Multnomah County
Aging, Disability and Veterans Services Division

2021-2025
Area Plan

Draft V4 2021-04-01

Multnomah County

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Section A: Area Agency Planning and Priorities

A-1   Introduction

The Kathlamet, Wasco, Clackamas, Bands of Chinook, Tualatin, Kalapuya, Molalla, Multnomah, and other Tribes lived along the Columbia and Willamette Rivers for thousands of years where the boundaries of Multnomah county are drawn today. We honor these tribes as the original stewards of this land. We acknowledge the intentional and ongoing attempts to destroy Native people and erase Native culture. We recognize and honor the lives of the African people who were stolen and enslaved by White occupiers to perform unpaid labor to further the colonization of these stolen lands. The Aging, Disability and Veterans Services Division recognizes that the history of these lands has been intentionally unspoken and White dominated, the impacts of which remain largely unaddressed and palpably reverberate in this place that is recognized today as Multnomah county, Oregon.

Multnomah county is the most populated county in Oregon with an estimated 829,560 residents, representing nearly one-fifth of the state population. Recent estimates show that 151,827 or 18.3% of the county's residents are people 60 and older. Older adults, 48,767 people with disabilities, and the estimated 37,495 Veterans that live in Multnomah county are the primary service populations for the Multnomah County Aging, Disability and Veterans Services Division (ADVSD).

ADVSD is one of four divisions comprising the Department of County Human Services. The other divisions are Intellectual and Developmental Disabilities Services, Youth and Family Services, and the Preschool and Early Learning. ADVSD is the designated Area Agency on Aging (AAA) for Multnomah County. As a Type B Transfer AAA, we offer access to services for older adults and people with disabilities at five District Centers, eight Enhancing Equity providers, five Medicaid Long Term Services and Supports (LTSS) offices throughout the county. Services include assisting in finding resources such as, Supplemental Nutrition Assistance Program (SNAP), health care coverage, long-term and community-based care services, Oregon Project Independence (OPI), and Older Americans Act (OAA) programs and services. ADVSD administers Adult Protective Services, Adult Care Home Licensing, and Public Guardian and Conservator programs to assist those most vulnerable and at risk. ADVSD offers seamless entry to services to ensure that people receive appropriate services and strive for a "No Wrong Door" approach. To further that aim, three of the five District Centers co-locate with Medicaid LTSS offices. All LTSS branches serve both older adults and people with disabilities.

The primary goal for ADVSD is that elders and adults with disabilities to live as independently as possible by offering a range of services—some directly and others

through contracts with community agencies. A complete list of services is included in Section B-3, AAA Service and Administration, and Section D-2 Services Provided through OAA and OPI. ADVSD has two advisory councils—the Disability Services Advisory Council (DSAC), and the Aging Services Advisory Council (ASAC). The ASAC and DSAC bring expertise, lived experience, and consumer voice into the work of ADVSD by making recommendations and advocating on important issues affecting seniors and people with disabilities.

ADVSD must be a leader in the work toward racial justice both in the county and in our systems. We recognize that multiple systems of oppression are reinforced in ADVSD policies, practices, and processes. We are called to be humble, brave, and committed to addressing them as a division. This plan strives to weave Multnomah County's Leading with Race pledge and the Equity and Empowerment Lens tools into its work. The analysis and goals give focus to people who have been marginalized based on their race, gender, sexual orientation, ability, age, and other forms of oppression. We understand that marginalization compounds when the multiple identities people hold intersect, particularly for people of color. This plan, for ADVSD, is a tool to continue our reorientation towards racial justice. Read more about Leading with Race and The Workforce Equity Strategic Plan: https://multco.us/safety-trust-and-belonging-workforce-equity-initiative

For questions or comments, please call (503) 988-3646 or email areaplan@multco.us

A-2 Mission, Vision, Values

ADVSD mission: Promote independence, dignity, and choice in the lives of older adults, people with disabilities and veterans.

ADVSD vision: All older adults, people with disabilities and veterans thrive in diverse and supportive communities.

ADVSD mission and vision are founded on the following organizational values:

- Put People First
- Act with Integrity
- Promote Equity, Empowerment, and Inclusion
- Collaborate
- Pursue Excellence
- Accept Personal Responsibility
- Foster Creativity and Innovation
- Act as Change Agents
- Bring Our Best Selves to Work

ADVSD provides services directly and in concert with multiple community partners. The non-profit organizations that partner with us bring expertise and deep connections to the communities they serve. They provide coverage across the county and to provide culturally responsive and culturally specific services. We coordinate activities that have regional impacts with neighboring counties, cities within Multnomah county, and with agencies across the state. We strive to provide trauma-informed and person-centered services. We embrace innovation and learn from our peers across the nation and in communities across the globe. We are working to reduce and remove silos within our program areas, across the Department of County Human Services, and between Multnomah County Departments.

ADVSD is committed to dismantling systemic racism, White supremacy, and other related and connected systems of oppression in ADVSD processes and the services we provide and fund. We do this to honor all the people aging in Multnomah county and their choice, dignity, and independence. Some of our partners include:

- Asian Health and Service Center
- Asian Pacific American Senior Center
- Ecumenical Ministries of Oregon
- El Programa Hispano Católico
- Friendly House

- Hollywood Senior Center
- Immigrant and Refugee Community Organization
- Impact NW
- Independent Living Resources
- Meals on Wheels People
- Native American Rehabilitation Center
- Native American Youth and Family Center
- Neighborhood House
- Q Center
- SAGE Metro Portland
- Store to Door
- Urban League of Portland
- YWCA

A-3 Planning and Review Process

To inform the 2021-2025 Area Plan Needs Assessment and Planning Process ADVSD utilized the following methods and tools:

Review, Research, and Alignment

In September 2019, ADVSD began a review and analysis of the past three Multnomah County Area Plans and current Area Plans of PSA of similar size, community profile, those known to have responsive approaches to community engagement, and innovative approaches to services. To understand current and emerging trends in issue areas and gaps in services, ADVSD reviewed program data, local, regional, population-level, and topic-specific planning documents, national research, and policy documents. This plan draws upon and reflects the work of other divisions and departments across Multnomah County, such as:

1. Multnomah County Workforce Equity Strategic Plan
2. The Equity and Empowerment Lens
3. Being Trans and Gender Diverse in Multnomah County
4. Community Powered Change – The Multnomah County Community Health Improvement Plan
5. Multnomah County Mental Health System Analysis
6. Poverty in Multnomah County
7. Domicile Unknown
8. Point in Time Count
9. Violence Prevention and Intervention Framework

Demographic Analysis – See Section B-1 Population Profiles.

Community Survey

In March 2020, ADVSD was poised to launch an in-person interview approach to the needs assessment when the State of Oregon went into lockdown to stop the spread of the COVID-19 virus. With input from the Advisory Councils, ADVSD decided that an online survey was the safest means to gather community input and needs. We understood that an online-only tool limits who can participate due to barriers to digital access and the length of the survey. ADVSD invested in support by funding community partners to do outreach and provide survey support by telephone and various online platforms.

Highlights of the Survey Tool, Approach, and Response

1. The survey took place from December 1-31, 2020.
2. The survey was offered in 17 languages, as follows:

   - English
   - Español [Spanish]
   - 繁體中文 [Traditional Chinese]
   - 简体中文 [Simplified Chinese]
   - 한국어 [Korean]
   - Tiếng Việt [Vietnamese]
   - Россия [Russian]
   - українська [Ukrainian]
   - Kiswahili [Swahili]
   - Oromoo [Oromo]
   - नेपाली [Nepali]
   - ဗမာ [Burmese]
   - ቋንቋ [Ahmaric]
   - ትግርኛ [Tigrinya]
   - فارسی [Farsi/Persian]
   - عربى [Arabic]
   - Soomaali [Somali]

3. The survey garnered 1,893 total responses. The preliminary analysis included 1,392 of those responses.
4. A total of 460 people took the survey in languages other than English. To provide phone-based survey support and to ensure responses in each language, ADVSD partnered with the language bank at the Immigrant and Refugee Community Organization (IRCO) to make calls to individuals and reached 128 participants using this approach. The survey was utilized in all languages except Somali.
5. ADVSD contracted with 11 new and existing partners to provide outreach and survey support via telephone and Zoom.
6. The survey included 48 issue-related questions, 33 expanded demographic and identity questions, a needs ranking exercise, 16 open-ended questions, and 13 comment fields for the community to provide additional information related to each topic area.

7. ADVSD paid each eligible survey respondent a $10 gift card as an incentive for taking the survey.

More information on the survey results can be found here: https://multco.us/ads/2021-2025-advsd-area-plan

Community Interviews

Multnomah County worked with two Transgender and Nonbinary community members to lead a process to bring the voices of Transgender and Nonbinary older people into the 2021-25 Area Plan. This process involved promoting survey participation and conducting eight community interviews with Transgender and Nonbinary older adults and one Two Spirit Elder. This work is documented throughout the plan and in section C-1.

Community Listening Sessions

Two public listening sessions were hosted by ADVSD, the Aging Services Advisory Council (ASAC), and the Disability Services Advisory Council (DSAC) in March 2021. Invitations were sent to senior centers and Enhancing Equity providers, their staff, and the community members they serve. The listening sessions were advertised via notices distributed by Multnomah County communication channels, email lists, and social media. ADVSD provided American Sign Language interpretation, closed captioning, and language interpretation upon request. Public comment was invited via email, postal mail, telephone, voice mail recording in any language, and at the public hearings. On April 1, 2021 Multnomah County Board of County Commissioners passed R. 3 Resolution approving the Aging, Disability and Veterans Services Division 2021-2025 Area Plan, giving ADVSD permission to submit the draft 2021-2025 Area Plan to the state for review, and to begin implementation on July 1,2021.

Role of Advisory Committees

The ASAC and the DSAC served as the steering committee for the 2021-2025 Area Plan. ADVSD consulted with ASAC and DSAC members on the approach, survey instruments, and provided updates on the process and analysis at monthly meetings. ASAC and DSAC members were key contributors at the Community Listening Sessions and had the opportunity to contribute comments to the draft.

Over the coming months, ADVSD staff, ASAC and DSAC members will conduct outreach on the plan and will provide a briefing on the plan with staff and representatives of local jurisdictions, Tribal Governments, and Native organizations.

Scope of Need

Graphic #1: Top Needs as identified by the Community ranked 1-9. Responses to this question: 1,288

Respondents were asked to rank the following needs based on importance. Below are the ranked needs overall.

Needs were ranked on a scale of 1 to 9   (1 = most important)

Legend:
🏠 Housing
💲 Income
➕ Healthcare
🍴 Food
🚌 Transportation
👥 Social Connectedness
👪 Caregiving Support
ℹ Information
🤝 Race and Identity

#1 🏠
#2 💲
#3 ➕
#4 🍴
#5 🚌
#6 👥
#7 👪
#8 ℹ
#9 🤝
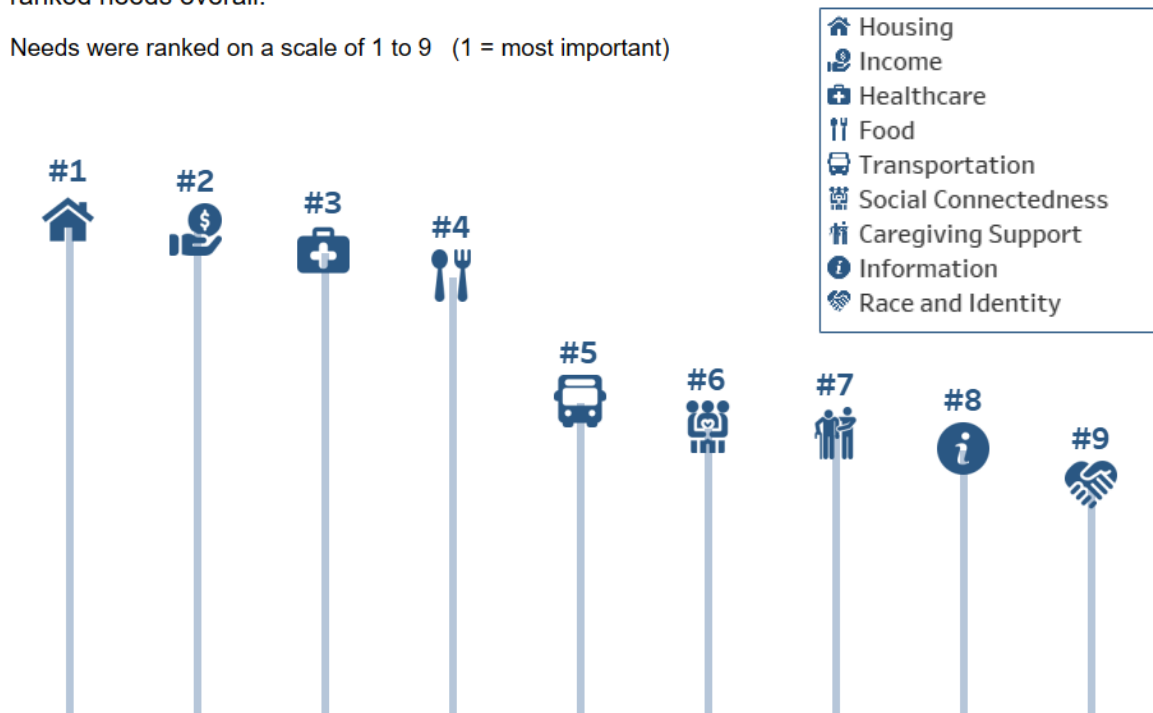
Income, housing, health care and food were nearly unanimously identified as the top four most important needs among survey respondents of all incomes, race, or identity intersections. Transportation was most often ranked at number five. Needs relating to race and identity, information, social connection, and caregiving moved among the six through nine positions, but with little difference indicated in their ranking. See Graphic #2 on the next page.

Graphic #2: Top Needs as identified by the Community shown by average ranking.
Responses to this question: 1,288

Respondents were asked to rank the following needs based on importance. Below are the ranked needs overall.

Needs were ranked on a scale of 1 to 9   (1 = most important)

🏠	Housing
💰	Income
🧰	Healthcare
🍴	Food
🚌	Transportation
🏢	Social Connectedness
👪	Caregiving Support
ℹ	Information
🤝	Race and Identity

3.5 🏠   3.6 💰   3.8 🧰   4.1 🍴   5.5 🚌   5.8 👪   5.9 👫   6.0 ℹ   6.5 🤝

In addition to the ranked needs, the following were identified as important needs by community members:

- Improved safety and sense of security
- Employment opportunities and support
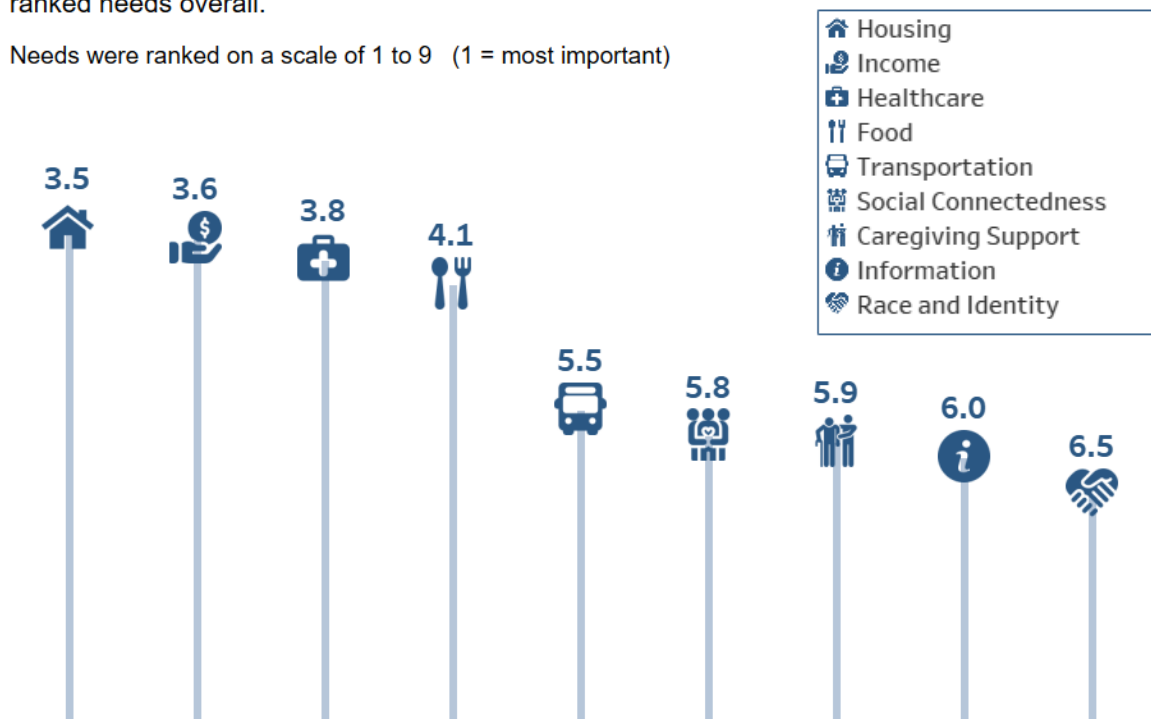- Greater access to public spaces, especially parks and other green spaces
- More technology training and ways to access information for those who do not use technology.

Issues facing older adults in Multnomah county:

- **Housing affordability and costs relating to maintaining a home**. Older adults, people with disabilities, and low-income people of color are being displaced by rising housing costs at a disproportionate rate.
- **Affordable, accessible, and flexible transportation**. Transportation is a critical component to maintain independence, receive health care, increase social connection, food access, and use of community-based services.
- **Meeting food needs**. Food is a costly regular expense. Older adults on living low or fixed incomes struggle to buy the food they need.

- **Mental and Behavioral Health Resources**. There are too few providers with practices that focus on older adults experiencing social isolation, depression, and substance use disorders. Too few providers accept Medicare.
- **Equitable language access**. Language remains a barrier for older adults with limited English proficiency to equitably navigate health, transportation, and other systems. A burden is placed on community-based organizations or other informal networks of support to fill this gap.
- **LGBTQ+ elder spaces and improved community competency**. Transgender and Nonbinary older adults identified the need for improved LGBTQ+ competency in ASDVD and the aging services network. They also called for spaces offered by trusted partners for LGBTQ+ elders to access services and programs.

The Impact of COVID-19 on Older Adults, the Area Plan Approach and Needs Assessment

Conducting a needs assessment during the time of an evolving and worsening global pandemic was exceedingly difficult. The challenges were intensified by grief felt across the community, young and old, following the murders of George Floyd and Breonna Taylor, incidents sparked protests in response to these tragedies and ongoing systemic and institutional violence against the Black people in Oregon and the United States. In September 2020, forest fires in Oregon, which threatened the property and lives of many Oregonians, further intensified feelings of grief, fear, and insecurity in the community.

COVID-19 has exacted unknowable fear and loss in the lives of older adults and had an incalculable impact on older adults' caregivers. Since the beginning of the COVID-19 pandemic, The Centers for Disease Control and Prevention clearly stated that people over 65 are at increased risk for severe illness, hospitalization, and death due to COVID-19[1]. Emergency orders were issued in March 2020 by the State of Oregon and Multnomah County, imploring older adults to stay home, keep their distance from family and friends, wear masks, and only go out when necessary. In effect, COVID-19 made many older adults and people with disabilities involuntarily homebound serving to further isolate a population already at high risk for loneliness and neglect.

To address these impacts communities and organizations serving older adults shifted their models at warp-speed. From congregate meals they implemented home meal delivery, added welfare checks, grocery and medication delivery, technology support, and worked tirelessly to stay connected to their elders. This work happened while

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[1] Older Adults and COVID-19 https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html

meeting evolving COVID-19 safety protocols in the many settings where older adults are served.

The shifts in the needs and community consciousness around the wellbeing and welfare of older adults made it an extraordinary time to conduct a needs assessment. As outlined above it was necessary to shift all needs assessment engagement from in-person community-focused events to an online survey and outreach and engagement by telephone and virtual platforms. This shift in approach dramatically changed who we could reach, the participant experience, and limited the communities participating. While the response to the survey was high compared to our goals, there are underrepresented voices due to the demands on community partners, technological barriers, cultural barriers, and staff capacity.

ASAC and DSAC recommended further work to understand the experiences of older adults who are Black, Indigenous, and from communities of color and that the future goals reflect those findings. ADVSD will add goals and activities related to the following focus areas: housing, mental health and behavioral health, income, and health care. We will add goals and key tasks specific to the following communities—veterans, older adults who are LGBTQ+, unhoused older adults, and older adults who were previously incarcerated.

Appendix C

Notices and list of meeting where the area plan was discussed.

A-4 Prioritization of Discretionary Funding

ADVSD will lead with Race and use the Equity and Empowerment lens and tool in all funding decisions and will apply additional scrutiny to scenarios and proposed cuts that will reduce services to communities that have been impacted by historic and systemic racism and those who have been identified as priorities in this plan.

In all cases ADVSD strives to prioritize services for those at highest risk and those with the greatest need, utilizing assessment tools to guide our decisions. ADVSD prioritizes funding for programs and services that are evidence based or that are proven to have a positive impact on the community being served, while continuing to pursue innovations.

When funding limits require, ADVSD will direct district center and Enhancing Equity partners to place any newly referred individuals on a waitlist.
- Oregon Project Independence (OPI) in-home services and support:
  - OPI Wait List Risk Assessment Tool is completed, and consumers are prioritized with those most at risk for nursing facility placement being put at the top of the list. Other factors, such as the risk of self-neglect or of abuse/neglect by others are considered in priority ranking.
  - Options counseling provided.
- Transportation assistance:
  - For waitlisted individuals with a case manager, risk and need is assessed to determine prioritization.
  - Consumers without a case manager will receive information and assistance notifying them of other resources in the community for transportation.
- Family Caregiver Support Program:
  - A family caregiver offered Options counseling is accordingly referred.
  - The family caregiver is informed of other services such as support groups, education and training and respite options such as adult day services.

During the process of the 2021-25 plan ADVSD will review the funding formula applied for programming through an open request for proposals process.

COVID-19 and the countywide shut-down brought attention for the need to support elders in crossing the digital divide. Prioritization includes programs and wrap-around support so older adults can access the internet, join Zoom events, participate digitally, access telehealth, and stay connected with friends and family. Goals include access to technology, internet, and training and technical support for participants.

We have never seen a world in which so many were so isolated from family, from friends, from activities, from healthcare. And we have never seen a world in which the "connections" to everything—services, shopping, learning about new products, listening to music, meeting people, talking to a doctor—are all made through an alphabet soup of technology, delivered by almost monopoly-like tech firms from Amazon to Zoom.

Generations Now: The Digital Divide—Why Haven't All Older Adults Crossed it" by Laurie Orlov

Section B: Planning and Service Area Profile

B-1 Population Profile

Multnomah county is the most populated county in the state of Oregon with an estimated 829,560[2] residents, representing nearly one fifth of the state's population. People 65 years and over make up 18.6% of the Oregon estimated population. Multnomah county has 113,099 residents who are 65 and older or 13.9% of residents.

As the Area Agency on Aging, Multnomah County provides funding for services for older adults starting at age 60, people 18-59 with a disability, and veterans of any age.

People 60+ in Multnomah County

The number of residents in the 60+ population continues to grow. This steady growth is in part due to the longevity and size of the baby boom generation (those born between 1946-1964).
- The 60+ population increased 8.37% to a total population of 151,827 since the adoption of the 2017-20 Area Plan.
- 18.3% of Multnomah County's population are age 60 or older, or nearly 1-in-5 of county residents.
- Currently, the West and East service districts have the highest number of older adult residents, which is a shift from the 2017 analysis when most lived in the Mid and East service districts.

85+ Older Adults

Current estimates show a small decline in the 85+ population since the last plan, but projections show that the estimated this age band will grow incrementally over the next decade. Given the steady growth in this age range, it is important to note that people 85+ often have greater need for support and services.
- The 85+ community in the county declined 2% from 13,285 in 2017 to 11,915 in 2021.
- Within the next 10 years approximately 5,000 individuals will enter the 85+ population.
- 68.76% of the 85+ population lives with a disability, more than twice as high as the county or the 60+ population averages.

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[2] Portland State University Population Research Center, https://www.pdx.edu/population-research/population-estimate-reports

Table 1: Population Characteristics by ADVSD Service Area[3]

	County	East District	Mid District	N/NE District	SE District	West District
Total	151,827	33,281	31,823	32,193	22,790	33,701
Below 185% FPL	33,890	6,404	9,590	6,566	5,260	6,069
BIPOC	31,185	5,436	9,640	7,728	3,948	4,433
People 18-59 with disability	48,767	11,219	12,180	10,791	7,729	6,848
Persons 60+ with disability	47,865	10,263	12,679	9,598	6,620	8,706
People speaking primary languages other than English	6,373	1,074	2,948	626	1,001	724
African	973	1,074	268	314	1	236
American Indian or Alaska Native	2,419	506	587	428	506	392
Asian	10,615	1,570	4,163	1,719	1,942	1,221
Black or African American	7,683	776	1,633	4,041	437	796
Native Hawaiian or Pacific Islander	732	210	180	169	132	41
Latino, Latinx or Hispanic	4,978	1,102	1,535	1,034	565	743
Middle Eastern	966	313	202	86	54	311
Slavic	5,011	910	1,685	511	838	1,067
White	132,026	27,500	25,918	26,656	20,128	31,824

Shift to 10-way Visibility Initiative

The 10-Way Visibility Initiative is the Multnomah County framework that guides how race and ethnicity data is collected. Two of the key principles of the framework are that community members can self-identify and that they are able to select multiple identities. The initiative includes ten race and ethnicity categories, plus a decline to state category, that were established in collaboration with community partners and reflect the communities that currently makeup the county.

Black, Indigenous, and other People of Color (BIPOC) Elders

The Multnomah county aging population is more ethnically and racially diverse than ever and continues to grow. It is estimated that for 2020 that BIPOC residents made up 20% of the aging population.

- Multnomah county's BIPOC populations are not homogenous and racial/ethnic groups tend to be clustered regionally. For example, Black and African Americans make up 5.1% of the county population, the community makes up 12.6% in the N/NE district.

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[3] All estimates are for the 60+ population unless otherwise noted

- The greatest amount of 60+ BIPOC residents live within the Mid service district at a ratio 10% than the county.
- Roughly 60% of the 60+ Middle Eastern population lives within the East or West district.

Language

In the ADVSD service area, 4.2% of people are linguistically isolated, which is defined as no one in their household over the age of 14 speaks only English or speaks English "very well".

- The proportion of the population considered linguistically isolated has decreased around 0.3% since 2017.
- Vietnamese is spoken by 1,599 (1.1%) of the 60+ population which is almost twice as many as the second highest non-English language spoken (Table 3).
- Nearly half of the linguistically isolated population lives within the Mid service district.
- Older adults who speak Vietnamese, Russian, Spanish, and Chinese have higher numbers of speakers who are linguistically isolated.

Disability

Close to 100,000 individuals aged 18-64 years report having a disability[4]. The size of the 60+ older adult disable community has decreased slightly since 2017. This trend is likely to change as older adults have a higher rate of living with a disability and as a large portion of our population enter this age group within the next decade.

- The population 60+ with a disability only decreased by 1.2% in the last four years and now makes up 4% less of the population within the county.
- The percentages of those 18-59 with a disability and those 60+ with a disability are nearly even and together make up nearly 60% of the total county population

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Table 2: Population by Identity Characteristics[2, 5]

Characteristic	Population estimate	% of 60+ population
Total 60+	151,827	100%
Total Black, Indigenous, and People of Color (BIPOC)	31,185	20%
Persons 60+ with disability	47,865	31.53%
Person 18-59 with disability	48,767	32.12%
Persons living in limited English-speaking households	6,373	4.20%
Race and Origin	**Population estimate**	**% of 60+ population**
African	973	0.64%
American Indian or Alaska Native	2,419	1.59%
Asian	10,615	6.99%
Black or African American	7,683	5.06%
Latino, Latinx or Hispanic	4,978	3.28%
Middle Eastern	966	0.64%
Native Hawaiian or Pacific Islander	732	0.48%
Slavic	5,011	3.30%
White	132,026	86.96%

Poverty

The number of older adults in Multnomah county who have an income at or below 185% of the federal poverty level (FPL) has decreased by over 6,000 within the last four years. Currently, 22% of residents 60+ live at or below 185% FPL.

- Twice as many older adults live at or below 185% FPL compared to those living at or below 100% FPL (9.2%)
- Asian and Black or African American communities have a greater proportion of older adults living at or below 185% FPL compared to other groups
- 3,864 residents 85+ live at or below 185% FPL

Table 3: Poverty Below 100% and 185% Federal Poverty Level (FPL)[2]

	Population Estimate	% of county 60+ population	% of 60+ county pop. below 185% FPL
Total 60+ below 185% FPL	33,890	22.32%	100%
BIPOC below 185% FPL	10,361	6.82%	30.57%
Total below 100% FPL	13,927	9.17%	-
BIPOC below 100% FPL	5,318	3.50%	-

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[5] All estimates are based on populations 60+ unless otherwise noted. [Estimates based on TIGER/Line GIS maps for census areas, ADVSD's shapefile with current district boundaries, Centers of Population for 2010 Census Tracts, 5-year ACS Public Use Microdata Sample (PUMS) for the period 2015-2019, 5-year ACS Summary File (SF) for 2015-2019, Race/ethnicity codes from our conference call, Race/ethnicity codes from OHA Office of Equity and Inclusion: REALD Implementation Guide, document OHA 7721B (10/20).]

Table 4: Poverty Below 100% and 185% Federal Poverty Level (FPL)[2]

	Population Estimate	% of county 60+ population	% of 60+ county pop. below 185% FPL
African	436	0.29%	1.29%
American Indian or Alaskan Native	605	0.40%	1.79%
Asian	3,270	2.15%	9.65%
Black or African American	2,761	1.82%	8.15%
Latino, Latinx or Hispanic	1,588	1.05%	4.69%
Native Hawaiian or Pacific Islander	141	0.09%	0.41%
Middle Eastern	313	0.21%	0.92%
Slavic	1,853	1.22%	5.47%
White	27,532	18.13%	81.24%

Table 5. Households with limited English Proficiency[2, 6]

Language	Population Estimate	% of 60+ Population
Vietnamese (vie, Vietnamese)	1,599	1.05%
Spanish (spa, Spanish)	869	0.57%
Russian (rus, Russian)	725	0.48%
Chinese (zho, Chinese)	613	0.40%
Yue Chinese (yue, Cantonese)	367	0.24%
Korean (kor, Korean)	335	0.22%
Romanian (ron, Romanian)	250	0.16%
Ukrainian (ukr, Ukrainian)	197	0.13%
Mandarin Chinese (cmn, Mandarin)	181	0.12%
Tagalog (tgl, Tagalog)	119	0.08%

[6] No one in the household over the age of 14 speaks English

Introduction to District Profiles

These pages are designed to familiarize the community with Aging, Disability and Veteran Services Division (ADVSD) five geographic service districts and the residents living within the district. The service district profiles provide a map of the district indicating the locations of ADVSD branches and service providers. This information is paired with a short spatial description as well as a description of the district population. By providing both spatial and demographic data in a single document, the community can compare service providers and the populations within and between each district for planning purposes.

Components

The first page of each district profile provides a map that outlines the location of the district within Multnomah county with markings indicating ADVSD service provider locations. The map narrative provides a description of the district boundaries and mentions some aging-related service providers.

The second page provides a narrative of characteristics of the residents that live within that district. These characteristics include information regarding race, country of origin, poverty, disability, and languages spoken. A comparison table is included at the bottom of the page showing the populations of groups included in the 10-Way Visibility Initiative for that district compared to the county. The boxes titled Takeaways highlight information about significant population estimates and changes regarding size, proportion, or distribution and location of service providers in the district.

How to Use

The district profiles were developed to familiarize community members with service districts and providers and to examine population trends among older adults in each district. It is encouraged to first review the map and accompanying narrative, then the population narrative, and finally the Takeaways. Reading each district profile familiarizes the reader with the geography and service providers and then with the population. Older adults seeking information about what is accessible to them may wish to only utilize the first page with the map and map narrative. It will be most useful for those wishing to form opinions related to population trends, such as service providers or planners, to read both pages.
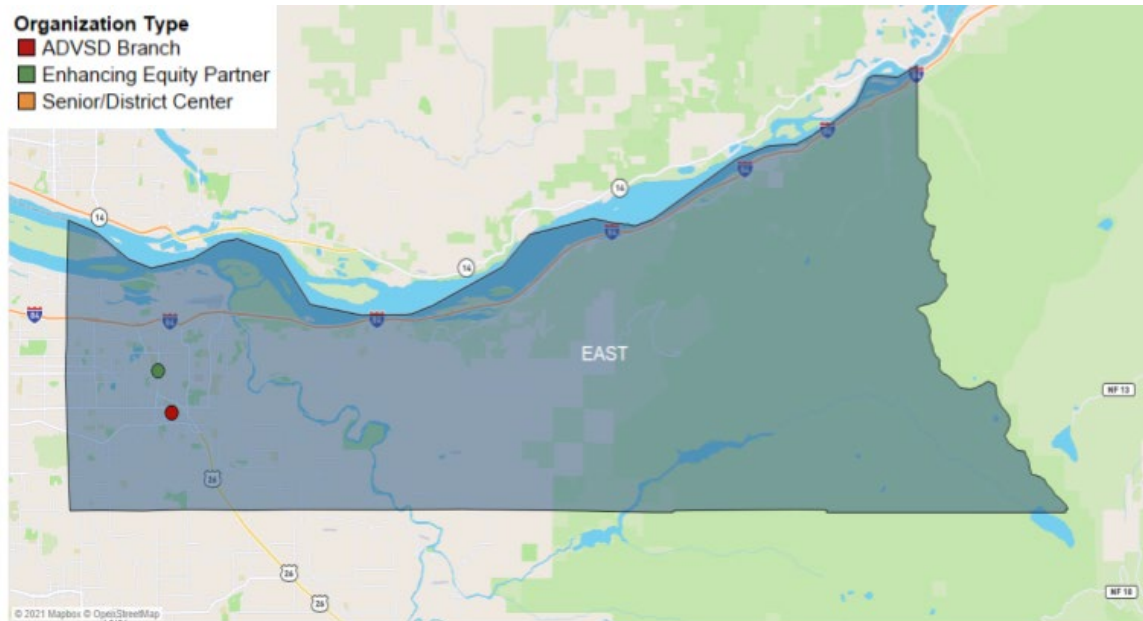
Figure 1. East Service District Key Providers
This map marks the locations of ADVSD service branch that also serve as a Meals on Wheels People dining site, the district center partners, and Enhancing Equity partners.

Takeaways

313 (0.9%) Middle Eastern residents
Largest Middle Eastern population out of all districts

2nd lowest
percentage of those living at or below 185% FPL

One
Meals on Wheels People dining site location in the district

Lowest
service provider to population

The East service district begins at SE 162nd Avenue and stretches to Bonneville at the eastern border of the county. This district is largest in area and second largest in population. There are two key service providers, the ADVSD East Branch and El Programa Hispano Católico, both are in Gresham. The ADVSD East Branch also serves as a Meals on Wheels People dining site and shares a building with the YMCA of Greater Portland that operates as a district center.

The population of 60+ adults in the East district is **33,281**. The Pacific Islander population makes up **0.6%** of the service district with the highest number of Pacific Islander residents (**210**) than any other district.

A relatively small proportion of the population in this district is linguistically isolated (**3.2%**). **301** households speak Spanish as their primary language with Russian being the second highest non-English language (**181**). The district also has one of the

highest amounts of multigenerational households (**1,714**).

About **19.3%** of the population in the East district has an income that is at or below 185% FPL, a smaller proportion compared to the county (**22.3%**).

10,263 or **30.8%** of the 60+ population in this district reports living with a disability which is slightly lower than the county. The proportion of those 18-59 living with a disability is slightly higher than the county percentage at **33.7%**.

Table 1 – East Service District and County Populations (10-way Visibility Initiative)

Characteristic	County Population Estimate	County % of 60+ Population	East Dist. Population Estimate	East Dist. % of 60+ Population
Total	151,827	100%	33,281	100%
BIPOC	31,185	20%	5,436	16.33%
African	973	0.64%	154	0.46%
American Indian or Alaska Native	2,419	1.59%	506	1.52%
Asian	10,615	6.99%	1,570	4.72%
Black or African American	7,683	5.06%	776	2.33%
Native Hawaiian or Pacific Islander	732	0.48%	210	0.63%
Latino, Latinx or Hispanic	4,978	3.28%	1,102	3.31%
Middle Eastern	966	0.63%	313	0.94%
Slavic	5,011	3.30%	910	2.73%
White	132,026	86.96%	27,500	82.63%

Mid District Service Map and Population Profile
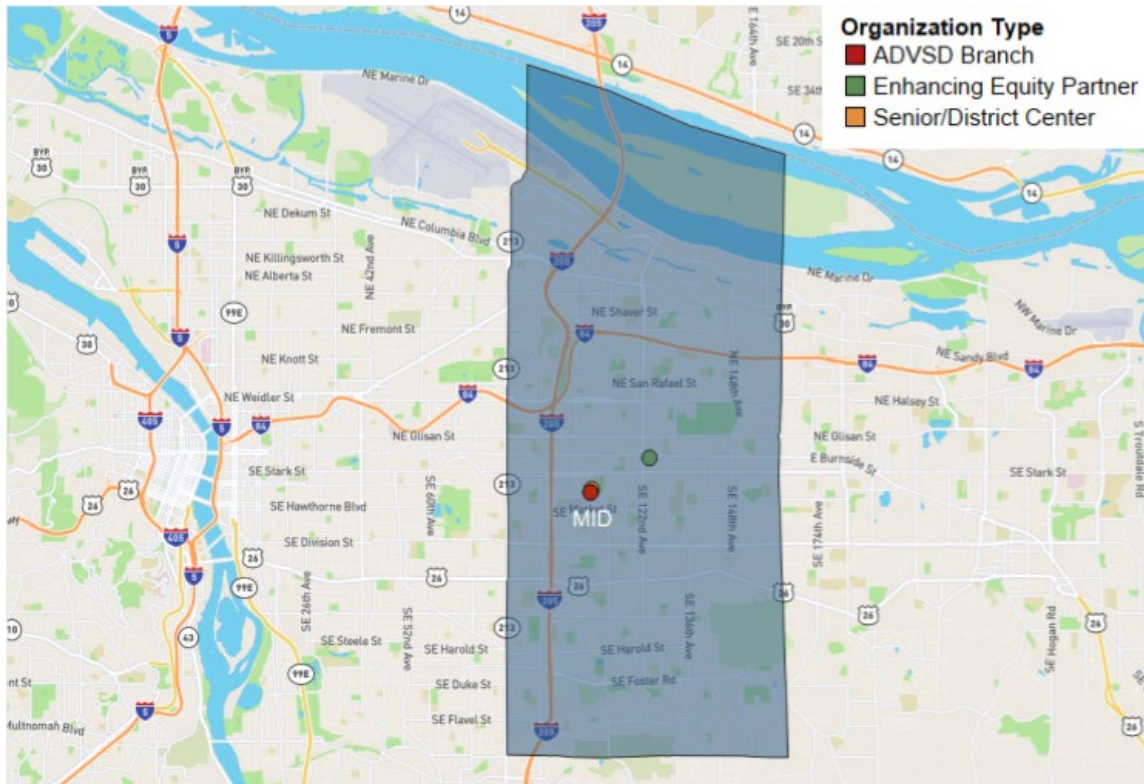
Figure 2. Mid Service District Key Providers
This map marks the locations of ADVSD service branch, the district center partners, and Enhancing Equity partners.

Takeaways

4,163 (13.1%) Asian residents
District with the largest Asian population

9,640 (30.3%) BIPOC residents–
District with the highest BIPOC population.

2,948 linguistically isolated households
District with the largest population of households that speak a primary language other than English

30.1% of residents
District with the highest proportion of the population living at or below 185% FPL

38.3% and 39.8% of residents
District with largest proportion of those 18-59 and 60+ with a disability

The Mid service district begins at SE 82nd Avenue and extends out to SE 162nd Avenue. All the service providers are located within the center of the district. There are no service providers located north of where I-84 and I-205 meet or south of HWY-26.

The ADVSD Mid Branch is located near the East Portland Community Center and the Immigrant and Refugee Community Organization (IRCO). Both of these locations are partnered with Multnomah County as district centers. The East Portland Community Center serves as the only Meals on Wheels People dining site in this district. IRCO, that provides many translation services, is located in the Mid district, the district with the

highest amount of households that are linguistically isolated, where no-one in the home over the age of 14 speaks English.

31,823 people that are 60+ live in the Mid district. Out of the 10-way visibility initiative, the Asian population is the second largest group (the largest is the White population at **81.4%**) in the Mid district making up **13.1%** of the population. This is a significantly higher proportion than the county (**6.99%**). The total BIPOC population proportion is also **greater** than the county by almost **10%**.

This district has the greatest proportion of households that speak a primary language other than English (**9.3%**) compared to the county (**4.2%**) and other districts. Vietnamese is the most widely spoken non-English language in this district (**1,035**) with other noticeable populations of other Asian language only households. There is also a notable Russian population with **356** households speaking only Russian.

30.1% of the 60+ population in the Mid district live at or below 185% FPL, the greatest proportion of all districts. Both the 18-59 with a disability community and 60+ with a disability community have populations **6-7% higher** than the entire county, or any other individual district.

Table 2 – Mid Service District and County Populations (10-way Visibility Initiative)

Characteristic	County Population Estimate	County % of 60+ Population	Mid Dist. Population Estimate	Mid Dist. % of 60+ Population
Total	151,827	100%	31,823	100%
BIPOC	31,185	20%	9,640	30.29%
African	973	0.64%	268	0.84%
American Indian or Alaska Native	2,419	1.59%	587	1.84%
Asian	10,615	6.99%	4,163	13.08%
Black or African American	7,683	5.06%	1,633	5.13%
Native Hawaiian or Pacific Islander	732	0.48%	180	0.57%
Latino, Latinx or Hispanic	4,978	3.28%	1,535	4.82%
Middle Eastern	966	0.63%	202	0.63%
Slavic	5,011	3.30%	1,685	5.29%
White	132,026	86.96%	25,918	81.44%
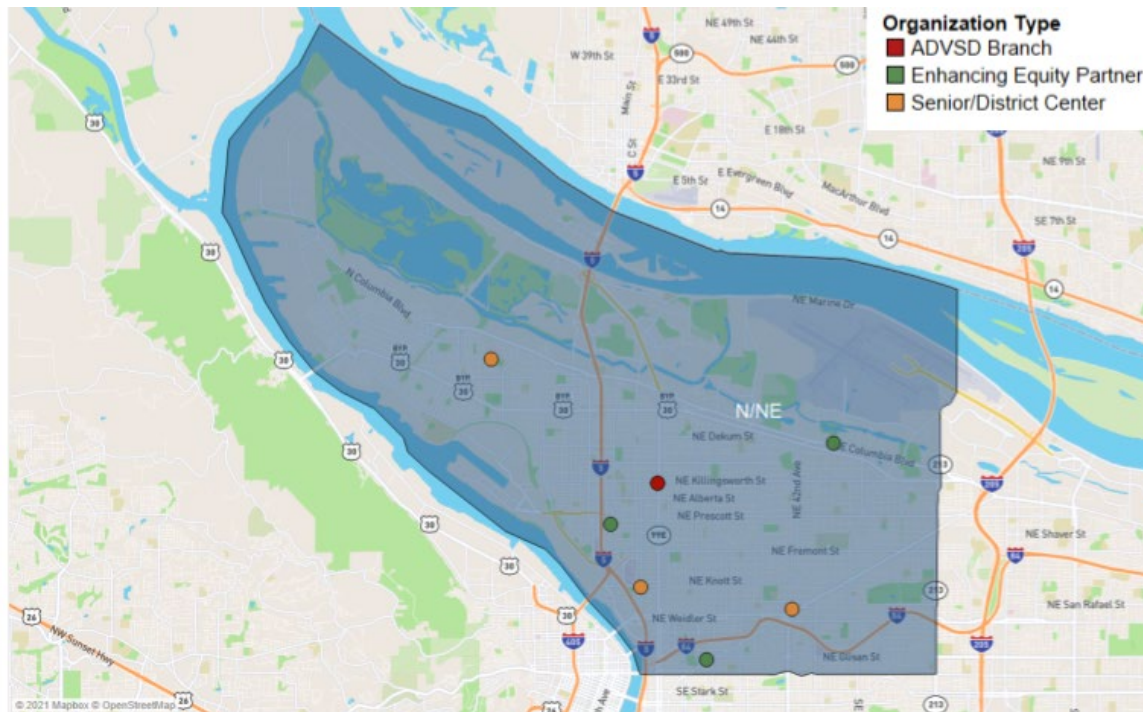
Figure 3. N/NE Service District Key Providers
This map marks the locations of ADVSD service branch that also serve as a Meals on Wheels People dining site, the district center partners, and Enhancing Equity partners.

Takeaways

4,041 (12.6%) Black/African American residents
District with largest Black/African American population

Half
of Multnomah County's Black/African American residents live in the NE service district

314 (0.98%) African residents
District with largest African population

The N/NE service district is the second largest in area. The eastern boundary follows along the Willamette River with the southern boundary ending a few blocks past I-84. This service district is home to seven key service providers, the greatest of all districts. Five of the seven service providers (two Enhancing Equity partners, two district centers, and the ADVSD N/NE Branch) are clustered closer to the southeastern corner which is closer to central Portland.

Aside from the ADVSD Branch, the Q Center, an LGBTQ+ Enhancing Equity partner, also serves as a Meals on Wheels People dining site.

The N/NE district consists of neighborhoods that were historically Black until unjust and inequitable planning displaced many of the residents. The BIPOC population today is **24%** of the total district's population. Black and African American residents make up **12.6%** of the

district population, which is greater than any district and **6% greater** than the county.

A much smaller number of the population speaks a primary language other than English in the N/NE district (**1.9%**) compared to the county (**4.2%**). Most of these households are either Spanish only, Vietnamese only, or Chinese only speaking households.

This district has one of the lowest numbers of residents living in group quarters while also having higher numbers of residents who live in non-family households or living alone.

There are 6,566 (**20.4%**) individuals living at or below 185% FPL in the N/NE district. The populations of those 18-59 and 60+ with a disability on differ by **2%** with each other and the county figures.

Table 3 – N/NE Service District and County Populations (10-way Visibility Initiative)

Characteristic	County Population Estimate	County % of 60+ Population	N/NE Dist. Population Estimate	N/NE Dist. % of 60+ Population
Total	151,827	100%	32,193	100%
BIPOC	31,185	20%	7,728	24.01%
African	973	0.64%	314	0.98%
American Indian or Alaska Native	2,419	1.59%	428	1.33%
Asian	10,615	6.99%	1,719	5.34%
Black or African American	7,683	5.06%	4,041	12.55%
Native Hawaiian or Pacific Islander	732	0.48%	169	0.52%
Latino, Latinx or Hispanic	4,978	3.28%	1,034	3.21%
Middle Eastern	966	0.63%	86	0.27%
Slavic	5,011	3.30%	511	1.59%
White	132,026	86.96%	26,656	82.80%

Southeast District Service Map and Population Profile
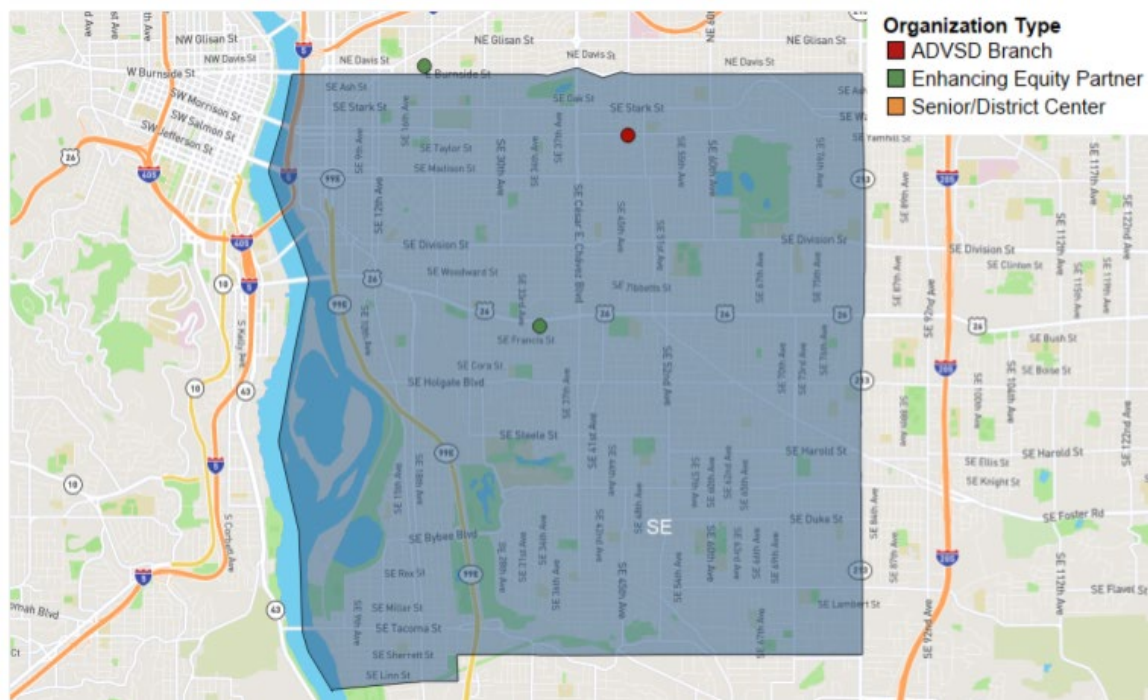
Figure 4. SE Service District Key Providers
his map marks the locations of ADVSD service branch that also serve as a Meals on Wheels People dining site, the district center partners, and Enhancing Equity partners.

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Takeaways

Smallest
population size of all districts

2.2% of 60+ Native American residents
District with the largest proportion of American Indian/Alaskan Native populations

1,001 (4.4%) households
Large population of households that speak a primary language other than English

31.2% of 60+ residents
live alone, a proportion higher than any other district

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The SE service district starts at Willamette and extends east to NE 82nd Avenue. Its northern boundary starts at E Burnside Avenue and continues south, ending roughly at SE Tacoma Street and the Sellwood-Moreland neighborhood. While the map appears to show only two service providers the ADVSD SE Branch shares a building with Impact NW that partners with the county as a district center. Asian Health and Service Center, located on SE Powell Boulevard, is an Enhancing Equity partner and is the southernmost provider in this district.

The SE district has population of 22,790, the smallest of all the districts. **23.1%** of the population lives at or below 185% FPL which is slightly greater than the county average.

Compared to other districts and the overall county, the SE district has the largest proportion of Indigenous residents despite not having the largest number of

Indigenous residents. This is also the case for the Asian population. The SE district has the smallest number of BIPOC residents out of any district.

Out of the total households that speak a primary language other than English, nearly **60%** of those households speak Vietnamese or Chinese.

30% of 60+ residents in the SE district live alone, higher than any other district.

33.9% of 18-59 residents and **29.1%** of 60+ residents in the SE residents live with a disability that is comparable to the county proportions.

Table 4 – SE Service District and County Populations (10-way Visibility Initiative)

Characteristic	County Population Estimate	County % of 60+ Population	SE Dist. Population Estimate	SE Dist. % of 60+ Population
Total	151,827	100%	22,790	100%
BIPOC	31,185	20%	3,948	17.32%
African	973	0.64%	1	0.00%
American Indian or Alaska Native	2,419	1.59%	506	2.22%
Asian	10,615	6.99%	1,942	8.52%
Black or African American	7,683	5.06%	437	1.92%
Native Hawaiian or Pacific Islander	732	0.48%	132	0.58%
Latino, Latinx or Hispanic	4,978	3.28%	565	2.48%
Middle Eastern	966	0.63%	54	0.24%
Slavic	5,011	3.30%	838	2.60%
White	132,026	86.96%	20,128	88.32%

West District Service Map and Population Profile
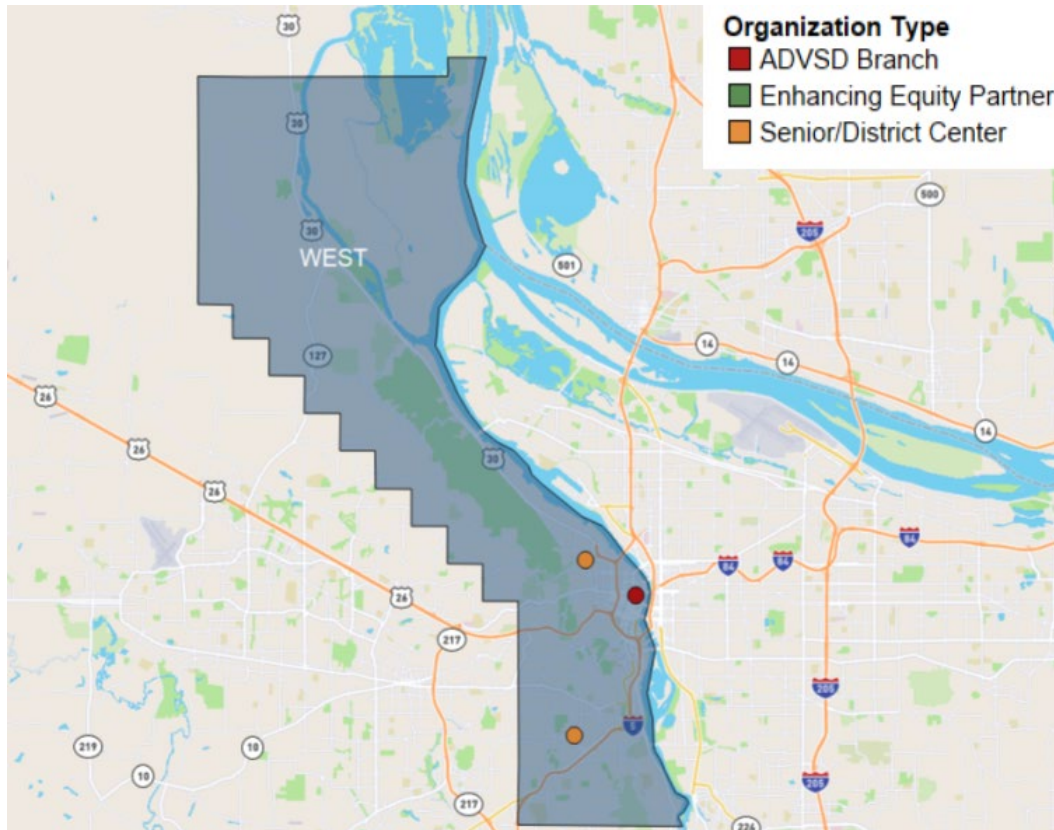
Figure 5. West Service District Key Providers
This map marks the locations of ADVSD service branch and district center partner.

Takeaways

13.2%
District with lowest percentage of BIPOC residents

One-third
of Middle Eastern Multnomah County residents live in the West service district

18%
District with the lowest percentage of households living at or below 185% FPL

20.3% and 25.8%
Lowest percentage of 18-59 and 60+ residents with a disability

The West service district includes the entire portion of the City of Portland that exists on the west side of the Willamette. The district ends south of I-5 and HWY-217 near SW Boones Ferry Road and west at SW Scholls Ferry Road. There are three key service providers located in the West service district. This is the second district where the ADVSD branch location does not serve as a Meals on Wheels People dining site. Friendly House serves as both a district center and a Meals on Wheels People site. This district has the lowest number of Meals on Wheels People participants of any district.

The total population of the West district is 33,701—the highest of any district. This district has the highest proportion of White residents and lowest proportion of BIPOC residents.

Most households speak English as their primary households. Out of the **724** households that speak a primary language other than English, **128** speak only Spanish and **119** speak only Chinese. There is also a relatively small number of families living in multigenerational households (**706**).

The 18-59 and the 60+ populations that identify as having a disability are significantly lower in the West district than within the county. Only 6,848 (**20.3%**) of those between 18-59 with a disability and 8,706 (**25.8%**) of those 60+ with a disability live within this district.

This district has the lowest proportion of its residents living at or below 185% FPL out of all districts. Only **18%** of residents live at or below 185% FPL while the county ratio is **22.3%**.

Table 5 – West Service District and County Populations (10-way Visibility Initiative)

Characteristic	County Population Estimate	County % of 60+ Population	West Dist. Population Estimate	West Dist. % of 60+ Population
Total	151,827	100%	33,701	100%
BIPOC	31,185	20%	4,433	13.15%
African	973	0.64%	236	0.70%
American Indian or Alaska Native	2,419	1.59%	392	1.16%
Asian	10,615	6.99%	1,221	3.62%
Black or African American	7,683	5.06%	796	2.36%
Native Hawaiian or Pacific Islander	732	0.48%	41	0.12%
Latino, Latinx or Hispanic	4,978	3.28%	743	2.20%
Middle Eastern	966	0.63%	311	0.92%
Slavic	5,011	3.30%	1,067	3.17%
White	132,026	86.96%	31,824	94.43%

B-2 Prioritized Populations

The Multnomah County Aging, Disability and Veterans Services Division (ADVSD) recognizes that older adults and people with disabilities experience discrimination and marginalization based on the perception of age and ability. This discrimination and marginalization are compounded when race, ethnicity, national origin, housing status, gender, gender identity, gender expression, and sexual orientation are considered. To address historic and systemic disparities experienced by people based on their identities, ADVSD employs the Leading with Race framework as outlined in the Multnomah County Workforce Equity Strategic Plan. Leading with race allows ADVSD to recognize that racial inequities are foundational to and pervasive in the culture of the United States and all levels of government.

"Focusing on racial equity provides the opportunity to introduce a framework, tools, and resources that can also be applied to other areas of marginalization. The prioritization is not based on the intent to create a ranking of oppressions (that is, belief that racism is "worse" than other forms of oppression) but rather to create strategies that will impact all communities."[7]

To begin to address the ways that race plays a role in ADVSD systems and the compounded marginalization experienced by older adults who are people of color ADVSD funds five district centers and nine Enhancing Equity partners to provide access to Older Americans Act services and programs. These agencies use culturally and community responsive, and specific approaches to begin to address marginalization and the impact on people we serve.

One of every five people 60+ in Multnomah County is Black, Indigenous, and a People of Color (BIPOC). BIPOC elders disproportionately represent among people 60+ living in poverty—particularly Black and Latino older adults. Elders who are people of color are at greater risk for race-based marginalization, including barriers to services, housing instability, health disparities, and diminished food security. ADVSD currently collaborates and contracts with nine culturally specific and culturally responsive organizations to support their unique missions and to provide Older Americans Act programs and other services to Black, Native American, Asian, Pacific Islander, Latinx, Hispanic, immigrant, refugee, Lesbian, Gay, Bisexual, and Transgender elders, and older adults. These organizations are known to and respected by the communities they serve. Many serve as hubs for whole families and provide services to older adults beyond what ADVSD funds.

Older adults and people with disabilities experiencing loneliness, anxiety and depression, substance use disorder, hoarding behaviors, or mental health or behavioral

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[7] Why We Lead with Race – https://multco.us/safety-trust-and-belonging-workforce-equity-initiative/why-we-lead-race

health diagnoses continue to be a priority population to ADVSD. COVID-19 and the related health and safety recommendations were a genesis or exacerbated many of these issues faced by older adults and people with disabilities. ADVSD will provide referrals to the Older Adult Behavioral Health Initiative (OABHI) team for complex case consultation through the ADRC, LTSS offices, and the network of providers. OABHI does considerable outreach to health providers, community partners, and older adults to increase awareness of issues impacting older adults related to mental health and addiction, cognitive decline, hoarding behavior, and stigma related to these health challenges.

In 2017, ADVSD conducted a system-wide contracting request for qualified proposals process. This process resulted in ADVSD shifting and increased funding to culturally and community-specific organizations. We believe this has supported increased capacity for those organizations. We know more is needed to provide enough funding to serve BIPOC elders equitably. ADVSD will again examine the funding allocation during this plan period. We will conduct further analysis to identify gaps in our service system, outreach approaches, and reimbursement models. We have included measurable objectives and key tasks to address disparities. ADVSD will conduct community-specific listening sessions in advance of the upcoming system-wide contracting request for proposals process.

Lastly, ADVSD will continue to ensure diverse representation in marketing materials, enact a division-wide translation and interpretation practice, continue to support equitable access approaches and standards for meetings, including alternatives to relying on technology for access, and utilizing multiple methods of engagement to reduce barriers. ADVSD remains committed to making inroads with isolated and disenfranchised people, such as deaf-blind people, residents without citizenship status who are isolated by fear of retribution, people who are isolated by language, and people who have been disenfranchised by institutions such as Native American veterans, LGBTQ+ veterans, and people aging with HIV. The Aging, Disability and Veterans Services Division will continue to utilize the Equity and Empowerment Lens tools in planning, decision-making, and service delivery.

B-3 AAA Services and Administration

See also **Attachment C** that further describes services provided to OAA/OPI consumers.

Advocacy: Focuses on monitoring, evaluating, and, where appropriate, commenting on all policies, programs, hearings, levies, and community actions that affect older adults. Activities include representing the interests of older persons; consulting with and supporting the Oregon Association of Area Agencies on Aging and Disabilities (O4AD), the statewide AAA advocacy organization; and coordinating efforts to promote new or expanded benefits and opportunities for older adults.

Adult Day Care/Adult Day Health: Personal care for dependent older adults in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, counseling; and services such as rehabilitation, medications assistance and home health aide services for adult day health.

Caregiver Access Assistance: A service that assists caregivers in obtaining access to available services and resources in their communities. To the maximum extent possible, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures.

Caregiver Cash and Counseling: Services provided or paid for through allowance, vouchers, or cash to participants so that they can obtain the supportive services they want.

Case Management: Case management provides access to an array of service options to assure appropriate levels of service and to maximize coordination in the service delivery system. Case management must include four general components: access, assessment, service implementation, and monitoring. **Case Management for Elders** is a comprehensive service provided to individuals age 60 and over who are experiencing complex or multiple problems that affect the individual's ability to remain independent. Additionally, **Case Management for Family Caregivers** is a comprehensive service provided to family caregivers who are caring for people age 60 and over, or for individuals who are grandparents 55 years of age or older who is a relative caregiver of a child. The definition of family caregiver has been broadened to include friends, neighbors and domestic partners who care for someone age 60 or older.

Cash and Counseling: Services provided or paid for through allowance, vouchers, or cash to participants so that they can obtain the supportive services they need.

Chore: A service for eligible OPI consumers that provides assistance such as heavy housework, yard work, sidewalk maintenance, and bed bug treatment preparation.

(Administration on Aging, Title III/VII Reporting Requirements Appendix – www.aoa.gov)
Note: Chore services are provided on an intermittent basis.

Chronic Disease Management, Prevention, and Education: Programs such as the evidence-based Living Well with Chronic Conditions (Stanford's Chronic Disease Self-Management program – CDSMP), that prevent and self-management of the effects of chronic disease, (http://patienteducation.stanford.edu/programs/)

The CDSMP suite of programs that our community based partners plan to offer as part of their Evidence Based Health Promotion contracts includes:
- Living Well with Chronic Conditions.
- Tomando Control de su Salud will be provided to Hispanic or Latino elders under ADVSD Enhancing Equity contracts.
- Positive Self-Management Program for HIV (PSMP). The Positive Self-Management Program is a workshop for people with HIV given two and a half hours, once a week, for six weeks, in community settings. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with HIV.

Newer variations to the CDSMP suite that are available for our contracted Evidence Based Health Promotion partners include:
- Chronic Pain Self-Management Program.
- Better Choices, Better Health is the online/asynchronous interactive version of the Chronic Disease Self-Management Program.
- Cancer: Thriving & Surviving.
- Diabetes Self-Management Program.

Congregate Meal: A meal provided to a qualified individual in a congregate or group setting that meets all the requirements of the Older Americans Act, state and local laws.
- Five meal sites provide culturally specific cuisine to Asian, Latino, Latinx or Hispanic, Slavic, and Native American elders, four of which are funded under ADVSD Enhancing Equity contracts.

Elder Abuse Awareness: Public education and outreach for individuals, including caregivers, professionals, and paraprofessionals on the identification, prevention, and treatment of elder abuse, neglect, and exploitation of older individuals, with particular focus on prevention and enhancement of self-determination and autonomy.

Evidence Based Health Promotion: Evidence based health promotion (EBHP) programs are those that are founded on the best available research and are recommended based on a systematic review of the published, peer reviewed research. Evidence based health promotion programs are a good way to engage older adults, improve health outcomes and address health inequities in our community through partnerships with local

community based organizations (CBO) including our Enhancing Equity partners. EBHP activities, offered in partnership with our contracted CBOs, include, but are not limited to Walk with Ease, Tai Chi for Better Balance, Diabetes Prevention Program, and the Arthritis Exercise Program.

Financial Assistance: Limited financial assistance for people with low income, aiding them in maintaining their health and/or housing. Services may include prescription, medical, dental, vision care or other health care needs not covered under other programs; and the cost of utilities such as heat, electricity, water/sewer service or basic telephone service, and rental or moving assistance to support a stable housing plan.

Guardianship/Conservatorship: Performing legal and financial decision making, care planning and transactions on behalf of a vulnerable adult when legal authority and intervention is required for health and safety (e.g., essential part of the protective services continuum), including consultations and establishing a guardianship or conservatorship for protection when no less restrictive alternatives are available.

Homemaker: Assistance such as preparing meals, shopping for personal items, managing money, using the telephone, or doing light housework.

Home-Delivered Meals: A meal provided to a qualified individual in their residence that meets all the requirements of the Older Americans Act and state and local laws. (Note: The spouse of the older person, regardless of age or condition, may receive a home-delivered meal if, according to criteria determined by the area agency, receipt of the meal is in the best interest of the homebound older person.)

Information & Assistance: Provides individuals with a) information about services available in the community; b) links individuals to services and opportunities that are available in the community; and (c) to the maximum extent practicable, establishes adequate follow-up procedures.

Information for Caregivers: A service for caregivers that provides the public and individuals with information about resources and services available to individuals in their communities. These activities are directed to large audiences of current or potential caregivers and include disseminating publications, conducting media campaigns, etc.

Interpretation and Translation: Provides information and services in people's preferred language. Provides access and accommodation to people with disabilities.

Legal Assistance: Legal advice or representation provided by an attorney to older individuals with economic or social needs, including counseling or other appropriate assistance by a paralegal or law student acting under the direct supervision of an attorney, or counseling or representation by a nonlawyer when permitted by law. Priority legal assistance issues include income, health care, long-term care, nutrition,

housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination. Legal services may also include assistance to older individuals who provide unpaid care to an adult child with disabilities, and counsel to assist with permanency planning for the child. Assistance with will preparation is not a priority service except when a will is part of a strategy to address an OAA prioritized legal issue. Support in accessing legal resources outside this scope is provided by the ADRC Helpline.

Nutrition Education: Provides information and instruction as it relates to nutrition or diet sensitive illness to participants and/or caregivers in a group or individual setting overseen by a dietician or individual of comparable expertise.

Options Counseling: Counseling that supports informed long-term care decision making through assistance provided at six Enhancing Equity sites and five district centers to individuals and families to support their strengths, needs, preferences and unique situations and translates this knowledge into possible support strategies, plans and tactics based on the choices available in the community. Culturally specific, culturally responsive, and community specific Options Counseling is available to Asian, African American, Native American. Lesbian, Gay, Bisexual, Transgender (LGBT), Immigrant and Refugee, and Hispanic or Latino elders at Enhancing Equity sites.

Personal Care: In-home services to maintain, strengthen, or restore an individual's functioning in their own home when an individual is dependent in one or more Activities of Daily Living (ADL), or when an individual requires assistance for ADL needs. Assistance can be provided either by a contracted agency or Homecare Worker paid in accordance with the collectively bargained rate.

Physical Activity and Falls Prevention: Programs for older adults that provide physical fitness, group exercise, and dance-movement therapy, including programs for multigenerational participation provided through local educational institutions or community-based organizations. Programs that include a focus on strength, balance, and flexibility exercise to promote physical activity and/or prevent falls; that are based on best practices; and that have been shown to be safe and effective with older populations are highly recommended. Programming may also include classes that are part of the Evidence Based Health Promotion contracts from the suite of program options. Programs are offered as part of activities with our district center partners and our Enhancing Equity partners along with those agencies that have Evidence Based Health Promotion contracts.

Public Outreach and Education: Services or activities that provide information to groups of current or potential consumers and/or to aging network or other community partners regarding available services for older adults. Examples include community senior fairs,

publications, conferences, mass media campaigns, presentations at local district centers sharing information on OAA services, etc.

Recreation: Activities that promote socialization, such as sports, performing arts, games, and crafts, either as a spectator or as a participant.
- Asian, Native American, LGBT, Immigrant and Refugee, and Hispanic or Latino elders will be provided community and culturally specific and other recreation activities under ADVSD Enhancing Equity contracts.

Senior Center Assistance: Financial support for use in the general operation costs (i.e., administrative expense) of a district center.

Transportation: Assist older adult consumers and those acting on behalf of older adults with transportation scheduling and coordination. This includes bus passes and tickets, cab rides, and door-to-door rides through contracts with local transportation providers to access services so older adults are independent in the community for as long as they choose. This service includes activities such as:
- Screening for eligibility for transportation services,
- Assessing transportation needs,
- Verification of eligibility for transportation,
- Assisting in the completion of forms and applications for transportation,
- Advocacy on behalf of older adults requesting transportation services,
- Scheduling and coordinating rides with transportation providers,
- Distribution of bus passes and tickets.

People needing transportation will be prioritized according to the following criteria:
1. Medical trips (doctors, therapists, hospital, or health-related treatment) for non-Medicaid consumers,
2. Congregate nutrition,
3. Multiple supportive services (e.g., multicultural centers, district centers, etc.).

Volunteer Recruitment: Identifying, training, and assigning individuals to a volunteer position.

Volunteer Services: Uncompensated supportive services to AAAs, nutrition sites, and other contracted partners. Examples of volunteer activities include meal site management, board and advisory council positions, home-delivered meal deliveries, office work, support group facilitation, case management assistance etc.

B-4 Non-AAA Services, Service Gaps and Partnerships to Ensure Availability of Services Not Provided by the AAA

The services listed below complement those provided by the Multnomah County Aging, Disability and Veterans Services Division (ADVSD) and information about them is available at the Aging and Disability Resource Connection (ADRC) website, **www.adrcoforegon.org**, or by calling the **ADRC** at **(503) 988-3646**. Providers noted can also be contacted directly.

Service	Contact
Alzheimer's Resources	Multnomah County Family Caregiver Support Program offers the STAR Caregiver Program which is a 6-week one-on-one evidence-based training for family caregivers caring for a person with Alzheimer's or another dementia. This program is offered in English, Spanish, Russian, and Ukrainian. The Family Caregiver Support Program collaborates with the Alzheimer's Association on specific community outreach events.
Disability Services Programs	ADVSD partners with Independent Living Resources (ILR) on grant-funded projects. The ADRC, district centers, and Enhancing Equity partners refer people with disabilities to ILR and other disability services providers as their needs dictate.
Employment Services	ADVSD is a host site for the Title V Senior Community Service Employment Program, providing limited part-time employment to eligible individuals. ADVSD also is a host site for Portland Community College Occupational Skills program, providing limited part-time employment experience and mentorship to eligible individuals. The ADRC refers consumers to community Work Source providers and other employment services in Multnomah county.
Energy Assistance	Low-income energy assistance is provided by county community action agencies, including ADVSD contracted partners, such as El Programa Hispano Católico, Impact Northwest, Immigrant & Refugee Community Organization, and NAYA Family Center. The ADRC manager meets annually with community action agency staff to distribute energy assistance information to the aging and disability network.
Food Access & Emergency Food Pantries	The ADRC, district centers, and Enhancing Equity partners provide referrals to food pantries located throughout the county to provide emergency food boxes to those in need. Several district centers host senior emergency food box programs. Store to Door delivers and unloads groceries and prescriptions to homebound older adults and people with physical disabilities to parts of Multnomah and Washington counties. Farmers markets offer neighborhood-based access to fresh produce. SNAP benefits can be used at some farmers

Service	Contact
	markets and some markets offer matching funds through the Double-up Food Bucks program.
Housing	The ADRC refers consumers to housing services based on their identified need (e.g., low-income residences, independent senior living, assisted living, etc.). Referrals are made to Home Forward, NW Pilot Project, and several other housing providers.
Information & Assistance	Through an agreement with 211info and the City/County Information and Referral hotline, ADVSD ensures that older adults and adults with disabilities are referred to the ADRC for information and assistance.
Mental Health & Addiction Services	ADRC refers consumers to mental health services based on their presenting issue (e.g., depression, anxiety, bereavement, etc.). Treatment options include outpatient and inpatient counseling, group therapy, home-based mental health, support groups, and peer counseling. The ADRC and the County Mental Health Crisis Call Center cross-train and share cross-referral processes. The Older Adult Behavioral Health Initiative offers cross-system program support, community resources and complex case coordination across mental health, aging, and addictions program areas.
Transportation Resources & Services	Non-Emergent Medical Transportation (NEMT) and its more limited companion service, Non-Medical Community Transportation services for long-term care recipients, are key benefits for members of the Oregon Health Plan (OHP). NEMT assists older adults as well as adults with disabilities to go to and from routine or scheduled OHP-covered medical services. Community transportation assists older adults and adults with disabilities who qualify for long-term services and supports to go grocery shopping, conduct personal business, and participate in community activities that are part of their person-centered long-term care service plan authorized by their case manager. Ride Connection provides older adults and people with disabilities with information and access to all transportation options in the region, travel training, door-to-door transportation for any reason, and other mobility enhancing services.
Older adults & people with disabilities that are experiencing houselessness	Older adults and people with disabilities experiencing houselessness are referred for service screening with the Coordinated Access system. 211info screens people shelter systems such as family, domestic violence, and some women's shelters. Otherwise, those unhoused need to themselves call each shelter serving adults for bed availability. NW Pilot Project uses a screening tool to identify resources, e.g., temporary, permanent housing, as well as other available resources.

Section C: Focus Areas, Goals and Objectives

C-1: Information and Referral Services and Aging and Disability Resource Connection

Profile

The Aging and Disability Resource Connection (ADRC) is a specialized information and assistance hub for older adults, people with disabilities, families, caregivers, and organizations. The ADRC resource is often the front door for many community members to learn about services and resources for older adults, people with disabilities and family caregivers. The Multnomah County ADRC Helpline can be accessed by telephone, (503) 988-3646 or (855) 673-2372, TRS, email to adrc@multco.us, and at www.adrcoforegon.org. The ADRC is a 24-hour a day resource operated by ADVSD staff and contracted partners. The ADRC provides language access by employing bi-lingual information and assistance specialists and through phone-based interpreters. Information and assistance services are also provided through the contracted network of district centers and Enhancing Equity partners to provide this specialized service in the community and with culturally specific and responsive approaches. The ADRC and our contracted information and assistance (I&A) partners are key components in the County No Wrong Door approach to streamlining access to long-term services and support for older adults, people with disabilities, veterans, and their families.

The Multnomah County ADRC receives on average 2,500 inquiries each month from 2,000 callers. Promotion and outreach for the ADRC and I&A services is shared among regional AAAs, aging network providers, jurisdictional partners, health care systems, and County and departmental communications work groups. Outreach includes promotional materials in the 11 most spoken languages in the county, social media outreach, community events, and extensive community-based or word-of-mouth referrals among social services and health care providers.

The Multnomah County ADRC is committed to improving the quality of information and referral related services it provides as well as supporting contracted partners. In partnership with the Metro ADRC consortium along with Washington, Clackamas, and Columbia counties, a satisfaction survey is conducted by the Portland State University Institute on Aging. Internally ADVSD analyzes metrics related to the quantity and length of calls, demographics of the callers, and needs expressed from information collected in GetCare.

Needs Statement

The topic of information, described as, "Finding information about needed services, resources, or the advice of an attorney" ranked eight out of nine in our recent community survey. However, the topic of information elicited strong comments from community members and surfacing needs such as, a desire for clearer pathways to information, a centralized list of resources, and assistance with navigating resource systems. The survey also showed that the telephone remains the primary communication tool for older adults. 90% of survey respondents over 65 indicated that they use the telephone to communicate with friends, family, or neighbors and 97% indicated they use smartphones, basic cell phones, and/or home phones for communication or finding information.

For all their wonders, devices such as cell phones, tablets, and computers are not great equalizers for information access among older adults in tech-savvy Multnomah county. As information pathways grow faster and more elegant to some, they remain complex and impersonal for others. A recent survey by The Pew Research Center showed that nine out of 10 people said that the internet became an essential or important tool during the COVID-19 pandemic. Despite 84.9% of households in the county having access to internet or broadband, it is utilized unevenly by older adults particularly for those with low-incomes or who live in a linguistically isolated household or low digital literacy. Research related to county exploration of municipal broadband stated that for households earning under $30,000 closer to 78% do not have internet in their home. For those over age 65 the number of households with internet drops to 72%. As COVID-19 has pushed lives and community connection online, including schooling, work and healthcare, a gap remains for older adults and people with disabilities. The feedback and stories shared by elders at our community listening sessions show that much work is needed to address this gap and to support the needs and preferences about how information is shared and access requirements. Supporting the independence and self-determination of older adults and people with disabilities, especially for communities of color, is a core to the mission of ADVSD. To meet this aspect, information access and digital literacy will be a focus area of this plan.

Information and Assistance (I&A) and Aging and Disability Resource Connection (ADRC) Goals and Objectives

1. Older adults and people with disabilities and their caregivers recognize and utilize the ADRC as a tool for accessing information, resources, and services.

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
Measurable Objective 1-1 Increase utilization of the ADRC to decrease isolation and barriers to access experienced by physically, socially, culturally, or linguistically isolated older adults.	A. Build online training tools increase access to ADRC and partner I&A resources	Community Services manager, Community Resource program manager	June 2022	June 2023	
	B. Conduct community listening sessions to understand barriers to accessing information and assistance services in marginalized communities.	Community Services manager, Community Resource program manager, program & development specialist	June 2022	June 2023	
	C. Increase social media outreach and engagement among friends and family of older adults and people with disabilities.	Community Services manager, Community Resource program manager	July 2021	June 2025	
	D. Develop marketing and outreach plans related to prioritized communities.	Community Services manager, Community Resource program manager	September 2021	January 2023	

Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year) Start Date	End Date	Accomplishment or Update
E. Continue to clarify and document role in emergency management and public health crisis response	Community Services manager, Community Resource program manager	June 2022	June 2023	

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year) Start Date	End Date	Accomplishment or Update
Measurable Objective 1-2 Community partners and entities with community connections to historically and systematically marginalized identities know about and use the ADRC and the I&A network.	A. Review current information dissemination policy and develop goals to increase information access pathways and modes of communication.	ADVSD Leadership, Community Services management, planning & development specialist, ASAC & DSAC	September 2021	June 2022	
	B. Conduct community interviews to understand and document barriers to information pathways.	Community Services management, planning & development specialist	July 2022	December 2022	

2. Older adults, people with disabilities, their families and caregivers are well connected to resources and services through the information, referral, and assistance network.

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
Measurable Objective Increase utilization of the ADRC to decrease isolation and barriers to access experienced by physically, culturally, or linguistically isolated older adults.	A. Continue to expand information and assistance resources by supporting community and culturally specific organizations and community groups.	Community Services manager, Community Resource program manager	July 2021	June 2025	
	B. Work with community and culturally specific providers to develop and implement community competency models for information and assistance.	Community Services manager, Community Resource program manager	January 2023	December 2023	
	C. Build relationships among current community-based health promotion networks, such as Community Health Workers.	Community Resource program manager, Older Adult Behavioral Health Initiative	July 2022	June 2025	
	D. Expand network of Gatekeeper partners through outreach and engagement.	Community Resource program manager	July 2022	June 2025	

Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
		Start Date	End Date	
E. Develop an online Gatekeeper training module and digital outreach collateral.	Community Services manager, Community Resource program manager	September 2022	June 2023	
F. Expand network of partners through outreach and engagement to Villages Communities	Community Resource program manager	July 2022	June 2024	
G. Increase connection to and explore partnership opportunities with Community Information Exchanges	Community Services manager, Community Resource program manager	January 2022	June 2025	
H. Increase connections to existing systems that support people with systems navigation.	Community Resource program manager, Older Adult Behavioral Health Initiative	September 2021	June 2025	

C-2: Nutrition Services

Profile

Eating ties us to our humanity. Whether it is a peanut butter and jelly sandwich eaten over the kitchen sink or a plate laden from a potluck table eaten from your lap, food helps us meet our basic needs for nourishment, connection, and pleasure. The purpose of the Older Americans Act (OAA) nutrition program is to reduce hunger and food insecurity and to support older adults' good health and wellbeing by providing access to nutritious meals. It also serves to bring people out of isolation, to promote connection and socialization.

As people age, a nutritious diet is key to managing diet-sensitive health conditions. The benefits of a nutritious diet include increased mental acuity, resistance to illness and disease, higher energy levels, a more robust immune system, and faster recuperation from illness and medical treatments. Additional aspects of the OAA nutrition programs are to support the health and wellbeing of adults 60 and older and provide opportunities to be physically active and to prevent or delay the onset of disease.

COVID-19 Pandemic Nutrition Program Approach

The COVID-19 stay at home order immensely impacted older adults in Multnomah county—particularly those relying on congregate meal programs. On March 12, 2020, all in-person meals sites closed in response to the governor's COVID-19 "Stay Home, Save Lives" order. Currently, all meals are home delivered.

The standard model of service for the OAA nutrition program shifted in a matter of days to exclusively a home-delivery model. Organizations swiftly implemented new safety measures to protect older adults and those preparing and delivering the meals. Stay home orders spotlighted how vulnerable we are to isolation and diminished food security. Despite challenges, ADVSD staff and partners moved to ensure the unique aspects of the OAA nutrition program continue by reaching elders with food and connection.

This increase in the demand for meals required providers to shift from daily deliveries to one to two deliveries a week. The network of meal providers continued culturally responsive approaches. For example, a community of older adults did not feel safe receiving meals cooked outside their home, so providers provided food baskets as an option to home-delivered meals.

Especially for older adults and community organizations serving them we anticipate significant challenges as COVID-19 health and safety measures evolve. ADVSD is

committed to support the safety and well-being of older adults related to congregate meals and anticipate the need for programmatic flexibility.

Current Nutrition Program Services Approach

ADVSD contracts with several community agencies to provide congregate meals. The Meals on Wheels People (MOWP) has eleven congregate meal sites and four satellite sites in the county. ADVSD provides partial funding for five of these locations with Title III C funds. Meals on Wheels People sites offer two daily lunch options in the interest of appealing to diverse tastes, and a few locations provide meals that are culturally appropriate to the racially and culturally diverse people in the area. A full schedule for MOWP is available at www.mealsonwheelspeople.org/what-we-do/dining-centers. Meals from Enhancing Equity partners are detailed following the needs statement below.

Title III C-1 dollars support five culturally specific agencies that provide meals to the racially and culturally diverse older adults they serve with a person-directed service approach. Asian Health and Service Center, NAYA Family Center, El Programa Hispano Católico, Immigrant and Refugee Community Organization, and Ecumenical Ministries of Oregon provide culturally specific meals for Asian, Native American, Hispanic, Slavic, and African elders, and HIV long-term survivors over age 50.

Culturally appropriate meals are currently delivered in three ways. Meals are prepared and transported to meal sites; culturally appropriate meals are prepared by restaurants and served at Enhancing Equity sites providing culturally specific services; and culturally appropriate meals are prepared in the agency commercial kitchen and served onsite.

Twelve of the sixteen congregate meal sites are co-located with either district centers or Enhancing Equity sites or agency staff to provide a natural link to services such as Options counseling, family caregiver support, health promotion, OPI, and other vital community-based services. Agency staff at sites that are not co-located receive training to assure appropriate and timely referrals to additional services.

All locations have written donation policies posted at sign-in and placed next to a marked, locked donation box that is opaque to make the donation amount private. The donation box is monitored, donations are counted and recorded in a standardized process.

The Meals on Wheels People provide home-delivered meals to older adults who cannot attend a meal site because they are frail, have a chronic condition that limits their mobility or are recuperating from surgery or a hospital stay. Because many homebound older adults have special dietary needs, low sodium, soft food, vegetarian, and diabetic meals are available as part of this service. The Meals on Wheels People program also

provides social contact, and information dissemination. Nutrition education is provided quarterly for all congregate meal sites and annually for home-delivered meals, following Oregon Congregate and Home-Delivered Nutrition program standards. Ecumenical Ministries of Oregon began delivering a week's supply of frozen meals to HIV long-term survivors who are unable to visit a congregate meal site. These meals are funded with a mix of Title III B, Title III C-1, and C-2 funds.

Needs Statement

Among the many drawbacks of conducting a needs assessment during the COVID-19 pandemic is understanding existing challenges among those that are unique or emerging during this time. The COVID-19 pandemic brought food access challenges into sharp focus, increased barriers to obtaining food, and intensified affordability issues, especially for older adults and people with disabilities.

Food insecurity and hunger have serious impacts on older adults. Skipping meals can contribute to and exacerbate physical and mental health conditions, increase fatigue, impaired cognition, and amplify depression and anxiety. Limited food intake consistently may lead to reduced muscle mass and increased risk of falls[8]. The most recent Oregon State Health Assessment emphasized falls as the leading cause of injury-related death among older adults and the most common cause of nonfatal injuries and hospital admissions for trauma[9].

An estimated 13.8% of county residents are food insecure[10]—a comparable local analysis of food security among older adults is not available. However, for the purposes of this analysis income will be used as a proxy for food security. In the county 33,890 people 60 and older have incomes at or below 185% of the federal poverty level and potentially eligible for food resources like the Supplemental Nutrition Assistance Program (SNAP). More than one-third of those older adults are people of color, with Black and Latinx older adults being over-represented in relation to population size. Deep levels of poverty impact 13,927 older adults that have incomes at or below 100% of the federal poverty level of $1,063 or less each month.

"Enough food to eat that supports my specific dietary preferences, needs, and that is culturally appropriate," was consistently identified as the fourth most important need among all survey respondents of the Area Plan Needs Assessment Survey. Of those responding, 475 reported ordering groceries or household goods online for the first time during COVID-19. Forty-one percent of respondents shared using food assistance

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[8] Hunger in Older Adults – https://www.mealsonwheelsamerica.org/docs/default-source/research/hungerinolderadults-fullreport-feb2017.pdf?sfvrsn=2

[9] Oregon Health Authority, State Health Assessment – https://www.oregon.gov/oha/ph/About/Pages/HealthStatusIndicators.aspx

[10] 2019 Status of Hunger in Multnomah County - https://www.oregonhungertaskforce.org/the-problem

programs like SNAP or food pantries more often. Community members shared that cost was a barrier to purchasing fresh produce. Comments also showed that food continues to be a costly regular expense, and affordability impacts food buying habits.

Congregate and home-delivered meals are vital resources for people 60 years and older. However, many older adults could benefit from additional flexible food resources that support choice and self-determination. SNAP, in combination with OAA nutrition programs, will increase food security among older adults. It can expand access to fresh foods to support health and wellbeing, and that is culturally appropriate.

Enhancing Equity OAA Nutrition Sites

- Asian Health and Service Center (AHSC), 9035 SE Foster Road, Portland.
  - Pre-COVID-19: Tuesday-Friday congregate meal program primarily serving Chinese, Vietnamese, and Korean elders. The AHSC largest congregate program offered by an Enhancing Equity partner.
  - COVID-19: Unable to do a home-delivered meal program as elders are concerned about receiving prepared hot meals. AHSC implemented a food box program. Each food box contains enough food to prepare four to five meals per person, supplemental food, and hygiene items.
- Ecumenical Ministries of Oregon (EMO), 4619 N Michigan Avenue, Portland.
  - Pre-COVID-19: Home-delivered meal program serving HIV long-term survivors 50 and older. Weekly delivery on Wednesday or Thursday consisted of seven days of frozen meals.
  - COVID-19: Added supplemental food boxes. Otherwise, the program maintained the same schedule and model. Added twelve to fifteen participants.
- El Programa Hispano Católico (EPH), 333 SE 223rd Avenue, Gresham.
  - Pre-COVID-19: Monday-Thursday congregate meal program serving about twenty-five Hispanic elders.
  - COVID-19: Monday-Thursday delivery of one meal per person (four meals weekly) from culturally specific restaurants. Added supplemental food boxes from culturally specific markets.
- Immigrant and Refugee Community Organization (IRCO), 10301 NE Glisan Street, Portland, and 709 NE 102nd Avenue, Portland (Africa House).
  - Pre-COVID-19: Congregate program serving immigrant and refugee seniors. Restaurant and MOWP provided food served at IRCO on Tuesdays and Wednesdays, and IRCO Africa House on Thursday.
  - COVID-19: Culturally specific restaurant provided food then packaged at IRCO. Home-delivered or takeout Tuesday or Thursday, providing two meals a day for a total of four meals a week and supplemental food boxes; Africa House

participants receive a restaurant or staff delivered meal Tuesday and Wednesday for two meals weekly to approximately thirty participants. IRCO also delivered supplemental food boxes.

- Native American Youth and Family Center (NAYA), 5135 NE Columbia Boulevard, Portland.
  - o Pre-COVID-19: Monday-Friday congregate breakfast and lunch program cooked onsite serving about twenty-five elders.
  - o COVID-19: Home-delivered meals prepared in their kitchen. Tuesday delivery of three meals, and Friday delivery of four meals for seven meals, plus a supplemental food box.
- Meals on Wheels People (MOWP) office and central kitchen, 7710 SW 31st Avenue, Portland.
  - o Pre-COVID-19: Monday-Friday congregate lunch program and home-delivered meal distribution at five contracted sites.
  - o COVID-19: Home-delivered meals prepared at the central kitchen and distributed from the five sites. Elm Court has limited daily delivery and/or grab-and-go meals for consumers with mental health and housing challenges.
    1. Elm Court Center, 1032 SW Main Street, Portland
    2. Martin Luther King Jr. Center, 5325 NE MLK Jr. Boulevard, Portland
    3. Belmont Center, 4610 SE Belmont Street, Portland
    4. Cherry Blossom Center, 740 SE 106th Avenue, Portland
    5. Ambleside Center, 600 NE 8th Street, Gresham

Nutrition Services Goals and Objectives

1. Older adults will have ready access to enough food that is affordable, culturally appropriate, and that supports their health.

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
Measurable Objective 1-1 Increase utilization among older adults of federally funded nutrition programs, such as SNAP.	A. Expand SNAP outreach and application assistance to older adults.	ADRC program manager, planning & development specialist	July 2021	June 2025	
	B. Explore potential SNAP outreach and application assistance models for older adults.	planning and development specialist	July 2021	January 2022	
	C. Analyze utilization of federally funded nutrition programs among older adults and people with disabilities.	planning & development specialist, research & development specialist sr.	September 2021	January 2022	

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
Measurable Objective 1-2 Provide access to low or no-cost and food in a variety of settings to meet the diverse needs of older adults.	A. Provide meals containing one-third of the US RDA to [homebound] older adults each year.	program manager, nutrition services contract liaison	July 2021	June 2025	
	B. Provide seven meals a week containing one-third of the US RDA to homebound HIV Long-	program manager, nutrition services contract liaison	July 2021	June 2025	

	Term Survivors over the age of 50 each year.			
	C. Provide culturally appropriate meals containing one-third of the US RDA to older adults through Enhancing Equity meal sites.	program manager, nutrition services contract liaison	July 2021	June 2025
	D. All recipients will receive individual nutritional assessments completed annually.	program manager, nutrition services contract liaison	July 2021	June 2025
	E. Congregate nutrition sites will provide nutrition education a minimum of four times yearly.	program manager, nutrition services contract liaison	July 2021	June 2025
	F. All recipients of home-delivered meals will receive nutrition education upon enrollment and annually thereafter.	program manager, nutrition services contract liaison	July 2021	June 2025

2. Support community led efforts to increase food access for older adults and people with disabilities, with emphasis on Black, Indigenous and other People of Color.

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
Measurable Objective Food access and nutrition resources are prioritized for older adults who are marginalized based on race and other identities.	A. Collect and analyze applicable food security and nutrition program utilization data for prioritized populations annually.	planning & development specialist, data analyst, research & development specialist sr.	September 2021	June 2025	
	B. Understand utilization of food and nutrition programs by community.	planning & development specialist, research & development specialist sr.	September 2021	June 2025	
	C. Develop strategy to increase food security among older adults	planning & development specialist, ASAC	September 2022	January 2023	
	D. Establish a workgroup to increase community voice in Older Adult food security and nutrition work.	program manager, nutrition services contract liaison, planning & development specialist, ASAC	January 2022	December 2022	
	E. Document successful strategies for food access during the COVID-19 pandemic.	Community Services manager, nutrition services contract liaison, planning & development specialist	June 2022	December 2022	

C-3: Health Promotion Goals and Objectives

1. Older adults and people with disabilities are strongly connected to their community in support of their wellbeing and physical and mental health.

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
Measurable Objective Increase availability of health promotion classes and activities for older adults through partnership and network development.	A. Bolster partnership with health systems, aging services partners, and the Oregon Wellness Network (OWN) to leverage resources.	Community Services manager, program manager	July 2021	June 2025	
	B. Increased availability of physical activity programs in virtually and in person provided by community-specific providers.	Community Services manager, program manager	July 2021	June 2025	
	C. Increase coordination with Multnomah County Health Department Public Health.	Community Services manager, program manager	July 2021	June 2025	
	D. Expand funding for programs with OWN.	Community Services manager, program manager	July 2021	June 2025	
	E. Design staffing model to increase community utilization and support coordination among providers.	Community Services manager, program manager	September 2021	December 2021	

2. Older adults actively participate in health promotion activities to address chronic conditions, improve health, and decrease isolation.

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
Measurable Objective More older adults participate in activities to support their health and wellbeing.	A. Reestablish coordination and outreach network.	Community Services manager, program manager	January 2023	June 2024	
	B. Strengthen relationships with partners, such as public pools, gyms, and parks departments.	Community Services manager, program manager	July 2022	June 2025	
	C. Increase class offerings to community members who are historically and systemically marginalized based on their identities.	Community Services manager, program manager	July 2022	June 2025	
	D. Expand outreach channels to include social media, such as Facebook and Nextdoor.	Community Services manager, program manager	July 2021	June 2025	

Section C: Focus Areas, Goals and Objectives

C-4: Family Caregivers

Profile

A family member is often first in the line of care and support for many older adults. The Multnomah County Family Caregiver Support Program (FCSP) provides training, community, and needed resources to family caregivers and other informal or non-traditional caregivers providing for long term care needs of a loved one or family member under 18. Caregivers deserve access to a wide variety of information provided in a person-centered or family-centered perspective. Caregiving can be a demanding role, the FCSP is designed to leverage the strengths of the caregivers and provide resources to complement their strengths.

Family Caregiver Support Program information and referrals are provided by the ADRC. Intake is provided by case managers at contracted community partners. Case managers meet with family caregivers to address family caregiver needs identified by Options Counseling tools. For family caregivers needing financial assistance a family caregiver intake form is completed. One-on-one caregiver assistance is provided through contracts with four district centers and four Enhancing Equity partners. Enhancing Equity partners ensure that caregivers are served by trusted organizations in culturally specific or culturally responsive approaches. Relatives raising children are connected to existing training in the community through case managers and the FCSP coordinator. The annual one-day Grandparent Retreat is offered to relatives raising children and is coordinated by the County Family Caregiver Support Program and community agencies serving families.

Family caregivers needing financial assistance can complete a family caregiver intake form following the federally outlined screening elements including living in a rural situation-census tract and caring for a person with Alzheimer's or another dementia. FCSP grants pay for counseling, respite, and supplemental services for eligible caregivers—including older relatives raising children 18 and younger. ADVSD and community partners provide training and support groups to family caregivers. Older relatives raising children can access financial assistance, training opportunities, support groups and referrals to out-of-schooltime activities for their children. Outreach is done through community, school, and government agencies in contact with older relatives raising children.

ADVSD funds relief services to unpaid family members, friends, neighbors, or domestic partners caring for someone 60 or older or for a person of any age with Alzheimer's or another dementia. Funds can be used for respite services and supports from homecare

agencies, adult day care centers, facilities that provide overnight respite, and goods and services such as, mobility aids, durable medical equipment, medical alert systems, home modifications, and incontinence supplies. Up to $300 for counseling, respite, durable medical equipment, or other items supporting the caregiver is available to all unpaid family caregivers caring for an elder once each program year. The Family Caregiver Support Program can provide Options counseling so family caregivers can determine the best path forward for someone in their care. Detailed information about the FCSP is available from the ADRC or at https://multco.us/ads/grants-family-caregivers.

The Family Caregiver Support Program offers evidence-based training including: Savvy Caregiver (6-weeks, 2-hours a week), Powerful Tools for Caregivers (6-weeks, 90-minutes a week), and the STAR Caregiver Program. Trained STAR Caregiver consultants work with family caregivers individually in their home to provide the curriculum for 1-hour a week for 6-weeks (by telephone during the governor's COVID-19 "Stay Home, Save Lives" order). STAR Caregiver participants receive monthly follow-up for 4-months after training.

Community based events for caregivers to people experiencing dementia are offered at the popular Memory Café at the Sunrise Center. The Memory Café expanded to include an event designed to serve Black and African American caregivers created with the OHSU PreSERVE Coalition along with partnership with the Urban League of Portland and Kaiser Permanente. Some events moved to virtual platforms during COVID-19 and some postponed and will resume post COVID-19.

Needs Statement

The number of people caring for a friend, neighbor, or family member has grown to include more than 1-in-5 people nationally.[11] Caregivers perform tasks from simply picking up groceries or bathing and dressing to medical support (e.g., medication management or advanced wound care). Most people enter this work with little more than love for the person they are caring for and lack training or systems of support.

For all its rewards, caregiving can also cause stress—physical, emotional, and financial— and can have substantial impacts on the caregiver's health and wellbeing, especially when coupled with work and other family responsibilities. Caregivers responding to a recent ADVSD needs assessment survey reported a 29% net increase in caregiving hours during the COVID-19 stay at home order. Seventy-one percent of family caregivers in a

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[11] Caregiving in the United States 2020 – https://www.aarp.org/ppi/info-2020/caregiving-in-the-united-states.html

recent AARP survey reported experiencing high emotional stress. Increased caregiver stress and burden levels can jeopardize a caregiver's ability to continue to provide care.[12]

During COVID-19 family caregivers shared that they experienced significant social isolation. Family members supporting school-aged children struggled with distance learning technology and supporting and directing student learning at home. Community members providing family caregiving specifically commented about needs relating to transportation costs and accessing specialized equipment to support their caregiving.

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[12] FAMILY CAREGIVING IN OREGON: A SURVEY OF REGISTERED VOTERS AGE 40 AND OLDER – https://www.aarp.org/content/dam/aarp/research/surveys_statistics/ltc/2019/oregon-caregiving-survey-chartbook.doi.10.26419-2Fres.00259.033.pdf

Family Caregiver Goals and Objectives

1. Promote family caregiver services and resources to family and informal caregivers with emphasis on services for people who are marginalized based on their race and other identities.

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year) Start Date	End Date	Accomplishment or Update
Measurable Objective Increase participation by family and informal caregivers, prioritizing services to caregivers who are marginalized based on their race and other identities.	A. Hold community listening sessions to understand community-specific needs related to family caregiving.	program manager, planning & development specialist, program coordinator	January 2022	January 2023	
	B. Collect and analyze unmet needs of family caregivers to caregivers by community.	Quality & Business Services, program manager, program specialist, planning & development specialist	July 2021	December 2022	
	C. Hold bilingual outreach event(s) for elders who speak Spanish, their caregivers, and professionals who serve the Spanish-speaking community.	program manager, program coordinator	April 2022	June 2025	
	D. Collaborate with PreSERVE Coalition to increase access to Black and African American family caregivers	program coordinator	January 2022	June 2025	

Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year) Start Date	End Date	Accomplishment or Update
E. Increase participation, training, and support to LGBTQ+ family caregivers, with a priority on the needs of caregivers to Transgender and Nonbinary elders.	program coordinator, development specialist	September 2021	June 2025	

2. Family caregivers receive person-centered and culturally specific services.

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year) Start Date	End Date	Accomplishment or Update
Measurable Objective Increase the number of family caregivers that receive services that are culturally relevant and responsive.	A. Host quarterly Memory Café & Social with goal of reaching 80 unduplicated individuals and their caregivers	program manager, program coordinator	January 2022	June 2025	
	B. Prioritize the needs of African American or Black Community by continuing the Memory Café on Interstate Avenue	program manager, program coordinator	April 2022	June 2025	

Section C: Focus Areas, Goals and Objectives

C-5: Legal Assistance and Elder Rights

Profile

To preserve their independence, choice, and financial security, older adults are entitled to legal consultation on civil issues funded by the Older Americans Act. The Aging, Disability and Veterans Services Division (ADVSD) contracts with the Legal Aid Services of Oregon (LASO) to provide counsel and representation on tenant rights, eligibility for public benefits, and other matters. LASO maintains a corps of attorneys who volunteer their time to provide 30-minute consultations to county residents 60 years and older or spouses of someone 60 years and older. Those residents with low incomes may be eligible for continuing pro bono legal services if they meet eligibility guidelines.

Engaging in community and civic life and having good health or health care access are protective factors for older adults against abuse, neglect, and exploitation. Promoting these connections is a critical aspect of supporting safety for older adults, as is having a strong response network for suspected abuse. ADVSD Adult Protective Services (APS) investigates abuse cases in collaboration with local law enforcement and benefits from referrals from the aging services network and healthcare partners.

In 2020, Multnomah County APS opened 597 investigations of alleged abuse in licensed long-term care settings and 2,912 investigations of alleged elder abuse in the community. Of those cases reported, 227 facility cases had at least one substantiated claim of abuse. Community cases had 737 cases with at least one substantiated claim of abuse. In substantiated community allegations, the most common forms of abuse are financial exploitation, physical abuse, and verbal abuse. Regarding substantiated abuse cases statewide, it is reported that, "Over two-thirds of alleged perpetrators (in community cases) are family members. The top two alleged perpetrator relationships are adult child and spouse."[13]

COVID-19 Impacts

The number of abuse reports was initially down during the early months of the COVID-19 pandemic (March, April, May 2020) across the state and within the county. The number of abuse reports have since increased. March 2021 saw the highest number of reports of suspected abuse since January 2020. ADVSD worked with other APS

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[13] 2019 Year in Review: Community Cases – https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DataBooks/APS%202019%20Data%20Book.pdf

agencies across the state network on a media outreach campaign to raise awareness of the signs of abuse and where to reach out for help or to report suspected abuse.

The closure of district centers and Enhancing Equity sites reduced outreach on the Senior Law Project significantly. Access to OAA legal consultation primarily moved to telephone consultation or meetings via a virtual platform. Virtual platforms and telephone access create significant access issues for older adults—particularly those living on a low income with limited or no internet access, limited or no device support, or few cellular telephone minutes.

Need Statement

Older adults deserve to feel safe in their homes, workplaces, and community. ADVSD recognizes that safety is most often defined by White dominant culture, failing to recognize, and thereby omitting specific needs of people of color and other marginalized groups.

For many reasons, the full scope of the problem of elder abuse is not known because it often goes unreported, particularly among Black and Brown communities that are over-policed or intervened upon. Over the course of the 2021-2025 Area Plan, ADVSD will continue work to understand the needs related to abuse reporting among marginalized communities and develop goals, objectives, and tasks to address those needs.

The topic of information, described as "Finding information about needed services, resources, or the advice of an attorney" ranked eight out of nine in our recent community survey. However, the need for legal consultation appeared in comments from community members ranging from getting identification to accessing Medicaid or other benefits.

The 2020 report on the Senior Law Project stated that 21% of community members served were reported as minorities, of which 1% were non-English speakers. Black, Brown, and other People of Color (BIPOC) older adults have a higher likelihood of civil legal issues than White older adults. ADVSD recognizes the need to provide equitable access to OAA funded legal consultation services for older adults and elders with marginalized intersecting identities, particularly those who are linguistically isolated. According to the Oregon Bar Foundation's 2018 Civil Legal Needs Study, members of the Latinx community, particularly Spanish speakers, were least likely to look for legal help and therefore least likely to know that this legal help exists. Latinx survey participants researched legal issues at 66% the rate of others and Spanish speakers researched at 33% the rate of others.[14]

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[14] Barriers to Justice - https://olf.osbar.org/lns/

Legal Assistance and Elder Rights Goals and Objectives

1. Older adults can access legal consultation through the Senior Law Project with an emphasis on expanded access for historically and systematically marginalized communities.

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
Measurable Objective 1-1 Older adults access legal consultation through the Senior Law Project with an emphasis on expanded access for people who are marginalized based on their race and other identities.	A. Volunteer legal professionals will provide free 30-minute consultations to individuals through community-based legal clinics.	program manager, contract liaison	July 2021	June 2025	
	B. Review utilization data by community and report to ASAC and DSAC, annually.	program manager, contract liaison, planning & development specialist	September 2021	June 2025	

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
Measurable Objective 1-2 Increase capacity to serve historically and	A. Recruit legal professionals to provide community and language-specific services.	program manager, contract liaison, planning & development specialist	September 2021	June 2025	

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
systematically marginalized elders.	B. Support outreach efforts to 8 new community-specific organizations Senior Law Project outreach.	program manager, contract liaison, planning & development specialist	January 2022	June 2025	
	C. Hold 12 community and language-specific outreach events to reach marginalized and underserved older adults.	program manager, contract liaison, planning & development specialist	January 2022	June 2025	
	D. Increase awareness of services related to health care decision making, protection of assets for the care of unmarried partners, and navigating federal VA, Ryan White, and other entitlements among people aging with HIV Long-Term Survivors.	program manager, contract liaison	July 2021	June 2025	
	E. Understand the legal needs of older adults who are Transgender and Nonbinary.	planning & development specialist	September 2021	June 2022	

2. Older adults have community-based resources for peer support and self-advocacy.

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
Measurable Objective 2-1 Develop an outreach campaign to promote existing self-advocacy resources and peer networks.	A. Understand current resources for older adults on self-advocacy and peer support networks.	Community Services manager, Older Adult Behavioral Health Initiative	September 2021	March 2022	
	B. Develop curated list of resources for older adults for ADRC and community partners.	Community Services manager, Older Adult Behavioral Health Initiative	March 2022	June 2022	
	C. Conduct two annual presentations or community events related to the promotion of self-advocacy and peer support.	Community Services manager, Older Adult Behavioral Health Initiative	July 2021	June 2025	

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
Measurable Objective 2-2 Develop or implement a self-advocacy model for community use.	A. Research program models on self-advocacy.	Community Services manager, Older Adult Behavioral Health Initiative	September 2022	June 2023	
	B. Study feasibility of adding self-advocacy to current service assortment.	Community Services manager, Older Adult Behavioral Health Initiative	September 2022	December 2022	

Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
		Start Date	End Date	
C. Support development of self-advocacy model for local implementation.	Community Services manager, Older Adult Behavioral Health Initiative Team	January 2023	June 2023	

3. Older adults and people with disabilities have access to protection against abuse and financial exploitation, and neglect, with particular attention focused on financial stability.

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
Measurable Objective 3-1 Increase utilization of the Oregon Money Management Program (OMMP)	A. Continue to accept referrals to OMMP and develop ways to prioritize risk as the program reaches capacity and has limited ability to take on additional representative payee consumers.		September 2021	June 2022	
	B. Deliver two educational events each year for OMMP consumers and others that cover topics related to avoiding financial fraud and budgeting and managing your money.				

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
	C. Meet quarterly with APS staff to discuss program utilization.	program manager, APS manager	July 2021	June 2025	

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
Measurable Objective 3-2 3,500 Multnomah County Medicare/Medicaid beneficiaries will receive personalized counseling by skilled volunteers, prioritizing underserved Older Adults.	A. Design a culturally responsive program approach for the Statewide Health Insurance Benefits Advisors (SHIBA) program	Community Resource manager, program specialist	September 2021	June 2025	
	B. Recruit new SHIBA volunteers from historically marginalized communities.	Community Resource manager	September 2021	June 2025	
	C. Develop and implement improved competency model for SHIBA volunteers serving Transgender and Nonbinary older adults.	Community Resource manager, program specialist, planning & development specialist	January 2022	October 2022	
	D. Review SHIBA service data by community for annual presentation to ASAC & DSAC annually.	Community Resource manager, program specialist, planning & development specialist, ASAC and DSAC	July 2021	June 2025	

C-6: Older Native Americans Goals and Objectives

1. Serve Native American elders living in urban areas by supporting agencies that serve them.

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
Measurable Objective 1-1 Native American Elders utilize ADVSD-funded programs and services	A. Participate in regional and state conversations with leaders from Native American communities and Tribal leaders.	Community Services manager, planning & development specialist, contract liaison	July 2021	June 2025	
	B. Support equity-focused re-design of compensation model with community partners serving Native Elders.	Community Services manager, planning & development specialist, contract liaison, Multnomah Idea Lab	January 2022	June 2022	
	C. Collect and analyze program data to understand utilization by Native American Elders.	Community Services manager, planning & development specialist, contract liaison, data analyst	September 2021	December 2021	

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
Measurable Objective 1-2 Native elders create a plan related to their care and	A. Work with Clackamas and Washington counties in partnership to serve Native Elders		July 2021	June 2025	

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
wellbeing, as well as that of their families, to be implemented in partnership with ADVSD in coordination with local Tribal governments and Native-led organizations.	B. Support Tribal Navigator in addressing barriers to services for Native Elders.		July 2021	June 2025	

C-7: Transportation Goals and Objectives

1. Older adults understand transportation resources available to them.

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
Measurable Objective 1-1 Transportation resources are distributed to older adults with the highest need, prioritizing historically and systemically marginalized community members.	A. Develop transportation service racial equity report utilizing the Equity and Empowerment Lens tools.	program manager, contract liaison	January 2022	January 2023	
	B. Develop equity-focused demographic data collection process.	Community Services manager, program manager, contract liaison, data analyst, Quality & Business Services, program development specialist	September 2021	December 2022	
	C. Conduct community survey and interviews related to transportation satisfaction, needs, and preferences.	program manager, contract liaison	August 2021	September 2023	
	D. Analyze currently available transportation utilization data by race and age. Update annually and report to ASAC & DSAC.	Community Services manager, program manager, contract liaison, data analyst	October 2021	June 2025	

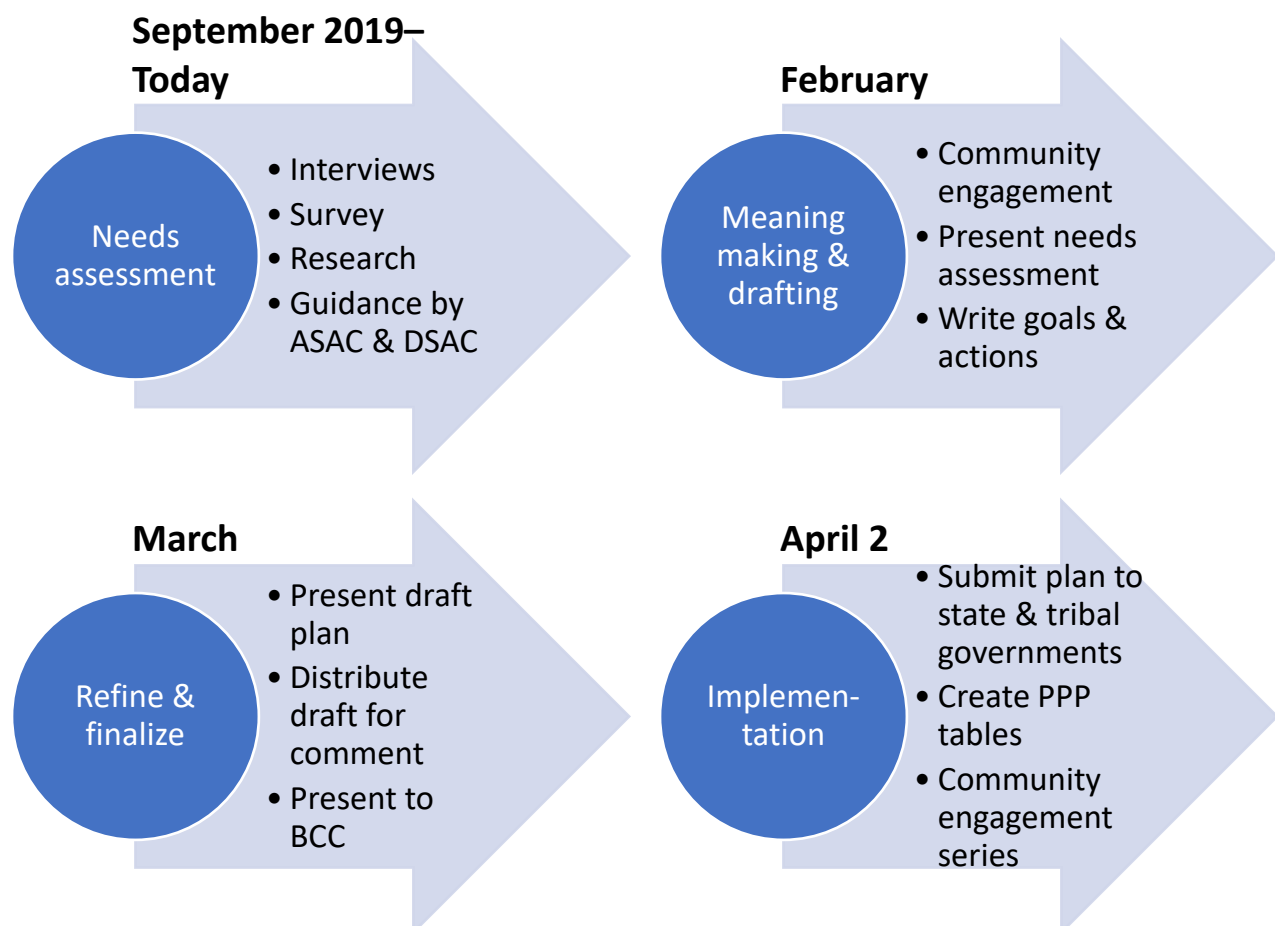|	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
	E. Conduct analysis of distribution of transportation resources distributed by ADVSD by race and origin. Update annually and report to ASAC & DSAC.	Community Services manager, program manager, contract liaison, data analyst, ASAC & DSAC	January 2022	June 2025	
	F. Develop community-specific, older adult-focused transportation guide.	program manager, program specialist, ASAC			

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
Measurable Objective 1-2 Transportation resources are coordinated across the older adult service system.	A. Update and revise ADVSD transportation coordination plan.	program manager, contract liaison	January 2022	June 2022	
	B. Provide transportation coordination training and consultation, identify efficiencies, and conduct quality assurance activities.	program manager, contract liaison, data analyst	July 2021	June 2025	

Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
		Start Date	End Date	
C. ADVSD staff and ASAC members participate in interagency transportation workgroups and committees.	program manager, contract liaison, planning & development specialist, ASAC & DSAC	July 2021	June 2025	

2. Transportation resources prioritize community preference and comply with COVID safety protocols.

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
Measurable Objective Transportation-related needs and preferences of older adults are understood by ADVSD related to ongoing service provision and COVID-19.	A. Outreach campaign is developed to support older adults utilizing public transportation safely related to COVID-19.	Community Services manager, program manager, contract liaison, data analyst, planning & development specialist, ASAC & DSAC	July 2021	September 2021	
	B. Annual transportation survey asks question related to safety preferences related to COVID-19 transit utilization	Community Services manager, program manager, contract liaison, data analyst	August 2021	September 2023	

Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
		Start Date	End Date	
C. Analyze the types of transportation utilized and the destinations by age and race to inform program improvements. Update annually and report to ASAC & DSAC.	Community Services manager, program manager, contract liaison, data analyst	January 2022	June 2025	

Section C: Focus Areas, Goals and Objectives

C-8: Trans and Nonbinary Elder Interview Summary

ADVSD 2021-2025 Area Plan Needs Assessment, February 12, 2021

Context: The Area Plan on Aging

- Multnomah County Aging Disability and Veterans Services Division (ADVSD) serves as the local Area Agency on Aging (AAA). **As the AAA, Multnomah County is charged with supporting all older adults and people with disabilities live their lives with choice, independence and dignity in their homes and communities. ADVSD provides services and supports in their five branch Aging and People with Disabilities offices and through contracts with "on-the-ground" organizations.**

- **The Area Plan on Aging is a guiding document that is written every four years** by AAAs. Each AAA is asked to conduct a needs assessment for older adults and elders. The information is intended to inform an Area Plan outlining needs and goals and actions to address those needs. The 21-25 Area Plan is due to state and tribal governments on April 2, 2021.

- **For more detail on this process**, see the graphic below:

September 2019– Today

Needs assessment
- Interviews
- Survey
- Research
- Guidance by ASAC & DSAC

February

Meaning making & drafting
- Community engagement
- Present needs assessment
- Write goals & actions

March

Refine & finalize
- Present draft plan
- Distribute draft for comment
- Present to BCC

April 2

Implementation
- Submit plan to state & tribal governments
- Create PPP tables
- Community engagement series

Context: Input from Priority Populations

After reviewing results from the last Area Plan (2017-2020), it was found that **Transgender elders were among the most underrepresented in the needs assessment information**. This time around, Multnomah County worked with community members and organizations to create a plan to ensure more representation among these groups.

Why only look at trans communities vs. LGBTQ+ communities as a whole? Out of LGBTQ communities surveyed in the last Area Plan, trans people were significantly underrepresented or indistinguishable within the data and there was no means to distinguish their experience and insights. In addition, **respecting differences between sexual orientation and gender identity means not lumping the experiences of Transgender and Nonbinary people solely into LGBTQ+ data**.

There is an existing report from the 2017-2020 Area Plan about LGBTQ+ elders, that identifies areas of need for the group as a whole.

Transgender and Nonbinary Communities: Survey Responses and Outreach

Because of COVID-19, Multnomah County had to adjust the original strategy of community outreach in-person. Instead, the process primarily used a survey tool that was offered online in 17 languages and provided $10 of compensation for each respondent. Recognizing the limitations of surveys, the team plans to use more community-based methods in the future.

"Unusable" survey responses indicate that the respondents either did not complete enough information or did not live in Multnomah county (exception: Houseless respondents and Native/Indigenous respondents were included regardless of zip code.)

People were asked to share their racialized identity by choosing all that apply and may be counted in more than one identity, which accounts for discrepancies in total counts.

Survey

- 1,392 responses that met the inclusion criteria from 1,893 total responses
- 1,163 people shared their gender identity and/or sexual orientation
- 166 – Identified as LGBTQ+
- 49 – Shared their gender identity as follows:
  - Self-describe – 15: 2 Nonbinary, 1 Genderqueer, 1 Transman, 11 non-applicable description
  - Questioning – 3
  - Two-Spirit – 13
  - Transfeminine – 5

- o Transmasculine – 8
- o Gender Expansive – 7
- Race and origin among those 49:
  - o White – 37
  - o Native American or Alaska Native – 11
  - o Black/African American – 4
  - o Slavic – 3
  - o Latino/Hispanic – 1
  - o Native Hawaiian or Pacific Islander – 1
  - o African – 1
  - o Chose to self-identify – 9
  - o Not indicated – 3

Outreach

- Multnomah County paid organizations that work with BIPOC, LGBTQ+, and houseless respondents to gather responses, share on social media, etc.
- Multnomah County hired consultants for trans and nonbinary community work in part because of the lower number of trans community organizations working with elders and people with disabilities
- Consultants for trans and nonbinary work shared information about the survey with numerous community organizations, as well as online social groups for trans and nonbinary individuals, community organizers, and individuals who participated in LGBTQ+ specific programs for older adults.

Interviews with Trans and Nonbinary Communities

Interviews

- Nine individuals ranging in age from 55-72, including four trans women, one trans man, one gender nonbinary person, one BIPOC, and two Indigenous/Two Spirit elders
- In-depth conversations lasted an average of 90 minutes via phone or zoom
- All interviewees were compensated for their time
- Interviewer was a trans consultant who had been in community and/or worked with most of these individuals
- This resulted in high-trust and candid sharing

Key Themes from Trans and Nonbinary Interviews

The interviewees shared generously. We heard that most had not imagined themselves becoming elders. Also, many experience significant physical pain, several are caregivers to their own family members, and some are very desiring of writing, storytelling, and intergenerational connections. Below are the key insights we believe can be applied to change at Multnomah County ADVSD.

Trans and nonbinary elders underutilize ADVSD for a variety of reasons

- Lack of information: "ADVSD needs some kind of information/marketing campaign. It is like it is the best kept secret in town with what they offer."—62-year-old TNB community member
- Confusion/bureaucracy: "The level of systematic bureaucracy that you have to go through to access the services you are entitled to at ADVSD is Machiavellian."—64-year-old TNB community member
- Expectation of discrimination: "I would hesitate to access services in Multnomah County because of possible anti-LGBTQ bias."—57-year-old TNB community member

Trans and nonbinary elders experience discrimination in many services

- "It has been a challenge navigating services in health care with people/providers who are not comfortable with who I am."—57-year-old TNB community member
- "Walking into an adjudication is a triggering and maybe life-threatening situation. The implication is that you are on your own."—64-year-old TNB community member
- "You do know what the reaction will be when you have to share who you are as a trans or queer person."—62-year-old TNB community member

Trans and nonbinary elders experience isolation in profound ways

- "Now my world is smaller than I would have expected it to be."—65-year-old TNB community member
- "Finding a partner and love as an older trans woman and identifying lesbian is something I didn't anticipate."—71-year-old TNB community member
- "For older adults especially, connecting with another human being is really important."—62-year-old TNB community member
- "Resilience comes up in mental health, but a person's mental health issues related to being LGBTQ+ is not going to need the same program as our cisgender white friends."—57-year-old TNB community member

Trans and nonbinary elders desire LGBTQ+-specific space and/or caregivers from their own LGBTQ+ community

- "I would look forward to accessing senior center services if there was a community of people there who were friends, acquaintances, etc. and it was solely a LGBTQ+ space."—65-year-old TNB community member
- "There needs to be a LGBTQ+ senior center which would provide a safe place for our older community members."—57-year-old TNB community member
- "I would have to be pretty desperate" (to go to a non-LGBTQ senior center.)—64-year-old TNB community member

Trans and nonbinary people have priority needs in housing, healthcare, and employment

- "There are too many of us without adequate housing and housing is healthcare."—55-year-old TNB community member
- "Mental health services people could access when dealing with depression, social isolation, and other mental health issues as well as offering grief counseling would be beneficial."—71-year-old TNB community member
- "Employment help, housing, and healthcare as top three programs/services."—66-year-old TNB community member

Recommendations for Multnomah County ADVSD

"When I think of this community, it is a community that can offer so much to the rest of the world, the LGBTQ aging community. We are civically minded, and often the first to volunteer. We can really give back if our county and state will invest in us."—57-year-old TNB community member

Immediate recommendation: Create and fund a Multnomah County Task Force for Trans and NB Care—bring together ADVSD staff, community partners, and trans community members to make detailed recommendations and review data from this assessment process as well as past work including "Being Trans and Gender Diverse in Multnomah County: Understanding Experience Using Human Centered Design."

Additional Recommendations

- **Fund LGBTQ-specific services for seniors and people with disabilities**
  Explore San Francisco and other existing Transgender and LGBTQ+ elder program models; learn from what made eRa at Q Center so successful and welcoming of trans elders.
- **Increase trans and nonbinary cultural competency at ADVSD and with aging services providers**

Provide broad implicit bias training for all frontline staff. Identify opportunities and build strategy to provide the same training for homecare workers and other non-county staff.

- **Support expansion of housing, health, and employment programs**

  Build strategy to increase mental health resources through ADVSD. Work with the Joint Office of Homeless Services, Health Department, etc. to ensure representation of trans elders and trans people with disabilities on advisory committees. Build on ORCHWA's past work to develop training for trans and nonbinary Community Health Workers.

- **Recruit and retain more TNB staff, especially people of color**

  Integrate trans culture competency into HR process of assessing KSA (Knowledge, Skills and Abilities) and salary for new and existing hires.

  "Actively search out and recruit trans people to fill positions at ADVSD… I see black and brown people when I go to reception and screening offices and they are directing you to where you need to go but the people who are actually supposed to help me become fairer and fairer until I get to places of power and then it's almost all white folks."—64-year-old TNB community member

Care of Transgender and Nonbinary Older Adults and Two Spirit Elders Goals and Objectives

1. Transgender and Nonbinary Older Adults and Two Spirit Elders are well connected to a caring community and can access services and programs to support their wellbeing, independence, and self-determination as they age.

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
Measurable Objective Increase the number of Transgender and Nonbinary Older Adults and Two Spirit Elders seeking and accessing services from ADVSD and the aging services network.	A. Support and expand capacity building for community led efforts that serve and care for LGBTQ+ elders.	Community Services manager, planning & development specialist	July 2021	June 2025	
	B. Support the creation and implementation of competency model related to serving Transgender and Nonbinary Older Adults and Two Spirit Elders in the places where community members would seek services.	TNB taskforce, planning & development specialist, ASAC	July 2022	January 2024	
	C. Develop experience and satisfaction evaluation tool prioritizing understanding the experiences of Transgender and Nonbinary Older Adults and Two Spirit Elders.	planning & development specialist, Quality & Business Services	September 2022	June 2023	

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year) Start Date	End Date	Accomplishment or Update
	D. Support community-led efforts to increase community competency in all service settings.	Community Services manager, planning & development specialist	July 2022	January 2024	

2. Transgender and Nonbinary Older Adults and Two Spirit Elders lead a community-centered process on access to services for older adults and people with disabilities.

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year) Start Date	End Date	Accomplishment or Update
Measurable Objective Transgender and Nonbinary Older Adults and Two Spirit Elders identify, prioritize, and make service recommendations related to their needs related to home and community-based services.	A. Establish a taskforce on the care of Transgender and Nonbinary Older Adults and Two Spirit Elders within ASAC.	Community Services manager, planning & development specialist, ASAC	January 2022	January 2024	
	B. Collect and analyze available data on the utilization of home and community-based services by Transgender and Nonbinary Older Adults and Two Spirit Elders.	TNB taskforce, planning & development specialist, ASAC	January 2022	December 2023	
	C. Utilize data collected from community interviews to inform service recommendations.	TNB taskforce, planning & development specialist	January 2022	June 2023	
	D. Identify and prioritize investments and interventions to increase	TNB Taskforce, planning & development specialist	July 2022	January 2023	

	access to employment, income, and housing.			
	E. Research and document LGBTQ+ knowledge, skills, and abilities (KSA) in new and existing staffing models within ADVSD.	Community Services manager, planning & development specialist	January 2022	June 2022	

Section D: OAA/OPI Services and Method of Service Delivery

D-1: Administration of Oregon Project Independence (OPI):

In accordance with OAR 411-032-0005(2) the area agency must submit an Area Plan containing, at a minimum, the agency's policy, and procedures for each of the questions below.

Provide the following information or policies about how your agency (or your contractor) administers and implements the OPI program. Note: If the AAA is participating in the OPI Expansion for Adults with Disabilities, clarify if the policies and procedures vary for that population.

a. What are the types and amounts of authorized services offered? (OAR 411-032-0005 2 b A)

In-home services are provided at a maximum level of 8-hours per 14-day service plan for both traditional OPI (age 60+, or younger with dementia diagnosis) and OPI Expansion consumers. Authorized services include:
- Home care
- Personal care
- Chore
- Assistive technology devices
- Adult day services
- Service coordination

The OPI expansion program also includes home-delivered meals. Our AAA also offers a grocery shopping service with socialization through our contract with Store to Door.

b. State the cost of authorized services per unit. (OAR 411-032-0005 2 b B)

Home Care: Our AAA encourages the use of state home care workers whenever possible at $19.89 an hour. We also contract with four in-home care agencies at an average rate of $30.88 an hour for home care. The rate for Store to Door shopping service is $30.00 per shopping trip, including custom order and delivery, and short friendly visit when safe to be face-to-face.

Personal Care: Our AAA encourages the use of state home care workers whenever possible at $19.89 an hour. We also contract with four in-home care agencies at an average rate of $31.62 an hour for personal care.

Chore: Our AAA contracts with two agencies for chore service. Average hourly rates: moving – $103.80; packing – $80.00; extreme cleaning – $100.00; and bed bug treatment preparation – $95.00.

Adult Day Services: $95 per day and $105 for their Sundown program for an hour.

Service Coordination: Our AAA contracts with seven community partners to administer the traditional OPI program. We negotiate the hourly rate for OPI service coordination with each contractor. The average hourly rate for OPI service coordination is $55.50. The OPI expansion is administered by us internally and case management is provided by Multnomah County employees.

Home Delivered Meals: (OPI Expansion Program only) $11.75 per meal

c. Delineate how the agency will ensure timely response to inquiries for service. Include specific time frames for the determination of OPI benefits. (OAR 411-032-0005 2 b C)

OPI case managers are required by the ADVSD contract agreement and ADVSD case management policy and procedures to respond to inquiries for service within five days of the referral. All contracted partners maintain an active OPI waitlist. People inquiring about OPI services are screened for eligibility based on any disqualifying Medicaid and other programs they may be receiving. If determined potentially eligible, agency staff complete the OPI waitlist tool and enter their name and risk score into the OPI waitlist. Eligibility for OPI cannot be conclusively determined until the consumer has risen to the top of the waitlist based on risk score, and a CA/PS assessment is completed.

d. Describe how consumers will receive initial and ongoing periodic screening for other community services, including Medicaid. (OAR 411-032-0005 2 b D)

OPI case management is based on a holistic assessment of a person's needs and preferences, and personal choice. The case manager considers and identifies appropriate services for the total needs of the person. The assessment is not restricted to an evaluation of problems for which an agency has services. The case manager coordinates and implements a service plan, taking into consideration the consumer's preferred natural support system, such as family and non-family unpaid caregivers; consumer co-pays; and third-party payments, etc., and uses these prior resources before OPI services. Case managers advocate to obtain assistance for an individual by working with other service agencies and by identifying and coordinating community resources and natural supports for all new referrals and ongoing consumers. OPI may be used as a supplement to these primary resources as the person's needs necessitate. Consumers are reassessed annually or sooner if needed. The case manager documents the gross

monthly income of the household, the allowable deductions of the household and determines a co-pay, if any, for OPI services.

If OPI and natural supports no longer meet a person's needs, and appears eligible for Medicaid services, with their consent, the case manager makes the referral to a Medicaid Services intake.

e. Specifically explain how eligibility will be determined and by whom. (OAR 411-032-0005 2 b E)

An applicant is eligible to receive OPI services if they:
- Are 60 years old or older, or under 60 years of age and diagnosed as having Alzheimer's Disease or a related disorder (for OPI) or are between the ages of 18 and 59 (OPI Expansion Program).
- Are not receiving financial assistance or Medicaid, except SNAP, Qualified Medicare Beneficiary or Supplemental Low Income Medicare Beneficiary Programs.
- Are at immediate risk for nursing facility placement. Immediate risk is defined as the probability that the consumer's condition will deteriorate in eight to ten months after the loss of OPI services to a point that nursing facility placement is necessary.
- Score as high risk on the OPI waitlist tool. This tool considers activities of daily living, natural supports, the frequency of falls, etc. and is used to determine the priority of consumers served when OPI waitlists are being maintained.
- Are already receiving an authorized OPI service and their condition indicates upon reassessment that the service is still needed.
- Meet eligibility criteria of the OPI Rules and Oregon Administrative Rules.
- CA/PS assessment Survival Priority Level of 1-18 required.

An OPI case manager assesses the consumer using the Oregon ACCESS Consumer Assessment and Planning System (CA/PS) and develops a comprehensive plan of care with the consumer. If the consumer's assessment and care plan warrant the provision of supportive services to maintain independence in activities of daily living in their home, case managers may authorize OPI services, depending on the needs and preferences of the consumer.

f. Plainly state and illustrate how the services will be provided. (OAR 411- 032-0005 2 b F)

Service determination is based on an individual's financial, physical, functional, medical, and social need for such services and in accordance with OAR chapter 411, division 015. 032-0005 2 b F.

ADVSD contracts with five culturally responsive district centers and four culturally specific enhancing equity community organizations to provide traditional OPI services, including service coordination, to eligible people. Each district center serves older adults in their geographic portion of the county: east, mid, north-northeast, southeast, or west county. The four enhancing equity contractors provide culturally specific services to the African American population, Immigrant Refugee population, Asian population (Cantonese, Mandarin, Korean and Vietnamese speakers) and the LGBTQ population. Older adults eligible for OPI may choose to be served by the district center that corresponds to their home location, or by the enhancing equity organization of their choice.

One ADVSD case manager administers the OPI Expansion program to consumers age 18-59.

An OPI case manager assesses the consumer using the Oregon ACCESS Consumer Assessment and Planning System (CA/PS) and develops a comprehensive service plan with the consumer based on the needs identified by the assessment. If the consumer's assessment and allowable service hours warrant the provision of services to maintain independence in activities of daily living in the consumer's home, case managers may authorize OPI services, depending on the needs and preferences of the consumer. Authorized hours are subject to the extent of consumer need and the availability of funds; currently and for the past several years, the maximum number of service plan hours has been 8-hours per 14-day service period. Case managers authorize in-home services only to the extent necessary to supplement potential or existing resources within the consumer's natural support system. Case managers select an appropriate service provider based on the consumer's needs and preferences, availability of the service, and the cost to the consumer.

Personal care and home care are provided by the state Home Care Worker (HCW) program and by ADVSD contracted in-home care agencies. Before considering the state HCW program to provide in-home services, the case manager assesses the capacity of the consumer or their chosen representative to supervise and direct the work of the HCW. Services are established (via a service plan) and authorized by the case manager who develops a detailed task list with the consumer to provide to the in-home agency or HCW. The case manager monitors and evaluates the services being provided by the agency or HCW through visits to the consumer's home, consumer feedback, and communication with the in-home care agency or HCW. Consumer reassessments are conducted annually or sooner if needed. HCW rates are established by the Home Care Commission collective bargaining agreement, and in-home care agency rates are established through the ADVSD contracting process.

Other OPI funded providers under contract with ADVSD are respite/adult day services, personalized grocery shopping service, and chore services, all by contract with ADVSD with all services authorized by OPI case managers.

For all services funded by OPI, the case manager makes the referral and authorizes the number of hours of service, typically per 14-day service period or per month if on-going, sending the authorization form to the provider along with any other instructions, such as a task list needed to support the consumer's service plan. The service provider and the case manager communicate with one another when there are service quality concerns, changes in the consumer's condition/needs, or when there is a change in the number of authorized service hours.

g. Describe the agency policy for prioritizing OPI service delivery for both the waiting list and hours/types of services for the individual. (OAR 411- 032-0005 2 b G)

OPI services are prioritized for frail and vulnerable adults who lack or have limited access to other long-term care services; those who lack natural supports; and those who meet the OPI service priority rule.

When OPI waitlists are being maintained, contracted partner agencies with waitlists prioritize individuals who score as highest risk on the OPI waitlist tool and would therefore be at the greatest risk for nursing facility placement if OPI services are reduced or eliminated.

When creating the service plan for an OPI consumer, the case manager works with the consumer to identify natural supports to meet as many identified ADL needs as possible. The most important remaining unmet needs are then addressed by assigning service hours to contracted service providers or to an HCW depending upon the consumer's preferences.

h. Describe the agency policy for denial, reduction, or termination of services. (OAR 411-032-0005 2 b H)

Consumers are informed in writing 30-days before the effective date of termination, reduction, or denial of services. Once the decision is made to terminate, reduce, or deny services, the case manager works with the consumer to identify and coordinate other supportive services.

Contracted in-home care agencies (IHCA) are required to provide services for all consumers referred for OPI services. IHCA will make a special effort to meet the needs of consumers with unique living and personal situations, including consumers with challenging behavioral issues, and are expected to initiate and continue services under less-than-ideal conditions while an acceptable plan is being developed in cooperation with the case manager.

In-home care agencies may not refuse service to any consumer referred unless the caregiver would be in danger of immediate physical injury, including active use of illegal drugs by anyone in the home. In such cases, the IHCA will immediately contact the case manager with the pertinent details, to be followed by a written confirmation from the provider of the situation to ADVSD within two days.

An IHCA may discontinue services to any consumer who sexually harasses caregivers or professional staff after having provided a warning to the consumer to stop such behavior. The IHCA will notify the case manager with a written copy of the warning provided to the consumer.

In the event the IHCA is unable to provide or retain a worker for a consumer due to other consumer-related causes:

1. The IHCA supervisor will investigate the problem and report findings to the case manager for mutual resolution. The provider will then place a second caregiver with the consumer after appropriate measures are taken to address the problem.
2. If a second caregiver is unable to fulfill the required service, the IHCA will advise the case manager and consumer of the problem both by phone and in writing.
3. If the second caregiver is unable to provide the services authorized, the provider may be released from serving the consumer.

i. Specify the agency's policy for informing consumers of their right to grieve adverse eligibility, service determination decisions and consumer complaints. (OAR 411-032-0005 2 b I)

j. Explain how fees for services will be developed, billed, collected, and utilized. (OAR 411-032-0005 2 b J)

For consumers at or below the federal poverty level, the OPI case manager invoices the consumer for a $25 one-time fee; the consumer mails the payment to ADVSD. For consumers above the federal poverty level, OPI case managers calculate the percentage of the consumer's co-pay fee using a state fee calculation worksheet, and a state sliding scale fee schedule customized to show co-pay percentages based on rates for the in-home care agencies our AAA contracts with. In-home agencies are provided with each consumer's co-pay percentage in writing on the service plan document sent to them by the case manager. The agency then bills the consumer for their co-pay after services have been rendered each month, collects the fee, and submits the funds to ADVSD.

Case managers send consumers with co-pays an invoice for home care worker services after services have been rendered, and consumers send their payments directly to ADVSD.

All fee payments are tracked per consumer in our AAA Universal Consumer Registry (UCR) system. Fees collected are applied directly to expanding the OPI program as directed in OAR 411-032-0044 (1) (g)

k. **Describe the agency policy for addressing consumer non-payment of fees, including when exceptions will be made for repayment and when fees will be waived.** (OAR 411-032-0005 2 b K)

1. Consumer fees are a mandatory feature of the OPI program and are not voluntary. If the consumer refuses income information or refuses to pay appropriate fees, the case manager cannot authorize OPI services. In circumstances where consumer payment of fees is in arrears, these collection procedures are followed:

2. Service provider or in-home agency provides OPI case managers with names of consumers with unpaid balances; or if the consumer utilizes an HCW, the case manager uses the UCR to generate a report of consumer co-pays that are outstanding.

   a. Case manager monitors payment of fees using the UCR and is responsible for the investigation and correction of non-payment situations using these steps:

   b. Confirms consumer payment status with in-home care agency, if applicable, prior to speaking with consumer. The payment status of consumers utilizing home care workers can be confirmed using UCR.

   c. Informs consumer of arrearage and discusses payment with consumer, reviewing consumer co-payment expectations of the OPI program.

   d. Clarifies consumer income information, medical expenses, and adjusts consumer fees where appropriate.

   e. Determines whether money management services are indicated due to consumer difficulty in handling bill payment generally.

   f. Notifies consumer in conversation and in writing that non-payment may result in termination of service and establishes deadline for payment not more than 30-days from day of notice.

   g. Reminds consumer at least 2-weeks prior to termination that service will end and provides the reason for termination.

3. Consumer non-payment of OPI fees results in termination of service.

Exceptions to the repayment of fees will only be made in extreme situations, such as when it would become a financial hardship for the consumer. Even then, the OPI case manager will make every effort to work with the consumer on a plan to repay the balance of the fees.

l. **Delineate how service providers are monitored and evaluated.** (OAR411-032-0005 2 b L)

ADVSD conducts regular monthly monitoring of our service providers at the time of invoicing. Monitoring includes:

- Timeliness of invoice submission.
- Accuracy of the invoice reconciled with consumer data.
- Validating that consumers who receive services through an in-home agency have a current assessment and service plan.
- Review of OPI report from our data analyst, showing consumers who have not received case management or in-home services in the past three months.

In addition, ADVSD conducts random audits of in-home agency invoices, comparing invoiced data with actual timesheets to ensure that services billed were provided.

ADVSD also conducts monitoring on various programs administered by community contracted partners via the State Community Services and Supports Unit (CCSU, formerly SUA – State Unit on Aging) monitoring schedule, including both traditional OPI and OPI Expansion program monitoring, every two years.

m. Delineate the conflict-of-interest policy for any direct provision of services for which a fee is set. (OAR 411-032-0005 2 b M)

Not applicable.

D-2: Services provided to OAA and/or OPI consumers:

The AAA is required to provide comprehensive and coordinated community based services in a manner that facilitates accessibility and utilization, designed to assist older Oregonians in leading independent, meaningful and dignified lives in their own homes and communities. Please see Service Units and Definitions for Older Americans Act and Oregon Project Independence Programs at https://www.oregon.gov/DHS/SENIORSDISABILITIES/SUA/AAABusinessTraining/oaa-opi-serv-def.pdf for a full description of services and unit definitions.

Appendix A: 2021-25 Area Plan Organizational Chart

Aging, Disability & Veterans Services Division (ADVSD)

Multnomah County • Department of County Human Services
Budgeted positions (includes limited duration)
Revised March 17, 2021

DCHS
Mohammad Bader
Department Director 2

ADVSD Advisory Councils
Staffed by Robyn Johnson, Planner
- Aging Services Advisory Council (ASAC)
- Disability Services Advisory Council (DSAC)

ADVSD
Irma Jimenez (interim)
Division Director 2
Employees*: 447

Quality & Business Services
Jacob Mestman
Quality Manager
Employees: 7

- Adm An – 1
- Budg An – 1
- Data An – 1
- Data An Sr – 1
- OA Sr – 1
- P Spc Sr – 1
- REA Sr – 1

Community Services
Erin Grahek
Manager Sr
Employees*: 77

CSS – 1
P Spc Sr – 2
P Tech – 1

Balbin
Prog Supv
Employees: 7
CMA – 2
VSO – 5

Berndt
Manager 1
Employees*: 39
CIS – 10
P Coor – 2

Schemmer-Va.
Manager 1
Employees: 15
CM Sr – 1
CM2 – 6
CMA – 1
P Coor – 1
P Spc – 4
P Tech – 2

TBD
Admin An Sr
Employees: 8
Data An – 1
OA Sr – 1
OA2 – 2
Ops Spc – 1
P Tech – 2

Stromwick
Prog Supv
Employees: 26
OA Sr – 25
P Coor – 1

Adult Care Home
Margaret Semple (temp)
Manager 2
Employees*: 23

OA Sr – 1
OA2 – 2
P Coor – 1
P Spc – 3
P Spc Sr – 1
P Tech – 1

Neal
Prog Supv
Employees: 13
P Spc – 12
P Tech – 1

Long Term Services & Supports
Joe Valtierra (interim)
Manager Sr
Employees*: 277

Adult Protective Services
Brian Hughes
Manager Sr
Employees*: 47

CH Nurse – 3
HSI Pol Lsn – 1
OA Sr – 1
P Spc Sr – 1

Lewis
Prog Supv
Employees: 13
CSS – 1
HSI Cmty – 4
HSI Fac – 6
HSI FAST – 2

Rigmaiden-Ot.
Prog Supv
Employees: 13
CM Sr – 1
CMA – 2
CSS – 3
HSI Cmty – 7

Martinez
Prog Supv
Employees: 12
CSS – 1
HSI Cmty – 5
HSI Scr – 4
OA 2 – 2

Public Guardian & Conservator
Mark Sanford
Manager 2
Employees*: 10

Dep PG – 5

Riley
Prog Supv
Employees: 4
CI Unit Coor – 1
CM2 – 1
OA Sr – 1
OA2 – 1

P Spc Sr – 7

East
Crippen
Manager 1
Employees*: 68
CM Sr – 6
CM2 – 5
CMA – 1

Skelton
Prog Supv
Employees: 18
CM2 – 17
CMA – 1

Smith
Prog Supv
Employees: 16
MMA – 1
OA2 – 13
OA Sr – 1
P Spc – 1

Welsh
Prog Supv
Employees: 19
CM1 – 17
CMA – 1
Data Tech – 1

Mid-County
Lawrence
Manager 1
Employees*: 71
CM Sr – 2
CMA – 1
OA2 – 8
OA Sr – 1

Conway
Prog Supv
Employees: 14
CM2 – 13
CMA – 1

King
Prog Supv
Employees: 13
CM1 – 12
CMA – 1

Adams
Prog Supv
Employees: 15
CM2 – 14
CMA – 1

Megowan
Prog Supv
Employees: 13
CM1 – 9
CMA – 1
OA2 – 3

North/Northeast
Cobbin
Manager 1
Employees*: 52
CM Sr – 5
CM1 – 1
CMA – 3
MMA – 1

Miller
Prog Supv
Employees: 13
CM2 – 13

Kessel
Prog Supv
Employees: 13
CM1 – 13

TBD
Prog Supv
Employees: 13
CM2 – 3
CM1 – 1
OA2 – 8
OA Sr – 1

Southeast
Gannotskiy
Manager 1
Employees*: 52
CM Sr – 10
CMA – 1

Reinhart
Prog Supv
Employees: 15
CM2 – 14
CMA – 1

Ross
Prog Supv
Employees: 11
CM1 – 10
CMA – 1

Frazier
Prog Supv
Employees: 12
CM Sr – 3
OA2 – 8
OA Sr – 1

Transition Diversion
Michaelson
Manager 1
Employees*: 32
CM Sr – 14
CMA – 1
P Spc – 1
P Tech – 1

King
Prog Supv
Employees: 14
CM1 – 2
CM2 – 7
CMA – 2
Elig Spc – 1
OA Sr – 1
OA2 – 1

West
Khalina (woc)
Manager 1
Employees*: 41
CM Sr – 4
OA Sr – 1
OA2 – 4

Davis
Prog Supv
Employees: 17
CM1 – 14
OA2 – 3

TBD
Prog Supv
Employees: 13
CM2 – 10
CMA - 3

*Total number of employees under this position's purview.

Appendix B: Advisory Councils and Governing Bodies

Advisory Councils

Aging Services Advisory Council (ASAC)

Council members

- Betty Cox
- Semion Gurvich
- Anne Lindsay
- Scott Moore
- Max Micozzi
- Leslie Houston
- David Daley
- Bill Richard
- Bill Hulley
- Lawrence Macy
- Nellie Salvador
- April Rohman

Demographic Data

- Total number age 60 or over = 6
- Total number BIPOC or LGBTQ+ = 6
- Total number self-indicating having a disability = 0
- Total number rural = 0

Disability Services Advisory Council (DSAC)

Council members

- Ashley Carroll
- Vadim Mozyrsky
- Vanissa Ramos
- Dennis Lavery
- Alysia Yamasaki
- Barb Rainish
- Cassie Sorensen
- Erin Pidot

Demographic Data:

- Total number age 60 or over = 1
- Total number BIPOC or LGBTQ+ = 3
- Total number rural = 0
- Total number self-indicating having a disability = 5

Governing Body – Multnomah Board of County Commissioners

Name & Contact Information	Office	Term Expires
Deborah Kafoury Phone: (503) 988-3308	Chair, Multnomah County Board of Commissioners	12/31/22
Sharon Meieran Phone: (503) 988-5220	Commissioner, District 1	12/31/24
Susheela Jayapal Phone: (503) 988-5219	Commissioner, District 2	12/31/22
Jessica Vega Pederson Phone: (503) 988-5217	Commissioner, District 3	12/31/24
Lori Stegmann Phone: (503) 988-5213	Commissioner, District 4	12/31/24

Appendix C: Public Process

2021-2025 Area Plan Needs Assessment

- The survey information can be found at https://multco.us/ads/2021-2024-area-plan-aging-%E2%80%A2-your-input-needed

2021-2025 Area Plan Public Website

- A comprehensive webpage to house information and documentation related to the Area Plan is at https://multco.us/ads/2021-2025-advsd-area-plan

Public Meetings on the 2021-2025 Area Plan

- All regularly scheduled Aging Services Advisory Council meetings September 2019-May 2021
- ADVSD Monthly provider meetings September 2019-May 2021
- Community Listening Sessions – ADVSD held two Community Listening sessions March 23 & 25, 2021. Information and materials are accessible at https://multco.us/ads/2021-2025-advsd-area-plan. See exhibit A for screenshots of the webpage.
- Board Presentation – A link to the April 1, 2021 presentation to the Board of County Commissioners and the related documents can be found at http://multnomah.granicus.com/ViewPublisher.php?view_id=3. See exhibit B for the County resolution to adopt the Area Plan.

Outreach on Public Processes related to the 2021-2024 Area Plan

- Outreach through community partners and aging services providers
- Social Media posts on Facebook and Twitter
- Cross County communications channels

Exhibit A – Images of the ADVSD 2021-2025 Area Plan webpage

Link to join Zoom Meeting (March 23 and 25, 2021)

https://multco-us.zoom.us/j/92516437432?pwd=bmQzWk4wdmYySlpPZGxMTm9SREorQT09

Meeting ID: 925 1643 7432
Passcode: +.98?HbE

Dial-in:

- (833) 548-0276 US Toll-free
- (833) 548-0282 US Toll-free
- (877) 853-5257 US Toll-free
- (888) 475-4499 US Toll-free
- Meeting ID: 925 1643 7432
- Passcode: 10353174
- Find your local number: https://multco-us.zoom.us/u/aefaOGgCFq

Additional ways to provide feedback on the Area Plan

1. Email: areaplan@multco.us ✉
2. Call: (971) 347-5831
3. Written: Area Plan, Multnomah County ADVSD, 209 SW 4th Ave Ste 510, Portland OR 97204

Drafts available March 22, 2021

- **DRAFT: 2021-2025 Area Plan - Multnomah County**
  - 📄 2021-2025 ADVSD Area Plan Draft 3-31-2021 (2.59 MB)
  - 📄 2021-2025 ADVSD Area Plan Draft 3-31-2021 (3.77 MB)

Summaries of Area Plan Aging Goals

- **[DRAFT] Area Plan Goals - English**
  - 📄 Area Plan Goals - English (Word) (13.54 KB)
  - 📄 Area Plan Goals - English (PDF) (95.62 KB)
- **[DRAFT] Area Plan Goals - Español [Spanish]**
  - 📄 Area Plan Goals - Spanish (Word) (32.24 KB)
  - 📄 Area Plan Goals - Spanish (PDF) (134.8 KB)
- **[DRAFT] Area Plan Goals - 繁體中文 [Traditional Chinese]**
  - 📄 Area Plan Goals - Traditional Chinese (Word) (33.47 KB)
  - 📄 Area Plan Goals - Traditional Chinese (PDF) (244.09 KB)
- **[DRAFT] Area Plan Goals - 简体中文 [Simplified Chinese]**
  - 📄 Area Plan Goals - Simplified Chinese (Word) (34.83 KB)
  - 📄 Area Plan Goals - Simplified Chinese (PDF) (187.29 KB)
- **[DRAFT] Area Plan Goals - 한국어 [Korean]**
  - 📄 Area Plan Goals - Korean (Word) (35.19 KB)
  - 📄 Area Plan Goals - Korean (PDF) (311.22 KB)
- **[DRAFT] Area Plan Goals - Tiếng Việt [Vietnamese]**
  - 📄 Area Plan Goals - Vietnamese (Word) (33.26 KB)
  - 📄 Area Plan Goals - Vietnamese (PDF) (193.96 KB)
- **[DRAFT] Area Plan Goals - Россия [Russian]**
  - 📄 Area Plan Goals - Russian (Word) (32.89 KB)
  - 📄 Area Plan Goals - Russian (PDF) (175.39 KB)
- **[DRAFT] Area Plan Goals - українська [Ukrainian]**
  - 📄 Area Plan Goals - Ukrainian (Word) (33.59 KB)

- 📄 Area Plan Goals - Vietnamese (PDF) (193.96 KB)
- **[DRAFT] Area Plan Goals - Россия [Russian]**
  - 📝 Area Plan Goals - Russian (Word) (32.89 KB)
  - 📄 Area Plan Goals - Russian (PDF) (175.39 KB)
- **[DRAFT] Area Plan Goals - українська [Ukrainian]**
  - 📝 Area Plan Goals - Ukrainian (Word) (33.59 KB)
  - 📄 Area Plan Goals - Ukrainian (PDF) (176.02 KB)
- **[DRAFT] Area Plan Goals - Kiswahili [Swahili]**
  - 📝 Area Plan Goals - Swahili (Word) (32.48 KB)
  - 📄 Area Plan Goals - Swahili (PDF) (139.47 KB)
- **[DRAFT] Area Plan Goals - Oromoo [Oromo]**
  - 📝 Area Plan Goals - Oromo (Word) (31.57 KB)
  - 📄 Area Plan Goals - Oromo (PDF) (136.99 KB)
- **[DRAFT] Area Plan Goals - नेपाली [Nepali]**
  - 📝 Area Plan Goals - Nepali (Word) (436.84 KB)
  - 📄 Area Plan Goals - Nepali (PDF) (177.48 KB)
- **[DRAFT] Area Plan Goals - မြန်မာ [Burmese]**
  - 📝 Area Plan Goals - Burmese (Word) (71.5 KB)
  - 📄 Area Plan Goals - Burmese (PDF) (160.27 KB)
- **[DRAFT] Area Plan Goals - ቋንቋ [Ahmaric]**
  - 📝 Area Plan Goals - Ahmaric (Word) (39.59 KB)
  - 📄 Area Plan Goals - Ahmaric (PDF) (154.52 KB)
- **[DRAFT] Area Plan Goals - ትግርኛ [Tigrinya]**
  - 📝 Area Plan Goals - Tigrinya (Word) (38.49 KB)
  - 📄 Area Plan Goals - Tigrinya (PDF) (161.38 KB)
- **[DRAFT] Area Plan Goals - فارسی [Farsi/Persian]**
  - 📝 Area Plan Goals - Farsi_Persian (Word) (29.08 KB)
  - 📄 Area Plan Goals - Farsi_Persian (PDF) (170.57 KB)
- **[DRAFT] Area Plan Goals - عربى [Arabic]**
  - 📝 Area Plan Goals - Arabic (Word) (39.16 KB)
  - 📄 Area Plan Goals - Arabic (PDF) (182.03 KB)
- **[DRAFT] Area Plan Goals - Soomaali [Somali]**
  - 📝 Area Plan Goals - Somali (Word) (32.35 KB)
  - 📄 Area Plan Goals - Somali (PDF) (140.66 KB)

Community Needs Assessments

2021- 2025 Area Plan Needs Assessment Survey Summary and Preliminary Analysis

- 📝 21-25 AP Needs Assessment Survey Summary and Preliminary Analysis.docx (1.12 MB)
- 📄 21-25 AP Needs Assessment Survey Summary and Preliminary Analysis.pdf (634.05 KB)

Previous Area Plan:

- ADVSD 2017-2020 Area Plan

About Us

About Multnomah County

Opportunities

Bids and Proposals

Website Information

Terms

**BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON
RESOLUTION NO. 2021-014**

Approval of the Multnomah County Aging, Disability, and Veterans Services Division 2021-2025 Area Plan.

The Multnomah County Board of Commissioners Finds:

a. In accordance with Federal and State requirements under the Older Americans Act, a four year plan has been completed by Aging, Disability, and Veterans Services Division.

b. The Multnomah County Aging, Disability, and Veterans Services Division 2021-2025 Area Plan has been completed and shared with Multnomah County leadership and staff.

c. The goals and objectives in the 2021-2025 Area Plan are derived from community feedback obtained by Multnomah County residents.

The Multnomah County Board of Commissioners Resolves:

1. Multnomah County approves the Multnomah County Aging, Disability, and Veterans Services Division 2021-2025 Area Plan.

2. The Board directs Aging, Disability, and Veterans Services Division to implement the plan as written.

ADOPTED this 1st day of April, 2021.

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

_____

_____

Deborah Kafoury, Chair

Rev. 3/23/2021

REVIEWED:
JENNY M. MADKOUR, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By _____
      Jenny M. Madkour, County Attorney

SUBMITTED BY: Irma Jimenez, Interim Director, Aging, Disability, and Veterans Services Division, Department of County Human Services for Multnomah County, Oregon

Rev. 3/23/2021

Appendix D: Final Update on Accomplishments from 2017-20 Area Plan

Information & Assistance/ADRC Goals

1. Decrease isolation and barriers to access experienced by physically, emotionally, culturally, or linguistically isolated older adults.
2. ADRC is recognized by the community as a valuable resource for older adults and people with disabilities.

Objectives:

1. Build capacity to provide inclusive and culturally specific services.

Objective met and ongoing. Through monthly team meetings and regional conferences, the ADRC has trained ADRC helpline staff to increase their knowledge of the ADRC website and to become better navigators of the ADRC services. Multnomah County ADRC increased funding to culturally specific organizations for the 2018-2022 contract period. Four culturally specific organizations now provide information and assistance (I&A) services. The ADRC team trained three culturally specific partner agencies on Medicare benefits, and with the Senior Health Insurance Benefits Assistance Program (SHIBA), recruited and trained more bilingual SHIBA volunteers to meet the needs of an increasingly diverse retiree population. These partner agencies promote the ADRC as a front door to accessing assistance with Medicare benefits.

2. Utilize a targeted outreach approach that builds on existing relationships, trusted cultural centers, and leverages the strengths of the community.

Objective met and ongoing. The ADRC began communicating more closely with and strengthened relationships with I&A teams at Enhancing Equity (EE) partner agencies and district centers (DC). More in-person meetings and virtual meetings were held between staff at these partner agencies.

The outreach team created goals and metrics for reaching more older adults and people with disabilities with limited incomes and English proficiency, as well as older adults who identify as Native American and African American. The ADRC translated its outreach materials into six different languages and utilized statewide ADRC outreach materials in additional languages.

3. Utilize a multimodal approach to promote ADRC as front door/coordinated entry to all ADVSD/ Enhancing Equity services.

Objective met and ongoing. After training three culturally specific partner agencies on Medicare benefits, these agencies promote the ADRC as the front door to accessing SHIBA assistance for navigating Medicare benefits. The outreach team continued to promote the ADRC as a front door to all ADVSD and enhancing equity services at community events, external and internal staff meetings, and community presentations.

4. 85% of ADRC consumers will express satisfaction (excellent or good) with services and activities provided at these community access points.

Objective met and ongoing. The ADRC has been conducting regular quality improvement activities during bimonthly meetings with partners. Funding to culturally specific organizations was increased for the 2018-2022 contract period. ADRC staff provided training to ADVSD Long Term Services and Supports offices on after hours alerts and consultant services to improve 24-hour access. An increase in overall consumer satisfaction is anticipated.

Nutrition Services Goals

1. Older adults will have ready access to healthy food that is affordable and supports a healthy diet.
2. Be a leader in equity around food security.

Objectives:

1. Provide access to low or no-cost healthy food in a variety of settings to meet the diverse needs of older adults.

Objective met. However, the variety of settings decreased in 2020 due to the coronavirus pandemic, which led to the elimination of congregate dining. These closures caused an increase in social isolation and an increase in the request for meals. Almost all partner agencies shifted to a home-delivered program except for one, which chose to prepare food boxes. The definition of homebound changed, allowing for the delivery of more meals regardless of an individual's ability to pay. Meal programs began to include fresh fruits and vegetables in their meal delivery. Nutrition education was provided to the recipients of meals, and the Universal Consumer Registry (UCR) tool allowed for improvements in tracking nutritional assessments.

2. Programming is targeted to the highest need population.

Objective met. County staff provided training to organizations interested in responding to an [RFPQ] related to providing nutrition services to culturally specific communities. Culturally specific providers increased their nutritional services due to the disproportionate impact of COVID-19, and an on-call dietician was hired to consult with these providers. The nutrition guidelines were relaxed for the pandemic, however most providers still adhered to them. County staff worked with the State of Oregon on allowing culturally specific restaurants to supplement meals.

Health Promotion Goals

1. Improve countywide access to and utilization of services by racial, ethnic, cultural minority and other underserved groups of older adults that address the social determinants of health and/or forge links between health systems and community services and work to develop other funding sources to support these activities.
2. Involvement in health promotion programs will reduce social isolation by providing older adults and people with disabilities support through social networks and direct linkages to community resources offered by our contracted partners.

Objectives:

1. Maintain access and utilization of culturally and linguistically diverse evidenced-based workshops and activity offerings throughout the region based on funding availability.

Objective met. Eight community agencies provide evidence-based health promotion services to the local older adult population. Six of these agencies provide culturally specific services: The Native American Rehabilitation Association (NARA), the Native American Youth and Family Center (NAYA), El Programa Hispano Católico, The Asian Health and Service Center, the Immigrant and Refugee Community Organization (IRCO), and the Q Center. Two district centers, the Hollywood Senior Center, and Impact NW, provide evidence-based health promotion services in a culturally responsive manner.

2. Older adults and people with disabilities and chronic conditions will learn disease specific information through regional efforts to improve coordination, leverage resources and build capacity of evidence-based health promotion and self-management education programs.

Objective met. This past year the coursed offered by our community partners included Chronic Disease Self-Management, Tai Chi for Better Balance, Diabetes Health

Prevention, and Walk with Ease. Powerful Tools for Caregivers classes supported those assisting our older adults. Community partners also offered classes addressing high blood pressure, nutrition, stress and relaxation, and COVID-19. Some partners set-up clinics to provide flu vaccines. Programming was significantly reduced because of the reduction in state funding.

3. Participate with and explore opportunities through the Portland and Multnomah County Age-Friendly Health Services, Equity, and Prevention Committee.

Objective met. The ADVSD Community Services manager participates on the executive board and continues to monitor opportunities. Staff attended the AARP sponsored Age Friendly webinars about senior living and transportation. Staff also attended a conference on aging, mobility and transportation sponsored by Portland State University.

4. Participants in evidence-based health promotion programs will have access to ADRC, options counseling, nutrition programs, etc.

Objective met. Information and referral support is available at all eight community agencies providing evidence-based health promotion services. Prior to the outbreak of the coronavirus pandemic, all our Enhancing Equity partners provided meals at their sites. Four Enhancing Equity partners provide evidence-based health promotion programs, and all partners offering evidence-based health promotion programs provide additional social activities at their sites.

Family Caregiver Support Program Goals

1. Support quality services for family caregivers.
2. Promote access to family caregiver services and resources, including respite services, to meet the needs and preferences of family and informal caregivers from diverse cultural backgrounds.

Objectives:

1. Provide culturally relevant caregiver training.

Objective met. In 2019, through an ACL dementia grant, the STAR Caregiver (STAR C) evidence-based program was translated into Russian and Spanish. Two IRCO senior services case managers, and a case manager from the YWCA was trained were trained in the STAR C program. All three case managers received STAR Caregiver teaching certifications from the University of Washington. The IRCO case managers provided STAR

C training in Russian and Ukrainian to six family caregivers in 2019. The YWCA certified case manager provided STAR C training in Spanish to two family caregivers.

2. Increase participation by family and informal caregivers that identify in racial, ethnic, and cultural minority groups.

Objective was partially met and is ongoing. The ADVSD Family Caregiver Support Program hosted 12 Memory Cafes at the Sunrise Center in 2019 and one Memory Cafe in 2020, before Memory Cafes were cancelled due to COVID-19. The ADVSD Family Caregiver Support Program (FCSP) and the OHSU PreSERVE Coalition solidified a partnership in January 2020 to co-create and co-sponsor Memory Cafe events focused on the African American Community. The project was joined by Kaiser Permanente, the Urban League of Portland, and other community organizations. Quarterly Memory Café events were scheduled, however because of COVID-19 all Memory Cafés for the African American community were cancelled for 2020 and 2021. In response to the pandemic FCSP joined PreSERVE and offered virtual events for the African American community focused on older adults and their family caregivers. As of March 2021, two virtual events were provided to the African American community.

Elder Rights and Legal Assistance Goals

1. Ensure that older adults and people with disabilities have access to protection against abuse, financial exploitation, and neglect, with particular attention focused on resources, access, and financial stability.
2. Ensure adequate and equitable access to legal support, peer support, and advocacy for older adults.

Objectives:

1. Adult Protective Services (APS) will demonstrate effective response to complaints.

Objective ongoing. The Multi-Disciplinary Team (MDT) Outcome tool was redesigned and implemented in October 2019. The MDT database is used in the evaluation of the effectiveness of the tool. APS meets the requirement to ask and collect race and ethnicity information as required by the state. An MDT Nurse works with Slavic and Eastern European immigrants. Multnomah County used radio and television outreach campaigns about elder abuse to encourage community members to check on older adults.

2. 1,500 Multnomah County Medicare/Medicaid beneficiaries will receive personalized counseling by skilled volunteers, with special attention devoted to increasing the number of Hispanic/Latino and urban American Indian/Alaskan Native beneficiaries.

Objective met. Senior Health Insurance Benefits and Assistance (SHIBA) volunteers assisted 6,070 individuals with Medicare benefits during the 2017-2020 plan period. ADVSD conducted culturally specific outreach activities to reach Hispanic/Latino and urban American Indian/Alaskan Native Medicare beneficiaries with information about and assistance for Medicare benefits, Medicare Part B premium costs, Medicare Part D prescription drug costs, Medicare preventive health services, and Medicare fraud and abuse. Outreach activities included community events, such as the NAYA Neerchokikoo Powwow, the NARA Spirit of Giving Conference, the Latino Festival, and the Latina Health, Health Symposium. Other outreach activities included presentations, and newspaper and social media advertisements in English and Spanish. All SHIBA program brochures, Senior Medicare Patrol (SMP) brochures, Medicare preventive health services materials, and Oregon Medicare Savings Connect (OMSC) flyers are available in Spanish and distributed at outreach events.

3. Develop a new program to create a scalable Volunteer Benefits Information & Enrollment Center (VBIEC) model that may serve up to 1,000 older adults who need additional assistance with applications for various benefit programs, including Medicare Savings programs.

Objective not met. The VBIEC program was cut from the Multnomah County budget on July 1, 2019 because of funding constraints.

4. An average of 850 older adults will receive civil legal assistance yearly with an emphasis on developing capacity to serve racial, ethnic, and cultural minority group elders.

Objective partially met. Staff capacity at the contracted partner limited recruitment of new legal volunteers. New outreach events were provided at Enhancing Equity sites.

Older Native Americans Goals

1. Increase accessibility to culturally specific services and support the needs identified by Native American Elders.
2. Enhance services for urban Native American elders by promoting capacity-building in agencies that serve them.

Objectives:

1. Work with current culturally specific providers, stakeholders, and community members to better identify and provide the services and supports needed and desired by Native American Elders.

Objective met and ongoing. Multnomah County ADVSD meets regularly with Tribal entities and other stakeholder groups to explore enhancing services through collaboration, coordination, and effective partnerships. At the regional "Tribal Meet and Greet", Siletz and Grand Ronde Tribal representatives, NAYA and NARA staff members, and Area Agencies on Aging staff members from Clackamas, Washington, and Multnomah County met to discuss partnership building. Multnomah County ADVSD coordinated its Area Plan needs assessment through collaboration with the Title VI and AAA regional stakeholders. A Memorandum of Understanding (MOU) was developed with NARA for the Tribal Navigator Project, and ADVSD has offered training and support to the Tribal Navigator. NARA has been hosting the Pi-Nee-Waus evening gathering, and the County has provided some OAA case management training to NARA staff. ADVSD has contracted with NAYA to provide Older Americans Act case management, options counseling, evidence-based health promotion, recreation, and congregate meals— although this work has been impacted by COVID-19.

2. Provide technical assistance to culturally specific providers.

Objective met and ongoing. NAYA instituted a virtual senior center, expanded their nutrition program to meet increased demand due to the coronavirus pandemic and expanded their community engagement during COVID-19.

Veterans Goal

1. Older adults leverage entitlements to benefits through the federal Veterans Administration, as well as state and county resources to meet and maintain their individualized care needs.

Objectives:

1. Provide targeted community outreach and engagement to older adults that previously served in the military or are the eligible family member of someone who served in the military.

Objective met and ongoing. The Multnomah County Veterans Services Office expanded and reorganized their walk-in schedule to maximize accessibility to services. The Veterans Services Office actively engaged with and provided community outreach to

older adults that previously served in the military or who are the surviving spouse of someone who served in the military. Outreach activities included tabling at conferences, resource and street fairs, such as the Aging Well Conference, AARP Vital Aging Conference, East PDX Senior Resource Fair, Rose Haven Resource Fair, Montavilla Street Fair, Pride Northwest Festival, Salute to Veterans Car Show. Outreach activities also included presentations to community partners and senior residences. In addition to the outreach events, a County veterans service officer (CVSO) worked from the Hollywood Senior Center for increased accessibility to older veterans and their family members. The onset of COVID-19 in 2020 impacted the Veterans Services program's ability to conduct in-person outreach activities, and most outreach efforts shifted towards virtual formats and other media.

2. Collaborate with Veterans Health Administration (VHA) and community-based agencies to engage residents and providers in the long-term service and support system to reach veterans and/or their surviving spouse to help them gain access to lesser-known benefits through the federal VA. The goal is to help veterans and families age in place.

Objective met and ongoing. The outreach veterans resource and referral specialist (VRRS) is developing a process to identify independent living facilities to reach our 55+ veteran population and plans to coordinate with the Oregon Department of Veterans Affairs Aging Veterans Outreach Specialist. Two presentations were done at the Terwilliger Plaza Retirement Community and the Heights at Columbia Knoll. The Veterans Direct Care Program is a statewide program that has expanded significantly. There are currently 17 enrolled in Multnomah County.

3. Identify community-based partners who may serve veterans and their families to increase awareness and referrals to the Veterans Service Office.

Objective met and ongoing. The Multnomah County Veterans Task Force was established to assess and identify the services provided to military veterans in the County. This group is specifically tasked with locating barriers and opportunities for change and improvement in services. The task force is composed of representatives from different County departments, community organizations, and other state and federal partners. The task force meets monthly to address gaps in the local veterans service continuum, and encourage networking and enhanced collaboration between partners.

Behavioral Health Goals

1. People needing services know where to go and feel comfortable seeking out services.

2. Develop a system that provides services and supports to people with multiple needs who do not fit into one system.

Note: Funds from the federal and state budget were eliminated in August 2020. Currently, ADVSD uses Title 3–Aging, and Title 3D–Health funding to provide support to PEARLS through the year ending June 30, 2021.

Objectives:

1. Have extended and far-reaching outreach for current services.

Objective met and ongoing. Prior to COVID, The Asian Health Services Center (AHSC) screened up to 150 people for the PEARLS program and enrolled between 60 to 80 people annually. Since the onset of COVID-19, enrollment has dropped from 55 to 11 people—however, enrollment is slowly increasing. The AHSC health care workers have a consumer list of 5,000 people from community connections and outreach efforts. The COVID Community Counseling Program (CCCP), that is connected to OHA, and the Coordinated Asian Response Team (CART) contribute to this outreach database.

Prior to the COVID-19 pandemic, Jewish Family and Child Services (JFCS) enrolled and provided services to 101 consumers. Services stopped when PEARLS program funding was eliminated in August 2020. Services resumed when Multnomah County awarded PEARLS Evidence Based Health Promotion funds in October 2020. These funds were retroactive to August 2020 if they had continued to provide services. JFCS is currently supporting 57 consumers.

JFCS has a well-established network of community partners and provide presentations and outreach events throughout the year. Community partners include Purim, OHSU, Providence, Legacy, Rose Schnitzer Manor, NW Place, Cedar Sinai Housing, Q Center, SAGE, and Friendly House.

2. Strengthen partnerships with culturally specific agencies to promote the development of resources and to engage community members in existing services

Objective met and ongoing. Two community partners provide PEARLS to people living in Multnomah County. The AHSC is a central contact for Asian people living in Portland and Oregon. AHSC provides PEARLS services in English, Cantonese, Mandarin, Korean, and Vietnamese. JFCS provides PEARLS services in English and Russian. Any PEARLS provider can develop additional resources for post-PEARLS completion, such as peer support groups or PEARLS counselor led refreshers and support groups.

3. Service providers are training to navigate systems to access services for consumers with complex needs.

Objective met. The Older Adult Behavioral Health Initiative team (OABHI) provided comprehensive training to Long Term Services and Support staff and community partners on making referrals to their team for complex case consultation.

4. Work with ADRC staff to increase their skill in recognizing behavioral health needs in community members calling the Helpline.

Objective met. The OABHI team worked with ADRC staff to increase the number of referrals to their team for complex case consultation and newly formed peer support groups.

5. Best practices will be incorporated into existing care coordination models to better serve consumers with complex needs.

Objective met. The PEARLS program requires staff to be certified in the structured counseling model that is designed to address anxiety and depression. The model has a component addressing support for people with substance misuse, but this has not been a required service in the contractual agreements.

6. Workforce development – service providers will have training readily available to increase their skill working with consumers who are facing a myriad of physical, mental, and social health issues.

Objective met and ongoing. Both PEARLS community partner agencies offer referrals for other requested or needed services.

7. Advocate for the development of older adult-specific behavioral health services that are needed such as: home-based services, geriatric-competent therapy, services in languages other than English and peer services.

Objective met. Partner agencies see the value of the PEARLS program and are strong advocates for increasing the financial support and expanding the service. Both partners are leaders in their communities and advocate to improve services and to develop new services to meet the needs of their consumers.

One partner provides a free virtual group and could provide more sessions if they had the funding for staff planning and facilitation, equipment, and tech support.

Health System Transformation Goal

1. Improve coordination of care, enhance member engagement in care coordination, improve coordination of transitions across settings, and improve cross-system education related to older adults and adults with disabilities.

Objectives:

1. Work with health plans, hospitals, primary care clinics, and community organizations to map, analyze and improve coordination in transitions across settings for older adults and adults with disabilities.

Objective met. A regional cross-systems transitions workgroup was formed, and meetings held bi-monthly. The workgroup focused on identifying barriers to coordination and gaps in resources and collaborative discussed ways to address these barriers and gaps. The workgroup produced a paper titled Multi-system Perspectives on Transitions of Care Involving Individuals with Complex Needs. A mini-transitions summit was held with 70 attendees from across health and social services sectors.

2. Plan and develop ongoing cross-system learning and networking opportunities for health systems, aging and disability, and community partners.

Objective met. Due to staff transitions for the long-term care innovator agent, some activities related to this objective were interrupted. However, the Older Adult Behavioral Health Initiative team continued to be active in cross-system learning and networking. The Multnomah Planning Group organized the Chaos or Coordination Conference for March 2, 2019 and March 4, 2020.

3. Expand member engagement and health system partner participation in interdisciplinary care coordination conferences.

Objective met. Partnerships with CareOregon, Providence, and Kaiser were strengthened. The Multnomah County long-term care innovator agent worked with Health Share and Washington County to add intensive care coordination conferences with Tuality Health Care and Kepro. The long-term care innovator agent provided quarterly reports to Health Share and the steering committee on the intensive care coordination conferences, and annual data was provided by Health Share for analysis regarding those conferences.

Transportation Goal

1. Transportation coordination and resources will be readily available, easy to navigate, and distributed equitably across ADVSD service areas.

Objectives:

1. Promote inter-agency coordination and centralization of network information, referral, and scheduling systems.

Objective met and ongoing. Multnomah County ADVSD and community partner agency staff that provide information and referral/assistance and transportation coordination met regularly (at least bimonthly and more often if needed). The COVID-19 pandemic increased need and created new staff roles and responsibilities. From March 2020 through December 2020, each service group met separately as needed to accommodate staffing shortages resulting from the county COVID-19 response. Both service groups resumed the bimonthly meeting schedule in February 2021.

Transportation coordination and rides are provided through Ride to Care and First Transit for people with Medicaid. Multnomah County coordinates monthly transportation services for adults 18 years and older with disabilities and contracts with nine community partners offering district center activities to do the same for older adults. Transportation coordination services include assessing eligibility, identifying sustainable levels of transportation service, purchasing, and sending TriMet HOP Cards, punch cards or tickets, as well as authorizing and scheduling premium rides, cab rides, and specialized transportation vehicles.

Appendix E: Emergency Preparedness Plans

- Forthcoming later.

Appendix F: Designated Focal Points (OAA Section 306(a)(3)(B))

The term ''focal point'' means a facility established to encourage the maximum collocation and coordination of services for older individuals.

The ADVSD contracted senior district centers and Enhancing Equity sites are the designated focal points in the county and are listed below.

Enhancing Equity Focal Point Partners:

- Asian Health & Service Center, 9035 SE Foster Road, Portland, OR 97266
- El Programa Hispano Católico, 333 SE 223rd Avenue Ste 3, Gresham, OR 97030
- Immigrant & Refugee Community Organization, 10615 SE Cherry Blossom Drive, Portland, OR 97216
- Native American Rehabilitation Association, 1776 SW Madison Street, Portland, OR 97205
- Native American Youth and Family Center, 5135 NE Columbia Boulevard, Portland, OR 97218
- Q Center, 4115 N Mississippi Avenue, Portland, OR 97217
- SAGE Metro Portland, 1737 NW 26th Avenue, Portland OR 97210
- Urban League of Portland, 10 N Russell Street, Portland, OR 97227

District Center Focal Point Partners:

East County
- YWCA, 600 NE 8th Street, Room 100, Gresham, OR 97030

Mid County
- Immigrant & Refugee Community Organization, 10615 SE Cherry Blossom Drive, Portland, OR 97236

North/Northeast Consortium
- Hollywood Senior Center (lead agency), 1820 NE 40th Avenue, Portland, OR 97212
- Urban League of Portland Multicultural Senior Center (partner agency), 5325 NE Martin Luther King Jr. Boulevard, Portland, OR 97211

Southeast
- Impact NW Multicultural Service Center, 4610 SE Belmont Street, Portland, OR 97215

West Consortium
- Friendly House (lead agency), 1737 NW 26th Avenue, Portland, OR 97209
- Neighborhood House (partner agency), 7688 SW Capitol Highway, Portland, OR 97219

Appendix H: Statement of Assurances and Verification of Intent

Multnomah County Aging, Disability & Veterans Services Division accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) (P.L. 114-144) and related state law and policy. Through the Area Plan, Multnomah County Aging, Disability & Veterans Services Division shall promote the development of a comprehensive and coordinated system of services to meet the needs of older individuals and individuals with disabilities and serve as the advocacy and focal point for these groups in the Planning and Service Area. The Multnomah County Aging, Disability & Veterans Services Division assures that it will:

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

Conduct outreach, provide services in a comprehensive and coordinated system, and establish goals and objectives with emphasis on: a) older individuals who have the greatest social and economic need, with particular attention to low income minority individuals and older individuals residing in rural areas; b) older individuals with significant disabilities; c) older individuals at risk for institutional placement; d) older Native Americans; and e) older individuals with limited English proficiency.

All agreements with providers of OAA services shall require the provider to specify how it intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas and meet specific objectives established by the Multnomah County Aging, Disability & Veterans Services Division for providing services to low-income minority individuals and older individuals residing in rural areas within the Planning and Service Area.

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

Provide information and assurances concerning services to older individuals who are Native Americans, including:
  A. Information concerning whether there is a significant population of older Native Americans in the planning and service area, and if so, an assurance that the Area Agency on Aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under the Area Plan.

B. An assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides with services provided under Title VI of the Older Americans Act.

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

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

Obtain input from the public and approval from the AAA Advisory Council on the development, implementation, and administration of the Area Plan through a public process, which should include, at a minimum, a public hearing prior to submission of the Area Plan to ODHS. Multnomah County Aging, Disability & Veterans Services Division shall publicize the hearing(s) through legal notice, mailings, advertisements in newspapers, and other methods determined by the AAA to be most effective in informing the public, service providers, advocacy groups, etc.

March 31, 2021	
Date	Irma Jimenez
	Interim Division Director 2,
	Multnomah County Aging, Disability &
	Veterans Services Division
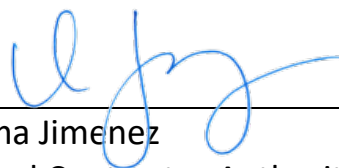
	<s/attached approval via email>
Date	Advisory Council

March 31, 2021	
Date	Irma Jimenez
	Legal Contractor Authority
	Interim Division Director 2,
	Multnomah County Aging, Disability &
	Veterans Services Division

Attachment C

Service Matrix and Delivery Method

☒ **#1 Personal Care** (by agency)

Funding Source: ☒OAA   ☒OPI   ☐Other Cash Funds
☒Contracted   ☐Self-provided
Contractor name and address (List all if multiple contractors):
- Affordable Care NW, 6901 SE Lake Rd, Ste 22, Milwaukie, OR 97267
- Caregivers NW, 4804 NE 106th Ave, Portland, OR 97220
- Home Instead Senior Care, 4850 SW Scholls Ferry Rd, Ste 302, Portland, OR 97225
- Meany Family Home Care, 525 NE MLK Jr. Blvd, Ste 102, Portland, OR 97213

☒ All these are for-profit agencies
Note if contractor is a "for-profit agency"

☒ **#1a Personal Care** (by HCW)

Funding Source: ☒OAA   ☒OPI   ☐Other Cash Funds

☒ **#2 Homemaker** (by agency)

Funding Source: ☐OAA   ☒OPI   ☒Other Cash Funds
☒Contracted   ☐Self-provided
Contractor name and address (List all if multiple contractors):
- Affordable Care NW, 6901 SE Lake Rd, Ste 22, Milwaukie, OR 97267
- Caregivers NW, 4804 NE 106th Ave, Portland, OR 97220
- Home Instead Senior Care, 4850 SW Scholls Ferry Rd, Ste 302, Portland, OR 97225
- Meany Family Home Care, 525 NE MLK Jr. Blvd, Ste 102, Portland, OR 97213

☒ All these are for-profit agencies.
Note if contractor is a "for-profit agency"

☐ **#2a Homemaker** (by HCW)

Funding Source: ☐OAA   ☐OPI   ☐Other Cash Funds

☒ **#3 Chore** (by agency)

Funding Source: ☐OAA   ☒OPI   ☐Other Cash Funds
☒Contracted   ☐Self-provided
Contractor name and address (List all if multiple contractors):
- Pegasus Social Services, 1509 SE 122nd Ave, Portland, OR 97233
- Store to Door, 7730 SW 31st Ave, Portland, OR 97219
- Supportive Services of Oregon, PO Box 1086, Oregon City, OR 97045

Note if contractor is a "for-profit agency"

☐ **#3a Chore** (by HCW)

Funding Source: ☐OAA   ☐OPI   ☐Other Cash Funds

☒ **#4 Home-Delivered Meal**

Funding Source: ☒OAA   ☐OPI   ☐Other Cash Funds

☒Contracted   ☐Self-provided
Contractor name and address (List all if multiple contractors):
- Ecumenical Ministries of Oregon, 0245 SW Bancroft St, Ste B, Portland, OR 97239
- Meals on Wheels People, 7710 SW 31st Ave, Portland OR 97280
Note if contractor is a "for-profit agency"

☒ #5 Adult Day Care/Adult Day Health

Funding Source: ☒OAA   ☒OPI   ☒Other Cash Funds
☒Contracted   ☐Self-provided
Contractor name and address (List all if multiple contractors):
- Volunteers of America, 3910 SE Stark St, Portland, OR 97214
Note if contractor is a "for-profit agency"

☒ #6 Case Management

Funding Source: ☒OAA   ☒OPI   ☒Other Cash Funds
☒Contracted   ☐Self-provided
Contractor name and address (List all if multiple contractors):
- Asian Health & Service Center, 9035 SE Foster Rd, Portland, OR 97266
- El Programa Hispano Católico, 333 SE 223rd Ave, Ste 100, Gresham, OR 97030
- Friendly House, 2617 NW Savier St, Portland, OR 97210
- Hollywood Senior Center, 1820 NE 40th Ave, Portland, OR 97212
- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220
- Impact NW, PO Box 33530, Portland, OR 97292
- Native American Youth and Family Center, 5135 NE Columbia Blvd, Portland, OR 97218
- Urban League of Portland, 10 N Russell St, Portland, OR 97227
- YWCA, PO Box 4587, Portland, OR 97208
Note if contractor is a "for-profit agency"

☒ #7 Congregate Meal

Funding Source: ☒OAA   ☐OPI   ☒Other Cash Funds
☒Contracted   ☐Self-provided
Contractor name and address (List all if multiple contractors):
- Asian Health & Service Center, 9035 SE Foster Rd, Portland, OR 97266
- El Programa Hispano Católico, 333 SE 223rd Ave, Ste 100, Gresham, OR 97030
- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220
- Meals on Wheels People, 7710 SW 31st Ave, Portland OR 97280
- Native American Youth and Family Center, 5135 NE Columbia Blvd, Portland, OR 97218
Note if contractor is a "for-profit agency"

☐ #8 Nutrition Counseling

Funding Source: ☐OAA   ☐OPI   ☐Other Cash Funds

☐ #9 Assisted Transportation

Funding Source: ☐OAA   ☐OPI   ☐Other Cash Funds
☐Contracted   ☐Self-provided
Contractor name and address (List all if multiple contractors):
Note if contractor is a "for-profit agency"

☒ **#10 Transportation**

Funding Source: ☒OAA　☐OPI　☒Other Cash Funds
☒Contracted　☐Self-provided
Contractor name and address (List all if multiple contractors):
- Friendly House, 2617 NW Savier St, Portland, OR 97210
- Hollywood Senior Center, 1820 NE 40th Ave, Portland, OR 97212
- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220
- Impact NW, PO Box 33530, Portland, OR 97292
- Radio Cab (for profit agency), 1613 NW Kearney St, Portland, OR 97209
- Ride Connection, 9955 NE Glisan St, Portland, OR 97220
- TriMet, 4012 SE 17th Ave, Portland, OR 97202
- YWCA, PO Box 4587, Portland, OR 97208

Note if contractor is a "for-profit agency"

☒ **#11 Legal Assistance**

Funding Source: ☒OAA　☐OPI　☒Other Cash Funds
☒Contracted　☐Self-provided
Contractor name and address (List all if multiple contractors):
- Legal Aid Services of Oregon, 520 SW 6th Ave, Ste 1130, Portland, OR 97204

☒ All these are for-profit agencies.

Note if contractor is a "for-profit agency"

☒ **#12 Nutrition Education**

Funding Source: ☐OAA　☐OPI　☐Other Cash Funds
☒Contracted　☐Self-provided
Contractor name and address (List all if multiple contractors):
- Asian Health & Service Center, 9035 SE Foster Rd, Portland, OR 97266
- Ecumenical Ministries of Oregon, 0245 SW Bancroft St, Ste B, Portland, OR 97239
- El Programa Hispano Católico, 333 SE 223rd Ave, Ste 100, Gresham, OR 97030
- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220
- Meals on Wheels People, 7710 SW 31st Ave, Portland OR 97280
- Native American Youth and Family Center, 5135 NE Columbia Blvd, Portland, OR 97218

Note if contractor is a "for-profit agency"

☒ **#13 Information & Assistance**

Funding Source: ☒OAA　☐OPI　☒Other Cash Funds
☒Contracted　☒Self-provided
Contractor name and address (List all if multiple contractors):
- Asian Health & Service Center, 9035 SE Foster Rd, Portland, OR 97266
- El Programa Hispano Católico, 333 SE 223rd Ave, Ste 100, Gresham, OR 97030
- Friendly House, 2617 NW Savier St, Portland, OR 97210
- Hollywood Senior Center, 1820 NE 40th Ave, Portland, OR 97212
- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220
- Impact NW, PO Box 33530, Portland, OR 97292
- YWCA, PO Box 4587, Portland, OR 97208

Note if contractor is a "for-profit agency"

☒ #14 Outreach

Funding Source: ☒OAA   ☐OPI   ☒Other Cash Funds
☒Contracted   ☒Self-provided
Contractor name and address (List all if multiple contractors):
- Asian Health & Service Center, 9035 SE Foster Rd, Portland, OR 97266
- El Programa Hispano Católico, 333 SE 223rd Ave, Ste 100, Gresham, OR 97030
- Friendly House, 2617 NW Savier St, Portland, OR 97210
- Hollywood Senior Center, 1820 NE 40th Ave, Portland, OR 97212
- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220
- Impact NW, PO Box 33530, Portland, OR 97292
- Native American Rehabilitation Association, PO Box 1569, Portland, OR 97205
- Native American Youth and Family Center, 5135 NE Columbia Blvd, Portland, OR 97218
- Urban League of Portland, 10 N Russell St, Portland, OR 97227
- YWCA, PO Box 4587, Portland, OR 97208

Note if contractor is a "for-profit agency"

☒ #15/15a Information for Caregivers

Funding Source: ☒OAA   ☐OPI   ☒Other Cash Funds
☒Contracted   ☒Self-provided
Contractor name and address (List all if multiple contractors):
- Friendly House, 2617 NW Savier St, Portland, OR 97210
- Hollywood Senior Center, 1820 NE 40th Ave, Portland, OR 97212
- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220
- Impact NW, PO Box 33530, Portland, OR 97292
- YWCA, PO Box 4587, Portland, OR 97208

Note if contractor is a "for-profit agency"

☒ #16/16a Caregiver Access Assistance

Funding Source: ☒OAA   ☐OPI   ☒Other Cash Funds
☒Contracted   ☒Self-provided
Contractor name and address (List all if multiple contractors):
- Friendly House, 2617 NW Savier St, Portland, OR 97210
- Hollywood Senior Center, 1820 NE 40th Ave, Portland, OR 97212
- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220
- Impact NW, PO Box 33530, Portland, OR 97292
- YWCA, PO Box 4587, Portland, OR 97208

Note if contractor is a "for-profit agency"

☒ #20-2 Advocacy

Funding Source: ☒OAA   ☐OPI   ☒Other Cash Funds
☒Contracted   ☒Self-provided
Contractor name and address (List all if multiple contractors):
- Friendly House, 2617 NW Savier St, Portland, OR 97210
- Hollywood Senior Center, 1820 NE 40th Ave, Portland, OR 97212

- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220
- Impact NW, PO Box 33530, Portland, OR 97292
- YWCA, PO Box 4587, Portland, OR 97208

Note if contractor is a "for-profit agency"

☒ **#20-3 Program Coordination & Development**

Funding Source: ☐OAA ☐OPI ☒Other Cash Funds
☒Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):
Note if contractor is a "for-profit agency"

☐ **#30-1 Home Repair/Modification**

Funding Source: ☐OAA ☐OPI ☐Other Cash Funds

☒ **#30-4 Respite Care (IIIB/OPI)**

Funding Source: ☐OAA ☒OPI ☐Other Cash Funds
☒Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):
- Affordable Care NW, 6901 SE Lake Rd, Ste 22, Milwaukie, OR 97267
- Caregivers NW, 4804 NE 106th Ave, Portland, OR 97220
- Home Instead Senior Care, 4850 SW Scholls Ferry Rd, Ste 302, Portland, OR 97225
- Meany Family Home Care, 525 NE MLK Jr. Blvd, Ste 102, Portland, OR 97213
☒ All the above are for-profit agencies.
- Volunteers of America, 3910 SE Stark St, Portland, OR 97214

Note if contractor is a "for-profit agency"

☒ **#30-5/30-5a Caregiver Respite**

Funding Source: ☒OAA ☐OPI ☒Other Cash Funds
☒Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):
- Affordable Care NW, 6901 SE Lake Rd, Ste 22, Milwaukie, OR 97267
- Caregivers NW, 4804 NE 106th Ave, Portland, OR 97220
- Home Instead Senior Care, 4850 SW Scholls Ferry Rd, Ste 302, Portland, OR 97225
- Meany Family Home Care, 525 NE MLK Jr. Blvd, Ste 102, Portland, OR 97213
☒ All the above are for-profit agencies.
- Volunteers of America, 3910 SE Stark St, Portland, OR 97214

Note if contractor is a "for-profit agency"

☐ **#30-6/30-6a Caregiver Support Groups**

Funding Source: ☐OAA ☐OPI ☐Other Cash Funds

☐ **#30-7/30-7a Caregiver Supplemental Services**

Funding Source: ☐OAA ☐OPI ☐Other Cash Funds

☒ **#40-2 Physical Activity and Falls Prevention**

Funding Source: ☒OAA ☐OPI ☐Other Cash Funds
☒Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):

- El Programa Hispano Católico, 333 SE 223rd Ave, Ste 100, Gresham, OR 97030
- Hollywood Senior Center, 1820 NE 40th Ave, Portland, OR 97212
- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220
- Impact NW, PO Box 33530, Portland, OR 97292
- Native American Youth and Family Center, 5135 NE Columbia Blvd, Portland, OR 97218

Note if contractor is a "for-profit agency"

☐ **#40-3 Preventive Screening, Counseling and Referral**

Funding Source: ☐OAA ☐OPI ☐Other Cash Funds

☐ **#40-4 Mental Health Screening and Referral**

Funding Source: ☐OAA ☐OPI ☐Other Cash Funds

☐ **#40-5 Health & Medical Equipment**

Funding Source: ☐OAA ☐OPI ☐Other Cash Funds

☐ **#40-8 Registered Nurse Services**

Funding Source: ☐OAA ☐OPI ☐Other Cash Funds

☐ **#40-9 Medication Management**

Funding Source: ☐OAA ☐OPI ☐Other Cash Funds

☒ **#50-1 Guardianship/Conservatorship**

Funding Source: ☐OAA ☐OPI ☒Other Cash Funds
☐Contracted ☒Self-provided
Contractor name and address (List all if multiple contractors):
Note if contractor is a "for-profit agency"

☒ **#50-3 Elder Abuse Awareness and Prevention**

Funding Source: ☒OAA ☐OPI ☐Other Cash Funds
☐Contracted ☒Self-provided
Contractor name and address (List all if multiple contractors):
Note if contractor is a "for-profit agency"

☐ **#50-4 Crime Prevention/Home Safety**

Funding Source: ☐OAA ☐OPI ☐Other Cash Funds

☐ **#50-5 Long Term Care Ombudsman**

Funding Source: ☐OAA ☐OPI ☐Other Cash Funds

☒ **#60-1 Recreation**

Funding Source: ☐OAA ☐OPI ☒Other Cash Funds
☒Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):
- Asian Health & Service Center, 9035 SE Foster Rd, Portland, OR 97266
- El Programa Hispano Católico, 333 SE 223rd Ave, Ste 100, Gresham, OR 97030
- Friendly House, 2617 NW Savier St, Portland, OR 97210
- Hollywood Senior Center, 1820 NE 40th Ave, Portland, OR 97212
- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220

- Impact NW, PO Box 33530, Portland, OR 97292
- Native American Rehabilitation Association, PO Box 1569, Portland, OR 97205
- Native American Youth and Family Center, 5135 NE Columbia Blvd, Portland, OR 97218
- Urban League of Portland, 10 N Russell St, Portland, OR 97227
- YWCA, PO Box 4587, Portland, OR 97208

Note if contractor is a "for-profit agency"

☐ **#60-3 Reassurance**

Funding Source: ☐OAA   ☐OPI   ☐Other Cash Funds

☐ **#60-4 Volunteer Recruitment**

Funding Source: ☐OAA   ☐OPI   ☐Other Cash Funds

☒ **#60-5 Interpreting/Translation**

Funding Source: ☒OAA   ☐OPI   ☒Other Cash Funds
☒Contracted   ☐Self-provided
Contractor name and address (List all if multiple contractors):
- Language Line, 15115 SW Sequoia Pkwy, Portland, OR 97224
- Linguava Interpreters, 7931 NE Halsey St, Ste 305, Portland, OR 97213
- Passport to Languages, 3912 SW 43rd Ave, Portland, 97221
- Telelanguage, 610 SW Broadway, Ste 200, Portland, OR 97205
- United Language Group, 620 SW 5th Ave, Ste 710, Portland, OR 97204

☒ All the above are for-profit agencies.
- • IRCO International Language Bank, 10301 NE Glisan St, Portland, OR 97220

Note if contractor is a "for-profit agency"

☒ **#70-2 Options Counseling**

Funding Source: ☒OAA   ☐OPI   ☒Other Cash Funds
☒Contracted   ☐Self-provided
Contractor name and address (List all if multiple contractors):
- Asian Health & Service Center, 9035 SE Foster Rd, Portland, OR 97266
- El Programa Hispano Católico, 333 SE 223rd Ave, Ste 100, Gresham, OR 97030
- Friendly House, 2617 NW Savier St, Portland, OR 97210
- Hollywood Senior Center, 1820 NE 40th Ave, Portland, OR 97212
- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220
- Impact NW, PO Box 33530, Portland, OR 97292
- Native American Youth and Family Center, 5135 NE Columbia Blvd, Portland, OR 97218
- Urban League of Portland, 10 N Russell St, Portland, OR 97227
- YWCA, PO Box 4587, Portland, OR 97208

Note if contractor is a "for-profit agency"

☐ **#70-2a/70-2b Caregiver Counseling**

Funding Source: ☐OAA   ☐OPI   ☐Other Cash Funds

☐ **#70-5 Newsletter**

Funding Source: ☐OAA   ☐OPI   ☐Other Cash Funds

☐ **#70-8 Fee-based Case Management**

Funding Source: ☐OAA   ☐OPI   ☐Other Cash Funds

☒ **#70-9/70-9a Caregiver Training** (by agency)

Funding Source: ☒OAA   ☐OPI   ☒Other Cash Funds
☒Contracted   ☐Self-provided
Contractor name and address (List all if multiple contractors):
- Affordable Care NW, 6901 SE Lake Rd, Ste 22, Milwaukie, OR 97267
- Caregivers NW, 4804 NE 106th Ave, Portland, OR 97220
- Home Instead Senior Care, 4850 SW Scholls Ferry Rd, Ste 302, Portland, OR 97225
- Meany Family Home Care, 525 NE MLK Jr. Blvd, Ste 102, Portland, OR 97213

☒ All these are for-profit agencies
Note if contractor is a "for-profit agency"

☐ **#70-10 Public Outreach/Education**

Funding Source: ☐OAA   ☐OPI   ☐Other Cash Funds

☒ **#71 Chronic Disease Prevention, Management/Education**

Funding Source: ☒OAA   ☐OPI   ☐Other Cash Funds
☒Contracted   ☐Self-provided
Contractor name and address (List all if multiple contractors):
- Native American Youth and Family Center, 5135 NE Columbia Blvd, Portland, OR 97218

Note if contractor is a "for-profit agency"

☐ **#72 Cash and Counseling**

Funding Source: ☐OAA   ☐OPI   ☐Other Cash Funds

☒ **#80-1 Senior Center Assistance**

Funding Source: ☒OAA   ☐OPI   ☒Other Cash Funds
☒Contracted   ☐Self-provided
Contractor name and address (List all if multiple contractors):
- Asian Health & Service Center, 9035 SE Foster Rd, Portland, OR 97266
- El Programa Hispano Católico, 333 SE 223rd Ave, Ste 100, Gresham, OR 97030
- Friendly House, 2617 NW Savier St, Portland, OR 97210
- Hollywood Senior Center, 1820 NE 40th Ave, Portland, OR 97212
- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220
- Impact NW, PO Box 33530, Portland, OR 97292
- Native American Rehabilitation Association, PO 1569, Portland, OR 97205
- Native American Youth and Family Center, 5135 NE Columbia Blvd, Portland, OR 97218
- Urban League of Portland, 10 N Russell St, Portland, OR 97227
- YWCA, PO Box 4587, Portland, OR 97208

Note if contractor is a "for-profit agency"

☒ **#80-4 Financial Assistance**

Funding Source: ☐OAA   ☐OPI   ☒Other Cash Funds
☐Contracted   ☒Self-provided
Contractor name and address (List all if multiple contractors):

Note if contractor is a "for-profit agency"
☒ **#80-5 Money Management**
Funding Source: ☐OAA   ☐OPI   ☒Other Cash Funds ☐Contracted   ☒Self-provided Contractor name and address (List all if multiple contractors): Note if contractor is a "for-profit agency"
☒ **Volunteer Services**
Funding Source: ☐OAA   ☐OPI   ☒Other Cash Funds ☒Contracted   ☒Self-provided Contractor name and address (List all if multiple contractors): • Asian Health & Service Center, 9035 SE Foster Rd, Portland, OR 97266 • El Programa Hispano Católico, 333 SE 223rd Ave, Ste 100, Gresham, OR 97030 • Friendly House, 2617 NW Savier St, Portland, OR 97210 • Hollywood Senior Center, 1820 NE 40th Ave, Portland, OR 97212 • Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220 • Impact NW, PO Box 33530, Portland, OR 97292 • Native American Rehabilitation Association, PO 1569, Portland, OR 97205 • Native American Youth and Family Center, 5135 NE Columbia Blvd, Portland, OR 97218 • Urban League of Portland, 10 N Russell St, Portland, OR 97227 • YWCA, PO Box 4587, Portland, OR 97208 Note if contractor is a "for-profit agency"