MULTNOMAH COUNTY,

AGING AND DISABILITY SERVICES

DISTRICT 2, MULTNOMAH COUNTY

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OLDER AMERICANS ACT

AREA PLAN

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FOR PERIOD OF

JANUARY 1, 2008

TO

DECEMBER 31, 2012

Update to Plan, September 30, 2011

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VERIFICATION OF INTENT

- ☐ Type A: OAA, OPI
- ☐ Type B: Staff-Contract: OAA, OPI, Medicaid
- ☒ Type B: Staff-Transfer: OAA, OPI, Medicaid

This Area Plan document is an Older Americans Act (OAA) requirement and summarizes planned professional services under contract by agency named below and State of Oregon Department of Human Services Seniors & People with Disabilities. The Area Agency named below agrees to provide said services under federal provisions of the OAA, Titles III B, III C1, III C2, III D, III E, and VII, Oregon Project Independence, and Medicaid during the period identified above.

Multnomah County, Aging and Disability Services Division
421 SW Oak Street, Ste 510
Portland, OR 97204

Peggy Brey, Division Director

(503) 988-3620

My signature below endorses this Area Plan and affirms the Plan has been reviewed and approved by the AAA Advisory Council and if applicable, the AAA Governing Body.

Mary Shortall	Peggy Brey
Signature No electronic signature available.	Printed Name
Division Director	October 29, 2007
Title	Date

OVERVIEW OF AREA PLAN

OVERVIEW OF AREA PLAN

The overview must include, at a minimum the following information:

a) thorough description of the service system, including meeting the needs of rural and low-income minority;
b) list of designated focal points;
c) profile of the population to be served by the AAA, including rural and low-income and ethnic minority;
d) the types of services to be funded and any identified unmet needs;
e) description of any major changes to the service system planned during *the next area plan period*, with annual updates; and
f) description of the area agency planning process used to determine service priorities.

A) Thorough Description of the Service System

Multnomah County Aging and Disability Services (ADS) is the designated Area Agency on Aging for the County and a division of the County's Human Services Department, which also includes Mental Health and Addiction Services, Developmental Disabilities, and Domestic Violence. ADS's mission is:

> **To assist older adults and persons with disabilities to live as independently as possible with a range of accessible, quality services that meet their diverse needs and preferences.**

This mission springs from a vision that persons with disabilities and older adults in our community will be living quality lives with supports and living situations of their choice, and that ADS will be a leader and catalyst in developing, promoting, and implementing options for these choices.

ADS's mission and vision are founded on the following organizational values:

- Be customer-driven
- Respect diversity and ensure equal access
- Involve people in decisions that affect them
- Act with personal and professional integrity
- Promote partnerships and community advocacy

- Pursue excellence in service and in the workplace
- Use public and private resources responsibly
- Continuously advance innovation and quality improvements
- Work cooperatively on issues of aging and disability
- Promote independence, choice, and dignity
- Respect privacy and safeguard confidentiality

ADS provides services to low-income seniors and people with disabilities at nine District Centers and five Medicaid offices throughout the County. In addition, its Adult Protective Services, Adult Care Home Licensing, and Public Guardian/Conservator programs offer targeted assistance to those who are most vulnerable and at risk. ADS offers clients seamless entry to services to ensure that they receive appropriate help regardless of where they enter the system, and to further that aim, four of the nine District Centers are co-located with Medicaid offices and all Medicaid sites serve both older adults and people with disabilities.

ADS has three Advisory Councils—Elders in Action, the Disability Services Advisory Council, and Multi-Ethnic Action Committee—that make recommendations on important issues affecting seniors and people with disabilities. The Area Plan was presented to each Advisory Council at their monthly meetings in October 2007 for review, comment, and approval.

ADS's primary goal is to help elders and adults with disabilities live as independently as possible and it provides a range of services—some directly and others under contract with community agencies—to achieve that end. An overview of key services and programs is outlined below and a complete list is contained in Part D of this section.

Community Access Programs and Services

Information and Assistance: ADS's Helpline operates 24 hours a day, seven days a week, and provides seniors and people with disabilities information about, and referral to community services that address their needs. I & A also is offered at all of the County's nine District Centers. For those who use the Internet to gather information, the ADRC resource database provides a comprehensive directory of community resources, and a wealth of information about medical conditions, health care, financial planning, legal assistance, caregiving, and assistive equipment.

Oregon Project Independence (OPI) Case Management: Clients who are not Medicaid-eligible, but meet qualifications for OPI (i.e., are 60 years or older or under 60 years and diagnosed as having Alzheimer's disease or 19 years and older with a physical disability, and not receiving financial assistance or Medicaid except for Food Stamps, Qualified Medicare Beneficiary or Supplemental Low Income Medicare Beneficiary) can receive case management services through the County's eight District Senior Centers. Services are authorized depending upon client needs and may include in-home care, adult day services, and transportation, among other things.

***Nutrition Services*:** ADS funds operation of 14 senior meal sites in the County—several of which specialize in serving ethnic cuisine—and a home delivered meal program—Meals on Wheels—that provides food to those who are frail and homebound. In addition, both OPI and Medicaid case managers assess client eligibility for Food Stamps.

***Transportation*:** Transportation for essential shopping, medical appointments, and grocery shopping is available for eligible seniors and people with disabilities through several programs.

***Emergency Services*:** A limited amount of funding is available to assist eligible clients with emergency needs related to housing, prescriptions, and medical equipment when no other resources exist.

Gatekeeper Program: The Gatekeeper Program trains volunteers who are in contact with elders and people with disabilities to notice signs of self-neglect, changes in mental status, and suspected abuse and report individuals who are at risk to Helpline.

Family Caregiver Support Program: The Family Caregiver Support Program provides unpaid caregivers with information, training, and services such as respite, to lessen the burden of daily caregiving.

Long Term Care Case Management and Eligibility Determination

ADS eligibility specialists and case managers determine eligibility and enroll low-income seniors and people with disabilities in programs such as the Oregon Health Plan, Medicaid, and Food Stamps to meet their basic health, financial, and nutrition needs. Clients also receive counseling to help them select managed care and Medicare Part D plans, and are referred to community resources to address other critical needs. More intensive case management is provided to those seniors and people with disabilities who have personal care

needs (e.g., problems with mobility, eating, toileting) that meet State criteria for nursing home placement. In these instances, case managers work with clients and their families to develop cost-effective care plans, coordinate appropriate services and support (which may include personal care, transportation, medical equipment such as walkers or wheelchairs, adult day services, etc.) and monitor clients' functioning and progress.

Adult Protective Services

Adult Protective Services investigates incidents of abuse involving older adults and people with disabilities who may be living at home or in a facility.

Adult Care Home Program

The Adult Care Home Program licenses and monitors adult care homes in the County. Its mission is to ensure that Adult Care Home operators and the homes they manage adhere to the living and care standards of Multnomah County, which are designed to protect the health, welfare, and safety of residents and promote the highest level of independence possible for elders and people with disabilities residing in those settings.

Public Guardian / Conservator

The Public Guardian/Conservator Program obtains and implements court-appointed guardians and/or conservators for individuals who are profoundly mentally incapacitated, unable to care for themselves, and are at high risk of being abused, exploited, or suffering the consequences of self-neglect.

B) List of Designated Focal Points

District Centers that contract to serve as focal points in the community and the geographic areas they serve are listed below, and these sites are displayed in *Map 1: ADS Offices and District Centers with Census Tracts, page 11.*

- Friendly House — Northwest
- Neighborhood House — Downtown
- Neighborhood House — Southwest
- Impact Northwest — Southeast (co-located with ADS branch)
- Hollywood Senior Center — Northeast
- Urban League — Northeast (co-located with ADS branch)
- Impact Northwest-North — North
- IRCO-Mid County — Mid County (co-located with ADS branch)

- YWCA-East County Gresham (co-located with ADS branch)

C) Profile of the Population ADS Serves

Sources for the data presented below are the 2000 U.S. Census and population projections prepared by Portland State University's Population Research Center in December 2006.

Multnomah County's population of adults 60 years and older was estimated at 91,638 in 2005, which represented a decrease of almost 3,000 persons from the 2000 U.S. Census figure of 94,567. The number for 2005 was 13 percent of the total County population and that constitutes a one percent decrease from 2000. Projections for 2010 indicate that the population of persons 60 years and older will increase to slightly more than 104,000, which will be 14 percent of the estimated total County population. (*See Table 1: Age 60+ Projections, 2000 – 2010 on page 10.*)

ADS divides the County into five service areas and all areas are projected to show increases in their 60+ population between 2005 and 2010. The West service area—bounded by the Willamette River to the East, the Washington County line to the West, Columbia County line to the North, and Clackamas County line to the South—is expected to show the greatest growth between 2005 and 2010—from 17,403 to 20,875, an increase of nearly 3,500 seniors. Interestingly, the bulk of that growth will occur in the Southwest and Northwest sections of the service area, with a minimal increase anticipated for downtown Portland. The West service area is followed closely by North/Northeast, which will add more than 3,200 60+ residents, and the East service area's senior population will jump by almost 2,800. Southeast's 60+ population is projected to increase by almost 2,000 and Mid County's will grow by slightly more than 1,000. Mid-County is the only service area that experienced a decrease in its 60 years and older population between 2000 and 2005, and even though the number of those 60+ is predicted to grow between 2005 and 2010, Mid-County's senior population in 2010 will be less than it was in 2000. (*See Map 1: ADS Offices and District Centers with Census Tracts on page 11, and Map 2: Age 60+ Projections from 2000 to 2010 by Census Tract on page 12.*)

In 2000, 90 percent of the 60+ population was White, five percent was Asian or Pacific Islander, four percent was Black, and one percent was American Indian. The number of Hispanic persons 60 years and older was slightly over 1,500, which represented three percent of the County's total Hispanic population. Comparing these figures to data estimates for 2005 reveals little change in the

60 years and older population among racial groups. In 2005, 89 percent of those 60 years and older was White, six percent was Asian or Pacific Islander, four percent was Black, and one percent was American Indian. And the percentages for 2005 are projected to remain virtually the same for 2010. (*See Table 2: Race, Ethnicity of 60+ Population, 2000-2010 on page 10.*)

In 2005, 9,018 persons 60 years and older lived below the Federal Poverty Level (FPL), which represented only a slight increase over the figure for 2000 of 8,935. In both years, the number living below FPL was 10 percent of the 60 years and older population and that percentage is expected to decrease to nine percent in 2010. (*See Table 1: Population Profile, 2000-2010 on page 10.) Map 3: Age 60+ in Poverty Projections from 2000 to 2010 by Census Tract on page 13* shows concentrations by census tract of seniors living under FPL and estimates for 2010 indicate that significant numbers will reside in the Mid-County service area.

The fastest growing age cohort in the United States is persons 85 years and older, and in 2005, just under 11,000 Multnomah County residents (12 percent of the 60 years and older population) were estimated to be part of this group. The figure for 2005 represented only a slight increase over the number for 2000, but was one percent higher as a share of the 60 years and over population. Estimates for 2010 indicate that those 85 years and older will number almost 12,500, which will be 12 percent of persons 60 years and older. (*See Table 1: Population Profile, 2000-2010 on page 10 and Map 4: Age 85+ Projections from 2000 to 2010 by Census Tract on page 14.*)

The number of persons 18-64 years with a disability in 2005 was estimated at 54,341 and is projected to increase to 56,839 in 2010, which in both years will represent approximately 12 percent of that population group. As *Map 5: Age 18 – 64 with Disability Projections from 2005 to 2010 by Census Tract* on page 15 shows, the Mid-County and East service areas are expected to be home to a significant share of adults with disabilities in the next few years.

Multnomah County's rural population was estimated at 11,476 in 2005, and of that number, 4,362 individuals (or almost 40 percent) were 60 years and older. Based on the U.S. Census Bureau's definition of rural, this population resided in eight census tracts situated in the East and Northwest areas of the County. Slightly more than 70 percent of rural residents lived in East County and that percentage is expected to obtain in 2010. As a group, the percentage of rural seniors living below the Federal Poverty Level was significantly lower than that for older adults County-wide. And the percentage of those 85 years and older in

rural areas was markedly lower than the County-wide figure.

Table 1: Population Profile, 2000-2010

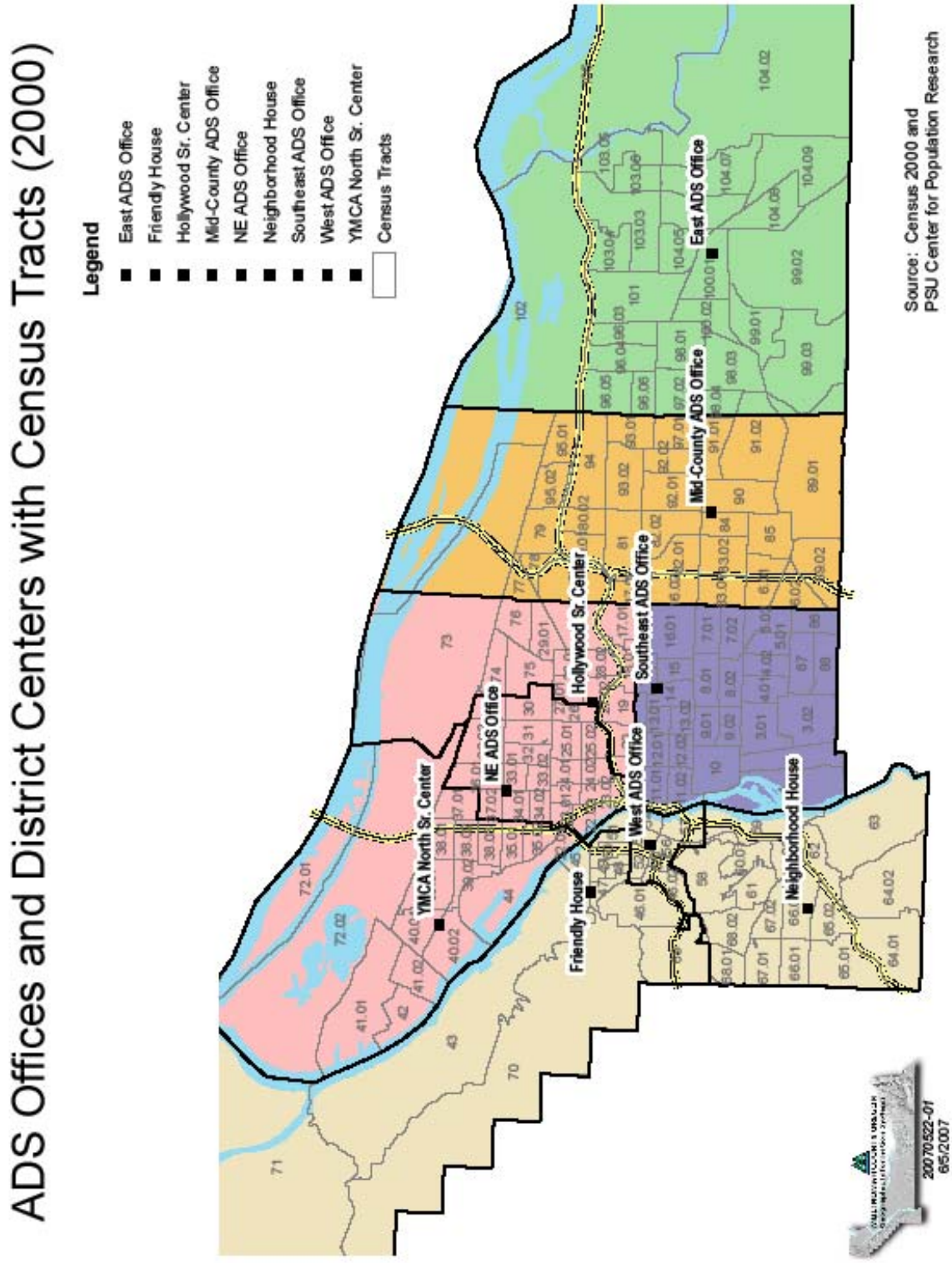
	2000	2005	2010	Change
Total Population	660,486	692,825	724,671	+64,185
60+	94,567	91,648	104,083	+9,516
85+	10,778	10,852	12,495	+1,717
60+/FPL	8,936	9,018	9,944	+1,008
18 – 64 w/ Disability	N/A	54,339	57,037	+2,698

Table 2: Race, Ethnicity of 60+ Population, 2000-2010

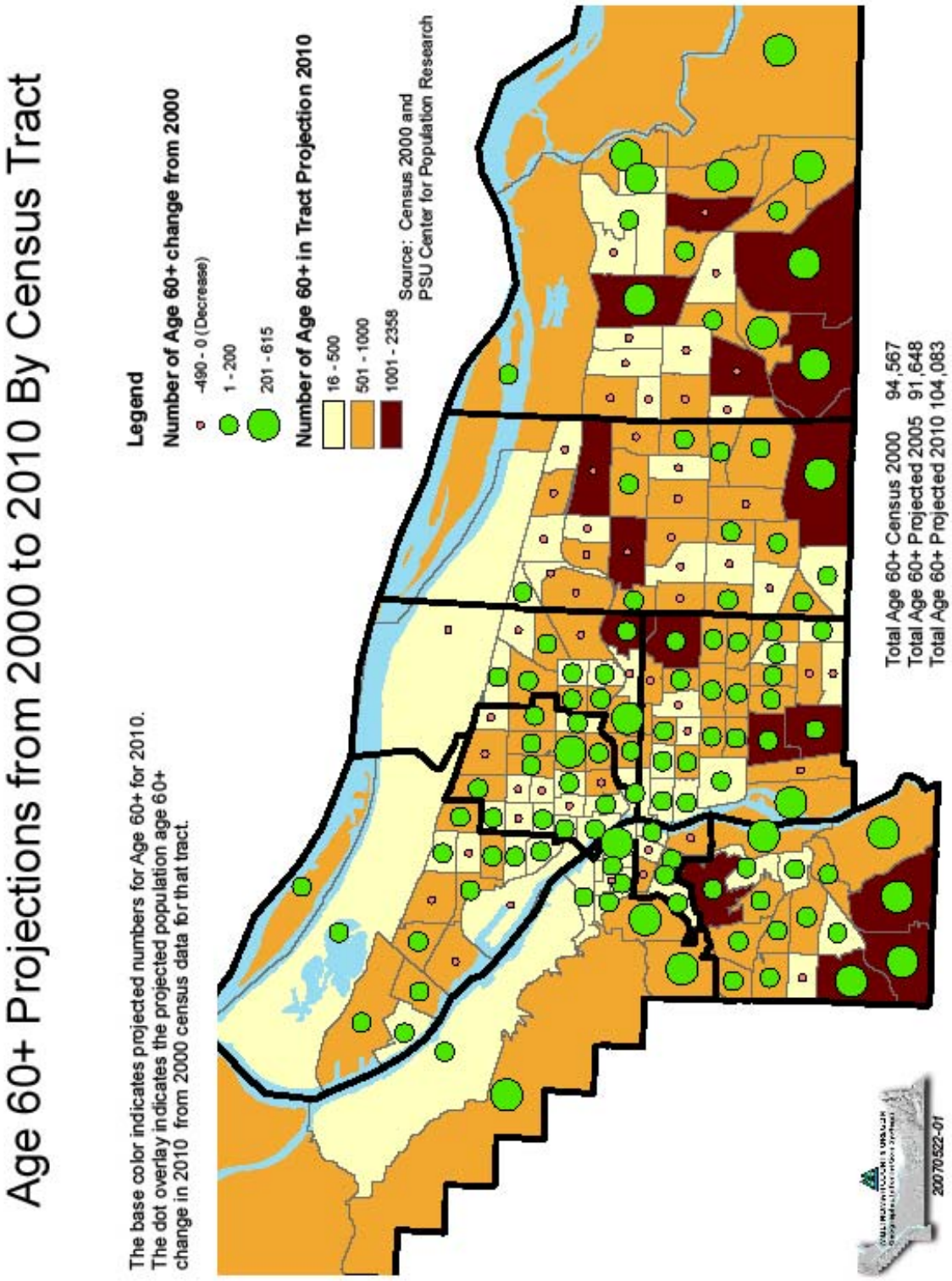
	2000	2005	2010
White	89%	89%	88%
Black	5%	4%	4%
Asian/Pacific Islander	5%	6%	6%
American Indian	1%	1%	1%
Hispanic*	2%	2%	3%

*Persons of Hispanic origin may be of any race.

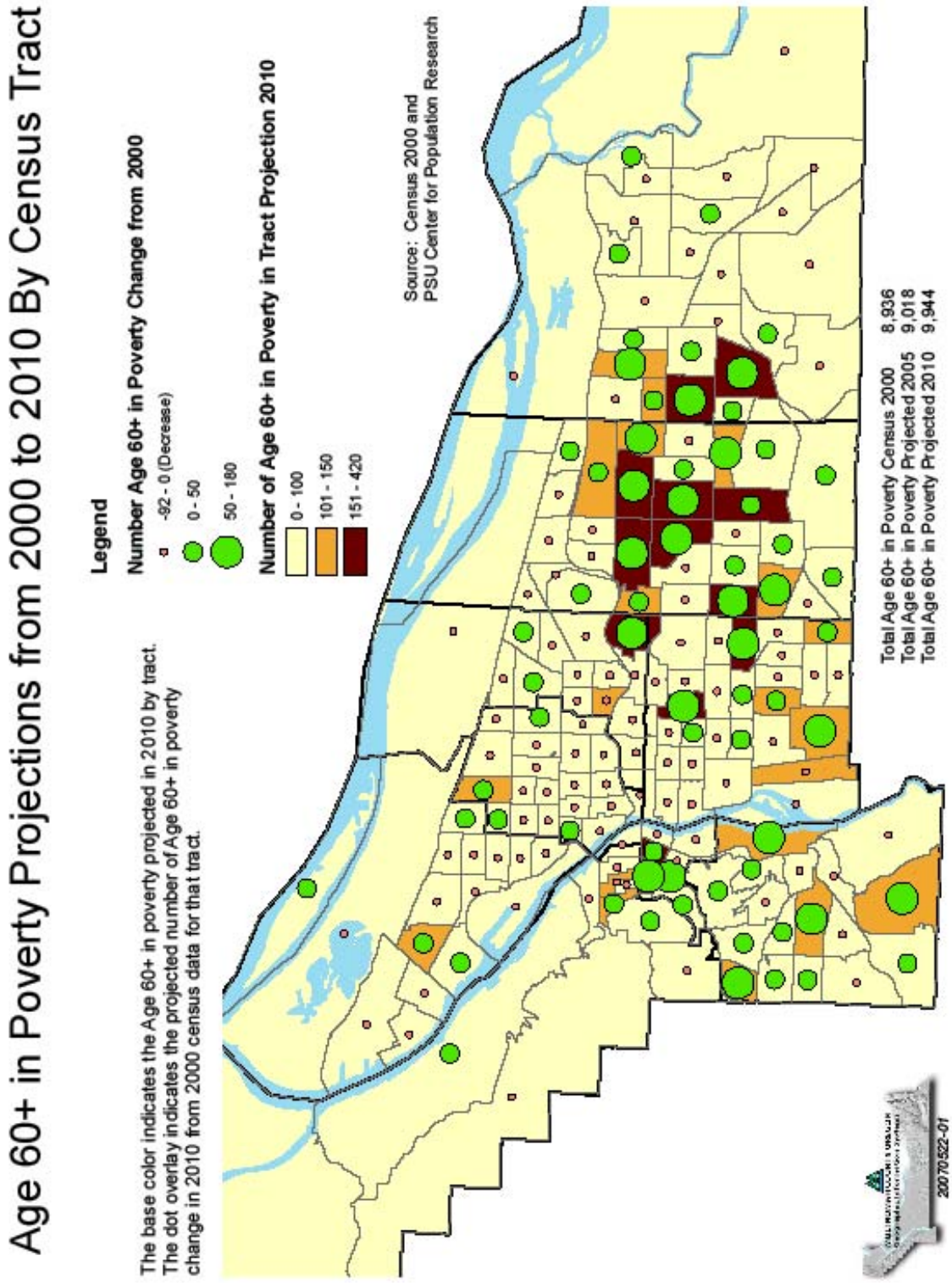
Map 1


ADS Offices and District Centers with Census Tracts (2000)
Legend
East ADS Office
Friendly House
Hollywood Sr. Center
Mid-County ADS Office
NE ADS Office
Neighborhood House
Southeast ADS Office
West ADS Office
YMCA North Sr. Center
Census Tracts
East ADS Office
Mid-County ADS Office
Hollywood Sr. Center
Southeast ADS Office
NE ADS Office
West ADS Office
YMCA North Sr. Center
Friendly House
Neighborhood House
Source: Census 2000 and
PSU Center for Population Research
20070522-01
05/2007

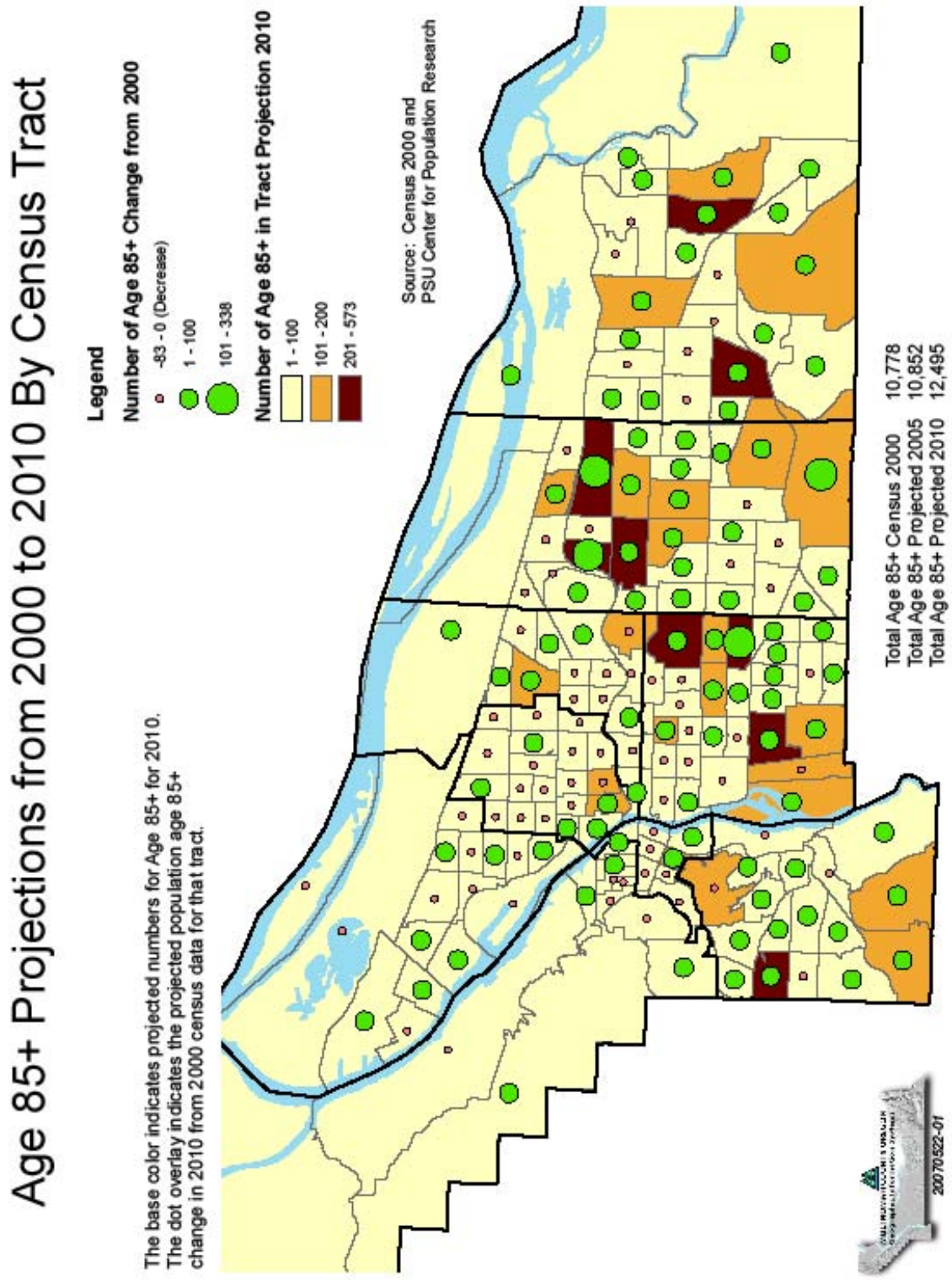
Map 2


Age 60+ Projections from 2000 to 2010 By Census Tract
The base color indicates projected numbers for Age 60+ for 2010.
The dot overlay indicates the projected population age 60+
change in 2010 from 2000 census data for that tract.
Legend
Number of Age 60+ change from 2000
-490 - 0 (Decrease)
1 - 200
201 - 615
Number of Age 60+ in Tract Projection 2010
16 - 500
501 - 1000
1001 - 2358
Source: Census 2000 and
PSU Center for Population Research
Total Age 60+ Census 2000 94,567
Total Age 60+ Projected 2005 91,648
Total Age 60+ Projected 2010 104,083
20070522-01

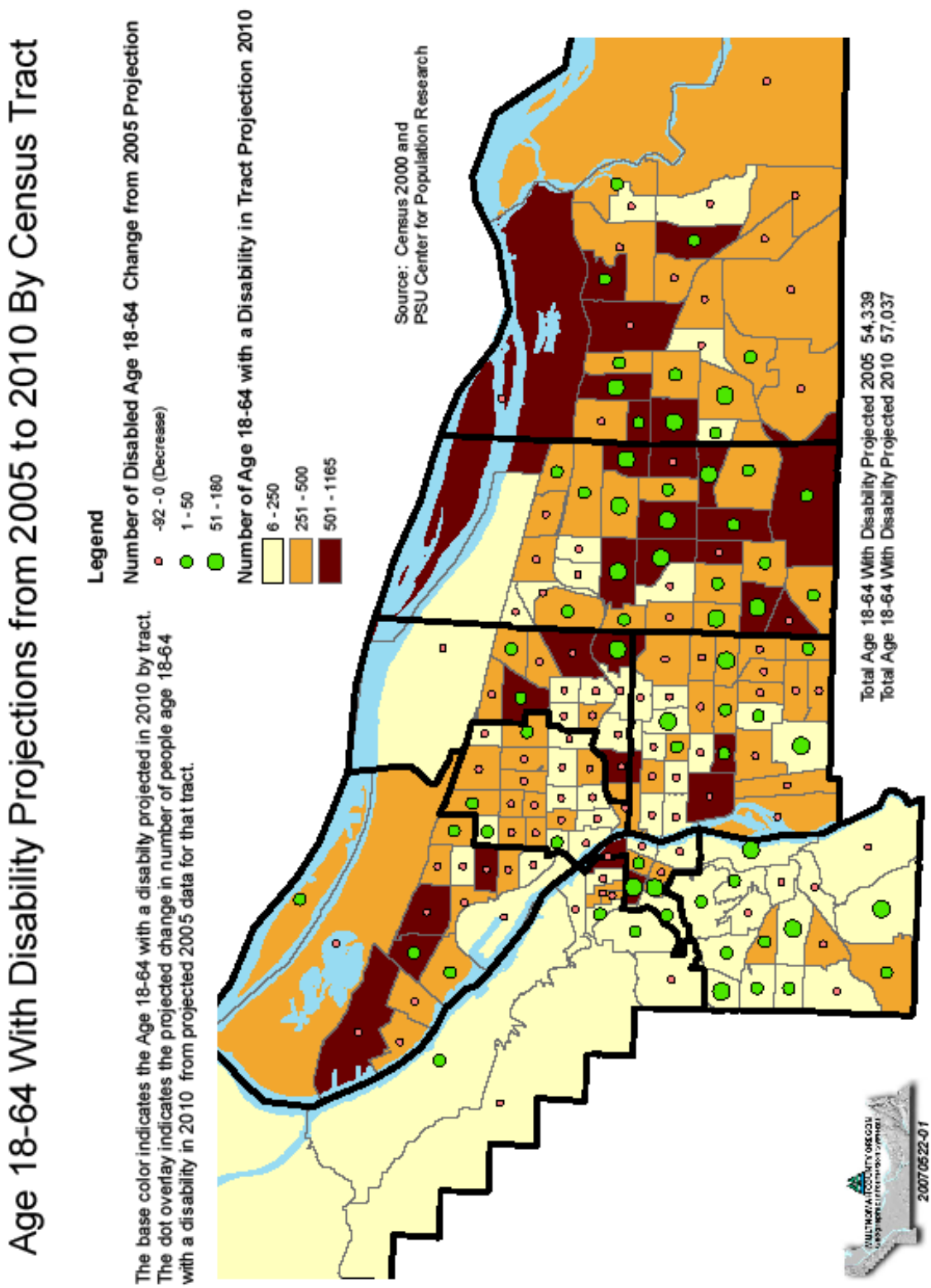
Map 3


Age 60+ in Poverty Projections from 2000 to 2010 By Census Tract
The base color indicates the Age 60+ in poverty projected in 2010 by tract.
The dot overlay indicates the projected number of Age 60+ in poverty change in 2010 from 2000 census data for that tract.
Legend
Number Age 60+ in Poverty Change from 2000
-92 - 0 (Decrease)
0 - 50
50 - 180
Number of Age 60+ in Poverty in Tract Projection 2010
0 - 100
101 - 150
151 - 420
Source: Census 2000 and PSU Center for Population Research
Total Age 60+ in Poverty Census 2000 8,936
Total Age 60+ in Poverty Projected 2005 9,018
Total Age 60+ in Poverty Projected 2010 9,944
20070522-01

Map 4


Age 85+ Projections from 2000 to 2010 By Census Tract
Legend
Number of Age 85+ Change from 2000
-83 - 0 (Decrease)
1 - 100
101 - 338
Number of Age 85+ in Tract Projection 2010
1 - 100
101 - 200
201 - 573
Source: Census 2000 and PSU Center for Population Research
The base color indicates projected numbers for Age 85+ for 2010.
The dot overlay indicates the projected population age 85+ change in 2010 from 2000 census data for that tract.
Total Age 85+ Census 2000 10,778
Total Age 85+ Projected 2005 10,852
Total Age 85+ Projected 2010 12,495
20070522-01

Map 5


Age 18-64 With Disability Projections from 2005 to 2010 By Census Tract
Legend
Number of Disabled Age 18-64 Change from 2005 Projection
-92 - 0 (Decrease)
1 - 50
51 - 180
Number of Age 18-64 with a Disability in Tract Projection 2010
6 - 250
251 - 500
501 - 1165
The base color indicates the Age 18-64 with a disabilty projected in 2010 by tract.
The dot overlay indicates the projected change in number of people age 18-64
with a disability in 2010 from projected 2005 data for that tract.
Source: Census 2000 and
PSU Center for Population Research
Total Age 18-64 With Disability Projected 2005 54,339
Total Age 18-64 With Disability Projected 2010 57,037
20070522-01

D) ADS Will Fund the Following Services:

The numbers identifying each service correspond to the listing found in the Service Matrix (Section D-1 of this document).

Personal Care #1 (contracted) **#1a** (HCW) (1 unit = 1 hour)
In-home services provided to maintain, strengthen, or restore an individual's functioning in their own home when an individual is dependent in one or more ADLs, or when an individual requires assistance for ADL needs. Assistance can be provided either by a contracted agency or by a Homecare worker paid in accordance with the collectively bargained rate. (OAR 411-0032)

Homemaker #2 (contracted) **#2a** (HCW) (1 unit = 1 hour)
Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov).

Home Delivered Meals #4 (1 unit = 1 meal)
A meal provided to a qualified individual in his/her place of residence that meets all of the requirements of the Older Americans Act and state and local laws. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov)
Note: 45 CFR 1321.69(b) states: 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.
Home-delivered meal eligibility assessment is reported as Matrix #6 Case Management or #40-3 Preventive Screening, Counseling and Referral.

Adult Day Care #5 (1 unit = 1 hour)
Personal care for dependent elders 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. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov).

Case Management #6 (1 unit = 1 hour)
A service designed to individualize and integrate social and health care

options for or with a person being served. Its goal is to provide 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. (OAR 411-032)
Note: Caregiver case management is reported as Matrix #16 Caregiver Access Assistance. Home-delivered meal assessments may be reported under this service category or Matrix #40-3 Preventive Screening, Counseling and Referral.

Congregate Meals #7 (1 unit = 1 Meal)
A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the Older Americans Act and state/local laws. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov) Note: OAA 339(2)(H) permits AAAs to establish procedures that allow the option to offer a meal, on the same basis as meals provided to participating older individuals, to individuals providing volunteer services during the meal hours. OAA 330(2)(I) allows for meals to spouses of eligible participants, individuals with disabilities, regardless of age who reside in housing facilities reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided. Refer to Section 3.a. of the OAA Nutrition Program Standards for additional eligibility detail.
www.oregon.gov/DHS/spwpd/sua/

Transportation #10 (1 unit = 1 One Way Trip)
Transportation from one location to another. Does not include any other activity. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov)
Note: Transportation services provided to a caregiver recipient and funded with Title IIIE dollars should be reported as a Supplemental Service - Matrix #30-7 or #30-7a unless it is transportation to an adult day center or similar program – AoA notes it should then be reported as part of the respite expense.

Legal Assistance #11 (1 unit = 1 hour)
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 non-lawyer where permitted by law.[1] 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. Priority Legal assistance issues include income, health care, longterm care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.[2] Legal services may also include assistance to older individuals who provide uncompensated care to their adult children with disabilities and counsel to assist with permanency planning for such children.[3]
[1]OAA 102(a)(33); [2]OAA 307(a)(11)(E), [3]321(a)(6)

Nutrition Education #12 (1 unit = 1 session per participant)
A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting *overseen by a dietician or individual of comparable expertise.* (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov)

Information and Assistance #13 (1 unit = 1 contact)
A service that (a) provides individuals with information on services available within the communities; (b) links individuals to the services and opportunities that are available within the communities; (c) to the maximum extent practicable, establishes adequate follow-up procedures. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov)
Note: Information and Assistance to individual caregivers is reported as Matrix 16 Access Assistance. Internet website "hits" are to be counted only if there is evidence that information was requested and provided.

Outreach #14 (1 unit = 1 Contact)
Intervention with individuals initiated by an agency or organization for the purpose of identifying potential client(s) or their caregivers and encouraging their use of existing services and benefits. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov)

Information to Caregivers #15 (serving elderly) and **15a** (serving children) (1 activity)
A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov)
Note: Service units for information services are for activities directed to large audiences of current or potential caregivers such as

disseminating publications, conducting media campaigns, and other similar activities.

Caregiver Access Assistance #16 (serving elderly) **16a** (serving children) (1 unit = 1 contact)
A service that assists caregivers in obtaining access to the available services and resources within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov)
Note: Case management and information and assistance to caregivers is an access service..

Area Plan Administration #20-1
Area Agency administrative functions required to implement the planned services, maintain required records, fulfill the requirements of federal regulation, state rules, and state unit policies and procedures; and support the advisory committee. Includes such responsibilities as bidding, contract negotiation, reporting, reimbursement, accounting, auditing, monitoring, and quality assurance. (OAA 301-308)

AAA Advocacy #20-2
Monitor, evaluate, and, where appropriate, comment on all policies, programs, hearings, levies, and community actions which affect older persons. Represent the interests of older persons; consult with and support the State's long-term care ombudsman program; and coordination of plans and activities to promote new or expanded benefits and opportunities for older persons. (45 CFR 1321.61(b)(1-5)

Respite Care #30-4 (OPI) **#30-5** (serving elderly) **30-5a** (serving children) **(1 unit = 1 hour** see notes**)**
Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite Care includes: (1) In-home respite (personal care, homemaker, and other in-home respite); (2) respite at a senior center or other nonresidential program; (3) respite provided by placing the care recipient in an institutional setting such as a nursing home for a period of time; (4) and for grandparents/relatives caring for children – day or overnight summer camps. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov & SPR Q&A #28, 2008)

Note: OAA 373 (a)(2)(A & B) states priority shall be given to caregivers providing services to individuals whom meet the definition of 'frail'. (See General Terms and Definitions).
SPR Q&A #28, 2008 states units of service for overnight institutional respite and overnight summer camps are more appropriately reported by days than hours. Example: Two days of institutional respite is 2 units (not 48 units) and six days at camp equal 6 units instead of 144.

Caregiver Supplemental Services #30-7 (serving elderly) **30-7a** (serving children) (1 unit = 1payment)
Services provided on a limited basis that complement the care provided by family and other informal caregivers. Examples of supplemental services include, but are not limited to, legal assistance, home modifications, transportation, assistive technologies, emergency response systems and incontinence supplies. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov)
Note: Supplemental service priority should always be given to caregivers providing services to individuals meeting the definition of 'frail'. (See General Terms and Definitions)
Home-delivered meals and transportation to caregivers serving elderly or caregivers serving children are to be reported under this matrix.

Preventive Screening, Counseling, and Referral #40-3 (1 unit = 1 session per participant)
Education about the availability, benefits and appropriate use of Medicare preventive health services or other preventive health programs. Health risk assessments and screenings, and preventive health education provided by a qualified individual, to address issues including hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density and nutrition screening. Health information on on-going and age-related conditions including osteoporosis, cardiovascular diseases, diabetes, and Alzheimer's disease and related disorders. (OAA 102(a)(14) (A-B),(H)& (J) See note on following page.
Note: Home-delivered meal assessments and Congregate nutritional risk assessments may be reported under this service category.

Physical Activity and Falls Prevention #40-2 (1 unit = 1 session per participant)
Programs for older adults that provide physical fitness, group exercise, and

dance-movement therapy, including programs for multi-generational participation that are 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. (OAA 102(a)(14) D, E, F)

Medication Management #40-9 (1 unit = 1 session per participant)
Screening and education to prevent incorrect medication and adverse drug reactions, including individual medication reviews or group-based programs that contain information on medication management (including Stanford's Chronic Disease Self-Management program (Living Well)). (OAA 102(a)(14) I) & (H.R. 2764; P.L. 110-161)
Note: Assistance in completing no-cost and/or low-cost prescription medication applications does not qualify as a unit of Medication Management unless education to prevent adverse drug reactions is provided.

Guardianship / Conservatorship #50-1 (1 unit = 1 hour)
Performing legal and financial transactions on behalf of a client based upon a legal transfer of responsibility (e.g., as part of protective services when appointed by court order) including establishing the guardianship/conservatorship. (Definition developed by AAA/SUA workgroup)

Elder Abuse Awareness #50-3 (1 unit = 1 Activity)
Public Education and outreach for individuals, including caregivers, professionals, and para-professionals on the identification, prevention, and treatment of elder abuse, neglect and exploitation of older individuals.
Training for individiuals in relevant fields on the identification, prevention, and treatment of elder abuse, neglect, and exploitation, with particular focus on prevention and enhancement of self determination and autonomy. (Definition based on OAA 721(b)(1, 2, & 6))
Note: Multi-Disciplinary Teams (MDT), Gatekeeper education programs, short-term emergency shelter or transportation funding are allowable activities under this service.)

Interpreting/Translating Services #60-5 (1 unit = 1 hour)
Providing assistance to clients with limited English speaking ability to access needed services. (Definition developed by AAA/SUA workgroup)

Chronic Disease Prevention, Management, and Education #71 – (1 unit = 1 session per participant)
Programs such as the evidence-based Living Well (Stanford's Chronic Disease Self-management) program, weight management, and tobacco cessation programs that prevent and help manage the effects of chronic disease, including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease. (OAA 102(a)(14)(D))

Options Counseling #70-2 (1 unit = 1 hour)
Counseling that supports informed long term care decision making through assistance provided to individuals and families to help them understand 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. (Based upon NASUA's definition.)#70-

Caregiver Counseling #70-2a (serving elderly) **70-2b** (serving children) (1 unit = 1 session per participant)
Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (of individual caregivers and families). (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov)

Caregiver Training #70-9 (serving elderly) **70-9a** (serving children) (1 unit = 1 session per participant)
Training provided to caregivers and their families that supports and enhances the care giving role. For example: Powerful Tools training; Communicating Effectively with Health Care Professionals; conferences, etc. (A session for conferences would be equal to one day's attendance at the conference). (DHS/SPD/SUA definition)
Note: This does not include training to paid providers.

Financial Assistance #80-4 (1 unit = 1 Contact)
Limited financial assistance for low-income clients to aid in maintaining 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. (Definition developed by AAA/SUA workgroup)
Note: OAA funding source is Title IIIB Supportive Services

E) Changes Planned for the Service System

Expansion of Evidence-Based Health Promotion Programs: Administration on Aging (AoA) funding for Enhance Fitness ended in July 2009 and AoA funding to continue Living Well with Chronic Conditions classes through July 2010 was received in 2009. Nine of the AoA-funded Enhance Fitness sites have continued either as Enhance Fitness or Arthritis Foundation Exercise Program classes. ADS hired a part-time volunteer coordinator in fall 2009 whose responsibilities will include recruiting volunteers to lead Living Well with Chronic Conditions classes and promote the program in the community. In collaboration with the Oregon State Department of Health, three Tai Chi: Moving for Better Balance classes, funded by a grant from the Centers for Disease Control and Prevention (CDC), were implemented in 2010. These classes targeted underserved older adults at three sites: the Native American Youth and Family Center (NAYA) the Urban League's Northeast Multicultural District Center, and Impact Northwest's Southeast Multicultural District Center. Although grant funding for the classes ended in July 2011, NAYA has continued the program, utilizing funds from its Enhanced Ethnic Outreach contract with ADS to pay the instructor.

In 2012, ADS anticipates expanding evidence-based fall prevention in collaboration with the State Public Health Division, which has been awarded a CDC grant to implement Stepping On and Otago along with Tai Chi :Moving for Better Balance at community sites, and possibly, in partnership with the Oregon Research Institute, which may receive grant funding to expand Tai Chi: Moving for Better Balance to additional sites in the county.

Innovations to Promote Healthy Aging: The Healthy Aging Coalition of Multnomah County (HACMC), which is led by ADS staff, seeks to encourage people to live life to the fullest by promoting physical, mental, spiritual, and social well-being, and progressive community change that supports those aims. In 2008 – 2009, the HACMC developed the Healthy Aging Resource Directory, secured a MindAlert grant to promote cognitive fitness in older adults and a Medicare Diabetes Screening Project grant to inform older adults about diabetes and encourage them to be screened for the disease. The HACMC and ADS staff have also worked closely with farmers markets to increase older adult participation, particularly among those who are Supplemental Nutrition Assistance Program (SNAP) and Senior Farm Direct Nutrition Program (SFDNP) recipients, and in spring 2011 received a grant from the State Office of Self-Sufficiency Program to conduct outreach about SNAP to underserved older adults in the county by translating a SNAP brochure into 14 languages,

sponsoring cooking demonstrations to spotlight healthy cooking on a budget, and providing farmers market coupons to potential SNAP participants to encourage enrollment in the program.

In its new contracts with district senior centers, which will take effect in November 2011, ADS is requiring that centers provide chronic disease management courses,and at least one evidence-based or best practice physical activity program. In addition, centers will be required to develop a wellness policy to guide healthy aging activities.

In spring 2010, the Multnomah County Health Department was awarded a $7.5 million Communities Putting Prevention to Work grant, and as a partner in the project, ADS has focused on increasing older adults' access to healthy food, emphasizing system and policy change. ADS staff members coordinating this project have worked with the primary provider of congregate and home-delivered meals to promote use of fresh, local produce and are providing technical assistance to district senior centers as they develop wellness policies, and facilitating collaboration between aging network partners and farmers markets..

Disaster and Emergency Preparedness: Having been incorporated into the county's emergency management structure, ADS's role in disaster and emergency preparedness,has expanded and will help ensure that vulnerable elders and people with disabilities have the support they need should a disaster or emergency occur. ADS staff also continue to register older adults and people with disabilities in the Voluntary Emergency Registry (VER)-- a secure, on-line tool that can be used to locate those who are most vulnerable. Progress on registration has been somewhat slower than initially anticipated because additional security protocols were needed and staff to complete data entry were lacking, but planning is underway to recruit volunteers to assist in documenting enrollment.

ADRC Development: The goal of ADS's Access Improvement Project (AIP) is to develop a fully functioning Aging and Disability Resource Center (ADRC) and implement customer service enhancements that also streamline workloads. This work will establish a single entry point for consumers where they can avail themselves of counseling that helps them understand all of their available options regardless of income. The AIP will implement changes in phases, concentrating initially on refining the details of the ADRC model after which modifications to the current information and assistance system will be made.

The Innovations Work Group and Improving Service to Racial, Ethnic, and Sexual Minority Elders: During the past two years, ADS used a variety of methods—a needs assessment survey, equity and aging roundtable, and community meetings—to learn about the needs of older adults and people with disabilities and its success in meeting those needs. This information-gathering process revealed that racial and ethnic minority elders were faring more poorly than white, non-Hispanic seniors on a number of measures, and although no local data were collected on lesbian, gay, bisexual, transgender elders, a host of studies and anecdotal evidence make a convincing case that they are underserved and face significant barriers to getting assistance through mainstream organizations. The IWG, which is made up of community partners primarily from agencies that serve racial, ethnic, and sexual minority elders, was convened in 2011 to address these disparities and help ADS make equity the foundation of its policies, plans, and strategies; target resources and efforts to reach minority elders; and seek new partnerships that support these transformative aims. As a result of its work, ADS will increase funding to serve these populations—by re-directing a portion of funding previously allocated to district senior centers--and execute new contracts with qualified providers in early 2012.

District Senior Center Reorganization: The decision to increase funding for culturally-specific services reduced funding for district senior centers, and as a result, two areas of the county—North-Northeast and West—which previously had three contracted providers each, will have one contracted provider each as of November 2011. In both service districts, consortia were established with a lead agencies designated as the contracted provider—for North-Northeast, Hollywood Senior Center is the lead in partnership with Urban League, and for West, Neighborhood House is the lead in partnership with Friendly House.

Administration on Aging (AoA) Community Living Program Grant (CLP): The State of Oregon Department of Human Services, Seniors and People with Disabilities (SPD) received a two-year grant to enhance efforts at diverting individuals from nursing home placement and spend-down to Medicaid, in conjunction with empowering them to be well-informed long-term care consumers. ADS and Washington County Disability, Aging, & Veterans Services (DAVS) were selected as sites to implement the grant project, and in late 2009,. ADS employed a Project Coordinator to lead efforts at 1) Revising the intake screening process to identify and respond quickly to those at imminent risk of nursing facility placement and spend-down to Medicaid; 2) Implementing long-term care options counseling to help targeted individuals and their families make informed decisions about available services; 3) Expanding

existing programs that promote self-directed care and developing new Web-based tools that enable consumers to research benefits and service options; 4) Increasing knowledge, skills, and abilities of case management staff and community partners to equip them to provide consumer-directed care; 5) Developing an evaluation process to track client outcomes and cost avoidance attributable to nursing facility diversion activities. As of September 2011, 127 clients have been referred for options counseling.

Administration on Aging (AoA) Alzheimer's Disease Supportive Services Program Grant (ADSSP): The State of Oregon Department of Human Services, Seniors and People with Disabilities (SPD) received a three-year grant in 2009 to effectively translate and sustain the evidence-based STAR-C program, which is aimed at increasing the ability of caregivers to care for family members with dementia, ADS and Rogue Valley Council of Governments Senior and Disability Services were selected as sites for this project so that work could be carried out in both an urban and rural area. The ADSSP seeks to serve 108 family caregivers/care recipients by training several district center case managers to conduct interventions, with the goal of maintaining fidelity to the original research, which was done at the University of Washington. As of September 2011, 48 clients have been served.

F) Description of the Planning Process

The planning process encompassed three distinct elements—compilation and analysis of relevant demographic data; a review of recently conducted studies of the County's elders and people with disabilities; and gathering community input about service priorities. Utilizing reports prepared by Portland State University's Population Research Center, selected demographic data for 2005 and projections for 2010 were organized by census tract and Zip Code to assess anticipated population changes during the years covered by the Area Plan. Analysis of these data provided important insights into the distribution of various groups—e.g., those over 60 years old, residents under 60 years with a disability, older adults living in poverty, etc—in the County and informed initiatives to more effectively serve them.

In late 2006, researchers from the Institute on Aging at Portland State University's School of Community Health, as part of an international project sponsored by the World Health Organization (WHO), conducted several focus groups with older adults, unpaid caregivers of elders, and community members representing voluntary organizations, businesses, and the public sector to

determine indicators of an age-friendly city. The focus groups dealt with topics such as transportation, housing, and access to support services, and sought to identify elements that typified age friendliness. Several findings provided useful perspectives on issues related to ADS's advocacy, and program development efforts. Older adults, for example, indicated that many Portland neighborhoods had a variety of services nearby, which they considered an age-friendly characteristic. At the same time, the high cost of housing in the city was cited as a feature that was not age friendly, suggesting that a lack of affordable housing is a problem that deserves attention. Similarly, elders felt that opportunities to volunteer and be engaged in the community were plentiful, but also noted that employment options were somewhat limited and that the volunteer corps could be more diverse and inclusive. Such information is most helpful as ADS and its community partners explore ways to better utilize the talents and expertise of our growing senior population.

Multnomah County's Department of Human Services Research and Evaluation office conducted focus groups with Limited English Proficiency (LEP) ADS clients and surveyed adults under 60 years with disabilities served by ADS in the spring of 2007. The purpose of the focus groups and survey was to learn more about each of these populations' experiences with the service system, paying particular attention to their unmet needs and recommendations that could improve ADS's effectiveness in serving them. A review of the reports yielded a number of interesting insights that helped frame goals and objectives in the areas of outreach and program coordination. Although LEP clients expressed overall satisfaction with services they received, for instance, they noted unequivocally that bilingual case managers were most effective at meeting their needs. They also commented on ways that the service system could improve, citing such things as installing better signage in offices and making translation and interpretation assistance more readily available. Like LEP clients, a majority of adults under 60 years with disabilities who were surveyed indicated they were satisfied with services, but 15 percent reported they were dissatisfied, noting minimal contact with case managers and lack of follow-through on requests as examples of problems they encountered. In addition, 20 percent indicated that they had unmet needs in a variety of areas (e.g., medical, nutrition, transportation, social, recreational, etc.).

ADS convened seven focus groups to gather input from seniors, people with disabilities, subcontractors and community partners, and service area managers about advocacy issues and strategy, service priorities and coordination, program development, and outreach to underserved populations. A total of 56

individuals participated in the groups, which were held in June and July 2007, and their observations, insights, and recommendations were instrumental in developing the Area Plan's goals and objectives.

Participants received discussion questions prior to each focus group meeting, which gave them the opportunity to prepare for the session. The focus groups were audio-taped and transcriptions were reviewed to identify themes that emerged. A summary of these themes, along with suggestions for improvements to programs and services are listed below under the Area Plan categories of advocacy, coordination, development, and outreach.

ADVOCACY ISSUES

Focus group participants were asked to identify issues that ADS and its community partners should advocate for.

Unfinished Business

Because the focus groups were conducted in the wake of the 2007 legislative session, participants were particularly concerned about programs and initiatives they advocated for that were either not funded or failed to receive funding at requested levels. Chief among these was Oregon Project Independence (OPI) and all groups identified increased funding for OPI as a top priority. In addition, the Older Oregonians Act, and family caregiver support were mentioned as priorities for legislative action in 2009. Revenue reform was cited as a potential, and necessary, key to enhancing funding in the aforementioned areas, and with the Task Force on Comprehensive Revenue Restructuring set to begin work on this issue, it will likely be revisited in the 2009 legislative session.

Maintaining and Strengthening the Safety Net

Focus group participants emphasized the need to advocate for:

- More affordable housing along with supportive services for homeless seniors and people with disabilities,
- Expanded transportation options,
- Additional mental health services,
- Enhanced benefits in the Food Stamp and Farm Direct Nutrition programs,
- Increased funding to combat elder abuse,
- Funding to increase case management staff and reduce caseloads, and

- Re-instituting General Assistance because of the critical help it provides to those who have no other resources.

At the national level, ensuring the stability and growth of Older Americans Act funding was considered a priority.

Systems Change

Participants singled out improvements in the systems that serve seniors and people with disabilities as another area for advocacy, with particular attention focused on mental health. In doing so, they noted that clients with mental health issues may also have other disabilities and, as currently configured, the systems that serve them do not do so effectively.

ADVOCACY STRATEGY

Focus group participants were asked for recommendations regarding strategy.

Continual Engagement

Across all focus groups, there was strong support for initiating and maintaining contact with legislators and other elected officials on an ongoing basis, the rationale being that a substantial share of advocacy must be accomplished outside legislative sessions when state senators and representatives have more time to listen to constituents. Coupled with the call for increased involvement with lawmakers was a recommendation to convene forums at district centers and other sites—a tactic that has been successfully employed statewide in the past—so that legislators can meet face-to-face with clients, ADS staff, and community partners. Participants reinforced the importance of using personal stories to demonstrate the value of programs and services and recommended using a variety of methods (print, video, etc.) to convey them.

Articulating a Vision

Focus group members recommended that advocates develop a comprehensive vision to guide their efforts. This vision might be founded on the idea of “aging in place” or the concept of a “thriving” or “elder and disability-friendly” community—three themes that surfaced in discussions on this point. The value of this approach is that it brings advocates together to agree on and pursue an inclusive agenda rather than lobbying for multiple agendas, which may suggest competing interests.

Advocate and Educate

In addition to promoting support for specific legislation, focus group participants recommended that advocates educate legislators, local officials, and the general public about ADS services and the long term care system. This will help inform them about the scope of programs, dispel myths that may exist about who is and is not served, and provide perspective on needs that are not being met. Participants noted that advocates need training so that they are well-informed about issues, programs, and services, and Elders in Action, ADS, and community partners play a critical role in this regard.

COORDINATION

Focus group participants were asked about service gaps and how coordination between ADS, service providers, and community partners might be improved to address these gaps.

Service Gaps

Participants identified transportation, affordable housing, and mental health services as areas where significant gaps exist and improved coordination with providers is needed. They suggested, for example, evaluating allocations to transportation providers to determine if funding is being used effectively, and working more closely with the Regional Transportation Coordinating Council and Special Transportation Fund Advisory Committee to improve options for older adults. To address the lack of affordable housing for low-income seniors, participants recommended ongoing coordination with organizations such as Northwest Pilot Project. A number of focus group members expressed a lack of confidence in the mental health system and called for more concerted coordination between ADS and mental health as a way to improve services for older adults and people with disabilities. Participants also commented on needs for minor home repair, chore assistance, medication management, and yard work that they see in the County and recommended enhancing coordination with providers and community partners to address these. Concerns about the shortage of home care workers and the quality of their work were expressed in virtually every focus group, affirming that these are key elements to consider in assessing service gaps.

Additional Opportunities for Coordination

Participants observed that educating local businesses about family caregiver issues can help improve understanding of the challenges faced by employees who are caregivers and lead to enlightened policy change. In addition, they suggested forging partnerships with businesses and soliciting donations (e.g., food, materials for home repair or improvement to aid aging in place) to help low-income seniors and people with disabilities. Focus group members indicated that ADS should devote more attention to informing hospital discharge planners about available services as a way of assuring them that in-home care options exist for those returning to their residences following hospitalizations. Establishing partnerships with faith communities and working with local officials and community leaders to make aging issues a priority were mentioned as avenues for improving coordination to address service gaps and heighten

awareness about the County's growing aging population. Service providers and community partners also noted that some services are underutilized (e.g., adult day services), perhaps because case managers are unclear about what they offer clients, and additional staff education may be advisable.

DEVELOPMENT

Focus group participants reviewed the AdvantAge Initiative model of an elder-friendly community and discussed areas in which Multnomah County could enhance its elder and disability-friendliness.

Basic Needs

Participants recommended marketing ADS programs more effectively so that County residents are better informed about services that are available, and perhaps most importantly, know where to turn for assistance. Several public safety issues that called for improvement were noted—e.g., neighborhoods where parking on both sides of the street limits visibility and may impede emergency vehicle access, sidewalk and street construction projects that pose problems for pedestrians and those who use walkers and wheelchairs, and a need for more pedestrian amenities such as sidewalk benches. Many participants commented on the lack of affordable housing for elders and people with disabilities, and a number expressed concern about seniors suffering from hunger or plagued by food insecurity. Given these observations, participants emphasized the importance of ensuring the solvency and viability of ADS's special needs assistance program.

Physical and Mental Health

Participants acknowledged that opportunities for older adults to engage in physical activity have increased in recent years with the development of Enhance Fitness and Living Well with Chronic Conditions classes at several sites in the County. In addition, they noted that Portland Parks and Recreation offers an exemplary menu of classes and activities that promote healthy aging. At the same time, they expressed the hope that Enhance Fitness and Living Well with Chronic Conditions classes will be expanded to serve more people, and that more free or low-cost exercise options can be offered throughout the County for both seniors and those under 60 years with disabilities. Participants also pointed to the need to improve mental health services—an item that was discussed in several contexts in all of the focus groups. And they recommended increasing free and/or low cost dental services as another way to improve elder-

friendliness in this domain.

Social and Civic Engagement

Focus group members suggested intensifying efforts to promote volunteerism and two projects—the County's Task Force on Vital Aging and the City of Portland's Community Connect—were highlighted as initiatives that will make this a higher profile issue, particularly with aging Baby Boomers. Similarly, they called for more employment opportunities for older adults, noting that businesses, government agencies, non-profit organizations, and seniors all benefit from this.

Support for Vulnerable Adults

Participants recommended expanding special needs transportation, developing affordable and/or free home repair services, and providing additional chore assistance as three ways in which the County could be more elder and disability-friendly in supporting vulnerable adults. These areas were also cited as priorities when discussing ways that coordination could be improved.

OUTREACH

Focus group participants were asked about ways that outreach to special populations (e.g., limited English-proficient clients, people under 60 years with a disability, rural residents, etc.) could be improved.

Isolation

In addressing the issue of outreach, focus group participants frequently commented on the isolation of some older adults and the challenge that poses for linking them with services. They spoke of those who are reclusive by choice, others who lack the means and social connections to remain active in everyday life, individuals for whom language is a barrier, elders and people with disabilities who suffer from depression and other mental health problems that can separate them from their communities, and residents in rural areas of the County who have limited access to information and services because of where they live. Two approaches were recommended for reaching the isolated and monitoring their well-being—friendly visiting and telephone reassurance. Some district centers have begun efforts along these lines, but could benefit from assistance in further developing their programs. Participants also suggested intensifying public information efforts County-wide to better acquaint seniors and people with disabilities with resources that support their independence and

aging-in-place, and emphasized the need to have translated materials available and utilize formats that are accessible to people with visual impairments. And they underscored the value of working with established neighborhood-based programs such as Block Watch and Neighborhood Emergency Teams to better identify and serve those at-risk.

Bridging Cultural Divides

All focus groups stressed the need to more effectively serve limited English proficiency clients, and several recommendations were offered for doing that. First, participants suggested cultivating relationships in ethnic communities as a way to establish trust and connections with key individuals who can be important allies in promoting aging and disability programs and services. Second, they noted that ADS staff, service providers and community partners need to deepen their understanding of how different cultures care for their elders and view receiving assistance from the aging network, which highlights the importance of sustained education and training. Third, participants emphasized that senior centers, meal sites, and other places where elders gather must be welcoming to all and provide opportunities for ethnic elders to develop, lead, and fully participate in activities. Last, focus group members commented on the critical role that bilingual staff plays in serving clients with limited proficiency in English, and recommended that a sufficient number be employed to address the needs of those for whom language is a barrier.

ADMINISTRATION

Governing Body

Advisory Council

Organizational Chart

Administrative Goals and Objectives

Other Programs & Activities

AGENCY'S GOVERNING BODY

List all members of the Governing Body (Board of Directors, COG Board, County Commissioners) indicating officers by title and the date each member's term of office expires.

Agency's Governing Representative Name & Contact Information	Date Term Expires (if applicable)	Title/Office (if applicable)
Jeff Cogen (503) 988-3308	12/31/14	Chair, Multnomah County Board of Commissioners
Deborah Kafoury (503) 988-5220	12/31/12	Commissioner, District 1
Loretta Smith (503) 988-5219	12/31/14	Commissioner, District 2
Judy Shiprack (503) 988-5217	12/31/12	Commissioner, District 3
Diane McKeel (503) 988-5213	12/31/12	Commissioner, District 4

Additional Comment:

AREA AGENCY ADVISORY COUNCIL

List the names of all Advisory Council members and indicate when the term of office expires for each member. Please indicate in the Category of Representation column all population segment(s) each member is representing. One person can represent more than one segment of the population. Refer to 45 CFR 1321.57 and OAA 306(a)(6)(D)

ADS has three advisory councils—Elders in Action (EIA), the Multi-Ethnic Action Committee (MAC), and Disability Services Advisory Council (DSAC). Advisory council members' affiliations are noted in parentheses after their names. MAC members do not have term limits, but the elected positions of chair, vice-chair, and secretary do serve for specific periods of time. As the Area Plan is being prepared, only one elected MAC position, Chair, is occupied.

Name & Contact Information	Date Term Expires	Category of Representation
Collins, Ann 2335 NW Raleigh St # 307 Portland, OR 97210-3199 (503) 222-0764	2012	☒ 60+ y/o X☐ Minority ☐ Rural ☐Service provider ☒ Veteran ☐ Family Caregiver ☐Elected official ☒ General Public
Patty Brost (EIA) 12919 SE Ramona Portland, OR 97236 503-761-2792	2013	☒ 60+ y/o ☐ Minority ☐ Rural ☐Service provider ☐ Veteran ☐ Family Caregiver ☐Elected official ☒ General Public
Steve Weiss (EIA) 2727 SE 16th Ave. Portland, OR 97202 (503) 232-5043	July 2013	☒ 60+ y/o ☐ Minority ☐ Rural ☐Service provider ☐ Veteran ☐ Family Caregiver ☐Elected official ☒ General Public

Name & Contact Information	Date Term Expires	Category of Representation
Childs, Donna 228 SW Lane St Portland, OR 97239-4300 (503) 286-6544 dlchilds@easystreet.net	2013	☒ 60+ y/o ☐ Minority ☐ Rural ☐ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☒ General Public
Clawson, Linda * Advocacy Co-Coordinator Hollywood Senior Center 126 NE 47th Ave Portland, OR 97213 (503) 819-3460 clawsonclaws@aol.com	2013	☒ 60+ y/o ☐ Minority ☐ Rural ☐ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☒ General Public
Gaunt, Kae * 2nd Vice Chair 8320 NE Sandy Blvd Apt 103 Portland, OR 97220 (503) 805-6033 kaegaunt@yahoo.com	2013	☒ 60+ y/o ☐ Minority ☐ Rural ☐ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☒ General Public
Ken Calvin (EIA) 333 NW Flanders #1221 Portland, OR 97209 971-340-0564	2011	☒ 60+ y/o ☐ Minority ☐ Rural ☐ Service provider ☒ Veteran ☐ Family Caregiver ☐ Elected official ☒ General Public
Gentile, Bill** 712 SW St Clair Ave Apt 104 Portland, OR 97205-1407 (503) 274-7620 bill.gentile@gmail.com	July 2014	☒ 60+ y/o X☐ Minority ☐ Rural ☐ Service provider ☒ Veteran ☐ Family Caregiver ☐ Elected official ☒ General Public

Name & Contact Information	Date Term Expires	Category of Representation
Graves, Liz 3172 SE Hall Ln Troutdale, OR 97060 (503) 669-1270 donliztrout@comcast.net	2014	☒ 60+ y/o ☐ Minority ☐ Rural ☐ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☒ General Public
Augusta Hayter (EIA) 5800 NE Center Commons Way #144 Portland 97213 (503) 233-0222	2011	☒ 60+ y/o ☒ Minority ☐ Rural ☐ Service provider ☐ Veteran ☒ Family Caregiver ☐ Elected official ☒ General Public
Ann Collins (EIA) 2335 NW Raleigh #307 Portland, OR 97210 503-222-0764	2012	☒ 60+ y/o ☒ Minority ☐ Rural ☐ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☒ General Public
Hansche, Suzanne** 2022 NE 15th Ave Portland, OR 97212 503-287-0324 civicresearch@earthlink.net	2014	☒ 60+ y/o ☐ Minority ☐ Rural ☐ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☒ General Public
Dolores Hubert (EIA) 19319 NE Clackamas Portland 97230 (503) 667-2996	2013	☒ 60+ y/o ☐ Minority ☒ Rural ☐ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☒ General Public
Holmes, Eric 13101 NE Morris St Portland, OR 97230 (503) 545-6090 holmesea@hotmail.com	2014	☒ 60+ y/o ☐ Minority ☐ Rural ☐ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☒ General Public

Name & Contact Information	Date Term Expires	Category of Representation
Johnson, Ray * 1st Vice Chair 3731 SW Tower Way Portland, OR 97221 503-887-0467 rayugene@att.net	2013	☒ 60+ y/o ☐ Minority ☐ Rural ☐ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☒ General Public
Terry Johnson (EIA) 5930 SE 19th Avenue Portland, OR 97202 503-238-1579	2012	☒ 60+ y/o ☐ Minority ☐ Rural ☐ Service provider ☒ Veteran ☐ Family Caregiver ☐ Elected official ☒ General Public
LeRoy Patton (EIA) 8630 SW Fairway Drive Portland, OR 97225 503-284-9805	2011	☒ 60+ y/o ☐ Minority ☐ Rural ☐ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☒ General Public
Martha Simpson (EIA) 210 N Hayden Bay Dr. Portland 97217 (503) 223-3595	2012	☒ 60+ y/o ☐ Minority ☐ Rural ☐ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☒ General Public
Reitel, Katie 5415 N Albina Ave Apt 303 Portland, OR 97217 (503) 347-1180 kjmartel@gmail.com	2014	☒ 60+ y/o ☐ Minority ☐ Rural ☐ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☒ General Public
Claudia Robertson (EIA) 3031 NE 129th Place Portland, OR 97230 503-254-3611	July 2011	☒ 60+ y/o ☐ Minority ☐ Rural ☐ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☒ General Public

Name & Contact Information	Date Term Expires	Category of Representation
Frances Spak (EIA) 4320 SE Holgate Blvd. Portland, OR 97206 503-774-8455	2014	☒ 60+ y/o ☐ Minority ☐ Rural ☐ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☒ General Public
Simpson, Jim 1930 SW River Dr Apt W110 Portland, OR 97201 (619) 414-4090 luklasd@gmail.com	2014	☒ 60+ y/o X☐ Minority ☐ Rural ☐ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☒ General Public
Summers, Bill ***/**** *Budget Officer* 5235 SE Rhone St Portland, OR 97206 (503) 522-3963 summers_bill@comcast.net	2014	☒ 60+ y/o X☐ Minority ☐ Rural ☐ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☒ General Public
Norma Mullen (MAC) Urban League 5325 NE MLK Jr. Blvd, Portland 97211 (503) 280-2638.	N/A	☒ 60+ y/o ☒ Minority ☐ Rural ☒ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☐ General Public
Jose Martinez (MAC) 2405 SE 76th Ave. Portland 97206 (503)771-3736	N/A	☒ 60+ y/o ☒ Minority ☐ Rural ☐ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☒ General Public
Mary Zodrow (MAC) NARA 1776 SW Madison Portland, OR 97205 503-224-1044	N/A	☒ 60+ y/o ☒ Minority ☐ Rural ☒ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☐ General Public

Name & Contact Information	Date Term Expires	Category of Representation
Tawna Sanchez (MAC) NAYA 5135 NE Columbia Blvd. Portland, OR 97218 503-288-8187 x209	N/A	☐ 60+ y/o ☒ Minority ☐ Rural X☐Service provider ☐ Veteran ☐ Family Caregiver ☐Elected official ☒ General Public
Sue Ofstad (MAC) 4134 NE Laddington Portland 97232 (503) 235-9763	N/A	☐ 60+ y/o ☒ Minority ☐ Rural ☒Service provider ☐ Veteran ☐ Family Caregiver ☐Elected official ☐ General Public
Sara Marquez (MAC) El Programa Hispano 138 NE 3rd St., Suite 140 Gresham 97030 smarquez@catholiccharitiesoregon.org	N/A	☐ 60+ y/o ☒ Minority ☐ Rural ☒Service provider ☐ Veteran ☐ Family Caregiver ☐Elected official ☐ General Public
Ami Hsu (MAC) APASC / OHSU 1032 SE 35th Ave Portland 97212 (503) 494-6097 (OHSU) or (503) 381-7665	N/A	☐ 60+ y/o ☒ Minority ☐ Rural ☒Service provider ☐ Veteran ☐ Family Caregiver ☐Elected official ☒ General Public
Victor Leo (MAC) Formerly of APASC 7101 SE Division St Portland, OR 97206 (503) 788-8778	N/A	☐ 60+ y/o ☒ Minority ☐ Rural ☐Service provider ☐ Veteran ☐ Family Caregiver ☐Elected official ☒ General Public

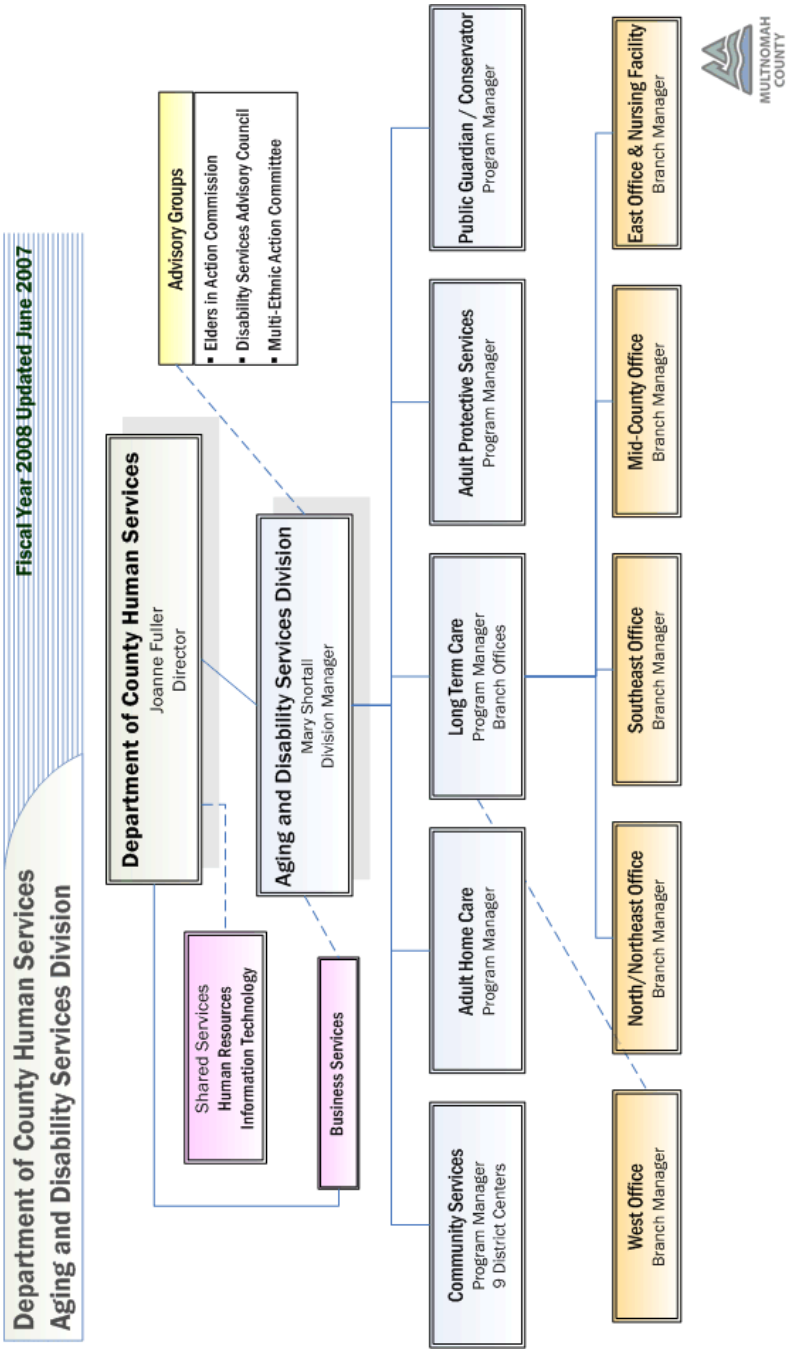
Name & Contact Information	Date Term Expires	Category of Representation
Mamak Tabrizian (MAC) Portland Impact 4610 SE Belmont, Suite 102 Portland, OR 97215 (503) 988-3660 ext. 28313	Co-Chair	☐ 60+ y/o ☒ Minority ☐ Rural ☒ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☐ General Public
Esther Whitingham (MAC) 2602 NE 18th Portland, OR 97212 (503) 267-9119	N/A	☐ 60+ y/o ☒ Minority ☐ Rural ☒ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☐ General Public
Linda Nguyen (MAC) APASC 1032 SE 35th Ave Portland, OR 97212	N/A	☐ 60+ y/o ☒ Minority ☐ Rural ☒ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☐ General Public
Fran Ayerbil (MAC) Loaves & Fishes PO Box 19477 Portland, OR 97219 (503) 736-6325 ext. 86229	N/A	☐ 60+ y/o ☒ Minority ☐ Rural ☒ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☐ General Public
Debbie Davis (MAC) Providence ElderPlace 4531 SE Belmont Portland, OR 97215 Deborah.a.davis@providence.org	N/A	☐ 60+ y/o ☐ Minority ☐ Rural ☒ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☐ General Public

Name & Contact Information	Date Term Expires	Category of Representation
Nicole Baker-Wagner (MAC) IRCO 10615 SE Cherry Blossom Portland, OR 97216 503-988-5480 x 26278	N/A	☐ 60+ y/o ☐ Minority ☐ Rural ☒ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☐ General Public
Christine Lau (MAC) Asian Health & Service Ctr. 3633 SE 35th Place Portland, OR 97202 503-872-8825	N/A	☐ 60+ y/o X☐ Minority ☐ Rural ☒ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☐ General Public
Bandana Shrestha (MAC) AARP 9200 SE Sunnybrook Blvd, Suite 410 Clackamas, OR 97015 (503) 513-7368	N/A	☐ 60+ y/o ☒ Minority ☐ Rural ☒ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☐ General Public
Sandra Rodriguez (MAC) El Programa Hispano 138 3rd St., Suite 140 Gresham, OR 97030 503-669-8350 X 233	N/A	☐ 60+ y/o X☐ Minority ☐ Rural X☐ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☒ General Public
Faye Mack (MAC) 1645 N Alberta Portland, OR 97217 503-289-9604	N/A	**X**☐ 60+ y/o X☐ Minority ☐ Rural ☐ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☒ General Public

Name & Contact Information	Date Term Expires	Category of Representation
Steve Weiss (DSAC) 2727 SE 16th Portland, OR 97202 (503) 232-5043	July 2013	☒ 60+ y/o ☐ Minority ☐ Rural ☐ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☒ General Public
Joe VanderVeer (DSAC), Chair 6815 SW Capitol Hill Rd. #11 Portland, OR 97219 (503) 246-6526	July 2013	☐ 60+ y/o ☐ Minority ☐ Rural ☐ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☒ General Public
Pam VanderVeer (DSAC) 6815 SW Capitol Hill Rd. #11 Portland, OR 97219 (503) 246-6526	July 2013	☐ 60+ y/o ☐ Minority ☐ Rural ☐ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☒ General Public
William “Bill” Gentile 712 SW St. Clair Ave. #104 Portland, OR 97205 (503) 274-7620	6/30/2012	☐ 60+ y/o ☐ Minority ☐ Rural ☐ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☒ General Public
Barbara Robertson 3205 NW 179th Avenue Beaverton, OR 97006 (503) 840-4479	6/30/2012	☐ 60+ y/o ☐ Minority ☐ Rural ☐ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☒ General Public
David Miller 737 SW 17th Avenue, Suite 414 Portland, OR 97205 (503) 816-8167	6/30/2012	☐ 60+ y/o ☐ Minority ☐ Rural ☐ Service provider ☐ Veteran ☐ Family Caregiver ☐ Elected official ☒ General Public

ORGANIZATIONAL CHART(S)

Insert organizational chart(s) that clearly show the functional organization of the Area Agency sponsor and the Area Agency on Aging.



ADMINISTRATIVE GOALS AND OBJECTIVES

Listed goals and objectives must be measurable in terms of results and have a target date or time duration for accomplishment. Goals and objectives must be reviewed and updated annually with accomplishments noted for the previous year's goals.

As required by the Older Americans Act you must have goals and objectives in the five areas explained below. Please indicate the type(s) of each goal in the table. Some goals may cover more than one area.

Administration: Administrative functions required to implement planned services, maintain records, fulfill the requirements of Federal regulation, State rules, and Community Independence & Advocacy/State Unit on Aging policies and procedures. Support advisory committees. Includes such functions as bidding, contract negotiation, reporting, reimbursement, accounting, auditing, monitoring and quality assurance.

Advocacy: Monitor, evaluate and comment on issues related to community actions affecting older persons; conduct or attend public hearings; represent older persons' interests at the local, state and national levels; and support Long Term Care Ombudsman program.

Coordination: The coordination of programs funded through the Older Americans Act with other supportive federal, state, local or private programs. Coordination is a continuing activity linking, in support of common service objectives, existing planning and service resources on a cyclical and ongoing basis.

Development: Functions directed toward the development of specific service(s), goals or objectives. Includes such functions as needs assessment, plan development, budgeting/resource analysis, inventory, standards development, policy analysis, resource development and research.

Outreach: Efforts used to identify individuals eligible for assistance under the Older Americans Act, with special emphasis on:

- older individuals residing in rural areas;

- older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- older individuals with severe disabilities;
- older individuals with limited English-speaking ability;
- and older individuals with Alzheimer's disease or related disorders.

GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
A=Administration • B= Advocacy • C=Coordination • D=Development • E=Outreach				(Complete this column as achieved and submit this section with your annual AP updates)
☒ A ☐B ☒ C ☐D ☐E 1. ADS, Mental Health and Addiction Services (MHAS), Developmental Disabilities Services (DDS), and School and Community Partnerships (SCP) will provide a coordinated service system that is responsive to the needs of elders and people with disabilities.	1. Clients served by ADS and another County Human Services division will be surveyed in 2008 to establish baseline data, and follow-up evaluations will be conducted in 2009 and 2010.	• Convene information sharing meetings for divisions to educate each other about their services. • Develop protocols for identifying, discussing, and jointly managing clients served by more than one division. • Clarify roles and responsibilities among Child and Family Services, DD, ADS, and the Adult Care Home Program as they relate to placement of minors in adult care homes. • Survey samples of clients served by more than one division.	2008-2011	1. Lack of staff time and resources prevented ADS from working on this objective..

GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
☒ A ☐B ☐C ☐D ☐E 2. ADS will efficiently record and effectively utilize data in evaluation and decision-making.	1. ADS databases will be fully integrated by 2010.	• Lead efforts to encourage department to develop an integrated database. • Collaborate with IT to create an integrated database. • Continue development of the ADAIR system to streamline reporting and support decision-making.	2008-2010	1.No progress to report on this objective.

GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
☒ A ☐B ☐C ☐D ☐E 3. Legislation and public policy will support the independence, and enhance the safety of, older adults and people with disabilities.	1. Multnomah County's legislative delegation will support legislation and budget proposals that help elders and people with disabilities maintain their independence in safe living environments as measured by their votes in the 2009 and 2011 sessions.	• In consultation with O4AD, identify items for legislative action with a focus on increased funding for Oregon Project Independence, special needs transportation, affordable housing, among other items. • Collaborate with Elders in Action (EIA), the Multi-Ethnic Action Committee (MAC), and Disability Services Advisory Council (DSAC) to formulate advocacy agendas for the 2009 and 2011 legislative sessions. • Prepare reports and provide data as needed for advocacy on particular issues. • ADS, its advisory councils, and community partners will develop informational materials about programs and services for legislators, local elected officials, and the general public in formats (e.g., print, video, etc.) and language that are easy to understand to heighten their awareness of available resources and service gaps.	2008-2011	1.Data on Multnomah County legislators' votes was not readily available. ADS will work with Elders in Action and consult with O4AD to develop a means for accurately tracking votes in the 2011 session. ADS collaborated with EIA, MAC, and DSAC on training sessions for advocates to acquaint them with key issues. ADS developed a report titled "The Age Wave" to provide demographic, fiscal, and programmatic background for advocates. ADS assisted advocates by providing educational materials for "soft touch" meetings with legislators prior to the 2009 legislative session.

GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
☒ A ☐B ☐C ☐D ☐E 4. Advocacy efforts on behalf of elders and people with disabilities will be well-organized and effectively targeted.	1. 75 percent of those involved in advocacy efforts will express satisfaction with the ways information, events, and visits with elected officials were organized as measured by evaluations following legislative sessions.	• ADS will participate in regular advocacy planning meetings with EIA, MAC, DSAC, and other community partners. • ADS and its advisory councils and community partners will sponsor forums and other events to link Multnomah County's legislators with their constituents and acquaint them with priority issues between legislative sessions. • ADS and its advisory councils and community partners will inform local elected officials about programs, services, and priority issues for seniors and people with disabilities at County Commission and City Council meetings.	2008-2011	1.EIA, MAC, and DSAC members expressed a high degree of satisfaction (4. 00 on a scale of 1 to 5, with 5 being the highest degree of satisfaction) with ADS's support of their advocacy efforts as measured by a 2010 survey. ADS participated in monthly meetings with its advisory councils/advocates. ADS assisted in planning a legislative candidates' forum and meetings with county and city commissioners to discuss a range of issues.

GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
☐A ☐B ☒C ☐D ☐E 5. Older adults and people with disabilities will have ready access to information and assistance (I & A) about ADS programs services.	1. Helpline and district centers will field 70,000 calls in 2008. 2. Network of Care will receive 41,000 contacts in 2008.	• Implement multi-phase Access Enhancement Project Plan. • Design and implement a process study for Long Term Care intake. • Collaborate with County Human Services divisions to ensure clients are linked with appropriate services regardless of where they enter the system.	2008-2011	1.Helpline and District Centers fielded 77,067 calls in FY 11. 2.Network of Care received 9,888 contacts during four months of FY 11 before being discontinued. . Access Improvement Project (AIP) launched in 2009.
5. Continued	3. 80 percent of those seeking I & A will report that it was accessible and acceptable as measured by client satisfaction surveys.	• The Multnomah County Healthy Aging Coalition will develop a directory of resources that promotes physical activity and engagement in community life. • Set Helpline call and Network of Care contact targets for 2009, 2010, and 2011 based on an analysis of 2008 data.	2008-2011	3. 88 percent of those who sought I & A rated the way their call was handled as “good,” “very good,” or “excellent.” ADS and Elders in Action conducted a “secret shopper” evaluation of information and assistance offered by Helpline and the senior district centers in 2010, which uncovered several issues for which trainings were developed to improve this service.

GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
☐A ☐B ☒C ☐D ☐E 6. ADS will fund a comprehensive range of programs and services that support older adults and people with disabilities in their homes and communities.	1. 33,000 low-income seniors and people with disabilities will receive medical, financial, and food assistance in 2008, and 80 percent will report receiving the help they need as measured on Client Report Cards. 2. 750 vulnerable, low-income elders and people with disabilities will receive assistance with paying for medications, care coordination, special needs, and/or support services in 2008, and 75% will report health status as stable or improved after 12 months.	• Coordinate with subcontractors to optimize service delivery. • Regularly monitor subcontractors' performance and client satisfaction with services. • Objectives for 2009, 2010, and 2011 will be determined based on available funding and prevailing eligibility requirements for those years. • Explore options for filling service gaps with community partners, focusing on strengthening volunteer-based efforts.	2008-2011	Note: updated data for several of these measures are not available at this time. 1.Over 35,000 low income seniors and people with disabilities were served in FY 09—more than 10,000 through Community Services and over 25,000 through Long Term Care Case Management and Eligibility Determination. 2. A total of 831 unduplicated clients were served by the Safety Net programs. No data were collected regarding health status.

GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
6. Continued	3. 310 vulnerable, low-income elders will receive assistance to prevent potential eviction and homelessness in 2008, and 80% will report housing as stable after six months. 4. 7,300 older adults will receive congregate and home-delivered meals in 2008, and 70 percent will report stable or improved nutritional risk after six months. 5. 1200 clients will use specialized transportation for 44,000 trips in 2008. 6. Legal assistance will be provided to 450 clients in 2008. 7. The Family Caregiver Support Program will serve 550 clients in 2008.			3. 548 unduplicated clients received housing assistance, and 82% reported their housing as stable after six months. 4. 7,555 received congregate or home-delivered meals, and an additional 677 clients received meals at ethnic meal sites. July-Dec. 2008: 81% reported stable or improved nutritional risk, and 11% moved closer to ideal Body Mass Index (BMI). Jan.-July 2009: 77% reported stable or improved nutritional risk, and 12% moved closer to ideal BMI. 5. 942 clients received specialized transportation services, the target number not being reached because of the LIFT program being canceled in mid-fiscal year.

GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
☐A ☐B ☒C ☒D ☐E				6. 865 clients received legal assistance in FY 11. 7. 707 caregivers were served through the Family Caregiver Support Program.
7. Multnomah County seniors will maintain or improve their physical fitness through participation in Enhance Fitness classes.	1. Enhance Fitness class enrollment will increase by 10% in 2008. 2. Enhance Fitness participants will maintain or improve their strength, balance, and aerobic capacity as measured by regular evaluations.	• ADS will provide technical assistance, as needed, to Loaves and Fishes, Inc., the subcontractor responsible for the Enhance Fitness program, to increase enrollment and retain participants. • ADS will provide technical assistance to Loaves and Fishes, Inc. to ensure that Enhance Fitness classes continue after grant funding from the Administration on Aging (AoA) ends. • ADS staff will research ways to provide Enhance Fitness or other physical activity programs to people with disabilities who are under age 60.	2008-2011	1.No reliable Enhance Fitness enrollment data were reported. 2. Data on Enhance Fitness participants were not available. Nine sites that hosted Enhance Fitness under the AoA grant have continued classes after funding ended—some offering Enhance Fitness and others providing the Arthritis Exercise Program.

GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
☐A ☐B ☒C ☒D ☐E 8. Multnomah County elders with chronic medical problems will improve their ability to manage their illness or disease through participating in Living Well with Chronic Conditions classes.	1. Enrollment in Living Well with Chronic Conditions classes will increase by 10% in 2008. 2. Living Well with Chronic Conditions participants will demonstrate improved ability to manage their illness or disease as measured by regular evaluations.	• ADS will provide technical assistance, as needed, to Loaves and Fishes, Inc., to increase class enrollment and retain participants. • ADS will provide technical assistance to Loaves and Fishes, Inc. to ensure that Living Well with Chronic Conditions classes continue after grant funding from the Administration on Aging ends. • ADS received a grant from the Providence Community Grants Council in 2010 to provide Living Well to underserved racial and ethnic minority elders and is currently partnering with Asian Health & Service Center, El Programa Hispano, NAYA Family Center, Northwest Parish Nurse Ministries, and Home Forward to offer courses.	2008-2011	AoA funding received in 2009 will enable classes to continue through July 2010. An additional year of AoA funding enabled ADS to continue partnerships with district senior centers, Northwest Parish Nurse Ministries, and the Veterans Administration from July 2010 through Sept. 2011. During that time, 16 Living Well and three Tomando workshops were conducted and one leader training was held. Fidelity checks were also done.

GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
☐A ☐B ☒C ☒D ☐E 9. ADS will have valid data to assess the elder and disability-friendliness of Multnomah County and the County's preparedness for its growing aging population.	1. ADS will complete an assessment of the County's elder and disability-friendliness by February 2009. 2. ADS will identify indicators that affirm elder and disability-friendliness and those areas where improvements can be made by April 2009. 3. ADS will share results of the assessment and a draft action plan for improving elder and disability-friendliness with stakeholders and the general public in May 2009 (Older Americans Month).	• ADS will research funding opportunities to underwrite the cost of a community assessment. • ADS will consult with Portland State University's Institute on Aging about survey design, administration, and analysis. • ADS will assemble a coalition of partners (e.g., representatives from cities, housing, transportation, public health, health care, etc.) who are committed to planning for the County's growing aging population. • ADS and its community partners will apply for grant funding as needed. • ADS will convene planning teams made up of seniors, service providers, and other community stakeholders to develop action plans for areas it will focus on to improve the County's elder and disability-friendliness.	2008-2010	1. A needs assessment of adults 55 years and older earning under 200% of Federal Poverty Level was completed in May 2009. 2. Findings from the needs assessment were shared with a variety of groups and audiences in summer 2009. 3. ADS reported survey results to community partners and advocates at an Older Americans Month event in 2009, and at additional meetings in summer and fall 2009. A Study Review Team identified action items based on the findings, and community partners will be invited provide input and join planning teams to address salient issues in 2010.

GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
☐A ☐B ☒C ☒D ☒E 10. Frail, vulnerable elders and people with disabilities will be safe in their homes and communities.	1. The Voluntary Emergency Registry (VER) will enroll 6000 seniors and people with disabilities by 2009.	• Map VER enrollees' addresses to identify areas of greatest need so that emergency resources can be allocated efficiently. • Conduct outreach to community-based partners who serve limited English proficient clients to promote VER enrollment. • Increase the language capability of the VER site so that those with limited proficiency in English can use their native language to enroll. • Establish an oversight committee for emergency preparedness that includes other County departments, City staff, and community partners. • Coordinate with law enforcement and the District Attorney's office to enhance prosecution of abuse, neglect, and financial exploitation. • Set VER enrollment targets for 2009, 2010, and 2011 based on the number registered in 2008.	2008-2011	1. Enrollment target of 6,000 was not reached due to need for additional security protocols, which stalled registration efforts. Lack of staff to enter registrant information also affected progress on this objective, but volunteers will be recruited for this task in 2010 and future enrollment targets will be established once an accurate count of enrollees is determined. An ADS staff member participates in regular County sponsored GIS mapping meetings in anticipation of doing a VER mapping project. VER information materials were distributed to community partners.

GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
☐A ☐B ☒C ☐D ☒E 11. Elders and people with disabilities who have limited English proficiency, are isolated because of where they live, or are members of racial, ethnic, or cultural minorities will have full access to information, assistance, and services.	1. The percentage of limited English proficient clients as a share of all clients served by ADS will increase by one percent in each of the next four years—2008, 2009, 2010, 2011. 2. The number of rural and minority group elders and people with disabilities served by ADS will be calculated in 2008 to establish a baseline for setting outreach objectives for these populations in 2009, 2010, and 2011.	• Actively recruit bilingual staff. • Evaluate signage at offices and district centers to ensure that it meets the needs of limited English proficient clients. • Assess existing translated print materials and recommend changes as needed to better inform limited English proficient clients. • Conduct outreach to limited English proficient clients to enroll them in the Voluntary Emergency Registry. • Analyze client addresses by census tract to document rural residency and develop a targeted outreach plan for underserved areas. • Begin planning for a Hispanic meal site in 2008. • Coordinate with Jewish Family and Child Service, Neighborhood House, and Cedar Sinai Park to secure grant funding to better serve elderly immigrants from the former Soviet Union. • Coordinate with the Elder Resource Alliance and Senior Housing and Retirement Enterprises to improve access to services and housing for gay, lesbian, bisexual, and	2008-2011	1. 612 clients (13% of all Community Service clients) reported their primary language was not English in FY 09. Data on limited English proficiency are not collected. 2. In FY 10, 25% of Community Services clients were racial or ethnic minority group members. Clients' geographic regions are identified by Zip Code and because there are no entirely rural Zip Codes, rural clients cannot be accurately tracked. In 2009, meal sites were established to serve Native American; Hispanic; Asian; and Gay, Lesbian, Bisexual, and Transgender elders.

OTHER PROGRAMS AND/OR ACTIVITIES OF THE AAA

Explain all other coordinated services/activities of the area agency whether funded by public or private funds and NOT funded by the State provided OAA, OPI, and Medicaid allocation, nor indicated in Section D-1. (OAA 306(a)(12))

Describe each type of activity and source of funding of each activity. (e.g., Low-Income Home Energy Assistance Act, Community Services Block Grant Act, Titles XVI, XVIII, XIX and XX of the Social Security Act, Housing & Community Development Act, Workforce Investment Act, etc.)

- Special Needs Assistance Program: The Special Needs Assistance Program serves eligible clients with emergency needs related to housing, prescriptions, and medical equipment when no other resources exist. The funding source is the Multnomah County General Fund.

- Gatekeeper Program: The Gatekeeper Program trains volunteers who are in contact with elders and people with disabilities to notice signs of self-neglect, changes in mental status, and suspected abuse and report individuals who are at risk to Helpline. The funding source is the Multnomah County General Fund.

- Veterans' Services: Veterans' Services assists veterans, their widows, and dependents with understanding and obtaining all benefits available to them under State and Federal laws. The funding sources are the Oregon Department of Veterans' Affairs and the Multnomah County General Fund.

- Public Guardian/Conservator Program: The Public Guardian/Conservator program obtains and implements court-appointed guardians and/or conservators for individuals who are profoundly mentally incapacitated, unable to care for themselves, and are at high risk of being abused, exploited, or suffering the consequences of self-neglect. The funding source is the Multnomah County General Fund.

- Voluntary Emergency Registry: The Voluntary Emergency Registry (VER) is a secure, on-line tool that lists persons who need help evacuating their homes during an emergency, or who would be unable to evacuate without special notification from emergency response personnel. The funding source is the Multnomah County General Fund.

PLAN & SERVICE DEVELOPMENT

Public Hearings

Contracted Services

PUBLIC HEARING COMMENTS

The Area Agency on Aging is required to conduct at a minimum, one public hearing on the Area Plan content, planned services, goals, objectives, etc., prior to submittal of the plan for State review and acceptance (OAA 306(a)(6). Consistent with CFR 1321.17(14)(ii) the Area Agency will submit proposals to pay for program development and coordination as a cost of supportive services, to the general public for review and comment. The AAA shall maintain documentation of public hearing notifications/discussion for the duration of the Plan. During the duration of the plan, public hearings are required if the area agency seeks to fund Title III B access, in-home or legal services below the minimum percentage. OAA 306, (a)(2)(A-C) and 306(c)

1. Please provide the following information:

   City and Hearing Location: Portland, Oregon, Midland Regional Library,
   805 SE 122nd Avenue.
   Date: October 15, 2007
   Number in Attendance: 14 Number of 60 y/o+: 7

   City and Hearing Location: Portland, Oregon, Friendly House,
   1737 NW 26th Avenue
   Date: October 19, 2007
   Number in Attendance: 21 Number of 60 y/o+: 6

   City and Hearing Location:
   Date:
   Number in Attendance: Number of 60 y/o+:

   City and Hearing Location:
   Date:
   Number in Attendance: Number of 60 y/o+:

   City and Hearing Location:
   Date:
   Number in Attendance: Number of 60 y/o+:

City and Hearing Location:
Date:
Number in Attendance: Number of 60 y/o+:

2. Briefly describe the information presented at the public hearing(s), and a summary of any objections related to the material presented, from those in attendance at the hearing.

   ADS staff presented a PowerPoint overview of the 2008-2011 Area Plan that included:

   - An outline of the agency's structure, funding, programs, and services;
   - A profile of the population ADS serves;
   - A description of ADS' planning process; and
   - Goals for 2008-2011.

   Summaries of the 2008-2011 Area Plan and notices about the public hearings were sent to focus group participants, ADS subcontractors, community partners, advisory council members, and ADS staff. Public hearing notice fliers were distributed to district centers and meal sites for posting, and Multnomah County's Public Affairs Office issued a media release announcing the public hearings.

3. Were any changes made to the plan based on the public hearing comments? ☐ No ☒ Yes

   If yes, briefly describe: At both public hearings, attendees suggested activities to pursue in support of the goals that were outlined, commenting in particular, about advocacy, ways to improve coordination and address service gaps, and strategies to reach those who are underserved.

CONTRACTS OF THE AREA AGENCY

Except where a waiver is granted by the State, AAA's shall award funds by grant or contracted to community services provider agencies and organizations. OAA Sec 306(a)(13)(B) and (CFR 1321.63(b)

List all contracts and funding agreements that provide services to the elderly with Older Americans Act, NSIP and OPI funds. Do not include contracts to provide services to Medicaid clients in this section.

CONTRACTOR NAME ADDRESS & CONTACT PERSON	MATRIX # SERVICE NAME
Marquis at Home 4560 SE International Way, Suite 100 Milwaukie, OR 97222 ADS Contact: Victor Lanna ☒ For profit agency	#1 Personal Care #2 Homemaker #30-4 Respite
Caregivers NW 4804 NE 106th Ave Portland OR 97220 ADS Contact: Sandra Sprague ☒ For profit agency	#1 Personal Care #2 Homemaker #30-4 Respite
Homewatch Caregivers 3880 SE 8th, Ste 280 Portland OR 97202 ADS Contact: Lori Ireland ☒ For profit agency	#1 Personal Care #2 Homemaker #30-4 Respite

CONTRACTOR NAME ADDRESS & CONTACT PERSON	MATRIX # SERVICE NAME
Catholic Charities El Program Hispano 451 NW 1st Street Gresham, OR 97030 ADS Contact: Laura Gomez-Navarro ☐ For profit agency	#14 Outreach
Friendly House NW District Center Services 2617 NW Savier Street Portland, OR 97210 ADS Contact: Mya Chamberlin ☐ For profit agency	#6 Case Management #13 Information and Assistance #16 Assistance in Gaining Access to Caregiver Services #40-1 Health/Nutrition Screening #40-2 Exercise/Physical Fitness #40-3 Wellness Education #40-9 Medication Management #70-2 Options Counseling
Hollywood Senior Center NE District Center Services 1820 NE 40th Avenue Portland, OR 97212 ADS Contact: Amber Kern-Johnson ☐ For profit agency	#6 Case Management #13 Information and Assistance #16 Assistance in Gaining Access to Caregiver Services #40-1 Health/Nutrition Screening #40-2 Exercise/Physical Fitness #40-3 Wellness Education #40-9 Medication Management #70-2 Options Counseling

CONTRACTOR NAME ADDRESS & CONTACT PERSON	MATRIX # SERVICE NAME
Immigrant and Refugee Community Organization (IRCO) Mid-County District Senior Services 10615 SE Cherry Blossom Drive Portland, OR 97216 ADS Contact: Nicole Baker-Wagner ☐ For profit agency	#6 Case Management #13 Information and Assistance #14 Outreach #16 Assistance in Gaining Access to Caregiver Services #40-1 Health/Nutrition Screening #40-2 Exercise/Physical Fitness #40-3 Wellness Education #40-9 Medication Management #70-2 Options Counseling
Legal Aid Services of Oregon, Multnomah Office 921 SW Washington Street, Suite 500 Portland, OR 97205 ADS Contact: Mya Crawford ☐ For profit agency	#11 Legal Assistance
☐ For profit agency	
Loaves & Fishes Centers, Inc. 7710 SW 31st Avenue Portland, OR 97219 ADS Contact: Brent Horn ☐ For profit agency	#4 Home-Delivered Meals #7 Congregate Meals #10 Transportation #12 Nutrition Education
☐ For profit agency	

CONTRACTOR NAME ADDRESS & CONTACT PERSON	MATRIX # SERVICE NAME
Native American Rehabilitation Association of the Northwest, Inc. (NARA) P.O. Box 1569 Portland, OR 97207-1569 ADS Contact: Jeff Mildenberger ☐ For profit agency	#14 Outreach
Neighborhood House SW and Downtown District Center Services 7780 SW Capitol Highway Portland, OR 97219 ADS Contact: Diane Reid ☐ For profit agency	#6 Case Management #13 Information and Assistance #16 Assistance in Gaining Access to Caregiver Services #40-1 Health/Nutrition Screening #40-2 Exercise/Physical Fitness #40-3 Wellness Education #40-9 Medication Management #70-2 Options Counseling
Impact Northwest SE Multicultural District Center Services 4610 SE Belmont Street, Suite 102 Portland, OR 97215 ADS Contact: Mamak Tabrizian ☐ For profit agency	#6 Case Management #13 Information and Assistance #16 Assistance in Gaining Access to Caregiver Services #40-1 Health/Nutrition Screening #40-2 Exercise/Physical Fitness #40-3 Wellness Education #40-9 Medication Management #70-2 Options Counseling
ProtoCall Services Inc. 621 SW Alder Street, Suite 400 Portland, OR 97205 ADS Contact: Christine Newton ☒ For profit agency	#13 Information and Assistance

CONTRACTOR NAME ADDRESS & CONTACT PERSON	MATRIX # SERVICE NAME
Radio Cab 1613 NW Kearney Street Portland, OR 97209 ADS Contact: Stephen Entler ☒ For profit agency	#10 Transportation
Store to Door PO Box 4665 Portland, OR 97208 ADS Contact: Helen Bernstein ☐ For profit agency	#30-3 In-Home Volunteers
Ride Connection, Inc. 3030 SW Moody Ave, Suite 230 Portland, OR 97201 ADS Contact: Julie Wilke ☐ For profit agency	#10 Transportation
Tri-Met 2800 NW Nela Street Portland, OR 97210 ADS Contact: Chris Tucker ☐ For profit agency	#10 Transportation
Urban League of Portland NE Multicultural District Center Services 5325 NE MLK Jr Blvd Portland, OR 97211 ADS Contact: Norma Mullen ☐ For profit agency	#6 Case Management #13 Information and Assistance #16 Assistance in Gaining Access to Caregiver Services #40-1 Health/Nutrition Screening #40-2 Exercise/Physical Fitness #40-3 Wellness Education #40-9 Medication Management #70-2 Options Counseling

CONTRACTOR NAME ADDRESS & CONTACT PERSON	MATRIX # SERVICE NAME
Volunteers of America 3910 SE Stark Street Portland OR 97214 ADS Contact: Alison Bookman ☐ For profit agency	#5 Adult Day Care/Adult Day Health
Emerson House Adult Day Center 3577 SE Division St Portland OR 97202 ADS Contact: Linda Thomas ☒ For profit agency	#5 Adult Day Care/Adult Day Health
YWCA East District Center Services 600 NE 8th Street Gresham OR 97030 ADS Contact: Kristina John-Baptiste ☐ For profit agency	#6 Case Management #13 Information and Assistance #16 Assistance in Gaining Access to Caregiver Services #40-1 Health/Nutrition Screening #40-2 Exercise/Physical Fitness #40-3 Wellness Education #40-9 Medication Management #70-2 Options Counseling
Impact Northwest North District Center Services 9022 N Newman Avenue Portland OR 97203 ADS Contact: Mamak Tabrizian ☐ For profit agency	#6 Case Management #13 Information and Assistance #16 Assistance in Gaining Access to Caregiver Services #40-1 Health/Nutrition Screening #40-2 Exercise/Physical Fitness #40-3 Wellness Education #40-9 Medication Management #70-2 Options Counseling

SERVICES PROVIDED

Service Matrix

Oregon Project Independence

SERVICE MATRIX

The AAA is required to provide comprehensive and coordinated community based services designed to assist older Oregonians in leading independent, meaningful and dignified lives in their own homes and communities. Examples of such services are in the *Service Definitions for Older Americans Act and Oregon Project Independence Services* as released at http://www.dhs.state.or.us/policy/spd/transmit.

Indicate all services provided to OAA and/or OPI clients and the method of service delivery.

	NAME OF SERVICE	UNIT DEFINITION	METHOD of SERVICE DELIVERY
CLUSTER 1 REGISTERED SERVICES			
☒1	Personal Care ☐OAA ☒OPI	1 Hour of Service	☒Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☒1a	Personal Care – HCW ☒OPI	1 Hour of Service	☒Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☒2	Homemaker ☐OAA ☒OPI	1 Hour of Service	☒Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☒2a	Homemaker – HCW ☒OPI	1 Hour of Service	☒Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient

	NAME OF SERVICE	UNIT DEFINITION	METHOD of SERVICE DELIVERY
☐3	Chore ☐OAA ☐OPI	1 Hour of Service	☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☐3a	Chore – HCW ☐OPI	1 Hour of Service	☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☒4	Home Delivered Meals ☒OAA ☐OPI	1 Meal Delivered	☒Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☒5	Adult Day Care/ Adult Day Health ☒OAA ☒OPI	1 Hour of Service	☒Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☒6	Case Management ☒OAA ☒OPI	1 Hour of Service	☒Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
CLUSTER 2 REGISTERED SERVICES			
☒7	Congregate Meals ☒OAA	1 Eligible Meal	☒Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☐8	Nutrition Counseling ☐OAA ☐OPI	1 Hour of Service	☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient

	NAME OF SERVICE	UNIT DEFINITION	METHOD of SERVICE DELIVERY
☐9	Assisted Transportation ☐OAA ☐OPI	1 One-Way Trip	☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
CLUSTER 3 NON-REGISTERED SERVICES			
☒10	Transportation ☒OAA ☐OPI	1 One-Way Trip	☒Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☒11	Legal Assistance ☒OAA	1 Hour of Service	☒Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☒12	Nutrition Education ☒OAA ☐OPI	1 Session per participant	☒Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☒13	Information and Assistance ☒OAA OPI	1 Contact	☒Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☒14	Outreach ☒OAA ☐OPI	1 Contact	☒Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☒15	Information to Caregivers ☒OAA	1 Activity	Contracted ☒Waiver request to self-provide ☐ no provider ☒cost efficient

	NAME OF SERVICE	UNIT DEFINITION	METHOD of SERVICE DELIVERY
☒16	Caregiver Access Assistance ☒OAA	1 Contact	☒Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
OTHER SERVICES – ADMINISTRATIVE FUNCTIONS			
☐20-1	Administration ☒OAA ☒OPI		☐Contracted ☒Waiver request to self-provide ☐ no provider ☒cost efficient
☐20-2	AAA Advocacy ☒OAA ☐OPI		☒Contracted ☒Waiver request to self-provide ☐ no provider ☒cost efficient
☐20-3	Program Coordination & Development ☐OAA ☐OPI		☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
Services Which Address Functional Limitations			
☐30-1	Home Repair/Modification ☐OAA ☐OPI	1 Activity	☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
30-3	In-Home Volunteers OAA ☐OPI	1 Hour of Service	Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient

	NAME OF SERVICE	UNIT DEFINITION	METHOD of SERVICE DELIVERY
☒30-4	Respite ☒OAA **X** OPI	1 Hour of Service	☒Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☐30-5	Caregiver Respite ☐OAA	1 Hour of Service	Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☐30-6	Caregiver Support Groups ☐OAA	1 Session per participant	☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☒30-7	Caregiver Supplemental Services ☒OAA	1 Activity	☐Contracted ☒Waiver request to self-provide ☐ no provider ☒cost efficient
Services Which Maintain Health			
☒40-1	Health/Nutrition Screening ☒OAA ☐OPI	1 Screening per participant	☒Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☒40-2	Physical Activity & Fall Prevention ☒ OAA	1 Session per participant	☒Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☒40-3	Preventive Screening, Counseling, & Referral ☒OAA	1 Session per participant	☒Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient

	NAME OF SERVICE	UNIT DEFINITION	METHOD of SERVICE DELIVERY
☐40-4	Mental Health Screening & Referral ☐OAA ☐OPI	1 Hour of Service	☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☐40-5	Health & Medical Equipment ☐OAA ☐OPI	1 Unit/Loan	☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☐40-6a	Medical Alert Installation ☐OAA ☐OPI	1 Installation per Client	☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☐40-6b	Medical Alert Rental ☐OAA ☐OPI	1 Payment for Service per Client	☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☐40-7	Medical Equipment ☐OAA ☐OPI	1 Client Served	☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☐40-8	Registered Nurse Services ☐OAA OPI	1 Hour of Service	☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☒40-9	Medication Management ☒OAA	1 Contact	☒ Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient

Services Which Protect Elder Rights			
☐50-1	Guardianship Conservatorship ☐OAA	1 Contact	☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☒ 50-3	Elder Abuse Awareness & Prevention ☒ OAA	1 Activity	☐Contracted ☒ Waiver request to self-provide ☐ no provider ☒ cost efficient
☐50-4	Crime Prevention/Home Safety ☐OAA	1 Activity	☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☐50-5	LTC Ombudsman ☐OAA	1 Activity	☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
Services Which Promote Socialization and Participation			
☐ 60-1	Recreation ☐OAA	1 Activity per Participant	☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☐60-2	Friendly Visiting ☐OAA	1 Visit	☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☐60-3	Reassurance ☐OAA	1 Contact	☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient

☐60-4	Volunteer Recruitment ☐OAA	1 Placement	☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☐60-5	Interpreting/Translation ☐OAA ☐OPI	1 Hour	☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
Services Which Assure Access and Coordination			
☐70-2	Options Counseling ☐OAA	1 Hour of Service	Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☒ 70-2a	Individual Counseling for Caregivers ☒OAA	1 Hour of Service	☐Contracted ☒Waiver request to self-provide ☐ no provider ☒cost efficient
☐70-5	Newsletter ☐OAA ☐OPI	1 Newsletter Distributed	☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☐70-6	Gatekeeper Training ☒OAA	1 Activity	☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient

☐70-8	Fee-Based Case Management ☐OAA ☐OPI	1 Hour	☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☒70-9	Caregiver Training ☒OAA	1 Session per Participant	☐Contracted ☒ Waiver request to self-provide ☐ no provider ☒ cost efficient
☐70-10	Public Outreach/Education ☐OAA ☐OPI	1 Activity	☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
X 71	Chronic Disease Prevention, Management, & Education ☐OAA ☐OPI	1 Session per Participant	**X** Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☐72	Cash & Counseling ☐OAA ☐OPI	1 Client Served	☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☐73	Caregiver Cash & Counseling ☐OAA ☐OPI	1 Client Served	☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
Services that Support Other Goals/Outcomes			
☐80-1	Senior Center Assistance ☐OAA	1 Center Assisted	☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient

☐80-3	Utility Assistance ☐OAA	1 Contact	☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☐80-4	Financial Assistance ☐OAA	1 Contact	☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☐80-5	Money Management ☐OAA ☐OPI	1 Contact	☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☐80-6	Center Renovation/ Acquisition ☐OAA	1 Center Acquired or Renovated	☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☐80-7	Housing Assistance ☐OAA	1 Contact	☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient
☐90-1	Volunteer Services ☐OAA	1 Hour of Service	☐Contracted ☐Waiver request to self-provide ☐ no provider ☐ cost efficient

OREGON PROJECT INDEPENDENCE

Provide the following information about the procedures your agency (or your contractor) uses in the OPI program:

a. Describe how the agency will ensure timely response to inquiries for service.

Case managers are required by the ADS contract agreement and ADS case management policy and procedures to respond to inquiries for service within five (5) days of the referral. Gatekeeper referrals, which are more urgent requests, must be followed by face-to-face contact within five (5) days unless the caller indicates the situation requires more immediate investigation.

b. Explain how clients will receive initial and ongoing periodic screening for other community services, including Medicaid.

Case management is based on a holistic assessment of the client's situation and client choice. It considers and finds services for the total needs of the client and does not restrict the assessment to an evaluation of problems for which an agency has services. The case manager plans, coordinates and implements a program of care, taking into consideration the client's natural support systems, such as family and non-family unpaid caregivers, client co-pays, third party payments, etc. and uses these prior resources before OPI. Case managers may serve as advocates to obtain help for their clients by negotiating with other service agencies, such as Medicaid. Case managers identify and coordinate community resources and natural support systems for all new referrals and ongoing client caseloads. OPI may be used as a supplement to these primary resources as the client's care necessitates. Clients are reassessed annually or sooner as needed. The case manager documents the gross monthly income of the household, the allowable deductions of the household and determines a co-pay fee, if any, for services. If the client meets the eligibility criteria for Medicaid, the case manager will make the appropriate referral to a Medicaid branch.

c. Describe how eligibility will be determined.

Clients will be eligible to receive OPI services if they:

1. Are 60 years old or older; or under 60 years of age and diagnosed as having Alzheimer's Disease or a related disorder;
2. Are at immediate risk for nursing facility placement. Immediate risk is defined as the probability that the client's condition will deteriorate in eight to ten months after loss of OPI services to a point that nursing facility placement is necessary.
3. Do not have or have exhausted sufficient other resources to meet needs, such as personal income, personal assets, third party payment;
4. Are not receiving financial assistance or Medicaid, except Food Stamps, Qualified Medicare Beneficiary or Supplemental Low Income Medicare Beneficiary Programs;
5. Are already receiving authorized OPI service and their condition indicates the service is needed; and
6. Meet eligibility criteria of the OPI Rules and Oregon Administrative Rules.

d. Describe how the services will be provided.

ADS contracts with nine district senior centers to provide OPI case management services for eligible clients. Case managers assess the client using the OR Access Client Assessment and Planning System and develop a comprehensive plan of care with the client. If the client's assessment and care plan warrants 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 client. Authorized hours are subject to the extent of client need and the availability of funds. Case managers authorize in-home services only to the extent necessary to supplement potential or existing resources within the client's natural support system. Case managers select an appropriate service provider based on the client's needs and preferences, availability of the service and the cost.

ADS contracts with four in-home care agencies to provide OPI

funded housekeeping services, personal care services, and respite care for eligible clients. Additionally, the HCW program is offered to clients and is frequently the provider of choice because the HCW program is more cost effective than the agencies. However, before considering the HCW program to provide in-home services, the case manager assesses the capacity of the client to supervise and direct the work of the HCW. Whenever the CEP program is selected, the case manager negotiates an agreement between the HCW and client that lists the tasks to be provided, the work schedule, and other special conditions. The case manager monitors and evaluates the HCW through visits to the client's home, client feedback and communication with the HCW. Case manager reassessments are conducted annually or sooner as needed for OPI clients. HCW rates are established by the Home Care Commission collective bargaining agreement.

Other OPI services include adult day services and shopping services and are authorized by district senior center case managers.

For all services for which OPI funds are used, the case manager makes the referral and authorizes the number of hours of service per week/month to the provider along with any other instructions needed to support the client's plan of care. The service provider and the case manager communicate regularly with one another and when there are concerns or changes in the client's condition or when there is a change in the number of authorized service hours.

e. Describe the agency policy for prioritizing OPI service delivery.

OPI services are prioritized for frail and vulnerable older adults who are lacking or have limited access to other long-term care services, and also lack natural supports. Case managers will prioritize clients who are at the greatest risk for nursing facility placement if OPI services are reduced or eliminated and preserve services for those clients as appropriate.

f. Describe the agency policy for denial, reduction or termination of services.

Clients are informed in writing 30 days before the effective date of termination, reduction or denial of services. When a client's services are terminated, reduce or denied, the case manager will continue to work with the client to identify and coordinate other supportive services for the client.

Contract in-home care providers are required to provide services for all clients referred by district centers. Providers will make a special effort to meet the needs of clients with unique living and personal situations, **including clients 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 providers may not refuse service to any client referred by district centers unless the in-home worker would be in danger of immediate physical injury, including active use of illegal drugs. In such cases, the provider will immediately contact the case manager with the pertinent details, to be followed by a written confirmation from the provider of the situation to ADSD within two (2) working days.

A provider may discontinue services to any client who sexually harasses in-home workers or professional staff after having provided a warning to the client to desist in such behavior. The provider will notify the case manager with a written copy of the warning communicated to the client.

In the event the provider is unable to retain a worker for a client due to other client-related causes:

1. The provider 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 client after appropriate instructions are given.
2. If the second caregiver is unable to fulfill the required service, the provider will advise the case manager and client of the problem both via phone and in writing. The case manager will discuss the situation with the client and notify provider when a third caregiver may be assigned to the client.

3. If the third caregiver is unable to provide the services authorized, the provider may be released from serving this client.

g. Describe the agency policy for informing clients of their right to grieve adverse eligibility and/or service determination decisions or consumer complaints.

Clients who have consumer complaints or have been denied services or whose services have been reduced or terminated will be informed of their rights and responsibilities and informed of both District Senior Center and ADS grievance policies.

ADS' policy for informing clients of their rights to grieve adverse eligibility and/or service determination decisions or consumer complaints is outlined below:

While you are a client of Aging and Disability Services (ADS) and a client of any of ADS' contracted service providers, you have certain rights that ADS intends to uphold. Those are:

1. The RIGHT to be treated as an individual with respect and dignity.
2. The RIGHT to be encouraged and supported in maintaining one's independence to the extent that is safe, and conditions and circumstances permit.
3. The RIGHT to self-determination and the opportunity to participate in developing your own plan of care.
4. The RIGHT to privacy and confidentiality.
5. The RIGHT that you will not be discriminated against because of race, color, national origin, sex, religion, age, sexual orientation, handicap, or marital status.

Request for Review of Case

If you or your caregiver feel that any of the above-listed RIGHTS have been violated by an ADS contracted service provider, that you have attempted to resolve the complaint with the provider and are not satisfied with the resolution of your complaint, please contact the Contract Liaison at ADS at (503)

988-3620. You will receive a response to your call within five (5) working days.

The ADS Contract Liaison will help problem solve and provide ongoing feedback to resolve the issue in a reasonable timeframe appropriate to the severity of the issue.

If you are not satisfied with the problem solving process after contacting the ADS Contract Liaison, or you are not satisfied with the outcome of the issue, you may contact the ADS Community Services Program Manager at (503) 988-3768.

If you are still concerned or have questions, please contact the State Department of Human Services, Seniors and People with Disabilities, Office of Home and Community Supports in Salem at (503) 373-1877.

h. Explain how fees for services will be implemented, billed, collected and utilized.

A $5 annual minimum fee will be applied to all individuals receiving OPI services who have adjusted income levels at or below federal poverty level. The fee is due at the time eligibility for OPI service has been determined and for each 12 month subsequent reassessment. This fee does not apply to home-delivered meals.

Client fees for services are based on a sliding fee schedule to all eligible individuals whose annual income exceeds the minimum, as established by DHS. The case manager determines the appropriate fee in an initial assessment visit, documenting all monies coming into the client's household, and itemizes the income on the OPI Income/Fee Determination form. The client's gross monthly income is determined based on a sum total of the itemized amounts. Income that is itemized includes social security, VA benefits, pensions, salaries, interest, dividends and annuities, railroad benefits, rental and sale of property and other income. The case manager documents the allowable deductions, which include prescription drugs, over-the-counter medications, supplemental insurance, doctors' co-pays, dental/vision exams, hospital costs, medical equipment/supplies and other medically related deductions. The case manager adjusts the monthly income

(monthly income minus allowable deductions) and using the adjusted income and the OPI In-Home Service Fee Schedule determines the fee for service. The client is asked to sign the OPI Income/Fee Determination Worksheet to acknowledge that he/she understands the OPI fee schedule and to agree to pay the fee per month for services.

For contracted agency (non-CEP) providers the case manager informs the provider of the client's monthly fee. The provider of the service bills client fees monthly and reports this to the case manager. Clients submit their fee payments to the provider monthly. For the CEP program the case manager bills the client monthly for the client fees. Clients send their fee payment to ADS, where it is collected and reported to the case manager. Client fees for both contracted agency and the CEP program are used to expand in-home services so that the service can be offered to others.

i. Describe the agency policy for addressing client non-payment of fees, including when exceptions will be made for repayment and when fees will be waived.

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

1. Service provider provides case managers with names of clients with unpaid balances.
2. Case manager monitors payment of fees and is responsible for the investigation and correction of non-payment situations using these steps:
    a. Confirms client payment status with provider prior to speaking with client.
    b. Informs client of arrearage and discusses payment with client, reviewing payment expectations of the OPI program.
    c. Clarifies client income information, medical expenses, adjusts client fees where appropriate.

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

e. Notifies client orally 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.

f. Reminds client at least 2 weeks prior to termination that service will end and reason for termination.

3. Client non-compliance with OPI fee-for-service requirements 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 client. Even then, every effort will be made to work with the client on a plan to repay the balance of the fees.

j. Explain how service providers will be monitored and evaluated.

ADS has two processes for on-site evaluation and monitoring of contracted services funded with Older Americans Act and Oregon Project Independence funding. For partnership contracts the format is a round table discussion among contract agency staff and managers, consumers, advisory group members and ADS staff and managers. A consensus is reached about what is going well, gaps in service provision, and what needs improvement. ADS prepares a written report summarizing the discussion. The report is distributed to ADS management, ADS staff, the contract agency, and the citizen advisory groups for analysis, recommendations, and a basis for corrective action and future decisions.

For performance and vendor contracts ADS Community Services staff and Business Services staff, along with consumer advocates, meet with various staff and advocates of the contract agency and review compliance with contract provisions and performance standards. ADS staff prepare a written report, which includes findings and recommendations for corrective action, if needed. This report is distributed to ADS management, contract agency management, and the contractor’s advisory group as a basis for

future decisions.

ADS meets monthly with its three Citizen Advisory Committees, Elders in Action, Disability Services Advisory Committee, and our Multiethnic Action Committee to discuss community needs, program performance, opportunities, and new policy development.

Members of the advisory committees participate in panels and committees with staff to develop new service design, monitor performance, assist in the selection of contracted service providers, fill key staff vacancies, etc. ADS and its Advisory Committees hold public forums periodically to hear from citizens on community needs, gaps in services or quality, etc.

Additionally, service providers are evaluated on their contract outcomes. District Centers report monthly on contract performance measures. In-home service providers report annually on 2 contract performance measures. Their reports contain findings, analysis, and evaluation of each outcome and the strategies used to work toward the goals. Each provider is required to have at least one program outcome that measures competencies at reaching and serving minority populations. The second outcome varies from provider to provider depending on the service, and runs the gamut from disease prevention/health and wellness strategies to systems improvements.

Data are routinely collected from each provider and summarized in annual reports. The information is used to inform program design and budget decisions. Client files are randomly reviewed periodically, along with site monitoring of service documents and work processes, staff and participant interviews, and client satisfaction surveys.