation services that are critical to the successful operation of the center. It seems unreasonable to require that county funds be spent only on administrative expenses if a direct service need is of greater importance to the center.

Several options are available to King County in considering policy issues related to senior center funding.

- The current policy could be affirmed. This would result in elimination of future funding to the Northshore Senior Center.
- The current policy could be modified to redefine a "moderate-sized city" from 6,000 to 12,000 persons. This would enable the Northshore Senior Center to continue to receive county support.
- A proposed new policy could be adopted as follows:
 - Funding will be provided for centers in unincorporated areas and in cities of up to 12,000 residents.
 - Existing funding levels will be "held harmless" as the base funding levels for each center.
 - If reductions in county funding are necessary, they will be taken on a proportional basis from each center's allocation.
 - If additional county dollars are available, they will be distributed according to an incentive formula weighted for unduplicated clients served, number of low-income clients served, and the proportion of the service area population served. No single agency may be awarded more than 20 percent of available incentive funds.
 - Existing local resources must be maintained at current levels. New county dollars must be matched on a 90/10 basis.
 - Service areas with more than 10,000 senior residents may be considered for county assistance in developing a second senior program if certain conditions are met.

- County funds may be reduced or eliminated as required by changes in priorities or revenues.

The policy outlined above is recommended for the following reasons:

- Contract reimbursement is no longer restricted to administrative costs, but may be tied to agency performance of priority services.
- Incremental funding levels are based on performance levels rather than on service area populations.
- The definition of center eligibility for county funding has been simplified.
- Local match requirements for additional county funds are standardized.
- The requirement regarding umbrella agency administration is eliminated.
- Future needs for possible new program development are recognized.

I. INTRODUCTION

Purpose

This paper was developed in order to review the senior center funding policy presently utilized by the King County Aging Program for determining allocations to individual agencies.

Throughout the past few years the terms allocation and reimbursement occasionally have been confused and used interchangeably. These two terms are actually two discrete processes which act alone and in combination to define and structure program operations. They are defined as follows:

Allocation: An allocation is an encumbrance of funds made at the program and subcontractor level in anticipation of a level of program performance. The Human Services Division usually determines allocations on an annual basis. The final result of the allocation process is an executed agency/county contract which sets forth the maximum annual value of funds to be paid to the contractor.

Reimbursement: Reimbursement is compensation (actual disbursement of funds) for work performed as specified by the agency/county contract. Reimbursement for contracted services is usually made on a routine schedule, such as monthly, and the value of reimbursement is computed according to terms and conditions set forth in the agency/county contract. The term payment may be substituted for reimbursement.

This paper deals with the method of allocation to be used, no matter the level of resources available for the senior center program.

The existing policy was established in 1978, when current expense funds were first made available for the administrative support of senior and community centers. The policy sets forth guidelines for services to be funded by the county and eligibility for county assistance. Funds are currently allocated according to a population-based formula contained in the policy.

The original policy determined base funding amounts for agencies with little or no track record. The past five years have enabled agency management and operations to stabilize. In addition, county staff have worked hard to develop program standards and data collection tools. Service delivery and performance may now be evaluated and compared with more accuracy. It may be appropriate, therefore, to examine whether the present allocation policy adequately addresses the county's objectives in funding senior and community centers.

It should be noted that the options considered in this paper are policy alternatives, not alternative funding levels. A policy statement may be used to guide decisions on how to take necessary budget reductions, as well as how to allocate new resources. Given the county's present fiscal situation, immediate prospects for additional county funding for senior centers are remote.

History

King County's first involvement with specialized programs for the elderly began in 1955 with the establishment of the Senior Recreation Program operated by King County Parks. This program presently serves seniors one day a week at six locations throughout the county.

Development of senior centers occurred considerably later. United Way funding established the first two full-time senior centers in Seattle during the late 1960s. The first senior center to serve balance-of-county residents was founded in 1972 by the Kent Parks Department.

By the mid-1970s, a number of communities were interested in developing their own senior programs. Local groups organized and began seeking financial assistance from King County. Capital funds were needed to build or renovate suitable facilities, and ongoing assistance was needed for maintenance and operations.

Both capital and operating funds were available from Housing and Community Development block grant funds administered by the county. By 1978 the county was providing maintenance and operating funds to non-profit senior and community centers in Carnation, Highline, Maple Valley, North Bend, and Shoreline. Other centers indirectly received assistance through block grant funds allocated to suburban cities.

King County did not have a specific policy related to senior and community centers at the time initial block grant funding was provided. However, the Joint Policy Committee had adopted a policy that limited facility maintenance and operating funds to a three-year startup period. While this expectation was communicated to the centers at the beginning of their grant periods, by 1978 it was clear that this was not realistic. The centers were unable to develop alternative funding sources to replace county grant funds. Without county support, they would close.

Due to the level of community expectations and the capital investment in facilities, county public officials were unwilling to allow the centers to close. However, continuation of block grant funding would have violated county policy and potentially violated federal regulations governing the block grant program. The most feasible alternative was to transfer senior and community centers to current expense funding. This was requested in the Executive's 1978 proposed budget.

The county council, however, was concerned about the open-ended nature of this program and the lack of policies or criteria regarding the eligibility of agencies to receive county funds. Contingency funds were allocated to support the centers after block grant funds terminated. Meanwhile, the Executive was requested to prepare policy recommendations on current expense funding for senior centers.

In preparing the funding policy, county staff surveyed community needs for senior center programs and attempted to project legitimate needs for new centers. Additionally, community resource levels were examined in order to establish eligibility for county assistance and formulate local match requirements.

The resulting policy was reviewed by the council and has since guided the development of the Executive's current expense request for senior center support. Funding for Federal Way, Issaquah, and Northshore was added in 1979; in 1980, Enumclaw began receiving assistance. The map on next page shows the funding sources and service areas for centers serving the balance of King County.

It should be noted that Vashon Island was identified as an area eligible for funding in the 1978 policy document. However, no request for senior center funding has been made to date. The present program consists of an Evergreen club operated by the county Parks Division, co-located with a nutrition site funded by the Seattle-King County Division on Aging (SKCDOA). United Way contributes \$4,426 for rent, transportation and supplies. It should be noted that the Housing and Community Development Division has set aside funds to renovate a building for a Vashon senior center. The new center is expected to open some time in 1984. While United Way may increase its support of the program in anticipation of full-time operation, it is likely that a request for maintenance and operating funds will be made to King County.

Goals and Objectives of the King County Aging Program

This section summarizes the goals and objectives of the King County Aging Program in order to provide a framework for review of the proposed senior center funding policy. It is important to note that the funding policy is a vital element in one of the key objectives of the Aging Program.

Goal 1:

To assure the availability of services which assist older people, particularly those with low incomes, to maintain their independence in the community as long as possible.

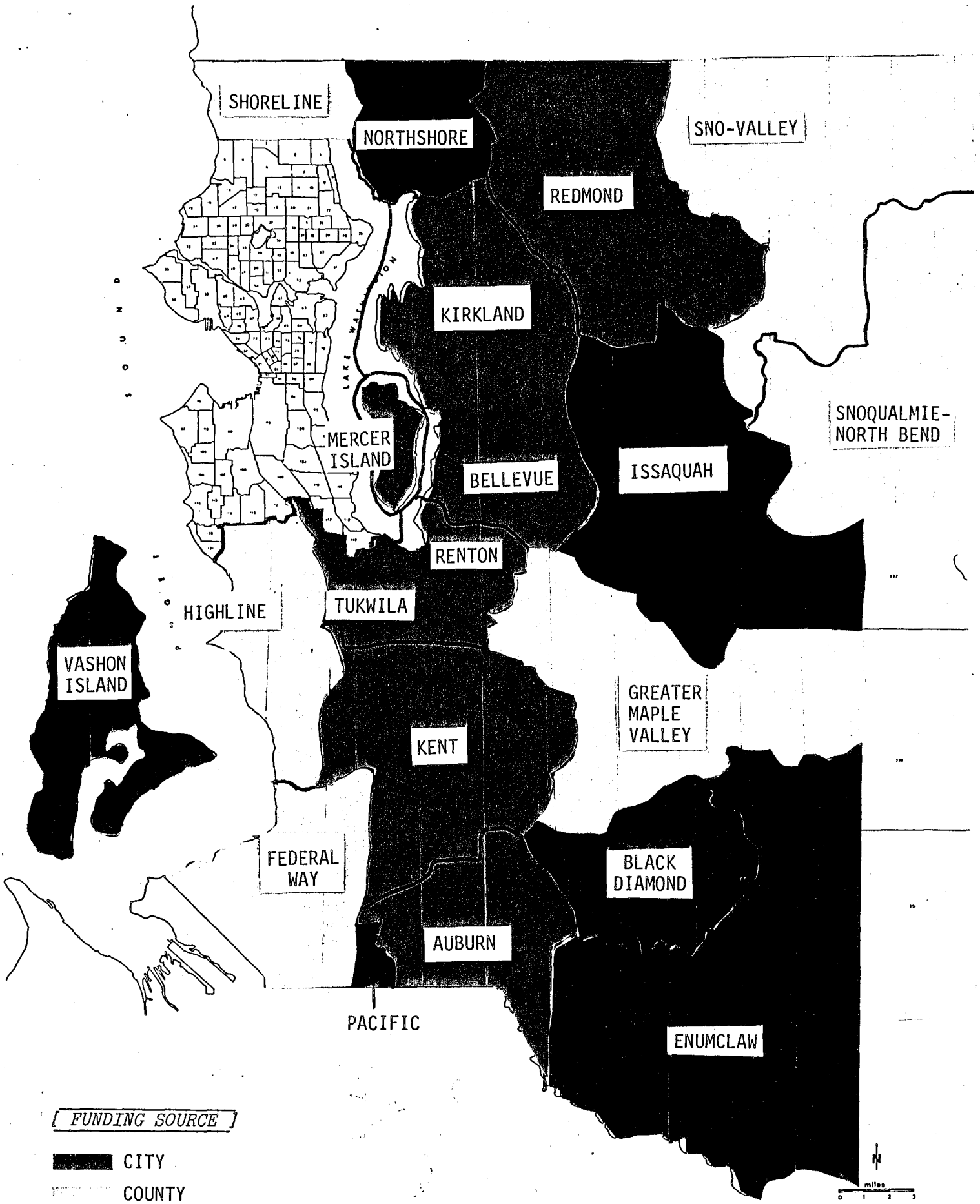
Objective 1: To enable senior and community centers serving rural and unincorporated areas in King County to provide a range of vital community services.

Objective 2: To work with other governmental agencies and non-profit organizations in developing centers and/or services which address the needs of senior citizens.

Objective 3: To identify and procure grant or other resources as appropriate in order to establish new services or enhance existing ones.

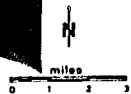
Objective 4: To coordinate planning for services in order to eliminate duplication of funding and maximize available resources.

SENIOR CENTER SERVICE AREAS



FUNDING SOURCE

- CITY
- COUNTY
- OTHER FUNDING SOURCES
- CITY/COUNTY



Goal 2:

To represent the needs and interests of senior citizens, with special emphasis on balance-of-county residents, to planning and funding bodies that support aging programs.

Objective 1: To participate actively in the determination of policies, plans and allocations of the Seattle-King County Division on Aging.

Objective 2: To communicate county interests and concerns on policy issues to United Way, METRO, and other important funding sources for aging programs.

Goal 3:

To support public policies that will improve the welfare of King County senior citizens, especially those who need assistance in order to maintain their independence.

Objective 1: To identify and promote federal and state policies and programs which will support the continued independence of older people.

Objective 2: To provide public education and training on policy issues and the decision-making process in order to enable senior citizens to advocate in their own behalf.

Goal 1, Objective 1 are the ones relevant to this policy document. The goal of assisting older people to maintain their independence within the community is one that is accepted as national aging policy. It is, however, especially appropriate for a local government that is interested in helping to meet the needs of its senior constituency.

The objective of assisting senior and community centers is one way to carry out the goal of supporting the independence of senior residents in the community. This objective is particularly appropriate for King County government because:

1. King County has historically provided funding to establish and maintain senior and community centers;
2. The county has focused its efforts on serving low-income, noninstitutionalized seniors in rural and unincorporated areas (see page 13 of this report for the excerpt from the 1977 Executive Taskforce on Aging report);
3. Funding for the maintenance and operation of senior centers is not readily available from other sources (see page 20 for a discussion of policies of other funding sources).

II. DESCRIPTION OF CURRENT SENIOR CENTER PROGRAM

Program Goal

Senior centers are established as community focal points for the provision of services which help seniors maintain their independence as long as possible. Services provided may include nutrition, transportation, health services, legal assistance, educational classes, opportunities for socialization, and other services which meet the needs of the senior community.

While there are no eligibility criteria for the general senior center program, emphasis is placed on reaching and serving the low-income and impaired members of the elderly population. Low-income is defined as less than or equal to 40 percent of the state median income (up to \$423/month for a one-person household or \$553/month for a two-person household). This is the criterion for most state-funded social services. Impaired means that an individual has a handicapping condition which interferes with his or her ability to pursue one or more activities of daily living.

Community centers serve a broader population that includes low-income families and youth as well as the elderly. Youth programs, food banks, and community clinics are some of the services offered in addition to those available from the senior programs.

1980 Census Information

In 1970 there were about 44,000 balance-of-county residents who were over 60, or 32 percent of the total county elderly population. By 1980 there were 81,319 residents aged 60 and over living in King County outside the city of Seattle. This was 44 percent of the total county elderly population of 102,910.

Nearly seven percent of senior residents outside of Seattle met federal poverty guidelines in 1980. This was equivalent to 36 percent of the state median income (SMI), or somewhat less than the 40 percent SMI low-income criteria for senior programs in this state.

The census information indicates an incidence of 13.7 percent among balance-of-county elderly of disabilities making it difficult to use public transportation. Finally, three percent of the county's elderly population in 1980 are minority.

Characteristics of Current Program Clients

The King County Aging Program administered a senior center client survey in June 1982, in order to develop a profile of clients utilizing the centers during a two-week period. A total of seventeen centers participated: nine funded by the county, and another eight operated mainly by suburban cities. The centers serving Seattle residents did not participate, so comparable data does not exist for city centers.

It should be noted that the survey was not a statistically valid sample of center clients. While the results provide a profile of clients who visited the centers over the two-week survey period, it is not a profile of the total client population, since there is no way to be sure that the clients surveyed were representative of center clients as a whole.

Although the above disclaimers must be kept in mind, we believe that the survey does provide a good "snapshot" in time. A total of 2,350 seniors participated. Seventy percent of those surveyed attended centers funded by the county, so the resulting data are likely to be more accurate in describing the clients served by county-funded centers. However, data for non-county-funded centers are provided for comparative purposes when relevant.

The bar graphs on page 11 summarize the results set forth in narrative fashion below.

Sex: Because of the demographic characteristics of the senior population, it is not surprising that senior centers serve a predominantly female client population. Of the survey respondents, 72 percent were female; 28 percent were male.

This female:male ratio is considerably higher, however, than that of the general senior population, which is 56 percent female/44 percent male according to 1980 census figures. The range between centers also varied considerably; the Tukwila Senior Center survey showed that 93 percent of its clients over the two-week period were female and 7 percent were male; while Black Diamond served the highest proportion of men, with 64 percent female and 36 percent of clients male.

Age: Based on the survey results, centers serving the balance of King County reach a client population that is older than the general elderly population. According to the 1980 census, 25 percent of the 60-and-over population is over the age of 75. This contrasts with 35.6 percent of persons completing the survey who indicated they were over age 75.

Sno-Valley Center and Enumclaw Senior Center are especially notable for the advanced age of their clients; 50 percent and 58 percent respectively stated that they were over age 75.

Income: Survey results show that 41 percent of the respondents have incomes that are at or below 40 percent of the state median income (SMI). This is the level considered to be low income for many social service programs. County-funded centers, as a group, appear to serve a higher proportion of low-income people than do the centers not funded by the county; 48 percent of county-funded clients indicated income at or below 40 percent SMI, while 34 percent of clients at centers otherwise funded were at this level.

An even greater contrast is seen when centers serving rural King County, (Northshore, Sno-Valley, Maple Valley, Issaquah, Mount Si, Enumclaw, Auburn, Black Diamond), are compared to the rest. Over half (51 percent)

of the rural client population is poor, as compared to 31.5 percent for suburban clients. The two centers serving the highest proportion of low-income clients are Maple Valley (70 percent) and Enumclaw (65 percent).

The survey data are especially interesting when compared with the census. According to 1980 census data, only 6.8 percent of the balance-of-county senior population is below poverty (defined as 36 percent of SMI). This indicates that the incidence of poverty among clients served by county-funded centers may be as much as seven times that of the general senior population.

Race: Survey results indicate that minority elders are served in proportion to their incidence within the general senior population. According to the 1980 census, minority elders are three percent of the balance-of-county older population; and three percent of survey respondents declared minority status.

Disability: Nearly 58 percent of survey respondents indicated that they have some kind of disabling condition. Hearing and vision problems were the most prevalent; 28 percent of the respondents selected this category to describe their disability. This information may not be directly comparable to the census, which shows that 13.7 percent of balance-of-county seniors have a "public transportation" disability. It does appear that the senior center population reflects a relatively greater incidence of handicapping conditions than that of the general population.

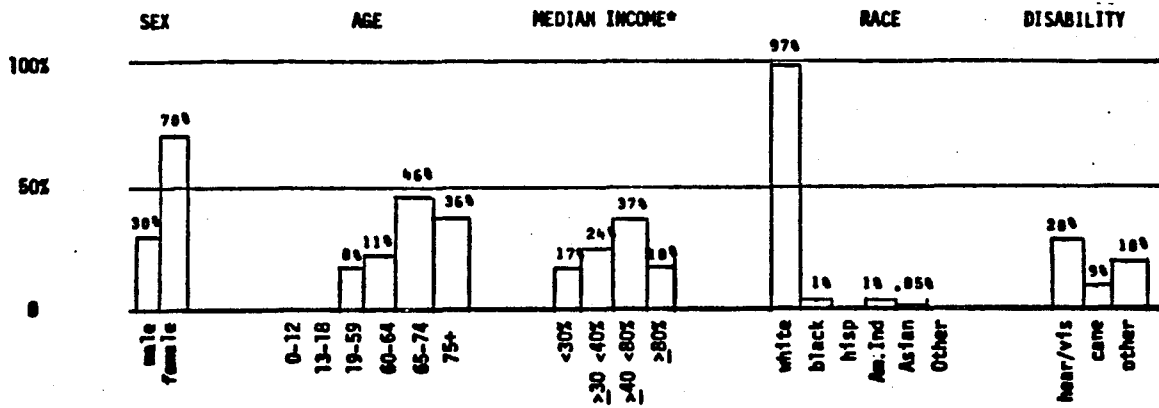
The survey results can be used to measure the ability of the centers to serve low-income, frail elderly. The SKCDOA uses the following indicators to denote the "at risk" population of older persons:

- elderly who are 75 years of age or older
- elderly with incomes at or below 40 percent of the SMI
- non-English speaking elderly
- minority elderly
- homebound, institutionalized, or disabled elderly
- geographically isolated elderly

Nearly 36 percent of the clients served by county-funded centers are over age 75; 48 percent are low-income; 58 percent have a disability; and the majority may be classified as "geographically isolated". Senior centers funded by King County are indeed reaching and serving their target population.

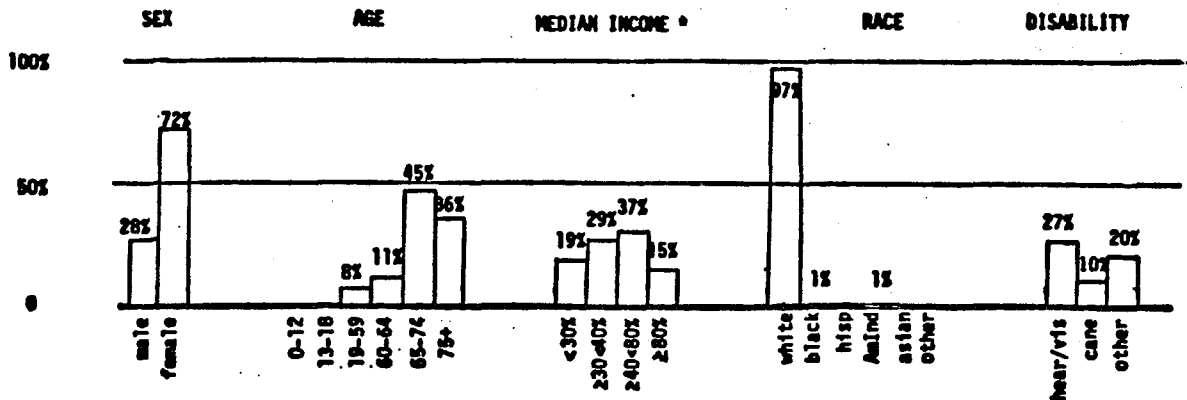
SENIOR CENTER SURVEY: ALL BALANCE OF COUNTY CENTERS

Sample size: 2350



SENIOR CENTER SURVEY: KING COUNTY FUNDED CENTERS ONLY*

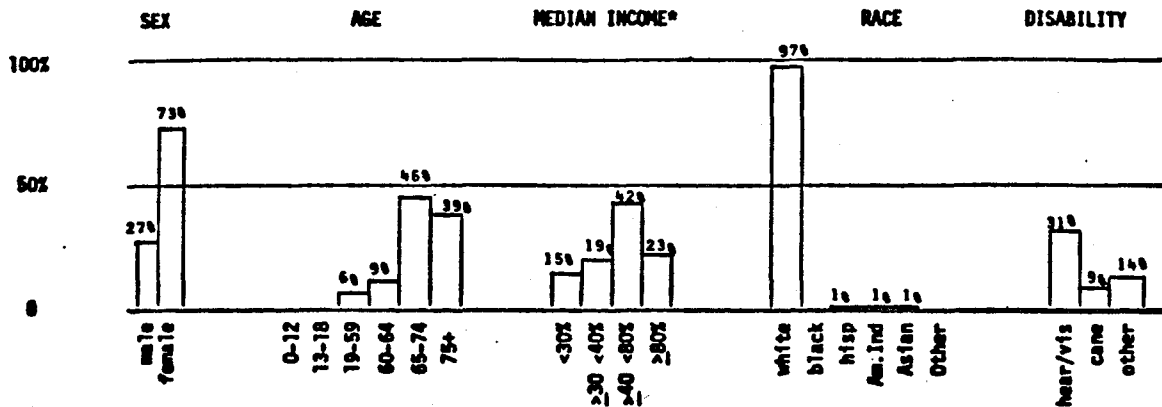
Sample size: 1650



*County funded centers include Enumclaw, Federal Way, Highline, Issaquah, Maple Valley, Mt. Si, Northshore, Shoreline, Sno-Valley.

SENIOR CENTER SURVEY: NON-COUNTY FUNDED CENTERS ONLY*

Sample size: 700



*Non-county funded centers include Auburn, Bellevue, Black Diamond, Kent, Kirkland, Mercer Island, Redmond and Tukwila.

NOTE: Income figures show the percentage of the state median income level earned by users of the senior or community center(s). The level of 80% of state median income has generally been held as a measure of poverty. The absolute dollar amount of that level varies according to household size. For example, a family of four needs more income than a single person to maintain the same standard of living. The table below details the monthly income levels for each household size up to four. Income shown is for households, not individuals.

HOUSEHOLD SIZE →	ONE	TWO	THREE	FOUR
	Level I (less than 30% of state median income)	0-\$316	0-\$414	0-\$512
Level II (30% or more, but less than 40%)	\$317-\$423	\$415-\$553	\$513-\$684	\$611-\$814
Level III (40% or more, but less than 80%)	\$424-\$846	\$554-\$1106	\$685-\$1367	\$815-\$1627
Level IV (80% or more of state median income)	\$847+	\$1107+	\$1368+	\$1628+

Needs Assessment Information

This section summarizes relevant information from a number of major efforts to assess the needs of King County's elderly. The three studies differ in their objectives and methodology, but each offers a perspective on the problems and issues facing older people.

1. An Assessment of the Needs of the Elderly in Washington State: A Summary Report for King County (The Seattle-King County Area Agency on Aging, 1977).

The data used in this analysis were drawn from a survey of non-institutionalized elderly in Washington state. The survey was conducted by the Gilmore Research Group under contract with the State Office on Aging. Please note that the information includes survey results from City of Seattle residents.

- **Housing situation:** Most elderly live in single-family dwellings (69%). One-fourth live in apartments or duplexes; five percent live in mobile home units. Seventy percent of the elderly have lived in the same community for eleven years or more. While most older people live with a spouse or partner (49%), a significant number live alone (40%), with the remaining number living with others.
- **Transportation:** Most seniors (95%) are able to get out of their homes at least once a week. However, 15 percent say they have difficulties with transportation that limit their ability to do what they want to do. Problems listed were: lack of car; transit doesn't go where needed; and no transit available. Some seniors never get out (3.5%).
- **Health:** King County's seniors generally rate their health as the same or better than others their age (89%); yet nearly 57 percent have a chronic health problem. A minority (12.2%) have difficulty accessing health services. Two-thirds of this group said they couldn't afford it. Up to five percent of the respondents were not able to perform one or more activities of daily living (for example: climbing stairs; housekeeping.)
- **Problems:** Income was identified as the single most important problem by 44.2 percent of those surveyed. This was far above the next most frequently selected problems: crime (16.8%); health care (15%); and transportation (12.4%). Clearly, income may interact with other needs. For example, if an individual cannot afford to maintain a car, the problem could be expressed either as lack of income or lack of transportation.
- **Service needs, awareness, and usage:** The study indicates that senior centers were the most well-known of the twenty social service programs examined. Nearly 80 percent of the seniors surveyed were familiar with senior centers. It was also the most frequently utilized service: 24 percent of those aware of senior centers use them, and 38 percent of those not aware said they would like to use them. The other services most frequently known by seniors included congregate meals (75.4%); home-delivered meals (73%); property tax relief (68.6%); and visiting nurse services (65.2%).

2. Executive Taskforce on Aging Report (King County Program Development Division, 1977).

This report was the result of an interdepartmental work team appointed to review the needs of the elderly and county programs serving the elderly in order to recommend program and budget priorities. The Task Force made the following recommendations:

- Provision of services to low-income elderly should be the first priority. The Task Force opposes the institution of means tests for most aging services, as they often discourage older people from seeking services to which they are entitled. The Task Force believes, however, that services can be targeted on low-income elderly who would not otherwise have access to them. This can be accomplished by providing services needed and utilized by low-income seniors in locations that are easily accessible to them.
- The county should continue to serve primarily the non-institutionalized, ambulatory elderly. This priority seeks to strengthen current county services which serve this population instead of establishing programs duplicating the services of other providers which assist the homebound. The county should seek to ensure that the needs of the homebound elderly are addressed by the appropriate service providers, for example: the Area Agency on Aging and the Department of Social and Health Services (DSHS).

Special efforts should be directed to serving older people who are not now in the social service system. Senior centers, outreach workers, and other aging service providers should place special emphasis on reaching low-income and isolated seniors so that they may benefit from appropriate programs.

- Priority for expansion of aging services should be given to rural unincorporated areas, including small cities with limited resources; and to urban unincorporated areas. This priority might be carried out by encouraging and assisting cities who provide services to older residents of unincorporated areas. Such a strategy would also benefit residents of suburban cities by encouraging local governments to focus more attention and resources on the elderly.
 - Further, the Task Force recommends that the county seek to respond to the top five areas of need identified by King County elderly: income, crime, health, transportation, and housing. All county efforts should be made in close coordination with other local agencies responsible for these services.
3. 1983 Needs Assessment for the Area Plan on Aging (Seattle-King County Division on Aging, May 1982).

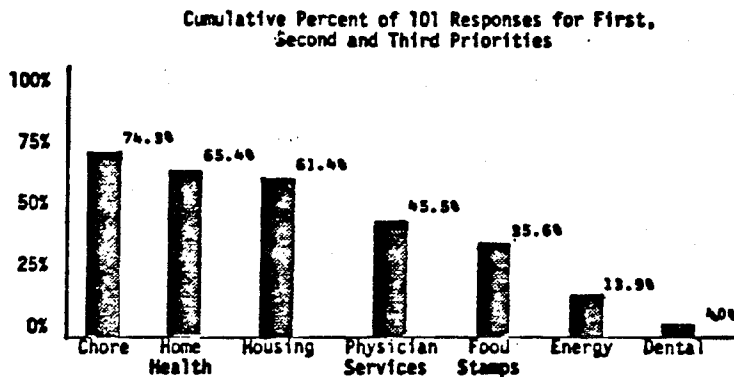
The methodology for this needs assessment consisted of a "key informant" survey seeking the opinions of senior community leaders and direct

service providers on the most vital service needs of the elderly. It was not an open-ended survey on the general needs of older people, but instead focused on two issues: 1) the impact of recent federal and state funding cuts on the independence of older people; 2) how should reductions be made in programs funded by SKCDOA.

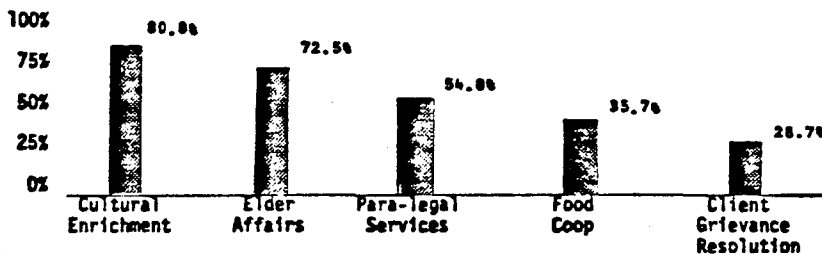
Reductions in chore services, home health, housing and physician services were the most frequently selected as threats to the independence of the elderly. In response to the second question, respondents indicated that cultural enrichment programs, the senior newspaper Elder Affairs, para-legal services, and the food cooperative were the most expendable programs then funded by SKCDOA. Health clinics, in-home nursing, home health aides, and dental/denture services were those selected least frequently for cuts.

Survey results are summarized by the graphs below.

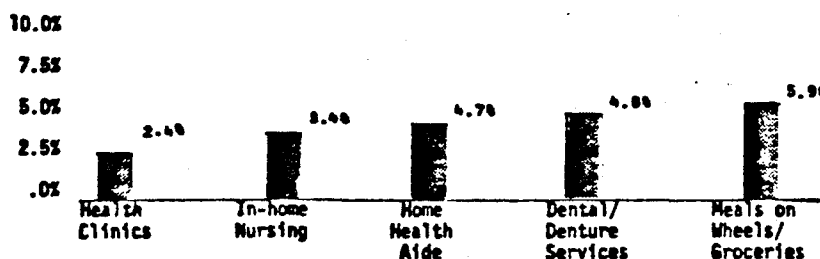
Which program reductions pose the greatest threat to the independence of your clients?



**Five Services Most Frequently Selected for Reduction or Elimination
(Cumulative Percent for First Five Reductions)**



**Five Services Least Frequently Selected for Reduction or Elimination
(Cumulative Percent for First Five Reductions)**



Services Provided by County-funded Centers

1. Services Funded by King County

King County funds are used to support core administrative staff and the maintenance and operating costs of nine senior and community centers. Services provided by the staff include the following:

- Supervision of center activities during operating hours;
- Development of a basic social/recreational program;
- Scheduling/coordinating other providers within the center;
- Development and supervision of volunteers and paid staff;
- Community outreach to locate and inform potential participants about the center;
- Fundraising and other resource development;
- Performing all required administrative tasks.

Performance is monitored on a routine basis through monthly reports providing data on center operations and client services. Community centers provide additional information on service levels for various programs provided to the community. Monthly fiscal reports are also required.

Based on past performance, it is estimated that a total of 13,850 seniors will be served at centers funded by King County in 1983. This is one-third of the total 60+ population residing in the communities served by the centers. The 1977 needs assessment funded by the state provides a good baseline for comparison. Only 19 percent of the respondents were regular senior center participants.

The table below displays a comparison of service area populations and unduplicated client counts by center. The number of clients served ranges from 450 senior participants at the Enumclaw Senior Program to 5,862 at the Maple Valley Community Center. It should be noted that Maple Valley also serves low-income families and youth.

It is also interesting to note the varying proportions of service area populations served by the centers. Shoreline Senior Center reaches about 16 percent of its service area senior population. However, a number of the centers show a much greater "market penetration" within their service areas. Issaquah and Mount Si Senior Centers serve the highest proportion of seniors in their areas--88 percent and 70 percent respectively.

COMPARISON OF SERVICE AREA POPULATIONS AND CLIENTS SERVED

Senior Center Service Area	60+ Population 1970	60+ Population 1980	Increase	% Increase	Client Unduplicated Count 1982	% Total Population Served
Enumclaw	1,538	2,338	800	52	450	19
Federal Way	2,093	4,898	2,805	134	1,169	24
Highline	8,996	15,178	6,182	69	2,853*	19
Issaquah	1,021	1,886	865	85	1,657	88
Maple Valley	968 <i>29,473**</i>	2,039 <i>32,820**</i>	1,071 <i>23,247**</i>	111 <i>68**</i>	914 <i>5,862**</i>	45 <i>28**</i>
Mount Si	1,190	1,706	516	43	1,193	70
Northshore	2,058	5,006	2,948	143	1,709	34
Shoreline	4,465	8,455	3,990	89	1,347	16
Sno-Valley	452 <i>3,284**</i>	557 <i>5,336**</i>	105 <i>2,052**</i>	23 <i>82**</i>	898 <i>2,287**</i>	161 <i>43**</i>
TOTALS	22,781 <i>44,228**</i>	42,063 <i>77,423**</i>	19,282 <i>33,305**</i>	85 <i>75**</i>	12,190 <i>28,527**</i>	29 <i>24**</i>

* Does not include nutrition site participants.
 ** Italicized figures show all ages, including 60+.

2. Center Services not Funded by the County

The importance of the community-based nature of senior center services should not be underestimated, especially in rural areas and small towns. Historically, citizens residing in these areas have been isolated from many services. Even if transportation were not a significant problem, most seniors would be reluctant or unable to travel to urban areas for the services they need.

County funding for basic operating costs enables the centers to house other social and health services which otherwise might not be available in the community. Seniors have ready access to information and needed services within a familiar and welcoming environment near their homes.

SKCDOA and other funding sources fund many of the services provided through other social service agencies at county-funded centers. Examples include nutrition programs; health clinics; dental, hearing, and vision screening; paralegal services; federal income tax assistance; outreach services; mental health services; transportation; educational classes; and many others. A conservative estimate of the value of these services at county-funded centers is \$600,000.

The centers are also catalysts for resources within their own communities. They mobilize financial and volunteer contributions so significant that in some cases they exceed the value of the basic funding provided by the county. It is estimated that the centers received contributions totaling \$251,590 in 1982 from local governments, community fundraising, and

United Way. Volunteers also provided essential support to center programs by contributing an estimated 76,800 hours of service in 1982.

3. Program Evaluation Results

Program evaluation is an ongoing activity of the aging program staff. Routine monitoring and annual site visits identify issues to be addressed. Centers help to establish the performance standards against which they are evaluated through participating in the annual Request for Proposal process.

Contracts finalize performance requirements and address identified issues through special requirements. In a sense, they function as a management tool. Specific areas addressed by the contracts have included:

- Work program development;
- Community needs assessment;
- Outreach plan development.

Since program performance is closely monitored on a regular basis, program evaluations focus on center management: planning, budgeting, and governance. One center is evaluated each year according to a pre-determined schedule.

Each evaluation entails meetings with staff and board, program and record review, site visits as needed, and development of findings and recommendations. Agencies are required to respond in writing to evaluation recommendations. Follow-up visits are made if warranted.

Centers evaluated to date have included Sno-Valley, Maple Valley, Federal Way, and Mount Si. The following comments summarize specific evaluation results.

- Recommendations made to the Sno-Valley and Maple Valley Centers primarily concerned the need to develop a more explicit planning process for agency work program and budget development. Meetings to discuss the findings in detail were held with each board. Agency record-keeping also received attention.
- Findings with respect to the Federal Way Senior Center related to program planning, budgeting, and governance. It was noted that the financial management of the agency had improved markedly. Governance matters were of particular concern in terms of the functioning of the board in its policy-making capacity and the clear delineation of board/staff roles. Followup discussions will take place during the site visit.
- The Mount Si Senior Center received an excellent evaluation. No major recommendations for improvement were made.

Review of agency annual financial audits are also part of the evaluation process.

Program Budget Levels

1. King County Funding

King County current expense funding for senior and community centers was first made available in the 1979 budget. A total of \$199,981 was budgeted that year. Four years later, the 1983 budget for centers is \$284,742, a 42 percent increase over the 1979 level. However, it should be noted that 73 percent of the increase, or \$61,835, was added in 1980 when several centers received full county funding for the first time. Growth in the county contribution for centers has been extremely limited since 1980--only \$22,926, or approximately seven percent over a three-year period.

Recent county budget constraints have been a particular hardship to centers because current expense funds are a major revenue source. County dollars have comprised an average of 50-55 percent of the centers' budgets over the last three years. The proportions represented by county funds range from 24 percent for the Northshore Senior Center to 76 percent of the Mount Si Senior Center budget. While it is unlikely that county budget problems will improve for the foreseeable future, many centers have made significant efforts to diversify their funding bases in order to reduce their dependence on county funds.

2. Other Revenue Sources

In addition to county funds, a variety of other resources are utilized by the centers to support their programs. All rely on revenue generated through local fund-raising efforts. Raffles, bake sales, small appliance repair businesses and senior boutiques are a few examples. Center participants generally take the lead role in organizing and carrying out these activities.

Several centers have obtained state gambling concessions and operate bingo games to benefit the centers. Maple Valley, Sno-Valley, and Federal Way all use this fund-raising technique. The Federal Way Center's operation is by far the most successful. In addition to raising 70 percent of its operating budget, Federal Way is investing proceeds from bingo games in a building fund and expects to be able to build or renovate a suitable facility in the future.

Shoreline, Northshore, Sno-Valley and Maple Valley have become member agencies of SSC and receive United Way Funds to support their senior programs. United Way contributions to these centers in 1982 were \$15,000 to Shoreline; \$28,000 to Northshore; \$10,019 to Sno-Valley; and \$19,000 to Maple Valley.

Finally, a number of centers receive significant support from their local city governments. Snoqualmie and North Bend contribute \$2,800 to the Mount Si Senior Center. The City of Enumclaw provides \$13,295 to support the community center facility that houses the senior program. The cities of Issaquah and Bothell contribute in-kind support valued at \$10,000 and \$15,800 respectively.

III. A REVIEW OF EXISTING SENIOR CENTER FUNDING POLICIES

County Policy

1. Current Expense

The key principles underlying the policy include:

- County funds will support administrative costs only.
- Funding levels are based on staffing patterns linked to the service area population of persons aged 60 and over. Three full time employees (FTEs) are funded for areas with more than 4,000 senior residents; centers serving 3,000-4,000 elderly are funded for two FTEs; 1.5 FTEs are funded for areas with 1,500-3,000 seniors. Staffing levels for programs serving areas with a population of less than 1,500 elderly "depend on the nature of the program and the number of elderly being served."
- County funds are provided on a local match basis. Centers in unincorporated areas receive 90 percent of their allowable administrative costs within a lid; those serving small cities with less than 2,500 residents receive 80 percent; and centers serving jurisdictions with populations between 2,500 and 6,000 receive 50 percent of their administrative expenses.

The provision to administer county funds through a United Way "umbrella" agency was never implemented, due to community concern expressed when the policy was reviewed by the council. Several agencies funded by the county have since opted to join SSC, the United Way umbrella agency. Technical assistance provided to other agencies in recent years has been successful in upgrading agency management, particularly in the fiscal area.

2. Housing and Community Development Block Grant

While federal Housing and Community Development block grant funds continue to be available for public services, federal regulations prohibit use of block grant money to supplant existing funding sources. Senior and community centers presently in operation would therefore not be eligible for block grant support.

Newly established senior and community centers might be eligible for block grant funds. However, federal restrictions limit funds available for public services to ten percent of the grant amount. This means that competition for available funds is intense. Limited funds have also resulted in tight criteria for priority projects that emphasize direct services instead of administration. These factors make it unlikely that Housing and Community Development funds will ever again be a major source of senior center funding.

Policies of Other Funding Sources

1. United Way: United Way of King County is presently the only other major source of senior center maintenance and operating funds in addition to the support provided by city governments to their own centers. Centers are not eligible for ongoing United Way support unless they have been admitted as member agencies through a formal admissions process.

In addition to the requirement for United Way agency membership, senior centers are funded only through the United Way umbrella agency, Senior Services and Centers. The 1981 Planning Report of the United Way Aging and Physical Health Conference Panel contains the following policy statement:

Senior Services and Centers, a United Way agency, is the only existing umbrella agency specifically for senior programs in Seattle/King County. The umbrella approach for funding senior centers is the most effective and efficient method of senior center management.

It is recommended that all senior centers which receive United Way funding be funded through Senior Services and Centers. This recommendation is consistent with the United Way Board of Directors resolution of May 1978.

2. Seattle-King County Division on Aging: While SKCDOA has administered senior center maintenance and operating funds provided by other sources, the federal and state dollars administered by SKCDOA have not been allocated for this purpose. The following policy on senior center funding is contained in the Allocation Policies adopted by SKCDOA Sponsors. It appears in the 1982 Area Plan on Aging:

SENIOR CENTER FUNDING: The Division on Aging funds only the provision of direct services in senior centers.

RATIONALE FOR POLICY: While the Division on Aging encourages the utilization of senior centers as a means for delivering social and supportive services to the older community, both King County and United Way have committed resources to the support of senior center operation. In view of these commitments, the Division on Aging has agreed to support the cost of providing specific services such as transportation and nutrition in these facilities, and to work cooperatively with other funding bodies to ensure the provision of adequate funding for senior center maintenance and operation costs.

Policy Issues

1. Senior Center Umbrella Agency: The most controversial of the policy recommendations made in 1978 was the requirement that county funds be administered through a United Way umbrella agency. There were three reasons for this proposal:

- United Way funding for senior centers is available only through the designated umbrella agency;
- The fiscal management services available under an umbrella agency would result in improved accountability. This was a very important factor at the time, due to the substandard nature of the accounting systems for a number of county-funded centers.
- An umbrella agency could assist in upgrading program performance and data collection.

As noted earlier, the umbrella agency recommendation was never formally implemented, although a number of agencies did form an association to jointly purchase accounting services. Several others opted to join Senior Services and Centers, and subsequently became United Way member agencies.

Senior Services and Centers continues to be the only conduit for United Way funding for senior centers. In 1978, United Way provided \$272,048 for senior center support. By 1982, the funding level rose to \$605,011. Even though the umbrella agency requirement represents a barrier for some agencies, United Way has made efforts to increase funding for balance-of-county centers. In 1978, only \$8,500, or three percent of United Way senior center funding went to agencies serving suburban and rural King County. The comparable figures for 1982 were \$129,991, or 21.5 percent. This can be compared to the proportion of total King County elderly residents residing in the balance of the county. According to the 1980 census, 44 percent of the elderly in King County live outside of Seattle.

The second issue relating to fiscal management is not as problematic now as it was in 1978. It is likely that the accounting system of SSC is still the most comprehensive and sophisticated. However, the other centers funded by the county have made significant efforts to improve their fiscal accountability. For example, an outside accountant has intensively reviewed accounting records and made recommendations. The Issaquah Senior Center has made arrangements with the City of Issaquah to provide contract administration and accounting services. Other centers will contract directly with the county. While this has required a substantial investment of county staff time, by and large the efforts have been successful.

The third reason for requiring umbrella agency management was to improve program performance and data collection. However, experience over the past five years does not necessarily support the idea that umbrella agency management represents a more effective way to manage senior centers. This statement is based on a number of factors:

- Information requests to SSC often require a lengthy response time.
 - The data collection system designed by county staff and utilized by county-funded centers appears to provide more comprehensive and reliable data on performance and client characteristics than that available from SSC's centers. These impressions have received some confirmation from staff of the City of Seattle Office of Management and Budget, which has requested detailed information on the county's data collection system.
 - The senior and community centers funded by King County presently enjoy strong community support, especially in rural areas. Many center board and staff members feel that management through an umbrella agency would diminish local autonomy and dilute the strong local support and involvement that now exists.
2. Definition of Cities Eligible for County Assistance: The present policy limits county assistance to senior centers located in incorporated jurisdictions of 6,000 residents or less. The effect of this restriction is to deny future funding to the Northshore Senior Center in Bothell (1980 population: 7,960), even though the number of senior residents in the service area has increased by 143 percent since 1970. Many of the participants served by the Northshore Senior Center are residents of unincorporated King County.
 3. One Center for Each Service Area: The present policy states that only one senior center may be funded for each service area. Present service areas are based on those adopted by the first Housing and Community Development block grant plan in 1975. The number of seniors residing in each senior center service area in 1970 varied from 1,021 up to 8,996, which was even then a large variation. Population growth in the succeeding ten years has increased the range enormously, from 1,706 to 15,178. It seems unreasonable to expect a center in one area to serve 1,706 people while a center in another area must attempt to serve 15,178 people.
 4. Population-based Formula: The present allocation formula is based solely on the number of elderly residing in a service area. There is no provision for rewarding outstanding performance or discouraging substandard performance.

This was appropriate in 1978 when service level data was not available and there was no way to determine reasonable levels of performance. It may no longer be appropriate, given the county's desire to serve the largest number of the target population in the most cost-effective manner possible.

5. Local Match Requirements: The policy now requires match levels that are linked to the size of the incorporated jurisdictions in which centers are located. The requirement has proved to be a burden for the seniors of Issaquah, as the funding provided by the City of Issaquah is limited to only half of the local match amount. The seniors themselves are thus required to raise the remaining funds.
6. Limitations on Services Funded by County Funds: The policy currently states that county funds may be used only for administrative expenses. This requirement emerged from an allocation policy based on the purchase of a certain level of administrative support per center. If the allocation policy is tied to other factors, such as base support plus performance, contract reimbursement can be negotiated more flexibly without "driving" the allocation process.

Such a change would provide flexibility in areas where other needs may take precedence over administration. For example, Issaquah Senior Center presently has no source for the transportation services that are critical to the successful operation of the center. It seems unreasonable to require that county funds be spent only on administrative expenses if a direct service need is of greater importance to the center.

IV. POLICY OPTIONSContinue Current Policy

After examining this report, King County could determine that no rationale exists for changing the policy now in effect. Future budget proposals would continue to be based on the present funding formula utilizing 1980 census data.

Impact. Northshore Senior Center would be eliminated from county funding beginning with the 1984 budget. Allocations to remaining centers would be based on the current proportion of funding received by each center.

Modification of Current Policy

Under this option, the definition of a "moderate-sized city" would be revised from 6,000 to 12,000 persons. All other current policy provisions would remain the same.

Impact. This revision would enable the Northshore Senior Center to continue to receive county support without making the county liable for any new commitments.

Proposed New Policy

Exhibit I provides the text of a proposed new policy for funding senior and community centers. Major provisions include:

- Funding will be provided for centers in unincorporated areas and in cities of up to 12,000 residents.
- Existing funding levels will be "held harmless" as the base funding levels for each center. If reductions in county funding are necessary, they will be taken on a proportional basis from each center's allocation. County funding constraints are likely to continue for the foreseeable future. If additional funds are available, they will be distributed according to an incentive formula weighted for unduplicated clients served, number of low-income clients served, and the proportion of the service area population served. No single agency may be awarded more than 20 percent of available incentive funds.
- As part of the "hold harmless", existing local resources must be maintained at current levels. New county dollars must be matched on a 90/10 basis.
- Service areas with more than 10,000 senior residents may be considered for county assistance in developing a second senior program if certain conditions are met.

- County funds may be reduced or eliminated as required by changes in priorities or revenues.

The proposed policy differs from the existing policy in the following ways:

- Allocation levels are no longer tied to staffing patterns or service area populations but are based on performance measures that are directly connected to county objectives and priorities.
- Contract reimbursement is no longer restricted to administrative costs, but may be tied to agency performance of priority services.
- The definition of center eligibility for county funding has been simplified.
- Local match requirements for additional county funds are established at the same level regardless of city size.
- The requirement regarding umbrella agency administration is eliminated.
- Future needs for possible new program development are recognized.

Impact. The proposed policy enables centers now funded by the county to continue receiving assistance at present levels. As noted earlier, the original purpose of the existing senior center policy was to provide ongoing administrative funding not available from other sources. Funding levels were based on a model staffing pattern and defined operational costs. In addition, the centers have been receiving essentially the same level of funding for the last several years, due to county budget constraints. Establishing these existing levels as "base levels", therefore, assures that enough dollars will continue to be available for basic administrative support.

If the proposed policy is adopted, allocation of any additional funds made available to support senior centers will be based on actual clients served and the proportion of the target population served rather than on service area populations. This provides a way to reward centers that are successful in achieving county client and service priorities. It also creates an incentive for centers to accurately collect and report client service data and characteristics.

Since basic administrative needs are addressed by the base funding levels and additional funds are awarded based on agency performance, it makes sense to provide some flexibility in terms of the actual services to be purchased by the county. The proposed policy removes the requirement that county funds be used for administrative purposes only. This leaves open the possibility that centers could negotiate to use part of their county allocations to support direct services. In order to do this, a center would be required to show:

- That sufficient funding exists to support administrative costs adequately;

- That no other funding source or program is available to address a demonstrable community need;
- That the proposed service will enhance center services as a whole and assist the center to meet client service objectives.

This issue would be handled administratively through the Request for Proposal process and contract negotiations.

The policy establishes parameters for funding of three centers not now receiving county current expense support, should additional funds be made available. Block grant funds have been set aside for renovation of a facility for a Vashon Island senior center, to be completed by early 1984. Vashon Island is presently eligible for funding and would continue to be eligible for assistance if the policy were revised as recommended. It is likely that funds for maintenance and operation of a Vashon center will be requested in the 1984 budget process. This would require new resources.

Black Diamond presently has sufficient support for their senior program from Housing and Community Development block grant funds and United Way. Funding for a community center facility has not been identified. However, if a center is built, it is likely that county assistance will be requested.

Finally, the potential need for a second program serving the Highline service area (senior population 15,178) is recognized. The recommended policy requires significant local participation in planning and financing a new center. There is no organized interest in a senior center in the Des Moines area at the present time. County support is not likely to be required in the near future.

If all three of these centers were approved for full funding in the 1984 budget, the total fiscal impact would be \$75,000. Requests for funding of new centers would be initiated through the Request for Proposal process which is used as the basis for developing the Aging Program's annual budget request. Decisions regarding the relative priority of funding for new centers would be made within the established budget process.

EXHIBIT I

GOALS AND OBJECTIVES OF THE KING COUNTY AGING PROGRAM

Goal 1:

To assure the availability of services which assist older people, particularly those with low incomes, to maintain their independence in the community as long as possible.

Objective 1: To enable senior and community centers serving rural and unincorporated areas in King County to provide a range of vital community services.

Objective 2: To work with other governmental agencies and non-profit organizations in developing centers and/or services which address the needs of senior citizens.

Objective 3: To identify and procure grant or other resources as appropriate in order to establish new services or enhance existing ones.

Objective 4: To coordinate planning for services in order to eliminate duplication of funding and maximize available resources.

Goal 2:

To represent the needs and interests of senior citizens, with special emphasis on balance-of-county residents, to planning and funding bodies that support aging programs.

Objective 1: To participate actively in the determination of policies, plans and allocations of the Seattle-King County Division on Aging.

Objective 2: To communicate county interests and concerns on policy issues to United Way, METRO, and other important funding sources for aging programs.

Goal 3:

To support public policies that will improve the welfare of King County senior citizens, especially those who need assistance in order to maintain their independence.

Objective 1: To identify and promote federal and state policies and programs which will support the continued independence of older people.

Objective 2: To provide public education and training on policy issues and the decision-making process in order to enable senior citizens to advocate in their own behalf.

In order to achieve Goal 1, Objective 1, King County annually allocates funding to support selected senior and community centers in King County. The following policy provides guidance for the distribution and contracting of these funds.

SENIOR CENTER FUNDING POLICY

1. King County will provide funding, to the extent that resources are available, for senior and community centers that meet the following criteria:
 - located in unincorporated King County;
 - located in incorporated jurisdictions of not more than 12,000 residents.
2. County funds will be provided to no more than one center in service areas with less than 10,000 persons aged 60 and over.
3. Funding levels provided by the county to senior and community centers in 1983 shall constitute the base funding level for each center.
4. Any reductions brought about by changes in county funding levels will be made by reducing each center's current allocation level on an equal percentage basis.
5. It is likely that county budget constraints will continue for the foreseeable future. However, should additional funds be appropriated by King County for senior and community center support, allocation will be based on a weighted incentive formula which includes the following factors:
 - number of unduplicated clients served;
 - number of low-income clients served;
 - the proportion of service area population reached.

The maximum award to be made to any one center will be 20 percent of the total county funds to be allocated.

The incentive formula will be calculated as follows:

$$\frac{\text{Total New County Allocation}}{\text{Total Weighted Population}} \times \text{Center Weighted Population} = \text{Center Allocation Amount (up to 20\% of total allocation amount)}$$

The weighted client population will be determined for each center by adding together the unduplicated number of clients, the number of low-income clients, and the number of clients served in excess of the average percentage of service area population served.

Example:

Number of unduplicated clients served	700
Number of low-income clients served	350
Percentage of service area population reached	70%
Average percentage of service area population reached by all centers	40%

$$700 + 350 + (.3 \times 700) = 1,260 \text{ weighted client population}$$

6. Existing local resources must be maintained at current levels. Ten percent of additional county funds above the base funding level must be matched by locally generated resources.
7. King County recognizes that service areas with more than 10,000 senior residents may require more services than can be provided by one center. Funding for a satellite program or second senior center may be considered provided the following conditions are met:
 - a non-profit board of directors or a subcommittee of an existing board of directors is organized to investigate the feasibility of establishing a new program;
 - evidence of strong community support is demonstrated through substantial financial and volunteer support;
 - incorporated jurisdictions to be served by the proposed program approve its establishment and agree to provide required matching funds for base funding levels and incentive awards;
 - appropriate facility and support services are identified which meet the senior center standards adopted by the Seattle-King County Division on Aging.
8. If funding for a new program is approved, the initial allocation or "base" level and the local match requirement will be determined according to the 1978 senior center funding policy, updated to reflect inflation. The base allocation will take into account other resources that may be available to the center to support operating expenses. In no case will the initial base allocation exceed the funding provided to centers of comparable size serving similar communities.
9. King County reserves the right to reduce or eliminate funding for senior and community centers should changes in county priorities or revenues occur.