



Aging, Disability, and Veterans Services Division
Disability Services Advisory Council (DSAC)
 Wednesday, January 21nd, 2026, 10:00 am – 12:00 pm
 Five Oak Building, 209 SW 4th Ave, Portland, OR 97204
Oak 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
Attendees: Members	Gail Skenandore, Caroline Underwood, Barb. Rainish, Jesse Guardipee, T.J Anderson (V), Carol Snell (V)		
ADVSD	Cheri Becerra, Deric Anderson, Tatyana Gannotskiy, Sarah Feldman, Irma Jimenez, Micheal Graham, Kristin Riley, Rozalind Darby, Commissioner Moyer, Hayden Farris		
Guests	Timothy Gage		
10:00	Meeting open for sign on		Deric/Cheri
10:00	Opening – Zoom review and accessibility		Sarah Feldman
10:05	Land acknowledgment		Sarah Feldman
10:10 (10 min)	Introductions – Please share your name and pronouns Prompt: What is one of your favorite places in the world?		Sarah Feldman
10:20	Agenda review (slide) – Call for public comment at the end of meeting.		Sarah Feldman
10:20 (40 min)	<ul style="list-style-type: none"> - Public Guardian presentation - Kristin provided an overview of the Public Guardian & Conservator (PG&C) program. The program implements court appointed guardianship and/or conservatorship for adults who are mentally incapacitated, unable to care for themselves, and are at high risk for harm due to abuse, exploitation, or extreme self-neglect. The mission of the program is to provide court-ordered protection for adult victims of abuse, neglect, and financial exploitation while enhancing personal choice and quality of life. The program expands ADVSD, IDD, and behavioral health. Clients need to meet the following requirements for guardianship: The person being incapacitated, high risk of abuse, exploitation, loss of life or imminent threat to health/safety, no lesser restrictive options available, no family willing or able to serve, the guardian is qualified, suitable and willing to serve. Conservatorship 		Kristin R.

requirements include: Evidence of financial incapability, documented or high risk of financial exploitation, over \$10,000 income and assets, a conservator is necessary, qualified, willing and able to serve, no lesser restrictive options available. Program requirements for clients include: Being 18 years or older, being a resident of Oregon and Multnomah County, having a clear viable plan for how the authority will effectively intervene, and program capacity. There are different types of guardianship/conservatorship including: Temporary (emergency), indefinite, successor, and special fiduciary (via protective order). The type of guardianship/conservatorship depends on the situation of the client. For example, a special fiduciary appointed by the court makes the following decisions for an individual: Custody, care, medical, end of life, funeral arrangement, benefits, financial management, personal property, legal representation, access/visitation/associations. People need to get permission from the court, but unless there is a financial concern people should not request authority over another adult. Visitation can be managed by guardians, and as conservators, PG manages lots of financial needs including paying bills and property management. PG has restrictions including: Marriage, voting, seek/retain employment, access to personal records, object to guardianship and/or movement or placement, and contact and retain separate legal counsel. PG needs court approval for: Placement in a facility, MH/BH commitment, consent to certain medical procedures, filing for divorce, consent to termination of parental rights, consent to sterilization or abortion, sale of real property, set up of trusts, etc. The referral process includes: The initial consult, communication, medical documentation, a viable plan, and waitlist priority. Within the viable plan, placement is a way to keep someone safe and for clients to receive additional support. The legal appointment process involves a petition, which consists of providing notice to parties or can be a court visitor. Within the notice to parties, it can either be uncontested or contested, and the outcomes can either be limited judgment or mediation or STIP. judgment or decision. For example, outcomes can consist of Multnomah County

	<p>and family. Guardianship tends to be for life, although there can be restored capacity, in which case guardianship ends for that client. PG staff are on-call, and there is a lot of work involved in being a guardian for someone. PG takes up to 400 calls a year, and conversations often discuss the guardianship process. PG works with the sheriff, county attorneys, financial services partnership, etc. PG follows national standards and has clients throughout the state. Money management is a large part of what PG does, which includes income and bill payments, monitor and manage benefits, etc. PG has to know and monitor every aspect of the client and their needs. PG has ethical standards such as assessing care setting and valuing autonomy. PG prioritizes trying to make the decision the client would have made before they became incapacitated. We try to be an advocate for the person. PG consults and does not make decisions as clinicians.</p> <ul style="list-style-type: none"> - Timothy said people can have a negative experience with guardianship, and is wondering how guardians can restore capacity for clients. - Kristin responded that the program discusses the options with clients and would want to meet objectives to show the client has the needed skills. - Timothy asked how clients can show restored capacity. - Kristin said they can call Disability Rights Oregon. They are advocates and will help anyone in the involved party. - Commissioner Moyer asked what the caseload is for each guardian. - Kristin said 25-30, although the caseload is lower right now due to recent deaths. We also have a culturally-specific guardian. 	
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Next Steps and Action Items

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11:00	BREAK – 15 minutes
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11:15 (10 min)	<p>Public Guardian: Questions and discussion</p> <ul style="list-style-type: none"> - Barb. asked what the mental/behavioral health commitment is and is curious about the numbers such as how many people are in the program. 	Kristin R.
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	<ul style="list-style-type: none"> - Kristin said for example, there might be a client PG consents to being at the state hospital. - Barb. said it is interesting that people can get married, but need PG to get divorced. - Kristin shared there is more of a want for companionship, and there are financial things to consider with divorce. She added that there are roughly 140-170 clients and 10-17 deaths a year. There have been more deaths than usual this year because of chronic conditions and diseases. - Tatyana asked about the waitlist. - Kristin said there are 30-40 people on the waitlist and 60 people in consult mode. - Commissioner Moyer asked if Multnomah County has something other than PG, like power of attorney. - Kristin said it is only PG right now, and there would be ethical questions/concerns around that, but is curious about other programs. Kristin also said advance directives would help PG make the best decision for the client. - Jesse asked if PG works with a specific Native American partner. - Kristin is not familiar with the specific partner mentioned, but PG would want cultural support to be explored first before PG steps in. - Timothy discussed advanced directives. 	
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Next Steps and Action Items

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<p>11:25 (20 min)</p>	<p>Area Plan Update: Nutrition Program Introduction to the Baseline Project</p> <ul style="list-style-type: none"> - Nicole provided an overview of the Baseline Project and is wanting DSAC to be involved with feedback on research and evaluation. There are 32 programs within ADVSD, and this project is to create a standardized and consistent way to measure success. This includes models, program summaries, key performance indicators, etc. The purpose of this for ASAC and DSAC is to provide feedback. We are wanting to create transparency and accountability for our programs. We have institutional knowledge and this will 	<p>Nicole G.</p>
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	<p>help with turnover for new hires and to help provide program information for onboarding. This will help with communication and decision making. This will help create the same experience with the same understanding of each program. Council members will have this available to them as well. Logic models include inputs/resources, activities, outputs, outcomes, and this will help our outcomes. One program has been completed and we are working on the next two. This will aid in determining the success of the given program. These will be brought to ASAC/DSAC for feedback to make sure this translates to the community.</p>	
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Next Steps and Action Items

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<p>11:45 (5 min)</p>	<p>Announcements & Reminders</p> <ul style="list-style-type: none"> - Training opportunity with O4AD - Budget survey - County budget 101 workshop - Area plan annual review due by July 31st - Spring O4AD meeting - Proposed combining the ASAC & DSAC in April for the O4AD meeting - Multico Office of Community Involvement - Advisory council info video reminder 	<p>Sarah F.</p>
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Next Steps and Action Items

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<p>11:50 (10 min)</p>	<p>Public testimony</p> <ul style="list-style-type: none"> - Gail said that the PG program has opened her eyes to resources that are available and she will help make people aware of the program. - T.J said there are Trimet reductions going on and encouraged people to be aware of that. 	
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Next Steps and Action Items

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12:00 pm	Adjourn!
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Upcoming Meetings:

- DSAC: Wednesday, Feb 18, 2026, 10:00am - 12:00pm
- ASAC: Tuesday, Feb 17th, 2026, 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)



Disability Services Advisory Council (DSAC)

January 21, 2026

Aging, Disability, and Veterans
Services Division

Department of County Human Services

Meeting goals

- Welcome
- Accessibility
- Land acknowledgement
- Introductions: members, County staff, and guests.
- Public Guardian program
- Area Plan: Performance Management Baseline Project
- Announcements and Reminders
- Public testimony
- Future meetings



Main features of using Zoom on a computer.

Zoom application features in the works, as requested.

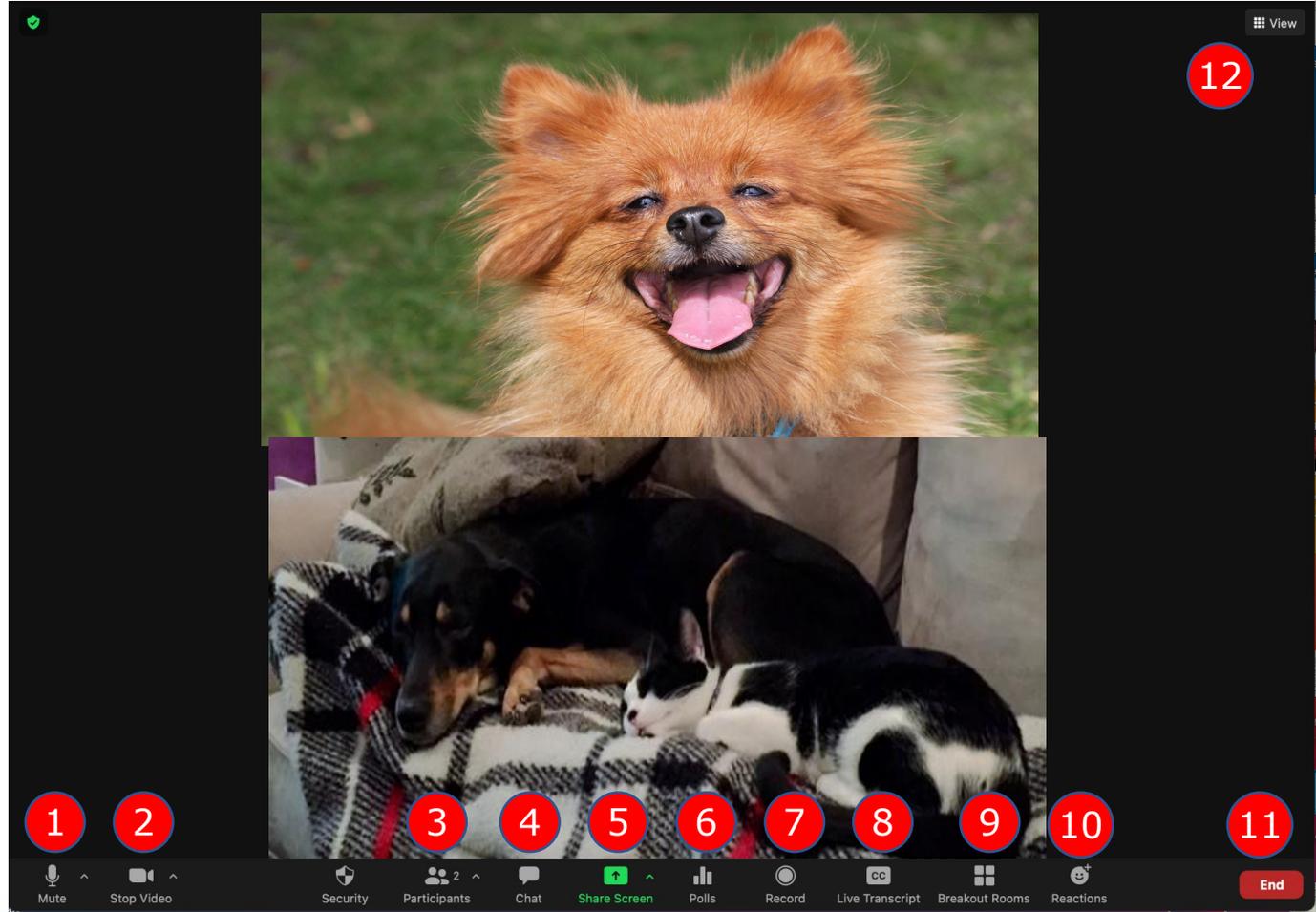
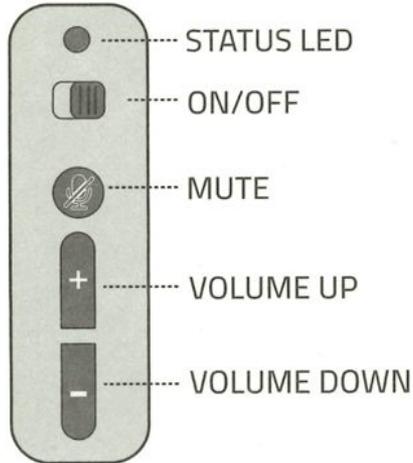


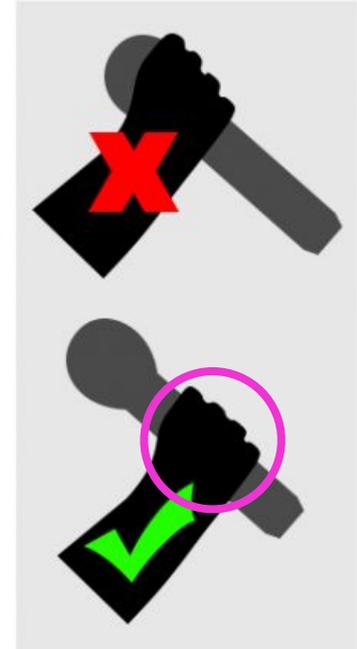
Image of a Zoom platform screen with two dogs in the participant boxes and red circles with white numbers above each of the Zoom button icons.

Using the microphone

Green solid – mic on
Green blinking – standby



Hold the mic about 5cm/2" from your mouth...



and don't cup it!
(unless you're rapping)



Accessibility statement

We will (imperfectly!) model accessible presentation techniques such as:

- Using a minimum of 20 point font on slides.
- Limiting reliance on words and images.
- Orally describe visual presentation elements.
- Taking time on slides.
- Ask ahead of time if anyone needs accommodations.



Accessibility statement, continued

- Use a virtual platform with auto-generated closed captioning.
- Include alternate text or image descriptions.
- Accommodations were requested and met.
- In use—voice amplification.
- Not in use—ASL interpretation, CART services.



Land acknowledgement

We are located in Portland, Oregon, Multnomah county.

Today, we honor the Indigenous people whose traditional and ancestral homelands we stand on—the Multnomah, Kathlamet, Clackamas, Tumwater, Watlala bands of the Chinook, the Tualatin Kalapuya and many other Indigenous nations of the Columbia River.

It is important we acknowledge the ancestors of this place and to recognize that we are here because of the sacrifices forced upon them.

In remembering these communities, we honor their legacy, their lives, and their descendants.

Quick introductions

Please share:

- Your name
- Pronouns
- Ice Breaker

What is one of your favorite places in the world?





Multnomah County **PUBLIC GUARDIAN &** **CONSERVATOR**

**Department of County Human Services
Aging, Disability and Veteran Services Division**

Presented by:

Kristin Riley, NCG, LCSW
Public Guardian and Conservator

MISSION

Provide court-ordered protection for adult victims of abuse, neglect and financial exploitation while enhancing personal choice and quality of life.

MCPGC obtains and implements court-appointed guardianship and/or conservatorship for adults who are:

- Profoundly mentally incapacitated, and
- Unable to care for themselves, and
- Currently at high risk for harm due to abuse, exploitation or extreme self-neglect



STATUTORY REQUIREMENTS

GUARDIANSHIP

- The person is provably **incapacitated** 
- High risk of abuse, exploitation, loss of life or imminent threat to health/safety
- No lesser restrictive options available (ex: advanced directives, POA, rep payee, supported decision-maker)
- No family willing or able to serve
- The guardian is qualified, suitable and willing to serve

ORS 125.005

A condition in which a person's ability to receive and evaluate information effectively or to communicate decisions is impaired to such an extent that the person presently lacks the capacity to meet the essential requirements for the person's physical health or safety.



STATUTORY REQUIREMENTS

ORS 125.005

A condition in which a person is unable to manage financial resources effectively for reasons including (but not limited to) mental illness, intellectual disability, physical illness or disability, chronic use of drugs or controlled substances, chronic intoxication, confinement, detention by a foreign power or disappearance.

CONSERVATORSHIP

- Clear and convincing evidence of **financial incapability**
- Documented or high risk of financial exploitation
- Over \$10,000 income and assets
- A conservator is necessary, qualified, willing and able to serve
- No lesser restrictive options available (ex: power of attorney, rep payee, trust, etc.)



PROGRAM REQUIREMENTS

MCPGC

- 18 years or older
- Resident of Oregon and Multnomah County
- Clear, viable plan for how the authority will effectively intervene
- Program capacity



LEGAL SCOPE

TYPES OF GUARDIANSHIP / CONSERVATORSHIP

- Temporary (Emergency) GC (ORS 125.060)
- Indefinite GC
- Successor GC
- Special Fiduciary (via Protective Order)

AUTHORITIES

- Full/Plenary
- Limited

By design, aspects of fiduciary authority can be restricted:

- *Guardianship: placement, medical, end of life, financial*
- *Conservatorship: assets can be restricted*



GUARDIAN

A fiduciary appointed by the court to make the following decisions for an individual:

ORS 125.315

- **Custody** *authorizing/arranging placement and living situation*
- **Care** *arranging care, comfort, maintenance of the person's well-being*
- **Medical** *consent or refusal of healthcare/medical treatment*
- **End of Life** *withdraw artificial nutrition*
- **Funeral Arrangements** *decisions re: remains, body donations*
- **Benefits** *apply for and manage public entitlement program benefits*
- **Financial Management** *receive income and apply it for care and other needs*
- **Personal Property** *acquire and manage belongings*
- **Legal Representation** *sue and defend in lawsuits*
- **Access/Visitation/Associations** *allow or limit as needed for protection*



CONSERVATOR

A fiduciary appointed by the court to administer finances for an individual:

ORS 125.420 - 125.500

- **Income and Benefits Management**

SS, pension, wages, entitlement programs, stocks & bonds, annuities & retirement, insurance, inheritance, claims, etc.

- **Expense Management**

Placement & care, personal expenses, medical, insurance premiums, end-of-life expenses, transportation, creditors, taxes, etc.

- **Financial Contracts**

- **Personal Property**

- **Real Property**

- **Estate Planning**

- **Credit Management**

- **Protection from Fraud/Exploitation**



RESTRICTIONS ON AUTHORITY

A protected person retains all legal and civil rights provided by law except those that have been expressly limited by court order or are specifically granted to the guardian:

RIGHTS RETAINED BY THE PERSON

- Marriage
- Vote
- Seek or Retain Employment
- Access to Personal Records
- Object to guardianship and/or movement or placement
- Contact and retain separate legal counsel

ACTS REQUIRING COURT APPROVAL

- Placement in a facility or institution (ITP)
- MH/BH Commitment
- Consent to certain medical procedures/clinical trials
- Filing for divorce
- Consent to termination of parental rights
- Consent to sterilization or abortion
- Sale of real property, set up Trusts, etc.



REFERRAL PROCESS

Initial Consult

- Ascertain urgency, risk
- Provide options for lesser restrictive interventions
- Guidance on how statutory and program requirements can meet needs
- Determine whether formal referral should be submitted.

PG Referral Worksheet

<https://www.multco.us/ads/public-guardian-program>

Communication

- Assessment of individual
- Ongoing updates between PG and referral source
- Acquiring documentation from referral source, others
- Multidisciplinary Team approach

Medical Documentation

- Physician's statement in support (statutory requirement for TG)
- Cognitive/psych evaluation
- OT assessment: address functional needs not just diagnoses

Viable Plan

- Placement
- Involuntary medicine administration
- Medical procedures

Waitlist Priority

- First Tier
- Second Tier
- Third Tier



LEGAL APPOINTMENT PROCESS



MCPGC OPERATIONS

Fiduciary Services

- Operates under ORS Chapter 125
- Clients are appointed for life or until capacity is restored (rare)
- Entity is appointed GC, Deputy assigned as “primary decision-maker”
- Decision-making staff are nationally-certified through the Center for Guardianship Certification
- Decision-making staff are available 24/7, holidays, evenings and weekends
- Caseload sizes 25-30 (national standard is lower)

Information & Consultation Services

- Case by case info & assistance available to the public re: all GC matters, process, etc.
- Formal consultations include ADVSD MDT, Behavioral Health MDT, Law Enforcement



MCPGC STAFF STRUCTURE

PRIMARY DECISION-MAKERS

- 1 x Multnomah County Public Guardian** *program manager, bonded*
- 1 x Senior Deputy PG** *information & assistance, referral, intake, supervisor*
- 5 x Deputy Public Guardians** *4 x general caseloads, 1 x culturally-specific*

NON-DM STAFF

- 3 x Support Staff** *clerical, legal, Deputy and administrative support*
- 1 x Case Manager** *client escorts and medical, monitoring visits*
- DCHS Business Services** *client accounting and program finance support*
- County Attorney and Staff** *legal services and representation (direct involvement)*
- Volunteers/Students/Interns** *as assigned*



MCPGC DAILY

- **Build relationship** with clients and support systems to ascertain their values, needs, preferences based on ethical standards of practice (see NGA Ethical Principles, below).
- **Face to face contact** with clients at least once/month or more frequently, based on acuity/case need. Program standard: comprehensive case review every 6 months.
- **Annual court reporting** and situational filings.
- **Case management**, collaborate with service providers, care providers, review daily changes, incident reports, attend ISP/care conferences.
- **Track, monitor all medical needs including meds, changes in health, hospitalizations.**
- **Consent to medical treatment:** consult with medical providers, assess outcomes, authorize.
- **Medical transportation** arrange or escort clients to health care appointments.
- **Placement** identify and effect residence and care in appropriate living situation/facilities.
- **Money management:** Income and Bill Payments such as R&B, utilities, services, QoL purchases. Monitor and manage benefits: Medicaid, trusts, client debit cards.



NATIONAL GUARDIAN ASSOCIATION

Ethical Principles

Guardians must follow the court order appointing them as well as state laws in making decisions for a person subject to guardianship. These include:

- Treat the person with dignity
- Involve the person as much as possible in decision-making process
- Select the intervention/option that imposes the least degree of restriction on the persons freedoms and autonomy
- Advocate for the person's goals, needs, and preferences
- Maximize the person's independence and self-reliance
- Maintain confidentiality of the person's affairs
- Avoid conflict of interest
- Comply with all laws and court orders (ORS, Circuit Court Probate, NGA, Multnomah County)
- Manage financial affairs with care and reserve
- Always respect and remember that the money and property being managed belongs to the person



NATIONAL GUARDIAN ASSOCIATION

Decision-Making Guidelines

Guardians should make decisions utilizing the following standards

- **Engage directly with the person**

- **Substituted Judgment**

Consistent with guardianship law in the State of Oregon and promotes values of self-determination:

- *The decision the person would have made if/when they had capacity*
- *Not to be used when the person's wishes would cause harm, injury, or illness*
- *Promotes values of self-determination*

- **Best Interest**

Requires the least intrusive and restrictive, most normalizing course of action that best meets the need.

Engaged when:

- *The person never had capacity past or current, their wishes/goals/preferences cannot be determined, and their history is unknown*
- *Following their wishes would cause harm, injury, or illness*



RESOURCES

Multnomah County Public Guardian and Conservator 503-988-4567

<https://www.multco.us/ads/public-guardian-program>

Laws Courts

- **Oregon Revised Statute 125**
https://www.oregonlegislature.gov/bills_laws/ors/ors125.html
- **Multnomah County Circuit Court / Probate Dept.** (503) 988-3022
<https://www.courts.oregon.gov/courts/multnomah/go/Pages/probate.aspx>

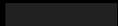
Standards Certification

- **Guardian and Conservator Association of Oregon** (503) 241-6009
<https://www.gcaoregon.org/index.html>
- **National Guardianship Association** (877) 326-5992
<https://www.guardianship.org/>

Report Conduct

- **Guardian Partners** <https://guardian-partners.org/>





**I'M TAKING
A BREAK**

15-minute break

Questions? Comments?

Public Guardian & Conservatorship

Kristin Riley, NCG, LCSW
Public Guardian and Conservator



Area Plan: Performance Management Baseline

- Establish a baseline set of performance management tools for each program; tools will help to define the programs, their main activities, intended goals and measures of success.
 - Logic Models
 - Program Summary
 - Key Performance Indicators
 - Maintenance / Review plan



Purpose

- Consistency across programs
- Transparency and accountability
- Data accuracy and reliability
- Sustainability and institutional knowledge
- Communication
- Decision making



Logic Models

Inputs / Resources

Activities

Outputs

Outcomes

What program does

- Planned work
- What resources are needed and available?
- How will the program address the need/problem?

Implementation monitoring

What program achieves

- Program's desired results
- What do you expect to see?
- Setting SMART goals
 - Specific
 - Measurable
 - Attainable
 - Realistic
 - Time-bound



Example: Nutrition Services

Deliverable	Description	Link
Nutrition Logic Model	A visual representation of the nutrition program including inputs, activities, outputs, outcomes, and impacts. REA Seniors reviewed program materials to create an initial draft of the logic model which was then validated and finalized with key program staff.	Nutrition Services Logic Model
Program Summary	A two-page summary of the nutrition program logic model, including the main issue the program addresses.	Nutrition Services Program Summary
Key Performance Indicators (KPI)	A KPI is a quantifiable metric used to track progress towards a stated objective. KPIs are aligned with ADVSD Performance Management Framework and are guided by various Department and Division strategic initiatives.	KPI Catalog (filter “Program” column for Nutrition Services)
Bonus Deliverables	Additional products or procedures produced as a result of the Performance Management review process.	Program Overview: Nutrition Services Logic Model Literature Review



ADVSD Performance Management Baseline Logic Model: CS Nutrition Services Program

Program Description: Provide older adults, people with disabilities, and Veterans with equitable access to quality nutrition services that meet their diverse needs. As part of the Community Services continuum of care, and with funding from the Federal Older Americans Act (OAA) and County, our network of community partners provides nutritious congregate and home-delivered meals, as well as nutrition education. The program is designed to promote nutrition and overall health, reduce social isolation, and support independence for participants.

Planned Work: What your program does... ➤		Intended Results: What your program expects to achieve from what it does...			
Inputs ➤	Activities ➤	Outputs ➤	Short-term Outcomes ➤	Long-term Outcomes ➤	Impacts
What resources and investments does your program use?	What action/work is your program/staff doing for participants?	What did activities produce for participants? How much work was done by the program?	What immediate/short-term changes are expected for participants from activities?	What long-term changes are expected for participants from activities or prior outcomes?	What changes are expected in the community, beyond the participant?
<ul style="list-style-type: none"> ADVSD staff (positions, * denotes full time) <ul style="list-style-type: none"> Registered Dietitian* Contract Liaison Program Technicians Data Quality & Training Coordinator Budget Staff Program management Providers/Partners <ul style="list-style-type: none"> Congregate Meals: AHSC, EPHC, IRCO, MOWP, NAYA, Stone Soup Home Delivered Meals: EMO, MOWP Subcontracted meal providers (e.g. restaurants for CS meals) Partner-coordinated volunteers & nutrition educators 	<p>Contracted providers/partners:</p> <ul style="list-style-type: none"> Provide congregate (group) meals Provide home delivered meals and resources Conduct nutrition screening and assessment and identify nutrition risk Conduct nutrition education <p>Program staff:</p> <ul style="list-style-type: none"> Review meal menus Conduct nutrition education at congregate meals Conduct contract management functions (e.g. service 	<ul style="list-style-type: none"> Congregate Meals <ul style="list-style-type: none"> # of opportunities (congregate meal events offered) # of meals provided # of individuals served (CR & CS) Home Delivered Meals <ul style="list-style-type: none"> # of meals provided # of individuals served (CR & CS) Nutrition screening and assessment <ul style="list-style-type: none"> # of screenings/assessments # of individuals identified as high nutrition risk Education & Counseling <ul style="list-style-type: none"> # of education contacts # of congregate sessions # of HDM sessions # of attendees 	<ul style="list-style-type: none"> Increased awareness of other services (e.g. OAA, Medicaid, SNAP) Increased social and cultural interactions Increased knowledge of good nutrition and healthy eating Increased access to meals and healthy food options Healthier diets (e.g. improved nutrient intake, overall diet quality) Improved safety (e.g. wellness checks) 	<ul style="list-style-type: none"> Improved social connectedness and mental health (e.g. reduced loneliness, isolation, & depression) Reduced poor nutrition risk (e.g. reduction in nutrition risk scores: "Eats fewer than two meals per day"; "Eats few fruits, vegetables, milk products"; & "Eats alone most of the time") Reduced food insecurity Increased independence (e.g. ability to live in home on own terms; less likely to be admitted to a nursing care facility or institutionalized) Reduced healthcare utilization & expenditure (e.g. emergency department visits, hospital admissions, out-of-pocket 	<ul style="list-style-type: none"> Increased intergenerational social connectedness Older adults are seen as a valuable part of the community A more connected and accessible service system Increased support for family and community members Reduced healthcare system utilization & expenditure (e.g. medical system, institutions, medicare spending) Supported local economies (e.g. partners,



Current Status

- Working on two separate projects: Adult Protective Services and Veterans Direct Care
- We plan to bring several models to DSAC in “batches” for review and discussion



Training Opportunity

[Advocacy Training](#) offered through O4AD - Register by January 23rd

Training Date Wednesday, January 28 2026. 9:00 am - 11:00 am via zoom

O4AD is pleased to announce our 2026 Advocacy Training & Legislative Update. As the Legislative Session is about to get underway, we will be talking about how to advocate in this new environment, principles of effective advocacy, a preview of the session and who will be there as well as the issues we are working on for the session.

Engage with the County budget

Complete the FY27 Budget Survey!

Multnomah County Chair Jessica Vega Pederson has opened the Fiscal Year 2027 (FY27, 2026-2027 budget year) survey! This year Multnomah County faces a forecasted \$10.5 million deficit for the General Fund. In order for the budget to reflect your values and priorities, Chair Vega Pederson is looking for as much input and engagement from as many people as possible. Please share these opportunities and resources with your networks, friends, and family members.

- Survey responses will inform the Chair's executive budget, released on April 16, 2025
- All survey responses are anonymous
- This survey should take approximately 5-10 minutes.
- Responses accepted until **Friday, February 22**.
- A summary of the results will be posted online. Check out [last year's results here](#).
- The survey is accessible in many languages.

[Take the FY27 Budget Survey!](#)



Engage with the County budget (cont.)

County Budget 101 Workshops

The Chair's office is also offering Budget 101 sessions to learn about the county budget process. If you're curious about the budget, how decisions are made, and how to make your voice heard - this training is for you!

Upcoming Budget 101 trainings:

- Saturday, January 24, 10:00 AM - 12:00 PM @ Midland Library
- Wednesday, February 04, 6:00PM - 7:30PM @ Gresham Library

Chair's Virtual Town Hall:

- Saturday, April 7th, 10:30AM - 12PM

[Register for Budget 101 and/or the 2/7 Chair's Budget Town Hall!](#)



Announcements & Reminders

- Area Plan annual review due by July 31
- Legislative short session begins 2/2/26
- O4AD Winter meeting was held 1/14/26
- O4AD Spring in-person meeting, 4/14-4/15 in Salem
- Combined ASAC/DSAC meeting for April, Tuesday 4/21/26
- MultCo. Office of Community Involvement (OCI)
- NARA New Year's Eve Sobriety Powwow, tabled on 12/31/25
- 2SLGBTQ+ Meaningful Care Conference, tabling 3/31/26
- Other opportunities for outreach & involvement?
- Reminder: Participate in Advisory Councils info video



Public testimony

- Public Comment



Reminders

- Please remember to answer Deric timely. Transportation and food for in-person meetings must be completed several days in advance.
- Pleaser remember to update your contact information with our office if it changes.



Wrap-up

- Thanks for attending!
- Next meeting – Wednesday, February 18, 2026
 - 10am-noon

