



Aging, Disability, and Veterans Services Division  
**Aging Services Advisory Council (ASAC)**  
 Tuesday, May 20th, 2025, 10:00 am – 12:00 pm  
 Five Oak Building, 209 SW 4th Ave, Portland, OR 97204  
**Pine Room, 1st floor**

**Zoom link:** <https://multco-us.zoom.us/j/94294725561?pwd=8ZEEiVfu9sCg74q4yUeayQEF5HVkl2.1>

Meeting ID: 942 9472 5561 – Passcode: Sac.2025

Time	Agenda Item	Purpose	Lead
<b>Attendees:</b>	Dave Daley, Scott Moore, Anne Lindsay, Brandy Penner, Barb. Rainish, Lawrence Macy, Monique Torres		
<b>Members</b>			
ADVSD	Deric Anderson, Anne Johnson, Cheri Becerra, Lynn Schemmer-Valleau, Marina Khalina, Alex Garcia Lugo, Jermey Nguyen, Nicole Galport, Jason Normand		
Guests	Amber Kern, Lana Lande		
10:00	Meeting open for sign on		Deric/Cheri
10:00	Opening – Zoom review and accessibility		Alex Garcia Lugo
10:05	Land acknowledgment		Alex Garcia Lugo
10:05 (25 min)	Presentation from Family Care Giver Support Programme (FCSP)		Lynn S-V
10:30	Agenda review (slide) – Call for public comment at the end of meeting.		Alex Garcia Lugo
10:30 (20 min)	Introductions – Please share your name and pronouns Welcome to new members <b>Prompt: What is a hobby you just started, or have been doing for a while?</b>		Alex Garcia Lugo
<b>Next Steps and Action Items</b> ●			
11:00	<b>BREAK – 15 minutes</b>		
11:15 (15 min)	<ul style="list-style-type: none"> <li>- Guest Time (Amber Kern, Hollywood Senior Center)</li> <li>- Lynn introduces herself and starts a presentation about the Family Caregiver Support Program (FCSP). This program uses federal funding through the OAA, Title E3, and county general funding. FCSP is a national program that helps informal and unpaid family caregivers. This is to support caregivers so they can continue to provide care for their loved ones. Clients with the FCSP must be 18 years or older, and provide care and support to loved</li> </ul>		Marina Khalina

ones who are 60 years or older, or someone with Dementia or Alzheimer's. FCSP also includes the Relatives as Parents Program (RAPP). This program helps informal caregivers with children under the age of 18. We help eligible caregivers by conducting an assessment to determine needs and gaps, and then providing referrals, case management, system navigation, support groups, workshops, and trainings. Examples of resources include support groups, help with respite care, and assistive equipment (when available). Resources also include working with community partners, *Savvy caregiver*, and *powerful tools for caregivers*.

***\*Powerful Tools for Caregivers Support Group*** is an educational program designed to help family caregivers take care of themselves while caring for a relative or friend. You will benefit from this class whether you are helping a parent, spouse, or friend.  
*Participants will learn to:*

- *Reduce stress*
  - *Improve self-confidence*
  - *Better communicate feelings*
  - *Increase their ability to make tough decisions*
  - *Locate helpful resources.*
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- Scott asks, if in a situation where an older adult is at an independent living facility, would the program keep supporting the older adult so they can continue to stay in an independent living community before they move into a higher needs area, like a memory care unit or skilled nursing.
  - Lynn responds by saying through the Oregon Caregiver Assessment they can receive referrals for case management and various support groups. The assessment is done on the caregiver and not the older adult, and the resources are for the caregiver.
  - Dave says that certain resources like virtual trainings can be hard when caring for someone with dementia, so how would case management help with this?
  - Lynn says that situations are different, but case management helps to establish boundaries and needs. It

	<p>is also important to discuss planning, which case management can offer. Examples of this would be offering training such as discussing options for future plans regarding the person they are caring for. Support groups can be great for caregivers so they avoid social isolation.</p> <ul style="list-style-type: none"> <li>- Marina adds that case management can help come up with a plan for the caregivers, such as coordinating respite care. Additionally, there is value in connecting with a care network from the county because of the partnerships.</li> <li>- Dave expresses that it would be great for someone to look at the physical situation as opposed to virtual trainings. The health plan that worked for people who could go to the healthcare facility isn't very helpful when after the person goes into a care facility. Dave also asks if we helped develop the Oregon Caregiver Assessment.</li> <li>- Marina responds by saying that we had an employee help with the outcomes and they can help us answer questions you may have.</li> <li>- Amber provides an introduction and overview of the work being done as a long-term community partner and district center. <i>The Community for Positive Aging</i>, formerly known as <i>The Hollywood Senior Center</i>, was founded in 1973. Their mission is to create a healthier, more inclusive, and deeply connected Portland where older adults can thrive through innovative programming, compassionate support services, and person-centered care. The Community for Positive Aging served more than 4,650 participants through their wrap-around services, including: Transportation, Food Security, Health Navigation, Healthy Aging Solutions and Wellness, Housing Stability, and Community Support. More than 90% of the clients are low-income and most of the case-managed clients are living with disabilities. Their programs and services are designed for adults 55 + with a focus on those living on low or fixed incomes. The Community for Positive Aging offers food resources to anyone in need and does not have membership fees or income requirements. Focuses include: Food Security, Community and Social Determinants of Health,</li> </ul>	
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Community Building and Reducing Social Isolation, and Aging Support and Case Management. The Community for Positive Aging partners with The Urban League of Portland to offer services. The Center is a physical location at CFPA and is where members come together to learn, connect, and attend events. CFPA is contracted with Multnomah County and serves as the N/NE District Center. They offer Case Management, Options Counseling, support for family caregivers, and OPI. CFPA is working with Multnomah County to help with rides through TriMet and is also doing work with supportive housing. Food security has been a focus to help reduce food insecurity, including offering an Asian food pantry for older Asian adults. Their community health work includes climate resilience, resource navigation, and emergency preparedness. The Center can also act as a cooling center when needed. They are a resilience center that leverage partnership and resources to help meet changing needs by making programs accessible, flexible and impactful.

- Dave said their work is amazing and there are places that don't have the same quality as CFPA. He asked what changed with OPI and when did OPI-M happen?
- Amber responded that OPI-M is because that service is hoping that medicaid remains consistent. Case Managers will transition people over to OPI-M, and serving case-managed clients may look different. \*Amber expressed that she would love to be at the next meeting to discuss this more, and that things are changing really fast.
- Marina says that we have our partners here to start the conversation about the changes. OPI-M was meant to expand OPI and to change financial requirements. Although, this changes the work for Case Managers and admin tasks have become heavy. When Medicaid is involved, it becomes complex, and they can't sustain the program with the current model and admin tasks keep getting added. We are working with partners to solve this and Multnomah County is unique because of the volume of consumers. Not everyone will be eligible for OPI-M, and now CMS said that each consumer has to be assessed for OPI-M. The program has not been what the state presented it as.

	<ul style="list-style-type: none"> <li>- Lana shares that it has changed it a lot. We thought it would be more like OPI, but it is more like Medicaid. We are concerned that we may lose a program that is funded by the state, so we are working on adapting.</li> <li>- Amber said the funding will impact a lot, and the model will impact the sustainability of the changes. Budget cuts will also impact Case Management.</li> <li>- Dave said that it seems like we pushed the intake out to the consumers and that it sounds like we are sending clients to the county instead of the community centers where they are used to going. Maybe the county can have remote Case Managers at the community centers.</li> <li>- Marina shares that we want to continue this and our priority is to serve the consumers.</li> </ul>	
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#### Next Steps and Action Items

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11:30 (20 min)	Bylaws <ul style="list-style-type: none"> <li>- *Moved to next meeting</li> </ul>	Marina Khalina
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#### Next Steps and Action Items

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11:50 (10 min)	Public testimony <ul style="list-style-type: none"> <li>- Dave says that instead of seeing Lana, and that she works at a great place, but maybe we hear from people that serve an underrepresented population, or from a place that does things differently.</li> <li>- Lana expresses that they would like to speak about budget, present ideas, and some other things for solutions for feedback. They would like to speak less about friendly houses, but rather about the June 1st deadline.</li> <li>- Barb. asks if people will be less likely to qualify for OPI, now that there is OPI-M.</li> <li>- Marina says people with a higher income will qualify for OPI-M if they don't get Medicaid. There are assessments for needs level and financial requirements for Medicaid. OPI-M allows for higher financial requirements and if you don't qualify for Medicaid, you might qualify for OPI-M. However, you may not due to other requirements and</li> </ul>	Marina Khalina
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	<p>assessments.</p> <ul style="list-style-type: none"> <li>- Barb. suggests that there should be a prequalification to help reduce admin work.</li> <li>- Marina agrees, and says if it were part of Medicaid it would work differently, but you can send documents in for review with OPI-M.</li> <li>- Alex asks meeting attendees to respond to the attendance email, which helps determine meeting delivery/method.</li> <li>- Barb. asks if there is an agenda for Thursday's DSAC meeting. She also recommends that the next time the meeting format changes, there should be a note of the change on the agenda.</li> <li>- Alex responds that the DSAC meeting materials will be released soon.</li> </ul>	
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#### Next Steps and Action Items

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12:00	<p>Closing</p> <ul style="list-style-type: none"> <li>• Reminders for reply to in-person or virtual</li> </ul>	Alex Garcia Lugo
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#### Next Steps and Action Items

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12:00 pm	Adjourn!
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#### Upcoming Meetings:

- ASAC: June, 2025, 10:00am - 12:00pm

**Common acronyms used in ASAC Meetings** – While we strive to avoid acronyms and jargon here are some you may hear in ASAC meetings

- ADVSD - Aging, Disability and Veterans Services Division, DCHS
- APD - Aging and People with Disabilities, Oregon Department of Human Services
- APS - Adult Protective Services
- ASAC - Aging Services Advisory Council
- BIPOC - Black, Indigenous, and People of Color
- DCHS - Department of County Human Services (Multnomah)
- DSAC - Disability Services Advisory Council
- LTSS - Long Term Services and Supports
- NEMT - Non-Emergent Medical Transportation
- O4AD - Oregon Association of Area Agencies on Aging and Disabilities
- ODHS - Oregon Department of Human Services (also called DHS)

- OPI and OPI-M - Oregon Project Independence (- Medicaid)