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, 2013

To

December 31, 2016

Update to Plan, February 14, 2014

Multnomah County Aging & Disability Services
2013-2016 Area Plan

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Section A
Area Agency Planning and Priorities

A-1 Introduction

Multnomah County Aging and Disability Services Division (ADSD) 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. ADSD provides services to low-income seniors and people with disabilities at five 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. ADSD 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, two of the five District Centers are co-located with Medicaid offices and all Medicaid sites serve both older adults and people with disabilities.

ADSD'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. Complete lists of key services can be found in **Section B-3, AAA Administration and Services** and **Section E-1 Services Provided to OAA and/or Oregon Project Independence Clients**.

ADSD 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 and advocate for legislation and initiatives.

A-2 Mission, Vision, Values

ADSD'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 ADSD will be a leader and catalyst in developing, promoting, and implementing options for these choices.

ADSD'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

A-3 Planning and Review Process

Since 2008, ADSD has gathered information about the needs of older adults and people with disabilities and its success in meeting those needs, using both quantitative and qualitative methods, and these efforts are described below.

Community Needs Survey

In 2008, ADSD collaborated with Portland State University's Institute on Aging to conduct a needs survey of Multnomah County residents 55 years and older with incomes under 200 percent of Federal Poverty Level. A total of 517 people were interviewed--75 percent of whom were selected randomly and 25 percent who were part of a convenience sample of racial and ethnic minority elders. Noteworthy findings, published in 2009, included:

- A significant percentage of respondents, whether they were renters or homeowners, had high housing costs;
- Almost 40 percent of respondents reported that their health was fair or poor;
- For those reporting they had unmet needs, home maintenance and housekeeping were the needs listed by the highest percentages of respondents;
- Caregivers' greatest unmet need was for information about supportive services;
- Only a small percentage of respondents indicated they eat the recommended number of fruit and vegetable servings daily;
- Few respondents reported participating in exercise classes; and
- Racial and ethnic minority elders fared less well than white respondents when rating their overall health and nutrition, availing themselves of screening and vaccinations, engaging in physical activity, and having access to and using the Internet, to name several areas marked by disparities.

Equity and Aging Roundtable

Because the Community Needs Survey showed that racial and ethnic minority elders were faring more poorly than white, non-Hispanic older adults on a number of measures, ADSD convened an Equity and Aging Roundtable in February 2010. Thirty-five community partners, the majority of whom represented agencies that serve racial and ethnic minority elders, attended this event to discuss critical needs of their clients and ways that they could be effectively addressed. In different ways and at several junctures during both small and large group work, meeting participants noted the interrelationships among areas of need and recommended addressing disparities in a comprehensive manner. They pointed out, for example, that improving minority elders' physical health and emotional well being was closely tied to their feeling safe in their neighborhoods, having access to healthy food, and living in sound, affordable housing. Although no one specifically mentioned focusing on the social determinants of health, the vision that emerged served as a compelling argument to attend to the conditions in which people live,

and the larger forces—economics, social policies, and politics—that shape those conditions. And that approach helped inform ADSD's planning as it evaluated its service delivery system and considered ways to improve outcomes for minority group elders.

Community Dialogues & District Center RFP Planning

In Spring 2010, in preparation for releasing a Request for Proposals for District Senior Center services, ADSD sought additional input about the design and effectiveness of the current service delivery system from consumers and service providers, focusing particularly on how well it was meeting the needs of racial and ethnic minority elders. Over 200 individuals participated in this process, several being interviewed as key informants and the majority taking part in community meetings, which were structured to solicit comments on critical needs, barriers to getting services, and ways service delivery could be improved. Several recommendations grew out of this information-gathering—chief among them that ADSD establish an Innovations Work Group and implement measures to improve its understanding of cultural diversity and its commitment to addressing disparities.

The Innovations Work Group

The Innovations Work Group, made up of service providers, consumers, advocates, aging services experts, and ADSD staff was convened in Spring 2011 to make recommendations about services that should be offered to racial, ethnic, and sexual minority elders in anticipation of issuing a Request for Programmatic Qualifications (RFPQ) to fund new contracts with culturally-specific providers in 2012. A series of meetings was held in which participants discussed the particular needs of elders with limited or no proficiency in English, older adults of color who experience discrimination and encounter barriers gaining access to mainstream institutions such as traditional senior centers, and those 60 years and older, who because of their sexual orientation, are not fully welcomed into existing aging network programs. As a result of this planning process with community partners, ADSD issued an Enhancing Equity for Racial, Ethnic, and Sexual Minority Elders RFPQ in Spring 2011 and will have new contracts in place with nine (9) culturally-specific providers in Fall 2012.

Other Resources

In addition to the needs-focused research ADSD has conducted since 2008, several other resources have been useful for planning purposes and developing the 2013-2016 Area Plan. The 2010 report issued by the Coalition of Communities of Color entitled "Communities of Color in Multnomah County: An Unsettling Profile," was instrumental in drawing attention to significant disparities that racial and ethnic minority populations experience in a number of areas. "Toward an Age-Friendly Portland," a report drafted by Portland State University Master of Urban and Regional Planning students, with ADSD staff serving in a consultant role, was released in early summer 2012 and provided perspective on older adults' concerns about, and hopes for housing, transportation, and neighborhood livability among other things. During the past year ADSD and other County Department of Human Services staff have researched approaches to collecting race and ethnicity data to correct undercounting of certain populations, and the result of this Visibility Initiative has been the development of a draft plan to revise race and ethnicity categories to better

capture the diversity of the county's population. Last, the 2010 U.S. Census and American Community Survey 5-Year Estimates provided data to update the county's demographic profile and generate GIS maps that display concentrations of populations that ADSD serves.

Draft Area Plan goals and objectives were presented to each of ADSD's advisory councils—Elders in Action, the Multi-Ethnic Action Committee, and Disability Services Advisory Council— for review, discussion, and comment in summer 2012. Questions and recommendations members of these bodies raised were particularly helpful in refining objectives.

A-4 Prioritization of Discretionary Funding

In its efforts to both preserve and enhance direct services to clients, ADSD gives highest priority to programs and services that:

- Reach its target populations—those with low-incomes; limited English proficiency; physical and/or mental disabilities; and the geographically, culturally, and socially isolated;
- Meet the basic needs of its target populations;
- Support aging in place;
- Fill a service gap that has been identified;
- Align with Area Plan goals and objectives as outlined in **Section C**; and
- Promote health-conscious living.

ADSD's policy for dealing with increases or decreases in discretionary funding is outlined below. Before finalizing any budget changes, ADSD consults with its advisory councils to gather input, and utilizes an Equity & Empowerment Lens to assess the potential impact of those changes on diverse, minority populations.

Funding Increases	**Funding Reductions**
If additional discretionary funds become available, the program/service areas below will be given priority consideration to receive supplemental funds.	If discretionary funding is reduced, the strategies below will be implemented.

• Aging & Disability Resource Center
  ➢ Options Counseling
  ➢ Helpline expansion
• Enhancing Equity Contracts
	• Funding for lower priority services may be reduced, and for 2014, this includes:
	  1. Recreation
	  2. Senior Center Assistance
	  3. Information for Caregivers
	• Assist subcontractors in pursuing other fund sources (e.g., grants, foundations, etc.) to support services affected by reductions.

Section B
Planning and Service Area Profile

B-1 Population Profile

Multnomah County's population of older adults has grown significantly in recent years as members of the baby boom generation have begun entering their 60s. According to the 2010 U.S. Census, the county's 60+ population is over 116,000 (See Table 1 below), up 22,000 from 2000, which means that those 60 years and older now make up 16 percent of the county's residents. Map 1 (page 9) displays the 60+ population by census tract, showing considerable concentrations of older adults in mid and east county tracts, which are areas that have a more abundant supply of affordable housing as well as some retirement communities. Nationally, the fastest growing age cohort is adults 85 years and older, a group often in great need of support services, and the 2010 American Community Survey (5-Year Estimates) reports that this population numbers more than 12,500 or 11 percent of those 60 years and older. Map 2 (page 10) highlights the distribution of 85+ residents in the county, and as this case for the 60+ population, the Mid and East Service Areas are home to a substantial share of this group.

Since 2000, the percentage of minority group members 60 years and older has grown from 13 percent to 15 percent, based on data from the 2010 American Community Survey (5-Year Estimates). As Map 3 (page 11) shows, the greatest percentage of minority elders resides in the North/Northeast Service Area, followed by Mid, Southeast, East, and West. Although African American elders constitute over 60 percent of the 60+ minority population in the North/Northeast Service Area, Asian elders make up over 50 percent of the 60+ minority population in Mid, Southeast, and West. In the East Service Area, almost one-third of minority elders are Hispanic or Latino and just over 30 percent are Asian. Eight (8) percent of those 60 years and older have limited proficiency with English, having emigrated late in their lives from countries in Asia, Africa, Latin America, and Slavic Europe to the United States. Multnomah County's Native American elders are members of a multitude of tribes, and make up less than one (1) percent of the 60+ population and three (3) percent of the 60+ minority population.

Poverty data are shown for both the 65+ and 55+ age groups in Table 1 (page 8), the latter cohort included because its members will all turn 60 during the life of the Area Plan since the numbers were collected in 2010. Twelve (12) percent of the 65+ population lives below the Federal Poverty Level (FPL) while 11 percent of those 55 years and older do, and Map 4 (page 12) indicates that high poverty census tracts for the 55+ population can be found throughout the county, but that they are more predominant in the Mid, East, and Southeast Service Areas than in North/Northeast and West.

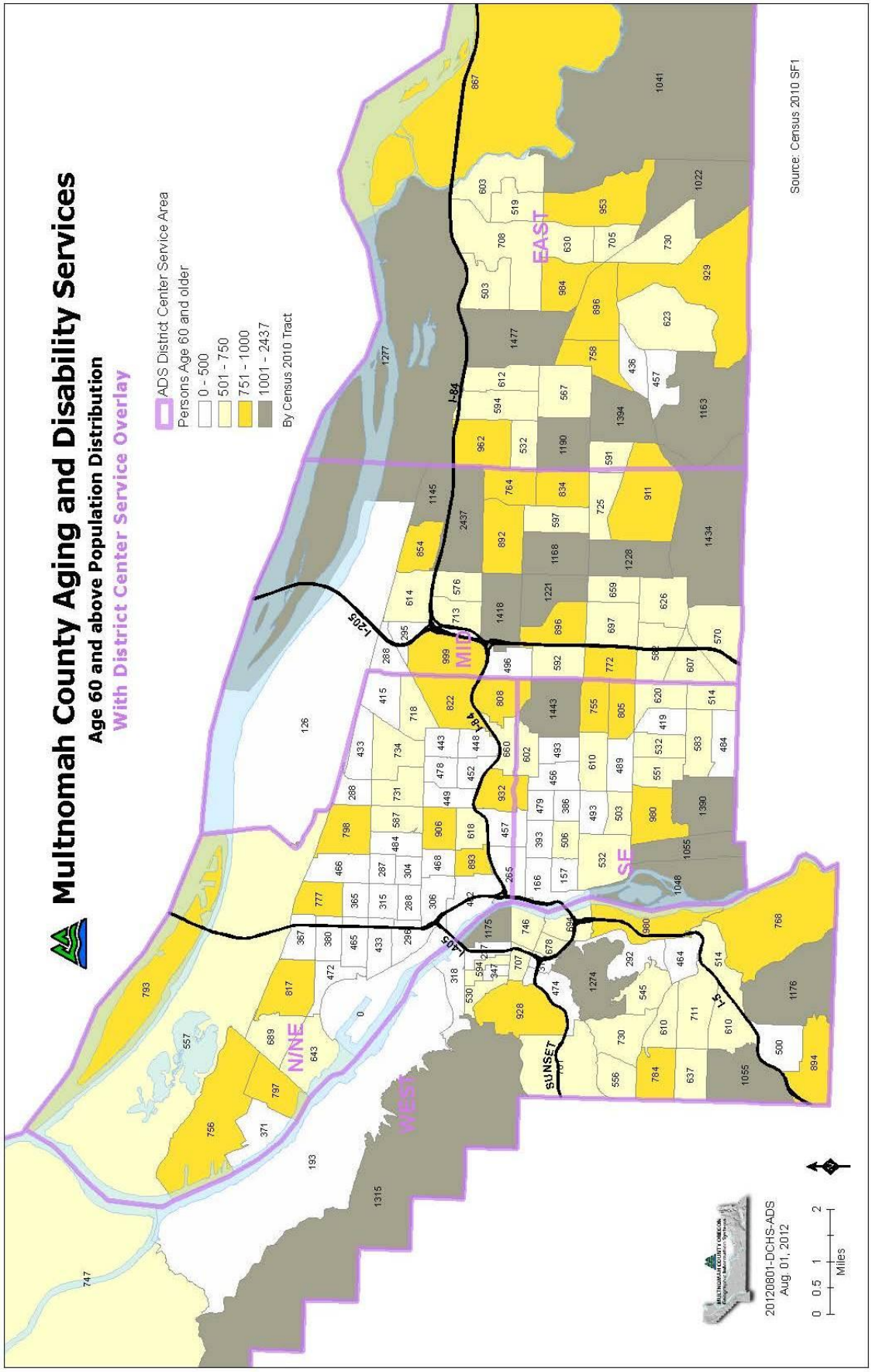
Almost 47,000 individuals 18 to 64 years of age report having a disability and the 2010 U.S. Census organizes these numbers by school district not by census tract. Hence, Map 5 (page 13) displays the county's six school districts along with ADSD's Service Areas and shows that almost 60 percent of this population lives in the West, North/Northeast, and Southeast Service Areas. Of particular note in Table 1 is that 40 percent of the 65+ population indicate that they have a disability.

Table 1: Selected Population Groups

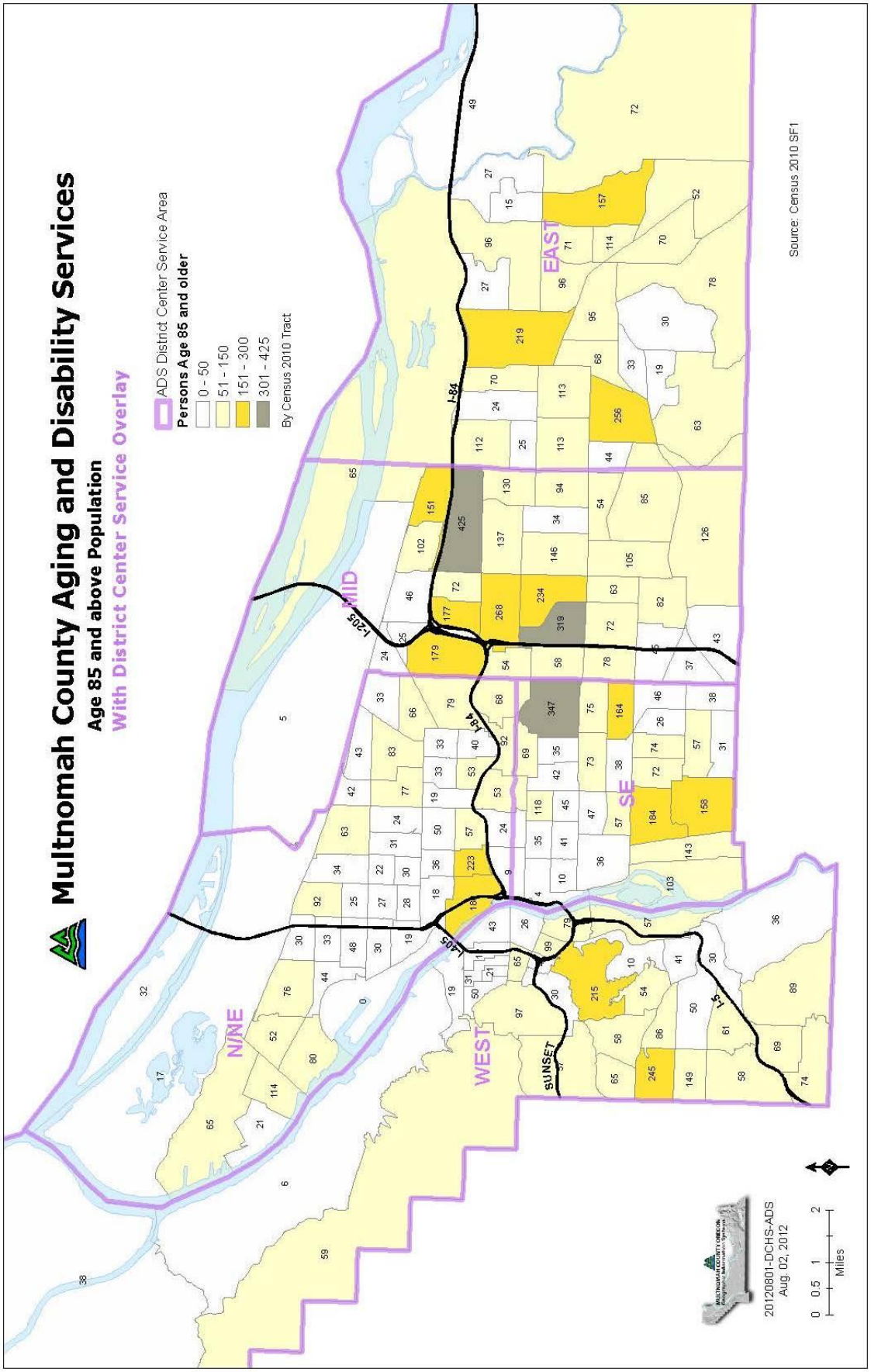
Group	Population
60+ Total	116,337
60+ Living in rural areas	3,946
60+ Minority	17,817
55+ (FPL)	17,731
65+ (FPL)	9,047
55+ Minority (FPL)	5,062
65+ Minority (FPL)	2,462
18 to 64 with Disabilities	46,951
65+ with Disabilities	29,778
60+ limited English Proficiency (LEP)	8,899
60+ Native American Elders	558

- Source: US Census 2010 (American Community Survey, 2010 5-yr S0102)
- Minority includes African American, Asian/Pacific Islander, Native American, Hispanic or Latino, Some Other Race, Two or More Races
- 55+ and 65+ minorities below Federal Poverty Level (FPL) 2010 (ACS 5-Yr. B17001a-i.and B17020a-i)
- Native American Elder 2010 SF1 (B01101C)

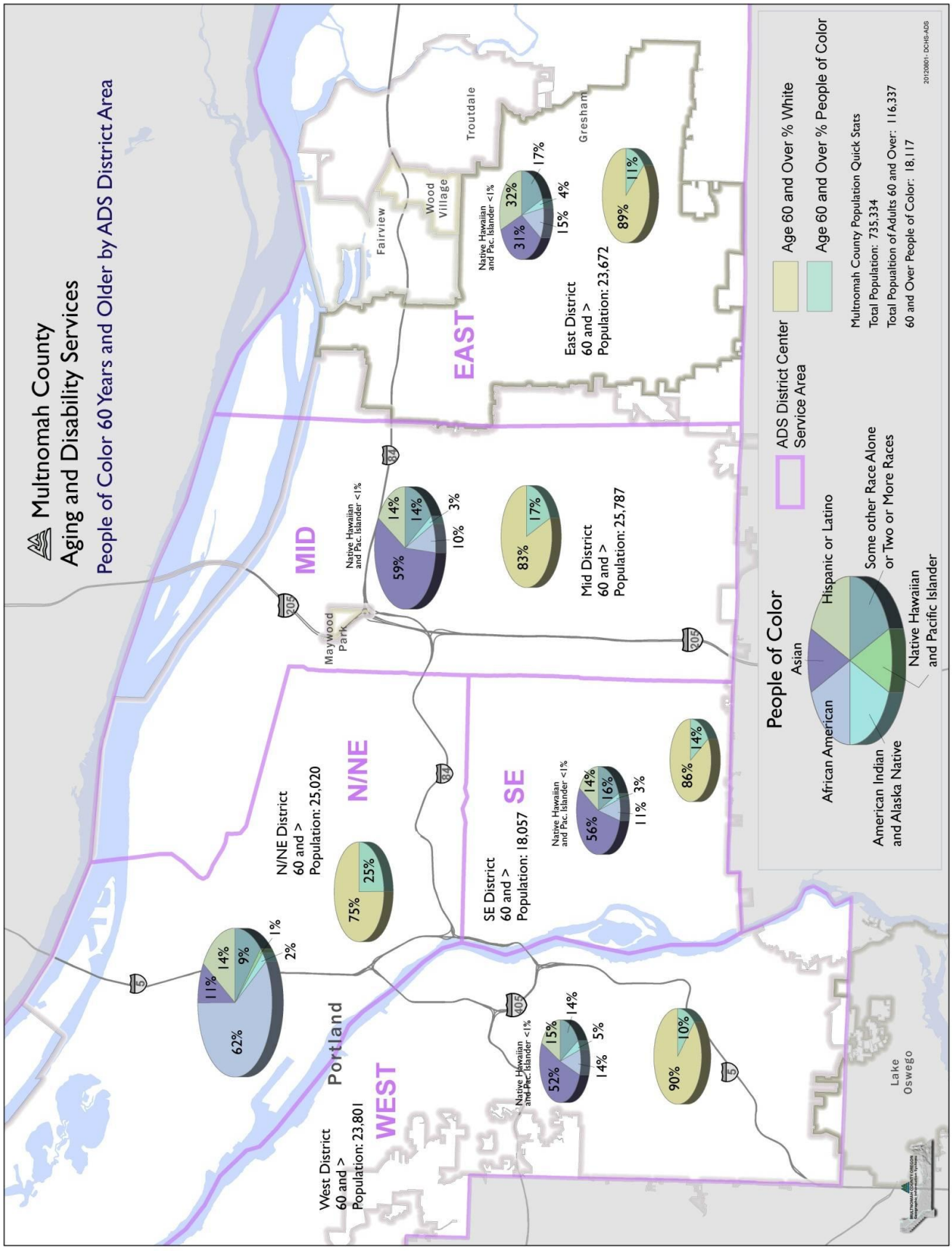
Map 1


Multnomah County Aging and Disability Services
Age 60 and above Population Distribution
With District Center Service Overlay
ADS District Center Service Area
Persons Age 60 and older
0 - 500
501 - 750
751 - 1000
1001 - 2437
By Census 2010 Tract
Source: Census 2010 SF1
EAST
MID
SE
SUNSET
WEST
N/NE
I-84
I-205
I-5
20120801-DCHS-ADS
Aug. 01, 2012
0 0.5 1 2
Miles

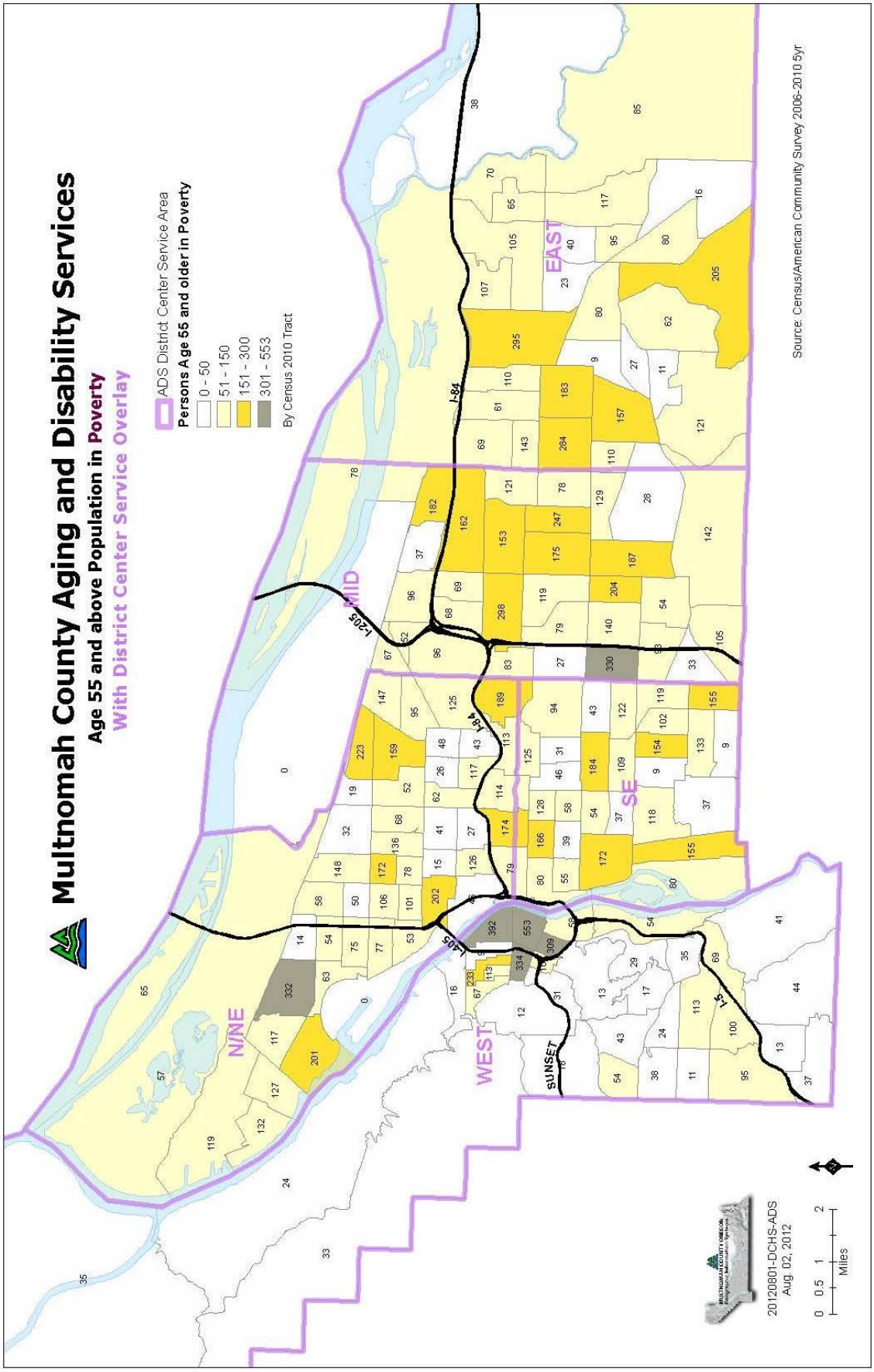
Map 2


Multnomah County Aging and Disability Services
Age 85 and above Population
With District Center Service Overlay
ADS District Center Service Area
Persons Age 85 and older
0 - 50
51 - 150
151 - 300
301 - 425
By Census 2010 Tract
Source: Census 2010 SF1
NNE
MID
EAST
SE
WEST
SUNSET
I-84
I-205
I-5
20120801-DCHS-ADS
Aug. 02, 2012
0 0.5 1 2
Miles

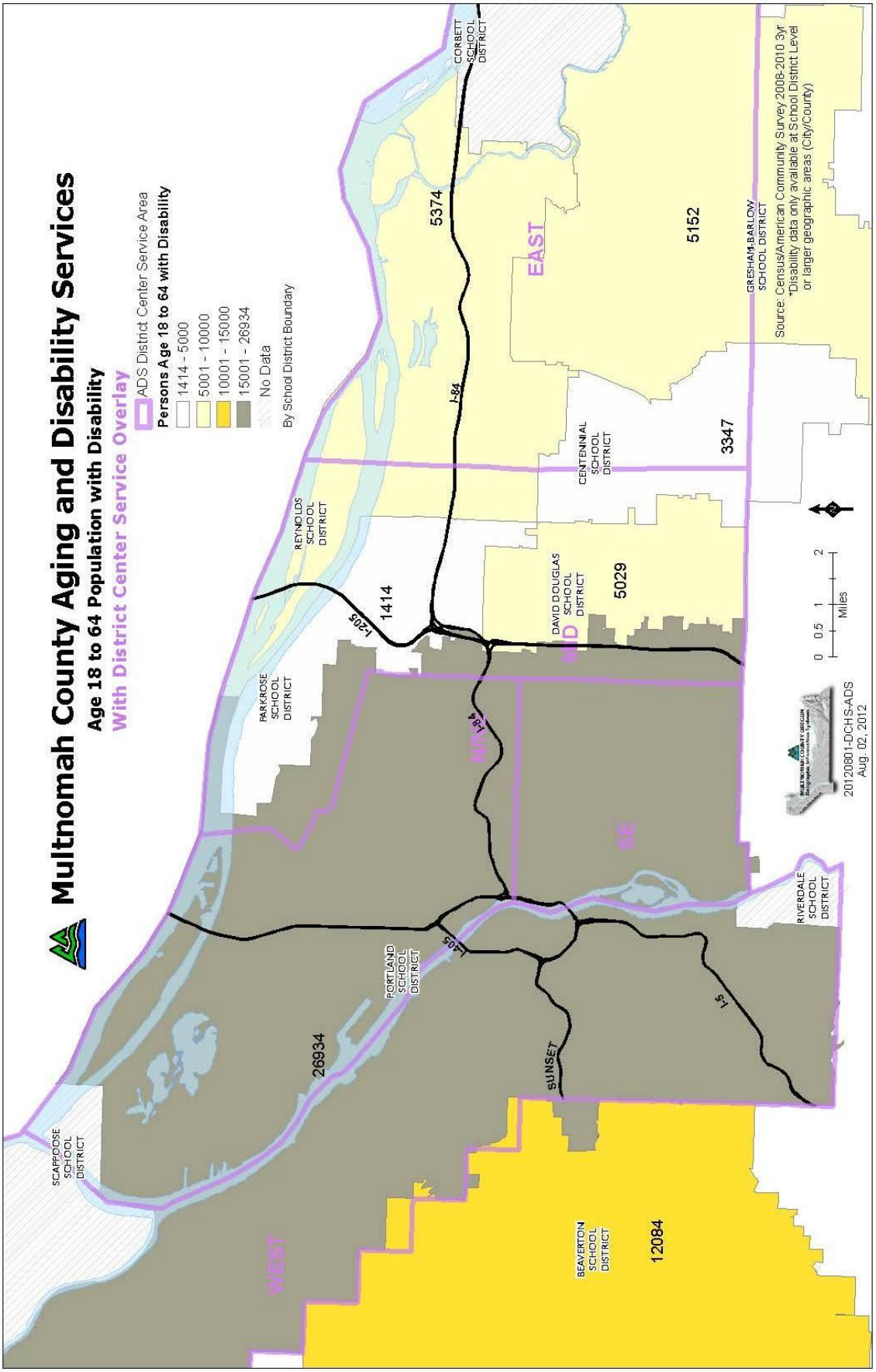
Map 3


Multnomah County
Aging and Disability Services
People of Color 60 Years and Older by ADS District Area
WEST
Portland
West District
60 and >
Population: 23,801
62%
11%
14%
9%
1%
2%
N/NE
N/NE District
60 and >
Population: 25,020
75%
25%
SE
SE District
60 and >
Population: 18,057
52%
15%
14%
14%
5%
Native Hawaiian and Pac. Islander <1%
90%
10%
56%
14%
16%
11%
3%
Native Hawaiian and Pac. Islander <1%
86%
14%
MID
Maywood Park
59%
14%
14%
10%
3%
Native Hawaiian and Pac. Islander <1%
Mid District
60 and >
Population: 25,787
83%
17%
EAST
Fairview
Wood Village
Troutdale
Gresham
East District
60 and >
Population: 23,672
31%
32%
15%
4%
17%
Native Hawaiian and Pac. Islander <1%
89%
11%
Lake Oswego
205
84
5
People of Color
Asian
Hispanic or Latino
African American
Some other Race Alone or Two or More Races
American Indian and Alaska Native
Native Hawaiian and Pacific Islander
ADS District Center Service Area
Age 60 and Over % White
Age 60 and Over % People of Color
Multnomah County Population Quick Stats
Total Population: 735,334
Total Population of Adults 60 and Over: 116,337
60 and Over People of Color: 18,117
20120801- DCHS-ADS

Map 4


Multnomah County Aging and Disability Services
Age 55 and above Population in Poverty
With District Center Service Overlay
ADS District Center Service Area
Persons Age 55 and older in Poverty
0 - 50
51 - 150
151 - 300
301 - 553
By Census 2010 Tract
Source: Census/American Community Survey 2006-2010 5yr
NNE
MID
EAST
SE
WEST
SUNSET
I-84
I-205
I-5
20120801-DCHS-ADS
Aug 02, 2012
0 0.5 1 2
Miles

Map 5


Multnomah County Aging and Disability Services
Age 18 to 64 Population with Disability
With District Center Service Overlay
ADS District Center Service Area
Persons Age 18 to 64 with Disability
1414 - 5000
5001 - 10000
10001 - 15000
15001 - 26934
No Data
By School District Boundary
Source: Census/American Community Survey 2008-2010 3yr
*Disability data only available at School District Level
or larger geographic areas (City/County)
20120801-DCHS-ADS
Aug. 02, 2012
0 0.5 1 2
Miles
WEST
EAST
SE
NE
MID
26934
12084
5374
5152
3347
5029
1414
SCAPPOOSE SCHOOL DISTRICT
BEAVERTON SCHOOL DISTRICT
PORTLAND SCHOOL DISTRICT
PARKROSE SCHOOL DISTRICT
REYNOLDS SCHOOL DISTRICT
DAVID DOUGLAS SCHOOL DISTRICT
CENTENNIAL SCHOOL DISTRICT
GRESHAM-BARLOW SCHOOL DISTRICT
CORBETT SCHOOL DISTRICT
RIVERDALE SCHOOL DISTRICT
SUNSET
I-205
I-84
I-5

B-2 Target Population

During the past four years, ADSD has devoted considerable attention to improving services for older adults with the greatest economic and social needs as well as those at risk of institutional placement. As noted in **Section A-3 Planning and Review Process**, the most significant result of this data-gathering and planning process is that ADSD will contract with nine (9) providers to offer a range of services to racial, ethnic, and sexual minority elders in Fall 2012. These five-year contracts, titled Enhancing Equity for Racial, Ethnic, and Sexual Minority Elders, fund services such as options counseling, evidence-based physical activity and chronic disease management, recreation, volunteer services, caregiver access assistance, and congregate meals, and target six underserved populations—Asian; African American; Hispanic; Native American; Immigrant and Refugee; and Lesbian, Gay, Bisexual, and Transgender elders.

As part of ADSD's efforts to promote evidence-based health promotion and reach those who are most vulnerable, planning has begun to integrate referral to evidence-based programs into the work of ADSD's Long Term Care Case Management staff. This effort will consist of several steps that involve educating staff about the value of evidence-based programs as well as the range of programs that are available in the community; refining the assessment process to focus more closely on how Medicaid clients' expressed physical needs might be addressed by evidence based exercise or chronic disease management programs; and streamlining referral to programs to benefit both clients and staff.

Last, as highlighted in several of the **Section C** Issue Area narratives, ADSD will conduct outreach to underserved populations and employ measures to promote equity in its operations. Individualized counseling for Medicare and Medicaid beneficiaries to prevent health care fraud, for example, will target Hispanic and urban Native American elders, and ADSD will implement an Equity and Empowerment Lens—a tool that will be used to make equity the foundation of its planning, decision-making, and service delivery. Initially developed in Multnomah County's Health Department and now being prepared for adoption by the County, the Equity and Empowerment Lens is designed to evaluate who may be harmed or ill-served by a plan, policy or decision; address ways that negative outcomes can be prevented; and modify actions in the interests of achieving justice and fairness.

B-3 AAA Administration and Services

Below are descriptions of services listed in **Section E-1 Services Provided to OAA and/or OPI clients.**

Advocacy: Focuses on monitoring, evaluating, and, where appropriate, commenting on all policies, programs, hearings, levies, and community actions that affect older adults. Activities include representing the interests of older persons; consulting with and supporting the State's long-term care ombudsman program; and coordinating efforts to promote new or expanded benefits and opportunities for older adults.

Adult Day Care/Adult Day Health: 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.

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

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

Case Management: 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.

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

Chore: A service for eligible OPI clients that provides assistance such as heavy housework, yard work, sidewalk maintenance, and bed bug treatment preparation .
(AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov)
Note: Chore services are provided on an intermittent basis.

Chronic Disease Management, Prevention, and Education: Programs such as the evidence-based Living Well with Chronic Conditions (Stanford's Chronic Disease Self-Management) program, weight management, and tobacco cessation programs that prevent and help manage the effects of chronic disease, including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease.

- Living Well with Chronic Conditions will be provided to Chinese, Korean, and Vietnamese elders using translated materials, and to African American elders through two agencies with a specific focus on the African American population under ADSD's Enhancing Equity contracts.
- *Tomando Control de Salud* will be provided to Hispanic elders under ADSD's Enhancing Equity contracts.

Congregate Meal: A meal provided to a qualified individual in a congregate or group setting that meets all of the requirements of the Older Americans Act and state/local laws.

- Five meal sites provide culturally-specific cuisine to Asian, Hispanic, Slavic, and Native American elders, four of which are funded under ADSD's Enhancing Equity contracts.

Elder Abuse Awareness: 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 individuals 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.

Financial Assistance: 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.

Guardianship/Conservatorship: 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.

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

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

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

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

Interpreting/Translation: Provides assistance to clients with limited English speaking ability to access needed services.

Legal Assistance: Legal advice or representation provided by an attorney to older individuals with economic or social needs, including counseling or other appropriate assistance by a paralegal or law student acting under the direct supervision of an attorney, or counseling or representation by a non-lawyer where permitted by law. 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, long term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination. Legal services may also include assistance to older individuals who provide uncompensated care to their adult children with disabilities and counsel to assist with permanency planning for such children.

Nutrition Education: 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.

Options Counseling: 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.

- Asian; African American; Native American; Lesbian, Gay, Bisexual, Transgender (LGBT), Immigrant and Refugee' and Hispanic elders will receive Options Counseling under ADSD's Enhancing Equity contracts

Personal Care: 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 Activities of Daily Living (ADL), 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.

Physical Activity and Falls Prevention: 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.

- Native American and Asian elders will participate in Tai Chi: Moving for Better Balance under ADSD's Enhancing Equity contracts

Public Outreach/Education: Services or activities targeted to provide information to groups of current or potential clients and/or to aging network partners and other community partners regarding available services for the elderly. Examples of this type of service would be participation in a community senior fair, publications, publicity campaigns, other mass media campaigns, presentations at local senior centers where information on OAA services is shared, etc.

Recreation: Activities that promote socialization, such as sports, performing arts, games, and crafts, either as a spectator or as a participant.

- Asian, Native American, LGBT, Immigrant and Refugee, and Hispanic elders will be provided culturally-specific and other recreation activities under ADSD's Enhancing Equity contracts.

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

Transportation: Transportation from one location to another that does not include any other activity.

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

Volunteer Services: Uncompensated supportive services to AAAs, nutrition sites, etc. Examples of volunteer activities may be, but are not limited to meal site management, Board and Advisory Council positions, home-delivered meal deliveries, office work, etc.

- Hispanic, Immigrant and Refugee, and LGBT elders will be engaged as volunteers under ADSD's Enhancing Equity contracts.

B-4 Community Services Not Provided by ADSD

The services listed below complement those provided by ADSD, and information about them is available at the ADRC website, or by calling ADSD's **Helpline** at **503-988-3646**. Providers noted can also be contacted directly.

Service	Contact
Alzheimer's Resources	ADSD collaborates with the Alzheimer's Association (Oregon Chapter) and several other partners on the STAR-C project, a grant-funded evidence-based intervention aimed at reducing caregiver stress among those caring for older adults with Alzheimer's disease or related dementias. Family Caregiver Support Program staff collaborates with the Alzheimer's Association on targeted community outreach events.
Paratransit Service	Helpline staff, contracted District Senior Center staff, and Enhancing Equity contractors provide referrals to Tri-Met Lift, which assesses consumers' functional eligibility for services. District Senior Center staff may assist consumers with Lift applications.
Disability Services Programs	ADSD partners with Independent Living Resources (ILR) on grant-funded projects, and Helpline, District Senior Center, and Enhancing Equity contractor staff refer people with disabilities to ILR, and other disability services providers as their needs dictate.
Employment Services	ADSD is a host site for the Title V Senior Community Service Employment Program, providing limited part-time employment to eligible individuals, and Helpline staff refers consumers to community Work Source providers other employment services in the county.
Energy Assistance	Low-income energy assistance is provided by the county's community action agencies, which include several ADSD contracted partners—El Programa Hispano, Impact Northwest, Immigrant & Refugee

	Community Organization (IRCO), Native American Rehabilitation Association (NARA), NAYA Family Center, and Neighborhood House. Helpline Supervisor meets annually with community action agency staff to distribute energy assistance information to the aging and disability network.
Food Pantries	Helpline staff, contracted District Senior Center staff, and Enhancing Equity contractor staff provide referrals to food pantries, which are numerous and located throughout the county to provide emergency food boxes to those in need. Several District Senior Centers host senior food box programs.
Housing	Helpline staff refers consumers to housing services based on their identified need (e.g. low-income residences, independent senior living, assisted living, etc.) and utilizes 211Info's Housing Connections database for updated information on vacancies. Referrals are made to Home Forward (formerly Housing Authority of Portland), Northwest Housing Alternatives, and a number of other housing providers.
Information & Referral	Through an agreement with 211Info, ADSD ensures that seniors and adults with disabilities are referred to the Helpline for assistance.
Mental Health Services	Helpline staff refers consumers to mental health services based on their presenting issue (e.g., depression, anxiety, bereavement, etc.) and available treatment options include outpatient and inpatient counseling, group therapy, support groups, and peer counseling. Helpline and the County Mental Health Crisis Call Center cross-train and share cross-referral processes.

Section C
Issue Areas, Goals, and Objectives

C: Local Issue Areas, Older Americans Act (OAA) and Statewide Issue Areas

C-1: Family Caregivers

Profile of the Issue:
The majority of older adults with long-term care needs rely exclusively on family members and friends to provide assistance as numerous reports on caregiving have noted. Indeed, as AARP's *Valuing the Invaluable: 2011 Update* reported, over 40 million Americans are providing care to a spouse, a parent, a friend, or a relative under age 18, and the economic value of their caregiving is estimated at $450 billion per year nationally. Because most caregivers have no previous experience providing care to a loved one, their need for information about community resources that can assist them is significant. Moreover, they are at risk of seeing their own health and well-being decline as they cope with the toll that caregiving can exact—from anxiety to depression to exhaustion, among other things—if they do not take advantage of available assistance. Hence, services such as those provided through the Family Caregiver Support Program (FCSP) are critical to helping caregivers deal with the burdens they face.

ADSD's FCSP provides information to caregivers through community events that focus on issues of concern that those caring for others have, and ADRC staff and district senior center case managers provide individualized assistance to caregivers—assessing their needs and coordinating delivery of appropriate services. Respite care is offered in homes so that caregivers can engage in a leisure time activity or run special errands; through Adult Day Programs that provide care recipients with an opportunity to enjoy activities in a safe, structured setting; and via short term facility stays for care recipients, which allows caregivers extended time to rest and re-energize. Supplemental services such as durable medical equipment, emergency response systems, and ramps, which complement assistance provided by caregivers, are also provided on a limited basis. Because of budget constraints, a limited amount of counseling and training is available for caregivers, but referrals to community programs that offer these services are provided. All of these services are provided through a person-centered approach using Options Counseling and direct service awards/vouchers.

Problem / Need Statement:
ADSD's Community Needs Survey found that 33 percent of older adults were helping a relative or friend and of that percentage, more than one-quarter were providing 11 or more hours of care per week while just under one-quarter were offering five to 10 hours of assistance per week. Significantly, among those needing help, females were more likely than males to indicate that they had family or friends they could depend on, and white older adults were more likely than racial and ethnic minority elders to say that they had this support available. When caregivers were asked about additional help they needed, the primary response was for more information about support services, financial options, cultural or language-specific resources, and transportation.

According to the 2010 American Community Survey, over 3,600 grandparents in Multnomah County are raising grandchildren under 18 years of age, and with many of these caregivers living in poverty, it is vital that they know about, and have access to respite and other support services.

Given what was learned about caregiver needs through ADSD's Community Needs Survey, coupled with the county's steadily increasing population of older adults as the baby boom generation ages, and the growing number of grandparents raising grandchildren, ADSD will focus on informing the public about the FCSP, enhancing access to individualized assistance to address caregivers' specific needs, and outreach to underserved populations.

Goal:
Family Caregivers will have access to information about community resources that can assist them in caring for older adults.

Objectives:
1. The FCSP will sponsor three (3) public events yearly throughout Multnomah County to provide information to family caregivers.
2. The FCSP Coordinator will meet six (6) times per year with community partners to promote Information and Assistance services provided by ADSD's HELPLINE.
3. District Senior Center Case Managers and community agencies will provide a minimum of 3,500 hours of Options Counseling to family caregivers annually.

Issue Area: Family Caregivers					
Goal : Family Caregivers will be informed about and have access to resources that can assist them in caring for older adults and relatives under 18 years of age.					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
The Family Caregiver Support Program (FCSP) will sponsor three (3) public events yearly throughout Multnomah County to provide information to family caregivers.	a. Plan and conduct family caregiver events/presentations	FCSP Coordinator	1/2/2013	6/30/2016	15 public events/presentations for family caregivers were conducted in 2013.
	b. Plan and conduct relative as parent training for elders raising children	FCSP Coordinator	1/2/2013	6/30/2016	One (1) day of training for elders raising children was conducted on 5/17/13.
Goal :					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
e FCSP coordinator will meet six (6) times per year with community partners to promote I and A services provided by the ADSD HELPLINE	a. Submit an article annually about ADSD Helpline/ADRC for District Center and community partner newsletters	FCSP Coordinator	1/2/2013	12/31/2016	One (1) article was published in a community partner newsletter, and two (2) articles were published in two (2) local newspapers. To expand outreach, a total of 12 ads were placed in six (6) area newspapers in 2013.
	b. Meet with the Multi-Ethnic Action Committee annually to promote Information and Assistance services for family caregivers provided by ADSD's HELPLINE/ADRC.	FCSP Coordinator	1/2/2013	6/30/2016	Met with Multi-Ethnic Action Committee in late 2012 and will do so again in early 2014.
	c. Meet with El Programa Hispano, Asian Health & Service Center, Native American Rehabilitation Association, Asian Pacific American Senior Coalition and NAYA Family Center staff	FCSP Coordinator	1/2/2013	12/31/2016	Met with NAYA Family Center staff twice and El Programa Hispano

	to discuss and promote I and A services for family caregiver through the ADSD				staff once in 2013

Goal :					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
District Senior Center Case Managers and community agencies will provide a minimum of 3,500 hours of Options Counseling to family caregivers annually.	a. District Senior Center Options Counselors will provide caregiver focused options counseling services.	FCSP Coordinator and District Senior Center Options Counselors.	1/2/2013	12/31/2016	2,901 hours of caregiver-focused case management/ options counseling was provided between 1/2/13 and 11/30/13.

C-2: Information and Assistance (I & A) Services and Aging & Disability Resource Connections (ADRCs)

Profile of the Issue:
ADSD began planning for ADRC implementation in 2009 using a consultant and a process that involved staff from ADSD and partner agencies, consumers, and other stakeholders. A plan was developed that established goals, priorities and measurable outcomes for ADRC implementation, and a foundational concept for the plan was that ADRC services would be established without any new funding. Since then, ADSD has instituted the services and activities listed below to provide a strong base for ADRC operations:

- Strengthening I & A services in the 24-hour Access Helpline, community-based District Senior Centers, and other community partners;
- Implementing the ADRCofOregon public website, Call Module and Care Tool;
- Establishing Options Counseling as a core service, provided through District Senior Centers and culturally-specific contractors;
- Streamlining access to public benefits by implementing Helpline Medicaid pre-screening and facilitated transfer for Medicaid, SNAP and MSP intake; aligning SHIBA and Medicaid MMA operations; and piloting and implementing Volunteer Benefits Assistants who are recruited and trained by SHIBA and placed in Medicaid offices to assist MMA and eligibility staff and their clients;
- Expanding evidence-based health promotion and chronic disease self-management programs;
- Implementing the Veterans Directed Home & Community Based Services program;
- Piloting care transitions services with an area hospital;
- Implementing a training plan addressing key ADRC skills with regional partners who include Medicaid program staff, I&A and Options Counseling staff, Independent Living Resources, 211, etc.; and
- Collaborating with regional partners to establish the Metro ADRC Consortium covering Clackamas, Columbia, Multnomah and Washington Counties.

I & A services have long been a critical lifeline for consumers, and the nationwide ADRC movement seeks to enhance I & A in several fundamental ways. First, ADRCs focus on providing older adults and people with disabilities with a full range of options to consider when inquiring about services, and in the process empower consumers to choose what is most appropriate for them or a loved one they are caring for. Second, ADRCs emphasize coordination among AAAs and aging network organizations to improve communication about community resources so that wherever consumers turn for help they can receive prompt assistance without having to make numerous phone calls or spend undue time navigating a service system many find confusing. Last, by improving the quality of information and assistance provided as well as the way in which it is offered, ADRCs equip consumers to fully understand alternatives that may answer their needs and better manage their financial resources in planning their care.

Problem/Need Statement:
A major challenge in implementing ADRCs both locally and statewide is the lack of new funding for ADRC operations. Over the past few years using funding from short term federal grants, Oregon has developed a statewide searchable resource database and a Call Module and Care Tool that allows ADRC specialists and options counselors to track consumers and issues.

Health Systems Transformation will provide significant opportunities and challenges for our ADRC to collaborate more closely with Coordinated Care Organizations (CCO) that are being established in the Portland metropolitan area. ADSD is seeking funding opportunities to help position itself to work more closely with hospital systems to support individuals transitioning across care settings. ADSD will also explore opportunities to expand the availability of evidence-based programs in partnership with health systems and ensure that options counseling services are coordinated and aligned with CCO systems.

Finally, ADSD is actively working with the local Center for Independent Living, the VA Medical Center and Multnomah County's Mental Health & Addiction Services and Developmental Disabilities Divisions to coordinate ADRC operations and strengthen partnership/collaboration.

Goals:

1. Older adults, people with disabilities (includes physical, intellectual and behavioral disabilities), veterans and their family members and professional support networks will have access to information, community resources, decision support and transition support across care settings.
2. Older adults, people with disabilities, veterans and their families will have streamlined access to public benefits.
3. Older adults, people with disabilities, veterans and their families will have access to the full spectrum of ADRC supports within the four-county Metro region, regardless of where they "enter" the system.

Objectives:

1. 80 percent of consumers will report that ADRC staff were good or excellent in helping them understand the service system.
2. 100 percent of Volunteer Benefits Assistance Team members will be centrally dispatched to work with Medicaid branch offices.
3. 75 percent of consumers at District Senior Centers; agencies that specifically serve racial, ethnic, and sexual minority elders; and meal sites will express satisfaction with services and activities at these community access points
4. 75 percent of consumers will report that it would be easy or very easy to contact the ADRC again.

Issue Area: Information and Assistance Services and Aging & Disability Resource Connections (ADRCs)					
Goal : Older adults, people with disabilities, veterans, and their family members and professional support networks will have access to information, community resources, decision support and transition support across care settings.					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
80 percent of consumers will report that ADRC staff were good or excellent in helping to understand the service system.	a. Collaborate with the State to develop and implement quality assurance plan for core ADRC functions, including: performance outcome measures, consumer satisfaction and process measures.	ADSD Community Services Manager	1/2/13	12/31/16	Developed I&A service delivery evaluation tools in 2013; ADS completed formal audit of all District Center I&A services in 2013.
	b. Implement plan for resource database management, to include recruitment of new community resource listings and regular updates to existing listings.	ADSD Resource Specialist	1/2/13	12/31/16	Formal resource database updating procedures established; 85% of all programs in ADRC Resource Database received formal updates in 2013; 96% of the database is up-to-date within 24 months; 56 new programs were added in 2013.
	c. Participate in State ADRC expansion grant activities.	ADSD Community Services Manager	1/2/13	12/31/16	ADRC Helpline handled statewide Senior Farm Direct Nutrition Program calls in 2013; ADSD Resource Specialist contracted to provide statewide technical assistance;
	d. Expand ADRC activities to include veterans and people with intellectual/developmental disabilities.	ADSD Community Services Manager	1/2/13	12/31/16	Veterans now have a vanity number for easy access to ADSD's Veteran's

					Service officers. DD managers now on call after hours to help respond to consumer safety concerns when ADSD is closed. ADRC regional advisory council has representation from DD family members and providers.
	e. Continue implementation and expansion of options counseling and care transitions services.	ADSD Community Supports Supervisor	1/2/13	12/31/16	These services are now integrated into the service delivery system.
Goal : Older adults, people with disabilities, veterans and their families will have streamlined access to public benefits.					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
100 percent of Volunteer Benefits Assistance Team members will be centrally dispatched to work with Medicaid branch offices.	a.				This Task to be removed.
	a. Expand Volunteer Benefits Assistance Team to all County Medicaid branch offices - volunteer peer support to assist clients with public benefits applications	ADSD SHIBA Coordinator	1/2/2013	12/31/2014	Reworked goal so that VBAT volunteers can work more efficiently with clients at Medicaid offices.
Goal :Older adults, people with disabilities, and veterans will receive services and participate in activities that meet their needs.					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
75 percent of consumers at District Senior Centers; agencies that specifically serve racial, ethnic, and sexual minority elders; and meal sites will express satisfaction with services and activities at these community access points	Collaborate with Portland State University (PSU) Institute on Aging faculty to draft and conduct a consumer satisfaction survey with review and input provided by ADSD's three advisory councils.	ADSD Director, Community Services Manager, Senior Research & Evaluation Analyst, Planner in collaboration with PSU Institute on Aging faculty.	**9/1/13**	**6/30/14**	Final draft of survey being reviewed in February 2014.
Goal : Older adults, people with disabilities, veterans and their families to have access to the full spectrum of ADRC supports within the four-county Metro region, regardless of where they "enter" the					

system.					
Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2013-2016 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
75 percent of consumers will report that it would be easy or very easy to contact the ADRC again.	a. Develop and implement marketing plan for local and regional ADRC.	ADSD Community Access Supervisor	1/2/2013	12/31/2014	Media plan created and first round of print advertisements in community newspapers 12/13 – 6/14. Working with SUA to measure increase in call volume.
	b. Metro ADRC Consortium to establish shared policies and procedures for key ADRC functions.	ADSD Community Supports Supervisor	3/1/2013	6/31/2014	Local ADRC's continue to share best practices and learn from each other.
	c. Expand Metro ADRC Consortium community network through MOUs with local CIL, disability-specific organizations, 211 and other community partners.	ADSD Community Services Manager	6/1/2013	10/31/2014	Revised and renewed 211/ADRC MOU in 2013. Final draft of MOU with MH also being developed.

C-3: Elder Rights and Legal Assistance

Profile of the Issue
Protecting elders from abuse, neglect, and exploitation is an important key to helping them remain healthy and engaged in community life, and as the baby boom cohort enters retirement, steps must be taken to reduce the incidence of abuse to prevent it from increasing apace with the rapidly growing population of older adults. Although the exact scope of the problem is not known because many instances of abuse are not reported, an elder abuse study published in 2010 in *The American Journal of Public Health* noted that 11 percent of respondents reported being victims of abuse, neglect, or exploitation, and importantly, those surveyed did not include older adults with dementia or those living in institutional settings—groups that are often at the greatest risk of being abused.

In recent years, financial abuse has become increasingly common, accounting for over 40 percent of Oregon's substantiated cases in 2010, and as several studies have shown women are more likely than men to be victims of this form of abuse. Perpetrators of these crimes include once trusted relatives, friends and acquaintances that gain the confidence of victims, and unscrupulous financial advisers. And the consequences can be devastating financially and emotionally for those who have been abused and exploited in this way if not detected early. ADSD's Adult Protective Services (APS) is charged with investigating such cases in collaboration with local law enforcement, and benefits from receiving referrals from the agency's ADRC and Gatekeeper Program, as well as Elders in Action's Peer Advocates. APS has an established Financial Abuse Specialist Team (FAST) to conduct investigations and prosecute financial abuse cases.

To assist older adults faced with civil (non-criminal) legal issues, ADSD contracts with the Legal Aid Services of Oregon (LASO), to provide counsel and representation on tenant rights, eligibility for public benefits, and other matters. In addition, LASO maintains a corps of attorneys who volunteer their time to provide 30-minute consultations to county residents who are 60 years and older or spouses of someone 60 years and older, and these clients may be eligible for continuing pro bono legal services if they meet eligibility guidelines.

Problem / Need Statement
Combating abuse will require early detection of potential dangers, and education in the form of training for aging network staff, private and public sector employees who are in contact with older adults (bank and credit union staff, letter carriers, utility company customer service representatives, etc.), and community members is vital to that task. Second, to ensure that instances of abuse receive appropriate follow-up and disposition, effective communication and coordination among the many parties that may be involved in a case is essential. Third, because the cost of legal services is often prohibitive for low-income older adults, subsidized consultation and representation will be available for those dealing with civil legal issues.

Goals:
1. ADSD will develop and implement a strategic plan to ensure that older adults and people with disabilities have access to protection against abuse, financial exploitation, and neglect,

with particular attention focused on resources, access, public education and outreach, and policies.
2. Improve and expand access to education on healthcare fraud for Medicare beneficiaries through the Senior Medicare Patrol project.
3. Older adults with civil cases will have access to free legal services.

Objectives:
1. 80 percent of vulnerable adults served by the APS Multi-Disciplinary Team will have an improved living situation after 90 days of an intervention.
2. 1,500 Multnomah County Medicare/Medicaid beneficiaries will receive personalized counseling by skilled volunteers, with special attention devoted to increasing the number of Hispanic/Latino and urban American Indian/Alaskan Native beneficiaries.
3. 800 older adults will receive civil legal assistance yearly.

Issue Area: Elder Rights and Legal Assistance					
Goal : ADSD will develop and implement a strategic plan to ensure that older adults and people with disabilities have access to protection against abuse, financial exploitation, and neglect, with particular attention focused on resources, access, public education and outreach, and policies.					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
80 percent of vulnerable adults served by the APS Multi-Disciplinary Team will have an improved living situation 90 days after an intervention.	a. Resources – adequate staffing, specialized expertise (e.g., forensic accounting for cases of financial abuse).	ADSD Protective Services Manager	1/2/2013	12/31/2016	94% of assessed clients had an improved living situation 90 days after an intervention.
	b. Access – No Wrong Door/One Stop access through the ADRC	ADSD Protective Services Manager	1/2/2013	12/31/2016	ADRC and District Senior Center I & A made 772 referrals to APS in FY 13.
	c. Public education & outreach (e.g., Gatekeeper training provided to financial institutions).	ADSD Community Access Supervisor	1/2/2013	12/31/2016	Gatekeeper trainings were provided to staff at nineteen (19)organizations and 266 referrals were received in FY 13.
	d. Policies – advocate for amendments to the Older Americans Act	ADSD Protective Services Manager	1/2/2013	12/31/2016	ADS provided draft language to Senator Merkley's office to strengthen elder rights/protection language in the Older Americans Act.
Goal : Improve and expand access to education on healthcare fraud for Medicare beneficiaries through the Senior Medicare Patrol project.					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
1,500 Multnomah County Medicare beneficiaries will receive personalized counseling by skilled volunteers to prevent health care fraud, with special attention devoted to increasing the number of Hispanic/Latino and urban American Indian/Alaskan Native beneficiaries.	a. Recruit and screen Senior Health Insurance Benefits Assistance (SHIBA) Program Volunteers	SHIBA Program Coordinator	1/2/2013	12/31/2016	Three new volunteers recruited at the end of 2013, will start the process to become volunteers in early 2014.
	b. Train volunteers for a minumum of 40 hours before meeting alone with a client.	SHIBA Program Coordinator	1/2/2013	12/31/2016	No activity in 2013 - SHIBA volunteers are required to have 20 hours of classroom training, 12 hours of independent study on core knowledge, and at least 10 hours of observation and mentorship before meeting alone with a client.

	c. Publicize SHIBA Program to staff, clients and general public.	SHIBA Program Coordinator	1/2/2013	12/31/2016	SHIBA was involved in 40 community events and presentations, covering Medicare topics, LIS and other public benefits, and Fraud and Abuse prevention in 2013. In addition, presentations were provided to large employers (such as Bonneville Power) to orient new retirees to Medicare. We received a significant number of SHIBA referrals from ADSD staff members, and in response to articles in The Oregonian and local media.
	d. Educate clients to check statements, detect errors and report problems.	SHIBA Program Coordinator	1/2/2013	12/31/2016	As part of the Senior Medicare Patrol grant-funded project, 46,500 English/Spanish double-sided inserts were placed in community newspapers to remind readers to guard their Medicare numbers, check their statements, and report problems.
	e. Train clients to protect their Medicare number to prevent identity theft.	SHIBA Program Coordinator	1/2/2013	12/31/2016	More than 160 volunteer hours were dedicated to supporting Fraud and Abuse education and prevention, using a colorful "Guard Your Card" folder developed by Multnomah County and federal and state materials.
	f. Track number of SHIBA Counseling appts.	SHIBA Program Coordinator	1/2/2013	12/31/2016	1,981 beneficiaries were counseled between 1/1/13 and 12/31/13. The total number of Hispanic/Latino beneficiaries increased slightly, while the AI/AN beneficiaries decreased slightly. 1,655 contacts were made concerning some aspect of Medicare fraud or abuse.
	g. Provide technical assistance if needed.	SHIBA Program Coordinator	1/2/2013	12/31/2016	Technical assistance was provided to Multnomah County employees (researching Medicare

					regulations and appealing denials or solving benefit or payment errors for ADSD and Health Department staff; other SHIBA coordinators (about aspects of program development); and aging network agencies (OHSU Transplant services, District Senior Centers, and ADRC partners.

Goal : Older adults with civil cases will have access to free legal services.					
Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2013-2016 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
800 older adults will receive civil legal assistance yearly.	a. District Centers will promote the Senior Law Project	ADSD Program Specialist	1/2/2013	12/31/2016	District Senior Centers promote Senior Law Project through the newsletters, activity fairs, event calendars and word of mouth to clients.
	b. Legal Aid Services of Oregon (LASO) will recruit and train volunteer lawyers.	ADSD Program Specialist	1/2/2013	12/31/2016	LASO recruits lawyers via newsl LASO provides monthly in-servi trainings for volunteer lawyers.
	c. Multnomah County Helpline will provide Information and Referral to Senior Law Project	ADSD Community Access Supervisor	1/2/2013	12/31/2016	Multnomah County Helpline ha provided 209 referrals to Senio Project since Jan 2, 2013.
	d. Interpreter Services will be provided for all clients with Limited English Proficiency.	ADSD Program Specialist	1/2/2013	12/31/2016	Interpreter services are provide clients with limited English prof or who need sign interpreters.
	e. ADSD will review how many clients are served in monthly reports from LASO	ADSD Program Specialist	1/2/2013	12/31/2016	In FY 13, 950 clients received s via Multnomah County Senior L Project.
	f. Provide Technical Assistance if needed.	ADSD Program Specialist	1/2/2013	12/31/2016	ADSD Program Specialist atter LASO trainings for District Cen and is available to provide tech assistance..

C-4: Health Promotion

Profile of the Issue:
Multnomah County's population of older adults will increase dramatically over the next four years and thereafter, which means that the number of older adults with chronic conditions (arthritis, heart disease, diabetes, depression, and stroke) will also rise. According to data compiled by the Oregon Department of Human Services and Oregon Health and Science University, arthritis, high blood pressure, and high cholesterol each afflict approximately 50 percent of people 60 to 74 years old, and percentages for the first two conditions increase for those 75 years and older. Indeed, ADSD's 2008 Community Needs Survey of low-income older adults found that more than one-third described their overall health as fair or poor, and a significant percentage reported not eating the recommended five servings of fruits and vegetables daily. Particularly troubling was the fact that racial and ethnic minority elders fared even more poorly on health measures than their white counterparts.

Problem/Need Statement:
Although these findings are sobering, a growing body of scientific evidence attests to the efficacy of primary and secondary prevention measures. Regular physical activity, for example, decreases the risk of developing chronic conditions such as high blood pressure and diabetes, guards against weight gain, prevents falls, and enhances emotional well-being. In addition, the benefits to both physical and emotional health from eating a balanced diet and remaining engaged in community life as one ages have been documented extensively. Equally important, screening for disease and educating older adults about managing chronic conditions are crucial to maintaining health and vitality. People's ability to age in a healthy way is also dependent on whether the environments they live in enable them to be physically active, offer easy access to a variety of good quality food, and encourage their interaction with others.
ADSD is committed to funding evidence-based fitness and chronic disease management programs; promoting the importance of health screening, proper nutrition, and involvement in daily life through volunteering, second careers, part-time work, or other avenues; and addressing barriers in the community that keep older adults from thriving.

Goals:
1. Older adults and people with disabilities will maintain or improve their physical health through participation in evidence-based exercise programs.
2. Older adults and people with disabilities with chronic conditions will improve their ability to manage their illness or disease through participation in Living Well with Chronic Conditions workshops.

Objectives:
1. Seventy-five (75) percent of participants in evidence-based exercise programs at contracted district senior centers and community agencies serving minority group elders will maintain or improve their functional ability as measured by program assessment tools.
2. Seventy-five (75) percent of participants in Living Well with Chronic Conditions workshops provided by contracted district senior centers and community agencies that serve minority group elders will complete four of six classes.

3. ADSD will collaborate with community partners to promote SNAP, SFDNP, farmers market SNAP match programs, and other initiatives that help improve older adults' access to healthy food at a minimum of three (3) public events yearly.
4. Implement a process for referring Long-Term Care (Medicaid) clients to appropriate health promotion activities by January 2014.

Issue Area: Health Promotion					
Goal : Older adults and people with disabilities will maintain or improve their physical health through participation in evidence-based exercise programs.					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
75 percent of participants in evidence-based exercise programs at contracted district senior centers and community agencies serving minority group elders will maintain or improve their functional ability as measured by program assessment tools.	a. Develop and implement reporting tool to track participant progress as part of contract monitoring plan	ADSD Program Specialist & Senior Centers	1/2/2014	12/31/2014	Start and end dates revised. Reporting tool will be developed in 2014 in conjunction with contract monitoring site visits.
	b. Develop and implement reporting tool to track participant progress as part of contract monitoring plan	ADSD Planner & Enhancing Equity Contractors	1/2/2014	6/30/2014	Start and end dates revised. Reporting tool will be developed in 2014 in conjunction with contract monitoring site visits.
	c. Collect yearly data.	ADSD Program Specialist & Planner			
Goal : Older adults and people with disabilities with chronic conditions will improve their ability to manage their illness or disease through participation in Living Well with Chronic Conditions workshops.					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
75 percent of participants in Living Well with Chronic Conditions workshops provided by contracted district senior centers and community agencies that serve minority group elders will complete four of six classes.	a. Develop and implement reporting tool to track participant progress as part of contract monitoring plan	ADSD Program Specialist & Senior Centers	1/2/2013	6/30/2013	No reporting tool needed as data for Multnomah County can be requested from State Living Well database.
	b. Develop and implement reporting tool to track participant progress as part of contract monitoring plan	ADSD Planner & Enhancing Equity Contractors	1/2/2013	6/30/2013	Annual report form to track Enhancing Equity (EE) services developed.
	c. Collect yearly data.	ADSD Program Specialist & Planner	1/2/2013	12/31/2016	68% of participants in Living Well workshops provided by contracted district centers (46%) and community agencies serving minority group elders (83%) completed four of six classes.
Goal : Older adults and people with disabilities will be informed about healthy food options and programs that help reduce food costs.					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
ADSD will collaborate with community partners to promote SNAP, SFDNP, farmers market SNAP match programs, and other initiatives that help improve older adults' access to healthy food at a minimum of three (3) public events yearly.	a. Research public events to promote healthy food options and programs.	ADSD Planner & ADRC Staff	1/2/2013	3/1/2016	Evaluation of appropriate events is an ongoing activity.
	b. Inventory, and order as needed, appropriate print materials.	ADSD Planner & ADRC Staff	1/2/2013	12/31/2016	Supply of print materials is inventoried on an onging basis.
	c. Schedule participation at selected events.	ADSD Planner & ADRC Staff	3/1/2013	12/31/2016	ADRC/Helpline staff provided information on programs at 13 events in FY13. ADRC served

					as the statewide contact point for the SFDNP.
Goal : Long-Term Care (Medicaid) clients will be informed about evidence-based health promotion programs that meet their expressed needs.					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
Implement process for referring Long-Term Care (Medicaid) clients to appropriate health promotion activities by January 2014.	a. Develop training module for LTC case managers outlining what evidence-based health promotion is and evidence-based programs that are available in the community.	Health Promotion Integration Work Group & LTC Case Managers	1/2/2013	3/31/2013	Work on the training module has been put on hold until anticipated changes to the ADRC and ADSD websites are made.
	b. Develop protocols for referring LTC clients to evidence-based programs that meet their needs.	Health Promotion Integration Work Group & LTC Case Managers	4/1/2013	7/31/2013	The Health Promotion Integration Work Group met with the Long Term Care Staff Advisory Committee to gather input on the most effective ways to educate LTC Case Managers about health promotion resources and
	c. Develop evaluation method to track referrals to evidence-based programs.	Health Promotion Integration Work Group & LTC Case Managers	7/1/2013	9/30/2013	No activity on this task.
	d. LTC case managers refer clients to evidence-based health promotion programs.	LTC Case Managers	10/1/2013	12/31/2016	No method to measure referrals has been developed.
	e. Evaluate referral activity annually.	Health Promotion Integration Work Group & LTC Case Managers	1/2/2014	12/31/2016	No activity to report for 2013.

C-5: Older Native Americans

Profile of the Issue:
Multnomah County is home to more than 550 Native Americans 60 years and older according to the 2010 U.S. Census—a figure that is likely an undercount, as Native Americans have historically been underrepresented in U.S. Census reports. As highlighted in **B – 1 Population Profile**, the area's urban Native American elders are diverse, representing at least 257 tribes of the 565 federally recognized tribes from throughout the country, according to data from the Native American Rehabilitation Association. What they hold in common, however, is a history of having been discriminated against in multiple ways, and during their lifetimes that has dramatically limited their opportunities, adversely affected their health, and compromised their ability to be financially secure. As data from the National Resource Center on Native American Aging and the Coalition of Communities of Color 2011 report, *The Native American Community in Multnomah County: An Unsettling Profile*, show, Native American elders are more likely than their white counterparts to suffer from chronic diseases, with the prevalence of diabetes being particularly high; live in poverty; and have a shorter life expectancy.

ADSD coordinates with the Native American Rehabilitation Association (NARA) and NAYA Family Center (NAYA) to serve the county's urban Native American elders, and both agencies will have Enhancing Equity contracts in place over the course of this area plan to provide options counseling, recreation, evidence-based falls prevention, and congregate meals to their clients. As part of the planning process for developing these contracts, NARA and NAYA staff participated in the Innovations Work Group (described in **A – 3 Planning and Review Process**), identifying significant needs of their clients and services that would most effectively address them.

Problem / Need Statement:
A convenience sample of Native American elders was part of ADSD's Community Needs Survey and revealed several noteworthy findings related to health and well-being, financial security, and safety.

- Fifty (50) percent of respondents rated their health as fair or poor,
- One in five reported that they sometimes do not have enough to eat,
- Significant percentages did not avail themselves of routine health screenings and vaccinations,
- A majority indicated that they were not confident about finding affordable housing if they had to move,
- Substantial numbers reported not being confident about their future financial situation, and
- Many expressed concerns about neighborhood safety.

Given these findings and additional data from sources such as those cited above, it is not surprising that the services NARA and NAYA selected focus on improving the health and well-being of older Native Americans and apprising them of options that are available to help them age in place and improve their quality of life.

Goal:
Goal #1: Enhance services for urban Native American elders by promoting capacity-building in

agencies that serve them.

Objectives:

1. ADSD will contract with NARA to provide 580 hours of short-term case management and 120 recreation activities yearly.
2. ADSD will contract with NAYA to provide 725 hours of short term case management, 130 classes of Tai Chi: Moving for Better Balance, six (6) Recreation activities, and 1,418 congregate meals yearly.

Issue Area: Older Native Americans					
Goal : Enhance services for urban Native American elders by promoting capacity-building in agencies that serve them.					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
ADSD will contract with NARA to provide 580 hours of options counseling and 120 recreation activities yearly.	a. Implement Enhancing Equity contract and reporting procedures.	ADSD Planner & Payment Specialist	1/2/2013	12/31/2016	Monthly and annual reporting procedures implemented. NARA reported providing 151 activities but did not report hours of Options Counseling
	b. Develop monitoring plan to ensure compliance with objectives	ADSD Planner & NARA staff	1/2/2013	6/1/2013	Monitoring plan completed.
	c. Provide Options Counseling training to NARA staff providing this service. Three NARA staff members will attend Options Counseling training in 2014	ADSD staff trainers	2/1/2013 2/1/2014	5/1/2013 6/1/2014	One NARA staff member completed Options Counseling training in 2013.
	d. Provide technical assistance as needed to NARA staff.	ADSD Planner	1/2/2013	12/31/2016	Technical assistance provided on Options Counseling questions and contractual issues.
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
ADSD will contract with NAYA Family Center to provide 901 hours of options counseling, 140 classes of Tai Chi: Moving for Better Balance, and 1,418 congregate meals yearly. In FY 2014, NAYA will provide 725 hours of Options Counseling; 130 Tai Chi:MBB classes; six (6) Recreation activities: and 1,418 congregate meals.	a. Implement Enhancing Equity contract and reporting procedures.	ADSD Planner & Payment Specialist	1/2/2013	12/31/2016	Monthly and annual reporting procedures implemented. NAYA reported providing 237.75 hours of Options Counseling; 121 Tai Chi :MBB classes; and 1,401 congregate meals.
	b. Develop monitoring plan to ensure compliance with objectives.	ADSD Planner & NAYA Staff	1/2/2013	6/1/2013	Monitoring plan completed.
	d. Provide technical assistance as needed to NAYA Family Center staff.	ADSD Planner	1/2/2013	12/31/2016	Technical assistance provided on the Options Counseling Care Tool and reporting issues.

C-6: Nutrition Services

Profile of the Issue:
The purpose of the OAA Nutrition Program is to reduce hunger and food insecurity, promote socialization, and help ensure older adults' good health and well-being by providing access to nutritious meals and education about the value of sound dietary habits. A healthy daily diet is an important key in helping adults 60 years and older maintain optimal physical condition and prevent or delay the onset of disease. The benefits of proper nutrition include increased mental acuity, resistance to illness and disease, higher energy levels, a more robust immune system, and faster recuperation from illness and medical treatments.

ADSD contracts with several community agencies to provide congregate meals. Meals on Wheels People has twelve (12) congregate meal sites and five (5) satellite sites in the county. These meal sites offer two (2) daily lunch options in the interest of appealing to diverse tastes, and at a few locations, ethnic cuisine is served to attract diners from diverse cultural backgrounds. ADSD also contracts with Asian Health and Service Center, NAYA Family Center, El Programa Hispano, and the Immigrant and Refugee Community Organization to provide culturally-specific meals to the populations they serve—Asian, Native American, Hispanic, and Slavic elders, respectively.

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

Problem/Need Statement:
Over 9,000 adults 65 years and older in Multnomah County live below the Federal Poverty Level (FPL) and more than 25 percent of that number are racial and ethnic minority elders. Congregate meal sites and home-delivered meals are vital resources for these older adults, in particular, and for the broader population of people 60 years and older, as well. Indeed, as Meals on Wheels People's data for January through June, 2012 show, one in four older adults who attend congregate meal sites and almost one in three who receive home-delivered meals lives below the FPL. Moreover, the number of older adults attending culturally-specific congregate meal sites who live below the FPL is substantially higher as these sites serve immigrant and refugee populations with limited English proficiency and elders whose poverty rate is typically two and three times that of their white counterparts.

ADSD's Community Needs Survey found that almost one-third of older adults reported having enough food to eat, but often not the kind of food they wanted. In addition, those who indicated that they were in fair or poor health were more likely than respondents in good or excellent health to say that often or sometimes they did not have enough food to eat. Unfortunately, the recession that has plagued the entire country during the past several years has worsened the situation for older adults suffering from food insecurity. For that reason, congregate and home-delivered meals are an important lifeline for low-income older adults. Owing to successful fundraising efforts, Meals on Wheels People has been able to ensure that no older adult in

Multnomah County is turned away from a meal site or put on a waiting list for home delivered meals, and ADSD's culturally-specific meal providers have also absorbed the cost of providing congregate meals to their consumers when demand exceeds the nutrition funding they are allotted.

Goal:
Older adults will have ready access to healthy food that is affordable.

Objectives:
1. Meals on Wheels People will deliver 390,000 meals containing 1/3 of the US RDA to homebound older adults.
2. Meals on Wheels People's congregate nutrition sites will serve fresh fruits and vegetables for a minimum of four (4) months each year.
3. Meals on Wheels People's congregate nutrition sites will provide 220,000 meals containing 1/3 of the US RDA to older adults who attend the sites regardless of their ability to make a monetary donation.
4. Culturally-specific congregate meal providers—Asian Health and Service Center, NAYA Family Center, El Programa Hispano, and the Immigrant and Refugee Community Organization-- will serve 10,780, 1,418, 919, and 5,950 meals containing 1/3 of the US RDA, respectively, to older adults who attend the sites regardless of their ability to make a monetary donation.
5. Twelve (12) Meals on Wheels People's congregate nutrition sites will provide nutrition education a minimum of four (4) times yearly.
6. Eight (8) Meals on Wheels People's congregate nutrition sites will provide information about the Senior Nutrition Assistance Program a minimum of one (1) time each year.

Issue Area: Nutrition Services					
Goal: Older adults will have ready access to healthy, affordable food.					
Measurable Objectives		**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
Meals on Wheels People (MOWP) will deliver 390,000 meals containing 1/3 of the US RDA yearly to homebound older adults.	a. Coordinate with District Centers and General Public to publicize home delivered meals and refer clients.	ADSD Program Specialist	1/2/2013	12/31/2016	In FY 13 373,210 meals were delivered to seniors in their homes.
	b. Collect data monthly.	ADSD Program Specialist	1/2/2013	12/31/2016	
	c. Offer technical support if needed.	ADSD Program Specialist	1/2/2013	12/31/2016	No technical assistance was requested or needed.
Goal :					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
MOWP'ss congregate nutrition sites will serve fresh fruits and vegetables for a minimum of four (4) months each year.	a. Include observation of fresh fruits and vegetables served as part of the site monitoring process.	ADSD Program Specialist	1/2/2013	12/31/2016	MOWP has a partnership with Organically Grown, an organic produce distributor. MOWP buys produce from them at a discounted rate and this supports the fresh produce program.
	b. Offer technical support if needed.	ADSD Program Specialist	1/2/2013	12/31/2016	No technical assistance was requested or needed.
Goal :					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
MOWP's congregate nutrition sites will provide 220,000 meals containing 1/3 of the US RDA yearly to older adults who attend the sites regardless of their ability to make a monetary donation.	a. Coordinate with District Centers and General Public to publicize congregate meals and refer clients.	ADSD Program Specialist, District Center staff, and community partners.	1/2/2013	12/31/2016	In FY 13 MOWP provided 216,754 congregate meals.
	b. Monitor to ensure elders are able to access meals regardless of their ability to contribute.	ADSD Program Specialist	1/2/2013	12/31/2016	Donation boxes for MOWP are partially concealed so that other seniors do not know if a donation has been made.

	c. Offer technical support if needed	ADSD Program Specialist	1/2/2013	12/31/2016	No technical assistance was requested or needed
Goal :					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
Culturally-specific congregate meal providers--AHSC, NAYA, El Programa Hispano, and IRCO--will serve 10,780, 1,418, 919, and 4,958 meals containing 1/3 of the US RDA, respectively, to older adults who attend the sites regardless of their ability to make a	a. Collect data monthly.	ADSD Planner	1/2/2013	12/31/16	AHSC served 10,886 meals; NAYA served 1,401 meals; El Programa Hispano served 763 meals; and IRCO served 4,958 meals in FY 2013.
	b. Provide technical assistance if needed.	ADSD Planner	1/2/2013	12/31/16	No technical assistance was requested or needed.
Goal:					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
Twelve (12) MOWP's congregate meal sites will provide nutrition education a minimum of four (4) times yearly.	a. Collect data quarterly.	ADSD Program Specialist	1/2/2013	12/31/16	In FY 13 1,498 clients received nutrition education. Each site strives to provide education on a quarterly basis.
	b. Provide technical support if needed.	ADSD Program Specialist	1/2/2013	12/31/16	No technical assistance was requested or needed.
Goal :					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
Eight (8) MOWP's congregate meal sites will provide information about the Supplemental Nutrition Assistance Program (SNAP) a minimum of one (1) time yearly.	a. Collect data quarterly	ADSD Program Specialist	1/2/2013	12/31/16	All MOWP managers and service coordinators are aware of SNAP and make materials available t to

					clients. In addition, SNAP is promoted in newsletters.
	b. Provide technical support if needed	ADSD Program Specialist	1/2/2013	12/31/16	No technical assistance was requested or needed.

C-7: Enhancing Equity

Profile of the Issue:
Racial, ethnic, and sexual minority elders and people with disabilities often face significant barriers in learning about and getting the services they need. As victims of long-standing discrimination in American society, many feel unwelcome in mainstream institutions such as traditional senior centers, others have difficulty understanding the aging and disability services network because their proficiency with English is limited, and still others experience problems communicating with aging and disability network staff who do not share or fully understand their cultural backgrounds. As a result, they are marginalized and are at greater risk of being isolated, which prevents them from thriving and being able to maintain their independence in home and community settings as they age.

Addressing the special needs of these populations requires a comprehensive approach that effectively improves outreach efforts to diverse groups, and also increases the capacity of community agencies that serve them, as these are the trusted resources that racial, ethnic, and sexual minority elders and people with disabilities turn to first. To achieve that end, ADSD will implement training opportunities that focus on equity issues and empowering those who are underserved for its staff, community partners, and advisory council members; provide increased funding to culturally-specific agencies to offer services that their clients need; and institute new demographic reporting standards so that minority group elders and people with disabilities receiving services can be more accurately reported and tracked.

Problem / Need Statement:
As noted in **A–3 Planning and Review Process**, ADSD's Community Needs Survey and subsequent data gathering revealed that racial and ethnic minority elders fare more poorly than white, non-Hispanic seniors on a number of measures—overall health, daily diet and physical activity, access to information about services, having help available in an emergency, receiving assistance with housework, among other things. And although data on the needs of sexual minority elders were not gathered as part of this research, a number of studies coupled with local anecdotal evidence demonstrate that Lesbian, Gay, Bisexual, and Transgender (LGBT) elders and people with disabilities are underserved.

The Innovations Work Group (IWG), described in **A–3 Planning and Review Process**, played a vital role in articulating the needs of African American, Asian, Native American, Immigrant and Refugee, Hispanic, and LGBT elders and people with disabilities, and identifying services that would be most helpful in meeting those needs under ADSD's new Enhancing Equity for Racial, Ethnic, and Sexual Minority Elders contracts. IWG members noted, for example, the difficulty many of their clients have navigating the aging services system, challenges they face in maintaining good health, and interests they voice about volunteering. As a result, nine agencies—the Asian Health & Service Center, Immigrant & Refugee Community Organization, Urban League of Portland, African American Health Coalition, Impact Northwest—Asian Pacific American Senior Coalition partnership, Native American Rehabilitation Association, Friendly House—SAGE Metro Portland, El Programa Hispano, and NAYA Family Center—will be contracted to provide the services listed below to the six aforementioned populations:

- Options Counseling;
- Chronic Disease Management and Fall Prevention Programs;
- Caregiver Access Assistance;
- Recreation;
- Volunteer Services; and
- Congregate Meals

Goal:
Make equity the foundation of planning, programming, and service delivery.

Objectives:
1. The Multi-Ethnic Action Committee (MAC) will identify and implement three (3) actions annually related to advocacy, advising, and education.
2. In collaboration with the MAC, ADSD will host two (2) annual trainings on the Equity & Empowerment Lens for its staff, community partners, and advisory council members.
3. ADSD will implement Multnomah County's Equity & Empowerment Lens by January 2014.
4. ADSD will implement Visibility Initiative standards to improve recording and tracking of client race and ethnicity data by June 2013.
5. ADSD will sponsor five (5) activities annually to gather information about LGBT veterans' needs and educate staff and community partners about issues affecting the entire LGBT elder population.

Issue Area: Enhancing Equity					
Goal : Make equity the foundation of planning, programming, and service delivery.					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
Revised goal: The Multi-Ethnic Action Committee (MAC) will identify and implement three (3) actions annually related to advocacy, advising, and education.	a. MAC members participate in Civics 101 training tied to critical local, state, and national advocacy issues.	MAC Chair, ADSD Community Services Manager, & ADSD Planner, Elders in Action Civic Involvement Coordinator	1/2/2014	12/31/2014	
	MAC members provide input on content of client satisfaction survey and guidance about administering it to minority group elders.	MAC Chair, ADSD Community Services Manager, & ADSD Planner, PSU Institute on Aging faculty	10/1/2013	12/31/2014	MAC members provided input on survey content in December 2013.
	. The MAC sponsors two Equity and Empowerment Lens trainings.	ADSD Planner & MAC Chair	1/2/2014	12/31/2014	
					This task to be removed.
Goal :					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
The MAC and ADSD will host two (2) annual trainings on the Equity & Empowerment Lens for its staff, community partners, and advisory council members.	a. Consult with the Equity & Empowerment Lens Senior Policy Advisor about dates and places to hold trainings, audience that will attend, and training objectives.	ADSD Community Services Manager, ADSD Planner, & MAC members	1/2/2013	12/31/2014	Consultation with Equity & Empowerment Lens Senior Policy Advisor occurred in December 2013.
	b. Develop materials to inform potential attendees about trainings and orient them to the Lens.	ADSD Community Services Manager, ADSD Planner, & MAC members	3/1/2013	1231/2014	Materials will be developed in early 2014 in anticipation of first training in May 2014.
	c. Convene two trainings yearly.	ADSD Community Services Manager, ADSD Planner, MAC members, & Equity & Empowerment Lens Senior Policy Advisor	5/1/2013	12/31/2016	The first of two Equity & Empowerment Lens trainings, which will focus on strategies for recruiting new MAC members from the community, is scheduled for May 15, 2014.
Goal :					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
ADSD will implement Multnomah County's Equity & Empowerment Lens by January 2014.	a. Coordinate steps to implementation with Dept. of County Human Services Leadership Team.	ADSD & Human Services Leadership Teams	1/2/2013	12/31/2014	No activity
	b. Develop plan to inform staff about the Lens and provide training.	ADSD Leadership Team	5/1/2013	11/30/2014	County has implemented introductory staff training on the Equity & Empowerment Lens.
	c. Utilize Lens and document actions and outcomes.	ADSD Managers and designated staff	1/2/2014	12/31/2016	No activities
	d. Evaluate and report outcomes annually.	ADSD Managers	1/2/2014	12/31/2016	No activities
Goal :					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016**		**Accomplishment or**

			(By Month & Year)		Update
			Start Date	End Date	
ADSD will implement Visibility Initiative standards to improve recording and tracking of client race and ethnicity data by July 2013.	a. Coordinate steps to implementation with Dept. of County Human Services Leadership Team.	ADSD & Human Services Leadership Teams, & Human Services' Senior Research & Evaluation Analyst	1/2/2013	3/31/2013	ADS participated in Department-wide planning and conducted training with staff and contractors in preparation for implementation.
	b. Implement new race and ethnicity reporting standards.	ADSD Community Services Manager, ADSD Senior Research & Evaluation Analyst, & ADSD Data Analyst	4/1/2013	6/30/2013	7/1/13 ADSD implemented Visibility Initiative standards throughout Division.
	c. Evaluate client race and ethnicity data annually.	ADSD Community Services Manager, ADSD Senior Research & Evaluation Analyst, ADSD Data Analyst, & ADSD Planner	12/31/2013	12/31/2016	No activity
Goal :					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
ADSD will sponsor five (5) activities annually to gather information about LGBT veterans' needs and educate staff and community partners about issues affecting the entire LGBT elder population.	a. Conduct focus group with LGBT veterans to get input on effective outreach methods.	ADSD Program Supervisor, Washington and Clackamas County Veterans Service Office staff	3/3/2014	12/31/2016	
	b. Hold community dialogues with older adults about discharge status and connecting with County Veterans Service Office (CVSO).	ADSD Program Supervisor, Washington and Clackamas County Veterans Service Office staff	3/3/2014	12/31/2016	
	c. Advocate for including training on issues facing LGBT veterans at CVSO statewide conference.	ADSD Program Supervisor, Washington and Clackamas County Veterans Service Office staff	3/3/2014	12/31/2016	
	d. Conduct targeted outreach to LGBT veterans via Proud Queer (PQ) Monthly and other media.	ADSD Program Supervisor, Washington and Clackamas County Veterans Service Office staff	3/3/2014	12/31/2016	
	e. Develop and implement unit on the Equity & Empowerment Lens, which includes a focus on the LGBT population as well as racial and ethnic minorities, for ADSD's new employee orientation.	ADSD Program Supervisors, Family Caregiver Support Program Coordinator	3/3/2014	12/31/2016	

C-8: Health System Transformation

Profile of the Issue:
Oregon has recognized that fundamental structural transformation in the way Health care services are delivered and paid for is essential to respond to federal health care reform and to achieve the triple aim of better health, better health care, and lower health care costs. Oregon's hope is to create a health care system that emphasizes prevention and financially integrates physical, behavioral, and oral health care in Coordinated Care Organizations (CCO).
Over the next several years at least two (2) regional CCOs in the Portland metropolitan region will implement significant health transformation efforts for individuals receiving Medicare and Medicare funded health services. These organizations are FamilyCare and Health Share of Oregon.

Problem/Need Statement:
ADSD is responsible for determining Oregon Health Plan financial eligibility for approximately 26,000 older adults and people with disabilities (physical, behavioral and intellectual/developmental) each year. ADSD also has primary responsibility for coordinating care for approximately 7,000 older adults and people with disabilities receiving Medicaid Long Term Services and Supports (LTSS). Because Medicaid LTSS have been excluded from Medicaid Health System financial integration it is vital that coordination and alignment between CCOs and LTSS systems occur. As the ADRC for Multnomah County, ADSD also has a unique opportunity to support CCOs in providing their members with community-based and evidence-based supports such as:

- Evidence-based chronic disease self-management;
- Wrap-around community services (e.g., nutrition services, family caregiver support, transportation, etc.); and
- Evidence-based care transitions, family caregiver, and dementia-specific interventions.

Goal:
ADSD, regional Long-Term Care (LTC) partners, and regional Coordinated Care Organizations (CCOs) will partner to coordinate care and share accountability for individuals receiving Medicaid-funded long term care services in an effort to reduce costs and deliver high quality, person-centered health and long term care.

Objective:
ADSD will establish formal agreements and protocols with regional CCOs by December 2014 to address:

- High needs members;
- Individualized care planning;
- Transitional care practices;
- Member engagement and preferences; and
- Member care teams.

Issue Area: Health System Transformation					
Goal: ADSD, regional Long-Term Care (LTC) partners, and regional Coordinated Care Organizations (CCOs) will partner to coordinate care and share accountability for individuals receiving Medicaid-funded long term care services in an effort to reduce costs and deliver high quality, person-centered health and long term care.					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
Formal agreements and protocols between ADSD and regional CCOs will be established by 2014.	a. Establish a shared definition and process for sharing information about shared clients/members who meet this definition.	ADSD Medicaid Program Manager	1/2/13	6/30/13	ADSD and CCOs meeting quarterly to develop protocols. ADSD is participating in health information work groups lead by local CCOs.
	b. Establish a process and schedule for sharing individualized care plans of shared clients/members.	ADSD Medicaid Program Manager	1/2/13	10/31/13	ADSD and CCOs meeting quarterly. Sharing client lists to identify high utilizers and conduct join care planning.
	c. Participate with regional CCOs in establishing a process for supporting individuals transitioning across care settings.	ADSD Community Services Manager	1/2/13	3/31/13	Regional CCTP Care Transition Project implemented 4/1/13 with 4 AAAs and 7 hospitals. Continuing to coordinate with CCOs regarding coordination of care transitions initiatives.
	d. Identify the roles, responsibilities and scope for CCO care coordinators, partner organization case managers and ADSD case/care coordinators in engaging shared clients/members and coordinating person-centered care management.	ADSD Long-Term Care Manager	10/1/2013	12/31/13	Presentations to CCO partners regarding LTSS care coordination roles and responsibilities conducted in 2013. Innovator agent to lead quarterly meetings with CCOs to implement consumer-centered care coordination.
	e. Identify the roles, responsibilities and scope for County care coordination/health system navigation of CCO members not receiving Medicaid LTC services or care coordination in another system.	ADSD Community Services Manager	10/1/2013	12/31/14	No activity/updates.
	f. Regional CCOs to include ADSD representation on work groups developing patient-centered primary care homes and care teams – date to be determined.	ADSD Community Services Manager	1/2/2013	12/31/14	ADSD and CCOs meeting quarterly.
	g. CCOs to include ADSD case managers as part of team based care approach.	ADSD Transition/Diversion Manager	1/2/2013	12/31/13	CCOs exploring potential to include LTSS care management as contact on electronic medical record.

Section D

Area Plan Budget

Table 2- Budget by Service Category

Area Agencies on Aging Area Plan Budget		Budget by Service Category																
AAA: Multnomah County Aging & Disability Services																		
BUDGET PERIOD: 07/01/2012 - 06/30/2013 - Year 1		(2)				(9)					(10)							
(3)	(4)	(5)	(6)	(7)	(8)	OAA						(11)	(12)	(13)	(14)	(15)	(16)	
Matrix #	SERVICE NAME	t or Direct	Estimated Units	Service Unit Definitions	Estimated Persons Served	T III B	T III C-1	T III C-2	T III D	T III E	T VII	OAA Total	NSIP	OPI	Other Cash Funds	Total Funds	Estimated Cost Per Unit	Explanation
ADMINISTRATION						**$316,433**	**$0**	**$0**	**$0**	**$0**	**$0**	**$316,433**	**$0**	**$85,165**	**$3,188,603**	**$3,590,201**		
20-1	Area Plan Administration					$277,838						$277,838		$85,165	$2,985,379	**$3,348,382**		
20-2	AAA Advocacy					$38,595						$38,595			$174,021	**$212,616**		
20-3	Program Coordination & Development											$0			$29,203	**$29,203**		
ACCESS SERVICES						**$725,515**	**$0**	**$0**	**$0**	**$0**	**$0**	**$725,515**	**$0**	**$317,039**	**$1,614,140**	**$2,656,694**		
6	Case Management	C	18851	1 hour	794							$0		$317,039	$369,058	**$686,097**	$36	
10	Transportation	C	8160	1 one-way trip	1202	$6,200						$6,200			$194,210	**$200,410**	$25	
13	Information & Assistance	C/D	56049	1 contact		$53,745						$53,745			$373,749	**$427,494**	$8	
14	Outreach	C	725	1 contact		$8,681						$8,681				**$8,681**	$12	
60-5	Interpreting/Translation	C	2541	1 hour	2541	$2,000						$2,000			$89,768	**$91,768**	$36	
70-2	Options Counseling	C	30500	1 hour	1525	$654,889						$654,889			$552,355	**$1,207,244**	$40	
70-10	Public Outreach/Education	C/D	55	1 activity	1594							$0			$35,000	**$35,000**	$636	
IN-HOME SERVICES						$31,453	**$0**	**$0**	**$0**	**$0**	**$0**	**$31,453**	**$0**	**$427,114**	**$239,676**	**$698,243**		
1	Personal Care	C	3282	1 hour	89	$15,560						$15,560		$53,983		**$69,543**	$21	
2	Homemaker/Home Care	C	13621	1 hour	273							$0		$54,983	$177,337	**$232,320**	$17	
02a	Homemaker/Home Care - HCW	C	24331	1 hour	356							$0		$310,738		**$310,738**	$13	
5	Adult Day Care/Adult Day Health	C	244	1 hour	3	$5,433						$5,433		$7,410	$2,918	**$15,761**	$65	
90-1	Volunteer Services	C	53040	1 hour	68	$10,460						$10,460			$59,421	**$69,881**	$1	
LEGAL SERVICES						**$38,502**	**$0**	**$0**	**$0**	**$0**	**$0**	**$38,502**	**$0**	**$22,328**	**$0**	**$60,830**		
11	Legal Assistance	C	865	1 hour		$38,502						$38,502		$22,328		**$60,830**	$70	
NUTRITION SERVICES						**$0**	**$483,109**	**$632,178**	**$0**	**$0**	**$0**	**$1,115,287**	**$409,357**	**$0**	**$144,380**	**$1,669,024**		
4	Home Delivered Meals	C	455927	1 meal	22018			$632,178				$632,178	$198,397	$0	$125,000	**$955,575**	$2	
7	Congregate Meals	C	250780	1 meal	33632		$483,109					$483,109	$210,960			**$694,069**	$3	
12	Nutrition Education	C	1851	1 session per participant								$0			$19,380	**$19,380**	$10	
FAMILY CAREGIVER SUPPORT						**$0**	**$0**	**$0**	**$0**	**$330,914**	**$0**	**$330,914**	**$0**	**$0**	**$210,428**	**$541,342**		
15	Information for Caregivers	C/D	5557	1 activity	5557							$0			$42,330	**$42,330**	$8	
16	Caregiver Access Assistance	C	6020	1 contact	464					$219,101		$219,101				**$219,101**	$36	
70-9	Caregiver Training	D	135	1 session per participant	135							$0			$3,362	**$3,362**	$25	
70-9a	Caregiver Training - Serving Children	D	6698	1 session per participant	6698							$0			$164,736	**$164,736**	$25	
73	Caregiver Cash & Counseling	C/D	164	1 client served	164					$98,263		$98,263				**$98,263**	$599	
73a	Caregiver Cash & Counseling-Serving Children	D	90	1 client served	90					$13,550		$13,550				**$13,550**	$151	
SOCIAL & HEALTH SERVICES						**$171,495**	**$0**	**$0**	**$48,784**	**$0**	**$8,910**	**$229,189**	**$0**	**$0**	**$3,247,137**	**$3,476,326**		
40-2	Physical Activity & Falls Prevention	C	25490	1 session per participant	25490							$0			$100,000	**$100,000**	$4	
50-1	Guardianship/Conservatorship	D	5363	1 hour	173							$0			$1,160,577	**$1,160,577**	$216	
50-3	Elder Abuse Awareness and Prevention	D	399	1 activity	399						$8,910	$8,910				**$8,910**	$22	
60-4	Volunteer Recruitment	C/D	80	1 placement	80							$0			$46,991	**$46,991**	$587	
60-10	Recreation	C	75832	1 hour	75832							$0			$330,147	**$330,147**	$4	
71	Chronic Disease Prevention, Management & Ed	C	4000	1 session per participant	500				$48,784			$48,784			$24,221	**$73,005**	$18	
72	Cash & Counseling	D	14	1 client served	14							$0			$459,000	**$459,000**	$32,786	
80-1	Senior Center Assistance	C	9	1 center served	n/a	$171,495						$171,495			$483,005	**$654,500**	$72,722	
80-4	Financial Assistance	D	1328	1 contact	796							$0			$597,196	**$597,196**	$450	
70-6	Gatekeeper Training	D	400	1 session per participant	400							$0			$46,000	**$46,000**	$115	
					GRAND TOTAL	$1,283,397	$483,109	$632,178	$48,784	$330,914	$8,910	$2,787,292	$409,357	$851,646	$8,644,364	$12,692,660		

Area Agencies on Aging Area Plan Budget	Cash Match
AAA:	(1)
BUDGET PERIOD: 07/01/2012 - 06/30/2013 - Year 1	(2)

SOURCE OF LOCAL MATCH FOR FY: 07/01/2012 - 06/30/2013 - Year 1

	(3)	(4)	(5)	(4)	(5)	(4)	(5)	(6)	(7)
OAA CASH & INKIND MATCH									
SOURCE	**Admin. Cash Match**	**Admin. Inkind**	**III B & C Cash Match**	**III B & C Inkind Match**	**OAA III E Cash Match**	**III E Inkind Match**	**TOTAL Cash Match**	**TOTAL Inkind Match**
Multnomah county General Fund	$1,461,826.00		$3,338,940.00		$161,747.00		$4,962,513.00	$0.00
City of Portland			$626,493.00		$41,155.00		$667,648.00	$0.00
City of Troudale			$3,000.00				$3,000.00	$0.00
City of Fairview			$1,850.00				$1,850.00	$0.00
Program income-contracts			$387,591.93				$387,591.93	$0.00
Providence Community Hlth			$10,190.00				$10,190.00	$0.00
contracts -(inkind)				$4,360,048.60			$0.00	$4,360,048.60
Co-Partners						$8,950.00	$0.00	$8,950.00
							$0.00	$0.00
							$0.00	$0.00
							$0.00	$0.00
							$0.00	$0.00
							$0.00	$0.00
Column Totals:	**1,461,826**	**0**	**4,368,065**	**4,360,049**	**202,902**	**8,950**	**6,032,793**	**4,368,999**

	(8)	(9)
MEDICAID LOCAL MATCH		
SOURCE		**TOTAL**
Mult County General fund		$2,799,277.00
LOCAL FEES		$291,000.00
LOCAL SOURCE		$100,000.00
Column Totals:		**$3,190,277.00**

5,829,891

Table 4 - Staffing Plan

Area Agencies on Aging Area Plan Budget	Staffing Plan
	(1)
BUDGET PERIOD: 07/01/2012 - 06/30/2013 - Year 1	(2)

Position Title	FTE Worked	Annual Salary (excludes OPE)	Annual OPE	Total Salary + OPE	ADS Medicaid not directly spread to Federal & Local Match	Base Medicaid Funds Regular Allocation	Fed Local Match Medicaid Funds Local Match	Local Match Medicaid Matched by Local Funds	OAA Funds	OPI Funds	Other Funds	Total
(3)	(4)	(5)	(6)	(7)		(8)	(9)	(10)	(11)	(12)	(13)	(14)
ADMINISTRATION:												
(SPD Position)												
Office Assistant 2	34.50	1,230,438.00	954,481.00	**2,184,919.00**	2,045,540.00	1,695,379.00	146,930.00	203,231.00		18,745.00	120,634.00	2,184,919.00
Office Assistant Sr	9.00	380,843.00	274,153.00	**654,996.00**	506,210.00	419,555.00	36,361.00	50,294.00		23,077.00	125,709.00	654,996.00
Clerical Support Staff	43.50	1,611,281.00	1,228,634.00	**2,839,915.00**	2,551,750.00	2,114,934.00	183,291.00	253,525.00	0.00	41,822.00	246,343.00	2,839,915.00
Program Coordinator	3.25	175,500.00	111,998.00	**287,498.00**	82,307.00	68,218.00	5,912.00	8,177.00			205,191.00	287,498.00
Budget Analyst	1.00	66,789.00	38,931.00	**105,720.00**	93,033.00	77,108.00	6,682.00	9,243.00	3,172.00		9,515.00	105,720.00
Administrative Analyst	0.80	50,336.00	30,802.00	**81,138.00**	71,402.00	59,179.00	5,129.00	7,094.00	2,434.00		7,302.00	81,138.00
Administrative Assistant	1.00	43,974.00	30,466.00	**74,440.00**	65,507.00	54,294.00	4,705.00	6,508.00	2,233.00		6,700.00	74,440.00
Data Analyst	1.00	50,990.00	33,069.00	**84,059.00**					75,653.00		8,406.00	84,059.00
Research/Evaluation Analyst Sr.	1.00	79,747.00	43,738.00	**123,485.00**	108,666.00	90,065.00	7,805.00	10,796.00	3,705.00		11,114.00	123,485.00
				0.00								0.00
Program Tech	8.05	467,336.00	289,004.00	**756,340.00**	420,915.00	348,864.00	30,233.00	41,818.00	87,197.00	0.00	248,228.00	756,340.00
Administrative Analyst Sr	1.00	64,186.00	38,992.00	**103,178.00**	103,178.00	85,516.00	7,411.00	10,251.00				103,178.00
PEM A	1.00	64,186.00	38,992.00	**103,178.00**	103,178.00	85,516.00	7,411.00	10,251.00	0.00	0.00	0.00	103,178.00
Administrative Service Officer	1.00	81,576.00	45,722.00	**127,298.00**	112,022.00	92,846.00	8,046.00	11,130.00	3,819.00		11,457.00	127,298.00
Program Supervisor	15.00	1,062,750.00	619,130.00	**1,681,880.00**	1,391,869.00	1,153,605.00	99,977.00	138,287.00	8,911.00	13,298.00	267,802.00	1,681,880.00
PEM B	16.00	1,144,326.00	664,852.00	**1,809,178.00**	1,503,891.00	1,246,451.00	108,023.00	149,417.00	12,730.00	13,298.00	279,259.00	1,809,178.00
				0.00								0.00
Program Manager 1	6.00	524,017.00	287,707.00	**811,724.00**	809,173.00	670,657.00	58,122.00	80,394.00			2,551.00	811,724.00
PEM C	6.00	524,017.00	287,707.00	**811,724.00**	809,173.00	670,657.00	58,122.00	80,394.00	0.00	0.00	2,551.00	811,724.00
Program Manager Sr.	3.00	306,629.00	161,121.00	**467,750.00**	306,911.00	254,373.00	22,045.00	30,493.00	114,783.00		46,056.00	467,750.00
Division Director 2	1.00	123,427.00	59,943.00	**183,370.00**	161,366.00	133,743.00	11,591.00	16,032.00	5,501.00		16,503.00	183,370.00
PEM E	4.00	430,056.00	221,064.00	**651,120.00**	468,277.00	388,116.00	33,636.00	46,525.00	120,284.00	0.00	62,559.00	651,120.00
Indirect Staff	22.00	1,469,131.00	870,845.00	**2,339,976.00**		641,854.00	229,889.00	229,889.00	0.00	0.00	1,238,344.00	2,339,976.00
					5,857,184.00							
Clerical Support Staff	43.50	1,611,281.00	1,228,634.00	**2,839,915.00**	2,551,750.00	2,114,934.00	183,291.00	253,525.00	0.00	41,822.00	246,343.00	2,839,915.00
Program Tech	8.05	467,336.00	289,004.00	**756,340.00**	420,915.00	348,864.00	30,233.00	41,818.00	87,197.00	0.00	248,228.00	756,340.00
PEM A	1.00	64,186.00	38,992.00	**103,178.00**	103,178.00	85,516.00	7,411.00	10,251.00	0.00	0.00	0.00	103,178.00
PEM B	16.00	1,144,326.00	664,852.00	**1,809,178.00**	1,503,891.00	1,246,451.00	108,023.00	149,417.00	12,730.00	13,298.00	279,259.00	1,809,178.00
PEM C	6.00	524,017.00	287,707.00	**811,724.00**	809,173.00	670,657.00	58,122.00	80,394.00	0.00	0.00	2,551.00	811,724.00
PEM E	4.00	430,056.00	221,064.00	**651,120.00**	468,277.00	388,116.00	33,636.00	46,525.00	120,284.00	0.00	62,559.00	651,120.00
Indirect Staff	22.00	1,469,131.00	870,845.00	**2,339,976.00**	0.00	641,854.00	229,889.00	229,889.00	0.00	0.00	1,238,344.00	2,339,976.00
SUBTOTAL: ADMINISTRATION	**100.55**	**5,710,333.00**	**3,601,098.00**	**9,311,431.00**	**5,857,184.00**	**5,496,392.00**	**650,605.00**	**811,819.00**	**220,211.00**	**55,120.00**	**2,077,284.00**	**9,311,431.00**

DIRECT SERVICES												
(SPD Position)												
Community Information Specialist	5.50	243,798.00	169,826.00	**413,624.00**	329,506.00	273,100.00	23,668.00	32,738.00	9,195.00		74,923.00	413,624.00
Program Technician	3.00	131,368.00	92,621.00	**223,989.00**		70,544.00	148,965.00				4,480.00	223,989.00
Program Specialist	12.50	759,021.00	468,837.00	**1,227,858.00**		585,729.00	193,924.00		191,270.00	37,458.00	219,477.00	1,227,858.00
Case Manager Sr. (Less Transition & Diversion)	25.80	1,431,546.00	910,062.00	**2,341,608.00**	2,235,937.00	1,853,183.00	160,606.00	222,148.00			105,671.00	2,341,608.00
Case Manager 2	68.00	3,592,212.00	2,342,716.00	**5,934,928.00**	5,684,436.00	4,711,359.00	408,309.00	564,768.00			250,492.00	5,934,928.00
				0.00								0.00
Case Manager	114.80	6,157,945.00	3,984,062.00	**10,142,007.00**	8,249,879.00	7,493,915.00	935,472.00	819,654.00	200,465.00	37,458.00	655,043.00	10,142,007.00

Area Agencies on Aging Area Plan Budget	Staffing Plan
	(1)
BUDGET PERIOD: 07/01/2012 - 06/30/2013 - Year 1	(2)

Position Title	FTE Worked	Annual Salary (excludes OPE)	Annual OPE	Total Salary + OPE	ADS Medicaid not directly spread to Federal & Local Match	Base Medicaid Funds Regular Allocation	Fed Local Match Medicaid Funds Local Match	Local Match Medicaid Matched by Local Funds	OAA Funds	OPI Funds	Other Funds	Total
(3)	(4)	(5)	(6)	(7)		(8)	(9)	(10)	(11)	(12)	(13)	(14)
Case Manager 1	53.75	2,316,785.00	1,639,965.00	**3,956,750.00**	3,874,130.00	3,210,946.00	278,276.00	384,908.00			82,620.00	3,956,750.00
Eligibility Specialist	3.00	132,069.00	92,168.00	**224,237.00**	224,237.00	185,851.00	16,107.00	22,279.00				224,237.00
Human Services Specialist 3	56.75	2,448,854.00	1,732,133.00	**4,180,987.00**	4,098,367.00	3,396,797.00	294,383.00	407,187.00	0.00	0.00	82,620.00	4,180,987.00
Case Management Assistant	17.00	670,257.00	495,915.00	**1,166,172.00**	1,166,172.00	966,544.00	83,765.00	115,863.00				1,166,172.00
Human Services Assistant 2	17.00	670,257.00	495,915.00	**1,166,172.00**	1,166,172.00	966,544.00	83,765.00	115,863.00	0.00	0.00	0.00	1,166,172.00
Clinical Services Specialist	5.00	323,548.00	195,071.00	**518,619.00**		347,475.00	103,724.00				67,420.00	518,619.00
Human Services Investigator	22.00	1,308,773.00	814,408.00	**2,123,181.00**	2,123,181.00	1,759,730.00	152,506.00	210,945.00				2,123,181.00
APS Specialist	27.00	1,632,321.00	1,009,479.00	**2,641,800.00**	2,123,181.00	2,107,205.00	256,230.00	210,945.00	0.00	0.00	67,420.00	2,641,800.00
Case Manager Sr. (Mid LTC Pos #713402, 71340	2.00	113,878.00	71,501.00	**185,379.00**	185,379.00	153,645.00	13,316.00	18,418.00				185,379.00
Diversion Case Manager	2.00	113,878.00	71,501.00	**185,379.00**	185,379.00	153,645.00	13,316.00	18,418.00	0.00	0.00	0.00	185,379.00
Case Manager Sr. (Mid LTC Pos #700053,71334	4.00	219,712.00	140,819.00	**360,531.00**	360,531.00	298,814.00	25,897.00	35,820.00				360,531.00
Transition Case Manager	4.00	219,712.00	140,819.00	**360,531.00**	360,531.00	298,814.00	25,897.00	35,820.00	0.00	0.00	0.00	360,531.00
Community Health Nurse	3.60	252,771.00	147,320.00	**400,091.00**			160,037.00				240,054.00	400,091.00
Pre-Admission Screener	3.60	252,771.00	147,320.00	**400,091.00**	0.00	0.00	160,037.00	0.00	0.00	0.00	240,054.00	400,091.00
Case Manager	114.80	6,157,945.00	3,984,062.00	**10,142,007.00**	8,249,879.00	7,493,915.00	935,472.00	819,654.00	200,465.00	37,458.00	655,043.00	10,142,007.00
Human Services Specialist 3	56.75	2,448,854.00	1,732,133.00	**4,180,987.00**	4,098,367.00	3,396,797.00	294,383.00	407,187.00	0.00	0.00	82,620.00	4,180,987.00
Human Services Assistant 2	17.00	670,257.00	495,915.00	**1,166,172.00**	1,166,172.00	966,544.00	83,765.00	115,863.00	0.00	0.00	0.00	1,166,172.00
APS Specialist	27.00	1,632,321.00	1,009,479.00	**2,641,800.00**	2,123,181.00	2,107,205.00	256,230.00	210,945.00	0.00	0.00	67,420.00	2,641,800.00
Diversion Case Manager	2.00	113,878.00	71,501.00	**185,379.00**	185,379.00	153,645.00	13,316.00	18,418.00	0.00	0.00	0.00	185,379.00
Transition Case Manager	4.00	219,712.00	140,819.00	**360,531.00**	360,531.00	298,814.00	25,897.00	35,820.00	0.00	0.00	0.00	360,531.00
Pre-Admission Screener	3.60	252,771.00	147,320.00	**400,091.00**	0.00	0.00	160,037.00	0.00	0.00	0.00	240,054.00	400,091.00
0	0.00	0.00	0.00	**0.00**	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL: DIRECT SERVICES	**225.15**	**11,495,738.00**	**7,581,229.00**	**19,076,967.00**	**16,183,509.00**	**14,416,920.00**	**1,769,100.00**	**1,607,887.00**	**200,465.00**	**37,458.00**	**1,045,137.00**	**19,076,967.00**
GRAND TOTALS	**325.70**	**17,206,071.00**	**11,182,327.00**	**28,388,398.00**	**22,040,693.00**	**19,913,312.00**	**2,419,705.00**	**2,419,706.00**	**420,676.00**	**92,578.00**	**3,122,421.00**	**28,388,398.00**

MEDICAID POSITION TITLES					
FY 2011 - 2013					
SPD Titles				AAA Titles	
Case Manager	C6630	Level 21		Community Information Specialist, Program Technician, Program Specialist, Case Manager Sr., Case Manager 2	
APS Specialist	C6616	Level 24		Clinical Services Specialist, Human Services Investigator	
HSS3-	C6659	Level 19		Case Manager 1, Eligibility Specialist	
HS Assistant 2	C6606 (ParaProf)	Level 15		Case Management Assistant	
Clerical Support Staff	C0104 (OS2)	Level 15		Office Assistant 2, Office Assistant Sr.,	
Diversion Case Manager	C6684	Level 24		Case Manager Sr (Mid LTC Pos #713402, 713403)	
Transition Case Manager	C6684	Level 24		Case Manager Sr (Mid LTC Pos #700053, 713343,714523, 714524)	
PEM A	X7000	Level 24		Administrative Analyst Sr.	
PEM B	X7002	Level 26		Administrative Service Officer, Program Supervisor	
PEM C	X7004	Level 28		Program Manager 1	
PEM D	X7006	Level 31			
PEM E	X7008	Level 33		Program Manager Sr., Division Director 2	
Program Tech				Program Coordinator, Budget Analyst, Administrative Analyst, Administrative Assistant, Data Analyst, Research Evaluation Analyst Sr.,	SPD Titles not included in the above list; and unsure where to allocate these Mult-AAA Titles
Pre-Admission Screener				Community Health Nurse	

Table 5 - MCD Position Name Crosswalk

Section E
Services and Method of Service Delivery

E-1 Services Provided to OAA and/or Oregon Project Independence (OPI) Clients

☒**#1 Personal Care** (by agency)
Funding Source: ☒OAA ☒OPI ☐Other Cash Funds
☒Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):

Marquis At Home (dbd Adams & Gray Home Care) - for profit agency
7644 Mohawk, Building J, Suite A
Tualatin OR 97062

Caregivers NW - for profit agency
4804 NE 106th Ave
Portland, OR 97220

Homewatch CareGivers - for profit agency
3880 SE 8th, Ste 280
Portland, OR 97202

Note if contractor is a "for profit agency"

☐**#1a Personal Care** (by HCW) Funding Source: ☐OAA ☐OPI ☐Other Cash Funds

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

Marquis At Home (dbd Adams & Gray Home Care) - for profit agency
7644 Mohawk, Building J, Suite A
Tualatin OR 97062

Caregivers NW - for profit agency
4804 NE 106th Ave
Portland, OR 97220

Homewatch CareGivers - for profit agency
3880 SE 8th, Ste 280
Portland, OR 97202

Note if contractor is a "for profit agency"

☒**#2a Homemaker** (by HCW) Funding Source: ☐OAA ☒OPI ☐Other Cash Funds

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

☐**#3a Chore** (by HCW) Funding Source: ☐OAA ☐OPI ☐Other Cash Funds

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

Meals on Wheels People
7710 SW 31st Ave.
Portland, OR 97219

Note if contractor is a "for profit agency"

☒**#5 Adult Day Care/Adult Day Health**
Funding Source: ☒OAA ☒OPI ☒Other Cash Funds
☒Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):

Volunteers of America
3910 SE Stark St
Portland OR 97214

Mt Hood Adult Day Center
376 NE 219th Ave
Gresham OR 97030

Note if contractor is a "for profit agency"

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

Hollywood Senior Center
1820 NE 40th
Portland, OR 97212

Neighborhood House
7688 SW Capitol Hwy
Portland, OR 97219

Impact NW
4610 SE Belmont #102
Portland, OR 97215

YWCA
600 NE 8th St
Gresham, OR 97030

IRCO
10615 SE Cherry Blossom Dr
Portland, OR 97216

Note if contractor is a "for profit agency"

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

Meals on Wheels People
7710 SW 31st Ave.
Portland, OR 97219

NAYA Family Center
5135 NE Columbia Blvd.
Portland, OR 97218

Asian Health & Service Center
3430 SE Powell Blvd.
Portland, OR 9702

El Programa Hispano (Catholic Charities)
2740 SE Powell Blvd.
Portland, OR 97202

IRCO
10301 NE Glisan St.
Portland, OR 97220

Note if contractor is a "for profit agency"

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

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

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

Ride Connection
847 NE 19th Ave
Suite 200
Portland, OR 97232

TriMet
4012 SE 17th Ave.
Portland, OR 97202

Note if contractor is a "for profit agency"

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

Legal Aid Services of Oregon
921 SW Washington, Suite 500
Portland, OR 97205

Note if contractor is a "for profit agency"

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

Meals on Wheels People
7710 SW 31st Ave.
Portland, OR 97219

Note if contractor is a "for profit agency"

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

Hollywood Senior Center
1820 NE 40th
Portland, OR 97212

Impact NW
4610 SE Belmont #102
Portland, OR 97215

IRCO
10615 SE Cherry Blossom Dr
Portland, OR 97216

Neighborhood House
7688 SW Capitol Hwy
Portland, OR 97219

YWCA
600 NE 8th St
Gresham, OR 97030

Note if contractor is a "for profit agency"

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

☒**#15/15a Information for Caregivers**
Funding Source: ☐OAA ☐OPI ☒Other Cash Funds
☒Contracted ☒Self-provided
Contractor name and address (List all if multiple contractors):

Hollywood Senior Center
1820 NE 40th
Portland, OR 97212

Impact NW
4610 SE Belmont #102
Portland, OR 97215

IRCO
10615 SE Cherry Blossom Dr
Portland, OR 97216

Neighborhood House
7688 SW Capitol Hwy
Portland, OR 97219

YWCA
600 NE 8th St
Gresham, OR 97030

Note if contractor is a "for profit agency"

☒**#16/16a Caregiver Access Assistance**
Funding Source: ☒OAA ☐OPI ☐Other Cash Funds
☒Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):

Hollywood Senior Center
1820 NE 40th
Portland, OR 97212

Neighborhood House
7688 SW Capitol Hwy
Portland, OR 97219

Impact NW
4610 SE Belmont #102
Portland, OR 97215

YWCA
600 NE 8th St
Gresham, OR 97030

IRCO
10615 SE Cherry Blossom Dr
Portland, OR 97216

Note if contractor is a "for profit agency"

☒**#20-2 Advocacy**
Funding Source: ☒OAA ☐OPI ☒Other Cash Funds
☐Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):
Note if contractor is a "for profit agency"

☐**#20-3 Program Coordination & Development**
Funding Source: ☐OAA ☐OPI ☐Other Cash Funds
☐Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):
Note if contractor is a "for profit agency"

☐**#30-1 Home Repair/Modification**
Funding Source: ☐OAA ☐OPI ☐Other Cash Funds
☐Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):
Note if contractor is a "for profit agency"

☐**#30-4 Respite Care (IIIB/OPI)**
Funding Source: ☐OAA ☐OPI ☐Other Cash Funds
☐Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):
Note if contractor is a "for profit agency"

☐**#30-5/30-5a Caregiver Respite**
Funding Source: ☐OAA ☐OPI ☐Other Cash Funds
☐Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):
Note if contractor is a "for profit agency"

☐ **#30-6/30-6a Caregiver Support Groups**
Funding Source: ☐OAA ☐OPI ☐Other Cash Funds
☐Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):
Note if contractor is a "for profit agency"

☐ **#30-7/30-7a Caregiver Supplemental Services**
Funding Source: ☐OAA ☐OPI ☐Other Cash Funds
☐Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):
Note if contractor is a "for profit agency"

☒ **#40-2 Physical Activity and Falls Prevention**
Funding Source: ☒OAA ☐OPI ☒Other Cash Funds
☒Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):

Hollywood Senior Center
1820 NE 40th
Portland, OR 97212

Neighborhood House
7688 SW Capitol Hwy
Portland, OR 97219

Impact NW
4610 SE Belmont #102
Portland, OR 97215

YWCA
600 NE 8th St
Gresham, OR 97030

IRCO
10615 SE Cherry Blossom Dr
Portland, OR 97216

NAYA Family Center
5135 NE Columbia Blvd.
Portland, OR 97218

Note if contractor is a "for profit agency"

☐ **#40-3 Preventive Screening, Counseling and Referral**
Funding Source: ☐OAA ☐OPI ☐Other Cash Funds
☐Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):
Note if contractor is a "for profit agency"

☐ **#40-4 Mental Health Screening and Referral**
Funding Source: ☐OAA ☐OPI ☐Other Cash Funds
☐Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):
Note if contractor is a "for profit agency"

☐ **#40-5 Health & Medical Equipment**
Funding Source: ☐OAA ☐OPI ☐Other Cash Funds
☐Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):
Note if contractor is a "for profit agency"

☐ **#40-8 Registered Nurse Services**
Funding Source: ☐OAA ☐OPI ☐Other Cash Funds
☐Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):
Note if contractor is a "for profit agency"

☐ **#40-9 Medication Management**
Funding Source: ☐OAA ☐OPI ☐Other Cash Funds
☐Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):
Note if contractor is a "for profit agency"

☒ **#50-1 Guardianship/Conservatorship**
Funding Source: ☐OAA ☐OPI ☒Other Cash Funds
☐Contracted ☒Self-provided
Contractor name and address (List all if multiple contractors):
Note if contractor is a "for profit agency"

☒ **#50-3 Elder Abuse Awareness and Prevention**
Funding Source: ☒OAA ☐OPI ☐Other Cash Funds
☐Contracted ☒Self-provided
Contractor name and address (List all if multiple contractors):
Note if contractor is a "for profit agency"

☐ **#50-4 Crime Prevention/Home Safety**
Funding Source: ☐OAA ☐OPI ☐Other Cash Funds
☐Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):
Note if contractor is a "for profit agency"

☐ **#50-5 Long Term Care Ombudsman**
Funding Source: ☐OAA ☐OPI ☐Other Cash Funds
☐Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):
Note if contractor is a "for profit agency"

☒**#60-1 Recreation**
Funding Source: ☐OAA ☐OPI ☒Other Cash Funds
☒Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):

Hollywood Senior Center
1820 NE 40th
Portland, OR 97212

YWCA
600 NE 8th St
Gresham, OR 97030

Impact NW
4610 SE Belmont #102
Portland, OR 97215

El Programa Hispano (Catholic Charities)
2740 SE Powell Blvd.
Portland, OR 97202

IRCO
10615 SE Cherry Blossom Dr
Portland, OR 97216

NARA
1776 SW Madison St.
Portland, OR 97205

Neighborhood House
7688 SW Capitol Hwy
Portland, OR 97219

Note if contractor is a "for profit agency"

☐**#60-3 Reassurance**
Funding Source: ☐OAA ☐OPI ☐Other Cash Funds
☐Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):
Note if contractor is a "for profit agency"

☒**#60-4 Volunteer Recruitment**
Funding Source: ☐OAA ☐OPI ☒Other Cash Funds
☒Contracted ☒Self-provided
Contractor name and address (List all if multiple contractors):

Elders in Action
1411 SW Morrison St.
Portland, OR 97205

Note if contractor is a "for profit agency"

☒**#60-5 Interpreting/Translation**
Funding Source: ☒OAA ☐OPI ☒Other Cash Funds
☒Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):

Columbia Language Services - for profit agency
9303 NE 4TH Plain Rd
Vancouver WA 98662

Language Line - for profit agency
1 Lower Ragsdale Drive
Bldg 2
Monterey CA 93940

Telelanguage Inc - for profit agency
421 SW 6TH Ave
Ste 1150
Portland OR 97204

Optimal Phone Interpreters - for profit agency
2950 Lake Emma Rd
Lake Mary FL 32746

Passport to Languages - for profit agency
6443 SW Beaverton-Hillsdale Hwy
Ste 420
Portland OR 97221

Bruce International - for profit agency
4800 SW Griffith Dr
Ste 100
Beaverton OR 97005

IRCO International Language Bank
10301 NE Glisan
Portland OR 97220

Signing Resources and Interpreters - for profit agency
8002 NE Hwy 99 B705
Vancouver WA 98665

Note if contractor is a "for profit agency"

☒**#70-2 Options Counseling**
Funding Source: ☒OAA ☐OPI ☒Other Cash Funds
☒Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):

Hollywood Senior Center
1820 NE 40th
Portland, OR 97212

Impact NW
4610 SE Belmont #102
Portland, OR 97215

IRCO
10615 SE Cherry Blossom Dr
Portland, OR 97216

Neighborhood House
7688 SW Capitol Hwy
Portland, OR 97219

YWCA
600 NE 8th St
Gresham, OR 97030

NARA
1776 SW Madison St.
Portland, OR 97205

NAYA Family Center
5135 NE Columbia Blvd.
Portland, OR 97218

El Programa Hispano (Catholic Charities)
2740 SE Powell Blvd.
Portland, OR 97202

Asian Health & Service Center
3430 SE Powell Blvd.
Portland., OR 97202

Urban League of Portland
10 N Russell St.
Portland, OR 97227

Friendly House SAGE Metro Portland
1737 NW 26th Ave.
Portland, OR 97209

Note if contractor is a "for profit agency"

☐ **#70-2a/70-2b Caregiver Counseling**
Funding Source: ☐OAA ☐OPI ☐Other Cash Funds
☐Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):
Note if contractor is a "for profit agency"

☐ **#70-5 Newsletter**
Funding Source: ☐OAA ☐OPI ☐Other Cash Funds
☐Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):
Note if contractor is a "for profit agency"

☐ **#70-8 Fee-based Case Management**
Funding Source: ☐OAA ☐OPI ☐Other Cash Funds
☐Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):
Note if contractor is a "for profit agency"

☒ **#70-9/70-9a Caregiver Training**
Funding Source: ☐OAA ☐OPI ☒Other Cash Funds
☐Contracted ☒Self-provided
Contractor name and address (List all if multiple contractors):
Note if contractor is a "for profit agency"

☒**#70-10 Public Outreach/Education**
Funding Source: ☐OAA ☐OPI ☒Other Cash Funds
☒Contracted ☒Self-provided
Contractor name and address (List all if multiple contractors):

Hollywood Senior Center
1820 NE 40th
Portland, OR 97212

Impact NW
4610 SE Belmont #102
Portland, OR 97215

IRCO
10615 SE Cherry Blossom Dr
Portland, OR 97216

Neighborhood House
7688 SW Capitol Hwy
Portland, OR 97219

YWCA
600 NE 8th St
Gresham, OR 97030

Note if contractor is a "for profit agency"

☒**#71 Chronic Disease Prevention, Management/Education**
Funding Source: ☒OAA ☐OPI ☒Other Cash Funds
☒Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):
"

Hollywood Senior Center
1820 NE 40th
Portland, OR 97212

Impact NW
4610 SE Belmont #102
Portland, OR 97215

IRCO
10615 SE Cherry Blossom Dr
Portland, OR 97216

Neighborhood House
7688 SW Capitol Hwy
Portland, OR 97219

YWCA
600 NE 8th St
Gresham, OR 97030

African American Health Coalition
2800 N Vancouver Ave.
Portland, OR 97227

Asian Health & Service Center
3430 SE Powell Blvd.
Portland, OR 97202

Note if contractor is a "for profit agency

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

☒**#73/73a Caregiver Cash and Counseling**
Funding Source: ☒OAA ☐OPI ☐Other Cash Funds
☒Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):

Marquis At Home (dbd Adams & Gray Home Care) - for profit agency
7644 Mohawk, Building J, Suite A
Tualatin OR 97062

Homewatch CareGivers - for profit agency
3880 SE 8th, Ste 280
Portland, OR 97202

Caregivers NW - for profit agency
4804 NE 106th Ave
Portland, OR 97220

Volunteers of America
3910 SE Stark St
Portland OR 97214

Mt Hood Adult Day Center
376 NE 219th Ave
Gresham OR 97030

Note if contractor is a "for profit agency"

☒**#80-1 Senior Center Assistance**
Funding Source: ☒OAA ☐OPI ☒Other Cash Funds
☒Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):

Impact NW
4610 SE Belmont #102
Portland, OR 97215

IRCO
10615 SE Cherry Blossom Dr
Portland, OR 97216

Neighborhood House
7688 SW Capitol Hwy
Portland, OR 97219

YWCA
600 NE 8th St
Gresham, OR 97030

Note if contractor is a "for profit agency"

☒**#80-4 Financial Assistance**
Funding Source: ☐OAA ☐OPI ☒Other Cash Funds
☐Contracted ☒Self-provided
Contractor name and address (List all if multiple contractors):
Note if contractor is a "for profit agency"

☐**#80-5 Money Management**
Funding Source: ☐OAA ☐OPI ☐Other Cash Funds
☐Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

☒**#90-1 Volunteer Services**
Funding Source: ☐OAA ☐OPI ☒Other Cash Funds
☒Contracted ☒Self-provided
Contractor name and address (List all if multiple contractors):

El Programa Hispano (Catholic Charities)
2740 SE Powell Blvd.
Portland, OR 97202

IRCO
10301 NE Glisan St.
Portland, OR 97220

Friendly House - SAGE Metro Portland
1737 NW 26th Ave.
Portland, OR 97209

Note if contractor is a "for profit agency"

E-2 Administration of Oregon Project Independence (OPI)

Below are the procedures (supported by policies) that ADSD and its contractors follow in administering the OPI program.

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

OPI case managers are required by the Aging & Disability Services (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-up 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.

OPI 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 system, such as family and non-family unpaid caregivers; client co-pays; and 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.

An applicant is eligible to receive OPI services if she/he:

- Is 60 years old or older; or under 60 years of age and diagnosed as having Alzheimer's Disease or a related disorder;
- Is not receiving financial assistance or Medicaid, except Food Stamps, Qualified Medicare Beneficiary or Supplemental Low Income Medicare Beneficiary Programs;
- Is 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;
- Scores high on the OPI Risk Assessment Tool. The risk assessment considers activities of daily living, natural supports, the frequency of falls, etc. and is used to determine priority of clients served when OPI wait lists are being maintained;
- Does not have, or, has exhausted sufficient other resources to meet needs, such as

personal income, personal assets, third party payment;

- Is already receiving an authorized OPI service and their condition indicates the service is needed; and
- Meets eligibility criteria of the OPI Rules and Oregon Administrative Rules.

d. Describe how the services will be provided.

ADS contracts with five (5) district senior centers to provide OPI case management services for eligible clients. An OPI case manager assesses the client using the Oregon Access Client Assessment and Planning System and develops 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 three (3) in-home care agencies to provide OPI funded housekeeping services, personal care services, and respite care for eligible clients. Additionally, the Home Care Worker (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 HCW 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 funded providers under contract with ADS are two (2) adult day service centers and a personalized grocery shopping service, all of which 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; those who lack natural supports; and those meet the OPI service priority rule.

When OPI wait lists are being maintained OPI case managers will prioritize clients who score high on the Risk Assessment Tool and are at the greatest risk for nursing facility placement if OPI services are reduced or eliminated.

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, ext. 22396. 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, ext. 83768.

If you are still concerned or have questions, please contact the State Department of Human Services, Aging 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 one-time fee of $25.00 is applied to all individuals receiving OPI authorized services who have adjusted income levels at or below federal poverty level. The fee is due at the time eligibility for OPI authorized services has been determined. This fee does not apply to home-delivered meals.

Fees for authorized services are charged based on a sliding fee schedule to all eligible

individuals whose annual gross income exceeds the minimum, as established by the State Department of Human Services. The OPI 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 worksheet. 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 contract agency (non-HCW) 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 HCW 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 contract agency and the HCW program are used to expand in-home services so that the service can be offered to others who need it.

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 OPI 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 client co-payment expectations of the OPI program.
    c. Clarifies client income information, medical expenses, and 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.

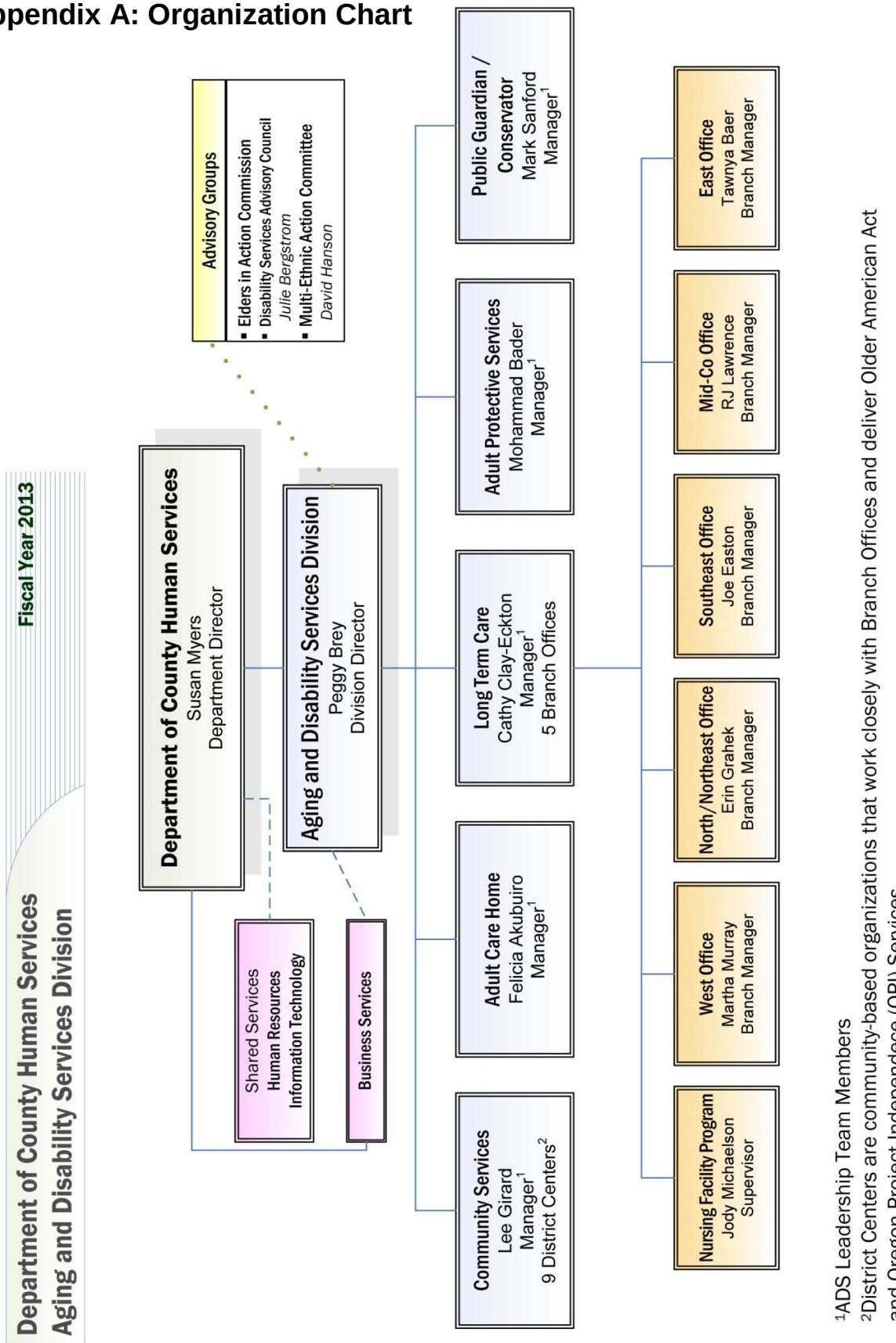
f. Reminds client at least 2 weeks prior to termination that service will end and reason for termination.

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

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

APPENDICES

Appendix A: Organization Chart



[1]ADS Leadership Team Members
[2]District Centers are community-based organizations that work closely with Branch Offices and deliver Older American Act and Oregon Project Independece (OPI) Services

Appendix B: Advisory Councils and Governing Body

Elders in Action Commission

Name & Contact Information	Representing	Date Term Expires
Clayton Connelly (503) 984-9242	City at Large	2016
Linda Clawson (503) 819-3460 clawsonclaws@aol.com	City at Large	2016
Ann Collins (503) 222-0764 2335 NW Raleigh St Unit 307 Portland, OR 97210	County at Large	2015
Kae Gaunt (503) 805-6033 kaegaunt@yahoo.com	Member-At-Large	2016
Bill Gentile (503) 274-7620 bill.gentile@gmail.com	City at Large	2014
Liz Graves (503) 669-1270 donliztrout@comcast.net	County at Large	2014
Suzanne Hansche (503)287-0324 civicresearch@earthlink.net	County at Large	2014
Elaine Friesen-Strange (971) 202-3472 strangpdx@comcast.net	City at Large	2016
Colleen Clarke (503) 317-4926 colleenclarke@yahoo.com	County at Large	2016
Ray Johnson (503) 887-0467 rayugene@att.net	County at Large	2016
Terry Johnson (503) 238-1579 duffertcj@juno.com	County at Large	2015
LeRoy Patton (503) 284-9805 lpatton@bigplanet.com	City at Large	2014
Rita Pogue (503) 963-9275 ritapogue@comcast.net	City at Large	2015
Tamara Maher (503) 285-1294 tamara@tamaramaherlaw.com	County at Large	2016
Claudia Robertson (503) 254-3611 3031 NE 129th Pl Portland, OR 97230	City at Large	2014
Bob Pung (503) 758-7436 pungsr@aol.com	County at Large	2016
Frances Spak (503) 774-8455 tms97026@gmail.com	County Representative	2014
Susan Madar (503) 250-1001 susanm@trilenium.com	County at Large	2016
Steve Weiss (503) 232-5043 stevesoc@teleport.com	County at Large	2014

Elders in Action Commission Demographic Data

- Total number age 60 or over = 17
- Total number minority = 2
- Total number rural = 1
- Total number self-indicating having a disability = 3

Disability Services Advisory Council

Name & Contact Information	Representing	Date Term Expires
Steve Weiss (503) 232-5043 stevesoc@teleport.com	Community Member	6/30/13
Joe VanderVeer 503-246-6526 Joevv3@comcast.net	Community Member	6/30/13
William "Bill" Gentile (503) 274-7620 Bill.gentile@gmail.com	Community Member	6/30/14
Rachel Moyles (504) 810-6808 2575 N Hunt St, Portland, OR 97217	Community Member	6/30/14
Pam VanderVeer (503) 246-6526 Joevv3@comcast.net	Community Member	6/30/13
David Miller (503) 816-8167 Dgm2000@adaexpert.net	Community Member	6/30/14

Disability Services Advisory Council Demographic Data

- Total number age 60 or over = 2
- Total number minority = 0
- Total number rural = 0
- Total number self-indicating having a disability = 5

Multi-Ethnic Action Committee

Name & Contact Information	Representing
Sande Bea Allman sallman@naranorthwest.org	Native American Rehabilitation Association (NARA)
Deborah Davis deborah.a.davis@providence.org	Providence Elder Place
Deborah Hughes debhughes23@msn.com	Community Member
Chenoa Landry chenoal@nayapdx.org	NAYA Family Center
Alexandria Jones-Patten Ajonespatten@ulpdx.org	Urban League of Portland
Ami Hsu hsua@ohsu.edub	Community Member
Bandana Shrestha bshrestha@aarp.org	AARP
Bill Gentile bill.gentile@gmail.com	Community Member
Christine Lau clau@ahscpdx.org	Asian Health & Service Center
Erin Grahek erin.grahek@multco.us	Aging & Disability Services Division Long Term Care Branch Manager
Elke Li lli@ahscpdx.org	Asian Health & Service Center
Barbara Bernstein Barbara@eldersinaction.org	Elders in Action
Lauren Fontanarosa lfontanarosa@friendlyhouseinc.org	Friendly House—SAGE Metro Portland
Mamak Tabrizian mtabrizian@impactnw.org	Impact Northwest
Steve Gilbert sgilbert@naranorthwest.org	Native American Rehabilitation Association (NARA)
Nicole Baker-Wagner nicolb@mail.irco.org	Immigrant & Refugee Community Organization (IRCO)
Norma Mullen nmullen@ulpdx.org	Urban League
Paige Hendrix paige.hendrix@multco.us	County Commissioner's Office

Name & Contact Information	Representing
Tawna Sanchez tawnas@nayapdx.org	NAYA Family Center
Carmen Elias celias@catholiccharitiesoregon.org	El Programa Hispano
Victor Leonardo victorleo@hotmail.com	Asian Pacific American Senior Coalition
Patricia Rojas projas@catholiccharitiesoregon.org	El Programa Hispano
Sandra Meucci smeucci@comcast.net	African American Health Coalition

Multi-Ethnic Action Committee Demographic Data

- Total number age 60 or over = 2
- Total number minority = 15
- Total number rural = 0
- Total number self-indicating having a disability = 1

* Multi-Ethnic Action Committee members do not have term limits.

Governing Body

Name & Contact Information	Office	Date Term Expires
Marissa Madrigal (503) 988-3308	Acting Chair, Multnomah County Board of Commissioners	12/31/14
Liesl Wendt (503) 988-5220	Interim Commissioner, District 1	12/31/16
Loretta Smith (503) 988-5219	Commissioner, District 2	12/31/14
Judy Shiprack (503) 988-5217	Commissioner, District 3	12/31/16
Diane McKeel (503) 988-5213	Commissioner, District 4	12/31/16

Appendix C: Public Process

The planning and review process outlined in **Section A-3** discusses efforts ADSD undertook to assess the needs of the county's older adults and people with disabilities, and seek input from the community about agency goals and objectives for 2013 through 2016. A timeline of these activities is listed below.

- July – September 2008: Community Needs Survey conducted
- May 2009: Community Needs Survey Report issued
- June – September 2009: Results of Community Needs Survey reported to the public, with particular attention to reaching racial and ethnic minority elders and agencies that serve them.
- February 2010: Equity and Aging Roundtable, St Philip Neri Parish, 2408 SE 16th Ave, Portland.
- April – May 2010: Community Dialogues, Southeast Multicultural District Senior Center, 4610 SE Belmont, Portland, and Northeast Multicultural District Senior Center, 5325 NE Martin Luther King, Jr. Blvd, Portland.
- April – August 2011: Monthly Innovations Work Group meetings at multiple locations—NAYA Family Center, Friendly House, Asian Health & Service Center, and the Multnomah Building.

Area Plan Public Hearings to inform seniors, people with disabilities, service providers, and advocates about the plan and gather comments about goals and proposed activities were held at:

- Human Solutions, 124 NE 181st Ave, Portland, on Aug. 30, 2012
- Catholic Charities of Oregon, 2740 SE Powell Blvd, Portland, on Sept. 6, 2012.
- Friendly House, 1737 NW 26th Ave, Portland, on Sept. 18, 2012

Appendix D: Report on Accomplishments from 2011-2012 Area Plan Update

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 through 2012.
☒ 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. Objective spanned 2008-2010. No progress to report through 2012.
☒ 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.	2008-2011	1. No data were gathered on Multnomah County legislators' votes. 2. ADSD collaborated with EIA, MAC, and DSAC to sponsor one (1) advocacy training session for advisory council members. 3. ADSD staff prepared fact sheets and provided briefings about legislative issues to advocates.

GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
3. Continued		• ADSD, 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.		
☒ 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.	• ADSD will participate in regular advocacy planning meetings with EIA, MAC, DSAC, and other community partners. • ADSD 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. • ADSD 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. 89% of advisory council members (EIA, MAC, and DSAC) expressed satisfaction with ADSD's support of their advocacy efforts as measured by a survey conducted in late 2011. ADSD staff 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.
☐ 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. 80 percent of those seeking I & A will report that it was accessible and acceptable as measured by client satisfaction surveys.	• 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. • 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	2008-2012	1. Helpline and District Centers fielded 56,049 information, assistance, and referral contacts in FY 12. 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. No additional data were collected in FY 12.

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. 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.	• 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 50,000 low income seniors and people with disabilities were served in FY 12—more than 11,000 through Community Services and over 39,000 through Long Term Care Case Management and Eligibility Determination. 2. A total of 780 unduplicated clients were served by the Safety Net programs in FY 12. No data were collected regarding health status. 3. 534 unduplicated clients received housing assistance in FY 12. No data are available regarding stability of housing situation after six months. 4. 6.985 received congregate or home-delivered meals, and an additional 907 clients received meals at ethnic meal sites in FY 12. July-Dec. 2011: 80% reported stable or improved nutritional risk, and 12% moved closer to ideal Body Mass Index (BMI). Jan.-June 2012: 86% reported stable or improved nutritional risk, and 15% moved closer to ideal BMI. 5. 977 clients received specialized transportation services in FY 12.
☐A ☐B ☒C ☒D ☐E 7. Multnomah County seniors will maintain or improve their physical fitness through	1. Enhance Fitness class enrollment will increase by 10% in 2008. 2. Enhance Fitness participants will maintain or improve their strength,	• 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.	2008-2011	6. 850 clients received legal assistance in FY 12. 7. 487 caregivers were served through the

GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
participation in Enhance Fitness classes.	balance, and aerobic capacity as measured by regular evaluations.	• 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.		Family Caregiver Support Program. 1. ADSD funded no Enhance Fitness classes in 2012, and most if not all Loaves & Fishes sites that once offered this program do not any longer.
☐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.	• ADSD will provide technical assistance, as needed, to Loaves and Fishes, Inc., to increase class enrollment and retain participants. • ADSD 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. • ADSD 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.	2008-2012	13 Living Well with Chronic Conditions and 5 Tomando Control de Salud workshops were conducted in FY 12, enrolling over 225 participants with just under 65% completing four or more of the 6 classes. 90% of completers were racial and ethnic minority elders. Note: Loaves & Fishes discontinued Living Well workshops when federal grant funding ended in 2009.
☐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	• 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	2008-2010	Goal did not extend through 2012.

GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
9. Continued	Americans Month).	will focus on to improve the County's elder and disability-friendliness.		
☐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. No enrollment targets were established beyond 2009. The City of Portland has assumed primary responsibility for enrollment.
☐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.	2008-2012	1. 750 clients (13% of all Community Service clients) reported their primary language was not English in FY 12. Data on limited English proficiency are not collected. 2. In FY 12, 33% of Community Services clients were racial or ethnic minority group members. Nine (9) culturally-specific providers were awarded contracts in Summer 2012 to provide a range of services to racial, ethnic, sexual minority elders.

GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	OUTCOMES/ ACCOMPLISHMENTS
11. Continued		• Coordinate with the Elder Resource Alliance and Senior Housing and Retirement Enterprises to improve access to services and housing for gay, lesbian, bisexual, and transgender elders.		

Appendix E: Emergency Preparedness Plan

ADSD Network Emergency Services Plan (Updated 06/15/11)

1. Executive Summary

This plan will apply when normal services are insufficient to ensure the safety of elderly and disabled residents of Multnomah County during emergencies, weather events, local incidents, and wider area disasters. Multnomah County's ADSD and its contracted partners will attempt to assist residents whose health and safety are at risk. This is accomplished by performing support functions similar to those usually available in the ADSD service system, but with services and methods that are not necessarily routine. Environmental, human caused and natural disaster may require that elements of this plan be exercised regardless whether the ADSD Continuity of Operations Plan (COOP) is activated. During large scale disasters when some members of the Department of County Human Services (DCHS) staff become part of the Incident Command System (ICS), elements of this plan may be implemented by a DCHS Incident Management Team (IMT).

ADSD also recognizes that, in the event of an emergency, staff of the ADSD network may also be a risk. Although county employees are expected to make every effort to come to work to serve the public (county rule 3-15), there may be situations when this is not possible. In such cases ADSD Director will determine whether COOP will be activated to ensure continuity of services under circumstances that occur outside of normal day to day operations. Notifications for curtailment of ADSD operations are contained Annex F of the ADSD COOP.

2. Definitions

A. Inclement Weather: Ice, snow, wind or other weather conditions, which may:
   1) Temporarily hamper the ability of staff and/or volunteers to reach their designated place of work and maintain their planned schedule, or
   2) Cause county and/or contractors' offices to open late or close early.
   3) Isolate clients from their normal support systems or contacts.
   4) Pose a threat to the health, welfare, or safety of clients.
   5) Require evacuation.

B. Severe Weather or Other Emergencies: Severe weather conditions such as ice, snow or wind, or other emergencies which may:
   1) Interrupt normal service delivery.
   2) Result in the closure of county and/or contractors' offices for one or more days, or
   3) Isolate clients from their normal support systems or contacts.
   4) Require evacuation

C. Disasters: Severe weather conditions, catastrophic earthquake, volcanic eruption, flood, fire, and other types of emergencies of a magnitude that results in the formal declaration of disaster by the County Office of Emergency Management.
   Other emergencies can also include flooding, fire, ADS facility damage, etc., that may resemble a countywide disaster but are local in nature.

3. Authority/Responsibility

County Office of Emergency Management: Has the authority to declare disasters and would notify the County Chair, coordinate with local jurisdictions, and notify state authorities.

County Chair: Has the authority to close county offices and would notify the Department of County Human Services Director.

DCHS Director: Has the authority to close department offices and would notify ADSD director.

DCHS Public Information Officer: DCHS Public Information Officer will be responsible for crafting public messages and press releases when the department's ability to provide services is impacted by emergency or disaster situations.

ADSD Director: Activates emergency procedures for ADSD and has delegated authority from the Department of County Human Services Director to close ADS offices in emergencies. The ADSD director is the designated contact for the County Office of Emergency Management.

ADSD Community Services Manager: Ensures that ADSD Central office and each program and work site maintains an emergency action plan that is updated annually. The Community Services manager also ensures that personal emergency action plans are maintained and updated for all high risk clients of the ADSD network, and acts as the principal contact for community senior service partners. Orders of succession for the ADSD Director are contained in section 11-10 and Annex D of the ADSD COOP. In the event that the ADSD director is unable to perform the duties outlined for that position, the ADSD Community Services Manager will assume responsibility for these tasks until otherwise directed by the DCHS director, or the ADS Division Director becomes available.

Long Term Care Manager (Branch & Program Offices): Maintains emergency site plans and emergency plans for high-risk clients. Long Term Care Manager assures that all Nursing Facilities have emergency evacuation or relocation plans in place. Each branch office manager, or their designee, is responsible for the evacuation or relocation plan for Residential Care Facilities or Assisted Living Facilities in their area. In the event that the ADSD division director or Community Services Manager is unable to perform the duties associated with those positions, the Long Term Care Manager will assume these responsibilities until otherwise directed by the DCHS director, or the ADS Division Director or Community Services Manager becomes available.

Adult Care Home Program (ACHP) manager, will ensure that all licensed adult foster homes have emergency preparedness and evacuation plans and that these plans can be activated when circumstances dictate.

Adult Protective Services (APS) Manager, will coordinate with the ACHP manager to maintain an "Immediate Intervention Protocol for High Risk and Abuse Situations in Adult Foster Care Homes" to provide protective services in an emergency during both normal

business hours and after hours.

Public Guardian (PG) Program Manager, will develop emergency plans for all guardianship clients and ensure that those plans are activated in the event of an emergency.

Contract Agencies: Will maintain emergency preparedness and action plans that are updated annually. Contract agencies will also make appropriate decisions and linkages for emergency procedures and inform the ADSD Helpline when aware of a developing emergency (503-988-3646).

ADSD Helpline: During normal day to day operations, ADS Helpline is the designated contact for information and referral as well as aging and disability programs. During non-business hours, ADS Helpline maintains a 24 hour capability through a contracted service but does not have a "response" requirement.

4. Emergency Procedures

A. Inclement Weather

ADSD Branches & Program Offices

1) ADS work units and Central Office will comply with County procedures and union agreements.

Information about county office closures will be available through all of Multnomah County's Internet sites and the DCHS inclement weather and natural disaster information line, 503-988-5523.

Clients will be notified of office closures and cancellation of events individually if they can be reached, or through local media via the county office of public affairs.

High risk clients in receipt of services provided directly by the county will be contacted individually.

ADS Contractors

1) Meals on Wheels People is the designated ADSD contact to access volunteer drivers from the Four Wheel Drive and ski clubs. Meals on Wheels People will recruit volunteer drivers as necessary to maintain home delivered meals program.
2) Senior District Centers and ADS Area offices are to notify the Helpline at (503-988-3646) of late openings and early closures due to inclement weather.

B. Disaster Situations

Area Agencies on Aging (AAAs) offices and Senior District Center providers are required to review their Disaster readiness annually. Contractors will "sign off" on a form indicating they have reviewed their disaster compliance status and a copy will be kept on file at the central administrative office. Should a disruption of vital services occur in the area of technology, the respective agencies will implement the appropriate components of the ADSD Network Emergency Services Plan.

The following procedures should be followed in case of Disasters formally declared by the County Office of Emergency Management:

1) Establish an Incident Management Team:

   Under certain emergencies or disasters members from the ADSD staff will be included in the DCHS Incident Management Team (IMT). The constituency of the team will be determined based on the needs of the served populations that are potentially at risk. An IMT may also be established when call volumes increase beyond normal capacity. The IMT may be required to combine resources within DCHS to meet priority objectives for servicing clients.

   The decision to activate the IMT will be made by the DCHS Director who will request assistance from the ADSD Director to provide staff experts. If the ADSD Director is unavailable, the ADS Community Services Manager or Long Term Care Manager can also identify support staff to augment the IMT.

   ADSD Director will coordinate with DCHS Public Information Officer whenever there are conditions that impact the ability to provide services.

   The Manager of the Community Services Unit will monitor calls through the Helpline and coordinate the collection of client related information from other programs to be used in decision making. If the Community Services Manager is unable to perform these tasks, the Help Line Supervisor will assume these responsibilities.

   ADSD IMT members will include representatives from:
   - ADS Director or designee
   - Community Services Manager
   - Designated Community Services staff
   - Long Term Care Manager
   - Adult Care Home Manager
   - Public Guardian
   - Adult Protective Services Manager

   The ADSD IMT will be responsible for:
   - Designating liaisons with county, state, federal, and other emergency systems unless performing as part of a larger DCHS IMT.
   - Reporting to, and working with the DCHS Director and Public Information Officer whenever implementation of a department emergency plan is necessary
   - Implementing ADSD emergency plan as instructed by ADSD director

2) ADS Branch Offices and Contractors that provide direct services will:

   Activate their emergency procedures by contacting their designated emergency primary and secondary points of contact and inform them that emergency procedures are to be activated. The primary and secondary points of contact will be identified in advance and

should be persons who:

a) Can be called into action at night and on weekends,
b) Can reach the office or site of disaster in a reasonable time frame (30 minutes); ideally the contact person will live nearby and have suitable transportation to reach the site,
c) Have an office key, and
d) Are authorized to carry out appropriate management functions during the crisis until a manager can get to the site.

3) ADSD direct service programs and contract partners will:
   - Provide a summary of their service and fax or deliver it to the Helpline Coordinator. Summary will include:
     - Status of the office (hours open, level of functioning
     - List of services available
     - Targeted population for these services
     - Assistance that clients or the office may need
     - List of staff and telephone numbers willing to assist where necessary
     - Name of person in charge

4) Case Managers of Aging and Disabilities Services Network and Public Guardians will:
   - Identify potentially vulnerable clients and implement the emergency plans developed for them. The Long Term Care Manager will contact Nursing Facilities in the affected localities to ensure that emergency plans are activated for individual clients if necessary and Area managers will do the same for clients in Residential Care and Assisted Living Facilities. The Adult Care Home manager will follow up with clients of that system.

5) An incident command site will be designated:
   a) The DCSH Director in coordination with Multnomah County Office of Emergency Management and County Facilities Manager will determine a suitable location for the department's IMT operating location based on the scope of incidents that are of potential impact to DCHS's served population.
   b) If the emergency is countywide and interrupts travel and/or communication between the east and west sides of the Willamette River, more than one operating location may be designated to enable service to the entire county.
   c) For more localized emergencies, the DCHS and ADSD Directors or designees will select an appropriate command site on a case by case basis.

6) The Community Services Manager will:
   a) Collect information provided by ADSD program & Area offices, and contractors by telephone (503-988-3646) or by fax (503-988-3656).
   b) Prepare a summary of ADSD program & area offices and contractor changes and availability, and return-fax to 24-hour on-call staff, program and contract offices in a timely manner.
   c) Coordinate with DCHS Public Information Officer to for getting information to served population.

d) Activate back-up staff, depending on call volume and after hours consulting with ADSD leadership team.
e) Coordinate with ADSD IMT should a disaster be declared.

5. Planning and Coordination

A. The ADSD Emergency Services Coordinator (ESC) will: Ensure that plans are reviewed annually and that ADSD staff and new employees are familiar with the ADSD COOP, Network Emergency Services Plan, and workplace Fire and Evacuation Action Plans. Personal Emergency Preparedness will also be covered during periodic trainings.

The ESC will coordinate with ADSD Helpline Staff to oversee a voluntary emergency registry of vulnerable clients and assist the IMT during emergency situations. The ESC will also advise ADSD leadership on emergency planning issues and recommend changes to procedures and emergency plans when required.

B. The Community Services Manager will: Ensure that an aging & disability network staff contact roster is up to date and includes lines of authority, home phone numbers, and contract agency manager contact information. The contact roster will include cellular phone numbers for staff who have them. This information will be provided to key staff and IMT members.

C. The Emergency Services Coordinator will: Manage emergency procedures plans for ADSD branches, program offices and contractors and make sure they are accessible by all ADSD staff. Likewise, emergency procedures for licensed living facilities including adult foster homes, assisted living, residential care, and nursing homes will be collected annually by the Long Term Care, Area, and ACH Program Managers.

Procedures and information will include:

- Agency contacts by position and name,
- Contact's business phone, home phone, cell phone, and fax numbers.
- Staff contacts that may be called after-hours and weekends
- A summary of services the contractor is able to provide in both serious weather conditions, other emergencies, or during declared disasters
- Who can be served in an emergency, any restrictions which apply (i.e., boundaries, clients, general public, response time),
- Additional resources available at the contractor's location (i.e., generators, kitchens, showers)
- Client tracking system (i.e., buddy system, phone tree, volunteer assistance, back-up providers, in-person screenings or visits, lists of clients vulnerable in emergencies).

D. ADSD programs and work sites will ensure that:

1) Each program has an emergency plan to be attached as an appendix to this plan.

2) General instructions and reminders are issued to all staff regarding inclement weather procedures.

3) ADSD managers, designated emergency contact persons, and back-ups for each ADSD program will have at home a current list of all staff members' home phones, and cellular phone numbers. Phone lists will contain any indication of limitations affecting a staff person's ability to respond to an emergency.

4) ADSD program and branches ensure telephone coverage or arrange for phones to be forwarded, if feasible, to the Central Helpline. Telephone procedures will be readily available in each office so that the first person in the office has access to instructions regarding:
   - Terminating forwards
   - Answering procedures
   - Forwarding procedures

E. ADSD branches, programs, and contractors will ensure that:

1) Staff members are informed as to who their emergency contact and back-up persons are and how to reach them if they cannot travel to their work site.

2) Staff with direct service assignments will develop a list of clients who can be identified in advance as at-risk or severely threatened in case of serious weather or other emergency. These clients will be assisted in accessing the voluntary emergency registry and in developing a emergency plan that address the following:
   - Immediate support system
   - Pre-arranged relocation plan
   - Care of pet (as required)
   - Delivery of prescriptions and groceries

   These clients will be given Helpline cards and telephone stickers and reminded to call that number in case they cannot reach their case manager in a non-medical emergency.

6. Emergency Services Annexes

The following "Annexes" pertain to situation specific policies and procedures for assisting agency clients in an emergency.

Annex A – Excessive Heat Events

When the temperature climbs past 90 degrees for more than three days, experts recommend remaining indoors. Even short exposure to extreme heat may have harmful effects—causing dehydration, heat exhaustion, heat stroke or worse. Everyone is at risk when temperatures rise, but the elderly are particularly vulnerable if they don't have access to air conditioning and have not maintained good hydration.

Excessive heat events typically occur when the combination of air temperature and humidity, calculated as a heat index score, exceeds 100F as determined by the National Weather Service (NWS). The NWS will formally issue an "Excessive Heat Warning" when this occurs with a projected period of duration that maybe subsequently extended or

reduced as an event develops. The term "heat event" is applied by ADSD when Excessive Heat Warnings are in effect for three or more consecutive days.

NWS may also issue an "Excessive Heat Advisory" for high temperatures that do not reach the level of a formal warning, or in the period immediately before a warning is issued. Heat advisories, although not as severe, heat warnings, may still entail considerable risk to division clients, especially if of a prolonged nature. Heat response protocols described in this policy are scaled to mitigate the relative degree of risk associated with a particular event .In the most extreme situations, ADSD may seek the assistance of the County Office of Emergency Management (COEM) to address the expected level of client need.

The vulnerability of ADSD clients to heat related health risks will likely require that ADSD take the lead in alerting COEM, DCHS and partner organizations.

ADSD will:
Monitor Weather forecasts via NWS in the event temperatures are projected to reach at least 95°F for three or more days consecutively, ADSD will contact cooling center sites to initiate activation of cooling centers and confirm logistics. ADSD will make every effort to contact cooling center partners as soon as possible after learning of the need to activate.
Issue a Heat Advisory to local media outlets with cooling tips, cooling center locations and hours of operations as well as a list of alternative air conditioned places that at risk people can obtain refuge from the heat.
Alert responsible staff members and community partners.
Debrief with cooling center partners regularly while centers are open to ensure continuity across all site locations.
Evaluate the need to send out a Heat Advisory in situations that do not meet the need to activate cooling centers but when heat risk factors exist.
Maintain comprehensive "Cooling Station Procedures," and coordinate with providers annually to ensure plans and procedures are up to date and executable.

Cooling Centers will:

Provide follow up by sending email alerts to predetermined email distribution list advising nearby housing and community partners of the facility's extended cooling station hours.

Annex B – Severe Weather (other than Heat Events)

ADSD Director will determine if or when activation of ADSD COOP becomes necessary when severe weather impacts the ability to continue providing services at normal capacity.

ADSD Staff can obtain information about county office closures by accessing Multnomah County's Internet sites and the DCHS inclement weather and natural disaster information line, 503-988-5523.

Helpline staff will maintain a set of procedures "Severe Weather Instructions for Protocall Clinicians" (last updated 02/23/11), and coordinate with the Protocall contractor annually. These procedures are intended for use during ADSD after hours, holidays or other times when ADSD offices are closed.

"Severe Weather Instructions for Protocall Clinicians"

In the event of severe weather, Multnomah County Aging & Disability Services will forward their main line to Protocall if our offices are closed. The guidelines below were created to help problem-solve with callers. We have limited resources to assist during inclement weather. Our hope is that you can help callers identify solutions and only page on-call when there is imminent need and no identified resources. ADS will have an incident command structure set up to identify and prioritize unmet needs and will communicate concerns to our Office of Emergency Management.

For all scenarios:
Assess needs and strengths of client and indentify options available to meet their needs. Be creative with problem solving. Document result of conversation.

Transportation Requests
See below for general guidelines. Many situations will come up like getting someone without heat to a warming center. Always explore natural supports and caller's resources. Taxi cabs are an option but often have very long waiting times. ADS does have limited access to taxi vouchers for urgent situations.

Urgent Life Threatening Situations, including Medical Transportation
Call 911 for Life Threatening Conditions. If unsure of the seriousness of condition and if available through Health Plan, Call Advise nurse for assessment.

Checking on Already Scheduled Rides, including Urgent Medical appointments like Dialysis appointments or other appointments
Call Ride Connections at 503-226-0700 or community partner they have reserved ride with. Ride connection can serve as clearing house if the agency they booked through is closed.

Non Emergency Medical Transportation for routine medical appointments
Is caller sure the doctor's office is open? Can they reschedule appointment?
Have they considered asking family members, friends, neighbors, caregiver, and faith community member for help?
Can they take taxi cab?
Can they safely use own transportation or have someone help them?

Out of medications –
Are they completely out of medication or do they have enough to last them a couple of days?

Can they call doctor's office or advise nurse and ask what would happened if medication is not taken for a couple of days?
Have they considered asking family members, friends, neighbors, caregiver, faith community member, etc for help?
See List of 24 Hour Pharmacies – can they have prescription transferred and have someone pick up for them?
If out of funds, explore natural supports.
If need is unmet after problems solving, page on-call, but there is no guarantee we can help.

Out of food –
Look into own Resources –
Check pantry, refrigerator – they may have crackers, soup enough to hold them over for a couple of days
If completely out of food can a neighbor, family, friend, etc. help?
If need is unmet after problems solving, page on-call, and we can explore having Meals on Wheels delivered. 503 736-MEAL
Police non emergency is a back up option. It is up to the officer if they will deliver a food box.

Out of heat, furnace not working –
Is there another type of heating source available, space heater, wood stove, fireplace
If no other heating source available – suggest dressing in layers, keep head covered, use blankets, and drink warm beverages.
Close windows properly, close curtains, close off any unused rooms
Space heaters – remind not to place to close to curtains.
http://www.oregon.gov/OSP/SFM/Fall_PressReleases.shtml -safety tips
If using alternative heating source, is it safe?
Use smaller room
Pets need to be kept warm too http://www.dovelewis.org/pdf/news-releases/cold_weather_10.pdf - tips for keep keeping pets warm
Can they stay with family or friend's home with heat?

Cold Weather Shelters/Warming Centers –
Help caller by going to www.211info.org 211 has the most updated list of shelters and warming centers.

Snowed/Iced In –
Assess need for caller to leave their home i.e.; need to go to dialysis
If need is urgent, ask them to identify any natural supports that could help
If need is unmet after problem-solving, page on-call, but there is no guarantee we can help.

Power Outage –
Is client in imminent danger without the electricity i.e. are they on a ventilator? Call 911/ Emergency Response Unit or can they stay with family, friends that have power?

If not in imminent danger, make "Out of Heat suggestions. (see above)
Page on-call if they use a medical device that needs power and not in imminent danger.

To report emergency situations (e.g., downed power lines, etc):

- PGE: (503) 228-6322 or (800) 722-9287
- Pacific Power and Light: 888-221-7070 (Customer Service), or (877) 508-5088 (direct repair/emergency line)
- NW Natural Gas: 503-226-4211 (Customer Service), or 800-882-3377(direct repair/emergency line)
- Water: contact the proper water bureau based on city. There are several within Multnomah County. City/County I&R 503 823 4000 can also be a resource.

Partner Agencies

- Mental Health Call Center – Open 24/7 for mental health emergencies
- 211 – Open 8:00 a.m. – 10:00 p.m. (depending on severity of weather)- serves as a general information & referral resource, updates shelter warming centers lists, volunteer clearing house (checking on that). 211 website is a good option for resource information, especially to find shelters and warming centers.
- City/County I&R – 503 823 4000, open M-F, 8:00 – 5:00, they can help with information pertaining to city/county services.

Annex C – Adult Protective Services (APS), Adult Care Home Program (ACHP) Intervention Procedures

On rare occasions a situation may occur in an adult foster care home that requires immediate action to ensure the health, safety, and welfare of the residents. In such situations, ADSD maintains a protocol for use both during normal and periods after normal working hours.

APS and ACHP staff will coordinate and maintain the following protocol.

This protocol is based on the value of providing the least interruption to the residents while balancing their safety. Also, it is important to acknowledge the legal aspects of these situations by ensuring law enforcement is involved when appropriate and that any decision is backed with factual documentation and meets the legal requirements found within the Multnomah County Administrative Rules.

Day Time: Adult Protective Services/Case Management:
APS determines the risk and safety factors of all residents when investigating an allegation of abuse, neglect and exploitation in an Adult Foster Care Home.

When there is reason to believe a crime has been committed, APS will notify law enforcement.

When there are factual indicators (see attached worksheet) that show a high level of risk is present due to abuse, neglect and/or any other reason to the residents of an adult foster care home, the APS worker will immediately consult with management staff.

The APS investigator, case manager and their respective management will determine if the risk is such that action to ensure the residents safety is necessary. If such action is required, the field manager or APS manager will contact ACHP management.

A three way decision will be made as to the appropriate intervention to ensure the safety of all residents. This decision will consider all factors starting with the least impact to the residents to moving all non-consenting residents or all residents depending on the situation from the adult foster care home.

If there is reason to believe that we cannot with certainty maintain a resident's safety, the decision to move the resident and/or residents will be made by ACHP management in consultation with the ADS Director.

The APS worker and/or the ADS case manager, with the assistance , MH or DD case management (as appropriate), will assess all residents to determine capacity to make decisions, risk factors related to moving the resident/residents, identifying known relatives, guardians/conservators and determining medical/medication requirements to make a move successful.

Prior to moving any resident, the resident, family, guardian or representative for a resident will be notified and an action plan developed for each resident.

If the decision is to remove any or all residents from the Foster Care Home, the APS worker will coordinate with case management to identify alternative placement options for the residents. APS will move all private pay residents, ADS case managers will remove those receiving services and DD/MH case management will remove those clients served through their system.

ACHP will provide assistance to all parties involved in moving residents.

After-hours:
After-hours on-call workers may, during the evening or on the weekends, be involved in a situation where the residents in an Adult Foster Care home may require immediate action to ensure their health, safety and welfare. In such situations, the following protocol will be used. This protocol is based on the value of providing the least interruption to the residents while balancing their safety. Also, it is important to acknowledge the legal aspects of these situations by ensuring law enforcement are involved when appropriate.

If there is reason to believe a crime has occurred the after hour on-call worker will notify law enforcement.

When there are factual indicators after an on-site visit by the on-call worker that show a high level of risk is present due to abuse, neglect or for some other reason to the residents of an adult foster care home, the on-call worker will immediately consult with the after hour management staff.

The after hour manager will determine if the risk is such that action to ensure the residents safety is necessary. If such action is required, the after hour on-call manager will contact the ACHP management. If the ACHP manager is not available, the after hour on-call manager will contact the Director of the Division, however, if neither the ACHP or Director is available then the after hour on-call manager will contact one of the Program Managers followed by a Field Program Manager.

Once the decision is made to move the residents, one of the program managers will be contacted to arrange for management to go onsite to oversee the process of moving the residents. This manager will determine if other after-hour on call workers may need to be called to assist with the move.

The on-call after hour worker will assess each resident to determine if immediate medical care is required. If immediate medical care is needed, call 911 and have the resident or residents taken to the Hospital ER.

The on-call after-hours worker will collect pertinent information that a new operator will need. This would include information from the residents' records, such as:

Responsible party (family, guardians, etc.) contact information
Brief summary of medical diagnosis and history
List of all medications (check the provider medication sheet against what the resident is currently taking)
Other relevant information that would be important for a placement (i.e. need for insulin administration or other nursing tasks, behavior issues etc.)
Assess level of transportation need (i.e. need for stretcher car or secure transportation needs)
The on site manager or the on call worker will attempt to contact all responsible parties to inform them of the situation and the need for the move as the responsible party may wish to take the resident with them on a temporary basis.

The on call worker will contact providers on the current emergency placement provider list of ACHP homes willing to take residents in an emergency situation and explain the care needs to determine if the operator will be able and willing to provide the necessary care.

All transportation of the residents will be done through medical transportation (workers will not move clients in their own cars). If any resident is unable to be transported by taxi, emergency transportation services will need to be used. If the resident or residents are able to be transported by taxi, the current agency contractor for transportation will be contacted by the on-call worker. (Radio Cab is currently ADS contractor for transportation).

Collect essential items to cover three day stay away from the home (clothing, grooming articles etc.)

Medications: Based on the situation and the immediate need to ensure the safety of the residents, a medication inventory should be conducted. This inventory would entail checking the medications of each resident based on the provider medication sheet. If the resident is very frail and the medication inventory points to discrepancies then transport the resident to the hospital ER for an assessment.

Medication Transportation: If at all possible and appropriate, ensure the medication is transported by the resident. If this is not possible because of the level of awareness of the resident, the on site manager will transport the medications to the new residence. Resident's record will be transported to the new location with the resident.

Agency Responsibility the Next Working Day:

Case Management:

Agency case management and or a Contract RN will conduct an onsite visit to determine any follow-up needs of those Medicaid residents who were moved.

ACHP: The next working day (or sooner if deemed necessary):

Will follow-up with family members and/or guardian of those private pay clients that were moved to identify any needs, concerns and/or issues that ADS can assist the legal representatives with.
Contact operator to follow up on the new placement
Determine if APS referral needed
Determine need to take administrative sanction on license of operator who AFH put the residents at risk.

Annex D – Public Guardian

Refer to existing COOP templates for public guardians (work at home, back-up worker assignments); use client PER to engage other, non-PG staff for support.

Annex E – Help Line

Refer to existing COOP for back-up staffing plan to accommodate increased call volumes during emergency situations or disaster situations.

Coordinate with members of the DCHS IMT for combining resources for high call volumes.

Appendix F: List of Designated Focal Points

ADSD's contracted District Senior Centers are the designated focal points in the county and are listed below.

West Consortium

- Neighborhood House (Lead Agency)
  7688 SW Capitol Highway, Portland, OR 97219
- Neighborhood House Downtown Site
  1032 SW Main St, Portland, OR 97204
- Friendly House (Partner Agency)
  1737 NW 26th Ave, Portland, OR 97209

North/Northeast Consortium

- Hollywood Senior Center (Lead Agency)
  1820 NE 40th Ave, Portland, OR 97212
- Hollywood Senior Center North Portland Site
  4720 N Trenton St, Portland, OR 97203
- Urban League Multicultural Senior Center (Partner Agency)
  5325 NE Martin Luther King, Jr. Blvd, Portland, OR 97211

Southeast

- Impact Northwest Multicultural Senior Center
  4610 SE Belmont, Portland, OR 97215

Mid-County

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

East County

- YWCA
  600 NE 8th St, Gresham, OR 97030

Appendix H: Statement of Assurances and Verification of Intent

For the period of January 1, 2013 through December 31, 2016, Multnomah County Aging & Disability Services Division (ADSD) accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) (P.L. 106-510) and related state law and policy. Through the Area Plan, ADSD shall promote the development of a comprehensive and coordinated system of services to meet the needs of older individuals and individuals with disabilities and serve as the advocacy and focal point for these groups in the Planning and Service Area. ADSD assures that it will:

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

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

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

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

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

A. Information concerning whether there is a significant population of older Native Americans in the planning and service area, and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under the Area Plan;

B. An assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides with services provided under Title VI of the Older Americans Act; and

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

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

September 28, 2012	*Peggy J. Brey*
Date	Director, [AAA]
September 28, 2012	*Steve Weiss*
Date	Advisory Council Chair
September 28, 2012	*Peggy J. Brey*
Date	Legal Contractor Authority
	Division Director 2