Multnomah County

Aging, Disability, and Veterans Services Division

2025-29 Area Plan on Aging

2025-06-30

Multnomah County

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Section A: Area Agency planning and priorities

A-1 Introduction

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

Multnomah County is the most populated county in Oregon with an estimated 808,097 residents, representing nearly one-fifth of the state's total population. These estimates show that 158,711, or 19.6%, of county residents are 60+. ADVSD also serves an estimated 102,665 adults with disabilities and 34,399 Veterans living in Multnomah County.

ADVSD is one of four divisions housed in the Department of County Human Services. The other divisions are Intellectual and Developmental Disabilities Services (IDDSD), Youth and Family Services (YFS), and Preschool and Early Learning (PEL). ADVSD is the designated Area Agency on Aging (AAA) for Multnomah County. As a Type B Transfer AAA, we offer access to services for older adults and people with disabilities at five District Senior Centers by area (West – Friendly House; North/Northeast – Community for Positive Aging previously Hollywood Senior Center; Mid- County – Immigrant and Refugee Community Organization (IRCO); Southeast – Impact NW; East – YWCA), eight Enhancing Equity partners, six Medicaid Long Term Services and Supports (LTSS) branches in five office locations. Services include resources such as Supplemental Nutrition Assistance Program (SNAP), health care coverage, long-term and community-based care services, Oregon Project Independence (OPI), and Older Americans Act (OAA) programs and services. ADVSD administers Adult Protective Services (APS), Adult Care Home Program and licensing (ACHP), and Public Guardian and Conservator (PGC) programs to assist those most vulnerable and at risk. ADVSD offers seamless entry to services to ensure that people receive appropriate support and strives for a "No Wrong Door" approach. To further that aim, two of the five District Senior Centers co-locate

with Medicaid Long Term Services and Supports (LTSS) offices. All LTSS branches serve both older adults and people 18 and older with disabilities.

ADVSD's primary goal is for older adults and adults with disabilities to live as independently as possible by offering a range of services. Some services are offered directly at our branches and through our 24/7 ADRC Helpline. Other services are offered through contracts with culturally responsive and culturally specific community partner agencies. A complete list of services is included in Section B-3, AAA Service and Administration, and Section D-2 Services Provided through OAA and OPI as well as in Appendix J – Service Matrix and Delivery Method. ADVSD has two community advisory councils—the Disability Services Advisory Council (DSAC), and the Aging Services Advisory Council (ASAC). The third council, currently in formation, is the Service Equity Advisory Workgroup. These groups bring expertise, lived experience, and consumer voice into the work of ADVSD by making recommendations and advocating on important issues affecting seniors and people with disabilities.

ADVSD strives to be a leader in racial justice, within the county and in the systems where we work, as well as our work on behalf of other agencies, such as the State of Oregon. We recognize that multiple systems of oppression are present in governmental policies, practices and processes. ADVSD identifies historical practices and policies that work against disadvantaged groups, advocates to update them, and works to prevent continued harm to these populations. ADVSD works to create a more equitable model of service and delivery practices that incorporates community involvement and leadership in government decisions.

We incorporate the County's Leading with Race pledge[1] and its Equity and Empowerment Lens tools into our work with the area plan. In this plan, we weave service equity in with County policies and operations to provide more equitable services for the general public. To address the disparities that exist because of historic targeting and marginalizations, we often focus on serving populations that have been marginalized based on their race, gender, sexual orientation, ability, age, and other forms of oppression. We understand that marginalization compounds when the multiple identities people hold intersect, particularly for people of color. ADVSD uses the community-involved process of creating the area plan to move toward more racially just and equitable delivery of services to Multnomah County older adults, residents with disabilities, and Veterans.

Accessibility is important to us. We have written many sections of this document in plain language to best involve our community in the process of creating goals for our services. We hope that this encourages involvement from our service populations in the public

[1] https://multco.us/safety-trust-and-belonging-workforce-equity-initiative

comment process. While many sections have been created with readability in mind, we have written in more technical language for parts of the plan that discuss research and analysis. This is to preserve the integrity of the Needs Assessment and other research we have done and communicate to government officials about how we came to make some of the decisions in the plan.

Please email areaplan@multco.us with questions or comments.

A-2 Mission, vision, values

ADVSD Mission

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

ADVSD Vision

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

ADVSD Values

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

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

Valuing community expertise

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

ADVSD is committed to improving our service delivery models for all potential and current clients by identifying and dismantling systemic racism, white supremacy, and other related and connected systems of oppression in prescribed processes, services, provided and contracted to our division. We do this as part of our commitment and in alignment with ADVSD's mission, vision, and values, as well as the Department of County Human Services North Star: In Multnomah County, every person – at every stage in life – has equitable opportunities to thrive.

In 2024, ADVSD held an open RFPQ (Request for Programmatic Qualifications) process in which we intentionally increased the number of community partners that are culturally responsive and include metrics for our commitment to service equity goals in the Division and in the County. This process provided contracts to some existing partners and some new ones.

A-3 Planning and review process

ADVSD used the following methods and tools to inform the 2025-2029 Area Plan Needs Assessment and Planning Process:

Review, research, and alignment

In June 2024, ADVSD began a review and analysis of internal documentation and external publications to better understand current and emerging trends in issue areas and gaps in services. Internal documentation included the past four Multnomah County Area Plans, program data, and the work of other divisions and departments across Multnomah County, such as the: Multnomah County Workforce Equity Strategic Plan Renewal[2], Equity and Empowerment Lens[3], Community Powered Change report[4], Domicile Unknown report[5], and 2023 Point in Time Count[6]. This plan also draws upon and reflects on external sources such as the Area Plans of AAAs of similar size and community profiles, known to have responsive approaches to community engagement and innovative approaches to services; local, regional, and federal population-level topic-specific planning documents; national research published in academic journals; and policy documents.

[2] https://multco.us/file/2024-2028_workforce_equity_strategic_plan/download
[3] https://multco.us/info/equity-and-empowerment-lens
[4] https://multco-web7-psh-files-usw2.s3-us-west-2.amazonaws.com/s3fs-public/CHIP_summary_report_0.pdf
[5] https://multco.us/file/domicile_unknown_report%3A_analyzing_deaths_in_2023/download
[6] https://johs.us/wp-content/uploads/2024/07/FINAL-PITC-2023-Findings-Report-April-2024.pdf

Demographic analysis

See Section B-1 Population Profiles.

Needs assessment survey

A mixed-methods needs assessment survey was created by ADVSD to evaluate how diverse populations of people within the county, particularly older adults, people with disabilities, and caregivers, access social services. The Needs Assessment survey contributed to the development of Multnomah County's Area Plan on Aging for 2025-2029, as required by the Federal Older Americans Act.

Needs assessment survey tool, approach, and response

The survey was published on the online survey platform Qualtrics and available by request in print from October 1 through 28, 2024. The survey was offered in 14 languages.

The survey gathered 2,410 responses, of which 1,808 are included in this analysis. Thirty-four respondents completed the survey on paper, rather than online. Six hundred and two responses did not meet one or more of the following inclusion criteria: Selected "Yes," agreeing to participate and provided a zip code in Multnomah County + zip codes in 30-mile radius, aged 50+, or aged 18-49 with a disability, someone who served in the military, as a caregiver, Native American or Alaska Native, identifying as an immigrant or refugee, LGBTQ+, or unhoused/homeless. A total of 356 people took the survey in languages other than English, including Simplified Chinese, Traditional Chinese, Korean, Russian, Spanish, Ukrainian, and Vietnamese.

ADVSD advertised the Needs Assessment survey through a webpage on the Multnomah County website, paid advertisements on Facebook, and outreach through the Multnomah County Library, and community partners like Home Forward, Coalition for Communities of Color, and others. The survey included 64 questions, with seven matrix-style, select-all-that-apply questions about seven core service areas: food and nutrition; health and wellness; caregiving and family support services; transportation; information and referral services; legal assistance and elder rights; and services for older Native Americans. Eleven open-ended questions enabled the community to provide additional information and feedback. ADVSD mailed each eligible survey respondent a $20 gift card as an incentive for taking the survey.

More information on the survey results can be found in Appendix K.

Community focus groups

In October and November 2024, ADVSD conducted nine focus groups with Family Caregiver Support Program clients (caregivers) and case managers at partner

organizations to learn more about unmet community needs. These semi-structured interviews asked participants to reflect on what worked well, areas for improvement, and how the program could expand community connections. This work is documented further in Section C-4.

Community listening sessions

In addition to soliciting community feedback through the Needs Assessment survey and focus groups, ADVSD hosted three public community listening sessions in January and February 2025. Two listening sessions were held with culturally specific contracted partners (Somali American Council of Oregon and Asian Health and Service Center). These sessions with contract partners allowed ADVSD to directly reach members of the Somali and Korean communities, two communities with low participation in the Needs Assessment Survey. Both contracted partners provided language interpreting services so that the materials were accessible to all participants.

The final general public listening session was hosted virtually to allow all members of the community to participate in an accessible way regardless of their location. This session included closed captioning through the Zoom platform.

Invitations were sent to District Senior Centers and Enhancing Equity partners, their staff, and the community members they serve. The listening sessions were advertised via notices distributed by Multnomah County communication channels, email lists, and social media. Public comment was invited via email, through ADVSD's website form, and at all listening sessions.

On March 20, 2025, Multnomah County Board of County Commissioners passed R. 3 Resolution approving the Aging, Disability and Veterans Services Division 2025-2029 Area Plan, giving ADVSD permission to submit the draft 2025-2029 Area Plan to the State of Oregon for review, and to begin implementation on July 1, 2025. Resolution attached below.

Role of advisory committees

The Multnomah County Aging Services Advisory Council (ASAC) and Disability Services Advisory Council (DSAC) served as steering committees for the 2025-2029 Area Plan. ADVSD consulted with ASAC and DSAC members on the approach, survey instruments, and provided updates on the process and analysis at monthly meetings. ASAC and DSAC members were key contributors during the planning process and had the opportunity to contribute comments to the draft goals, provide personal observations on the needs assessment survey, and the final area plan draft. See list of ASAC and DSAC meeting dates discussing the plan in Appendix C.

As part of their Advisory Council role, members supported two sessions with the Pi Nee Waus Elders (PNWE) potluck group to facilitate Native American elders in filling out the Needs Assessment Survey. It is important to note that many of our DSAC members have association and membership with tribal communities, and are revered as elders and leaders at PNWE.

ADVSD staff, ASAC and DSAC members will continue to explore different ways to use the data and information collected during the needs assessment survey, and the population research data results conducted with PSU for possible future research areas. Additional outreach will be focused on distributing the final area plan to advisory council members' networks, ADVSD's community contractors, and clients throughout the different County programs that might have an interest in the work of this plan.

Needs assessment summary of results & scope of need

The results for this summary report are from the 1,808 individuals who took the Needs Assessment survey.

- Eighty-nine percent of respondents were aged 50 or above, 47% identified as women, and approximately 30% identified as people of color.
- Fifteen percent of respondents identified as veterans, 44% reported having a disability, and 3% were experiencing homelessness.
- Fourteen percent of respondents identified with sexual orientations other than heterosexual or straight, and 2% identified as transgender.
- Forty percent of respondents identified as caregivers or helpers, with 22% caring for someone 60 years or older, 14% caring for an adult with a disability, and 8% caring for a grandchild or other minor.
- Sixty percent of respondents shared that their primary language was English, with 8% of respondents whose primary language was Chinese Simplified, the second most common primary language in the sample.
- Nearly half of respondents (49%) have two or fewer people in their household, and 21% of respondents are at or below the 100% federal poverty level, based on the number of people in their household. Thirteen percent of respondents live at or below the 250% federal poverty level.
- Respondents were asked how their identities – like race, gender, age, and language spoken – influence how service providers treat them and how their identities affect their ability to access services. Respondents shared that their age, primary language, and race/ethnicity are most often disrespected, and these are the identities they would like to have in common with their providers.

The survey asked respondents about their experiences with food and nutrition, health, caregiving, transportation, information and referral, legal assistance and

elder rights protection, and services for older Native Americans. The following were identified as important needs by community members:

- **No-cost or low-cost access to healthy foods**. Older adults and people on limited budgets continue to not have enough money to meet their food needs, and noted the limits of food assistance, like location of food pantries and types of food offered. (See more in the Nutrition Focus Area, Section C-2.)
- **Affordable, accessible, and safe transportation**. Transportation is a critical component to maintain independence, receive health care, increase social connection, food access, and use community-based services. (See more in the Transportation Focus Area, Section C-7.)
- **Direct outreach to community members about information and referral services.** Consistent with findings from the last Area Plan, people struggle to find the information and referral support they need online. Many do not know about the ADRC 24/7 Helpline. Expanded outreach sent to community members may help this information gap. (See more in the Information and Referral Focus Area, Section C-1.)
- **Expanded and affordable health resources.** Too few providers have practices that focus on older adults experiencing social isolation, depression, and substance use disorders. Too few providers accept Medicare. People need free resources that support their physical and mental health, including primary care, as well as recreation opportunities and classes. (See more in the Health Focus Area, Section C-3.)
- **More access to and support for caregiving.** People want to be able to get caregiving services for a variety of needs, when they need them. People and their caregivers talked about how difficult caregiving is, especially without pay or support services. (See more in the Caregiving Focus Area, Section C-4.)
- **Equitable language access**. Language remains a barrier for older adults with limited English proficiency to equitably navigate health, transportation, and other systems. A burden is placed on community-based organizations or other informal networks of support to fill this gap.
- **Housing affordability and costs relating to maintaining a home**. Older adults, people with disabilities, and low-income people of color continue to be displaced by rising housing costs at a disproportionate rate.

Across responses to the Needs Assessment survey, there was a large drop-off between people knowing that a service exists and knowing how to access it. Larger differences are visible within specific racial groups (discussed further in the Needs Assessment Results in Appendix K), but as a full sample, the largest gaps were found between:

- 45% of people know about the health service of calls and visits to make sure people are safe and well, but only 20% know how to access that service.

- 44% of people know about the caregiving service of caregiver peer support groups, but only 18% know how to access that service.
- 50% of people know about the legal assistance services that help protect oneself or others from abuse and neglect (Multnomah County Adult Protective Services), but only 26% know how to access these services.

A-4 Prioritization of discretionary funding

ADVSD strives to lead with race and use the Equity and Empowerment lens and tool in funding decisions whenever possible. We will continue to closely examine and avoid, when possible, scenarios and proposed cuts that will reduce services to communities that have been impacted by historic and systemic discrimination and racism. As well as the vulnerable populations that ADVSD serves and aims to reach that are a priority in this plan.

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

There are two main ways in which ADVSD and contracted partners work through funding limits. The first is when the contract budget allocations are exhausted, the partners will still provide services as a "subsidy" outlined in our contracts using other funding sources. The second is when funding limits require, ADVSD will direct District Senior Centers and Enhancing Equity partners to place any newly referred individuals on a waitlist.

Waitlist handling processes

- Oregon Project Independence (OPI) in-home services and support:
  - OPI waitlist risk assessment tool is completed, and consumers are prioritized with those most at risk for nursing facility placement being put at the top of the list. Other factors, such as the risk of self-neglect or of abuse/neglect by others are considered in priority ranking.
  - Options counseling is provided.
- Transportation assistance:
  - For waitlisted individuals with a case manager, risk and need is assessed to determine prioritization.
  - Consumers without a case manager will receive information and assistance notifying them of other resources in the community for transportation.
- Family Caregiver Support program:

- A family caregiver offered Options counseling is accordingly referred.
- The family caregiver is informed of other services such as support groups, education and training and respite options such as adult day services.

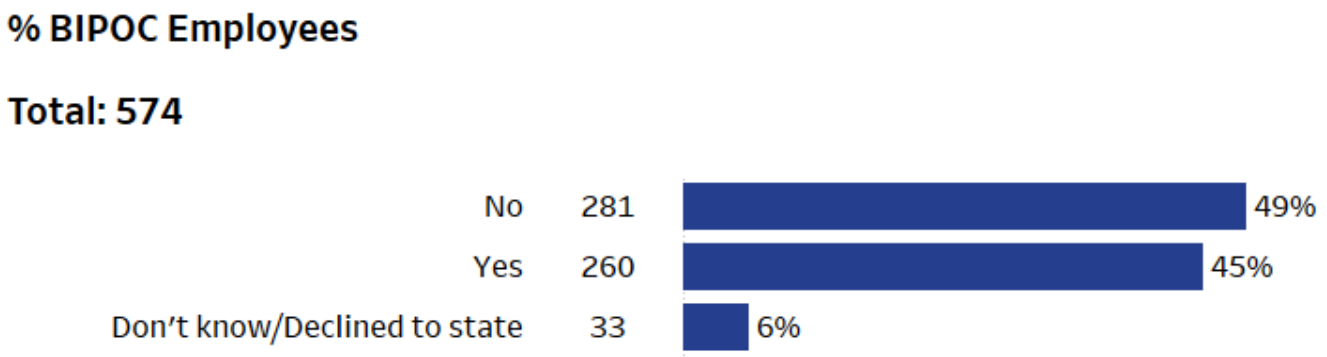
A-5 Service equity

This information is being brought from our Service Equity report from August 2024 with some updates to our links and continuation of participation in Department and County-wide initiatives. For the full report, please consult our MCADVS YR 3 Update on our webpage: https://multco.us/info/2021-2025-advsd-area-plan

For the past three fiscal years, ADVSD has integrated a Budget Equity and Equity Empowerment Lens into its budget planning process. This lens incorporates equity metrics and considerations into each of our programs, ensuring that our funding decisions align with our commitment to serving diverse and historically marginalized populations. ADVSD actively seeks to engage diverse populations by creating opportunities for community involvement, participation, and feedback. Rather than expecting the community to come to us, ADVSD goes out into the community.

For example, the Homeless Mobile Intake Team (HMIT), formed in November 2022, has four members, three of whom possess cultural or language-specific knowledge, skills, and abilities (KSAs). They meet with people experiencing homelessness in shelters, cooling and heating centers, and other community locations to discuss and connect them with services and housing opportunities. To ensure accessibility of information, we translate our materials and informational flyers into the eight most widely spoken languages in our community: Spanish, Vietnamese, Traditional and Simplified Chinese, Russian, Ukrainian, Arabic, Tagalog, and Japanese. We also actively engage with two advisory councils: the Aging Services Advisory Council (ASAC) and the Disability Services Advisory Council (DSAC). Additionally, we have recently begun hosting informational events at community spaces and places of worship in different areas of the County. These events provide opportunities for community members to learn about our programs, receive application support, and get information on available benefits.

ADVSD is deeply committed to fostering a diverse and inclusive workforce that reflects the communities we serve. We have made significant progress in this area, with 50 staff



positions currently designated as requiring language or cultural knowledge, skills, and abilities (KSAs). Furthermore, as shown in Figure 1, 45% of all regular employees in the division identify as Black, Indigenous, and/or a person of color (BIPOC). To further support inclusivity, we offer translation services for program participants and contract with approved vendors for interpretation and translation services throughout the entire service lifecycle.

Figure shows all regular ADVSD staff employed between July 1, 2023 and June 30, 2024. Staff categorized as intern, on-call, temporary employee, or limited duration were excluded. Staff were only able to choose one racial category, which included an option "two or more races." "No" includes staff that self-identified as white only. "Don't know/declined to state" includes individuals that chose "Decline to state" and staff who did not select a racial category.

As part of Multnomah County, ADVSD actively participates in the Workforce Equity Strategic Plan (WESP). In March 2024, Multnomah County launched the WESP Renewal for 2024-2028[7]. This renewal of equity efforts builds on the infrastructure, practices, and other improvements established in accordance with the first plan, which seeks to identify and dismantle structural and policy barriers that hinder equal employment opportunities for employees and community members based on their race, ethnicity, national origin, disability, gender, gender identity, sexual orientation, and other protected classes. Recognizing the historical impact of white supremacy, both the County and ADVSD are committed to addressing racism within our workforce and the community.

We are continuously implementing the principles and initiatives expressed in the WESP 2024-2028, which focuses on eight key initiatives: accountability, infrastructure, retention, training, data, evaluation and policy, compensation, and standard practice. ADVSD also completed a Request for Programmatic Qualification (RFPQ) project in 2024

[7] https://multco.us/programs/safety-trust-and-belonging-workforce-equity-initiative

that prioritized engaging with culturally specific vendors. Through an equity-focused lens and targeted outreach efforts, we successfully contracted with new culturally specific vendors and increased investments in these vendors from 38% to 46% of available funding in FY24. Currently, all 46 of our community partners specialize in serving culturally specific communities or are, at a minimum, culturally responsive. These partners offer a wide range of services, including nutrition assistance and housing stability support.

Moving forward, ADVSD is dedicated to ongoing collaboration with community partners, programs, and County departments to implement policies and enhance our systems. The forthcoming Service Equity workgroup (expected in 2025) will guide with recommendations, alongside the ASAC and DSAC, to inform our future plans.

This 2025-2029 area plan incorporates service equity principles and recommendations as measurable goals and objectives in each of the areas of the Area Plan rather than a separate plan, ensuring that our commitment to equity remains central and interwoven with our work

Section B: Planning and service area profile

B-1 Population profile

Multnomah County is the most populated county in Oregon with an estimated 808,097 residents, representing nearly one-fifth of the state's total population. These estimates show that 158,711, or 19.6%, of the county's residents are 60+. ADVSD also serves an estimated 102,665 adults with disabilities and 34,399 Veterans living in Multnomah County.

As an Area Agency on Aging, ADVSD is asked to analyze who makes up the community of older adults and people with disabilities that may seek services and support. For the purposes of the Area Plan four age ranges are generally used in addition to the overall population: 18-59, 55-59, 60+, and 85+, as well as various characteristics including race, ethnicity, disability, income, primary language, living situation, and geographic location. The age ranges relate to people who are eligible for ADVSD services as follows:

- People ages 18-59 with a disability who are eligible for Medicaid Home and Community-based services.
- People age 60+ are eligible for Older Americans Act services. (Tables 1a and 1b)
- People 85+ are an important demographic group for planning purposes because at age 85 and beyond people may require more services and support through home and community-based services. (Tables 2a and 2b)
- People ages 55-59 will be 60+ by the end of this Area Plan in 2029 and eligible for Older Americans Act programs and services. This group is important for estimating changes in the 60+ population. (Tables 3a and 3b)

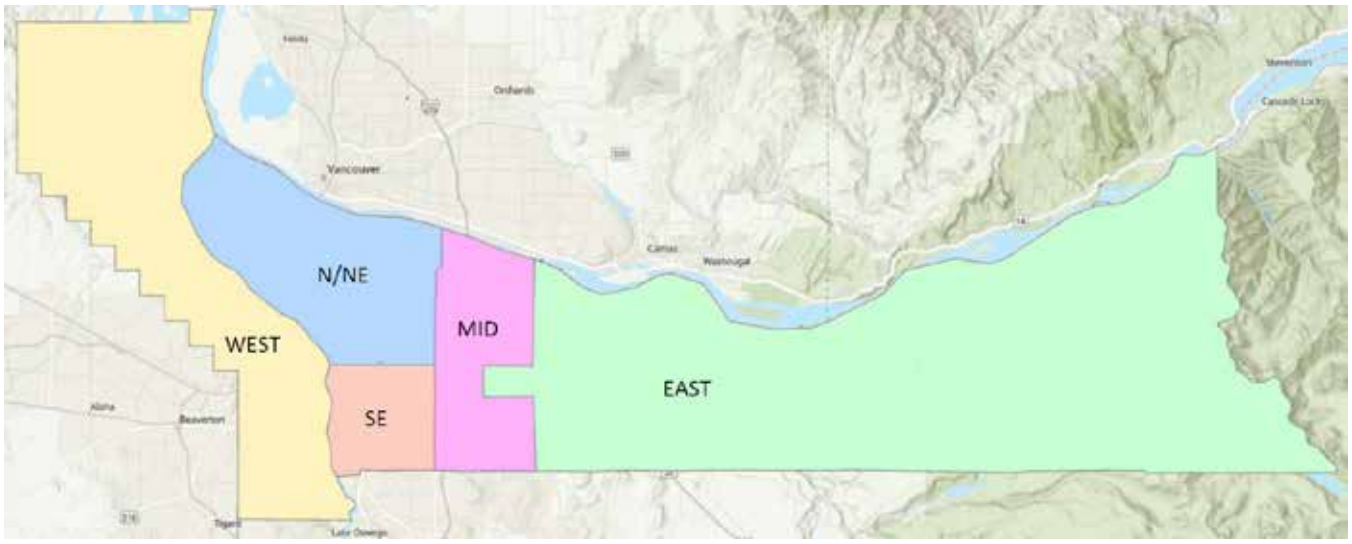
To develop the population estimates for the 2025-2029 Area Plan, ADVSD partnered with the Portland State University Population Research Center (PRC). All population estimates reported in this Area Plan were developed by the PRC. The primary data source for these estimates is the 2018 to 2022 5-year American Community Survey (ACS), a representative sample of the U.S. resident population. The race and ethnicity identity categories are from the 2020 REALD identity categories established by Oregon Administrative Rules (ORS 413.161). For more information about the methodology used to prepare the population estimates and REALD, please refer to the Notes on the Area Plan population estimates from the PRC at the end of the Population Profile.

Service Districts

In addition to population estimates for the overall county, ADVSD requested population estimates for each of its five service districts: East, Mid- County, N/NE, SE, and West

(Figure 1). The boundaries for the East and Mid- County service districts have changed since the 2021-2025 Area Plan. The East service district now includes all of zip code 97233, an area that used to be divided in half with Mid- County at 162nd Avenue.

Figure 1: ADVSD service districts in Multnomah County



For the Population Tables 1-6:

- An estimate of (<10) in a table indicates that the estimate provided by the PRC was between zero and nine people. Similarly, (<) appearing before a percent value indicates the corresponding population estimate was between zero and nine people.
- Some tables also include income and poverty estimates that use the Federal poverty level (FPL) as a reference income. For example, "100% FPL" refers to an income at or below 100% of the FPL. The 100% FPL in 2022 was $13,590 for a single person or $18,310 for two people[8]. The 250% FPL was $33,975 for a single person or $45,775 for two people.

Table 1a: Population characteristics of adults 60+ by ADVSD service district

	County	East district	Mid-co district	N/NE district	SE district	West district
Total age 60+	158,711	36,522	29,791	36,008	22,625	33,766
People with a disability	50,361	13,357	11,684	9,919	7,216	8,185
Veterans	20,756	5,397	4,386	4,578	2,513	3,882
Race and ethnicity						
People of color	30,968	6,631	7,997	8,514	3,326	4,500
American Indian and Alaska Native	2,496	683	788	455	326	245

[8] U.S. Department of Health and Human Services, 2022 Poverty Guidelines, https://aspe.hhs.gov/sites/default/files/documents/4b515876c4674466423975826ac57583/Guidelines-2022.pdf

	County	East district	Mid-co district	N/NE district	SE district	West district
Asian	12,255	2,299	4,260	1,601	1,833	2,263
Black and African American	8,363	1,412	1,388	4,333	454	776
Hispanic and Latino/a/x/e	5,777	1,770	1,247	1,326	525	909
Middle Eastern, North African, & SWANA	977	184	118	83	97	496
Native Hawaiian & Pacific Islander	663	239	124	215	18	66
White	127,446	27,066	21,783	27,576	19,292	29,002
Income and poverty						
Below 100% FPL	18,145	4,110	4,119	3,939	2,640	3,337
Below 250% FPL	52,379	12,631	11,974	11,606	7,525	8,643
Below 400% FPL	82,694	21,008	19,562	17,780	11,595	12,749
Paying more than 30% of income on rent/housing	51,994	12,305	11,269	11,194	7,041	10,185
Living situation						
Grandparents raising grandchildren	1,472	438	430	291	216	97
Living in an institutional setting	2,753	734	777	340	523	378
Living at home	153,396	25,506	28,666	34,748	21,917	32,558
Living alone	44,708	9,289	7,952	10,378	6,610	10,480

Table 1b: Population characteristics of adults 60+ by ADVSD service district (by percent of the total 60+ population)

	County	East district	Mid-co district	N/NE district	SE district	West district
Total age 60+	158,711	36,522	29,791	36,008	22,625	33,766
People with a disability	31.7%	36.6%	39.2%	27.5%	31.9%	24.2%
Veterans	13.1%	14.8%	14.7%	12.7%	11.1%	11.5%
Race and ethnicity						
People of color	19.5%	18.2%	26.8%	23.6%	14.7%	13.3%
American Indian and Alaska Native	1.6%	1.9%	2.6%	1.3%	1.4%	0.7%
Asian	7.7%	6.3%	14.3%	4.4%	8.1%	6.7%
Black and African American	5.3%	3.9%	4.7%	12.0%	2.0%	2.3%
Hispanic and Latino/a/x/e	3.6%	4.8%	4.2%	3.7%	2.3%	2.7%
Middle Eastern, North African, and SWANA	0.6%	0.5%	0.4%	0.2%	0.4%	1.5%
Native Hawaiian and Pacific Islander	0.4%	0.7%	0.4%	0.6%	0.1%	0.2%

	County	East district	Mid-co district	N/NE district	SE district	West district
White	80.3%	81.6%	73.1%	76.6%	85.3%	85.9%
Income and poverty						
Below 100% FPL	11.4%	11.3%	13.8%	10.9%	11.7%	9.9%
Below 250% FPL	33.0%	34.6%	40.2%	32.2%	33.3%	25.6%
Below 400% FPL	52.1%	57.5%	65.7%	49.4%	51.2%	37.8%
Paying more than 30% of income on rent/housing	32.8%	33.7%	37.8%	31.1%	31.1%	30.2%
Living situation						
Grandparents raising grandchildren	0.9%	1.2%	1.4%	0.8%	1.0%	0.3%
Living in an institutional setting	1.7%	2.0%	2.6%	0.9%	2.3%	1.1%
Living at home	96.7%	97.2%	96.2%	96.5%	96.9%	96.4%
Living alone	28.2%	25.4%	26.7%	28.8%	29.2%	31.0%

Table 2a: Population characteristics of adults 85+ by ADVSD service district

	County	East district	Mid-co district	N/NE district	SE district	West district
Total age 85+	12,209	2,985	3,138	1,949	1,484	2,654
People with a disability	8,889	2,287	2,238	1,331	1,139	1,894
Veterans	2,735	723	725	424	221	642
Race and ethnicity						
People of color	1,815	264	556	437	257	301
American Indian and Alaska Native	161	42	70	<10	<10	31
Asian	1,024	100	405	92	217	209
Black and African American	281	16	23	215	14	13
Hispanic and Latino/a/x/e	178	80	38	32	22	<10
Middle Eastern, North African, and SWANA	124	16	14	<10	<10	92
Native Hawaiian and Pacific Islander	64	<10	<10	61	<10	<10
White	10,346	2,728	2,569	1,536	1,231	10,346
Income and poverty						
Below 100% FPL	1,448	354	434	205	357	98
Below 250% FPL	5,043	1,267	1,446	768	790	773
Below 400% FPL	7,379	1,817	2,207	1,170	1,067	1,119
Paying more than 30% of income on rent/housing	4,849	1,311	1,220	622	583	1,114

	County	East district	Mid-co district	N/NE district	SE district	West district
Living situation						
Grandparents raising grandchildren	24	<10	<10	<10	<10	13
Living in an institutional setting	773	217	172	100	154	130
Living at home	11,017	2,701	2,820	1,739	1,291	2,466
Living alone	5,926	1,481	1,530	939	730	1,247

Table 2b: Population characteristics of adults 85+ by ADVSD service district (by percent of the total 85+ population)

	County	East district	Mid-co district	N/NE district	SE district	West district
Total age 85+	12,209	2,985	3,138	1,949	1,484	2,654
People with a disability	72.8%	76.6%	71.3%	68.3%	76.8%	71.4%
Veterans	22.4%	24.2%	23.1%	21.8%	14.9%	24.2%
Race and ethnicity						
People of color	14.9%	8.8%	17.7%	22.4%	17.3%	11.3%
American Indian and Alaska Native	1.3%	1.4%	2.2%	<0.6%	<0.7%	1.2%
Asian	8.4%	3.3%	12.9%	4.7%	14.6%	7.9%
Black and African American	2.3%	0.5%	0.7%	11.0%	1.0%	0.5%
Hispanic and Latino/a/x/e	1.5%	2.7%	1.2%	1.6%	<0.7%	0.8%
Middle Eastern, North African, and SWANA	1.0%	0.5%	0.4%	<0.6%	<0.7%	3.5%
Native Hawaiian and Pacific Islander	0.5%	<0.4%	<0.4%	3.1%	<0.7%	<0.4%
White	84.7%	91.4%	81.9%	78.8%	83.0%	86.0%
Income and poverty						
Below 100% FPL	11.9%	11.9%	13.8%	10.5%	24.0%	3.7%
Below 250% FPL	41.3%	42.5%	46.1%	39.4%	53.2%	29.1%
Below 400% FPL	60.4%	60.9%	70.3%	60.0%	71.9%	42.2%
Paying more than 30% of income on rent/housing	39.7%	43.9%	38.9%	31.9%	39.3%	42.0%
Living situation						
Grandparents raising grandchildren	0.2%	<0.4%	<0.4%	<0.6%	<0.7%	0.5%
Living in an institutional setting	6.3%	7.3%	5.5%	5.1%	10.4%	4.9%
Living at home	90.2%	90.5%	89.9%	89.2%	87.0%	92.9%
Living alone	48.5%	49.6%	48.8%	48.2%	49.2%	47.0%

Table 3a: Population characteristics of adults 55-59 by ADVSD service district

	County	East district	Mid-co district	N/NE district	SE district	West district
Total age 55-59	46,553	11,678	9,236	10,103	6,796	8,740
People with a disability	8,257	2,191	1,842	1,674	1,191	1,359
Veterans	3,152	1,114	550	498	336	653
Race and ethnicity						
People of color	12,184	3,630	3,393	2,165	1,407	1,588
American Indian and Alaska Native	1,276	337	256	246	161	276
Asian	4,110	867	1,612	591	637	403
Black and African American	2,594	790	526	865	141	272
Hispanic and Latino/a/x/e	3,325	1,342	779	355	357	493
Middle Eastern, North African, and SWANA	255	49	62	79	26	40
Native Hawaiian and Pacific Islander	297	94	118	58	23	<10
White	34,528	8,135	5,856	7,903	5,449	7,185
Income and poverty						
Below 100% FPL	5,240	1,101	1,285	922	764	1,168
Below 250% FPL	13,388	3,136	3,833	2,596	1,678	2,145
Below 400% FPL	22,113	6,000	5,761	4,391	2,899	3,062
Paying more than 30% of income on rent/housing	12,506	3,056	3,022	2,331	1,688	2,408
Living situation						
Grandparents raising grandchildren	474	300	107	24	30	13
Living in an institutional setting	280	39	73	65	34	69
Living at home	44,538	11,012	8,809	9,932	6,408	8,377
Living alone	9,013	1,822	1,339	2,095	1,274	2,483

Table 3b: Population characteristics of adults 55-59 by ADVSD service district (by percent of the total 55-59 population)

	County	East district	Mid-co district	N/NE district	SE district	West district
Total age 55-59	46,553	11,678	9,236	10,103	6,796	8,740
People with a disability	17.7%	18.8%	19.9%	16.6%	17.5%	15.5%
Veterans	6.8%	9.5%	6.0%	4.9%	4.9%	7.5%
Race and ethnicity						
People of color	26.2%	31.1%	36.7%	21.4%	20.7%	18.2%

	County	East district	Mid-co district	N/NE district	SE district	West district
American Indian and Alaska Native	2.7%	2.9%	2.8%	2.4%	2.4%	3.2%
Asian	8.8%	7.4%	17.5%	5.8%	9.4%	4.6%
Black and African American	5.6%	6.8%	5.7%	8.6%	2.1%	3.1%
Hispanic and Latino/a/x/e	7.1%	11.5%	8.4%	3.5%	5.3%	5.6%
Middle Eastern, North African, and SWANA	0.5%	0.4%	0.7%	0.8%	0.4%	0.5%
Native Hawaiian and Pacific Islander	0.6%	0.8%	1.3%	0.6%	0.3%	<0.1%
White	74.2%	69.7%	63.4%	78.2%	80.2%	82.2%
Income and poverty						
Below 100% FPL	11.3%	9.4%	13.9%	9.1%	11.2%	13.4%
Below 250% FPL	28.8%	26.9%	41.5%	25.7%	24.7%	24.5%
Below 400% FPL	47.5%	51.4%	62.4%	43.5%	42.7%	35.0%
Paying more than 30% of income on rent/housing	26.9%	26.2%	32.7%	23.1%	24.8%	27.6%
Living situation						
Grandparents raising grandchildren	1.0%	2.6%	1.2%	0.2%	0.4%	0.1%
Living in an institutional setting	0.6%	0.3%	0.8%	0.6%	0.5%	0.8%
Living at home	95.7%	94.3%	95.4%	98.3%	94.3%	95.8%
Living alone	19.4%	15.6%	14.5%	20.7%	18.7%	28.4%

People 60+

The number of residents in the 60+ population continues to grow. This steady growth is in part due to the longevity and size of the baby boom generation (those born between 1946-1964).

- The 60+ population has increased about 4.5% to a total population of 158,711 since the adoption of the 2021-2025 Area Plan.
- 19.6% of the county's population is age 60+.
- The East and N/NE service districts have the highest number of 60+ residents.

People 85+

Current estimates show an increase in the 85+ population since the last plan. Given the current and expected future growth in this age range, it is important to note that people 85+ often have greater need for support and services.

- The 85+ population has increased about 2.5% to a total population of 12,209 since the adoption of the 2021-2025 Area Plan.
- 1.5% of the county's population is age 85+.

- 72.8% of the 85+ population lives with a disability. This is an increase of almost four percentage points since the adoption of the 2021-2025 Area Plan.
- The percentage of the 85+ population with a disability is more than twice the percentage of the 60+ population with a disability.
- The East and Mid- County service districts have the highest number of age 85+ residents.

People 55-59

This is the first time ADVSD has gathered and reported on population estimates for the 55-59 population. This population will be 60+ by the end of this Area Plan in 2029 and eligible for Older Americans Act programs and services. This group of 46,553 residents is important for estimating near-term changes in the 60+ population and planning services.

- 5.8% of the county's population is age 55-59.
- The East and North/Northeast service districts have the highest number of age 55-59 residents.
- Compared to the 60+ population, the 55-59 population is more racially, ethnically, and linguistically diverse with higher percentages of people who are people of color, speak primary languages other than English, and have Limited English Proficiency.

Disability

An estimated 102,665 adults age 18+ in Multnomah County identify as having a disability. The number and proportion of the adult community that identifies as having a disability has increased since the last Area Plan. This trend is likely to continue as adults are increasingly more likely to have a disability as they age and as a large portion of our population enters into this age group within the next decade.

- The overall adult population with a disability increased 6.2% since the last Area Plan.
  - The 18-59 population with a disability increased 7.3%.
  - The 60+ population with a disability increased 5.2%.
  - The 85+ population with a disability increased 8.5%.
- The populations of people age 18-59 with a disability and age 60+ with a disability are nearly even and together make up over half of the total population who may be eligible for ADVSD services.
- The East and Mid- County service districts have the highest number of age 60+ residents with a disability and age 85+ residents with a disability.

Veterans

An estimated 34,399 residents in Multnomah County are Veterans. The number and proportion of Veterans has decreased since the last Area Plan. This decline is part of a broader national trend of decreasing numbers of Veterans who served during World

War II and the Korean war, consistent with the significant reduction in the size of the U.S. military since the draft era. This trend is projected to continue past the end of this Area Plan in 2029[9].

- The overall Veteran population decreased 8.3% since the last Area Plan.
  - The 18-59 Veteran population decreased 11.7%.
  - The 60+ Veteran population decreased 7.0%.
  - The 85+ Veteran population increased 0.8%.
- The East and North service districts have the highest number of age 60+ residents who are Veterans. Meanwhile, the East and Mid- County service districts have the highest number of age 85+ residents who are Veterans.

Spoken languages

There are an estimated 22,319 people age 60+ whose primary language is not English in Multnomah County (Table 4). Spanish, Vietnamese, Chinese (all dialects), and Russian or other Slavic languages continue to be the most common primary languages spoken following English.

- 14.1% of the 60+ population does not speak English as their primary language.

In Multnomah County, an estimated 13,019 people age 60+ have "Limited English Proficiency", which is defined by the U.S. Census Bureau as anyone who reported speaking English less than "very well."

- 8.2% of the 60+ population speaks English less than "very well."

Table 4. Primary languages spoken by those aged 60+ in Multnomah County

Language	Population estimate	% of 60+ population
Spanish	4,252	2.7%
Vietnamese	3,617	2.3%
Chinese	3,136	2.0%
Russian, and other Slavic (including Polish and Ukrainian)	2,205	1.4%
French (including Haitian)	1,094	0.7%
German (including Dutch)	1,031	0.6%
Tagalog	994	0.6%
Korean	314	0.2%
Arabic	220	0.1%
All other languages	5,445	3.4%
English	137,021	86.3%

[9] Oregon Department of Veterans Affairs, Fiscal Year 2024 Annual Report, https://www.oregon.gov/odva/Connect/Documents/FY24%20Annual%20Report%20to%20the%20Governor%20FINAL.pdf

Older adults who are people of color

Residents age 60+ that identify their primary race or ethnicity as American Indian and Alaska Native, Asian, Black and African American, Hispanic and Latino/a/x/e, Middle Eastern, North African, and SWANA, Native Hawaiian and Pacific Islander, or as another member of a community of color are estimated to total 30,968, or 19.5% of the 60+ population (Table 5). People of color are also expected to increase in number and make up a greater proportion of Multnomah County's 60+ population over time.

- An estimated 1,815 people age 85+ are people of color, or 14.9% of the total 85+ population.
- An estimated 12,184 people age 55-59 are people of color, or 26.2% of the total 55-59 population.
- The greatest number and percentage of people of color age 60+ live in the Mid-co and N/NE service districts.
- Multnomah County's communities of color are not homogenous and racial/ethnic groups tend to be clustered regionally. For example, Black and African Americans make up 5.3% of the County's population, but make up 12.0% of the population in the N/NE service district.

To help better understand the needs of older adults in Multnomah County who are people of color, ADVSD gathered estimates of additional characteristics for this population. These include estimates of people of color age 60+, 85+, and 55-59 who identify as having a disability or are Veterans.

- An estimated 10,955 people of color age 60+ have a disability, including 1,509 people who are 85+. The Mid-co and N/NE service districts have the highest number of people of color age 60+ with a disability and people of color age 85+ with a disability.
- An estimated 2,705 people of color age 60+ are Veterans, including 193 people who are 85+. The Mid-co and N/NE service districts have the highest number of people of color age 60+ who are Veterans and people of color age 85+ who are Veterans.

Similar to the older adult population as a whole, ADVSD also gathered income and poverty estimates for older adults who are people of color. An estimated 5,880 people of color age 60+ have an income at or below 100% FPL, including 376 people who are 85+.

- 19.0% of the people of color 60+ population live at or below 100% FPL. This is an increase of nearly two percentage points since the last Area Plan. 20.7% of the people of color 85+ population live at or below 100% FPL.
- 45.7% of the people of color 60+ population live at or below 250% FPL, and 45.1% of the people of color 85+ population live at or below 250% FPL.

Table 5. Race and ethnicity of those age 60+, 85+, and 55-59 in Multnomah County

Race and ethnicity	% of 60+ population	% of 85+ population	% of 55-59 population
People of color	19.5%	14.9%	26.2%
American Indian and Alaska Native	1.6%	1.3%	2.7%
Asian	7.7%	8.4%	8.8%
Black and African American	5.3%	2.3%	5.6%
Hispanic and Latino/a/x/e	3.6%	1.5%	7.1%
Middle Eastern, North African, & SWANA	0.6%	1.0%	0.5%
Native Hawaiian and Pacific Islander	0.4%	0.5%	0.6%
White	80.3%	84.7%	74.2%

Table 6a: Population characteristics of people of color by ADVSD service district

	County	East district	Mid-co district	N/NE district	SE district	West district
Total people of color age 60+	30,968	6,631	7,997	8,514	3,326	4,500
People with a disability	10,955	2,461	3,164	2,916	1,101	1,313
Veterans	2,705	506	837	652	235	474
Below 100% FPL	5,880	1,155	1,589	1,490	777	869
Below 250% FPL	14,146	2,899	3,696	3,943	1,725	1,883
Below 400% FPL	20,175	4,421	5,830	5,344	2,310	2,270
Total people of color age 85+	1,815	264	556	437	257	301
People with a disability	1,509	228	514	277	228	261
Veterans	193	27	70	65	20	11
Below 100% FPL	376	50	167	38	112	10
Below 250% FPL	819	89	191	150	148	242
Below 400% FPL	1,292	160	439	271	170	252
Total people of color age 55-59	12,184	3,630	3,393	2,165	1,407	1,588
People with a disability	2,235	625	596	354	237	421
Veterans	595	180	117	160	64	74
Below 100% FPL	1,838	485	512	282	294	264
Below 250% FPL	4,869	1,296	1,764	557	627	624
Below 400% FPL	7,680	2,212	2,619	1,074	989	785

Table 6b: Population characteristics of people of color by ADVSD service district (by percent of the total population of people of color by age)

	County	East district	Mid-co district	N/NE district	SE district	West district
Total people of color age 60+	30,968	6,631	7,997	8,514	3,326	4,500
People with a disability	35.4%	37.1%	39.6%	34.2%	33.1%	29.2%
Veterans	8.7%	7.6%	10.5%	7.7%	7.1%	10.5%

	County	East district	Mid-co district	N/NE district	SE district	West district
Below 100% FPL	19.0%	17.4%	19.9%	17.5%	23.4%	19.3%
Below 250% FPL	45.7%	43.7%	46.2%	46.3%	51.9%	41.8%
Below 400% FPL	65.1%	66.7%	72.9%	62.8%	69.5%	50.4%
Total people of color age 85+	1,815	264	556	437	257	301
People with a disability	83.1%	86.3%	92.5%	63.3%	88.8%	86.9%
Veterans	10.6%	10.4%	12.5%	14.8%	7.8%	3.6%
Below 100% FPL	20.7%	19.0%	30.0%	8.6%	43.4%	3.3%
Below 250% FPL	45.1%	33.6%	34.3%	34.3%	57.4%	80.5%
Below 400% FPL	71.2%	60.5%	79.0%	61.9%	66.0%	83.9%
Total people of color age 55-59	12,184	3,630	3,393	2,165	1,407	1,588
People with a disability	18.3%	17.2%	17.6%	16.3%	16.9%	26.5%
Veterans	4.9%	4.9%	3.5%	7.4%	4.5%	4.7%
Below 100% FPL	15.1%	13.4%	15.1%	13.0%	20.9%	16.6%
Below 250% FPL	40.0%	35.7%	52.0%	25.7%	44.6%	39.3%
Below 400% FPL	63.0%	60.9%	77.2%	49.6%	70.3%	49.4%

Poverty

There are an estimated 18,145 people age 60+ in Multnomah County who have an income at or below 100% FPL ($13,590 for a single person or $18,310 for two people in 2022). An estimated 52,379 people 60+ have an income at or below 250% FPL ($33,975 for a single person or $45,775 for two people in 2022).

- 11.4% of the 60+ population live at or below 100% FPL. This is an increase of over two percentage points since the last Area Plan.
- 33% of the 60+ population live at or below 250% FPL.

There are an estimated 1,448 people age 85+ in Multnomah County who have an income at or below 100% FPL. An estimated 5,043 people age 85+ have an income at or below 250% FPL. People age 85+ are experiencing higher rates of poverty compared to those age 60+, especially at or below 250% FPL.

- 11.9% of the 85+ population live at or below 100% FPL.
- 41.3% of the 85+ population live at or below 250% FPL.

Living situation

ADVSD also received estimates for different living situations for older adults living in Multnomah County. An estimated 1,472 people age 60+ are grandparents raising grandchildren, or 0.9% of the 60+ population. This is an important population as grandparents raising grandchildren may be eligible for caregiver services funded by the Older American Act.

- An estimated 474 people age 55-59 are grandparents raising grandchildren, or 1.0% of the 55-59 population.

An estimated 44,708 people age 60+ live alone, or 28.2% of the 60+ population. Living alone is an important factor in understanding the needs of older adults as it may suggest a higher risk of social isolation and loneliness. "Social isolation and loneliness have a serious impact on physical and mental health, quality of life, and longevity… comparable to that of other well-established risk factors such as smoking, obesity, and physical inactivity."[10]

- An estimated 5,926 people age 85+ live alone, or 48.5% of the 85+ population. This means that not only do almost half of people age 85+ live alone, but people age 85+ are almost twice as likely to be living alone compared to people age 60+.
- An estimated 9,013 people age 55-59 live alone, or 19.4% of the 55-59 population.

Notes on the Area Plan population estimates from the PRC

To develop the estimates for the 2025-2029 Area Plan, ADVSD partnered with the Portland State University Population Research Center (PRC). The population estimates provided by the PRC for Multnomah County and each ADVSD service district were adjusted to match the results of the 2018-2022 5-year American Community Surveys (ACS), while providing enhanced detail based on use of a Public Use Microdata Samples (PUMS) from the 2018-2023 ACS. The ACS PUMS provides estimates for detailed characteristics of individual survey respondents who live within ADVSD's service districts. These characteristics are not reported elsewhere in ACS publications from the US Census Bureau, or from the decennial census, or other data sources. The PUMS is the only data source that can be used to derive information about REALD demographics, specific age bands, multiples of income to poverty, and other characteristics specific to ADVSD's service population.

The population estimates were developed by allocating PUMS data into census tracts, and then aggregating census tracts to ADVSD service areas. PUMS use geographic boundaries called Public Use Microdata Areas (PUMAs) of 100,000 or more persons, and are made up of many individual census tracts. Multnomah County contains five PUMAs, which do not align with the ADVSD service districts. However, ADVSD service districts can be recreated by adding together census tracts. In order to convert from PUMAs to service districts, PUMA results were first probabilistically allocated into the census tracts within each PUMA based on characteristics that can be observed in both the ACS PUMS and in other ACS publications.

[10] World Health Organization, Social Isolation and Loneliness. https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/social-isolation-and-loneliness

For example, the ACS tables from the 2018-2022 combined sample might provide information on the spatial distribution of the population that is 60-84 years old, and the population that is within 250% of the FPL-- but not those characteristics together. The PUMS downscaling approach considers what possible distribution of the true underlying population of each tract could produce both the published ACS tract-level tables and be consistent with the PUMS dataset. For example, the total number of persons 60-84 under 250% of the FPL in the PUMA might be distributed across the tracts in the PUMA according to the percentage of persons 65 and older in each tract who are under 250% of the FPL, which can be found from the published ACS table B17024. This process is repeated for all other tables, ensuring consistency between what the ACS tables say about every tract in each PUMA, and what the ACS PUMS says about the same PUMA.

After generating tract-level data, tracts are assigned 1:1 to ADVSD service areas on the basis of the center of population (tracts can have varying population density; the center of population is an internal point inside the tract that is the closest on average to everyone who lives in the tract). Then, all the census tracts with centers in each respective ADVSD service district are combined for reporting purposes. County level data consist of all the data aggregated for all tracts in the county.

The ACS is a sample of the population, and the PUMS is itself an extract of approximately half of the ACS sample that is provided to the public for research purposes. Because they are random samples of the entire resident population of the country, they may not reach very many individuals with unique combinations of characteristics. This uncertainty is reflected in the margin of error, which represents a numerical range that the true population number should be expected to fall within 90% of the time (if the entire population was surveyed). PUMS ACS estimates may have a small estimate and a wide margin of error. Small estimates could also be a result of how population categories are defined.

READLD

REALD is a framework that guides how demographic data is collected and reported. REALD stands for race, ethnicity, language, and disability. Collecting REALD information helps ADVSD better understand who is most impacted by inequities and how to best support these community members to access the services and resources they need. The estimates of people's primary race and ethnic identity are based on the REALD categories established in 2020 (Figure 2)[11], instead of the current REALD categories. For more information on REALD please visit the Oregon Health Authority's website: https://www.oregon.gov/oha/EI/Pages/Demographics.aspx

[11] Oregon Department of Human Services & Oregon Health Authority, Race, Ethnicity, Language, and Disability (REALD), https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/me0074.pdf

Figure 2: 2020 race, ethnicity, language, and disability (REALD) categories

Race and Ethnicity

1. How do you identify your **race, ethnicity, tribal affiliation, country of origin, or ancestry**?

2. Which of the following describes your **racial or ethnic identity**? Please check **ALL** that apply.

Hispanic and Latino/a/x
- ☐ Central American
- ☐ Mexican
- ☐ South American
- ☐ Other Hispanic or Latino/a/x

Native Hawaiian and Pacific Islander
- ☐ CHamoru (Chamorro)
- ☐ Marshallese
- ☐ Communities of the Micronesian Region
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Other Pacific Islander

White
- ☐ Eastern European
- ☐ Slavic
- ☐ Western European
- ☐ Other White

American Indian and Alaska Native
- ☐ American Indian
- ☐ Alaska Native
- ☐ Canadian Inuit, Metis, or First Nation
- ☐ Indigenous Mexican, Central American, or South American

Black and African American
- ☐ African American
- ☐ Afro-Caribbean
- ☐ Ethiopian
- ☐ Somali
- ☐ Other African (Black)
- ☐ Other Black

Middle Eastern/North African
- ☐ Middle Eastern
- ☐ North African

Asian
- ☐ Asian Indian
- ☐ Cambodian
- ☐ Chinese
- ☐ Communities of Myanmar
- ☐ Filipino/a
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ South Asian
- ☐ Vietnamese
- ☐ Other Asian

Other categories
- ☐ Other *(please list)*
- ☐ Don't know
- ☐ Don't want to answer

3. If you checked **more than one** category above, is there **one** you think of as your **primary** racial or ethnic identity?
- ☐ Yes. Please circle your primary racial or ethnic identity above.
- ☐ I do not have just one primary racial or ethnic identity.
- ☐ No. I identify as Biracial or Multiracial.
- ☐ N/A. I only checked one category above.
- ☐ Don't know
- ☐ Don't want to answer

B-2 Prioritized populations

The Multnomah County Aging, Disability and Veterans Services Division (ADVSD) recognizes that older adults and people with disabilities experience discrimination and marginalization based on the perception of age and ability. This discrimination and marginalization are compounded when race, ethnicity, national origin, housing status, gender, gender identity, gender expression, and sexual orientation are considered. To address historic and systemic disparities experienced by people based on their identities, ADVSD employs the Leading with race framework as outlined in the Multnomah County Workforce Equity Strategic Plan. Leading with race helps ADVSD identify the racial inequities that are present in different policies and systems of service that we are contracted to implement. As such, the division continues its work of dismantling, and advocating to change inequities in all levels of service and implementation.

"Focusing on racial equity provides the opportunity to introduce a framework, tools, and resources that can also be applied to other areas of marginalization. The prioritization is not based on the intent to create a ranking of oppressions (that is, belief that racism is "worse" than other forms of oppression) but rather to create strategies that will impact all communities."[12]

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

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

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

Older adults and people with disabilities experiencing loneliness, anxiety and depression, substance use disorder, hoarding behaviors, or mental health or behavioral health diagnoses continue to be a priority population to ADVSD. COVID-19 and the related health and safety recommendations created or exacerbated many issues faced by older adults and people with disabilities. ADVSD's Older Adult Behavioral Health Initiative (OABHI) team offers complex case consultation through the ADRC, LTSS offices, and our network of providers. OABHI does considerable outreach to health providers, community partners, and older adults to increase awareness of issues impacting older adults related to mental health and addiction, cognitive decline, hoarding behavior, and stigma related to these health challenges.

Building on the success from the 2017 RFPQ, where ADVSD conducted a system-wide contracting request for qualified proposals process, we launched the new RFPQ in 2023 and had contracts awarded that started in January 2024. This process resulted in ADVSD shifting and increasing funding to culturally and community specific organizations. We believe this has supported increased capacity for those organizations. To equitably serve older adults who are people of color, ADVSD will need to fund and resource services differently. ADVSD will again examine the funding allocation during this plan period. We will conduct further analysis to identify gaps in our service system, outreach approaches, and reimbursement models. We have included measurable objectives and key tasks to address disparities. ADVSD will continue to adjust based on our community partners' continuous feedback and lessons learned.

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

B-3 AAA services and administration

Array of services offered[13]

See also **Appendix J – Service matrix and delivery** that further describes services provided to OAA/OPI consumers. (Note, the OPI references in Appendix J refer only to OPI/OPI-E and do not include OPI-M.)

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

Adult day care/adult day health (1 unit = 1 day of 8 hours): Services or activities provided to adults who require care and supervision in a protective setting for a portion of a 24-hour day. Includes out of home supervision, health care, recreation, and/or independent living skills training offered in centers most known as Adult Day, Adult Day Health, Senior Centers, and Disability Day Programs. (Source: NAMRS).

Caregiver access assistance (1 unit = 1 contact): A service that provides the individuals with current information on opportunities and services available to the individuals within their communities; assesses the problems and capacities of the individual; links the individual to services; ensures that the individual receives services they are in need of; and services the entire community of older adults.

Case management (1 unit = 1 hour): A service provided to an older individual, at the direction of the older individual or a family member of the individual:

- by an individual who is trained or experienced in the case management skills that are required to deliver the services and coordination described in subparagraph; and
- to assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs, of the older individual; and

Includes services and coordination such as:

- comprehensive assessment of the older individual (including the physical, psychological, and social needs of the individual).
- development and implementation of a service plan with the older individual to mobilize the formal and informal resources and services identified in the assessment

[13] https://www.oregon.gov/odhs/providers-partners/community-services-supports/Documents/oregon-spr-service-definitions.pdf

to meet the needs of the older individual, including coordination of the resources and services.
    - with any other plans that exist for various formal services, such as hospital discharge plans, and
    - with the information and assistance services provided under the Older Americans Act.
- coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided.
- periodic reassessment and revision of the status of the older individual with—
    - the older individual or
    - if necessary, a primary caregiver or family member of the older individual and
    - in accordance with the wishes of the older individual, advocacy on behalf of the older individual for needed services or resources.

(Source: OAA)

Case management for elders: Is a comprehensive service provided to individuals aged 60 and over who are experiencing complex or multiple problems that affect the individual's ability to remain independent.

Additionally, **Case management for family caregivers** is a comprehensive service provided to family caregivers who are caring for people aged 60 and over, or for individuals who are grandparents 55 years of age or older who is a relative caregiver of a child. The definition of family caregiver has been broadened to include friends, neighbors and domestic partners who care for someone age 60 or older.

Cash and counseling: Services provided or paid for through allowance, vouchers, or cash which is provided to the caregiver so the caregiver can obtain needed supportive services. (Definition developed by 2011 AAA/SUA workgroup).

Chore (1 unit = 1 hour): Performance of heavy household tasks provided in a person's home and possibly other community settings. Tasks may include yard work or sidewalk maintenance in addition to heavy housework. (Source: HCBS Taxonomy)

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

Chronic disease management, prevention, and education: Activities related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance

abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition). Activities must meet ACL's definition for an evidence-based program, as presented on ACL's website. (Source: OAA)

Programs such as the evidence-based Living Well with Chronic Conditions (Stanford's Chronic Disease Self-Management program – CDSMP), that prevent and self-manage the effects of chronic disease.

The CDSMP suite of programs that our community-based partners plan to offer as part of their Evidence-Based Health Promotion contracts includes:

- Living Well with Chronic Conditions.
- *Tomando Control de su Salud* will be provided to Hispanic or Latine elders under ADVSD Enhancing Equity partners' contracts.
- Positive Self-Management Program for HIV (PSMP). The Positive Self-Management Program is a workshop for people with HIV given two and a half hours, once a week, for six weeks, in community settings. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with HIV.

Newer variations to the CDSMP suite that are available for our contracted Evidence-Based Health Promotion partners include:

- Chronic Pain Self-Management program
- Better Choices, Better Health is the online/asynchronous interactive version of the Chronic Disease Self-Management program
- Cancer: Thriving & Surviving
- Diabetes Self-Management program

Congregate meal (1 unit = 1 meal): A meal provided by a qualified nutrition project provider to a qualified individual in a congregate or group setting. The meal is served in a program that is administered by SUAs and/or AAAs and meets all the requirements of the Older Americans Act and state/local laws. Meals provided to individuals through means-tested programs may be included. (Source: OAA)

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

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

Elder abuse awareness (1 unit = 1 activity): Public education and outreach for individuals, including caregivers, professionals, and paraprofessionals on the identification, prevention, and treatment of elder abuse, neglect and exploitation of older individuals. Training for individuals in relevant fields on the identification,

prevention, and treatment of elder abuse, neglect, and exploitation, with focus on prevention and enhancement of self-determination and autonomy. (Definition based on OAA 721(b) (1, 2, & 6))

Evidence-based health promotion (1 unit = 1 session): Activities related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition). Activities must meet ACL's definition for an evidence-based program, as presented on ACL's website. (Source: OAA)

Evidence-based health promotion (EBHP) programs are those that are founded on the best available research and are recommended based on a systematic review of the published, peer reviewed research. Evidence-based health promotion programs are a good way to engage older adults, improve health outcomes and address health inequities in our community through partnerships with local community-based organizations (CBO) including our Enhancing Equity partners. EBHP activities, offered in partnership with our contracted CBOs, include, but are not limited to *Walk with Ease*, *Tai Chi for Better Balance*, *Diabetes Prevention Program*, and the *Arthritis Exercise Program*.

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

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

Homemaker (1 unit = 1 hour): Performance of light housekeeping tasks provided in a person's home and possibly other community settings. Tasks may include preparing meals, shopping for personal items, managing money, or using the telephone in addition to light housework. (Source: HCBS Taxonomy).

Home-delivered meals (1 unit = 1 meal): A meal provided to a qualified individual in his/her place of residence. The meal is served in a program that is administered by SUAs and/or AAAs and meets all the requirements of the Older Americans Act and State/Local

laws. Meals provided to individuals through means-tested programs may be included. (Source: OAA)

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

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

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

Legal assistance (1 unit = 1 hour): Legal advice and representation provided by an attorney to older individuals with economic or social needs as defined in the Older Americans Act, Sections 102(a)(23 and (24), and in the implementing regulation at 45 CFR Section 1321.71, and includes to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of a lawyer and counseling or representation by a non-lawyer where permitted by law (Source: OAA)

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

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

Options counseling: Counseling that supports informed long-term care decision making through assistance provided at six Enhancing Equity partner sites and five District Senior Centers to individuals and families to support their strengths, needs, preferences and unique situations and translates this knowledge into possible support strategies, plans and tactics based on the choices available in the community. Culturally specific, culturally responsive, and community specific Options Counseling is available to Asian,

African American, Native American. Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+), Immigrant and Refugee, and Hispanic or Latine elders at Enhancing Equity partner sites.

Oregon Project Independence (OPI, or OPI classic): OPI provides limited in-home services for people aged 60 and older who do not qualify for Medicaid services programs.

Oregon Project Independence – Expansion (OPI-E): OPI-E provides limited in-home services for people aged 18 through 59 who have a physical disability or are living with Alzheimer's Disease who do not qualify for Medicaid services programs.

Oregon Project Independence – Medicaid (OPI-M): OPI-M provides a higher number of in-home services than OPI and OPI-E in addition to other supports for the consumer and unpaid caregivers. OPI-M is for people 60 and older, or 18 and older with a physical disability.

Personal care: Assistance (Personal assistance, stand-by assistance, supervision or cues) with Activities of Daily Living (ADLs) and/or health-related tasks provided in a person's home and possibly other community settings. Personal care may include assistance with Instrumental Activities of Daily Living (IADLs). (Source: HCBS taxonomy)

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

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

Public outreach and education: Services or activities that provide information to groups of current or potential consumers and/or to aging networks or other community partners regarding available services for older adults. Examples include community

senior fairs, publications, conferences, mass media campaigns, presentations at local District Senior Centers sharing information on OAA services, etc.

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

- Asian, Native American, LGBTQ+, Immigrant and Refugee, and Hispanic or Latine older adults are provided community and culturally specific and other recreation activities under ADVSD Enhancing Equity partners' contracts.

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

Transportation: Assist older adult consumers and those acting on behalf of older adults with transportation scheduling and coordination. This includes bus passes and tickets, cab rides, and door-to-door rides through contracts with local transportation providers to access services so older adults are independent in the community for as long as they choose. This service includes activities such as:

- Screening for eligibility for transportation services,
- Assessing transportation needs,
- Verification of eligibility for transportation,
- Assisting in the completion of forms and applications for transportation,
- Advocacy on behalf of older adults requesting transportation services,
- Scheduling and coordinating rides with transportation providers,
- Distribution of bus passes and tickets.

People needing transportation will be prioritized according to the following criteria:

1. Medical trips (doctors, therapists, hospital, or health-related treatment) for non-Medicaid consumers,
2. Congregate nutrition,
3. Multiple supportive services (e.g., multicultural centers, community centers, etc.).

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

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

B-4 Non-AAA services, service gaps and partnerships to ensure availability of services not provided by the AAA

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

Service	Contact
Alzheimer's resources	Multnomah County Family Caregiver Support Program offers the STAR Caregiver Program which is a 6-week one-on-one evidence-based training for family caregivers caring for a person with Alzheimer's or another dementia. This program is offered in English, Spanish, Russian, and Ukrainian. Two classes, Savvy Caregiver and Powerful Tools for Caregivers, support the caregiver in improving their skills related to dementia and Alzheimer's. Additionally, we offer monthly Memory Café social events for the family caregiver and the person they care for who has dementia/Alzheimer's disease. The Family Caregiver Support Program collaborates with the Alzheimer's Association on specific community outreach events. We also collaborate and share referrals with OHSU the Latent Aging and Alzheimer's Disease Center.
Disability services programs	The ADRC, District Senior Centers, and Enhancing Equity partners refer people with disabilities to ILR and other disability services providers as their needs dictate.
Employment services	ADVSD is a host site for the Title V Senior Community Service Employment Program, providing limited part-time employment to eligible individuals. ADVSD also is a host site for Portland Community College Occupational Skills program, providing limited part-time employment experience and mentorship to eligible individuals. The ADRC refers consumers to community Work Source providers and other employment services in Multnomah County.
Energy assistance	Low-income energy assistance is provided by county community action agencies, including ADVSD contracted partners, such as El Programa Hispano Católico, Impact NW, Immigrant & Refugee Community Organization, and NAYA Family Center. The ADRC manager meets annually with community action agency staff to distribute energy assistance information to the aging and disability network.

Service	Contact
Food access & emergency food pantries	The ADRC, District Senior Centers, and Enhancing Equity partners provide referrals to food pantries located throughout the county to provide emergency food boxes to those in need. Several District Senior Centers host senior emergency food box programs. Store to Door delivers and unloads groceries and prescriptions to homebound older adults and people with physical disabilities to parts of Multnomah and Washington counties. Farmers markets offer neighborhood-based access to fresh produce. SNAP benefits can be used at some farmers markets and some markets offer matching funds through the Double-up Food Bucks program.
Housing	The ADRC refers consumers to housing services based on their identified need (e.g., low-income residences, independent senior living, assisted living, etc.). Referrals are made to Home Forward, NW Pilot Project, and several other housing providers.
Information & assistance	Through an agreement with 211info and the City/County Information and Referral hotline, ADVSD ensures that older adults and adults with disabilities are referred to the ADRC for information and assistance.
Mental health & addiction services	ADRC refers consumers to mental health services based on their presenting issue (e.g., depression, anxiety, bereavement, etc.). Treatment options include outpatient and inpatient counseling, group therapy, home-based mental health, support groups, and peer counseling. The ADRC and the County Mental Health Crisis Call Center cross-train and share cross-referral processes. The Older Adult Behavioral Health Initiative offers cross-system program support, community resources and complex case coordination across mental health, aging, and addictions program areas.
Transportation resources & services	Non-Emergent Medical Transportation (NEMT) and its more limited companion service, Non-Medical Community Transportation services for long-term care recipients, are key benefits for members of the Oregon Health Plan (OHP). NEMT assists older adults as well as adults with disabilities to go to and from routine or scheduled OHP-covered medical services. Community transportation assists older adults and adults with disabilities who qualify for long-term services and supports them to go grocery shopping, conduct personal business, and participate in community activities that are part of their person-centered long-term care service plan authorized by their case manager. Ride Connection provides older adults and people with disabilities with information and access to all transportation options in the region, travel training, door-to-door transportation for any reason, and other mobility enhancing services.
Older adults & people with disabilities that	Older adults and people with disabilities experiencing houselessness are referred for service screening with the Coordinated Access system.

Service	Contact
are experiencing houselessness	211info screens people for shelter systems such as family, domestic violence, and some women's shelters. Otherwise, those unhoused need to call themselves each shelter serving adults for bed availability. NW Pilot Project uses a screening tool to identify resources, e.g., temporary, permanent housing, as well as other available resources. ADVSD is releasing an RFPQ (Request for Programmatic Qualifications) in 2025 for supportive services for rapid response coordination for in-home care, which we expect will support eviction prevention, and stabilization to prevent older adults from becoming homeless.

Section C: Focus areas, goals and objectives

C-1: Information and referral services and the Aging and Disability Resource Connection (ADRC)

Profile

The Aging and Disability Resource Connection (ADRC) is an information and referral assistance hub for older adults, people with disabilities, families, caregivers, and organizations. The ADRC Helpline and website are often the front door for community members to learn about services and resources for older adults, people with disabilities and family caregivers. The Multnomah County ADRC can be accessed by telephone, (503) 988-3646 or (855) 673-2372, Telecommunications Relay Service (TRS) for people with hearing or speech impairment, email to adrc@multco.us, and at www.adrcoforegon.org. The ADRC is a 24-hour resource operated by ADVSD staff. The ADRC provides multi-lingual access by employing bilingual information and assistance specialists and through phone-based language interpreters.

Information and assistance services are also provided through the network of contracted District Senior Centers and Enhancing Equity partners to offer culturally specific and responsive approaches to this service in the community. The ADRC and our contracted information and assistance (I&A) partners are key to ADVSD's No Wrong Door access to services and support for older adults, people with disabilities, Veterans, and their families. All of these entry points can advise on eligibility and refer people to the Family Caregiver Support Program, Options Counseling, Oregon Project Independence, Veterans benefits, and the suite of OAA services. ADVSD is working to attract more volunteers to help support AAA programs like Senior Health Insurance Benefits Assistance (SHIBA).

The Multnomah County ADRC receives on average 5,250 contacts each month (email, voicemail returns, and inbound contacts). Promotion and outreach for the ADRC and I&A services is shared among regional AAAs, aging network providers, jurisdictional partners, health care systems, and County and departmental communications work groups. Outreach includes promotional materials in the 11 most commonly spoken languages in the county, social media outreach, community events, and extensive community-based or word-of-mouth referrals among social services and health care providers. Multnomah County will support ADRC sustainability by working with contracted partners, leveraging multiple funding streams, maximizing Medicaid Administrative Claiming, and utilizing GetCare data, and other consumer feedback to advocate for ADRC services.

The Multnomah County ADRC provides quality information and referral related services and supports contracted partners. The ADRC team is responsible for maintaining approximately 655 community resource records in the statewide ADRC database. The staff work with community partners annually to verify and update the information provided to ADRC Helpline callers. ADVSD analyzes metrics related to the quantity and length of calls, demographics of the callers, and needs expressed from information collected in GetCare to improve the service. Multnomah County ensures the sustainability of the ADRC by funding it with 85% Medicaid funds and 15% County General Fund.

The ADRC is one of the primary entry points to the aging and people with disabilities service system in Multnomah County, providing easy access for new and current participants.

Problem/need statement

The topic of information elicited strong comments from community members who shared their experiences in the Needs Assessment Survey. These stated needs included a desire for clearer pathways to information, a centralized list of resources, and assistance with navigating resource systems. Many respondents expressed their frustration as they told stories about trying to find and receive help from the county when they need it. Rather than being one or the other, the crux of the problem is both that people do not know what services exist to help them, and that when they try to get help, they're often unsuccessful. It's demoralizing, as one white woman over 50 shared:

> "When I had a friend on the verge of homelessness, it was IMPOSSIBLE to find services. Websites and phone calls send you on an endless runaround of people who tell you to call someone else or sign up for a waitlist that never opens."

Many people cited challenges with the ADRC and other information/resource connection services:

- Not getting calls returned after contact
- Not finding or being given the resources they were looking for
- The website is difficult to use and confusing
- Organizations provided as a resource do not answer or call back, or say they are full
- It is very difficult and frustrating to navigate these resources and not get help

Many people requested a centralized directory of resources accessible online or by phone, suggesting that most people are not aware of the ADRC or 211 as resources. A large number of respondents asked explicitly for outreach and information to be delivered in a variety of ways directly to people (e.g. by mail, in person, through service providers). This is especially important for those who do not have access to the internet or know how to find resources on their own. Additionally, others called for information to be shared through their culturally specific sources and in their primary languages besides English.

Respondents were asked about their experiences with information and referral services (ADRC) in Multnomah County. They were asked to select all that apply from the following statements: I **know** this service exists; I know how to **get** this service; I currently **use** or **have used** this service; and I would **benefit** from this service **now** or in the **next 5 years**. Total responses are provided here, and responses by race/ethnicity are provided in Appendix J.

As shown in the table below, around 38% of respondents know about information and referral services (ADRC) in Multnomah County. The gaps between knowing about an information and referral service and knowing how to access it are more or less equal, at 21%. About 32% of respondents indicate that they would benefit from all three information and referral services listed.

Total Respondents (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100% and are often above the analytic sample of 1,808.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Someone to help me find or apply for resources and services when I need them (n=1,635)	38% (622)	21% (348)	9% (153)	31% (512)
Someone who provides ongoing help to find, apply, and manage my resources and services (n=1,206)	38% (457)	21% (248)	8% (99)	33% (402)
The Aging and Disability Resource Connection; ADRC (a call center and website to help you find resources and services for your needs) (n=1,274)	37% (473)	20% (259)	11% (145)	31% (397)

Information and assistance (I&A) and Aging and Disability Resource Connection (ADRC) goals and objectives

Goal 1: Older adults, people with disabilities, and their caregivers know about the ADRC Helpline and website. The ADRC is used and seen as a high-quality, easy-to-access tool for finding information, resources, and support. Community members are aware of the ADRC and its related programs.

Measurable objectives	**Key tasks**		**Lead position & entity**	**Timeframe for 2025-2029**	
				Start date	**End date**
1. Our ADRC Helpline call center now operates 24/7 and continued funding is needed to sustain 24/7 operation and support community outreach (see objective 3). Calls received after normal business hours are tracked and reportable.	a	The ADRC will act as the after-hours reporting entity for Adult Protective Services. It will connect people who need help to services and support, 24/7.	CS Sr Manager, CS ADRC Program Manager and CS ADRC Program Supervisor	07-2025	06-2029
	Accomplishment or Update				
	b	ADRC callers can access information and help specific to LTSS and OPI-M service options, even when they call outside traditional business hours.	CS Sr Manager, CS ADRC Program Manager and CS ADRC Program Supervisor	07-2025	06-2029
	Accomplishment or Update				
	c	Appointments for the SHIBA program will be scheduled by calling anytime, 24/7, during the enrollment period.	CS Sr Manager, CS ADRC Program Manager and CS ADRC Program Supervisor	07-2025	06-2029
	Accomplishment or Update				

Measurable objectives		Key tasks	Lead position & entity	Timeframe for 2025-2029	
				Start date	End date
2. ADRC call data meets specific quality standards. State and community partners share data to measure the quality of ADRC contacts and find gaps in who is using the service.	a	Data completion rate meets state standards for REALD, SOGIE.	CS ADRC Program Manager and CS ADRC Program Supervisor	07-2025	06-2029
	Accomplishment or Update				
	b	ADRC staff are trained and certified (by Inform USA) to collect accurate information. Use this information to identify gaps in service and needs that are not able to be met.	CS ADRC Program Manager and CS ADRC Program Supervisor	07-2025	06-2029
	Accomplishment or Update				
	c	Provide staff and partners with monthly reports and training to support accurate demographic data collection; use this data to find gaps in populations accessing the ADRC and steer outreach efforts.	CS ADRC Program Manager and CS ADRC Program Supervisor	07-2025	06-2029
	Accomplishment or Update				

Measurable objectives		Key tasks	Lead position & entity	Timeframe for 2025-2029	
				Start date	End date
3. Help service providers and the public learn about and access the ADRC and its related services. Attend 24 community outreach events.	a	Conduct ADRC awareness campaigns that include: ● in-person outreach at community events in every service district and for advisory councils, ● sharing information on the radio, social media, and program website, ● sending informational materials directly to households with a focus on low-income older adult households.	CS ADRC Program Manager and CS ADRC Program Supervisor	07-2025	06-2029
	Accomplishment or Update				
	b	Begin an advocacy group with ASAC/DSAC to strategize how to ensure District Senior Center providers are available to all populations in their service district.	CS ADRC Program Manager and CS ADRC Program Supervisor	07-2025	12-2025

	Accomplishment or Update				
	c	Create a training program to teach service providers how to help people use the ADRC. Help will be offered in multiple languages and meet the needs of many different cultures.	CS ADRC Program Manager and CS ADRC Program Supervisor	07-2025	06-2029
	Accomplishment or Update				
	d	Conduct internal awareness activities focused on cost savings programs (e.g. Low-Income Subsidy Program) with presentations to LTSS and OPI/OPI-M branches and state partners.	CS ADRC Program Manager and CS ADRC Program Supervisor	07-2025	06-2029
	Accomplishment or Update				

Measurable objectives	Key tasks		Lead position & entity	Timeframe for 2025-2029	
				Start date	End date
4. Attract people who want to learn more about and volunteer with AAA programs like SHIBA.	a	Engage, train, and retain a group of 20 or more volunteers for SHIBA.	CS ADRC Program Manager and CS ADRC Program Supervisor	07-2025	06-2029
	Accomplishment or Update				
	b	SHIBA volunteers will: conduct Medicare information and enrollment sessions, complete yearly open enrollment campaigns.	CS ADRC Program Manager and CS ADRC Program Supervisor	07-2025	06-2029
	Accomplishment or Update				

Goal 2: Marginalized communities will use housing stabilization Community Services Safety Net program funds to prevent homelessness.

Measurable objectives	Key tasks		Lead position & entity	Timeframe for 2025-2029	
				Start date	End date
Promote the housing stabilization program in specific communities. The Safety Net program criteria prioritizes indigenous people,	a	Connect NARA and NAYA partner agencies with the CS Safety Net program to refer clients from indigenous communities.	CS ADRC Program Supervisor, CS Safety Net CMs	07-2025	06-2029
	Accomplishment or Update				
	b	Connect with El Programa Hispano Católico to establish partnership with the CS Safety Net	CS ADRC Program Supervisor, CS Safety Net CMs	07-2025	06-2029

immigrants, people of color and Veterans.		program and refer clients from Spanish-speaking and Latin American immigrant communities.			
	Accomplishment or Update				
	c	ADRC staff continue providing assistance to callers with the Safety Net program referral and application.	CS ADRC Program Manager	07-2025	06-2029
	Accomplishment or Update				

C-2: Nutrition services

Profile

Food helps us meet our basic needs for nourishment, connection, and pleasure. The purpose of the Older Americans Act (OAA) nutrition program is to reduce hunger and food insecurity and to support older adults' good health and well-being by providing access to nutritious meals. Meal services can also bring people out of isolation and promote connection and socialization. As people age, a nutritious diet is key to managing diet-sensitive health conditions. The benefits of a nutritious diet include increased mental acuity, resistance to illness and disease, higher energy levels, a more robust immune system, and faster recuperation from illness and medical treatments.

Current nutrition program services approach

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

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

Culturally appropriate and specific meals are currently delivered in three ways. Meals are prepared and transported to meal sites; culturally appropriate and specific meals are prepared by restaurants and served at five Enhancing Equity partner sites providing culturally specific services; and culturally appropriate meals are prepared in the agency commercial kitchen and served onsite. Twelve of the sixteen congregate meal sites are co-located with either District Senior Centers or Enhancing Equity partner sites or agency staff to provide a natural link to services such as Options counseling, family caregiver support, health promotion, OPI, and other vital community-based services. Agency staff at sites that are not co-located receive training to assure appropriate and timely referrals to additional services.

All locations have written donation policies posted at sign-in and placed next to a marked, locked donation box that is opaque to make the donation amount private. The donation box is monitored, donations are counted and recorded in a standardized process. In addition to donations, Multnomah County continues to seek out funding to support nutrition services.

The Meals on Wheels People (MOWP) also provide home-delivered meals to older adults who cannot attend a meal site because they are frail, have a chronic condition that limits their mobility or are recuperating from surgery or a hospital stay. Because many homebound older adults have special dietary needs, low sodium, soft food, vegetarian, and diabetic meals are available as part of this service. The MOWP delivery program provides social contact, wellness checks, and delivers information about events and services. MOWP also offers supplemental groceries, the Friendly Chats Program, Pet Program, Safety Call Program, and Technology Support Program. Nutrition education is provided quarterly for all congregate meal sites and annually for home-delivered meals, following Oregon Congregate and Home-Delivered Nutrition program standards. Ecumenical Ministries of Oregon delivers a week's supply of frozen meals to HIV long-term survivors who are unable to visit a congregate meal site. These meals are funded with a mix of Title III B and Title III C-2 funds.

Each of our nutrition providers have written in their contract requirements to provide nutrition education, and risk assessments for malnutrition. ADVSD's contract liaisons monitor the fee-for-service activities and report it to the State of Oregon monitoring activities. ADVSD also audits, and self-monitor for compliance with the State's benchmarks.

Problem/need statement

The Needs Assessment Survey asked respondents about their experiences with food and nutrition in Multnomah County. People left rich feedback that can be summarized in three main themes: (1) the unaffordability of food, (2) the need for more diverse food assistance (type, location, and program), and (3) the need for direct outreach about food and nutrition assistance in the county.

First, many respondents shared that the cost of foods are too high for limited budgets. Costs are particularly unaffordable for fresh foods, healthy foods, and dietary specific foods. SNAP benefits and fixed incomes like social security are not keeping up. One white, disabled woman over 60 put it plainly: "I run out of money before I run out of month." The amount of benefit money provided through SNAP is not enough and people are not always eligible even though they need it. People have to skip meals and go hungry because they do not have enough food. Some note that while they can afford enough food now, they anticipate struggling in the future.

Second, respondents expressed the need for more diverse food assistance (in terms of type of foods, locations of food services, and food assistance programs). Food assistance programs like pantries, congregate meal programs, home-delivered meals (MOWP), grocery shopping/delivery are essential. However, these services have barriers to accessing/or utilizing them and often do not fully meet people's needs.

- Pantries: Difficult to access with long lines and wait times outside, limited food selection, safety concerns, and long distances required to travel there and back.
- Congregate meals: Community connection is valued. There can be limited food options and long distances required to travel to locations, and some are concerned about COVID-19 risks of gathering.
- Home delivered meals/groceries: Delivery is needed and appreciated by many who are homebound or unable to travel to get food. Prepared meal options can be limited and repetitive, especially for those with more dietary constraints.

Many individuals noted that the reach of food assistance programs need to be expanded to serve more people. One respondent over 65 years of age noted, "I'm 2 blocks outside of the Store-to-Door boundary. I wish it could expand. I had it before and love it!" A white, disabled man over 65 reflected, "East County remains a food desert. We have fewer choices and higher prices." The lack of nearby food sources in food deserts (i.e. lack of grocery stores and farmers markets, distance to pantries and meal sites) combined with difficulty accessing distant locations due to mobility/transportation barriers prevents many from meeting their food and nutritional needs. Meal and grocery delivery is essential for these individuals and communities.

In terms of food diversity, one size does not fit all. The food options available through services (pantries, congregate meals programs, and home delivered meals) are limited and do not meet everyone's nutritional needs and preferences. Respondents are asking for:

- More nutritious and fresh foods instead of canned or processed foods (e.g. produce, vegetables, fruits, meat)
- Foods that align with dietary preferences (e.g. vegetarian/vegan, organic, plant-based)
- Foods that meet the dietary requirements of health conditions (e.g. diabetes, allergies, autism)
- Culturally specific or appropriate food options (e.g. African, Indigenous, Native American)

Lastly, a large number of respondents indicated that they do not know about the food and nutrition services that Multnomah County offers, and that they need more information, directly provided to them, about how to access these services. One white, female respondent over 75 years old shared, "I KNOW that the services listed on the

previous page probably exist, but if I needed them I'm NOT sure how to access them. I'd need to do some searching on the web (which I always find VERY confusing!)"
Ultimately, county residents need more information on what food/nutrition help is available and how to access it. Many need direct outreach and the information provided directly to them, instead of them having to find it on their own (e.g. online). Some people are ashamed to ask for help.

Food insecurity and hunger have serious impacts on older adults. Skipping meals can contribute to and exacerbate physical and mental health conditions, increase fatigue, impaired cognition, and amplify depression and anxiety. Limited food intake consistently may lead to reduced muscle mass and increased risk of falls[14]. In 2024, the Centers for Disease Control and Prevention found that falls are the leading cause of injury-related death among older adults[15]. The Oregon Health Authority also found that falls are the most common cause of nonfatal injuries and hospital admissions for trauma[16].

Congregate and home-delivered meals are vital resources for people 60 years and older. However, many older adults could benefit from additional flexible food resources that support choice and self-determination. SNAP, in combination with OAA nutrition programs, increases food security among older adults. The ADVSD Nutrition program seeks to expand access to fresh foods to support health and well-being, and foods that are culturally appropriate.

[14] Hunger in Older Adults – https://www.mealsonwheelsamerica.org/docs/default-source/research/hungerinolderadults-fullreport-feb2017.pdf?sfvrsn=2
[15] CDC, Older Adult Falls Data – https://www.cdc.gov/falls/data-research/index.html
[16] Oregon Health Authority, Fall Injuries Among Older Adults – https://www.oregon.gov/oha/PH/ABOUT/Documents/indicators/fallhospsenior.pdf

Respondents were asked about their experiences with food and nutrition services in Multnomah County. They were asked to select all that apply from the following statements: I **know** this service exists; I know how to **get** this service; I currently **use** or **have used** this service; and I would **benefit** from this service **now** or in the **next 5 years**. Total responses are provided here, and responses by race/ethnicity are provided in Appendix J.

Less than half of respondents know that nutrition services exist. The gap between knowing about a service and knowing how to access it is about equal for each of the four services shared. More respondents reported that they would benefit from Store to Door than other services.

Total Respondents (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100% and are above the analytic sample of 1,808.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Group Meals at Dining Sites (n=1,958)	46% (894)	23% (442)	11% (208)	21% (414)
Prepared meals delivered to your home (n=1,732)	45% (777)	23% (404)	10% (166)	22% (385)
Culturally sensitive nutrition planning and education (n=1,201)	44% (531)	22% (258)	9% (110)	25% (302)
Store to Door (n=1,502)	39% (583)	19% (292)	11% (165)	31% (462)

Nutrition Services: Location and Usage

Congregate sites	Location	Days & times	Average # diners per day?	Does this site also provide delivered meals?
Asian Health Service Center: culturally specific partner	9035 SE Foster Rd Portland, Oregon 97266	Tu-Th: 12p	25	No
El Programa Hispano Católico: culturally specific partner	333 SE 223rd Ave 100, Gresham, OR 97030	Tu-Th: 12p	17	No
IRCO: culturally specific partner	10301 NE Glisan St Portland, OR 97220	Tu-We: 10a-12p	20	No
	Africa House 709 NE 102nd Ave, Portland, OR 97220	Th: 10a-12p	40	No
NAYA: culturally specific partner	5135 NE Columbia Blvd, Portland, OR	Mo-Th: 9:30a Mo-Th: 12:30p	7 8	No No
Stone Soup PDX	Urban League of Portland 5325 NE Martin Luther King	Fr: 12p	12	No

	Blvd.			
	Community for Positive Aging 1820 NE 40th Ave.	Fr: 12p	60	No
Meals on Wheels People (MOWP)	600 NE 8th Ave, 155 Gresham, OR 97030	Tu, We, Th: 12p	65	Yes
	740 SE 106th Ave Portland, OR 97216	Mo, We: 12p	45	Yes
	4610 SE Belmont St Portland, OR 97215	Mo, Tu, We: 12p	70	Yes
	5325 NE MLK Blvd Portland, OR 97211	Tu, We, Th: 12p	35	Yes
	Community for Positive Aging 1820 NE 40th Ave.	Tu: 12p	25	No
	1624 NE Hancock (congregate and HDM) new location of closed 21st Ave.	We: 12p	15	Yes

Home Delivered Meals (HDM)	**Location meals delivered from**	**Delivery days**	**Approximately how many clients have meals delivered?**
EMO: culturally specific Partner	232 SE 80th Ave Portland, OR 97215	We - Th	30 (7 meals/week/client)
Meals on Wheels People (MOWP)	7710 SW 31st Ave, Portland OR 97219	Mo - Th	105
	600 NE 8th Ave, 155 Gresham, OR 97030	Mo - Th	464
	740 SE 106th Ave Portland, OR 97216	Mo - Th	342
	4610 SE Belmont St Portland, OR 97215	Mo - Th	324
	5325 NE MLK Blvd Portland, OR 97211	Mo - Th	302
	1032 SW Main St. Portland, OR 97205 (HDM)	Mo - Th	374
	9009 N Foss Ave, Portland, OR 97203	Mo - Th	165
	1814 SE Bybee Blvd., Portland, OR 97202	Mo - Th	122

Nutrition services goals and objectives

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

Measurable objectives		Key tasks	Lead position & entity	Timeframe for 2025-2029	
				Start date	End date
Contracted partners will provide culturally specific and culturally responsive congregate meals with additional flexibility of grab-and-go meals. We will increase the number of culturally specific congregate meal providers from one location to two by supporting new and existing partners to prepare to host congregate meals.	a	Assist Partners with developing grab-and-go meal programs that meet the OAA standards and needs of their culturally diverse diners.	CS Contract Liaisons and CS Dietitian	07-2025	06-2029
	Accomplishment or Update				
	b	Continue with grab-and-go meal offerings, incorporating new OAA nutrition standards.	CS Contract Liaisons and CS Dietitian	07-2025	06-2029
	Accomplishment or Update				

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

Measurable objectives		Key tasks	Lead position & entity	Timeframe for 2025-2029	
				Start date	End date
Nutrition services will prioritize partnerships serving marginalized communities.[17] Nutrition services for vulnerable populations will be maintained with a focus on individuals who identify as Black, Indigenous or a Person of color, with at least 1 (one) meal a week for each culturally specific community.	a	Community Services will support partners providing nutrition services to marginalized communities, help create connections between partners, and incorporate new models for service, focusing on BIPOC communities.	CS Contract Liaisons and CS Dietitian	07-2025	06-2029
	Accomplishment or Update				
	b	CS will offer dietitian services, supporting Partners to establish menus that meet OAA Nutrition Standards.	CS Contract Liaisons and CS Dietitian	07-2025	06-2029
	Accomplishment or Update				

[17] Beginning January 1, 2025, our budget for culturally specific nutrition providers increased from 38% to 46% of our overall nutrition contract budget.

	c	Continue collaborating with Meals on Wheels and the Native American Pi Nee Waus Elders potluck community gathering to provide culturally specific meals and community-focused activities. The potluck community meets weekly with a 3-month break in the summer.	CS Contract Liaison and CS Program Manager	07-2025	06-2029
	Accomplishment or Update				

C-3: Health promotion

Profile

Throughout a person's life, health is not only the absence of disease, but is also the presence of resources, activities, and practices that support health and well-being. Multnomah County Aging, Disability, and Veterans Services Division (ADVSD) envisions a Health Promotion program that builds connection, provides health-related activities, and supports prevention or management of chronic conditions for older adults.

Half of all adults in the United States have at least one chronic condition, and nearly a third have multiple chronic conditions, according to a 2018 report by the Centers for Disease Control and Prevention. The analysis identified adults aged 65 and older as being one of the groups with the highest prevalence of multiple chronic conditions[18]. Multnomah County is not insulated against the statistics cited above. In addition to the harsh data for US older adults and chronic conditions, the data for people of color is even more dire. According to Frank Franklin, Ph.D., principal epidemiologist for Multnomah County, "African Americans die from chronic diseases at a higher rate than any other demographic group. In fact, the combined cost of health inequalities in Multnomah County runs about $442 million per year, including $332 million from premature death and more than $100 million in direct medical costs" (Multnomah County Board Briefing February 13, 2019). As the Multnomah County Board of Commissioners declared in 2021, racism is a public health crisis.

To address these health disparities, ADVSD partners with culturally specific organizations that promote and provide approved Evidence-Based Health Promotion programs to older adults in multiple languages. ADVSD also ensures geographic availability across the county and ensures the availability of contracted services at different times of the day. ADVSD intends to offer an array of programs and choices throughout the year so that consumers and referral sources can easily connect with upcoming programs or join ongoing programming. Partnering with culturally specific CBOs in multiple languages ensures that health programs are provided to vulnerable populations that often fall between the cracks of traditional programming.

Each year, prior to the start of the new fiscal year, ADVSD connects with the network of providers to plan for the upcoming year. Currently, ADVSD is focused on patient engagement, helping people develop and maintain self-management skills, reducing hospital readmissions, increasing access to resource awareness and ability to navigate

[18] Prevalence of Multiple Chronic Conditions Among US Adults, 2018 - https://www.cdc.gov/pcd/issues/2020/20_0130.htm#:~:text=In%202018%2C%2051.8%25%20of%20US,those%20living%20in%20rural%20areas

and connect to resources, and finally, improving the relationship between healthcare and social care, especially as related to the social determinants of health, like race and socioeconomic status.

Funding reductions have shifted ADVSD's focus to increasing healthcare coordination. Establishing and strengthening relationships with local healthcare agencies and other health providers could potentially increase the amount of program offerings and funding streams. ADVSD continues to strengthen regional and local partnerships related to Health Promotion activities. ADVSD is an active member in the Oregon Wellness Network (OWN), a division of the Oregon Association Area Agencies on Aging and Disabilities (O4AD), which was developed to help individual AAAs create a value proposition for the social services they provide. ADVSD has been promoting Evidence-Based Health Promotion activities and services to health system partners and has been exploring opportunities for Medicare reimbursement through OWN in this service area. ADVSD seeks partnerships with other local entities through community partners. These kinds of partnerships are deeply connected to Age-Friendly work, seeking to make Multnomah County and the City of Portland truly Age-Friendly communities, offering multigenerational coordination of programs for health and wellness.

To realize this vision, ADVSD partners with culturally specific community-based organizations (CBOs) and District Senior Centers with Older Americans Act (OAA) IIID Health Promotion funding to provide Evidence-Based Health Promotion activities and classes for our older adult community. In addition, ADVSD partners with District Senior Centers and culturally specific CBOs to provide healthy activities and recreational opportunities with OAA IIIB funding that promote movement, socialization and engagement, and healthy active lifestyles. ADVSD recognizes the importance of good mental health and the interconnectedness of mental and physical health. ADVSD continues to utilize the Stanford Suite of chronic disease self-management programs, as the classes are valuable and well-liked by participants. In addition, our partners have robust Tai Chi for Better Balance ongoing programming and have found success with Walk with Ease and Arthritis Foundation Exercise Program cohorts.

Problem/need statement

The Needs Assessment Survey asked respondents about their experiences with health and wellness in Multnomah County. People shared a variety of detailed and helpful comments, but three main themes emerged: (1) many people do not know how to access information about health and wellness services, (2) respondents called for increased attention to mental health as well as physical health, and several described experiencing persistent loneliness, (3) there is a large demand for more free health and wellness services to fit diverse needs. Other health and wellness needs regularly included mention of the need for better food/nutrition and caregiving.

To begin, there is a lack of knowledge and information about what health and wellness services are available, where, and how to access them. One disabled Native American man over 55 said, "We need an easy place to find access to these activities, [I] have no idea where these resources may be found." This lack of knowledge and information was one of the most commonly cited barriers to accessing necessary healthcare services. More information about all county health services should be directly advertised and shared with people instead of being available somewhere where people have to search it out. The other main barriers to accessing needed health care (like medical appointments, medication, insurance, and mental health) and wellness resources (exercise, nutrition, and chronic disease management classes, activities, nutrition education) included high cost and insufficient transportation.

Next, respondents described their need for more mental health services, in addition to physical health services. They shared how difficult it is to find counseling and emotional support, and expressed an interest in the county providing more mental health services and resources. One white male respondent under 50 said, "Mental health is just as important as physical health. Increasing access to counseling, support groups, and mental health education can significantly benefit the community." Respondents also linked their and their community's mental health challenges with the isolation many individuals face. One disabled Veteran over 65 shared, "A lot of seniors are very lonely but you can't tell. I'm one." More group activities, classes, and events are needed to reduce loneliness and isolation.

Last, there is demand for more free health and wellness services to fit diverse needs. Individuals in need of medical care at county locations need to be seen sooner. In addition to getting their needs met when they arise, respondents expressed desire for free classes, activities, and wellness programs, in particular exercise and health education. Many available options, especially those at gyms and many community centers, are insufficient and not accessible for many people due to a variety of reasons including:

- Most options available are too costly. There are too few no-cost and low-cost options available.
- Not offering online/in-person or group/individual options. Concerns about COVID-19 are still a barrier to utilizing group and in-person options.
- Not being physically able to participate due to a disability or not feeling welcome due to one or more of their characteristics/identities (e.g.: age, body size, gender).
- Need for more services to be offered in languages other than English and for them to be culturally specific.
- The distance required to attend in person (e.g. locations not being walkable) and barriers to transportation needed to travel those distances. Some areas have very few or no low-cost locations/options available.

Respondents were asked about their experiences with health and wellness activities and services in Multnomah County. They were asked to select all that apply from the following statements: I **know** this service exists; I know how to **get** this service; I currently **use** or **have used** this service; and I would **benefit** from this service **now** or in the **next 5 years**. Total responses are provided here, and responses by race/ethnicity are provided in Appendix J.

Less than half of respondents know about the health and wellness services shared. The gap between knowing about a service and knowing how to access it is widest for calls and visits to make sure people are safe and well, at a 25% drop. More or less equally, respondents report that they would benefit from classes for healthy aging and managing chronic conditions as well as recreation and outings more than the other two services.

Total Respondents (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100% and are often above the analytic sample of 1,808.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Classes for healthy aging and managing chronic conditions (Tai Chi, diabetes prevention) (n=1,869)	40% (741)	20% (374)	10% (193)	30% (561)
Recreation and outings (fitness classes, games, cooking) (n=1,652)	36% (589)	20% (328)	14% (229)	31% (506)
Volunteering opportunities and training (n=1,500)	43% (638)	21% (309)	13% (193)	24% (360)
Calls or visits to make sure people are safe and well (n=1,370)	45% (610)	20% (268)	11% (148)	25% (344)

Health promotion goals and objectives

Goal 1: Community Services, in collaboration with the Oregon Wellness Network (OWN) will strengthen connections with healthcare systems to provide support services to older adults, people with disabilities and Veterans.

Measurable objectives	**Key tasks**		**Lead position & entity**	**Timeframe for 2025-2029**	
				Start date	**End date**
Maintain collaboration with OWN to develop and fund innovative support services. Increase our attendance to OWN meetings by one	a	Attend and actively participate in weekly OWN meetings, gauge interest in partnerships for the Care Transitions Program	CS Program Manager and CS Sr Manager	07-2025	06-2029
	Accomplishment or Update				
	b	Explore sustainable funding sources with the OWN network for new and existing services.	CS Program Manager and CS Sr Manager	07-2025	06-2029

meeting a quarter with a maximum of four. Advocacy for funding will include requests during meetings to the OWN network.	Accomplishment or Update				
	c	Explore and align the Care Transitions program for opportunities to diversify funding.	CS Program Manager	07-2025	06-2029
	Accomplishment or Update				

Goal 2: Older adults and people with disabilities are strongly connected to their community in ways that support their well-being and overall health. Programs support healthy active living and chronic disease self-management for older adults, people with disabilities, and Veterans.

Measurable objectives	Key tasks		Lead position & entity	Timeframe for 2025-2029	
				Start date	End date
Diversify opportunities for Health Promotion classes and workshops. Offer at least two classes in the community a year, and increase to four, and in alternative formats such as in-person or virtual. Offer at least one EBHP leadership class to the Native American community.	a	Support class leader training and course offering throughout our partner network	CS Contract Liaisons, CS Program Manager	07-2025	06-2029
	Accomplishment or Update				
	b	OWN/ARPA grant participation to expand the FCSP Memory Café events and Powerful Tools for Caregivers events	CS Contract Liaisons, CS Program Manager	07-2025	06-2029
	Accomplishment or Update				

C-4: Family caregivers

Profile

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

Information and referrals for the Family Caregiver Support Program are provided by the ADRC. Intake is provided by case managers at contracted community partner locations. Case managers meet with family caregivers to address family caregiver needs identified by Options Counseling tools. For family caregivers needing financial assistance, a family caregiver intake form is completed. One-on-one caregiver assistance is provided through contracts with five District Senior Centers and four Enhancing Equity partners. Enhancing Equity partnerships offer service by trusted organizations in culturally specific or culturally responsive approaches. Relatives raising children are connected to existing training in the community through case managers and the FCSP coordinator. The annual one-day Grandparent Retreat is offered to relatives raising children and is coordinated by the County Family Caregiver Support Program and community agencies serving families. While the Grandparent Retreat was paused during the pandemic, it will return in 2025.

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

ADVSD funds relief services to unpaid family members, friends, neighbors, or domestic partners caring for someone 60 or older or for a person of any age with Alzheimer's or another dementia. Funds can be used for respite services and support from home care agencies, adult day care centers, facilities that provide overnight respite, and goods and

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

FCSP offers evidence-based training including: Savvy Caregiver (6-weeks, 2-hours a week), Powerful Tools for Caregivers (6-weeks, 90-minutes a week), and the STAR Caregiver curriculum. Trained STAR Caregiver consultants work with family caregivers individually in their home to provide the curriculum for 1-hour a week for 6-weeks. STAR Caregiver participants receive monthly follow-up for 4-months after training.

Oregon Project Independence funded by Medicaid (OPI-M) is a new benefit, launched in 2024. OPI-M supports older adults and people with disabilities who do not access Medicaid long-term services and supports. OPI-M supports their unpaid family caregivers to help them live independently in their own homes. This support is varied, but can include meal delivery, housekeeping, personal care, and other services. Classic Oregon Project Independence, in contrast with OPI-M, is funded with State General Fund. An additional distinction is that OPI-M will be administered through ADVSD case managers as opposed to community partner case managers.

Popular community Memory Café events for caregivers of people experiencing dementia are offered at the Sunrise Center. The Memory Café offerings expanded to include an event designed to serve Black and African American caregivers created with the OHSU PreSERVE Coalition along with partnership with the Urban League of Portland and Kaiser Permanente.

Problem/need statement

The number of people caring for a friend, neighbor, or family member has grown to include more than 1-in-5 people nationally, and nearly half of people expect to become caregivers in the future.[19] Caregivers perform tasks from simply picking up groceries or bathing and dressing someone, to medical support (e.g., medication management or advanced wound care). People often take on these roles because they care deeply about their loved one's well-being, and many lack training or systems of support.

[19] AARP Research Insights on Caregiving, 2023 – https://www.aarp.org/pri/topics/ltss/family-caregiving/aarp-research-insights-caregiving/

Caregiving can also cause stress—physical, emotional, and financial—and can have substantial impacts on the caregiver's health and well-being, especially when coupled with work obligations and other family responsibilities. A 2020 study by AARP found that nearly 1-in-4 caregivers struggle to take care of their own health and say that caregiving worsened their health.[20] Increased caregiver stress and burden levels can jeopardize a caregiver's ability to continue to provide care.[21]

The Needs Assessment Survey asked respondents about their experiences with caregiving in Multnomah County. People shared their experiences in two main thematic areas, first as people who need or receive care, and second, as caregivers.

People who need and/or receive caregiving services from their family or community and from Multnomah County services widely report that they need more information about what is available; respondents widely do not know how to access caregivers and services and supports for caregivers, especially unpaid family caregivers. Having to find the information themselves instead of the information being provided directly to them is a barrier. Helping others find information on caregiving is also difficult, as one multi-racial woman shared, "I am an occupational therapist and I don't know how to steer patients/families for [caregiving] training and education. If I don't know, and it is my job, then how would regular Portlanders know?"

Not being eligible for professional caregiving support limits some people's options for affording and getting the help they need. The most common needs are: in-home care services, paid respite for caregivers, and how to get paid for being a caregiver. Having access to care now or in the future is essential for aging in place (i.e., their own home). Many respondents said they or someone they know needs care or will need care. Some expect their family to help, but others do not know how they will meet their care needs and what will happen to them as a result. As one white woman over 65 shared, "I worry about who's going to care for me and my husband in the future."

Many respondents praised the help they get from their caregivers. However, some received poor quality caregiving and/or requested better training for caregivers as well as more skilled caregivers. More specialized training and staff (nurses, rehabilitation specialists, and counselors/psychologists) to meet some people's more complex care needs. Individuals expressed an interest in caregivers with better cultural competence training or caregivers that share identities with who they are caring for.

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[20] New Study Shares Changing Face of Family Caregivers – https://states.aarp.org/oregon/new-study-shares-changing-face-of-family-caregivers

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

Caregivers report that the work of being a caregiver can be very difficult (isolation, stress, burnout, loneliness, anger, etc.) and can negatively impact their physical health, mental health, and general well-being. One white woman over 65 shared their experience: “It's awful. Caregiving at my age is going to kill me faster than the person I care for. Close to zero support.” Caregivers report needing to be paid (and paid better) as well as receive subsidies and other forms of support. Peer support groups for caregivers are not always available for those who also work or have other responsibilities. These support groups should be scheduled at more accessible times. In general, respondents advocated for more county-provided education for people of all ages and their families on how to plan and prepare for aging (financial, care, legal, etc.)

Respondents were asked about their experiences with caregiving and family support services in Multnomah County. They were asked to select all that apply from the following statements: I **know** this service exists; I know how to **get** this service; I currently **use** or **have used** this service; and I would **benefit** from this service **now** or in the **next 5 years**. Total responses are provided here, and responses by race/ethnicity are provided in Appendix J.

Fewer than half of respondents know about the caregiving and family support services shared. The gaps between knowing about a service and knowing how to access it are more or less equal, with a slightly larger drop for peer support groups for caregivers. More respondents report benefitting from help finding and getting services for caregivers and the person they are caring for as well as help paying for short breaks from caregiving or things to help caregivers provide care when compared to the other two services.

Total Respondents (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100% and are often above the analytic sample of 1,808.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Help finding and getting services for caregivers and the person they are caring for (n=1,685)	42% (715)	22% (368)	9% (155)	27% (447)
Help paying for short breaks from caregiving or things to help caregivers provide care (n=1,238)	42% (518)	18% (226)	9% (115)	31% (379)
Training and education for caregivers to reduce their stress and help them take better care of their loved ones (n=1,268)	44% (554)	20% (250)	9% (108)	28% (356)
Peer support groups for caregivers (n=1,163)	44% (512)	18% (214)	8% (96)	29% (341)

Family caregiver focus groups

In October and November 2024, nine online focus groups were held with FCSP clients and case managers at partner organizations.

The purpose of these online focus groups was to assess what is working well, areas for improvement, and how the program could expand community connections. We sought to better understand ways the program can expand its community network (including support groups, classes, and establishments that accept grant funding for products and services) to support program clients and their families.

Who spoke

Case managers	Clients
3 focus groups 14 case managers 60 minutes	6 focus groups 17 clients 90 minutes

Three focus groups were conducted with case managers (CMs) and six were conducted with clients. All participants were compensated for their contributions; CMs received their hourly case management rate and clients received a $30 gift card to either Fred Meyer or Target. Each conversation was guided by a list of questions designed to elicit feedback on the program, as well as to understand personal experiences, and program-related activities. Focus group transcripts were recorded, cleaned, and redacted of identifying information. Transcripts were analyzed and coded using the qualitative software, NVivo, to ensure a comprehensive analysis of the extensive data gathered throughout the conversations.

Focus groups with CMS revealed overall satisfaction with the FCSP program. Similarly, clients expressed gratitude for the support the program provides. Both participant groups also identified specific suggestions for additional support the program can provide: 1. Information and resource sharing; 2. Respite care access; 3. Support groups; 4. Technology support; 5. Star C training; and 6. Start-up support. These six key suggestions are outlined in the figure below. Although it may not be feasible to address all suggestions immediately, all six areas can be addressed through the duration of the current Area Plan.

1. **Information & Resource Sharing:** Clients and CMs requested a resource list that outlines grant uses and recommended vendors.

Quote: “It would be nice to have a booklet… that you could just refer to. A

2. **Respite Care Access:** Clients and CMs emphasized the usefulness of respite care but had difficulty accessing respite services due to changes in care hour allotment.

Quote: “I had 3 hours every week [last year]. And then July came and all of a sudden it's

3. **Support Groups:** Clients in all six focus groups suggested adding support groups to the program.

Quote: “But I think a group, a support group, a way of finding out how people have dealt with things, what they've gone through,

reference booklet would be super helpful because you get different answers when you call different people." - FCSP Client

Recommendation: Create and distribute a resource list outlining FCSP benefits and recommended local vendors who have been vetted by the program or CMs.

now 6 hours a month … there's not a lot of respite in three hours every other week…. I pay out of pocket and it's a huge burden." - FCSP Client

Recommendation: Determine what changes can be made to increase access to respite care services such as additional hours allotted.

would be so helpful because at times it feels lonely. It feels challenging." - FCSP Client

Recommendation: Guide the creation and/or facilitation of support groups for caregivers.

4. **Technology Support:** Case managers highlighted difficulties with client technology literacy, especially the Amazon Wishlist.

Quote: "I'm involved more because my clients … are unable to use the computer or the technology so I help with filling up their Amazon lists." - FCSP CM

Recommendation: Collaborate with REAs to solicit feedback on specific aspects of the wishlist process that are creating barriers.

5. **Star Caregiver Training:** CMs requested training more staff to facilitate the Star C program and additional advertising of the program to clients

Quote: "[Star C] is a great program. And I wish that we could get it started again. And if there could be someone else that could do it other than the case managers" - FCSP CM

Recommendation: Consider expanding the Star C program by training more consultants to work with caregivers.

6. **Start-up Support:** Clients reported onboarding can be time consuming and confusing. They suggested a single point of contact that provides support specific to onboarding.

Quote: "We really need to have an agency that has someone who is maybe dedicated to the elderly disabled caretaker population to get us some quick answers and actual resources." - FCSP Client

Recommendation: Create an onboarding resource guide or workshop to help support new clients.

Family caregiver goals and objectives

Goal 1: New OPI-M program benefits will be incorporated into the FCSP program service authorization.

Measurable objectives	Key tasks		Lead position & entity	Timeframe for 2025-2029	
				Start date	End date
Train OPI-M case managers on FCSP/OPI-M Unpaid caregiver options	a	Training is provided to OPI-M case managers	CS Contract Liaisons, CS Program Managers, CS	07-2025	06-2026

and how to authorize this service to OPI-M consumers and their caregivers. Train new Case Managers in OPI-M and ensure a 95% completion rate.			Training Coordinator, Program Specialists Sr.		
	Accomplishment or Update				
	b	Design and conduct learning assessment for partner Case Managers to confirm skills learned.	Contract Liaisons, Program Managers, CS Training Coordinator, CS Program Specialists Sr.	07-2025	06-2026
	Accomplishment or Update				

Goal 2: The Family Caregiver Support Program (FCSP) assessment process is informed and centered to meet each family caregiver's needs, including needs that may be culturally specific.

Measurable objectives	Key tasks		Lead position & entity	Timeframe for 2025-2029	
				Start date	End date
Expand the familiarity of staff and partners with FCSP. Train administrators to direct resources with emphasis on services for people who are marginalized based on their race and other identities. Training will include at least one class a quarter. These classes will record the attendee population demographics as available.	a	Provide support and training to community partners as they use the assessment tool to document the diverse needs of family caregivers.	CS FCSP Program Specialist	07-2025	06-2029
	Accomplishment or Update				
	b	Focus on a culturally specific/equity lens when using the assessment tool to serve family caregivers.	CS FCSP Program Specialist	07-2025	06-2029
	Accomplishment or Update				
	c	Incorporate recommendations, as possible, from FCSP focus groups and community feedback channels.	CS Program Specialist	07-2025	06-2029
	Accomplishment or Update				

C-5: Legal assistance and elder rights

Profile

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

Specifically, the Senior Law Project arm of LASO conducts outreach to senior centers and community partners, like the Immigrant and Refugee Community Organization (IRCO) Senior Services program, and works with Multnomah County's Aging Services Advisory Council. The Senior Law Project also works directly with senior centers to offer in-person and virtual services, like legal clinics.

In-person clinics are provided at:

- Center for Positive Aging (formerly Hollywood Senior Center)
- Impact NW
- Urban League of Portland
- Friendly House
- Neighborhood House
- YWCA

Virtual services are provided in partnership with IRCO, Friendly House, Neighborhood House, and YWCA.

The following network of ADVSD programs, services, and partners collaborates to connect consumers to legal assistance and elder rights resources:

- Legal Aid Services of Oregon
- District Senior Centers and Enhancing Equity partners that host legal clinics (see previous list)
- Aging and Disability Resource Connection (ADRC)
- Adult Protective Services (APS)
- Long-Term Services & Supports (LTSS)

The network–

- provides referrals to the Oregon Long-Term Care Ombudsman program for issues related to LTSS;

- assists with outreach to raise awareness of abuse prevention interventions;
- ensures that elder rights protections are integrated throughout ADVSD's delivery systems.

Engaging in community and civic life and having good health or healthcare access are protective factors for older adults against abuse, neglect, and exploitation. Promoting these connections is a critical aspect of supporting safety for older adults, as is having a strong response network for suspected abuse. ADVSD Adult Protective Services (APS) investigates abuse cases in collaboration with local law enforcement and receives referrals from the aging services network and healthcare partners. APS provides training to the community partners, the District Senior Center, Enhancing Equity partners, and branch staff (managers and case managers) on identifying abuse, the reporting process, APS services, and mandatory abuse reporting. APS administers five Multi-Disciplinary Teams (MDTs) that support case managers and investigators. Additionally, APS holds a monthly Law Enforcement Staffing meeting with legal and public safety partners to identify potential cases and staff them appropriately. Multnomah County APS convenes the Interagency Committee for Abuse Prevention (ICAP) that includes law enforcement, legal entities, financial institutions, community partners, State of Oregon Long-Term Care Ombudsman Office, and ADVSD Public Guardian staff to identify needs and gaps in abuse prevention services across the system and recommend solutions to address salient issues.

From January 1, 2022, through December 31, 2023, the most recent data available, Multnomah County APS opened 1,500 investigations of alleged abuse in licensed long-term care settings and 4,659 investigations of alleged elder abuse in the community. Of cases reported, 336 facility cases had at least one substantiated claim of abuse. There were 1,426 community cases with at least one substantiated claim of abuse. In substantiated facility allegations, the most common form of abuse was neglect. In substantiated community allegations, the most common forms of abuse are verbal abuse, self-neglect, and physical abuse. Regarding substantiated abuse cases statewide, the state of Oregon reported in 2021 that "more than two-thirds of alleged perpetrators are family members."[22]

Problem/need statement

Older adults deserve to feel safe in their homes, workplaces, and community. ADVSD recognizes that safety is most often defined by white, dominant culture. These definitions of safety often fail to recognize, and thereby omit specific needs of people of color and other marginalized groups. As is the case with other AAAs, the loss of funding for the Gatekeeper Program shifted the responsibility of training, outreach and referral

[22] "Oregon Department of Human Services (ODHS) Adult Protective Services 2021 Year in Review," https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/de3868.pdf

support to the ADRC and APS staff. While ADVSD has strong partnerships with gatekeeper entities, a gap in the referral network remains.

Respondents shared their experiences with legal assistance and elder rights protection services. The main theme that exemplifies individuals' responses to this question is the need for free legal help to protect against vulnerability. People called for more robust community education about what people's rights are, how to recognize abuse, where to report abuse, and where to get free/affordable legal advice and help. One disabled male Veteran over 50 shared, "I'm concerned about protecting our community's vulnerable populations. We need easier access to legal aid for issues like elder abuse, scams, and housing rights." More free or affordable legal advice and representation services are needed because of the high cost of this service in the private sector. Having access to advice and representation is essential to protecting their rights and getting restitution when harm is done. Frequently mentioned examples of needed assistance included tenant rights and eviction prevention, financial exploitation and scams, and elder law such as estate planning and receiving public benefits like SSDI.

The community lacks adequate knowledge and resources to project elders from abuse and exploitation. Comments suggest there is a lot of unreported and unaddressed abuse and exploitation of older and disabled adults, especially in publicly subsidized housing and skilled nursing facilities. As one white woman over 65 shared,

> "The legal assistance programs are not adequate. Some of the volunteers are lackadaisical, not skilled or performative. The elder abuse reporting system seems adequate, but needs stronger protections, sanctions and written follow-up. My husband was abused by his caregivers and there were no real consequences to the abusers."

Some feel like nothing happened or they do not know what happened after they reported abuse. More formal follow up from APS is needed after elder abuse reports are made. Respondents want more ways to report abuse and see follow-through.

The 2024 report on the Senior Law Project stated that more than 23% of community members served were reported as people of color. ADVSD recognizes the need to provide equitable access to OAA-funded legal consultation services for older adults and elders with marginalized intersecting identities, particularly those who are linguistically isolated. The Senior Law Project did not receive any documented requests in 2023 for interpreters, which suggests that non-English-speaking older adults are not seeking legal assistance and may need more targeted outreach. According to the Oregon Bar Foundation 2018 Civil Legal Needs Study, members of the Latine community, particularly Spanish speakers, were least likely to look for legal help and therefore least likely to know that this legal help exists.

To support and monitor the effectiveness of Multnomah County's Senior Law project, monthly reports are submitted, as well as an annual report that report on contractual agreements and program standards, such as number of clinics, hours, people attending, legal issues presented, as well as characteristics of the participants. This information, in addition to needs identified through the ADRC, helps to ensure that older adults are able to access legal assistance consistent with the Older Americans Act intent.

Additionally, older adults living in foster care, in-home residential programs, or other facilities might experience financial abuse or insecurity navigating their finances independently. If an older adult needs help managing their finances, a referral can be made to the Oregon Money Management Program (OMMP). OMMP is a service for consumers who do not have the capacity to manage their own federal benefits (like Social Security and Veterans benefits). OMMP representative payees can help with a variety of financial decisions, such as helping with bill payment, rent, medical expenses, and other financial areas. Legal Aid Services of Oregon (LASO) may also assist people who need a representative payee. LASO provides guidance through the process of getting a representative payee, if the consumer cannot afford an attorney, a trust, or income cap trust.

Respondents were asked about their experiences with legal assistance and elder rights protection services in Multnomah County. They were asked to select all that apply from the following statements: I **know** this service exists; I know how to **get** this service; I currently **use** or **have used** this service; and I would **benefit** from this service **now** or in the **next 5 years**. Total responses are provided here, and responses by race/ethnicity are provided in Appendix J.

Half of respondents indicate that they know about help protecting oneself or others from abuse and neglect. A lower percentage know about help with common legal issues by phone or in-person appointments such as family law, government benefits, and senior issues, at 44%. Far more respondents report that they would benefit from help protecting oneself or others from abuse and neglect compared to help with common legal issues.

Total Respondents (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100% and are often above the analytic sample of 1,808.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Help with common legal issues by phone or in-person appointments such as family law, government benefits, senior issues (Legal Aid Services of Oregon; Senior Law Project) (n=1,421)	44% (619)	21% (300)	8% (111)	28% (391)
Help with protecting yourself or others from abuse and neglect (Multnomah County Adult Protective Services) (n=1,012)	50% (507)	26% (258)	8% (83)	16% (164)

Legal assistance and elder rights goals and objectives

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

Measurable objectives	**Key tasks**		**Lead position & entity**	**Timeframe for 2025-2029**	
				Start date	**End date**
Older adults have access to legal consultation through the Senior Law Project with an emphasis on access for historically and systematically marginalized communities.	a	Continue working with Adult Protective Services and prioritizing consumers referred to the Oregon Money Management Program (OMMP) for Representative Payee services, prioritizing marginalized community members.	CS Program Manager, CS Program Supervisor	07-2025	06-2029
	Accomplishment or Update				
	b	Provide quarterly education information to OMMP consumers about financial topics i.e., fraud risk, consumer education about legal services with focus on prioritizing marginalized communities.	CS Program Manager, CS Program Supervisor	07-2025	06-2029
	Accomplishment or Update				

C-6: Native American elders

NOTE: *The following section is in progress. Our goal is to develop this portion of the plan further alongside the Confederated Tribes of Siletz Indians, Confederated Tribes of Grand Ronde, native elders, Native-led organizations serving elders, ADVSD programs and contractors. ADVSD is working with ASAC and DSAC members to facilitate these relationships. We will work to identify goals we have in common and that align with the strengths and needs of Native American populations, Confederated Tribes, and the organizations that serve them.*

Profile

Native Americans are the original inhabitants and stewards of what is known today as Multnomah County. Tribes, including the Kathlamet, Wasco, Clackamas, Bands of Chinook, Tualatin, Kalapuya, Molalla, and Multnomah, among others, lived along the Columbia and Willamette rivers. In 1953 more than 60 tribes were terminated by the federal government across the state[23]. Today, there are nine federally recognized tribes in Oregon.

Multnomah County is home to Native people who are descendants of over 380 tribes[24], including an estimated 2,496 Native American or Alaska Native elders, 60 years of age and older. Area Agencies on Aging (AAA), including ADVSD, are directed by the Older Americans Act to collaborate with the Title VI tribal partners in planning for selected programs to service native elders. ADVSD has collaborated and continues to collaborate with the Native community through the Native American Youth and Family Center (NAYA) and the Native American Rehabilitation Association (NARA). In alignment with the Code of Federal Regulations § 1321.69 Area agency on aging Title III and Title VI coordination responsibilities, ADVSD will collaborate directly with Title VI grantees, Confederated Tribes of Siletz Indians and the Confederated Tribes of Grand Ronde, while continuing collaboration with contracted partners NAYA and NARA for a holistic approach and wider community outreach. We strive to employ a collaborative approach in relationship building, learning, and planning in recognition of the impact on tribes and Native-led organizations.

Additionally, Multnomah County works to provide services in a culturally appropriate, person-centered, and trauma-informed manner by following the expertise of Native leaders, the Tribal Navigator as described below, and the guidance of the Oregon

[23] Curry-Stevens, A., Cross-Hemmer, A., & Coalition of Communities of Color (2011). The Native American Community in Multnomah County: An Unsettling Profile. Portland, OR: Portland State University

[24] NAYA History - https://nayapdx.org/about/history/

Department of Human Services Tribal Affairs' Tribal Engagement Toolkit.[25] The toolkit educates non-Native service providers on the most culturally responsive ways to engage with tribes: through a commitment to cultural humility, inclusivity, transparency, flexibility; by practicing reciprocity and trust building; and by acknowledging power dynamics and historical and present-day trauma and harm.

ADVSD will seek and foster collaborative relationships with the Title VI directors at the Confederated Tribes of Siletz and Confederated Tribes of Grand Ronde. The initial phase for relationship building is planned to include initial introductions, meet and greet, and listening sessions. During these meetings a mutual and collaborative strategy will be developed to maximize the effective communication between ADVSD, the tribes, and their members regarding possible services and initiatives that might be of interest and benefit for the native community. Outreach to the community will include information on Title III and other AAA services, how to get assessed for eligibility, and the ADRC as a point of entry and connection to services.
Additional work will be undertaken to invite, inform, and onboard interested members to participate in the Aging and Disability advisory councils that help guide the work of ADVSD as a AAA. Continued distribution of newsletters, resources, and information will also be possible through emails and campaigns that ADVSD has already set up, with the opportunity to foster collaboration with the Confederated Tribes.

NAYA and NARA provide services to Native elders including meal programs, outreach, referrals to Oregon Project Independence and other programs, including culturally specific OAA case management (NAYA) for which ADVDS provides funding.

In 2020, a tribal navigator position was established to serve Native elders in Washington, Clackamas and Multnomah Counties. The position, which is a part of the statewide Tribal Navigator Program, is a positive development for Native elders seeking services, including those provided by the AAAs.

In 2022, Multnomah County created the position of Tribal Affairs Advisor in the Office of Government Relations.[26] The Tribal Affairs Advisor leads the County's efforts to build relationships with area Tribes, as well as collaborate on policy initiatives and county programs. ADVSD has a goal to connect with the tribal liaison and the Multnomah County Government Relations office team, Title VI grantees, as well as connecting Native people and Veterans to services. Please see the goal below in this section for additional details.

The estimated number of Native Americans 60+ in Multnomah County is growing. Since the 2017-2021 Area Plan, the estimated number of Native elders has grown from less

[25] https://www.oregon.gov/odhs/providers-partners/seniors-disabilities/Documents/tribal-toolkit.pdf
[26] https://multco.us/news/multnomah-county-names-its-first-tribal-relations-advisor

than 0.5% to 1.57% of the 60+ population. This is consistent with national trends among the Native population. Some factors that contribute to the increase include undercounting of Native Americans in previous Census, greater participation among Native Americans in recent population surveys, and more elders reporting they are American Indian in combination with one or more races.[27]

Problem/need statement

Native American, Alaska Native and Native Hawaiian elders are uplifted by cultures that embrace and honor them. The relational nature of these cultures can be a protective factor for many elders against the traumas of discrimination, intentional dehumanization, genocide, and cultural erasure. These truths present challenges for government entities, including ADVSD, as AAAs strive to serve Native elders equitably and consistent with their values and culture, as well as the charges of the Older Americans Act.

The Needs Assessment Survey asked respondents about their experiences with Native American service providers in Multnomah County. One Native American man who identifies as disabled and a Veteran shared a comment that represents this section's theme: "It's a work in progress." Many praised the quality and helpfulness of services they received from Native American service providers like Indian Health Services, NAYA, and NARA. Still, some had negative experiences with these service providers including those who said they were unable to receive help/services. Another Native American man who identified as disabled and a Veteran shared,

> "*I would like you to know that my community's experiences with Native American service providers have shown the importance of culturally sensitive care and support. However, there are often barriers to accessing these services, such as limited availability, lack of awareness, or difficulty navigating the system. Greater outreach, improved accessibility, and expanded resources would help bridge these gaps and ensure better support for Native American community members*."

People mentioned the importance of and need for more cultural sensitivity and competency from service providers such as knowing tribal traditions, Native knowledge and communication styles. Respondents called for more Native providers and more resources for existing providers. Some individuals need help finding and proving their tribal ancestry or affiliation, especially when it is required to receive services. Others called for collaboration between Native and non-Native providers to better serve Native Americans and benefit the overall community. Ultimately, the feedback from this question illuminated the need for more resources and training on how to serve Native American people.

[27] The State of Tribal Elders - https://www.nicoa.org/the-state-of-tribal-elders/

The survey data is not explicitly generalizable to the whole population of Native American, Alaska Native, and Native Hawaiian elders in Multnomah County; however, we can use this information to guide ADVSD's planning work with elders in partnership with Native-led organizations, Tribal governments, and coordination with regional AAA partners.

The National Council on Indian Aging's 2019 report, The State of Tribal Elders, shares the personal, health, and economic impact of policy and practice on elders, including marked health disparities, over representation in poverty, greater need for long-term services and supports, and caregiver support. The report notes[14]:

- Twice the percentage of older American Indians and Alaska Natives live below poverty as compared to the general population.
- 32% of American Indians age 65 and over require assistance as compared to 10% of the general population.

This Native-led research reiterates well documented disparities experienced by Native elders. The Centers for Disease Control and Prevention report that Native Americans and Alaska Natives have higher mortality rates than other Americans for several conditions including heart disease (9%), chronic liver disease and cirrhosis (356% higher), diabetes mellitus (217% higher), and kidney disease (356%).[28]

Native Americans and Alaska Natives also suffered disproportionately during the COVID-19 pandemic, in part due to persistent health disparities.[29] Importantly, however, recent research has found that when Native elders receive Title VI-supported services and programs, they enjoy significantly more social and cultural connection, and experience fewer falls and hospitalizations than their peers who do not receive Title VI services.[30]

The well-being of Native elders in Multnomah County is inseparable from the well-being of Native communities as a whole. The current service approaches, models, and funding structures employed by the Multnomah County, including ADVSD, do not fit the culturally and community-informed approach of Title VI Tribal entities and Native-led organizations serving Urban Native Elders. Continuing from the previous Area Plan, improving the current service approaches, models, and funding structures is important to explore over the course of the 25-29 Area Plan.

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[28] Disparities | Fact Sheets. Indian Health Service. 2018. https://www.ihs.gov/newsroom/factsheets/disparities/.

[29] "A Historical Perspective of Healthcare Disparity and Infectious Disease in the Native American Population" – 2022, Ehrenpreis & Ehrenpreis, *The American Journal of the Medical Sciences*

[30] "Building connection and improving health for Indigenous elders: Findings from the Title VI evaluation" – 2022, Clarke et al., *Journal of American Geriatrics Society*

Respondents were asked about their experiences with services for older Native Americans in Multnomah County. These questions were only presented to respondents who identify as Native American and/or provide care for someone who does identify as Native American. They were asked to select all that apply from the following statements: I **know** this service exists; I know how to **get** this service; I currently **use** or **have used** this service; and I would **benefit** from this service **now** or in the **next 5 years**.

More Native American and Alaska Native respondents report knowing about Indian Health Services (62%) in comparison with Native American Rehabilitation Association of the NW (55%) and Native American Youth & Family Center (59%). There is a large drop between respondents knowing about services and knowing how to access them. The least number of people are using Indian Health Services (16%) compared to other services. Most respondents report that they would benefit from Indian Health Services (15%) and NARA (16%).

Respondents who identify as Native American or provide care for someone does (Note: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Indian Health Service (n=279)	62% (173)	36% (100)	16% (45)	15% (42)
Native American Rehabilitation Association of the NW (NARA) (n=278)	55% (153)	38% (105)	30% (82)	16% (44)
Native American Youth & Family Center (NAYA) (n=265)	59% (157)	39% (103)	25% (67)	12% (32)

Native American Elders goals and objectives

Goal: Serve Native American elders living in urban areas by supporting agencies that serve them, in collaboration with the District Tribal Navigator and county government relations office's Tribal Liaisons.

Measurable objectives	**Key tasks**		**Lead position & entity**	**Timeframe for 2025-2029**	
				Start date	**End date**
Reduce barriers for Native American elders to access county services. We will participate in a minimum of one outreach event a quarter.	a	Connect with Tribal Navigator to address barriers to culturally specific Nutrition services (NAYA, Pi Nee Waus.)	CS Program Manager, CS Contract Liaisons	07-2025	06-2029
	Accomplishment or Update				
	b	Establish referral pathways to connect homeless tribal members to contracted partner NARA.	CS Program Manager, CS Contract Liaisons	07-2025	06-2029
	Accomplishment or Update				
	c	Connect Native elders to Veterans Services program through the Tribal Navigator.	CS Program Supervisor	07-2025	06-2029

	Accomplishment or Update				
	d	Work with Tribal Liaison to identify future opportunities for collaboration benefiting Native communities	CS Sr Manager, CS Program Manager	07-2025	06-2029
	Accomplishment or Update				
	e	Attend the annual statewide AAA/Tribal Meet and Greet to build strong relationships with the District Tribal Navigator and Native communities	CS Program Manager, CS Contract Liaisons	07-2025	06-2029
	Accomplishment or Update				

C-7: Transportation services

Profile

Many people in the United States 65 and older do not drive and require assistance to get around[31]. More than half of that non-driving population stay at home on any given day, often because they lack access to transportation. They are also more likely to make fewer trips to the doctor, to shop or eat out, as well as to go out for social, family, and religious activities than drivers in the same age group. As a result, many older adults are at risk of isolation and a dramatically reduced quality of life. As was established in the 2021-2025 Area Plan, equitable and accessible transportation services are an unmet need for older adults in Multnomah County.

The ADVSD Transportation Program helps older adults, people with disabilities, and Veterans with their transportation needs. County and contracted community partners use Transportation Coordinators to coordinate transportation services, assess eligibility, and estimate current transportation needs. They authorize services and coordinate rides. District Senior Centers and Enhancing Equity partners provide services through ADVSD contracts with TriMet, Ride Connection, and Radio Cab. These services and rides provide program participants with transportation to social activities, nutrition programs, stores, pharmacies, and medical appointments. Affordable transportation options support good health and an active lifestyle. Transportation services also connect participants to their communities and remove mobility barriers that may reduce a person's independence or quality of life.[32] These transportation programs are very popular with eligible county consumers, but current funding does not meet the demand.

Problem/need statement

The Needs Assessment Survey asked respondents about their experiences with transportation services in Multnomah County, including about what resources they need and what barriers they face to transportation. Many respondents described their experiences in two main thematic areas: (1) the barriers that make it hard to get around, and (2) the needs that would improve their transportation situations.

The three most common transportation barriers included the lack of safety on public transit and when walking along streets, the high cost of all transportation options (e.g., personal vehicles, door-to-door rides, and public transportation option), and the unreliability of public transportation, especially public buses, medical rides, and RideShare.

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[31] Bailey, Linda (2004) — Aging Americans: Stranded without Options‖ Surface Transportation Policy Project, Washington, D.C. 4 Op.

[32] Lamanna et al., (2019) — The Association between Public Transportation and Social Isolation in Older Adults: A Scoping Review of the Literature

Respondents frequently mentioned the following barriers to accessing and using public transportation:

- Stops are too far away from home, destinations, and each other. Walking to stops is too difficult, especially when sidewalks are in poor condition, weather is poor, and there is nowhere to sit at a stop.
  - A disabled, nonbinary person under 50 shared that "Trimet [sic] has been removing seats and shelters from many of their bus stops, and this directly impacts disabled people. My commutes are harder now because there are less places to rest or to avoid overheating."
- The timing of transit is unreliable.
- Fear for their physical safety.
- Fear of COVID-19 or other disease exposure.
- Transit vehicles do not accommodate their disabilities.
- They cannot bring groceries or other items with them.
- They cannot bring their service dogs or pets with them.

Respondents also described the high costs associated with their transportation options. Many individuals cannot afford the high cost of more reliable, personal, door-to-door transportation such as taxis, Uber/Lyft, and TriMet Lift. For others, not being able to afford to fix, maintain, fuel, register their car prevents them from driving themselves or having a family member drive them. As one white woman over 65 shared, "My son could drive me, but both his car and mine are not legal to drive and [we] can't save the money to fix either one." Some continue to drive illegally because they need the transportation, but cannot afford to pay for registration or tickets.

Low-cost or free transportation (e.g., medical rides, RideShare, Lift) to medical appointments is not reliable enough and causes people to wait long periods of time and/or miss medical appointments. Rides are not always available on short notice.

Additionally, the lack of transportation accessibility for people with disabilities, (especially mobility related disabilities) greatly limits respondents' ability to access public transportation. This is primarily due to difficulty getting to TriMet stops, waiting long periods of time at stops without being able to sit, and not being able to bring devices/people with them.

Respondents articulated the need for more information on what transportation options and supportive services are available in a way that is easy to find or provided directly to them. Some would find it helpful to have someone be able to accompany them on transit, whether for safety, help navigating the system, or just being able to attend medical appointments with them. Lastly, continued and expanded language translation and interpretation is needed to make transportation services more equitable.

Respondents were asked about their experiences with transportation services in Multnomah County. They were asked to select all that apply from the following statements: I **know** this service exists; I know how to **get** this service; I currently **use** or **have used** this service; and I would **benefit** from this service **now** or in the **next 5 years**. Total responses are provided here, and responses by race/ethnicity are provided in Appendix J.

Less than half of respondents know about the transportation services shared. The gaps between knowing about a service and knowing how to access it are more or less equal. Far more respondents report having used free/reduced cost rides on public transportation than the other services. More respondents indicate that they would benefit from help finding and scheduling rides with transportation services and free group shuttle rides or private door-to-door rides than the other two services.

Total Respondents (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100% and are often above the analytic sample of 1,808.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Help finding and scheduling rides with transportation services (n=1,941)	42% (715)	22% (368)	9% (155)	27% (447)
Free or reduced cost rides on public transportation (TriMet Max and Bus) (n=1,848)	37% (692)	22% (404)	22% (411)	19% (341)
Free or reduced cost rides for those with disabilities and other special transportation needs (TriMet Lift) (n=1,592)	45% (713)	23% (361)	13% (214)	19% (304)
Free group shuttle rides or private door-to-door rides (Ride Connection & Cab Rides) (n=1,467)	42% (610)	21% (308)	12% (168)	26% (381)

Transportation services goals and objectives

Goal 1: ADVSD will explore innovative solutions with transportation community partners to find new ride options that better meet the non-medical transportation (NMT) needs of our consumers.

Measurable objectives	**Key tasks**		**Lead position & entity**	**Timeframe for 2025-2029**	
				Start date	**End date**
Additional rides and options for ADVSD consumers will be available for NMT that are safe, cost-	a	Explore innovative options for our NMT program to address unmet needs and budget constraints in the current program. Connect with state programs and other AAAs locally and nationally to share exploratory findings.	CS Program Specialist, CS Program Manager	07-2025	12-2025
	Accomplishment or Update				

effective and efficient.	b	Begin an advocacy group with ASAC & DSAC members to strategize how to expand transportation services.	CS Program Specialist, CS Program Manager	07-2025	12-2025
	Accomplishment or Update				
	c	Develop and propose a pilot program exploring one or more new options with specific parameters and ways to measure success.	CS Program Specialist, CS Program Manager	01-2026	06-2029
	Accomplishment or Update				

OPI-M program participants know about and use non-medical transportation (NMT) services.

Measurable objectives	Key tasks		Lead position & entity	Timeframe for 2025-2029	
				Start date	End date
100% of OPI-M case managers will be trained and know about transportation options and authorize NMT for consumers. Advocate for continued operation of the NMT program.	a	Train OPI-M case managers on transportation options and authorization.	CS OPI-M Supervisor, ADVSD Data Budget and Quality Assurance Manager, CS Program Manager, CS Training Coordinator	07-2025	06-2026
	Accomplishment or Update				
	b	Design and conduct learning assessment for partner case managers to confirm skills learned.	ADVSD Data Budget and Quality Assurance Manager, CS Program Manager, CS Training Coordinator, CS Program Specialist	07-2025	06-2026
	Accomplishment or Update				
	c	Advocate for NMT program funding, including participating in the TriMet Statewide Transportation Investment Funds group.	CS Sr Manager, CS Program Manager, ASAC members	07-2025	06-2029
	Accomplishment or Update				

C-8: Care of transgender and nonbinary older adults and Two Spirit elders

Profile

Transgender, nonbinary, and Two Spirit people, and especially older adults and elders, face disproportionate levels of economic insecurity, health problems, and social isolation in comparison with their cisgender (people whose gender identity matches the sex that a doctor assigned them at birth) peers. According to recent research, 60% of gender diverse people over the age of 55 in Oregon face discrimination, and 54% have unmet social service needs.[33] One in five LGBTQ+ people in Oregon is a person of color. Holding (at least) two structurally oppressed identities increases the vulnerability and risk of injustice for LGBTQ+ Oregonians of color.[34]

After recognizing a concerning lack of representation in the 2017-2020 Area Plan, the ADVSD 2021-2025 Area Plan intentionally sought out the perspectives and experiences of transgender, nonbinary, and Two Spirit older adults and elders. Multnomah County hired consultants to conduct outreach to share the Needs Assessment survey with LGBTQ+ community members and conduct interviews. Multnomah County hired consultants to lead this portion of the Needs Assessment in part because of the lower number of trans community organizations working with Native American Elders and people with disabilities.

Consultants for this portion of the ADVSD 2021-2025 Area Plan work shared information about the survey with numerous community organizations, as well as online (due to COVID-19) social groups for trans, nonbinary, and Two Spirit individuals, community organizers, and individuals who participated in LGBTQ+ specific programs for older adults. Nine individuals participated in interviews, 166 survey respondents identified as LGBTQ+, and 49 identified their gender identities as something other than “man” or “woman.” The transgender and nonbinary (TNB) older adults interviewed and who responded to the survey gave Multnomah County a generous gift of their time, knowledge, and perspective as they shared feedback about their needs. However, their suggestions and ideas were not acted upon during the life of the 2021-2025 Area Plan due to a lack of coordination between the consultants and County staff as goals were written.

[33] Fredriksen Goldsen, K., Kim, H.-J. (2021). Oregon LGBTQ+ Older Adult Survey Report. Goldsen Institute. https://goldseninstitute.org/fact/oregon/

[34] AGE+. (2022). “Seen, Heard, and Here: Older LGBTQ+ Oregonians. https://ageplus.org/wp-content/uploads/2022/06/Older-LGBTQ-Oregonians-Briefing-Paper.pdf

During the 2025-2029 Area Plan, ADVSD is committed to establishing actualizable goals from these community members' feedback, and to again feature their knowledge and words in this focus area.

Problem/need statement

In interviews, the transgender and nonbinary (TNB) older adults shared generously about their experiences, as well as their commitment to community.

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

Most had not imagined themselves becoming older adults. Many experience significant physical pain; several are caregivers to their own family members; and some hope for services that provide opportunities for writing, storytelling, and intergenerational connections.

Transgender and nonbinary older adults underutilize ADVSD services for a variety of reasons. One main reason is a lack of information: "ADVSD needs some kind of information/marketing campaign. It is like it is the best kept secret in town with what they offer" – a 62-year-old TNB community member. Another reason is confusion about how to navigate the bureaucratic channels: "The level of systematic bureaucracy that you have to go through to access the services you are entitled to at ADVSD is Machiavellian" – a 64-year-old TNB community member. Others feared that they would be discriminated against: "I would hesitate to access services in Multnomah County because of possible anti-LGBTQ bias" – a 57-year-old TNB community member.

Transgender and nonbinary older adults report experiencing discrimination when they seek services. One 57-year-old TNB community member shared, "It has been a challenge navigating services in health care with people/providers who are not comfortable with who I am." Another shared a deep knowledge of routine discrimination: "You do know what the reaction will be when you have to share who you are as a trans or queer person" – a 62-year-old TNB community member. Given these experiences, the older adults interviewed called for LGBTQ+-specific services for seniors and people with disabilities. They also suggested increasing trans and nonbinary cultural competency training at ADVSD and with aging services providers, homecare workers and other non-county staff.

Transgender and nonbinary older adults experience isolation in profound ways. As they age, one 65-year-old TNB community member said, "Now my world is smaller than I would have expected it to be." Given the extent of social isolation in aging, when they do find connection, some shared surprise: "Finding a partner and love as an older trans

woman and identifying lesbian is something I didn't anticipate" – a 71-year-old TNB community member. But interviewees emphasized the importance of social connection: "For older adults especially, connecting with another human being is really important" – a 62-year-old TNB community member. Social connection programming in connection with mental health supports needs to be targeted and culturally specific: "Resilience comes up in mental health, but a person's mental health issues related to being LGBTQ+ is not going to need the same program as our cisgender white friends" – a 57-year-old TNB community member. The older adults who shared their feedback in these interviews called for increased, and culturally specific, mental health resources, services, and programming.

Trans and nonbinary older adults want LGBTQ+-specific space and/or caregivers from their own LGBTQ+ community. One 65-year-old TNB community member shared, "I would look forward to accessing senior center services if there was a community of people there who were friends, acquaintances, etc. and it was solely a LGBTQ+ space." Another echoed that desire: "There needs to be a LGBTQ+ senior center which would provide a safe place for our older community members" – a 57-year-old TNB community member. Without a dedicated space for LGBTQ+ folks, one 64-year-old TNB community member said, "I would have to be pretty desperate" (to go to a non-LGBTQ senior center). The older adults interviewed expressed a desire for more trans and nonbinary staff, and particularly TNB staff of color, to be hired in ADVSD to increase representation at all levels.

The priority needs reported from the trans and nonbinary older adults interviewed were housing, healthcare, and employment. One 55-year-old TNB community member said, "There are too many of us without adequate housing and housing is healthcare." For healthcare, one person shared, "Mental health services people could access when dealing with depression, social isolation, and other mental health issues as well as offering grief counseling would be beneficial" – a 71-year-old TNB community member. In summary, as a 66-year-old TNB community member stated, "Employment help, housing, and healthcare [are the] top three programs/services."

Transgender and nonbinary older adults and two spirit elders goals and objectives

Goal 1: Transgender and nonbinary older adults and two spirit elders know about, use, and value ADVSD services.

Measurable objectives		Key tasks	Lead position & entity	Timeframe for 2025-2029	
				Start date	End date
Reduce barriers for transgender and nonbinary (TNB) older adults and two spirit (2S) elders seeking and accessing services from ADVSD and the aging services network.	a	Seek and attend LGBTQ+-specific outreach events, such as the Portland Pride Festival, to promote AAA services.	CS Program Manager, CS Program Supervisor, CS Outreach Specialist	07-2025	06-2029
	Accomplishment or Update				
	b	Connect with existing programming for LGBTQ+ elders, including Friendly House's Elder Pride Services and Q Center, for promotion, collaboration, and exploring additional funding sources for community-specific services. ADVSD's Older Adult Behavioral Health Initiative (OABHI) will offer specific programming for TNB and 2S older adults.	CS Program Manager, CS Program Supervisor, CS Outreach Specialist	07-2025	06-2029
	Accomplishment or Update				
	c	Conduct ongoing training for ADVSD staff on transgender, nonbinary, and two spirit identities to increase competence and quality of service.	CS Program Managers and CS Supervisors	07-2025	06-2029
	Accomplishment or Update				

Goal 2: Transgender and nonbinary people are involved in community-centered processes to improve services for older adults and people with disabilities.

Measurable objectives		Key tasks	Lead position & entity	Timeframe for 2025-2029	
				Start date	End date
Incorporate feedback and recommendations from transgender and nonbinary older	a	Recruit for ADVSD advisory councils to ensure TNB or 2S representation on ASAC and DSAC.	CS Sr Manager, ADVSD Project Manager	07-2025	06-2029
	Accomplishment or Update				

adults and two spirit elders into program decisions.	b	Use insights collected from community interviews to inform service recommendations.	ADVSD Data Budget and Quality Assurance Manager, ADVSD Research & Evaluation team	07-2025	06-2029
	Accomplishment or Update				
	c	Research and document LGBTQ+ knowledge, skills, and abilities (KSA) in new and existing staffing models within ADVSD.	ADVSD Data Budget and Quality Assurance Manager, ADVSD Research & Evaluation team	07-2025	06-2029
	Accomplishment or Update				

C-9: Veterans Services

Profile

The Oregon Department of Veterans Affairs (ODVA) and the United States Department of Veterans Affairs report that 6.3% of Oregon's population are Veterans. Older Veterans, 65 and older, represent 50% of Oregon's Veteran population. In Oregon, nearly 14% of all Veterans are people of color; 1% are Native American; and due to the federal Don't Ask Don't Tell law, there are an indeterminable number of LGBT Veterans, dating back to World War II. However, estimates put the number of LGBTQ+ Oregonian Veterans at 2.5% of the Oregon Veteran population. Concerningly, rates of Veteran suicide in Oregon exceed both the national suicide rate for Veterans, and the non-Veteran rates. At increased risk of suicidality are women Veterans, Native American, Asian, and Pacific Islander Veterans, Veterans between the ages of 25-44, and Veterans with traumatic brain injuries and post-traumatic stress disorder.[35]

Problem/need statement

Many older Veterans and older adult women who served in the military on active duty do not identify as Veterans. It is estimated by ODVA that by 2033, women will represent more than 13% of all Veterans in Oregon. However, many of them don't use medical services through the Veterans Administration.

Multnomah County's Veterans Services program has begun shifting outreach efforts to make access to benefits easier and approachable to these growing populations of Veterans. We are trying to better reach older Veterans, Veterans of color, Veterans who identify as LGBTQ+, and disabled Veterans, along with other vulnerable Veteran populations to provide education on benefits and other needed services and support. Outreach and education about entitlements to Veterans' benefits provides a critical link to inform older adults who served about the availability of benefits through the federal VA. This outreach may also allow older adults to leverage those benefits with local resources. Focused approaches to outreach along with more inclusive and expansive data will allow us to refine our outreach. Increased capacity to serve our Veteran community is needed.

[35] "FY24 Annual Report to the Governor" ODVA, https://issuu.com/odva/docs/fy24_annual_report_to_the_governor_final

Veterans services goals and objectives

Goal 1: Veterans and their families are aware and able to access potential VA benefits such as VA pension, disability and health benefits.

Measurable objectives		Key tasks	Lead position & entity	Timeframe for 2025-2029	
				Start date	End date
Engage eligible Veterans and family members with targeted outreach.	a	Identify and attend new outreach events to reach marginalized communities' Veterans.	CS Veterans Program Supervisor, CS Veterans Service Officer, CS Outreach Coordinator	07-2025	06-2029
	Accomplishment or Update				
	b	Participate in the planning and implementation of the new Vet Court.	CS Veteran Services Program Supervisor, CS Veterans Services Staff	07-2025	06-2029
	Accomplishment or Update				
	c	Connect with the District Tribal Navigator to promote Veterans services to tribal members.	CS Veteran Program Supervisor, CS Veterans Services Staff	07-2025	06-2029
	Accomplishment or Update				

Goal 2: Align with the National VA Health Administration goals to enhance and expand Veteran-Directed Care (VDC) services across the state.

Measurable Objectives		Key Tasks	Lead Position & Entity	Timeframe for 2025-2029	
				Start Date	End Date
Develop and expand VDC service offerings, focusing on marginalized Veterans' communities (BIPOC, houseless, and Veterans struggling with mental health issues)	a	Identify processes, capacity, and efficiency for VDC services.	CS Process Improvement lead, CS Veterans Services Program Supervisor, and CS Veterans Services Staff	07-2025	06-2029
	Accomplishment or Update				
	b	Act as a VDC program statewide Hub; develop statewide manual to identify policies and procedures aligning to Administration for Community Living VDC guidelines.	CS Process Improvement lead, CS Veteran Services Program Supervisor, and Veterans Services Staff	07-2025	06-2029
	Accomplishment or Update				
	c	Conduct 3-month onboarding surveys and 12-month satisfaction surveys with VDC service users.	CS ADRC staff, CS Veteran Services Program Supervisor, and CS Veterans Services Staff	07-2025	06-2029
	Accomplishment or Update				

C-10: Data, program evaluation, and research

Profile

ADVSD's Administration team provides division-wide data, program evaluation, and research support to ensure high quality services and advance division, department, and county initiatives. There are 32 unique programs in ADVSD that serve community members. Some programs are managed by ADVSD employees. Others are provided by contracted staff in community-based organizations. When programs want to measure the effectiveness of their services, the Administration team helps them gather feedback and other data, and analyzes findings to inform data-driven and consumer-centered improvements. Programs also collect, manage, and report large amounts of data. The Administration team helps organize and analyze that data so that it can be used to make more informed decisions to meet consumer needs. It also provides insights on program budgets to help Division leaders make strategic investments in diverse communities.

There are many teams in ADVSD leading complex projects, including the projects necessary to complete area plan goals, objectives, and tasks. The Administration team supports these by providing data and program evaluation, project management solutions, administrative support, and quality improvement coaching.

Problem/need statement

ADVSD is committed to improving service delivery for everyone by identifying and dismantling systemic racism, white supremacy, and other related and connected systems of oppression in our processes and services. ADVSD also recognizes the need to remove barriers and design more equitable ways for people who have been prevented from successfully working with governments to have more input in the decision making that impacts their communities. This aligns with ADVSD's mission, vision, and values, as well as the Department of County Human Services North Star: In Multnomah County, every person – at every stage in life – has equitable opportunities to thrive.

We support these commitments by designing and implementing data, program evaluation, research, and community engagement projects that responsibly seek and prioritize the voices of service recipients and community members, especially people of color. ADVSD invests in culturally responsive practices that respect different types of knowledge and prevent the traumatization and retraumatization of people. These projects and processes help identify gaps in service access, delivery, and participant outcomes.

Data, program evaluation, and research goals and objectives

Goal: Improve program outreach and performance using community feedback and data gathered through program evaluation and research activities.

Measurable Objectives		Key Tasks	Lead Position & Entity	Timeframe for 2025-2029	
				Start Date	End Date
1. Estimate Multnomah County's population and demographic characteristics. Use the data to improve access to services, culturally specific services, and employee recruitment efforts.	a	Report on population characteristics for each of the five service districts in Multnomah County. Share these reports with ASAC, DSAC, and service providers to improve outreach and service delivery.	ADVSD Administration Team, ADVSD Research and Evaluation Analyst Sr.	07-2025	09-2025
	Accomplishment or Update				
	b	Estimate the number of people in Multnomah County who are eligible for different ADVSD services. Identify differences and possible disparities between populations eligible for services and those receiving services. Share the results with ASAC, DSAC, and service providers.	ADVSD Administration Team, ADVSD Research and Evaluation Analyst Sr.	09-2025	06-2026
	Accomplishment or Update				
	c	Identify ways to improve service outreach and access to underserved populations.	ADVSD Administration Team, ADVSD Research and Evaluation Analyst Sr.	07-2027	06-2029
	Accomplishment or Update				

Measurable Objectives		Key Tasks	Lead Position & Entity	Timeframe for 2025-2029	
				Start Date	End Date
2. Conduct program evaluations utilizing equity and community-centered methods to gather feedback from	a	Conclude the evaluation of the 2023 Community Services contracting process (RFPQ – Request for Programmatic Qualifications) for OAA services. Share results with ASAC and DSAC.	ADVSD Administration Team, ADVSD Research and Evaluation Analyst Sr.	07-2025	06-2026
	Accomplishment or Update				
	b	Conduct an evaluation of participant satisfaction and outcomes for the Transportation Services program.	ADVSD Administration Team, ADVSD Research and Evaluation Analyst Sr.	07-2025	06-2026

community members and improve ADVSD processes and programs.	Accomplishment or Update				
	c	Conduct an evaluation of participant satisfaction and outcomes for the Family Caregiver Support Program.	ADVSD Administration Team, ADVSD Research and Evaluation Analyst Sr.	07-2026	06-2027
	Accomplishment or Update				
	d	Maintain and expand the number of programs gathering regular participant feedback through the Participant Experience Project (PEP).	ADVSD Administration Team, ADVSD Research and Evaluation Analyst Sr.	07-2025	06-2029
	Accomplishment or Update				

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2025-2029	
				Start Date	End Date
3. Increase community partners' research and evaluation knowledge and skills to enhance their internal data and evaluation capacity.	a	Collaborate with ASAC and DSAC to develop a community-informed research and evaluation strategy.	ADVSD Administration Team, ADVSD Research and Evaluation Analyst Sr.	07-2025	06-2026
	Accomplishment or Update				
	b	Develop and conduct community partner capacity building training and consultations for interested providers.	ADVSD Administration Team, ADVSD Research and Evaluation Analyst Sr.	07-2025	06-2029
	Accomplishment or Update				

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2025-2029	
				Start Date	End Date
4. Expand community-based research efforts to understand the needs of community members who may not already use ADVSD services and programs.	a	Conduct additional in-depth analyses of the 2024 Needs Assessment to determine current unmet community needs.	ADVSD Administration Team, ADVSD Research and Evaluation Analyst Sr.	07-2025	06-2026
	Accomplishment or Update				
	b	Facilitate additional community listening sessions for focus areas identified in the Area Plan to gather feedback on how best to address unmet needs. This includes listening sessions with Older Native Americans and TNB older adults and 2S elders.	ADVSD Administration Team, ADVSD Research and Evaluation Analyst Sr.	07-2025	06-2029
	Accomplishment or Update				

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2025-2029	
				Start Date	End Date
5. Each of ADVSD's OAA programs will have clearly articulated activities, outputs, and outcomes (Theory of Change Model) with associated performance measures.	a	Create or update the Theory of Change Model for each OAA funded program.	ADVSD Administration Team, ADVSD Research and Evaluation Analyst Sr.	07-2025	06-2029
	Accomplishment or Update				
	b	Gather feedback from ASAC and DSAC and community members to ensure the Theory of Change Models accurately reflect their experience with services.	ADVSD Administration Team, ADVSD Research and Evaluation Analyst Sr.	07-2025	06-2029
	Accomplishment or Update				
	c	Complete Key Performance Indicators for at least one output and one outcome measure for each OAA funded program.	ADVSD Administration Team, ADVSD Research and Evaluation Analyst Sr.	07-2025	06-2029
	Accomplishment or Update				

Section D: OPI services and method of service delivery

Administration of Oregon Project Independence (OPI):

In accordance with OAR 411-032-0005(2)[36] the area agency must submit an Area Plan containing, at a minimum, the agency's policy, and procedures for each of the items below. Provide the following information or policies about how your agency (or your contractor) administers and implements the OPI program.

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

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

- Home care
- Personal care
- Chore
- Assistive technology devices
- Adult day services
- Service coordination

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

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

Home Care: Our AAA encourages the use of state home care workers whenever possible at $20 - $30.09 an hour. We also contract with four in-home care agencies at a range of $31.00 to $38.50 an hour for home care. The rate for Store to Door shopping service is $30.00 per shopping trip, including custom order and delivery, and short friendly visits when safe to be face-to-face.

Personal Care: Our AAA encourages the use of state home care workers whenever possible at $20 - $30.09 an hour an hour. We also contract with four in-home care agencies at a range of $32.00 to $40.50 an hour for personal care.

Chore: Our AAA contracts with two agencies for chore service. Average hourly rates: moving – $162.00; packing – $110.00; extreme cleaning – $174.00; and bed bug treatment preparation – $150.00.

[36] https://oregon.public.law/rules/oar_411-032-0005

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

Service Coordination: Our AAA contracts with seven community partners to administer the traditional OPI program. We negotiate the hourly rate for OPI service coordination with each contractor. The hourly rate for culturally specific OPI service coordination is $87.14 and the hourly rate for culturally responsive OPI service coordination is $76.44. The OPI expansion is administered by us internally and case management is provided by Multnomah County employees.

Home Delivered Meals: Culturally specific $18.74 per meal, culturally responsive $13.83 per meal

Congregate Meals: Culturally specific $27.30 per meal, culturally responsive $12.83 per meal.

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

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

Additional guidance can be found in our Program Model, page 45:

- Follow-up: Contractor shall conduct follow-up to make sure that vulnerable individuals in difficult circumstances get the help they need. Follow up involves contacting participants, with permission, to check on their situation a few days after the referral to ensure that the participant received the help they needed, or, if the participant did not receive the help they needed, to explore other ways to meet their needs.

  In order to meet response time standards in our Program Model and the State's ADRC Program Standards, our program model also states:

I & R - ADMINISTRATIVE STANDARDS AND PROGRAM REQUIREMENTS

- I & R service will be available Monday through Friday during normal business hours, i.e. 8:00 am to 5:00 pm, or, proposed hours that will be reviewed by ADVSD and mutually agreed upon with a plan to meet community needs and provide

appropriate staffing. Any changes in proposed hours of daily operations, excepting posted closures for holidays or other special events, will be communicated to the ADVSD contract liaison (with rationale) for ADVSD review and approval

- I & R must be performed by I & R staff or skilled staff such as Case Managers and supervisors
- Contractors must have policies in place that delineate duties and responsibilities of I & R services which maintain reception related activities separate from I & R function
- Utilize the Oregon Aging and Disability Resource Connection (ADRC) electronic resource directory when assisting callers and walk-ins
- Assist ADVSD in maintaining up-to-date resources, both local and standard resources, in the ADRC electronic resource directory
- Ensure that staff is trained to serve people who call walk-ins and who may speak languages other than English (consistent with Title VI and use the ADRC to identify approved interpreters and translators, or use available internal resources
- Serving people with marginalized identities and who are unhoused.
- One staff member will be designated as the I & R Lead Specialist and will work collaboratively with other skilled staff to ensure consistency of service across the entire team
- Designated I & R staff will be assigned and available as back up to the I & R Lead
- Contractor will arrange for telephone answering service, provide a voicemail option, and/or provide a recording that refers callers to the Multnomah County ADRC Helpline, 503 988- 3646, for coverage during non-service hours or in case of an emergency during normal business hours
- Maintain confidential participant information and send participant information by secure electronic format only
- A quality assurance plan for monitoring the I & R service will be developed by the contractor together with ADVSD staff, and will include individual performance measures tracked monthly

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

OPI case management is based on a holistic assessment of a person's needs and preferences, and personal choice. The case manager considers and identifies appropriate services for the total needs of the person. The assessment is not restricted to an evaluation of problems for which an agency has services. The case manager coordinates and implements a service plan, taking into consideration the consumer's preferred natural support system, such as family and non-family unpaid caregivers; consumer co-pays, and third-party payments, etc., and uses these prior resources before OPI services.

Case managers advocate to obtain assistance for an individual by working with other service agencies and by identifying and coordinating community resources and natural supports for all new referrals and ongoing consumers. OPI may be used as a supplement to these primary resources as the person's needs necessitate. Consumers are reassessed annually or sooner if needed. The case manager documents the gross monthly income of the household, the allowable deductions of the household and determines a co-pay, if any, for OPI services.

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

e. Explain how eligibility is determined (OAR 411-032-0005 2 b E)

An applicant is eligible to receive OPI services if they:

- Are 60 years old or older, or under 60 years of age and diagnosed as having Alzheimer's or a related disorder (for OPI) or are between the ages of 19 and 59 (OPI Expansion Program).
- Are not receiving financial assistance or Medicaid, except SNAP, Qualified Medicare Beneficiary or Supplemental Low Income Medicare Beneficiary Programs.
- Are at immediate risk for nursing facility placement. Immediate risk is defined as the probability that the consumer's condition will deteriorate in eight to ten months after the loss of OPI services to a point that nursing facility placement is necessary.
- Score as high risk on the OPI waitlist tool. This tool considers activities of daily living, natural supports, the frequency of falls, etc. and is used to determine the priority of consumers served when OPI waitlists are being maintained.
- Are already receiving an authorized OPI service and their condition indicates upon reassessment that the service is still needed.
- Meet eligibility criteria of the OPI Rules and Oregon Administrative Rules.
- CA/PS assessment Survival Priority Level of 1-18 required.

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

f. How authorized services are provided. (OAR 411- 032-0005 2 b F)

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

ADVSD contracts with five culturally responsive District Senior Centers and four culturally specific Enhancing Equity partners to provide traditional OPI services, including service coordination, to eligible people.

Our Enhancing Equity partners provide culturally specific services to the African American population at Urban League of Portland, immigrant and refugee populations at IRCO, Asian population at Asian Health and Service Center (Cantonese, Mandarin, Korean and Vietnamese speakers), and the LGBTQ+ population at Friendly House through Elder Pride Services. Older adults eligible for OPI may choose to be served by the District Senior Center that corresponds to their home location, or by the Enhancing Equity partner organization of their choice.

One ADVSD case manager administers the OPI Expansion program to consumers ages 19-59.

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

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

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

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

g. Describe the agency policy for prioritizing OPI service delivery. (OAR 411-032-0005 2 b G)

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

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

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

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

Denial of services is directly related to the client not meeting SPL (Service Priority Level) and the applicable OAR (Oregon Administrative Rule). People that have been denied can then follow the grievance process explained below. Consumers are informed in writing 30-days before the effective date of termination, reduction, or denial of services. Once the decision is made to terminate, reduce, or deny services, the case manager works with the consumer to identify and coordinate other supportive services.

Contracted in-home care agencies (IHCA) are required to provide services for all consumers referred for OPI services. IHCA will make a special effort to meet the needs of consumers with unique living and personal situations, including consumers with

challenging behavioral issues, and are expected to initiate and continue services under less-than-ideal conditions while an acceptable plan is being developed in cooperation with the case manager.

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

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

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

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

Grievance Process:

Programs that are non-Medicaid, such as "OPI Classic" will use our Clients Rights and Grievance Procedure. This process is outlined in our Program Model and our partners can access the template for their letterhead on our website provider page: Clients Rights Template for partners to use.

Additionally, all contractors providing services under the current RFPQ are required to establish a written Participant Rights document, which includes their grievance procedures through which participants and their family members may present grievances about the operation of the Contractor's services. The grievance procedure must include progressive steps that allow the consumer to escalate their complaint to Multnomah County ADVSD if they are not satisfied with the response from the contractor.

Contractors shall make these procedures readily accessible and available to participants. This may include posting in a conspicuous place and distribution of the procedures and

applicable grievance forms in areas frequented by participants. Contractors shall provide advice to participants and their family members upon request.

Contractors shall provide these written procedures to the County upon request. In addition, each Contractor shall notify their ADVSD contract liaison of all grievances that the Contractor is not able to resolve, and shall process these grievances as directed by ADVSD, in accordance with any applicable ADVSD, DCHS, and County grievance procedures.

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

Each partner agency provides each OPI consumer with a document on their agency's letterhead, listing their rights, and outlining how to request a review of their case if they believe any of the rights listed have been violated. The consumer signs the document to acknowledge receipt. The following is an example of the rights and review process instructions given to an OPI consumer.

Your rights

1. The RIGHT to be treated as an individual with respect and dignity.
2. The RIGHT to privacy and confidentiality.
3. The RIGHT to services as eligibility and resources permit, including case management services, which are focused on remaining independent in one's home.
4. The RIGHT to full participation in planning for services to achieve their goals and to decline participation in any recommended services.
5. The RIGHT to equal access to available services (within the scope of community agency policies and guidelines) regardless of age, race, color, national origin, sex, religion, sexual orientation, disability, or marital status.

Complaint resolution process

If you feel that any of the above RIGHTS have been violated, please contact [name of agency] Senior Services Program Manager; [name of program manager] at [program manager's phone number]. You will receive a response to your call within five working days.

The [name of agency] Senior Services Program Manager will work with you to resolve the problem. If after contacting the District Senior Center Manager you are not satisfied, you may contact the [name of agency] Executive Director; [name of executive director or other responsible staff person] at [phone number].

If you are still concerned or have questions, please contact Multnomah County Aging, Disability and Veteran Services ADRC line at (503)-988-3646. If you are still concerned, please contact the State office by mail at: Aging & People with Disabilities, OPI Policy, Community Services and Support Unit 500, Summer Street NE E12, Salem, Oregon 97301

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

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

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

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

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

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

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

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

a. Confirms consumer payment status with in-home care agency, if applicable, prior to speaking with consumer. The payment status of consumers utilizing home care workers can be confirmed using UCR.
b. Informs consumer of arrearage and discusses payment with consumer, reviewing consumer co-payment expectations of the OPI program.
c. Clarifies consumer income information, medical expenses, and adjusts consumer fees where appropriate.
d. Determines whether money management services are indicated due to consumer difficulty in handling bill payment generally.
e. Notifies consumer in conversation and in writing that non-payment may result in termination of service and establishes a deadline for payment not more than 30-days from the day of notice.
f. Reminds consumer at least 2-weeks prior to termination that service will end and provides the reason for termination.

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

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

l. Describe how service providers are monitored and evaluated. (OAR 411-032-0005 2 b L)

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

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

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

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

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

Conflict of interest policy is identified for:

ADVSD Employees:

A public office is a public trust, and all County employees, as defined below, are public officials under ORS Chapter 244 and must conform to this rule and all relevant provisions of ORS Chapter 244. The Code of Ethics policy is reviewed annually and a Code of Ethics disclosure form is completed annually by every employee.

Contracted Partners:

Program Model references Conflict of Interest on pages 24-25: The policy of ADVSD is to avoid real or potential conflict of interest in promotion and development of a community-based network of services. ADVSD will work with successful applicants to develop procedures that ensure the avoidance of conflict of interest. In the interest of improving quality of service to older adults, ADVSD understands that under certain circumstances, contractors may develop their own fee-for-service programs and desire to make internal referrals. Contractors may utilize internal resources, i.e. staff, fundraising, etc., to develop fee-for-service programs that improve the quality of a service to participants. For example, one current District Center contractor hired a case management assistant to provide home care support for participants. The cost of providing such a service can be built into the organization's District Center budget. In such cases, ADVSD will ensure, and must approve that appropriate procedures are in place, which may include establishment of a review committee with members not associated with the contractor, to review and approve any referrals made by the contractor’s case manager.

Contracted partners providing case management services must maintain conflict-free case management procedures and practices. Conflict-free case management means that assessment and coordination of services are separate from the delivery of services, with the goal to limit any conscious or unconscious bias a case manager or agency may have, and ultimately promote the individual’s choice and independence.

Program Model references Conflict-free Case Management on page 60 Conflict-free case management (CFCM) requires that assessment and coordination of services are separate from the delivery of services, with the goal to limit any conscious or unconscious bias a care manager or agency may have, and ultimately promote the individual's choice and independence.

n. Oregon Project Independence-Medicaid (OPI-M) Program Management. (411-016-0000 Purpose (Adopted 11/22/2024), OAR 411-014, OAR 411-016)

ADVSD will follow the OPI-M program Administrative Rules as outlined in the above OARs.

ADVSD will administer OPI-M using its Community Services Program (CS) case managers team. OPI-M program administration will differ from the administration of the OPI Classic and OPI-E programs.

The Aging & Disability Resource Connection Helpline (ADRC) will be the primary referral source for OPI-M participants, community partners, and other ADVSD teams. In addition, CS will receive referrals directly from Long-Term Services and Supports eligibility workers and case managers.

The following steps outline the new eligibility process:

ADVSD Community Services' team of Eligibility Case Managers (ECM) determine OPI-M financial and service eligibility by conducting applicants' review of assets and completing a comprehensive care needs assessment using the CAPS tool.

1. After OPI-M eligibility is established, the ECM transfers the case to an ongoing Service Case Manager (SCM) on the Community Services OPI-M case managers team.
2. The Service Case Manager will conduct a person-centered service assessment, using the PLAN tool which identifies and authorizes an array of services that address the applicant's specific care needs.

To assist new OPI-M applicants in preparing for the eligibility process, we will coordinate with contracted community partners who are currently providing OPI case management services.

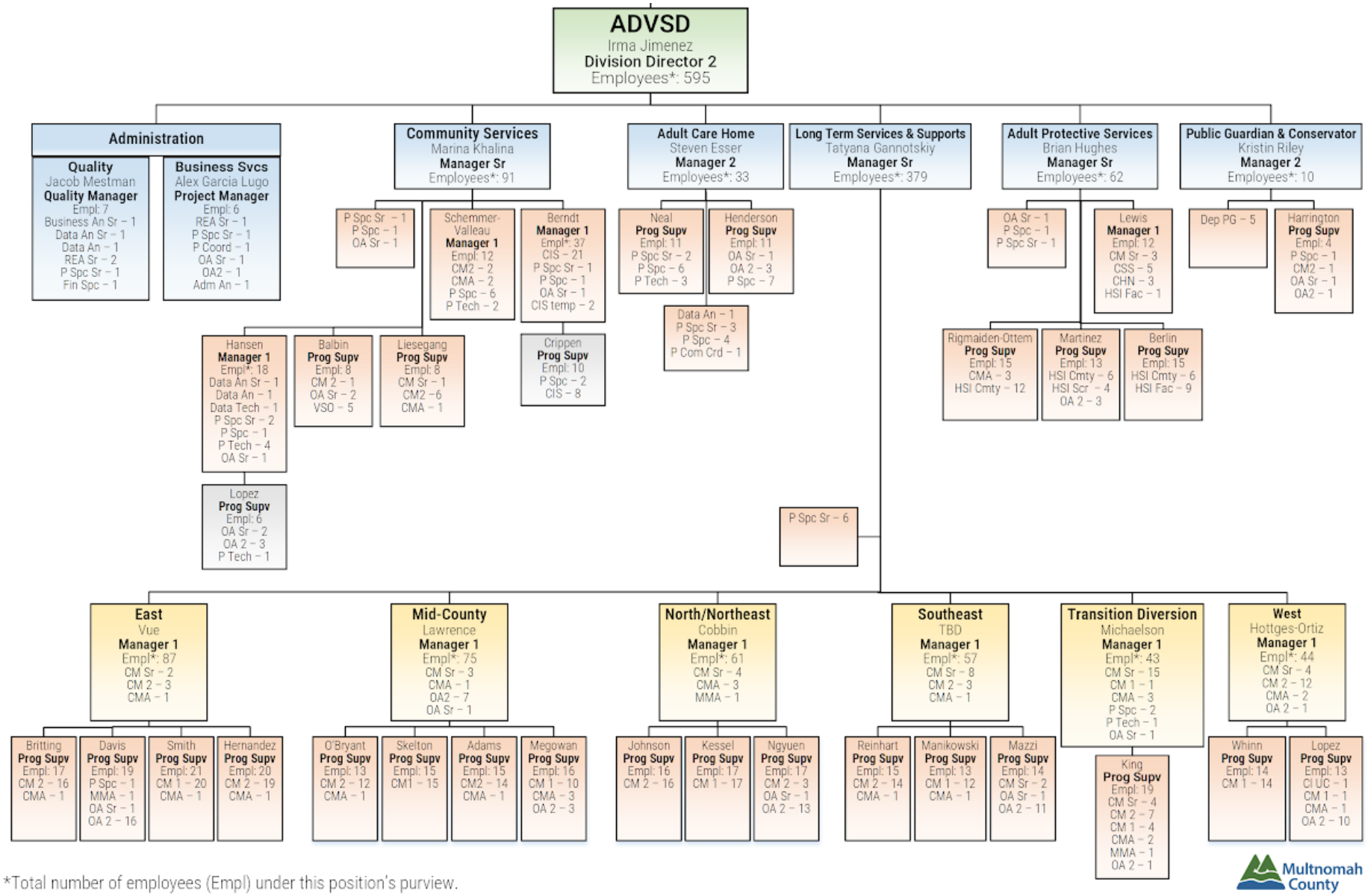
The community partners' case managers will assist new OPI-M applicants with gathering the documentation they need to verify income and resources. This work will help leverage culturally specific providers' knowledge in assisting consumers with preparation for the OPI-M Eligibility Case Manager's home visit, and will help applicants from diverse backgrounds to receive assistance in their preferred cultural format.

By helping OPI-M consumers be prepared with their documentation, we hope the OPI-M eligibility process will require less time and allow applicants to receive their services more quickly.

State Resources: https://www.oregon.gov/odhs/rules-policy/apdrules/411-016.pdf

Appendices and attachments

Appendix A: 2025-29 Area Plan Organizational Chart



Appendix B: Advisory councils and governing bodies

Advisory councils

Aging Services Advisory Council (ASAC)

Council members

- Anne Lindsay
- Scott Moore
- David Daley
- Brandy Penner
- Lauren Moran
- John Halfmoon
- Lawrence Macy

Demographic data

- Total number age 60 or over = 3
- Total number People of Color or LGBTQ+ = 2
- Total number self-indicating having a disability = 2
- Total number rural = 0

Disability Services Advisory Council (DSAC)

Council members

- Angie Muresan
- Barb Rainish
- Kalah Schackman
- Caroline Underwood
- Robert Trimble
- Melvin “Jesse” Guardipee
- Gail Skenandore
- Nellie Stearns

Demographic data:

- Total number age 60 or over = 6
- Total number People of Color or LGBTQ+ = 5
- Total number self-indicating having a disability = 5
- Total number rural = 0

Governing body – Multnomah Board of County Commissioners

Name & contact information	Office	Term expires
Jessica Vega Pederson Phone: (503) 988-3308 Email: mult.chair@multco.us	Chair, Multnomah County Board of Commissioners	12/31/26
Meghan Moyer Phone: 503-988-5220 Email: district1@multco.us	Commissioner, District 1	12/31/28
Shannon Singleton Phone: 503-988-5219 Email: district2@multco.us	Commissioner, District 2	12/31/26
Julia Brim-Edwards Phone: 503-988-5217 Email: district3@multco.us	Commissioner, District 3	12/31/28
Vince Jones-Dixon Phone: (503) 988-5213 Email: district4@multco.us	Commissioner, District 4	12/31/28

Appendix C: Public process

2025-2029 Area Plan needs assessment (Appendix J)

- The survey information can be found at https://multco.us/info/2025-2029-area-plan-aging

2025-2029 Area Plan public website

- A comprehensive webpage to house information and documentation related to the Area Plan is at https://multco.us/info/2025-2029-area-plan-aging. This page has been updated throughout the process to list relevant information about the plan and public participation

Public meetings on the 2025-2029 Area Plan

- Aging Services Advisory Council (ASAC) and Disability Services Advisory Councils (DSAC) meet monthly, with the exception of the month of August, in a hybrid format. In person attendees are located at the Five Oak Building (209 SW 4th Ave) in Portland, and virtually through Zoom on the link provided in the council's webpages.

ASAC and DSAC public meetings discussing the Area Plan

- 2/22/2024 ASAC
- 3/19/2024 Joint ASAC and DSAC
- 5/23/2024 DSAC
- 6/18/2024 ASAC
- 7/16/2024 ASAC
- 7/25/2024 DSAC
- 9/19/2024 DSAC
- 9/17/2024 ASAC
- 10/24/2024 DSAC
- 11/26/2024 Joint ASAC and DSAC
- 12/17/2024 Joint ASAC and DSAC
- 1/28/2025 Joint ASAC and DSAC
- 2/18/2025 ASAC
- 2/27/2025 DSAC
- 3/6/2025 Joint ASAC and DSAC

Agendas and notes can be found at:
ASAC: https://multco.us/info/aging-services-advisory-council-asac
DSAC: https://multco.us/info/disability-services-advisory-council-dsac

Other meetings discussing the Area Plan

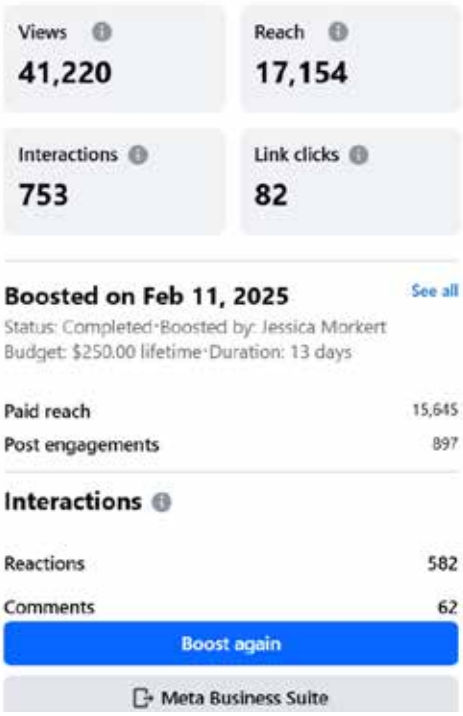
- ADVSD Monthly partners meetings February to March 2025
- Community Listening Sessions – ADVSD held two culturally specific community listening sessions January 24, 2025 at Somali-American Council of Oregon, February 19, 2025 at Asian Health Services Center, and one virtually for the public on February 24, 2025. Feedback from these sessions is included in Appendix L.
- The required comment period of 30 days started on February 4, 2025 and it closed on March 5, 2025.
- Board Presentation – A link to the March 20, 2025 consent agenda and board meeting the Board of County Commissioners and the related documents can be found at http://multnomah.granicus.com/ViewPublisher.php?view_id=3. See exhibit B for the County resolution to adopt the Area Plan.

Outreach on public processes related to the 2025-2029 Area Plan

- Outreach through community partners and aging services providers
- Cross-county communications channels
- Social media advertising

Social media advertising – public comment and listening session

Multnomah County created a Facebook post promoting the virtual listening session and area plan public comment period. We spent $250 over 13 days; advertising began February 11, 2025 and ended February 24, 2025.



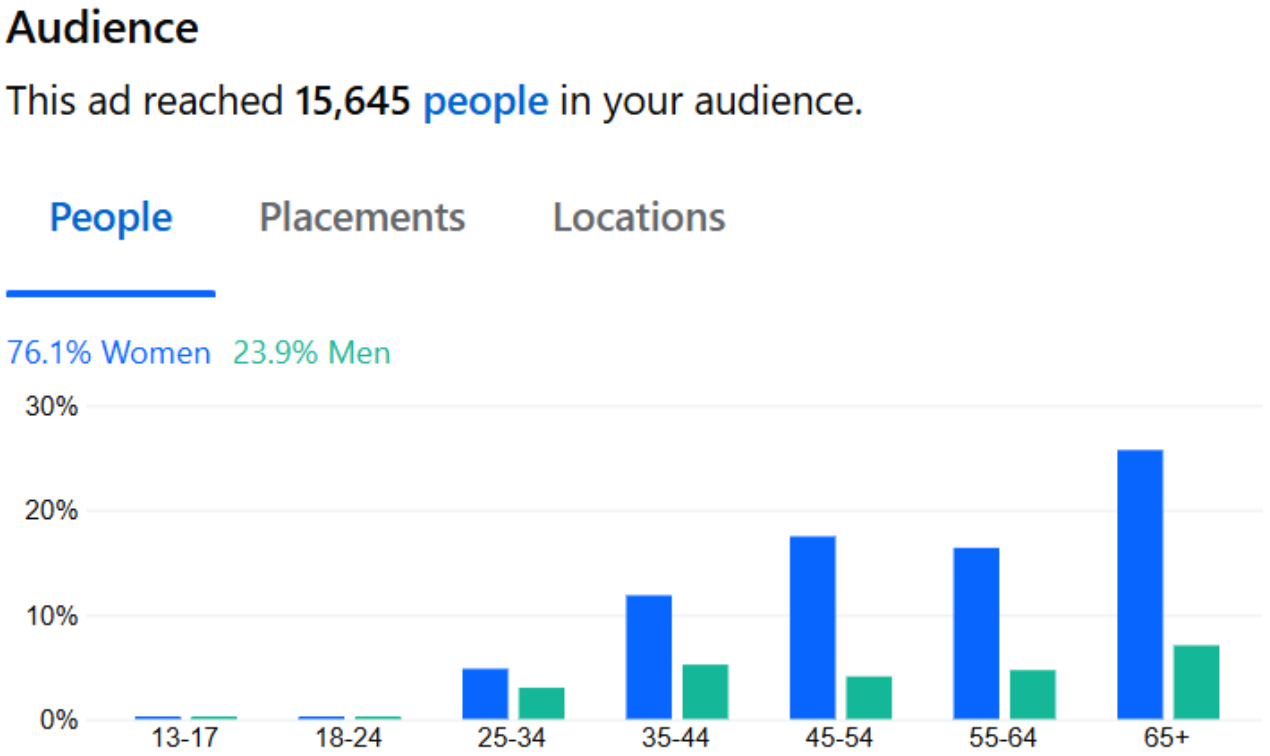
Overall post metrics:

- Views: 41,220
- Reach: 17,154
- Interactions: 753
- Link clicks: 82
- Reactions: 582
- Comments: 62
- Shares: 100

Paid post metrics

- Views: 36,244
- Reach: 15,645
- Post engagements: 897
- Cost per engagement: $0.28

Paid audience by age & gender (percent of total paid reach)



	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Women	4.8%	11.8%	17.4%	16.3%	25.7%
Men	3.0%	5.2%	4.1%	4.7%	7.0%

Previous Area Plans website

- Website that contains all previous area plans and previous needs assessments in multiple formats such as .pdf and word with available redline comparisons between updates. Link: https://multco.us/info/2021-2025-advsd-area-plan

Images of the ADVSD 2025-2029 Area Plan media release, webpage, and flyers

Multnomah County

Multnomah County Launches Area Plan Survey

Multnomah County, Oregon – Multnomah County Aging, Disability & Veteran Services Division (ADVSD) invites people age 50+ (older adults or elders as defined by their community), people age 18+ with disabilities, veterans, and caregivers to share your experiences and expertise to improve services, prioritize funding, and uncover new or existing needs for the Strategic Area Plan on Aging 2025-2029

Survey Highlights:

- **When:** Survey will be open from **October 1 - 25, 2024.** You'll have ample time to participate.
- **Who:** Age 50+ (or older adults or elders as defined by their community)
- People age 18+ with disabilities, veterans, and caregivers.

Including:

- Low income which includes food security, housing stability and access to health care, with particular emphasis on those with additional challenges due to physical/behavioral disabilities or chronic medical conditions.
- At risk for placement in a long term care facility.
- Historically underserved communities including indigenous people, immigrants and people of color.
- LGBTQIA2S+ elders, veteran, and people with disabilities

What:

- **Confidential:** Your responses will be confidential
- **Compensation:** You will receive a $20 gift card for completing the survey.
- *Note*: only one survey can be completed per person and a maximum of two surveys per household (exceptions made for care settings). Gift cards will be available on a first come first served basis, available while supplies last.
- **Easy to complete:** The survey is designed to be user-friendly and accessible.
- **Available online and in print upon request:** You can choose the format that suits you best.
- **Available in multiple languages**: the survey will be available in 13 languages.

Why: Your voice matters! By participating in the Area Plan Survey, you are directly contributing to shaping the future of aging services in Multnomah County. We are grateful for your participation.

The survey will help us learn some challenges clients face and identify and determine needs for our Area Plan on Aging (FY 2025-2029).

Your valuable feedback will help us understand how ADVSD can enhance its programs and services to better support you and your community. **For more information, please contact:** AreaPlan@multco.us

To take the survey, scan this code on your mobile device or visit:
https://link.multco.us/5uo8cchm

Home Contact Us Locations Foster Grandparents

2025 - 2029 Area Plan on Aging

The survey was open from October 1st through October 25th and is now closed. The Strategic Area Plan for 2025-2029 will be completed in the Spring of 2025 and we will post the plan on this page.

Thank you for your interest in the Area Plan survey!

The survey was open from October 1st through October 25th and is now closed.

As the Division Director for Aging, Disability and Veterans Services (ADVSD), I appreciate your valuable feedback.

The input that we received from the area plan survey will help us understand how ADVSD can enhance our programs and services to better support you and your community.

We are working on analyzing the survey results and will be including these results in the Strategic Area Plan on Aging for 2025-2029.

The Strategic Area Plan for 2025-2029 will be completed in the Spring of 2025 and we will post the plan on this page, including the results of the survey, in April, 2025.

Sincerely,

Irma Jimenez | Division Director | Multnomah County Aging, Disability & Veterans Services | Pronouns: she, her, hers

Previous Area Plans

Calling all seniors, older adults, people with disabilities, veterans, and caregivers!

Complete a survey to help shape the future of aging services in Multnomah County.

- **Open:** October 1-25, 2024
- **$20 gift card★**
- **Confidential**
- **Online and in print**
- **13 languages available**

We especially want to hear from people in underserved communities—*including Black, Indigenous, and other people of color; immigrants; LGBTQIA2S+; people with low incomes; and people who may need long-term care.*

For more information, contact:
areaplan@multco.us

To participate, please visit:
https://link.multco.us/5uo8cchm

Or scan

★$20 gift card for completing the survey—while supplies last. One survey per person and two per address (exceptions for care settings).

The Multnomah County Aging, Disability, and Veterans Services Division is asking you to share your experiences and ideas. Your feedback will help us plan services and funding for the next five years.

Multnomah County

Multnomah County resolution to adopt the ADVSD 2025-2029 Area Plan

Appendix D: Final update on accomplishments from 2021-2025 Area Plan

Information & Assistance/ADRC goals

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

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

Objectives goal 1:

Increase utilization of the ADRC to decrease isolation and barriers to access experienced by physically, socially, culturally, or linguistically isolated older adults.

This objective is completed and the work continues as part of the Community Services program operations. The ADRC team continues to work on relevant tasks. For example, the ADRC outreach team and the Community Services program invite other agencies, teams within the Department of County Human Services and volunteers to attend presentation and outreach events. Several staff members from ADVSD present information publicly, and the ADRC outreach team has provided slide decks to promote ADRC information. Additionally, the ADRC has increased social media outreach and engagement for ADVSD programs and eligibility information. Marketing and outreach plans continue as part of the regular operations of the program as well.

Community partners and entities with community connections to historically and systematically marginalized identities know about and use the ADRC and the I&A network.

This objective is completed. The ADRC team continues to deliver materials and provide training to contracted partner agencies with a special emphasis on culturally specific, and community specific organizations.

Objectives goal 2:

Increase utilization of the ADRC to decrease isolation and barriers to access experienced by physically, culturally, or linguistically isolated older adults.

This objective is completed. The ADRC team continues to deliver materials in multiple languages to the general public and contracted partners, and at tabling events for specific communities. As part of this work the ADRC team continues to foster relationships and partner with CCO workgroups, Multnomah County Health Department, and community-based organizations. Additional partnerships are

established with the work of the Health-Related Social Needs (HRSN) networks, the 1115 waiver housing, food and climate launch.

Nutrition Services goals

1. Older adults will have ready access to enough food that is affordable, culturally appropriate, and that supports their health.
2. Support community led efforts to increase food access for older adults and people with disabilities, with emphasis on Black, Indigenous and People of Color (BIPOC) communities.

Objectives goal 1:

Increase utilization among older adults of federally funded nutrition programs, such as SNAP.

This objective is being re-evaluated as there are data challenges with establishing baselines to effectively measure the increases of utilization.

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

Objective met. ADVSD continues to contract and collaborate with its largest providers, Meals on Wheels (MOWP), and with smaller culturally specific providers. Menus are reviewed by credentialed registered dietitian either by provider or Multnomah County team member available to our contracted providers.

In addition to the traditional approaches to providing meals to older adults and elders, ADVSD continues to celebrate our partnership with culturally specific and culturally responsive partners and contractors that support our Enhancing Equity partner meal sites and delivered meal programs. For example, Ecumenical Ministries of Oregon continues to provide meals to older adults living with HIV, with approximately 28-30 consumers receiving weekly deliveries of 7 days worth of meals.

ADVSD contracted with five culturally specific meal providers in the past, and in January 2024, after an RFPQ, added one more culturally specific meal provider, bringing the total to six providers.

Objectives Goal 2:

Food access and nutrition resources are prioritized for older adults who are marginalized based on race and other identities

This objective has been completed, and the work continues as part of the operation of Community Services. In 2024, we completed the Request for Programmatic Qualifications (RFPQ) contract project. This project aimed to procure contracts with culturally specific and culturally responsive organizations who provide a wide range of OAA funded services. Using previous analysis, we focused on the populations we either did not serve before or those that were underserved. As a result, we successfully procured two new contracts with organizations that provide meals to BIPOC and houseless communities. These two organizations came with new service models not previously utilized in nutrition programs. Additionally in 2022 we were able to advocate and receive approval for the congregate meals funding to support home delivered meals, and we were able to allow contractor organizations to sub-contract with different ethnic restaurants to provide culturally specific meals that were delivered to consumers' homes.

Health Promotion Goals

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

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

Objectives goal 1:

Increase availability of health promotion classes and activities for older adults through partnership and network development.

Objective met and work continues. ADVSD senior management continues to work collaboratively with OWN (Oregon Wellness Network) to explore potential funding for the work of our Area Agency on Aging (AAA). Continued and ongoing collaboration with our current hospital partner Providence who has five hospitals in and around the Metro area, to strengthen and plan for future funding will continue. Additionally, and as a result of the recent RFPQ (Request for Programmatic Qualifications) contracting project, and in addition to previous providers, a new culturally specific provider was established—the Somali American Council of Oregon. Community Services continues to support our culturally specific and culturally responsive community partners in their efforts to expand access to Evidence-Based Health Promotion (EBHP) programs.

Community Services has three program specialists and contract liaisons which continue to have the evidence-based health promotion partner contracts in their contract portfolio and offer support to these providers.

Objectives goal 2:

More older adults participate in activities to support their health and well-being.

The objective is completed and ongoing. The community services program continues its collaboration with the OWN program and the contracted evidence-based health promotion partners. Our Enhancing Equity partners and culturally specific contracted partners continue to provide classes and workshops to their targeted communities. This model has proven to be effective, and will continue as part of the program work. Finally, to expand our outreach channels, and in addition to the COMPASS calendar, the partner agencies' newsletters, and class and workshop flyers continue. The program encourages partners to utilize other methods of outreach and program promotion.

Family Caregiver Support Program goals

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

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

Objectives Goal 1:

Increase participation by family and informal caregivers, prioritizing services to caregivers who are marginalized based on their race and other identities by establishing baseline participation data by identity and community.

Objective met and the work continues as part of the program. The last two fiscal years FCSP (Family Caregiver Support Program) has conducted consumer surveys to analyze program usage and consumer satisfaction as well as unmet needs. The survey has been broken down by identity and the ADVSD data team has access to this data which is used to establish benchmarks. The results of the survey completed in autumn 2023 continue to be analyzed and used to inform efforts to improve outcomes for our family caregivers; particularly focusing on those from marginalized communities. The FCSP coordinator and a bilingual coworker along with the staff of a culturally specific contracted partner agency met with Hispanic and Latine family caregivers to provide an overview of the family caregiver program, and held a Q&A session. The FCSP program specialist from ADVSD continues to attend meetings and PreSERVE sponsored times.

Objectives Goal 2:

Increase the number of family caregivers that receive services that are culturally relevant and responsive consistent with benchmarks set in Goal 1.

This objective has been completed and the work continues as part of the operation of the program. The memory café has occurred 10 out of 12 months for fiscal years 2023 and 2024 with 50 unduplicated individuals attending. Also, the Family Caregiver Support Group for Black and African American families continue to meet regularly and has had good participation.

Elder Rights and Legal Assistance goals

1. Older adults can access legal consultation through the Senior Law Project with an emphasis on expanded access for historically and systematically marginalized communities.
2. Older adults have community-based resources for peer support and self-advocacy.
3. Older adults and people with disabilities have access to protection against abuse and financial exploitation, and neglect, with particular attention focused on financial stability.

Objectives goal 1:

Older adults access legal consultation through the Senior Law Project with an emphasis on expanded access for people who are marginalized based on their race and other identities.

Objective completed. ADVSDs contracted partner has reported an increase in complex cases that exceed the 30-minute consultation service. This translated to an increased rate of spending on their allocated contract amount. In response to the need ADVSD allocated an additional $18,000 in funding to the contract to better meet the increased demand. ADVSD also reviews and shares the utilization data by communities with the ASAC and DSAC advisory councils every year. These presentations also include information about current and incoming programs, as well as service delivery processes.

Increase capacity to serve historically and systematically marginalized elders through the Senior Law Project.

Objective met and some additional work might be ongoing as part of the program. Additionally, our contracted partner LASO is interested in re-engaging with our two Enhancing Equity partners serving the Native American community (NARA and NAYA). LASO also provides Senior Law Project at three Enhancing Equity partner organizations that Multnomah County contracts with (Urban League of Portland, IRCO, and Elder Pride Services at Friendly House). LASO also continues to provide outreach events with a focus

on reaching marginalized and underserved older adults. These outreach events included topics such as housing, preparation of legal documents, powers of attorney, advance directives, and wills. LASO has increased staff that speak languages other than English and regularly employ translators to bridge any communication gaps.

Finally, outreach work related to health care decision-making, protection of assets for the care of unmarried partners, navigating the VA, and other entitlements among people aging with HIV Long-Term Survivors continues to progress, and the Senior Law Project, ADRC and LGBTQ+ specific community partners continue to make referrals for assistance concerning health, wills, estate, family, individual rights, and income maintenance.

Objectives goal 2:

Develop an outreach campaign to promote existing self-advocacy resources and peer networks.

This objective was completed and the work continues in the program. In FY24 the Older Adult Behavioral Health Initiative (OABHI) program staff conducted 48 community training sessions for older adults. The program also provided peer support sessions that assisted individuals with their mental health and behavioral health issues. Training provided included downsizing, dementia, depression, delirium, advanced directives, fall prevention, hoarding disorder, age café facilitator training, squalor, living a purposeful life, fighting ageism and resiliency, disaster preparedness, prepare your affairs, living after loss and grief, age café, and aging in place.

In order to continue to support community partners, the ADRC and Community Services quality team are collaboratively updating and rebuilding the resource webpage that the ADRC and community partner organizations utilize in providing resources to older adults, consumers with disabilities, and Veterans. Finally, the OABHI program was certified in the PERLS program and coordinated two community group events that promoted self-advocacy for depression, and peer support for other mental health issues.

Objectives goal 3:

Increase utilization of the Oregon Money Management Program (OMMP).

Objective completed and ongoing. OMMP developed a risk score scale to prioritize referrals—programs include APS referrals, and referrals from marginalized communities. OMMP continues to accept new referrals. The OMMP team meets at least quarterly to discuss active referrals, to provide better consumer support, and expedite the enrollment process for those at risk for financial exploitation. OMMP continues to

provide support to consumers who are able to engage with the program on avoiding fraud and financial exploitation, and safeguarding their spending money.

3,500 Multnomah County Medicare/Medicaid beneficiaries will receive personalized counseling by skilled volunteers, prioritizing underserved Older Adults.

The SHIBA team meets with culturally specific and Enhancing Equity partners on presenting SHIBA, MIPPA and OMSC programs. The team has also expanded outreach to housing programs and library teams locally. The training and SHIBA appointments also include interpreters when necessary. The SHIBA program has completed training through the National SHIP program/SAGE Care. Additionally, the SHIBA volunteers collect REALD and SOGI questions when scheduling appointments. The SHIBA program is currently developing recruitment flyers in multiple languages, and working with community partners and trusted partner agencies on accessing the culturally specific communities. The review of SHIBA service data by community happens annually, consistent with ongoing State monitoring.

Older Native Americans goals

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

Objectives goal 1:

Native American elders utilize ADVSD-funded programs and services consistent with newly established benchmarks for participation.

Objective met and this work will continue as part of the program operation. ADVSD attends and participates in statewide tribal meetings. Regular engagement and conversations with the NARA Tribal Navigator resulted in regular referrals and collaboration in obtaining services and support for native elders. ADVSD will continue to collect and analyze program data to better understand program utilization by Native American elders, as seen in the 2025-2029 plan.

Native elders create a plan related to their care and well-being, as well as that of their families, to be implemented in partnership with ADVSD in coordination with local Tribal governments and Native-led organizations.

This goal is completed, and the work will continue as part of the program operation. This work is ongoing in collaboration with the Tribal Navigator.

Transgender and Nonbinary older adults and Two Spirit elders goal

The goals and objectives in this section are being evaluated, and ADVSD has adapted them for feasibility and capacity. New goals are included in the area plan for 2025-2029. Please refer to Section C-8 in this document for updated goals and objectives.

Veterans goal

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

Objectives goal 1:

The measurable objective will be developed in alignment with the ADVSD strategic portfolio.

This objective was met and is ongoing. It includes the development and implementation of an outreach plan to educate, advocate, and support Veterans including BIPOC, LGBTQ, Women, Justice Involved and Houseless; employer groups and other non-Veteran-specific groups. This was completed and continues to be implemented with a new Veteran Service Offices (VSO) outreach coordinator who was hired in April 2023. Since completing their training as a VSO, they began taking on the responsibilities of the outreach coordinator.

We have provided presentations and tabling events for the following in FY23-24:

- Portland Airforce National Guardsman debriefings (9/10/23, 10/15/23, 11/15/23, 3/2/24, 5/1/24, 6/1/24)
- Mini Resource Fair for Airmen (9/14/23)
- Portland Stand Down (9/20/2023)
- Veterans Day Parade (11/11/23)
- Community Resource & Referral Center Presentation (2/14/24, 5/25/24)
- Women's Veteran Luncheon (3/19/24)
- Parkinson's Disease Health & Wellness Fair (4/26/24)
- VA Caregivers Summit (5/15/24)
- Portland Timbers Game in Collaboration with ODVA Women's Veteran Coordinator (5/25/24)
- Fleet Week (6/6- 6/9/24)
- Portland VA Medical Center (PVAMC) Newly Enrolled Veteran Orientation Presentation (6/14/24)
- VA/DOD Suicide Prevention Awareness (7/18/24)
- Pride Northwest's Portland Pride Festival (7/20-7/21/24)
- Portland State University Veteran Resource Center Orientation Presentation (7/22/24)

Other work on this objective includes identifying Community Partners with a shared mission or goal.

ADVSDs VS work alongside the following partners:

- Oregon Department of Veterans Affairs
- County Veterans Service Offices across the state of Oregon
- National Service Organization such as: Veterans of Foreign Wars, Disabled American Veterans, American Legion, National Black Association of Veterans
- Do Good Multnomah
- Transition Projects, Inc.
- VA Medical Center(s)
- Portland Vet Center
- Portland Community College
- Portland State University
- Easterseals
- NARA Northwest
- VA Suicide Prevention Team
- Fort Kennedy

We have recently in the past 3 years begun closely collaborating with the Tri-County Veterans Service Offices. We have also worked to re-establish participation in the Veterans Task force which was established in 2010 by Commissioner Diane McKeel to assess and identify the services provided to military Veterans in the county. This group was intended, or tasked to locate barriers and opportunities for change and improvement of services. The group was meeting monthly until the pandemic when the meetings were restructured to virtual, bi-monthly. There was a short break from June to October 2023 to identify agencies' shared goals to address gaps and make improvements. The work continues with new members joining. The Multnomah County Veterans Services team and outreach coordinator are actively working on identifying new and previously worked with community-based agencies to provide informational presentations about potential VA benefits they may be eligible for to the providers and their clients. New Providers: Portland Airforce National Guardsman, VA Neurological team, Portland Timbers Team, Fleet Week Coordinators, etc. Re-engaging with ODVA Coordinators, ADVSD Case Management/ LTSS teams, VA Suicide Prevention Team, Fort Kennedy, Portland State University, etc.

Finally, our objective to have the Veterans Directed Care (VDC) Service Coordinator maintain a 90-95% enrollment rate in the program where 25 slots is the maximum enrollment was completed. Multnomah County uses the hub-and-spoke model for our Veterans Directed Care (VDC) program. Multnomah County serves as the "hub" of administrative work and service coordination, and other agencies, like our own AAA, are the "spokes" who deliver services to Veterans in the different areas. We currently are the "hub" for the following areas: Clackamas, Washington, Klamath & Lake, RVCOG (Jackson and Josephine Counties), Douglas, and Coos/Curry. We currently are at a 93% enrollment rate.

Appendix E: Final updates on Service Equity Plan accomplishments

Service Equity goals

1. Establish Service Equity Advisory Workgroup
2. Workforce and Contractor Demographic Data
3. Workforce Outreach
4. Lived Experience and Expertise Compensation Model
5. Universal Client Registry (UCR) REALD Implementation
6. Data Source Inventory
7. Analysis of Consumer-related Qualitative Data

1. Establish Service Equity Advisory Workgroup.

This objective has proven the most challenging to complete due to the challenges in staffing, and recruitment efforts. ADVSD is committed to completing this goal, in order to advance the work on this objective ADVSD has completed the new design of the logo and flyers for this workgroup. This was done by hiring a Native-owned graphic design company. Additionally, we have engaged with translation partners to translate the recruitment flyer to 13 additional languages. The translation work has been completed. A new section in ADVSDs website will be created to mirror the ASAC and DSAC information and be accessible to the public.

With the current hiring process and work in the division we estimate that a new position will be assigned to the advisory councils during 2025, and will be able to launch recruitment efforts for the SEAW, work with advisory councils to develop a new onboarding plan, and complete with them the governance structure to align with the State and County rules and regulations.

2. Collect workforce and contractor demographic data.

This objective has proven challenging, since the different contractors for ADVSD might have a varying level of information collected or available for their workforce, volunteers, etc. At this point we have determined that this objective needs to be re-evaluated for consideration in future goals and objectives.

3. Develop and operationalize an outreach plan to increase diversity among ADVSD applicants across job classifications.

This objective has been completed. Some hard-to-fill positions were selected to apply the different approaches suggested to hiring and attracting a more diverse pool of applicants. The results were varied due to the complexity of the positions selected for

this pilot approach depending on the positions selected and their requirements. For example, some positions required certifications, making it more challenging to hire.

4. Finalize compensation guide for community members for participating in ADVSD research, evaluation, and other feedback activities.

This objective is completed, and the work continues as part of the division's portfolio. The compensation guide was completed, and will continue to be updated as needed. The guide is used when any applicable survey, interview, or focus group project is implemented for ADVSD programs. For example, for the preparation of this Area Plan 2025-2029, we utilized the guide to determine the amount of the gift cards for the community members that filled the Needs Assessment Survey and participated in in-person listening sessions.

5. Implement REALD demographic questions in the UCR (Multnomah County's system of record for tracking OAA services).

This objective is completed, and the work will be ongoing as part of the operations of ADVSD, since the UCR (Universal Client Registration) has connections to various other data systems and reporting streams, any changes in these systems result in updates needed to IT stored procedures.

6. Conduct Data Source Inventory to understand availability, reliability and comparability of demographic data across programs and services.

This objective has been completed. The Quality and Business Services team completed a comprehensive data source inventory and produced a report with the information and future considerations.

7. Gather, analyze, and share qualitative data from consumer feedback and experiences regarding the Transportation Assistance (TAP) and Family Caregiver Support (FCSP) Programs.

This objective has been completed. The preliminary results have been shared, and the input received has been incorporated. The results have been finalized and distributed. The results for the 2022 survey have been shared and feedback incorporated during the different advisory council scheduled meetings.

Appendix F: Emergency preparedness plans

Multnomah County' s Office of Emergency Management, related planning and operations can be consulted at: https://multco.us/departments/office-emergency-management

This plan is developed by Multnomah County Emergency Operations, and ADVSD participates in the implementation and support our vulnerable populations through the coordination of our Department of County Human Services.

Once an emergency is identified by Emergency Operations, ADVSD staff run reports that identify our most vulnerable clients in the risk area(s). The level of risk is determined using their SPL level, and risk factors as reported in Oregon Access.

The ADRC, our contractors, and case managers teams then make contact with the identified clients, through phone calls, emails, and texts. We follow previously identified risk plans for each client when a risk situation is identified (fires, cold, heath events, etc.).

ADRC will also provide additional connection to other resources available for clients. In some cases, ADVSD staff will also volunteer to drive clients to shelters or other identified spaces for their safety.

Appendix G: Conflict of Interest policy and procedures

The ethical standards that guide employees at Multnomah County, the Department of County Human Services, and at the Aging Disability and Veterans Services Division can be found in the Rule # 3-30 Code of Ethics, approved on 2-24-2017 A11Y, and available at: Rule # 3-30 Code of Ethics.

The code of ethics includes:
§ 3-30-010 Policy
§ 3-30-015 Definitions
§ 3-30-020 Prohibited Use of Position or Office
§ 3-30-025 Conflicts of Interest
§ 3-30-030 Honoraria
§ 3-30-035 Gifts
§ 3-30-040 Outside Employment
§ 3-30-045 Nepotism
§ 3-30-050 Procedure for Disclosure
§ 3-30-055 Sanctions

Appendix H: Partner Memorandums of Understanding

As partner Memorandums of Understanding only apply to Type A AAAs (Area Agency on Aging), this section does not apply to Multnomah County ADVSD as it is a Type B transfer AAA.

Appendix I: Statement of assurances and verification of intent

For the period of July 1, 2025 through June 30, 2029, the Multnomah County Aging, Disability, and Veterans Services Division (ADVSD) accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) as amended in 2020 (P.L. 116-131) and related state law and policy. Through the Area Plan, ADVSD shall promote the development of a comprehensive and coordinated system of services to meet the needs of older individuals and individuals with disabilities and serve as the advocacy and focal point for these groups in the Planning and Service Area. The Multnomah County Aging, Disability, and Veterans Services Division (ADVSD) 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.

OAA Section 306, Area Plans
(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—
(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the

use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(3)

(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4)

(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) 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 severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)

(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in

providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of Veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner

responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9)

(A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older 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 this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; 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;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212; (16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under Title VI in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under Title VI in fiscal year 2019.

Section 306 (e)

An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

The further assures that it will:

With respect to legal assistance —

(A)

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

(B) assure that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(C) give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

With respect to services for the prevention of abuse of older individuals—

(A) when carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent abuse of older individuals;

(ii) active participation of older individuals participating in programs under the OAA through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iii) referral of complaints to law enforcement or public protective service agencies where appropriate;

(B) will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

If a substantial number of the older individuals residing in the planning and service area are of limited English-speaking ability, the area agency on aging for each such planning and service area is required—

(A) to utilize in the delivery of outreach services under OAA section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under the OAA; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

Conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to OAA section 306(a)(7), for older individuals who—

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

Have policies and procedures regarding conflicts of interest and inform the State agency if any conflicts occur which impact service delivery. These policies and procedures must safeguard against conflicts of interest on the part of the area agency, area agency employees, governing board and advisory council members, and awardees who have responsibilities relating to the area agency's grants and contracts.

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 30- calendar day or greater time period for public review and comment on the Area Plan and a public hearing prior to submission of the Area Plan to ODHS. The Multnomah County Aging, Disability, and Veterans Services Division (ADVSD) 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.

Date	Irma Jimenez Division Director 2, Multnomah County Aging, Disability & Veterans Service Division Director
March, 6th, 2025 Date	Approved by Consensus ASAC and DSAC Advisory Council

Meeting minutes and approval vote:
https://multco.us/info/asac-meeting-minutes-fy-2025

Date

Irma Jimenez
Legal Contractor Authority
Division Director 2,
Multnomah County Aging, Disability & Veterans Service Division

Attachment C: Service matrix and delivery method

S **#5 Adult Day Care**
Funding Source: S OAA £ OPI £ Other Cash Funds
£ Contracted £ Self-provided
Contractor name and address (List all if multiple contractors):
- Mount Hood Adult Day Center (Direct Pay) 376 NE 219 Ave Gresham, OR 97030

S All the above are for-profit agencies.
Note if contractor is a "for-profit agency"

S **#20-2 Advocacy**
Funding Source: S OAA OPI S Other Cash Funds
S Contracted S Self-provided
Contractor name and address (List all if multiple contractors):
- Asian Health & Service Center, 9035 SE Foster Rd, Portland, OR 97266
- Community for Positive Aging (formerly Hollywood Senior Center), 1820 NE 40th Ave, Portland, OR 97212
- El Programa Hispano Católico, 333 SE 223rd Ave Ste 100, Gresham, OR 97030
- Friendly House, 2617 NW Savier St, Portland, OR 97210
- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220
- Impact NW, PO Box 33530, Portland, OR 97292
- Urban League of Portland, 10 N Russell St, Portland, OR 97227
- YWCA, PO Box 4587 Portland, OR 97208

Note if contractor is a "for-profit agency"

£ **#9 Assisted Transportation**
£ 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"

S **#16/16a Caregiver Case Management**
Funding Source: S OAA OPI S Other Cash Funds
S Contracted S Self-provided
Contractor name and address (List all if multiple contractors):
- Asian Health & Service Center, 9035 SE Foster Rd, Portland, OR 97266
- Community for Positive Aging (formerly Hollywood Senior Center), 1820 NE 40th Ave, Portland, OR 97212
- El Programa Hispano Católico, 333 SE 223rd Ave Ste 100, Gresham, OR 97030
- Friendly House, 2617 NW Savier St, Portland, OR 97210
- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220
- Impact NW, PO Box 33530, Portland, OR 97292
- Urban League of Portland, 10 N Russell St, Portland, OR 97227
- YWCA, PO Box 4587 Portland, OR 97208

Note if contractor is a "for-profit agency"
This service is provided and funded through Family Caregiver Case Management and Information and Assistance.

£ **#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"
This is funded under Caregiver Self-Directed Care.

S **#15/15a Caregiver Information Services/Information and Referral**
Funding Source: S OAA £ OPI S Other Cash Funds
S Contracted S Self-provided
Contractor name and address (List all if multiple contractors):
- Community for Positive Aging (formerly Hollywood Senior Center), 1820 NE 40th Ave, Portland, OR 97212
- Friendly House, 2617 NW Savier St, Portland, OR 97210
- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220
- Impact NW, PO Box 33530, Portland, OR 97292
- YWCA, PO Box 4587 Portland, OR 97208

Note if contractor is a "for-profit agency"
This service is provided and funded through Family Caregiver Case Management and Information and Assistance.

S **#30-5/30-5a Caregiver Respite**
Funding Source: S OAA £ OPI £ Other Cash Funds
£ Contracted £ Self-provided
Contractor name and address (List all if multiple contractors):
- Mount Hood Adult Day Center (Direct Pay) 376 NE 219 Ave Gresham, OR 97030

S All these are for-profit agencies.
Note if contractor is a "for-profit agency"
These services are provided through Caregiver Self-Directed Care and Caregiver Access Assistance.

£ **#73/73a Caregiver Self-Directed Care**
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"

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

Funding Source: S OAA £ OPI S Other Cash Funds
£ Contracted S Self-provided
Contractor name and address (List all if multiple contractors):
Note if contractor is a "for-profit agency"
These services are provided through Caregiver Self-Directed Care.

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

S **#70-9/70-9a Caregiver Training**
Funding Source: S OAA OPI S Other Cash Funds
S Contracted £ Self-provided
Contractor name and address (List all if multiple contractors):
- Community for Positive Aging (formerly Hollywood Senior Center), 1820 NE 40th Ave, Portland, OR 97212
- El Programa Hispano Católico, 333 SE 223rd Ave Ste 100, Gresham, OR 97030

Note if contractor is a "for-profit agency"

S **#6 Case Management**
Funding Source: S OAA S OPI S Other Cash Funds
S Contracted £ Self-provided
Contractor name and address (List all if multiple contractors):
- Asian Health & Service Center, 9035 SE Foster Rd, Portland, OR 97266
- El Programa Hispano Católico, 333 SE 223rd Ave Ste 100, Gresham, OR 97030
- Friendly House, 2617 NW Savier St, Portland, OR 97210
- Community for Positive Aging (formerly Hollywood Senior Center), 1820 NE 40th Ave, Portland, OR 97212
- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220
- Impact NW, PO Box 33530, Portland, OR 97292
- Native American Youth and Family Center, 5135 NE Columbia Blvd, Portland, OR 97218
- Urban League of Portland, 10 N Russell St, Portland, OR 97227
- YWCA, PO Box 4587 Portland, OR 97208

Note if contractor is a "for-profit agency"

S **#3 Chore (by agency)**
Funding Source: OAA S OPI £ Other Cash Funds
S Contracted £ Self-provided
Contractor name and address (List all if multiple contractors):
- Pegasus Social Services, 15120 NE Clackamas St Portland, OR 97230

S All the above are for-profit agencies.
- Store to Door, 7730 SW 31st Ave, Portland, OR 97219

Note if the contractor is a "for-profit agency"

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

S **#7 Congregate Meal**
Funding Source: S OAA £ OPI £ Other Cash Funds
S Contracted £ Self-provided
Contractor name and address (List all if multiple contractors):
- Asian Health & Service Center, 9035 SE Foster Rd, Portland, OR 97266
- El Programa Hispano Católico, 333 SE 223rd Ave Ste 100, Gresham, OR 97030
- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220
- Meals on Wheels People, 7710 SW 31st Ave, Portland OR 97280
- Native American Youth and Family Center, 5135 NE Columbia Blvd, Portland, OR 97218
- Stone Soup PDX, 306 NW Broadway, Portland, OR 97209

Note if contractor is a "for-profit agency"

S **#80-4 Consumable Services**
Funding Source: OAA OPI S Other Cash Funds
£ Contracted £ Self-provided
Contractor name and address (List all if multiple contractors):
Note if contractor is a "for-profit agency"
This is provided as rent assistance under Safety Net program and direct client assistance through ARPA funds.

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

S **#50-3 Elder Abuse Awareness and Prevention**
Funding Source: S OAA £ OPI S Other Cash Funds
£ Contracted S 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"

£ **#40-4 Health Promotion: Evidence Based (Access)**
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"

S **#40-2 Health Promotion: Evidence-Based (40-2 Physical Activity and Falls Prevention)**
Funding Source: S OAA £ OPI £ Other Cash Funds
S Contracted £ Self-provided
Contractor name and address (List all if multiple contractors):
- Asian Health & Service Center, 9035 SE Foster Rd, Portland, OR 97266
- Community for Positive Aging (formerly Hollywood Senior Center), 1820 NE 40th Ave, Portland, OR 97212
- El Programa Hispano Católico, 333 SE 223rd Ave Ste 100, Gresham, OR 97030
- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220
- Impact NW, PO Box 33530, Portland, OR 97292
- Native American Youth and Family Center, 5135 NE Columbia Blvd, Portland, OR 97218
- Somali American Council of Oregon, 1151 NE 122nd Ave #7, Portland, OR 97233

Note if contractor is a "for-profit agency"
This is provided through Evidence-Based health Promotion.

#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"

S **#71 Chronic Disease Prevention, Management/Education**
Funding Source: S OAA £ OPI £ Other Cash Funds
S Contracted £ Self-provided
Contractor name and address (List all if multiple contractors):
- Asian Health & Service Center, 9035 SE Foster Rd, Portland, OR 97266
- Community for Positive Aging (formerly Hollywood Senior Center), 1820 NE 40th Ave, Portland, OR 97212
- Native American Youth and Family Center, 5135 NE Columbia Blvd, Portland, OR 97218
- Somali American Council of Oregon, 1151 NE 122nd Ave #7, Portland, OR 97233

Note if contractor is a "for-profit agency"

S **#40-3 Health Promotion: Non-Evidence-Based (Access)**
Funding Source: S OAA OPI Other Cash Funds
S Contracted £ Self-provided
Contractor name and address (List all if multiple contractors):
- Asian Health & Service Center, 9035 SE Foster Rd, Portland, OR 97266
- Cascade AIDS Project, 520 NW Davids St, Suite 215, Portland OR 97209
- Community for Positive Aging (formerly Hollywood Senior Center), 1820 NE 40th Ave, Portland, OR 97212

- El Programa Hispano Católico, 333 SE 223rd Ave Ste 100, Gresham, OR 97030
- Elder Pride Services, 1737 NW 26th Avenue, Portland OR 97210
- Friendly House, 2617 NW Savier St, Portland, OR 97210
- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220
- Impact NW, PO Box 33530, Portland, OR 97292
- Native American Rehabilitation Association, PO 1569, Portland, OR 97205
- Native American Youth and Family Center, 5135 NE Columbia Blvd, Portland, OR 97218
- Neighborhood House (partner agency), 7688 SW Capitol Highway, Portland, OR 97219
- Urban League of Portland, 10 N Russell St, Portland, OR 97227
- YWCA, PO Box 4587 Portland, OR 97208

Note if contractor is a "for-profit agency"
This is provided through Focal Point providers.

£ **#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"

S **#40-5 Health Promotion: Non-Evidence-Based (In-Home)**
Funding Source: £ OAA S OPI S Other Cash Funds
S Contracted £ Self-provided
Contractor name and address (List all if multiple contractors):
Note if contractor is a "for-profit agency"

- Asian Health & Service Center, 9035 SE Foster Rd, Portland, OR 97266
- El Programa Hispano Católico, 333 SE 223rd Ave Ste 100, Gresham, OR 97030
- Friendly House, 2617 NW Savier St, Portland, OR 97210
- Community for Positive Aging (formerly Hollywood Senior Center), 1820 NE 40th Ave, Portland, OR 97212
- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220
- Impact NW, PO Box 33530, Portland, OR 97292
- Native American Youth and Family Center, 5135 NE Columbia Blvd, Portland, OR 97218
- Urban League of Portland, 10 N Russell St, Portland, OR 97227
- YWCA, PO Box 4587 Portland, OR 97208

As budget allows this service is provided to OPI consumers.

£ **#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"
This was in the Adult Care Home Program and paid for with federal ARPA funds.

S **#4 Home-Delivered Meal**

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

- Ecumenical Ministries of Oregon, 0245 SW Bancroft St Ste B, Portland, OR 97239

Meals on Wheels People, 7710 SW 31st Ave, Portland OR 97280
Note if contractor is a "for-profit agency"

£ **#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"

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

- GERAS (dba Family Care Resources), 6901 SE Lake Rd Ste 22, Milwaukie, OR 97267
- Caregivers NW, 4804 NE 106th Ave, Portland, OR 97220
- Home Instead Senior Care (dba as HD Industries) 9640 SW Sunshine Ct Ste 400, Beaverton, OR 97005
- Visiting Angels (dba Meany Family Home Care), 5257 NE MLK Jr. Blvd Ste 102 Portland, OR 97211

S All the above are for-profit agencies.
Note if contractor is a "for-profit agency"

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

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

- Asian Health & Service Center, 9035 SE Foster Rd, Portland, OR 97266
- El Programa Hispano Católico, 333 SE 223rd Ave Ste 100, Gresham, OR 97030
- Friendly House, 2617 NW Savier St, Portland, OR 97210
- Community for Positive Aging (formerly Hollywood Senior Center), 1820 NE 40th Ave, Portland, OR 97212
- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220
- Impact NW, PO Box 33530, Portland, OR 97292
- Philipino Bayanihan Center, 1537 SE Morrison St, Portland, OR 97214
- Urban League of Portland, 10 N Russell St, Portland, OR 97227
- YWCA, PO Box 4587 Portland, OR 97208

Note if contractor is a "for-profit agency"

S **#60-5 Interpreting/Translation**

Funding Source: S OAA £ OPI S Other Cash Funds
S Contracted £ Self-provided
Contractor name and address (List all if multiple contractors):
- Linguava Interpreters, 12106 NE Marx St. Portland, OR 97220
- Passport to Languages, 3912 SW 43rd Ave, Portland, 97221
- United Language Group, 620 SW 5th Ave, Ste 710, Portland, OR 97204

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

Note if contractor is a "for-profit agency"

S **#11 Legal Assistance (50-1 Guardianship/Conservatorship)**
Funding Source: S OAA £ OPI S Other Cash Funds
S Contracted £ Self-provided
Contractor name and address (List all if multiple contractors):
- Legal Aid Services of Oregon, 520 SW 6th Ave, Ste 1130, Portland, OR 97204

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

S **#50-3 Elder Abuse Awareness and Prevention**
Funding Source: S OAA £ OPI S Other Cash Funds
£ Contracted S 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 (LTCO)**
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"

£ **#8 Nutrition Counseling**
Funding Source: £ OAA £ OPI £ Other Cash Funds
£ Contracted £ Self-provided
Contractor name and address (List all if multiple contractors): Currently in process of seeking a nutrition consultant.
Note if contractor is a "for-profit agency"

S **#12 Nutrition Education**

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

- Asian Health & Service Center, 9035 SE Foster Rd, Portland, OR 97266
- El Programa Hispano Católico, 333 SE 223rd Ave Ste 100, Gresham, OR 97030
- Ecumenical Ministries of Oregon, 0245 SW Bancroft St, Ste B, Portland, OR 97239
- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220
- Meals on Wheels People, 7710 SW 31st Ave, Portland OR 97280
- Native American Youth and Family Center, 5135 NE Columbia Blvd, Portland, OR 97218
- Stone Soup PDX, 306 NW Broadway, Portland, OR 97209

Note if contractor is a "for-profit agency"
This service is provided and funded as a part of Congregate and Home Delivered Meals

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

- Asian Health & Service Center, 9035 SE Foster Rd, Portland, OR 97266
- El Programa Hispano Católico, 333 SE 223rd Ave Ste 100, Gresham, OR 97030
- Friendly House, 2617 NW Savier St, Portland, OR 97210
- Community for Positive Aging (formerly Hollywood Senior Center), 1820 NE 40th Ave, Portland, OR 97212
- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220
- Impact NW, PO Box 33530, Portland, OR 97292
- Native American Youth and Family Center, 5135 NE Columbia Blvd, Portland, OR 97218
- Urban League of Portland, 10 N Russell St, Portland, OR 97227
- YWCA, PO Box 4587 Portland, OR 97208

Note if contractor is a "for-profit agency"

£ **#900 Other – Computer Technology Expense**
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"

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

- Asian Health & Service Center, 9035 SE Foster Rd, Portland, OR 97266
- Cascade AIDS Project, 520 NW Davids St, Suite 215, Portland OR 97209
- Community for Positive Aging (formerly Hollywood Senior Center), 1820 NE 40th Ave, Portland, OR 97212
- El Programa Hispano Católico, 333 SE 223rd Ave Ste 100, Gresham, OR 97030

- Elder Pride Services, 1737 NW 26th Avenue, Portland OR 97210
- Friendly House, 2617 NW Savier St, Portland, OR 97210
- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220

Impact NW, PO Box 33530, Portland, OR 97292

- Native American Rehabilitation Association, PO 1569, Portland, OR 97205
- Native American Youth and Family Center, 5135 NE Columbia Blvd, Portland, OR 97218
- Neighborhood House (partner agency), 7688 SW Capitol Highway, Portland, OR 97219
- Urban League of Portland, 10 N Russell St, Portland, OR 97227
- YWCA, PO Box 4587 Portland, OR 97208

Note if contractor is a "for-profit agency"
This is funded through Focal Point Services.

£ **#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"

S **#80-5 Money Management**
Funding Source: OAA £ OPI S Other Cash Funds
£ Contracted S Self-provided
Contractor name and address (List all if multiple contractors):
Note if contractor is a "for-profit agency"
This is provided through the Oregon Money Management Program.

£ **#80-6 Center Renovation/Acquisition**
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"

£ **#901 Other (Specify)**
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"

S **#14 Outreach**

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

- Asian Health & Service Center, 9035 SE Foster Rd, Portland, OR 97266
- Cascade AIDS Project, 520 NW Davids St, Suite 215, Portland OR 97209
- Community for Positive Aging (formerly Hollywood Senior Center), 1820 NE 40th Ave, Portland, OR 97212
- El Programa Hispano Católico, 333 SE 223rd Ave Ste 100, Gresham, OR 97030
- Elder Pride Services, Portland, 1737 NW 26th Avenue, Portland OR 97210
- Friendly House, 2617 NW Savier St, Portland, OR 97210
- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220
- Impact NW, PO Box 33530, Portland, OR 97292
- Native American Rehabilitation Association, PO 1569, Portland, OR 97205
- Native American Youth and Family Center, 5135 NE Columbia Blvd, Portland, OR 97218
- Neighborhood House (partner agency), 7688 SW Capitol Highway, Portland, OR 97219
- Philipino Bayanihan Center, 1537 SE Morrison St, Portland, OR 97214
- Urban League of Portland, 10 N Russell St, Portland, OR 97227
- YWCA, PO Box 4587 Portland, OR 97208

Note if contractor is a "for-profit agency"
This service is provided and funded through Focal Point and Information and Assistance.

£ **#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"

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

- Asian Health & Service Center, 9035 SE Foster Rd, Portland, OR 97266
- Community for Positive Aging (formerly Hollywood Senior Center), 1820 NE 40th Ave, Portland, OR 97212
- El Programa Hispano Católico, 333 SE 223rd Ave Ste 100, Gresham, OR 97030
- Friendly House, 2617 NW Savier St, Portland, OR 97210
- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220
- Impact NW, PO Box 33530, Portland, OR 97292
- Native American Rehabilitation Association, PO 1569, Portland, OR 97205
- Native American Youth and Family Center, 5135 NE Columbia Blvd, Portland, OR 97218
- Neighborhood House (partner agency), 7688 SW Capitol Highway, Portland, OR 97219
- Q Center, 4115 N Mississippi Avenue, Portland, OR 97217
- SAGE Metro Portland, 1737 NW 26th Avenue, Portland OR 97210
- Urban League of Portland, 10 N Russell St, Portland, OR 97227
- YWCA, PO Box 4587 Portland, OR 97208

Note if contractor is a "for-profit agency"
Provided through Focal Point services.

S **#1 Personal Care (by agency)**
Funding Source: S OAA S OPI S Other Cash Funds
S Contracted £ Self-provided
Contractor name and address (List all if multiple contractors):
- GERAS (dba Family Care Resources), 6901 SE Lake Rd Ste 22, Milwaukie, OR 97267
- Caregivers NW, 4804 NE 106th Ave, Portland, OR 97220
- Home Instead Senior Care (dba as HD Industries), 9640 SW Sunshine Ct Ste 400, Beaverton, OR 97005
- Visiting Angels (dba Meany Family Home Care), 5257 NE MLK Jr. Blvd Ste 102, Portland, OR 97211

S All the above are for-profit agencies.
Note if contractor is a "for-profit agency"

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

S **#20-3 Program Coordination & Development**
Funding Source: S OAA £ OPI S Other Cash Funds
£ Contracted £ Self-provided
Contractor name and address (List all if multiple contractors):
- Asian Health & Service Center, 9035 SE Foster Rd, Portland, OR 97266
- Cascade AIDS Project, 520 NW Davids St, Suite 215, Portland OR 97209
- Community for Positive Aging (formerly Hollywood Senior Center), 1820 NE 40th Ave, Portland, OR 97212
- El Programa Hispano Católico, 333 SE 223rd Ave Ste 100, Gresham, OR 97030
- Elder Pride Services, 1737 NW 26th Avenue, Portland OR 97210
- Friendly House, 2617 NW Savier St, Portland, OR 97210
- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220
- Impact NW, PO Box 33530, Portland, OR 97292
- Native American Rehabilitation Association, PO 1569, Portland, OR 97205
- Native American Youth and Family Center, 5135 NE Columbia Blvd, Portland, OR 97218
- Neighborhood House (partner agency), 7688 SW Capitol Highway, Portland, OR 97219
- Philipino Bayanihan Center, 1537 SE Morrison St, Portland, OR 97214
- Somali American Council of Oregon, 1151 NE 122nd Ave #7, Portland, OR 97233
- Urban League of Portland, 10 N Russell St, Portland, OR 97227
- YWCA, PO Box 4587 Portland, OR 97208

Note if contractor is a "for-profit agency"
This is provided under Focal Point Services.

S **#60-3 Reassurance**

Funding Source: S OAA £ OPI £ Other Cash Funds
S Contracted S Self-provided
Contractor name and address (List all if multiple contractors):
- Asian Health & Service Center, 9035 SE Foster Rd, Portland, OR 97266
- Cascade AIDS Project, 520 NW Davids St, Suite 215, Portland OR 97209
- Community for Positive Aging (formerly Hollywood Senior Center), 1820 NE 40th Ave, Portland, OR 97212
- El Programa Hispano Católico, 333 SE 223rd Ave Ste 100, Gresham, OR 97030
- Elder Pride Services, 1737 NW 26th Avenue, Portland OR 97210
- Friendly House, 2617 NW Savier St, Portland, OR 97210
- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220
- Impact NW, PO Box 33530, Portland, OR 97292
- Native American Rehabilitation Association, PO 1569, Portland, OR 97205
- Native American Youth and Family Center, 5135 NE Columbia Blvd, Portland, OR 97218
- Neighborhood House (partner agency), 7688 SW Capitol Highway, Portland, OR 97219
- Urban League of Portland, 10 N Russell St, Portland, OR 97227
- YWCA, PO Box 4587 Portland, OR 97208

Note if contractor is a "for-profit agency"
This is funded through Focal Point Services.

S **#30-4 Respite Care (IIIB/OPI)**
Funding Source: £ OAA S OPI £ Other Cash Funds
S Contracted £ Self-provided
Contractor name and address (List all if multiple contractors):
- Mount Hood Adult Day Center (Direct Pay) 376 NE 219 Ave

Note if contractor is a "for-profit agency"

£ **#72 Self-Directed Care**
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"

S **#80-1 Senior Center Assistance**
Funding Source: S OAA £ OPI £ Other Cash Funds
S Contracted S Self-provided
Contractor name and address (List all if multiple contractors):
- Asian Health & Service Center, 9035 SE Foster Rd, Portland, OR 97266
- Cascade AIDS Project, 520 NW Davids St, Suite 215, Portland OR 97209
- Community for Positive Aging (formerly Hollywood Senior Center), 1820 NE 40th Ave, Portland, OR 97212
- El Programa Hispano Católico, 333 SE 223rd Ave Ste 100, Gresham, OR 97030
- Friendly House, 2617 NW Savier St, Portland, OR 97210
- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220

- Impact NW, PO Box 33530, Portland, OR 97292
- Native American Rehabilitation Association, PO 1569, Portland, OR 97205
- Native American Youth and Family Center, 5135 NE Columbia Blvd, Portland, OR 97218
- Philipino Bayanihan Center, 1537 SE Morrison St, Portland, OR 97214
- Urban League of Portland, 10 N Russell St, Portland, OR 97227
- YWCA, PO Box 4587 Portland, OR 97208

Note if contractor is a "for-profit agency"

S **#10 Transportation**

Funding Source: S OAA S OPI S Other Cash Funds

S Contracted £ Self-provided

Contractor name and address (List all if multiple contractors):

- Asian Health Services Center, 9035 SE Foster Rd, Portland, OR 97266
- El Programa Hispano Católico, 333 SE 223rd Ste 100, Gresham, OR 97030
- Friendly House, 2617 NW Savier St, Portland, OR 97210
- Community for Positive Aging (formerly Hollywood Senior Center), 1820 NE 40th Ave, Portland, OR 97212
- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220
- Impact NW, PO Box 33530, Portland, OR 97292
- YWCA, PO Box 4587 Portland, OR 97208
- Radio Cab (for profit agency), 1613 NW Kearney St, Portland, OR 97209
- Ride Connection, 9955 NE Glisan St, Portland, OR 97220
- TriMet, 4012 SE 17th Ave, Portland, OR 97202

Note if contractor is a "for-profit agency"

S **#60-4 Volunteer Services**

Funding Source: £ OAA £ OPI S Other Cash Funds

S Contracted S Self-provided

Contractor name and address (List all if multiple contractors):

- Asian Health & Service Center, 9035 SE Foster Rd, Portland, OR 97266
- Cascade AIDS Project, 520 NW Davids St, Suite 215, Portland OR 97209
- Community for Positive Aging (formerly Hollywood Senior Center), 1820 NE 40th Ave, Portland, OR 97212
- El Programa Hispano Católico, 333 SE 223rd Ave Ste 100, Gresham, OR 97030
- Elder Pride Services, 1737 NW 26th Avenue, Portland OR 97210
- Friendly House, 2617 NW Savier St, Portland, OR 97210
- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220
- Impact NW, PO Box 33530, Portland, OR 97292
- Native American Rehabilitation Association, PO 1569, Portland, OR 97205
- Native American Youth and Family Center, 5135 NE Columbia Blvd, Portland, OR 97218
- Neighborhood House (partner agency), 7688 SW Capitol Highway, Portland, OR 97219
- Urban League of Portland, 10 N Russell St, Portland, OR 97227
- YWCA, PO Box 4587 Portland, OR 97208

Note if contractor is a "for-profit agency"
This is funded through Focal Point Services.

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

- Asian Health & Service Center, 9035 SE Foster Rd, Portland, OR 97266
- Cascade AIDS Project, 520 NW Davids St, Suite 215, Portland OR 97209
- Community for Positive Aging (formerly Hollywood Senior Center), 1820 NE 40th Ave, Portland, OR 97212
- El Programa Hispano Católico, 333 SE 223rd Ave Ste 100, Gresham, OR 97030
- Elder Pride Services, 1737 NW 26th Avenue, Portland OR 97210
- Friendly House, 2617 NW Savier St, Portland, OR 97210
- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220
- Impact NW, PO Box 33530, Portland, OR 97292
- Native American Rehabilitation Association, PO 1569, Portland, OR 97205
- Native American Youth and Family Center, 5135 NE Columbia Blvd, Portland, OR 97218
- Neighborhood House (partner agency), 7688 SW Capitol Highway, Portland, OR 97219
- Philipino Bayanihan Center, 1537 SE Morrison St, Portland, OR 97214
- Urban League of Portland, 10 N Russell St, Portland, OR 97227
- YWCA, PO Box 4587 Portland, OR 97208

Note if contractor is a "for-profit agency"
This is provided under Focal Point Services.

Appendix K: 2025-2029 Area Plan Needs Assessment results

Survey background

A mixed methods needs assessment survey was created by Multnomah County Department of County Human Services Aging, Disability & Veteran Services Division (ADVSD) researchers to evaluate how diverse populations of people within the county, particularly older adults, access social services. The needs assessment survey contributed to the development of Multnomah County's Area Plan on Aging for 2025-2029, as required by the federal Older Americans Act. The anonymous survey included 64 questions that captured demographic information and respondents' awareness and use of various Multnomah County services in seven main areas: food and nutrition, health, caregiving, transportation, information and referral, legal assistance and elder rights protection, and services for older Native Americans. Respondents were compensated for their participation with a $20 gift card to Target, Safeway/Albertson's, or Fred Meyer.

The survey was published online via Qualtrics, and available in print form by request, in 13 languages: Arabic, Chinese Simplified, Chinese Traditional, English, Korean, Lao, Romanian, Russian, Somali, Spanish, Tagalog, Thai, Ukrainian, and Vietnamese. Advertisement efforts included a webpage on the Multnomah County website, paid advertisements on Facebook, and outreach through the Multnomah County Library, and community partners like Home Forward, Coalition for Communities of Color, and others. The survey was active from October 1, 2024, and was closed on October 28, 2024. Thirty-four respondents completed the survey on paper. The survey gathered 2,410 responses, of which 1,808 were included in our analysis. Six hundred and two responses did not meet one or more of the following inclusion criteria:

- Selected "Yes," agreeing to participate and provided a zip code in Multnomah County + zip codes in 30-mile radius,
- aged 50+
- or aged 18-49 with a disability, someone who served in the military, as a caregiver, Native American or Alaska Native, identifying as an immigrant or refugee, LGBTQ+, or unhoused/homeless.

It is important to note that while 50+ is the age cutoff for inclusion, people that identify as Native American/Alaska Native or as members of the LGBTQ+ community may have fewer community members that reach the 50+ threshold, given persistent structural inequalities that contribute to health disparities and higher mortality rates at younger ages. Each respondent, as categorized by a unique response identification number, represents a unit of analysis. Note that all percentages are rounded to the nearest whole percent so some totals do not add up to 100%.

Table 1: Respondents by age

Respondent Age	Percent of Respondents
18-49	13%
50-54	12%
55-59	13%
60-64	12%
65-74	31%
75-84	17%
85 or above	4%

Table 2: Race/ethnicity of respondents

Respondent Race/Ethnicity	Percent of Respondents
Asian	11%
Black or African American	6%
Hispanic or Latino/a/e/x	5%
Native American and Alaska Native	8%
Native Hawaiian and Pacific Islander	<1%
Middle Eastern/North African	<1%
White	46%
Prefer to self-describe	4%

Skipped: 13%, Missing: 25%

Table 3: Gender of respondents

Respondent Gender	Percent of Respondents
Woman	47%
Man	24%
Nonbinary	2%
Genderqueer	1%
Genderfluid	1%
Two Spirit	<1%
Questioning/Exploring	<1%
Agender	<1%
Gender not listed	1%
Gender specific to ethnicity	<1%

Don't know what this question is asking: 1%, Skipped: 9%, Missing: 25%

Table 4: Transgender respondents

Transgender Respondents	Percent of Respondents
Transgender	2%

Cisgender	67%

Don't know what this question is asking: 1%, Skipped: 3% Missing: 25%

Table 5: Disability status of respondents

Respondent Disability Status	Percent of Respondents
Person with a disability	44%
No reported disability	51%

Skipped: 5%

Table 6: Veteran status of respondents

Respondent Veteran Status	Percent of Respondents
Veteran	15%
Not a Veteran	84%

Skipped: <1%

Table 7: Caregiver status of respondents

Respondent Caregiver Status	Percent of Respondents
Caregiver	40%
Not a caregiver	46%

Skipped: 1%, Missing: 13%

Table 8: Caregiving recipients

If Caregiving, Caring for:	Percent of Respondents
Someone 60 or older	22%
Someone with Alzheimer's/dementia	1%
A grandchild/minor	8%
An adult with a disability	14%

Skipped: 26%, Missing: 63%

Table 9: Respondent food security

Food Security: Days per month without enough to eat	Percent of Respondents
Most days	9%
Once or twice a week	7%
Once or twice a month	17%
Never	58%

Skipped: 3%, Missing: 6%

Table 10: Respondent housing status

Respondents Experiencing Houselessness	Percent of Respondents
Houseless	3%
Housed	73%

Skipped: 2%, Missing: 22%

Table 11: Respondent primary language

Primary Language	Percent of Respondents
American Sign Language	<1%
Amharic	<1%
Chinese Simplified	8%
Chinese Traditional	1%
English	60%
Korean	<1%
Romanian	<1%
Russian	1%
Spanish	2%
Tagalog	<1%
Ukrainian	1%
Vietnamese	<1%
Other	1%

Skipped: 1%, Missing: 25%

Table 12: Respondent sexual orientation

Sexual Orientation	Percent of Respondents
Asexual spectrum	1%
Bisexual	4%
Gay or homosexual	2%
Straight or heterosexual	51%
Lesbian	3%
Queer	2%
Pansexual	1%
Questioning/Exploring	<1%
Prefer to self-describe	1%

Skipped: 4%, Don’t know what this question is asking: 5%, Missing: 25%

Table 13: Annual income by household size, household of 1

Annual Income	Percent of Respondents
$15,060 or less	8%
$15,061 - $37,650	7%
$37,651 - $60,240	4%
$60,241 or above	3%

Missing: 22%

Table 14: Annual income by household size, household of 2

Annual Income	Percent of Respondents
$20,440 or less	7%
$20,441 - $51,100	7%
$51,101 - $81,760	3%
$81,761 or above	6%

Missing: 22%

Table 15: Annual income by household size, household of 3

Annual Income	Percent of Respondents
$25,820 or less	2%
$25,821 - $64,550	4%
$64,550 - $103,280	2%
$103,281 or above	1%

Missing: 22%

Table 16: Annual income by household size, household of 4

Annual Income	Percent of Respondents
$31,200 or less	1%
$31,201 - $78,000	3%
$78,001 - $124,800	3%
$124,801 or above	1%

Missing: 22%

Table 17: Annual income by household size, household of 5+

Annual Income	Percent of Respondents
$36,580 or less	3%
$36,581 - $91,450	2%
$91,451 - $146,320	1%
$146,321 or above	2%

Missing: 22%

Needs Assessment results: Summary of key results

The results for this summary report are from the 1,808 individuals who responded to the 2024 Needs Assessment survey.

- Eighty-nine percent of respondents were aged 50 or above, 47% identified as women, and approximately 30% identified as people of color.
- Fifteen percent of respondents identified as Veterans, 44% reported having a disability, and 3% were experiencing homelessness.

- Fourteen percent of respondents identified with sexual orientations other than heterosexual or straight, and 2% identified as transgender.
- Forty percent of respondents identified as caregivers or helpers, with 22% caring for someone 60 years or older, 14% caring for an adult with a disability, and 8% caring for a grandchild or other minor.
- Sixty percent of respondents shared that their primary language was English, with 8% of respondents stating that their primary language was Chinese Simplified, the second most common primary language in the sample.
- Nearly half of respondents (49%) have two or fewer people in their household, and 21% of respondents are at or below the 100% federal poverty level, based on the number of people in their household. Thirteen percent of respondents live at or below the 250% federal poverty level.
- Respondents were asked how their identities influence how service providers treat them and how their identities affect their ability to access services. Respondents most commonly cited age, primary language, and race/ethnicity as salient identities where they face disrespect and would like commonality with their providers.

The rest of the report shares the experiences of the seven core service areas evaluated in the Needs Assessment overall and then by race. The seven core service areas include: food and nutrition, health, caregiving, transportation, information and referral (ADRC), legal assistance and elder rights protection, and services for older Native Americans. Below are some trends from these results before each group's results are shared.

- A major trend is the persistent and large drop-off from respondents indicating that they know a service exists and knowing how to access it. While respondents may be aware of a service–still at relatively low levels–they do not know how to get that service at equal rates. Larger differences are visible within specific racial groups, but as a combined sample, the largest gaps between respondents' knowledge of a service and their knowledge of how to access it were found in:
  - Health services calls and visits to make sure people are safe and well, 45% to 20%
  - Caregiving services peer support groups: 44% to 18%
  - Legal assistance services help protecting self or others from abuse and neglect (Multnomah County Adult Protective Services): 50% to 26%

- Further investigation is needed to understand why respondents use services at such low rates compared to their knowledge of them, and their reported benefit from using them. These low rates may be partly explained by respondents' low levels of knowledge about how to access services.

Interpreting the survey results

Results from this survey only reflect the ideas and opinions of the community members who responded to the survey and should not be used to represent the broader population, groups, or individuals in Multnomah County. This limitation is due to issues of survey access, sampling technique, the number of responses collected, and differences between respondent characteristics compared to known overall population characteristics.

Although not generalizable, the power of these results comes from the specific perspectives and detailed input voiced through this survey. These results, along with other information from the Needs Assessment, provide ADVSD with valuable insight into the needs and priorities of community members, as well as how those priorities may differ among communities and identities. These insights have and will continue to inform ADVSD's exploration and comprehensive planning to address community needs and service gaps over the next four years.

Experiences with nutrition services

After answering questions about their experiences with food and nutrition in Multnomah County, respondents were asked: What else would you like us to know about food needs for you and your community? They left rich feedback in response to this question, that can be summarized in three main themes: (1) the unaffordability of food, (2) the need for more diverse food assistance (in terms of type of food, locations of food services, and food assistance programs), and (3) the need for direct outreach about food and nutrition assistance in the county.

First, many respondents shared that the cost of foods, especially fresh foods, healthy foods, and dietary specific foods, are too high for limited budgets. SNAP benefits and fixed incomes like social security are not keeping up. One white, disabled woman over 60 put it plainly: "I run out of money before I run out of month." The amount of money provided through SNAP is not enough and people are not always eligible even though they need it. People have to skip meals and go hungry because they do not have enough food. Some note that while they can afford enough food now, they anticipate struggling in the future.

Second, respondents expressed the need for more diverse food assistance (in terms of type of foods, locations of food services, and food assistance programs). Food assistance programs like pantries, congregate meal programs, home delivered meals (Meals on Wheels), grocery shopping/delivery are essential. However, these services have barriers to accessing/or utilizing them and are often insufficient to fully meet people's needs.

- Pantries: Difficult to access with long lines and wait times outside, limited food selection, safety concerns, and long distances required to travel there and back.

- Congregate meals: Community connection is valued. There can be limited food options and long distances required to travel to locations, and some are concerned about COVID-19 risks of gathering.
- Home delivered meals/groceries: Delivery is needed and appreciated by many who are homebound or unable to travel to get food. Prepared meal options can be limited and repetitive, especially for those with more dietary constraints.

Many individuals noted that the reach of food assistance programs need to be expanded to serve more people. One respondent over 65 years of age noted, "I'm 2 blocks outside of the store-to-door boundary. I wish it could expand. I had it before and love it!" A white, disabled man over 65 reflected, "East County remains a food desert. We have fewer choices and higher prices." The lack of nearby food sources in food deserts (i.e. lack of grocery stores and farmers markets, distance to pantries and meal sites) combined with difficulty accessing distant locations due to mobility/transportation barriers prevents many from meeting their food and nutritional needs. Meal delivery and grocery delivery are essential for these individuals and communities.

In terms of food diversity, one size does not fit all. The food options available through services (pantries, congregate meals programs, and home delivered meals) are limited and do not meet everyone's nutritional needs and preferences. Respondents are asking for:

- More nutritious and fresh foods instead of canned or processed foods (e.g. produce, vegetables, fruits, meat)
- Foods that align with 'healthier' dietary preferences (e.g. vegetarian/vegan, organic, plant based)
- Foods that meet the dietary requirements of health conditions (e.g. diabetes, allergies, autism)
- Culturally specific or appropriate food options (e.g. African, Indigenous, Native American)

Lastly, a large number of respondents indicated that they do not know about the food and nutrition services that Multnomah County offers, and that they need more information, directly provided to them, about how to access these services. One white, female respondent over 75 years old shared, "I KNOW that the services listed on the previous page probably exist, but if I needed them I'm NOT sure how to access them. I'd need to do some searching on the web (which I always find VERY confusing!)" Ultimately, county residents need more information on what food/nutrition help is available and how to access it. Many need direct outreach and the information provided directly to them, instead of them having to find it on their own (e.g. online). Some people are ashamed to ask for help.

Respondents were asked about their experiences with food and nutrition services in Multnomah County. They were asked to select all that apply from the following statements: I **know** this service exists; I know how to **get** this service; I currently **use** or **have used** this service; and I would **benefit** from this service **now** or in the **next 5 years**. Responses are provided first with all respondents, and then by race/ethnicity.

Less than half of respondents know that nutrition services exist. The gap between knowing about a service and knowing how to access it is about equal for each of the four services shared. More respondents reported that they would benefit from Store to Door than other services.

Total Respondents (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100% and are often above the analytic sample of 1,808.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Group Meals at Dining Sites (n=1,958)	46% (894)	23% (442)	11% (208)	21% (414)
Prepared meals delivered to your home (n=1,732)	45% (777)	23% (404)	10% (166)	22% (385)
Culturally sensitive nutrition planning and education (n=1,201)	44% (531)	22% (258)	9% (110)	25% (302)
Store to Door (n=1,502)	39% (583)	19% (292)	11% (165)	31% (462)

Most Asian respondents report knowing about group meals at dining sites (72%). The fewest respondents know how to access the Store to Door service (19%). Despite differences in response rates, respondents indicate that they would benefit from all nutrition services at a 30% average.

Respondents who identify as Asian (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Group Meals at Dining Sites (n=177)	72% (127)	29% (52)	19% (33)	26% (46)
Prepared meals delivered to your home (n=140)	68% (95)	22% (31)	7% (10)	28% (39)
Culturally sensitive nutrition planning and education (n=119)	57% (68)	27% (32)	6% (7)	33% (39)
Store to Door (n=130)	67% (87)	19% (24)	14% (18)	32% (42)

More Black and African American respondents report knowing about group meals at dining sites (62%) when compared to other nutrition services. Similar to other groups, there is a large drop between knowledge about a service and knowledge of how to access that service. A larger proportion of respondents (30%) say they would benefit from culturally sensitive nutrition planning and education compared to other services.

Respondents who identify as Black and African American (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Group Meals at Dining Sites (n=96)	62% (59)	34% (33)	10% (10)	18% (17)
Prepared meals delivered to your home (n=89)	52% (46)	33% (29)	20% (18)	23% (20)
Culturally sensitive nutrition planning and education (n=88)	41% (36)	23% (20)	16% (14)	35% (31)
Store to Door (n=88)	43% (38)	27% (24)	19% (17)	30% (26)

More Hispanic and Latino/a/e/x respondents (58%) report knowing about group meals at dining sites when compared to other nutrition services. Similar to other groups, there is a large drop between knowledge about a service and knowledge of how to access that service. While the counts differ, respondents indicate that they would benefit from group meals at dining sites and culturally sensitive nutrition planning and education at the same percentage (45%).

Respondents who identify as Hispanic and Latino/a/e/x (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Group Meals at Dining Sites (n=76)	58% (44)	28% (21)	20% (15)	45% (34)
Prepared meals delivered to your home (n=60)	55% (33)	23% (14)	10% (6)	43% (26)
Culturally sensitive nutrition planning and education (n=56)	48% (27)	21% (12)	18% (10)	45% (25)
Store to Door (n=58)	55% (32)	21% (12)	16% (9)	40% (23)

More Native American and Alaska Native respondents report knowing about group meals at dining sites (51%) when compared to other nutrition services. Unlike other groups, the difference between knowledge about a service and knowledge of how to access that service is less extreme. Indeed, the percentage of respondents who know about culturally sensitive nutrition planning and education (39%) is only one point away from the percentage of respondents who know how to access it (38%). Respondents indicate that they would benefit from all nutrition services at more or less equal rates.

Respondents who identify as Native American and Alaska Native (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Group Meals at Dining Sites (n=136)	51% (69)	32% (44)	24% (33)	20% (27)
Prepared meals delivered to your home	44% (56)	31% (39)	22% (28)	21% (27)

(n=127)				
Culturally sensitive nutrition planning and education (n=123)	39% (48)	38% (47)	20% (24)	21% (26)
Store to Door (n=124)	35% (43)	31% (38)	32% (39)	22% (27)

Native Hawaiian and Pacific Islander respondents comprise a very small portion of the Needs Assessment sample. With under 10 respondents to these matrices, these results should be viewed in that limited context. That said, from the respondents who did participate, there is similar awareness of nutrition services. More respondents (38%) know how to access culturally sensitive nutrition planning and education in comparison with other services. No respondents have used culturally sensitive nutrition planning/education or Store to Door. The most respondents indicate that they would benefit from Store to Door.

Respondents who identify as Native Hawaiian and Pacific Islander (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Group Meals at Dining Sites (n=8)	38% (3)	25% (2)	25% (2)	13% (1)
Prepared meals delivered to your home (n=8)	38% (3)	13% (1)	25% (2)	38% (3)
Culturally sensitive nutrition planning and education (n=8)	38% (3)	38% (3)	0%	38% (3)
Store to Door (n=8)	25% (2)	13% (1)	0%	63% (5)

Middle Eastern and North African respondents comprise a very small portion of the Needs Assessment sample. With under 10 respondents to these matrices, these results should be viewed in that limited context. That said, respondents possess a similar level of knowledge about nutrition services, with slightly more respondents aware of culturally sensitive nutrition planning and education, at 60% of respondents. However, no respondents reported knowing how to access culturally sensitive nutrition planning and education. Similar to other groups, there is a large drop between knowledge about a service and knowledge of how to access that service. No respondents had used culturally sensitive nutrition planning/education or Store to Door.

Respondents who identify as Middle Eastern and North African (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Group Meals at Dining Sites (n=8)	50% (4)	13% (1)	13% (1)	38% (3)
Prepared meals delivered to your home (n=6)	50% (3)	17% (1)	17% (1)	17% (1)
Culturally sensitive nutrition planning and	60% (3)	0%	0%	40% (2)

education (n=5)				
Store to Door (n=6)	50% (3)	17% (1)	0%	33% (2)

White respondents report higher levels of knowledge about group meals at dining sites and prepared meals delivered to homes (64%) in comparison with other nutrition services. Again, similar to other groups, there is a steep drop-off between knowledge of services and knowledge of how to access them. The highest number and percentage of respondents report that they would benefit from Store to Door in comparison with other services.

Respondents who identify as White (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Group Meals at Dining Sites (n=699)	64% (449)	29% (205)	12% (84)	29% (202)
Prepared meals delivered to your home (n=689)	64% (444)	31% (215)	11% (78)	28% (196)
Culturally sensitive nutrition planning and education (n=483)	61% (295)	23% (110)	10% (46)	27% (132)
Store to Door (n=599)	51% (307)	23% (140)	12% (72)	44% (265)

Experiences with Health Services

After answering questions about their experiences with health and wellness in Multnomah County, respondents were asked: What else would you like us to know about health and wellness needs for you and your community? Respondents shared a variety of detailed and helpful comments, but three main themes emerged: (1) many people do not know how to access information about health and wellness services, (2) respondents called for increased attention to mental health as well as physical health, and several described experiencing persistent loneliness, (3) there is a large demand for more free health and wellness services to fit diverse needs. Other health and wellness needs regularly included mention of the need for better food/nutrition and caregiving.

To begin, there is a lack of knowledge and information about what health and wellness services are available, where, and how to access them. One disabled Native American man over 55 said, “We need an easy place to find access to these activities, [I] have no idea where these resources may be found.” This lack of knowledge and information was one of the most commonly cited barriers to accessing necessary healthcare services. More information about all county health services should be directly advertised and shared with people instead of being available somewhere where people have to search it out. The other main barriers to accessing needed health care (like medical appointments, medication, insurance, and mental health) and wellness resources

(exercise, nutrition, and chronic disease management classes, activities, nutrition education) included high cost and insufficient transportation.

Next, respondents described their need for more mental health services, in addition to physical health services. They shared how difficult it is to find counseling and emotional support, and expressed an interest in the county providing more mental health services and resources. One white, male respondent under 50 said, "Mental health is just as important as physical health. Increasing access to counseling, support groups, and mental health education can significantly benefit the community." Respondents also linked their and their community's mental health challenges with the isolation many individuals face. One disabled Veteran over 65 shared, "A lot of seniors are very lonely but you can't tell. I'm one." More group activities, classes, and events are needed to reduce loneliness and isolation.

Last, there is demand for more free health and wellness services to fit diverse needs. Individuals in need of medical care at county locations need to be seen sooner. In addition to getting their needs met when they arise, respondents expressed desire for free classes, activities, and wellness programs, in particular exercise and health education. Many available options, especially those at gyms and many community centers, are insufficient and not accessible for many people due to a variety of reasons including:

- Most options available are too costly. There are too few free/low-cost options available.
- Not offering online/in-person or group/individual options. COVID-19 is still a concern/barrier to utilizing group and in-person options.
- Not being physically able to participate due to a disability or not feeling welcome due to one or more of their characteristics/identities (e.g. age, body size, gender).
- Need for more services to be offered in languages other than English and for them to be culturally specific
- The distance required to attend in person (e.g. locations not being walkable) and barriers to transportation needed to travel those distances. Some areas have very few or no low-cost locations/options available

Respondents were asked about their experiences with health and wellness activities and services in Multnomah County. They were asked to select all that apply from the following statements: I **know** this service exists; I know how to **get** this service; I currently **use** or **have used** this service; and I would **benefit** from this service **now** or in the **next 5 years**. Responses are provided first with all respondents, and then by race/ethnicity.

Less than half of respondents know about the health and wellness services shared. The gap between knowing about a service and knowing how to access it is widest for calls

and visits to make sure people are safe and well, at a 25% drop. More or less equally, respondents report that they would benefit from classes for healthy aging and managing chronic conditions as well as recreation and outings more than the other two services.

Total Respondents (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100% and are often above the analytic sample of 1,808.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Classes for healthy aging and managing chronic conditions (Tai Chi, diabetes prevention) (n=1,869)	40% (741)	20% (374)	10% (193)	30% (561)
Recreation and outings (fitness classes, games, cooking) (n=1,652)	36% (589)	20% (328)	14% (229)	31% (506)
Volunteering opportunities and training (n=1,500)	43% (638)	21% (309)	13% (193)	24% (360)
Calls or visits to make sure people are safe and well (n=1,370)	45% (610)	20% (268)	11% (148)	25% (344)

Asian respondents report similar levels of knowledge about health services, at a 66% average. However, respondents again report a dramatic decrease in knowledge about how to access these services. Slightly more respondents (24%) indicate that they would benefit from classes for healthy aging and managing chronic conditions compared to other services.

Respondents who identify as Asian (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Classes for healthy aging and managing chronic conditions (Tai Chi, diabetes prevention) (n=175)	67% (118)	25% (43)	7% (13)	24% (42)
Recreation and outings (fitness classes, games, cooking) (n=136)	61% (83)	27% (37)	13% (17)	22% (30)
Volunteering opportunities and training (n=130)	66% (86)	19% (24)	6% (8)	20% (26)
Calls or visits to make sure people are safe and well (n=126)	73% (92)	22% (28)	12% (15)	21% (27)

Over half of Black and African American respondents report knowledge about classes for healthy aging and managing chronic conditions (56%) and calls and visits to make sure people are safe and well (52%), but these services see the largest drops in knowledge of how to access them when compared to other services. Recreation and outings have a slightly higher percentage of respondents indicating that they would benefit from this service compared to others.

Respondents who identify as Black and African American (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Classes for healthy aging and managing chronic conditions (Tai Chi, diabetes prevention) (n=98)	56% (55)	21% (21)	15% (15)	28% (27)
Recreation and outings (fitness classes, games, cooking) (n=90)	37% (33)	31% (28)	22% (20)	34% (31)
Volunteering opportunities and training (n=89)	48% (43)	28% (25)	18% (16)	26% (23)
Calls or visits to make sure people are safe and well (n=90)	52% (47)	26% (23)	22% (20)	22% (20)

More Hispanic and Latino/a/e/x respondents report knowing about classes for healthy aging and managing chronic conditions (59%) and calls and visits to make sure people are safe and well (58%) when compared to other services. Again, we see a large drop between knowledge about a service and knowledge of how to access that service. Respondents indicate that they would benefit from classes for healthy aging and managing chronic conditions (43%), recreation and outings (46%), and volunteering opportunities and training (41%) at higher rates than calls or visits to make sure people are safe and well (33%).

Respondents who identify as Hispanic and Latino/a/e/x (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Classes for healthy aging and managing chronic conditions (Tai Chi, diabetes prevention) (n=76)	59% (45)	22% (17)	11% (8)	43% (33)
Recreation and outings (fitness classes, games, cooking) (n=61)	51% (31)	15% (9)	16% (10)	46% (28)
Volunteering opportunities and training (n=58)	43% (25)	29% (17)	10% (6)	41% (24)
Calls or visits to make sure people are safe and well (n=55)	58% (32)	22% (12)	11% (6)	33% (18)

Native American and Alaska Native respondents report similar rates of knowledge about health services. Interestingly, in two areas respondents indicate that they know how to access services more than they know that they exist: classes for healthy aging/managing chronic conditions and calls and visits to make sure people are safe. The reason for this discrepancy is unclear but may be related to some confusion about the question format.

Slightly more respondents indicate that they would benefit from calls/visits to make sure people are safe and well when compared to other services.

Respondents who identify as Native American and Alaska Native (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Classes for healthy aging and managing chronic conditions (Tai Chi, diabetes prevention) (n=137)	40% (55)	42% (57)	18% (24)	23% (32)
Recreation and outings (fitness classes, games, cooking) (n=126)	36% (45)	29% (36)	32% (40)	25% (32)
Volunteering opportunities and training (n=126)	38% (48)	33% (41)	26% (33)	25% (31)
Calls or visits to make sure people are safe and well (n=122)	34% (41)	36% (44)	25% (31)	30% (36)

Native Hawaiian and Pacific Islander respondents comprise a very small portion of the Needs Assessment sample. With under 10 respondents to these matrices, these results should be viewed in that limited context. That said, from the respondents who did participate, more people report knowing about classes for healthy aging/managing chronic conditions. Interestingly, in two areas respondents indicate that they know how to access services more than they know that they exist: recreation and outings and volunteering opportunities and training. The reason for this discrepancy is unclear but may be related to some confusion about the question format. No respondents use or have used the services of recreation and outings or volunteering opportunities and training. More people (50%) report that they would benefit from volunteering opportunities and training when compared to other services.

Respondents who identify as Native Hawaiian and Pacific Islander (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Classes for healthy aging and managing chronic conditions (Tai Chi, diabetes prevention) (n=8)	38% (3)	13% (1)	38% (3)	13% (1)
Recreation and outings (fitness classes, games, cooking) (n=8)	25% (2)	38% (3)	0%	38% (3)
Volunteering opportunities and training (n=8)	13% (1)	38% (3)	0%	50% (4)
Calls or visits to make sure people are safe and well (n=8)	13% (1)	25% (2)	25% (2)	38% (3)

Middle Eastern and North African respondents comprise a very small portion of the Needs Assessment sample. With under 10 respondents to these matrices, these results should be viewed in that limited context. Most respondents (70%) know about classes for healthy aging/managing chronic conditions. However, no one reported knowing how to access those classes, or how to access calls/visits to make sure people are safe and well. No respondents have used recreation and outings, or volunteering opportunities and training services. There are similar percentages of respondents indicating that they would benefit from all services (37% average).

Respondents who identify as Middle Eastern and North African (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Classes for healthy aging and managing chronic conditions (Tai Chi, diabetes prevention) (n=10)	70% (7)	0%	10% (1)	30% (3)
Recreation and outings (fitness classes, games, cooking) (n=7)	43% (3)	14% (1)	0%	43% (3)
Volunteering opportunities and training (n=6)	50% (3)	17% (1)	0%	33% (2)
Calls or visits to make sure people are safe and well (n=5)	40% (2)	0%	20% (1)	40% (2)

White respondents report similar levels of knowledge about health services, with knowledge about calls/visits to make sure people are safe holding a slight edge at 59%. Again, similar to other groups, we see a large decrease between people knowing about services and knowing how to access services. Respondents report that they would benefit from classes for healthy aging/managing chronic conditions and recreation and outings at similar rates, at 46-47%.

Respondents who identify as White (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Classes for healthy aging and managing chronic conditions (Tai Chi, diabetes prevention) (n=740)	52% (381)	26% (192)	15% (108)	46% (337)
Recreation and outings (fitness classes, games, cooking) (n=678)	49% (335)	26% (174)	18% (121)	47% (316)
Volunteering opportunities and training (n=647)	54% (351)	27% (177)	17% (111)	33% (213)
Calls or visits to make sure people are safe and well (n=582)	59% (343)	23% (135)	12% (67)	34% (197)

Experiences with caregiving services

After answering questions about their experiences with health and wellness in Multnomah County, respondents were asked: What else would you like us to know about caregiving needs for you and your community? Respondents shared their experiences in two main thematic areas, first as people who need or receive care, and second, as caregivers.

People who need and/or receive caregiving services from their family/community and from Multnomah County services widely report that they need more information about what is available; respondents widely do not know how to access caregivers and services/supports *for* caregivers, especially unpaid family caregivers. Having to find the information themselves instead of the information being provided directly to them is a barrier. Helping others find information on caregiving is also difficult, as one multi-racial woman shared, “I am an occupational therapist and I don't know how to steer patients/families for [caregiving] training and education. If I don't know, and it is my job, then how would regular Portlanders know?”

Not being eligible for professional caregiving support limits some people’s options for affording/getting the help they need. The most common needs are: in-home care services, paid respite for caregivers, and how to get paid for being a caregiver. Having access to care now or in the future is essential for aging in place (i.e. their own home). Many respondents said they or someone they know needs care or will need care. Some expect their family to help, but others do not know how they will meet their care needs and what will happen to them as a result. As one white woman over 65 shared, “I worry about who’s going to care for me and my husband in the future.”

Many respondents praised the help they get from their caregivers. However, some received poor quality caregiving and/or requested better training for caregivers as well as more skilled caregivers. More specialized training and staff (nurses, rehabilitation specialists, and counselors/psychologists) to meet some people’s more complex care needs. Individuals expressed an interest in caregivers with better cultural competence training or caregivers that share identities with who they are caring for.

Caregivers report that the work of being a caregiver can be very difficult (isolation, stress, burnout, loneliness, anger, etc.) and can negatively impact their physical health, mental health, and general well-being. One white woman over 65 shared their experience: “It's awful. Caregiving at my age is going to kill me faster than the person I care for. Close to zero support.” Caregivers report needing to be paid (and paid better) as well as receive subsidies and other forms of support. Peer support groups for caregivers are not always available for those who also work or have other responsibilities. These support groups should be scheduled at more accessible times. In

general, respondents advocated for more county-provided education for people of all ages and their families on how to plan and prepare for aging (financial, care, legal, etc.).

Respondents were asked about their experiences with caregiving and family support services in Multnomah County. They were asked to select all that apply from the following statements: I **know** this service exists; I know how to **get** this service; I currently **use** or **have used** this service; and I would **benefit** from this service **now** or in the **next 5 years**. Responses are provided first with all respondents, and then by race/ethnicity.

Less than half of respondents know about the caregiving and family support services shared. The gaps between knowing about a service and knowing how to access it are more or less equal, with a slightly larger drop for peer support groups for caregivers. More respondents report benefitting from help finding and getting services for caregivers and the person they are caring for as well as help paying for short breaks from caregiving or things to help caregivers provide care when compared to the other two services.

Total Respondents (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100% and are often above the analytic sample of 1,808.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Help finding and getting services for caregivers and the person they are caring for (n=1,685)	42% (715)	22% (368)	9% (155)	27% (447)
Help paying for short breaks from caregiving or things to help caregivers provide care (n=1,238)	42% (518)	18% (226)	9% (115)	31% (379)
Training and education for caregivers to reduce their stress and help them take better care of their loved ones (n=1,268)	44% (554)	20% (250)	9% (108)	28% (356)
Peer support groups for caregivers (n=1,163)	44% (512)	18% (214)	8% (96)	29% (341)

Asian respondents report fairly strong levels of knowledge about caregiving services, at a 66% average. However, we again see a dramatic decrease in knowledge about how to access these services. More or less equal rates of respondents indicate they would benefit from all caregiving services.

Respondents who identify as Asian (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Help finding and getting services for	68% (118)	27% (47)	9% (16)	24% (42)

caregivers and the person they are caring for (n=174)				
Help paying for short breaks from caregiving or things to help caregivers provide care (n=117)	67% (78)	22% (26)	5% (6)	28% (33)
Training and education for caregivers to reduce their stress and help them take better care of their loved ones (n=114)	65% (74)	19% (22)	7% (8)	27% (31)
Peer support groups for caregivers (n=98)	64% (63)	20% (20)	3% (3)	28% (27)

More than half of Black and African American respondents know about help finding and getting services for caregivers and the person they are caring for (53%) and about peer support groups for caregivers (51%). We still see a drop-off in how many respondents know how to access these services. The least number of respondents have used peer support groups for caregivers (11%) but report that they would benefit from this service (27%).

Respondents who identify as Black and African American (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Help finding and getting services for caregivers and the person they are caring for (n=98)	53% (52)	34% (33)	13% (13)	26% (25)
Help paying for short breaks from caregiving or things to help caregivers provide care (n=88)	38% (33)	22% (19)	19% (17)	31% (27)
Training and education for caregivers to reduce their stress and help them take better care of their loved ones (n=89)	42% (37)	27% (24)	20% (18)	30% (27)
Peer support groups for caregivers (n=83)	51% (42)	25% (21)	11% (9)	27% (22)

On average, 52% of Hispanic and Latino/a/e/x respondents report knowing about caregiving services. Similar to other groups, there is a steep drop from knowing about services to knowing how to access them. A similar percentage of respondents report that they would benefit from the range of caregiving services (41% on average).

Respondents who identify as Hispanic and Latino/a/e/x (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Help finding and getting services for caregivers and the person they are caring for (n=73)	49% (36)	26% (19)	12% (9)	43% (31)

Help paying for short breaks from caregiving or things to help caregivers provide care (n=63)	54% (34)	16% (10)	6% (4)	40% (25)
Training and education for caregivers to reduce their stress and help them take better care of their loved ones (n=57)	54% (31)	14% (8)	11% (6)	37% (21)
Peer support groups for caregivers (n=54)	50% (27)	17% (9)	9% (5)	43% (23)

Native American and Alaska Native respondents report similar rates of knowledge about caregiving services, with slightly more people who know about help finding/getting services for caregivers and the person they care for (46%). Again, in one area respondents indicate that they know how to access a service more than they know that the service exists: Training and education for caregivers to reduce their stress and help them take better care of their loved ones. The reason for this discrepancy is unclear but may be related to some confusion about the question format. A similar percentage of respondents report they would benefit from the range of caregiving services (23% on average), with a slight edge of people indicating a benefit from help paying for short breaks from caregiving/things to help caregivers provide care (26%).

Respondents who identify as Native American and Alaska Native (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Help finding and getting services for caregivers and the person they are caring for (n=134)	46% (62)	40% (53)	18% (24)	22% (29)
Help paying for short breaks from caregiving or things to help caregivers provide care (n=128)	39% (50)	33% (42)	20% (26)	26% (33)
Training and education for caregivers to reduce their stress and help them take better care of their loved ones (n=127)	39% (49)	41% (52)	23% (29)	21% (27)
Peer support groups for caregivers (n=118)	42% (50)	29% (34)	19% (22)	24% (28)

Native Hawaiian and Pacific Islander respondents comprise a very small portion of the Needs Assessment sample. With under 10 respondents to these matrices, these results should be viewed in that limited context. That said, respondents report an average knowledge of caregiving services (28%), but only one respondent reported knowing how to access all caregiving services. No respondents have used help paying for short breaks/things to help caregivers provide care or peer support groups. Most people report that they would benefit from help paying for short breaks from caregiving/things to help caregivers provide care and peer support groups (57%).

Respondents who identify as Native Hawaiian and Pacific Islander (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Help finding and getting services for caregivers and the person they are caring for (n=8)	25% (2)	13% (1)	50% (4)	25% (2)
Help paying for short breaks from caregiving or things to help caregivers provide care (n=7)	29% (2)	14% (1)	0%	57% (4)
Training and education for caregivers to reduce their stress and help them take better care of their loved ones (n=7)	27% (2)	14% (1)	14% (1)	43% (3)
Peer support groups for caregivers (n=7)	29% (2)	14% (1)	0%	57% (4)

Middle Eastern and North African respondents comprise a very small portion of the Needs Assessment sample. With under 10 respondents to these matrices, these results should be viewed in that limited context. Most people (60%) know about peer support groups. Only one respondent knows how to access help paying for short breaks/things to help caregivers and the person they are caring for. No one else reported knowing how to access caregiving services, and only one person has used training and education for caregivers. Most respondents (57%) would benefit from help finding and getting services for caregivers and people they care for.

Respondents who identify as Middle Eastern and North African (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Help finding and getting services for caregivers and the person they are caring for (n=7)	43% (3)	0%	0%	57% (4)
Help paying for short breaks from caregiving or things to help caregivers provide care (n=5)	40% (2)	20% (1)	0%	40% (2)
Training and education for caregivers to reduce their stress and help them take better care of their loved ones (n=5)	40% (2)	0%	20% (1)	40% (2)
Peer support groups for caregivers (n=5)	60% (3)	0%	0%	40% (2)

White respondents report similar levels of knowledge about caregiving services, with help finding and getting services for caregivers and the person they are caring for with a slight edge, at 57%. However, we see again large drops in how many people know how

to access these services. Respondents report low levels of use for caregiving services, about 10% for services across the board.

Respondents who identify as White (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Help finding and getting services for caregivers and the person they are caring for (n=696)	57% (394)	24% (165)	11% (77)	40% (277)
Help paying for short breaks from caregiving or things to help caregivers provide care (n=562)	51% (287)	19% (106)	10% (57)	40% (223)
Training and education for caregivers to reduce their stress and help them take better care of their loved ones (n=586)	56% (328)	20% (117)	8% (47)	38% (222)
Peer support groups for caregivers (n=554)	54% (299)	19% (106)	9% (51)	38% (210)

Experiences with transportation services

After answering questions about their experiences with transportation services in Multnomah County, respondents were asked: What else would you like us to know about transportation resources or needs for you and your community? They were also asked to share the barriers they face to transportation. Many respondents described their experiences in two main thematic areas: (1) the barriers that make it hard to get around, and (2) the needs that would improve their transportation situations.

The three most common transportation barriers included the lack of safety on public transit and when walking along streets, the high cost of all transportation options (e.g. personal vehicles, door-to-door rides, and public transportation option), and the unreliability of public transportation, especially public buses, medical rides, and RideShare.

Respondents frequently mentioned the following barriers to accessing and using public transportation:

- Stops are too far away from home, destinations, and each other. Walking to stops is too difficult, especially when sidewalks are in poor condition, weather is poor, and there is nowhere to sit at a stop.
    - A disabled, nonbinary person under 50 shared that “Trimet has been removing seats and shelters from many of their bus stops, and this directly impacts disabled people. My commutes are harder now because there are less places to rest or to avoid overheating.”

- The timing of transit is unreliable
- Fear for their physical safety
- Fear of COVID-19 or other disease exposure
- Transit vehicles do not accommodate their disabilities
- They cannot bring groceries or other items with them
- They cannot bring their service dogs or pets with them

Respondents also described the high costs associated with their transportation options. Many individuals cannot afford the high cost of more reliable, personal, door-to-door transportation such as taxis, Uber/Lyft, and TriMet Lift. For others, not being able to afford to fix, maintain, fuel, register their car prevents them from driving themselves or having a family member drive them. As one white woman over 65 shared, "My son could drive me, but both his car and mine are not legal to drive and [we] can't save the money to fix either one." Some continue to drive illegally because they need the transportation but cannot afford to pay for registration or tickets.
Low-cost or free transportation (e.g. medical rides, RideShare, Lift) to medical appointments is not reliable enough and causes people to wait long periods of time and/or miss medical appointments. Rides are not always available on short notice.

Additionally, the lack of transportation accessibility for people with disabilities, (especially mobility related disabilities) greatly limits respondents' ability to access public transportation. This is primarily due to difficulty getting to bus/Max stops, waiting long periods of time at stops without being able to sit, and not being able to bring devices/people with them.

Respondents articulated the need for more information on what transportation options and supportive services are available in a way that is easy to find or provided directly to them. Some would find it helpful to have someone be able to accompany them on transit, whether for safety, help navigating the system, or just being able to attend medical appointments with them. Lastly, better language translation and interpretation is needed for some people.

Respondents were asked about their experiences with transportation services in Multnomah County. They were asked to select all that apply from the following statements: I **know** this service exists; I know how to **get** this service; I currently **use** or **have used** this service; and I would **benefit** from this service **now** or in the **next 5 years**. Responses are provided first with all respondents, and then by race/ethnicity.

Less than half of respondents know about the transportation services shared. The gaps between knowing about a service and knowing how to access it are more or less equal. Far more respondents report having used free/reduced cost rides on public transportation than the other services. More respondents indicate that they would

benefit from help finding and scheduling rides with transportation services and free group shuttle rides or private door-to-door rides than the other two services.

Total Respondents (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100% and are often above the analytic sample of 1,808.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Help finding and scheduling rides with transportation services (n=1,941)	42% (715)	22% (368)	9% (155)	27% (447)
Free or reduced cost rides on public transportation (TriMet Max and Bus) (n=1,848)	37% (692)	22% (404)	22% (411)	19% (341)
Free or reduced cost rides for those with disabilities and other special transportation needs (TriMet Lift) (n=1,592)	45% (713)	23% (361)	13% (214)	19% (304)
Free group shuttle rides or private door-to-door rides (Ride Connection & Cab Rides) (n=1,467)	42% (610)	21% (308)	12% (168)	26% (381)

Asian respondents report higher levels of knowledge about transportation services on average when compared to other services. However, we still see a large difference between respondents' knowledge of services and their knowledge of how to access them. The lowest number of people (18%) know how to access free group shuttle rides/private door-to-door rides.

Respondents who identify as Asian (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Help finding and scheduling rides with transportation services (n=186)	77% (144)	31% (57)	22% (40)	25% (47)
Free or reduced cost rides on public transportation (TriMet Max and Bus) (n=149)	70% (103)	28% (41)	41% (61)	27% (40)
Free or reduced cost rides for those with disabilities and other special transportation needs (TriMet Lift) (n=141)	81% (114)	23% (33)	13% (18)	20% (28)
Free group shuttle rides or private door-to-door rides (Ride Connection & Cab Rides) (n=136)	77% (104)	18% (25)	15% (20)	24% (33)

More Black and African American respondents know about help finding and scheduling rides with transportation services (58%) when compared to other transportation

services. Respondents indicate they would benefit from help finding and scheduling rides with transportation services (22%) and free group shuttle rides/private door-to-door rides (24%).

Respondents who identify as Black and African American (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Help finding and scheduling rides with transportation services (n=97)	58% (56)	32% (31)	24% (23)	22% (21)
Free or reduced cost rides on public transportation (TriMet Max and Bus) (n=91)	53% (48)	32% (29)	30% (27)	14% (13)
Free or reduced cost rides for those with disabilities and other special transportation needs (TriMet Lift) (n=89)	55% (49)	32% (28)	19% (17)	17% (15)
Free group shuttle rides or private door-to-door rides (Ride Connection & Cab Rides) (n=90)	49% (44)	26% (23)	18% (16)	24% (22)

A similar rate of Hispanic and Latino/a/e/x respondents know about transportation services (59% average), but these rates approximately halve in terms of knowing how to access these services. More respondents indicate that they would benefit from help finding and scheduling rides with transportation services (43%) when compared to other transportation services.

Respondents who identify as Hispanic and Latino/a/e/x (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Help finding and scheduling rides with transportation services (n=75)	55% (41)	28% (21)	21% (16)	43% (32)
Free or reduced cost rides on public transportation (TriMet Max and Bus) (n=63)	60% (38)	30% (19)	27% (17)	32% (20)
Free or reduced cost rides for those with disabilities and other special transportation needs (TriMet Lift) (n=60)	62% (37)	20% (12)	22% (13)	32% (19)
Free group shuttle rides or private door-to-door rides (Ride Connection & Cab Rides) (n=60)	60% (36)	27% (16)	13% (8)	33% (20)

Most Native American and Alaska Native respondents know about help finding and scheduling rides with transportation services (45%) when compared to other

transportation services. Again, in one area respondents indicate that they know how to access a service more than they know that the service exists: Free group shuttle rides or private door-to-door rides. The reason for this discrepancy is unclear but may be related to some confusion about the question format. A similar percentage of respondents report they would benefit from help finding and scheduling rides with transportation services and free group shuttle rides (25% on average).

Respondents who identify as Native American and Alaska Native (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Help finding and scheduling rides with transportation services (n=137)	45% (61)	34% (47)	32% (44)	24% (33)
Free or reduced cost rides on public transportation (TriMet Max and Bus) (n=129)	42% (54)	36% (47)	33% (42)	19% (25)
Free or reduced cost rides for those with disabilities and other special transportation needs (TriMet Lift) (n=130)	38% (49)	36% (47)	33% (43)	20% (26)
Free group shuttle rides or private door-to-door rides (Ride Connection & Cab Rides) (n=125)	38% (48)	39% (49)	24% (30)	26% (33)

Native Hawaiian and Pacific Islander respondents comprise a very small portion of the Needs Assessment sample. With under 10 respondents to these matrices, these results should be viewed in that limited context. That said, the same number of respondents report knowledge of transportation services and how to access them with one exception: Help finding and scheduling rides with transportation services. Slightly more respondents indicate that they would benefit from free group shuttle rides/private door-to-door rides compared to other services.

Respondents who identify as Native Hawaiian and Pacific Islander (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Help finding and scheduling rides with transportation services (n=8)	38% (3)	13% (1)	38% (3)	13% (1)
Free or reduced cost rides on public transportation (TriMet Max and Bus) (n=8)	25% (2)	25% (2)	38% (3)	13% (1)
Free or reduced cost rides for those with disabilities and other special transportation needs (TriMet Lift) (n=8)	25% (2)	25% (2)	38% (3)	13% (1)
Free group shuttle rides or private door-to-	25% (2)	25% (2)	25% (2)	25% (2)

door rides (Ride Connection & Cab Rides) (n=8)				

Middle Eastern and North African respondents comprise a very small portion of the Needs Assessment sample. With 10 or fewer respondents to these matrices, these results should be viewed in that limited context. The highest percentage of respondents know about free rides for people with disabilities and free group shuttle rides/private door-to-door rides (57%). The least number of people know how to access free/reduced cost rides for people with disabilities or free group shuttle rides (14%). More people use or have used free/reduced cost rides on public transportation or free/reduced cost rides for people with disabilities (50% and 43% respectively) compared to other transportation services. Respondents similarly indicate the benefit of all transportation services except free/reduced cost rides on public transportation.

Respondents who identify as Middle Eastern and North African (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Help finding and scheduling rides with transportation services (n=10)	40% (4)	30% (3)	30% (3)	30% (3)
Free or reduced cost rides on public transportation (TriMet Max and Bus) (n=6)	50% (3)	33% (2)	50% (3)	17% (1)
Free or reduced cost rides for those with disabilities and other special transportation needs (TriMet Lift) (n=7)	57% (4)	14% (1)	43% (3)	29% (2)
Free group shuttle rides or private door-to-door rides (Ride Connection & Cab Rides) (n=7)	57% (4)	14% (1)	29% (2)	29% (2)

White respondents reported similar levels of knowledge about transportation services, at a 58% average. Respondents have the least knowledge about how to access free shuttle rides/private door-to-door rides (27%). Most respondents say they would benefit from help finding and scheduling rides with transportation services and free group shuttle/door to door rides (37% average).

Respondents who identify as White (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Help finding and scheduling rides with transportation services (n=752)	58% (437)	31% (236)	19% (146)	36% (271)
Free or reduced cost rides on public transportation (TriMet Max and Bus) (n=709)	57% (405)	34% (242)	32% (230)	30% (211)

Free or reduced cost rides for those with disabilities and other special transportation needs (TriMet Lift) (n=662)	62% (413)	32% (209)	18% (118)	28% (184)
Free group shuttle rides or private door-to-door rides (Ride Connection & Cab Rides) (n=632)	55% (348)	27% (169)	13% (80)	38% (239)

Experiences with information and referral (ADRC)

After answering questions about their experiences with information and referral services in Multnomah County, respondents were asked: What else would you like us to know about information resources or needs for you and your community? The main theme that exemplifies individuals' responses to this question is their strong desire to know about and be able to access helpful county services.

Many respondents expressed their frustration as they told stories about trying to find and receive help from the county when they need it. Rather than being one or the other, the problem is *both* that people do not know what services exist to help them, *and* that when they try to get help, they're often unsuccessful. It's demoralizing, as one white woman over 50 shared:

> "*When I had a friend on the verge of homelessness, it was IMPOSSIBLE to find services. Websites and phone calls send you on an endless runaround of people who tell you to call someone else or sign up for a waitlist that never opens.*"

Many people cited challenges with the ADRC and other information/resource connection services:

- Not getting calls or remains returned after contact
- Not finding or being given the resources they were looking for
- The website is difficult to use confusing
- Organizations provided as a resource do not answer, call back, or say they are full
- It is very difficult and frustrating to navigate these resources and not get help

Many people requested a centralized directory of resources accessible online or by phone, suggesting that most people are not aware of the ADRC or 211 as resources. A large number of respondents asked explicitly for outreach and information to be delivered in a variety of ways directly to people (e.g. by mail, in person, through service providers). This is especially important for those who do not have access to the internet or know how to find resources on their own. Additionally, others called for information to be shared through their culturally specific sources and in their primary languages besides English.

Respondents were asked about their experiences with information and referral services (ADRC) in Multnomah County. They were asked to select all that apply from the

following statements: I **know** this service exists; I know how to **get** this service; I currently **use** or **have used** this service; and I would **benefit** from this service **now** or in the **next 5 years**. Responses are provided first with all respondents, and then by race/ethnicity.

Around 38% of respondents know about information and referral services (ADRC) in Multnomah County. The gaps between knowing about an information and referral service and knowing how to access it are more or less equal, at 21%. About 32% of respondents indicate that they would benefit from all three information and referral services listed.

Total Respondents (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100% and are often above the analytic sample of 1,808.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Someone to help me find or apply for resources and services when I need them (n=1,635)	38% (622)	21% (348)	9% (153)	31% (512)
Someone who provides ongoing help to find, apply, and manage my resources and services (n=1,206)	38% (457)	21% (248)	8% (99)	33% (402)
The Aging and Disability Resource Connection; ADRC (a call center and website to help you find resources and services for your needs) (n=1,274)	37% (473)	20% (259)	11% (145)	31% (397)

Asian respondents report high levels of knowledge about information and referral services, at 70% average. We still see a large gap between knowledge of these services and knowledge of how to access them. Most respondents indicate that they would benefit from services that help find/apply for resources and services and someone to provide ongoing help to find, apply for, and manage resources and services.

Respondents who identify as Asian (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Someone to help me find or apply for resources and services when I need them (n=186)	72% (133)	24% (44)	9% (16)	26% (49)
Someone who provides ongoing help to find, apply, and manage my resources and services (n=120)	68% (81)	24% (29)	7% (8)	31% (37)
The Aging and Disability Resource Connection; ADRC (a call center and	70% (79)	22% (25)	4% (4)	24% (27)

website to help you find resources and services for your needs) (n=113)				

More Black and African American respondents know about someone to help them find or apply for resources and services (54%) than other information and referral services. There is still a large drop-off between respondents knowing about a service and knowing how to get it. Black and African American respondents report that they would benefit from the ARDC Connection more strongly compared to services (37%).

Respondents who identify as Black and African American (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Someone to help me find or apply for resources and services when I need them (n=97)	54% (52)	27% (26)	23% (22)	26% (25)
Someone who provides ongoing help to find, apply, and manage my resources and services (n=89)	42% (37)	27% (24)	20% (18)	30% (27)
The Aging and Disability Resource Connection; ADRC (a call center and website to help you find resources and services for your needs) (n=87)	41% (36)	29% (25)	21% (18)	37% (32)

More Hispanic and Latino/a/e/x respondents know about someone to help them find or apply for resources/services when they need them compared to other referral services (55%), but again, rates approximately halve in terms of knowing how to access these services. Similar percentages of respondents report they would benefit from the range of ADRC services (43% average).

Respondents who identify as Hispanic and Latino/a/e/x (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Someone to help me find or apply for resources and services when I need them (n=76)	55% (42)	24% (18)	11% (8)	42% (32)
Someone who provides ongoing help to find, apply, and manage my resources and services (n=59)	48% (28)	24% (14)	15% (9)	42% (25)
The Aging and Disability Resource Connection; ADRC (a call center and website to help you find resources and services for your needs) (n=56)	46% (26)	27% (15)	13% (7)	46% (26)

Approximately 38% of Native American and Alaska Native respondents know about information and referral services. Again, in one area respondents indicate that they know how to access a service more than they know that the service exists: Someone to help them find or apply for resources and services when they need them. The reason for this discrepancy is unclear but may be related to some confusion about the question format. The smallest number of respondents have used the service of someone who provides ongoing help with finding, applying, and managing resources and services (18%).

Respondents who identify as Native American and Alaska Native (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Someone to help me find or apply for resources and services when I need them (n=135)	39% (52)	44% (60)	22% (29)	22% (29)
Someone who provides ongoing help to find, apply, and manage my resources and services (n=125)	36% (45)	31% (39)	18% (22)	29% (36)
The Aging and Disability Resource Connection; ADRC (a call center and website to help you find resources and services for your needs) (n=126)	39% (49)	37% (46)	25% (32)	26% (33)

Native Hawaiian and Pacific Islander respondents comprise a very small portion of the Needs Assessment sample. With under 10 respondents to these matrices, these results should be viewed in that limited context. That said, respondents report similar numbers of knowledge about information and referral services, with slightly more respondents knowing about someone to help them find or apply for services when they need them. Only one respondent indicated that they know how to access these services, and no respondents have used these services. Respondents did report high numbers indicating that they would benefit from all information and referral services: all above 50%, with 71% saying they would benefit from the ADRD Connection.

Respondents who identify as Native American and Alaska Native (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Someone to help me find or apply for resources and services when I need them (n=8)	38% (3)	13% (1)	0%	50% (4)
Someone who provides ongoing help to find, apply, and manage my resources and services (n=7)	29% (2)	14% (1)	0%	57% (4)

The Aging and Disability Resource Connection; ADRC (a call center and website to help you find resources and services for your needs) (n=7)	29% (2)	14% (1)	0%	71% (5)

Middle Eastern and North African respondents comprise a very small portion of the Needs Assessment sample. With 10 or fewer respondents to these matrices, these results should be viewed in that limited context. All participating respondents know about the ADRC, but no one knows how to access it. No respondents have used information and referral services. While no respondents say they would benefit from the ADRC, 43% of respondents say they would benefit from someone to help them find services when they need them.

Respondents who identify as Middle Eastern and North African (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Someone to help me find or apply for resources and services when I need them (n=7)	43% (3)	14% (1)	0%	43% (3)
Someone who provides ongoing help to find, apply, and manage my resources and services (n=5)	60% (3)	20% (1)	0%	20% (1)
The Aging and Disability Resource Connection; ADRC (a call center and website to help you find resources and services for your needs) (n=5)	100% (5)	0%	0%	0%

White respondents reported similar levels of knowledge about information and referral services, at a 47% average. However, fewer respondents know how to access these services. The least used service among white respondents is someone to provide ongoing help to find, apply and manage resources (8%). The highest percentage of respondents (49%) say they would benefit from someone to help find and apply for resources.

Respondents who identify as White (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Someone to help me find or apply for resources and services when I need them (n=715)	47% (333)	25% (176)	11% (78)	49% (352)

Someone who provides ongoing help to find, apply, and manage my resources and services (n=559)	47% (262)	23% (128)	8% (42)	45% (254)
The Aging and Disability Resource Connection; ADRC (a call center and website to help you find resources and services for your needs) (n=579)	47% (273)	25% (145)	12% (68)	46% (268)

Experiences with legal assistance and elder rights protection

After answering questions about their experiences with legal assistance and elder rights protection services in Multnomah County, respondents were asked: What else would you like us to know about legal assistance and elder rights protection needs for you and your community? The main theme that exemplifies individuals' responses to this question is the need for free legal help to protect against vulnerability.

Respondents called for more community education about what people's rights are, how to recognize abuse, where to report abuse, and where to get free/affordable legal advice and help. One disabled male Veteran over 50 shared, "I'm concerned about protecting our community's vulnerable populations. We need easier access to legal aid for issues like elder abuse, scams, and housing rights." More free or affordable legal advice and representation services are needed because of the high cost of this service in the private sector. Having access to advice and representation is essential to protecting their rights and getting restitution when harm is done. Frequently mentioned examples of needed assistance included tenet rights and eviction prevention, financial exploitation and scams, and elder law such as estate planning and receiving public benefits like SSDI.

The community lacks adequate knowledge and resources to project elders from abuse and exploitation. Comments suggest there is a lot of unreported and unaddressed abuse and exploitation of older and disabled adults, especially in publicly subsidized housing and skilled nursing facilities. As one white woman over 65 shared,

> "*The legal assistance programs are not adequate. Some of the volunteers are lackadaisical, not skilled or performative. The elder abuse reporting system seems adequate, but needs stronger protections, sanctions and written follow-up. My husband was abused by his caregivers and there were no real consequences to the abusers*."

Some feel like nothing happened or they do not know what happened after they reported abuse. More formal follow up is needed after elder abuse reports are made (Adult Protective Services). Respondents want more ways to report abuse and see follow-through.

Respondents were asked about their experiences with legal assistance and elder rights protection services in Multnomah County. They were asked to select all that apply from the following statements: I **know** this service exists; I know how to **get** this service; I currently **use** or **have used** this service; and I would **benefit** from this service **now** or in the **next 5 years**. Responses are provided first with all respondents, and then by race/ethnicity.

Half of respondents indicate that they know about help protecting oneself or others from abuse and neglect. A lower percentage know about help with common legal issues by phone or in-person appointments such as family law, government benefits, and senior issues, at 44%. Far more respondents report that they would benefit from help protecting oneself or others from abuse and neglect compared to help with common legal issues.

Total Respondents (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100% and are often above the analytic sample of 1,808.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Help with common legal issues by phone or in-person appointments such as family law, government benefits, senior issues (Legal Aid Services of Oregon; Senior Law Project) (n=1,421)	44% (619)	21% (300)	8% (111)	28% (391)
Help with protecting yourself or others from abuse and neglect (Multnomah County Adult Protective Services) (n=1,012)	50% (507)	26% (258)	8% (83)	16% (164)

Asian respondents indicate strong levels of knowledge about legal assistance and elder rights services, at a 67% average. We still see a large gap between awareness of these services and knowledge of how to access them. A very low percentage of respondents have used these services. Similar rates of respondents would benefit from both legal assistance and elder rights protection services.

Respondents who identify as Asian (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Help with common legal issues by phone or in-person appointments such as family law, government benefits, senior issues (Legal Aid Services of Oregon; Senior Law Project) (n=141)	64% (90)	21% (30)	2% (3)	23% (33)
Help with protecting yourself or others	69% (66)	22% (21)	0%	22% (21)

from abuse and neglect (Multnomah County Adult Protective Services) (n=96)				

About 50% of Black and African American respondents know about legal assistance and elder rights services. There is still a drop-off between respondents knowing about services and knowing how to get them. More respondents indicate they would benefit from Legal Aid Services of Oregon and Senior Law Project (27%) compared to Multnomah County Adult Protective Services (20%).

Respondents who identify as Black and African American (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Help with common legal issues by phone or in-person appointments such as family law, government benefits, senior issues (Legal Aid Services of Oregon; Senior Law Project) (n=94)	53% (50)	30% (28)	12% (11)	27% (25)
Help with protecting yourself or others from abuse and neglect (Multnomah County Adult Protective Services) (n=74)	47% (35)	39% (29)	14% (10)	20% (15)

A higher percentage of Hispanic and Latino/a/e/x respondents know about Multnomah Adult Protective Services (67%) compared to Legal Aid Services of Oregon and Senior Law Project (50%). There is still a large difference between the rates of respondents who know about these services and those who know how to access them. More respondents report that they would benefit from Legal Aid Services of Oregon and the Senior Law Project (47%).

Respondents who identify as Hispanic and Latino/a/e/x (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Help with common legal issues by phone or in-person appointments such as family law, government benefits, senior issues (Legal Aid Services of Oregon; Senior Law Project) (n=58)	50% (29)	21% (12)	12% (7)	47% (27)
Help with protecting yourself or others from abuse and neglect (Multnomah County Adult Protective Services) (n=43)	67% (29)	14% (6)	12% (5)	26% (11)

A similar percentage of Native American and Alaska Native respondents know about legal assistance and elder rights services (42%). Fewer respondents know how to access Multnomah County Adult Protective Services (37%) when compared to respondents

who know how to access Legal Aid Service of Oregon and Senior Law Project. More respondents indicate that they would benefit from Legal Aid Service of Oregon and Senior Law Project (25%).

Respondents who identify as Native American and Alaska Native (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Help with common legal issues by phone or in-person appointments such as family law, government benefits, senior issues (Legal Aid Services of Oregon; Senior Law Project) (n=129)	42% (54)	42% (54)	22% (28)	25% (32)
Help with protecting yourself or others from abuse and neglect (Multnomah County Adult Protective Services) (n=107)	41% (44)	37% (40)	16% (17)	20% (21)

Native Hawaiian and Pacific Islander respondents comprise a very small portion of the Needs Assessment sample. With under 10 respondents to these matrices, these results should be viewed in that limited context. That said, a similar number of respondents reported knowing about legal and elder rights services, but slightly fewer people know how to access Legal Aid Services of Oregon and Senior Law Project services (13%). No respondents have used these services, but a majority of respondents report that they would benefit from them, 63% and 57% respectively.

Respondents who identify as Native Hawaiian and Pacific Islander (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Help with common legal issues by phone or in-person appointments such as family law, government benefits, senior issues (Legal Aid Services of Oregon; Senior Law Project) (n=8)	25% (2)	13% (1)	0%	63% (5)
Help with protecting yourself or others from abuse and neglect (Multnomah County Adult Protective Services) (n=7)	29% (2)	29% (2)	0%	57% (4)

Middle Eastern and North African respondents comprise a very small portion of the Needs Assessment sample. With 10 or fewer respondents to these matrices, these results should be viewed in that limited context. Respondents report strong knowledge of legal assistance and elder rights services, at 79% on average, but still show a steep drop-off for knowing how to access those services. No respondents know how to access Legal Aid Services of Oregon and Senior Law Project and only one person knows how to

access Multnomah County Adult Protective Services. No respondents have used either legal assistance or elder rights service. More respondents say they would benefit from Legal Aid Services of Oregon and Senior Law Project, 33%, compared to 20% for Multnomah County Adult Protective Services.

Respondents who identify as Middle Eastern and North African (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Help with common legal issues by phone or in-person appointments such as family law, government benefits, senior issues (Legal Aid Services of Oregon; Senior Law Project) (n=9)	78% (7)	0%	0%	33% (3)
Help with protecting yourself or others from abuse and neglect (Multnomah County Adult Protective Services) (n=5)	80% (4)	20% (1)	0%	20% (1)

A large percentage of white respondents reported knowledge about Legal Aid Services of Oregon and Senior Law Project (59%) and Multnomah County Adult Protective Services (70%). However, respondents indicate lower levels of knowledge about how to access these services. Most respondents indicate that they would benefit from Legal Aid Services of Oregon and Senior Law Project, at nearly 40%.

Respondents who identify as White (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Help with common legal issues by phone or in-person appointments such as family law, government benefits, senior issues (Legal Aid Services of Oregon; Senior Law Project) (n=662)	59% (388)	24% (160)	9% (58)	39% (255)
Help with protecting yourself or others from abuse and neglect (Multnomah County Adult Protective Services) (n=476)	70% (331)	31% (149)	10% (49)	19% (91)

Native American service provider experiences

After answering questions about their experiences with Native American service providers in Multnomah County, respondents were asked: What else would you like us to know about you and your community's experiences with Native American service providers? One Native American man who identifies as disabled and a Veteran shared a comment that represents this section's theme: "It's a work in progress."

Many praised the quality and helpfulness of services they received from Native American service providers like IHS, NAYA, and NARA. Still, some had negative experiences with these service providers including those who said they were unable to receive help/services. Another Native American man who identified as disabled and a Veteran shared,

> "*I would like you to know that my community's experiences with Native American service providers have shown the importance of culturally sensitive care and support. However, there are often barriers to accessing these services, such as limited availability, lack of awareness, or difficulty navigating the system. Greater outreach, improved accessibility, and expanded resources would help bridge these gaps and ensure better support for Native American community members.*"

People mentioned the importance of and need for more cultural sensitivity and competency from service providers such as knowing tribal traditions, native knowledge, communication styles. Respondents called for more native providers and more resources for existing providers. Some individuals need help finding and proving their tribal ancestry or affiliation, especially when it is required to receive services. Others called for collaboration between Native and non-Native providers to better serve Native Americans and benefit the overall community. Ultimately, the feedback from this question illuminated the need for more resources and training on how to serve Native American people.

Respondents were asked about their experiences with services for older Native Americans in Multnomah County. These questions were only presented to respondents who identify as Native American and/or provide care for someone who does identify as Native American. They were asked to select all that apply from the following statements: I **know** this service exists; I know how to **get** this service; I currently **use** or **have used** this service; and I would **benefit** from this service **now** or in the **next 5 years**.

More Native American and Alaska Native respondents report knowing about Indian Health Services (62%) in comparison with Native American Rehabilitation Association of the NW (55%) and Native American Youth & Family Center (59%). There is a large drop between respondents knowing about services and knowing how to access them. The least number of people are using Indian Health Services (16%) compared to other services. Most respondents report that they would benefit from Indian Health Services (15%) and NARA (16%).

Respondents who identify as Native American or provide care for someone does (Notes: All percentages are rounded. As a select-all-that-apply question, totals do not add up to 100%.)	I **know** this service exists	I know how to **get** this service if I need it	I currently **use** or **have used** this service	I would **benefit** from this service **now** or in the **next 5 years**
Indian Health Service (n=279)	62% (173)	36% (100)	16% (45)	15% (42)

Native American Rehabilitation Association of the NW (NARA) (n=278)	55% (153)	38% (105)	30% (82)	16% (44)
Native American Youth & Family Center (NAYA) (n=265)	59% (157)	39% (103)	25% (67)	12% (32)

Respondents were asked to agree or disagree with the following statements about how various aspects of their identities are respected by service providers and impact the services they receive. Respondents selected whether they agreed or disagreed with the statements, and then were asked follow-up questions about which aspects of their identity they were referring to if they indicated a negative experience or disrespect. Respondents could select age, primary language, race/ethnicity, gender, sexual orientation, sex, ability status, Veteran status, or an identity not listed. Below the statements are shared along with the percentage of respondents who answered. Responses are further broken down by respondent race/ethnicity and the most frequently reported identity shared.

My identity is respected by those who provide services to me. (Notes: Skipped: 16%, Missing: 25%. Below the most reported identity is highlighted unless otherwise specified.)	Response Percent
Agree	56%
Disagree	4%

- Respondents who identify as **Asian** and *disagreed* that their identity is respected by service providers (n=7): 86% cited their **primary language** as the disrespected identity.
- Respondents who identify as **Black and African American** and *disagreed* that their identity is respected by service providers (n=5): 100% cited their **race/ethnicity** as the disrespected identity.
- Respondents who identify as **Hispanic and Latino/a/e/x** and *disagreed* that their identity is respected by service providers (n=6): 67% cited their **gender** as the disrespected identity.
- Respondents who identify as **Native American and Alaska Native** and *disagreed* that their identity is respected by service providers (n=8): 88% cited their **race/ethnicity** as the disrespected identity.
- *0 respondents who identify as Native Hawaiian and Pacific Islander disagreed that their identity is respected by service providers.*
- Respondent who identifies as **Middle Eastern and North African** and *disagreed* that their identity is respected by service providers (n=1): they cited **age, primary language and ability status** as the disrespected identities.
- Respondents who identify as **white** and disagreed that their identity is respected by service providers (n=38): 68% cited their **age** as the disrespected identity.

My identity limits the availability of services to me. (Notes: Skipped: 22%, Missing: 25%.	Response

Below the most reported identity is highlighted unless otherwise specified.)	Percent
Agree	15%
Disagree	39%

- Respondents who identify as **Asian** and agreed that their identity limits the availability of services to them (n=39): 64% cited their **age** as the identity that limits the availability of services to them.
- Respondents who identify as **Black and African American** and agreed that their identity limits the availability of services to them (n=33): 70% cited their **race/ethnicity** as the identity that limits the availability of services to them.
- Respondents who identify as **Hispanic and Latino/a/e/x** and agreed that their identity limits the availability of services to them (n=24): 54% cited their **race/ethnicity** as the identity that limits the availability of services to them.
- Respondents who identify as **Native American and Alaska Native** and agreed that their identity limits the availability of services to them (n=61): 61% cited their **race/ethnicity** as the identity that limits the availability of services to them.
- Respondents who identify as **Native Hawaiian and Pacific Islander** and agreed that their identity limits the availability of services to them (n=4): 100% cited their **age** as the identity that limits the availability of services to them.
- Respondents who identify as **Middle Eastern and North African** and agreed that their identity limits the availability of services to them (n=3): 100% cited **age, race/ethnicity, sexual orientation, and ability status** as the identities that limit the availability of services to them.
- Respondents who identify as **white** and agreed that their identity limits the availability of services to them (n=118): 49% cited their **age** as the identity that limits the availability of services to them.

My identity negatively impacts the quality of services I receive. (Notes: Skipped: 22%, Missing: 25%. Below the most reported identity is highlighted unless otherwise specified.)	Response Percent
Agree	12%
Disagree	42%

- Respondents who identify as **Asian** and agreed that their identity limits the availability of services to them (n=29): 72% cited their **age** as the identity that negatively impacts the quality of services they receive.
- Respondents who identify as **Black and African American** and agreed that their identity limits the availability of services to them (n=28): 68% cited their **race/ethnicity** as the identity that negatively impacts the quality of services they receive.
- Respondents who identify as **Hispanic and Latino/a/e/x** and agreed that their identity limits the availability of services to them (n=21): 48% cited their

race/ethnicity as the identity that negatively impacts the quality of services they receive.

- Respondents who identify as **Native American and Alaska Native** and agreed that their identity limits the availability of services to them (n=36): 58% cited their **race/ethnicity** as the identity that negatively impacts the quality of services they receive.
- Respondents who identify as **Native Hawaiian and Pacific Islander** and agreed that their identity limits the availability of services to them (n=4): 75% cited their **age** as the identity that negatively impacts the quality of services they receive.
- Respondents who identify as **Middle Eastern and North African** and agreed that their identity limits the availability of services to them (n=2): 100% cited **age, race/ethnicity, and sexual orientation** as the identities that negatively impact the quality of services they receive.
- Respondents who identify as **white** and agreed that their identity limits the availability of services to them (n=93): 54% cited their **age** as the identity that negatively impacts the quality of services they receive.

My identity prevents service providers from listening to my needs, concerns, or requests. (Notes: Skipped: 20%, Missing: 25%. Below the most reported identity is highlighted unless otherwise specified.)	Response Percent
Agree	15%
Disagree	40%

- Respondents who identify as **Asian** and agreed that their identity prevents service providers from listening to their needs, concerns, or requests (n=36): 58% cited their **age** as the identity that prevented service providers from listening.
- Respondents who identify as **Black and African American** and agreed that their identity prevents service providers from listening to their needs, concerns, or requests (n=33): 70% cited their **race/ethnicity** as the identity that prevented service providers from listening.
- Respondents who identify as **Hispanic and Latino/a/e/x** and agreed that their identity prevents service providers from listening to their needs, concerns, or requests (n=24): 42% cited their **primary language** as the identity that prevented service providers from listening.
- Respondents who identify as **Native American and Alaska Native** and agreed that their identity prevents service providers from listening to their needs, concerns, or requests (n=57): 60% cited their **race/ethnicity** as the identity that prevented service providers from listening.
- Respondents who identify as **Native Hawaiian and Pacific Islander** and agreed that their identity prevents service providers from listening to their needs, concerns, or requests (n=5): 100% cited their **age** as the identity that prevented service providers

from listening.

- Respondent who identifies as **Middle Eastern and North African** and agreed that their identity prevents service providers from listening to their needs, concerns, or requests (n=2): 100% cited **age, primary language, race/ethnicity, and sexual orientation** as the identities that prevented service providers from listening.
- Respondents who identify as **white** and agreed that their identity prevents service providers from listening to their needs, concerns, or requests (n=104): 57% cited their **age** as the identity that prevented service providers from listening.

It is important to me to receive services from those who share parts of my identity. (Notes: Skipped: 22%, Missing: 25%. Below the most reported identity is highlighted unless otherwise specified.)	Response Percent
Agree	30%
Disagree	24%

- Respondents who identify as **Asian** and agreed that it is important to receive services from people who share parts of their identity (n=76): 71% cited their **primary language** as the identity that they would like to share with service providers.
- Respondents who identify as **Black and African American** and agreed that it is important to receive services from people who share parts of their identity (n=55): 58% cited their **race/ethnicity** as the identity that they would like to share with service providers.
- Respondents who identify as **Hispanic and Latino/a/e/x** and agreed that it is important to receive services from people who share parts of their identity (n=37): 51% cited their **primary language** as the identity that they would like to share with service providers.
- Respondents who identify as **Native American and Alaska Native** and agreed that it is important to receive services from people who share parts of their identity (n=79): 65% cited their **race/ethnicity** as the identity that they would like to share with service providers.
- Respondents who identify as **Native Hawaiian and Pacific Islander** and agreed that it is important to receive services from people who share parts of their identity (n=4): 100% cited their **age** as the identity that they would like to share with service providers.
- Respondent who identifies as **Middle Eastern and North African** and agreed that it is important to receive services from people who share parts of their identity (n=4): 100% cited **age, race/ethnicity, and gender** as the identities that they would like to share with service providers.
- Respondents who identify as **white** and that it is important to receive services from people who share parts of their identity (n=268): 54% cited their **age** as the identity that they would like to share with service providers.

Final survey questions

Respondents were asked: Is there anything else you would like us to know about how your personal identity makes a difference in how you seek or receive services? Many people spoke about how one or more of their identities impacted (mostly negatively) how they seek or receive services. These included race, gender, sex, sexual orientation, age, disability, language, income, and body shape/size. The most frequently mentioned identities that negatively impacted the experience of people were being an older woman, having an invisible disability, being Black, Indigenous, or a person of color, and being a member of the LGBTQIA2S+ community (in particular being transgender).

Many, especially older women and those with invisible disabilities, describe feeling invisible. They often feel they are not believed or taken seriously when they need help, especially in the healthcare system.

While a few respondents said their personal identities were not important and that their identities did not impact how they seek and receive services, numerous people, especially older women and transgender people, don't trust or feel comfortable with healthcare and service providers that do not share or understand their identities. After having negative experiences with service providers, some choose to forgo help or treatment from those that do not understand or respect their identities. Others also go to great effort to find providers they are comfortable with. One white, disabled, nonbinary person under 50 shared, "I am constantly having to advocate for myself, in so many parts of my life, and it is tiring... I wish I didn't have to push for myself to get the things that are readily available to others WITHOUT all the extra advocacy work. I believe most of this is due to my gender presentation, queerness, and neurodivergence."

When asked about ideas to improve services for people who might have greater needs or more difficulty getting services due to their race/ethnicity, ability status, age, gender, sexual orientation, and other identities, many respondents called for cultural competency training and education for providers, especially for people of color and older people. Several individuals proposed a program where people can request an advocate at important appointments, like legal or medical appointments. Individuals advocated for services to be designed within the communities they plan to serve, to ensure that the perspectives and needs of community members are embedded in services. Respondents expressed the desire for more service providers who speak the languages of the communities they serve to be hired, as well as more culturally competent providers. They also reflected the need for community services to be better funded–or funded at all.

Others described the need for accessibility improvements: from structural changes to the buildings to be universally accessible to increasing staffing across the county so residents won't have to travel so far to try to get care. This followed a large theme of respondents calling for more information more widely shared about county and community services. Several respondents suggested that the county prepare a physical packet of county services and resources to be directly mailed to residents over 60, as there are widespread challenges in seeking out information online and over the phone. There is a clear need for direct outreach to communities in the county so that they can learn about and learn how to access the care they need.
Lastly, many respondents want a more direct and responsive way to provide feedback. It is clear that many feel their concerns have not been adequately addressed in the past, and want a mechanism in place to ensure their comments will be heard and acted on.

The last question of the survey asked respondents, "Is there anything else you would like us to know?" Individuals shared a variety of feedback, but the main themes from their comments included the need for more direct outreach to spread awareness about social services; the reality that a one-size-fits-all approach to service provision leaves many people behind; and the need for house repair and tax relief assistance to keep older adults in their homes.

First, many respondents said that before the survey, they did not know about any of the services provided by the county and community partners. Individuals explicitly requested targeted outreach, through a physical packet of services and resources mailed directly to them. The model of generally encouraging people to visit websites and search for services was described as too complicated to navigate, and caused some respondents to give up looking for help.

Next, a one-size-fits all approach does not work for many people in Multnomah County. While some people may be able to find and receive services, there are many more who are left behind. Many respondents indicated that they receive some government financial assistance which disqualifies them from getting other help. However, they are still struggling. A disabled female caregiver over 60 shared, "Please don't offer resources that people will call only to be told they are on a wait list or there are no volunteers for the program. Pay people to do this work and make it available on a sliding scale - Medicaid or SNAP recipients pay nothing, others pay based on income. It is not just the low income who need this assistance."

Highlighting this sentiment, a queer white man over 60 expressed: "I think it should be helpful to inform the general public that these services exist and who they are for. Many of us are not engaged with services because we don't know if we qualify or if the services are relevant to our situation, especially for those who are not in dire need but need an assist." There need to be a variety of services that most people can access

when they need help. This is important because potentially dire situations may be avoided if people receive support before a crisis time. This was emphasized by a bisexual white woman over 65 who talked about their struggles, and was echoed throughout the survey:

> "*I'm unable to have a recommended medical procedure because I'm socially isolated, won't spend the money on specialized private medical transportation, and have nobody to care for me during the prep and nobody to care for my dog. Medicare doesn't cover transportation and so the services acceptable to the hospital aren't accessible to me. Outpatient procedures, as so many are these days, aren't accessible without friends/family/OHP. My health is fading but [I] don't qualify for help.* ***Nobody is looking in on me, virtually or otherwise.*** *An AI tool to nurture folks developing dementia that encourages enough interaction to assess symptoms hasn't been developed yet.* ***The sicker I get, the more isolated I am, and the harder it becomes to reach out. We need to be proactive about establishing a lifeline before need****."*

Many individuals described the need for help to remain in their homes as they age. A large number of people shared fears that with increasing property taxes on fixed incomes they will be forced out of their homes, and potentially become houseless. Respondents called for property tax caps for adults over 70. Others talked about how difficult it is to maintain a home as you age, both in terms of home repairs and gardening/landscaping. Individuals called for handyman and gardening services to assist in this area.

Lastly, several respondents requested to see the results from this survey and asked that it be widely shared. The results should at least be distributed through the channels that survey participation was first advertised, but a wider outreach effort should be planned, too.

Methods

Recruitment & data

A mixed methods needs assessment survey was created by Multnomah County's Department of County Human Services Aging, Disability & Veteran Services Division (ADVSD) researchers to evaluate how diverse populations of people within the county access social services. The needs assessment survey contributed to the development of Multnomah County's Area Plan on Aging for 2025-2029, as required by the federal Older Americans Act. The anonymous survey included 64 questions that captured demographic information and respondents' awareness and use of various Multnomah County services in seven main areas: food and nutrition, health, caregiving, transportation, information and assistance, legal assistance and elder rights protection,

and services for older Native Americans. Respondents were compensated for their participation with a $20 gift card to either Target, Safeway/Albertsons, or Fred Meyer.

The survey was published online via Qualtrics, and available in print form by request, in 13 languages: Arabic, Chinese Simplified, Chinese Traditional, English, Korean, Lao, Romanian, Russian, Somali, Spanish, Tagalog, Thai, Ukrainian, and Vietnamese. Advertisement efforts included a webpage on the Multnomah County website, paid advertisements on Facebook, and outreach through the Multnomah County Library, and community partners like Home Forward, Coalition for Communities of Color, and others. The survey was active from October 1, 2024 and was closed on October 28, 2024. The survey gathered 2,410 responses, of which 1,808 were included in our analysis. Six hundred and two (602) responses did not meet one or more of the following inclusion criteria:

- Selected "Yes," agreeing to participate and provided a zip code in Multnomah County + zip codes in 30-mile radius,
- aged 50+
- or aged 18-49 with a disability, someone who served in the military, as a caregiver, Native American or Alaska Native, identifying as an immigrant or refugee, LGBTQ+, or unhoused/homeless.

It is important to note that while 50+ is the age cutoff for blanket inclusion, people that identify as Native American/Alaska Native or LGBTQ+ communities may have fewer community members that reach the 50+ threshold, given persistent structural inequality that creates health disparities and higher mortality rates at younger ages. Each respondent, as categorized by a unique response identification number, represents a unit of analysis.

Variables

Per the Area Plan Instructions, this Needs Assessment is focused on priority populations, which include:

- Older individuals who have greatest economic and greatest social need, with particular attention to:
  - low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.
- Older individuals at risk for institutional placement, and
- Older individuals who are Native American.
- Social need includes issues related to older lesbian, gay, bisexual, transgender, queer, intersex, asexual, Two Spirit (LGBTQIA2S+) individuals.

The independent variables that reflect these priority populations include age, Veteran status, ability status, zip code, food insecurity, caregiving status, immigrant or refugee status, being houseless, number of people in the respondent's household, annual household income, racial and ethnic identity–including Native American or Alaska Native identity, primary language, gender, sex, and sexual orientation. The Needs Assessment survey did not determine respondents' risk for institutional placement. However, age 85 and over is an indicator for being at high risk. We included respondents who either live in Multnomah County or within a 30-mile radius of the county to reflect community members who may work in county jurisdiction but live outside of it. The dependent variables include seven multiple-response-option questions that assessed whether respondents were aware of, knew how to access, had accessed, or would benefit from access to a particular service related to nutrition services, health services, caregiving and family support services, transportation services, information and referral services, legal assistance and elder rights protection services, and Native American-focused services in Multnomah County.

Apart from zip code, each independent variable was recoded into a nominal variable, with discrete numbers representing the range of answer possibilities, but not constituting a specific value. Veteran status, ability status, food insecurity, caregiving status, immigrant or refugee status, being houseless, racial and ethnic identity, gender, sex, and sexual orientation variables were recoded as dichotomous variables (representing whether the respondent answered affirmatively or not).

The dependent variables were also recoded into dichotomous variables, signifying if the respondent indicated affirmatively that they knew about, knew how to access, had accessed, or would benefit from access to the seven aforementioned services.

Analysis

We conducted univariate analyses through descriptive statistics to understand the priority populations present in the sample. Frequency tables are included in the Needs Assessment results of the Area Plan that share these results. Then, we conducted bivariate analyses through cross tabulations to understand how various characteristics of the sample intersect, particularly in relation to how specific groups knew about and had access to the seven service areas highlighted in the Needs Assessment. The seven major matrices that assess knowledge of and access to service areas were presented in select-all-that-apply question format, which required multiple-response-set analysis. Multiple response set frequencies and crosstabs enabled us to count one respondent's total responses within each select-all-that-apply question, rather than counting each response case discretely. Multiple-response-set analysis also was used to evaluate how respondents reported that aspects of their identity impacted their experiences with services in Multnomah County.

Limitations

The most significant limitation of this Needs Assessment analysis is the large amount of missing data. Most of the questions have a 25% rate of missing responses. The only required questions for the majority of people who completed the survey via the online survey platform Qualtrics included consent to take the survey, age, and zip code. Beyond those first questions, no other questions were required to be answered, thus, some respondents chose to skip a variety of questions. (The 34 people who took the survey in its paper form could choose to skip any question.) The research team made the decision to not require most questions to be answered for two main reasons. First, requiring questions makes it more likely that respondents will quit the survey early. Second, respondents may not wish to answer certain questions, particularly around personal information. Therefore, leaving most questions optional allows respondents to skip those which may make them uncomfortable. Additionally, 20% of respondents completed less than half of the survey, leaving the rest of the survey unviewed and unfinished. Seventy-three percent of respondents completed the entire survey, which means they clicked through the Qualtrics survey to the final completion page. However, the fact that 73% of respondents finished the survey does not mean they answered every question. Our percentage totals of demographic information shared in the beginning of the Needs Assessment results within the Area Plan include the missing data percentages below each table that shared a variable with missing or skipped responses to not inflate the percentages by only including those who did respond to each question.

Another major limitation of the survey's results comes from the design of the seven matrix-style questions that solicit feedback on services areas in the Aging, Disability, and Veterans Service Division of Multnomah County. While these questions were described in the survey as "select all that apply" so that respondents would indicate their knowledge of services, knowledge about how to access services, use of services, and whether the services would benefit them, it was clear from some matrix responses that not all respondents found these instructions clear. The main indicator of potential confusion was evident in some results where individual respondents did not indicate that they knew about a service, but did indicate that they knew how to access it. While it is possible that they may not have known about the service, but felt confident in their abilities to search out the service, this likely suggests that some respondents did not treat the matrix questions as "select all that apply." Some respondents also indicated in their comments for open-ended questions that they felt forced to select options even though they did not apply because they thought a selection was required.

Next, in order to provide surveys in numerous languages spoken throughout Multnomah County, translation services were used for initial survey translation and subsequent response translation. These services were used in addition to Google

Translate and the translation work of multi-lingual staff at Multnomah County. With a variety of translators and translation teams, not all words or phrases were translated in the same way. Questions that listed the names of Multnomah County services or services of community partners, like Q29 and Q63, were sometimes kept in English, sometimes translated into the respective survey language, and sometimes translated into the respective survey language alongside the English words. These inconsistencies represent a limitation of how respondents may have understood the survey in languages other than English. As a further challenge, the distinct words and concepts of 'sex' and 'gender' in English do not always have equivalent translations in other languages. Specifically, in Arabic and Vietnamese there is one word that represents both sex and gender. For these questions, we included the word in the respective survey language followed by the English word in parentheses. However, this still may have been confusing for some respondents. These differences may have impacted how respondents interpreted the question or how their answers were translated for interpretation.

Appendix L: Feedback from public hearings & comments

This appendix shares the details from the Area Plan's opportunities for public comment. This includes comments shared during the public hearing with the Somali American Council of Oregon on January 24, 2025; the month-long public comment period that ran from February 6, 2025, through March 6, 2025; the public hearing at the Asian Health and Service Center on February 19, 2025; the virtual public hearing held on February 24, 2025, and the comments received from members of the Aging Services Advisory Council (ASAC) and Disability Services Advisory Council (DSAC) groups. First, we share a table describing key takeaways, followed by the notes captured directly during the public hearing, or as submitted by community and council members during the public comment period.

Feedback from public hearing with the Somali American Council of Oregon

Key Takeaways

General

- The community goes to SACOO for any and all needs. It is important for us to build that relationship and provide resources through SACOO
- Glad to see ADVSD there making an effort with their community

Top Needs

- Information on how to request services and determine eligibility
- Shelter, energy assistance, housing, food
- Transportation (non-medical)
- Assistance with changing DOB on documentation
- Working with language barriers
- Facing discrimination when attempting to get services

Other Needs

- Social group for older Somalis, especially men

ADRC Benefits & Access: Would you benefit from using the ADRC Helpline and referral services?

- People need help with shelter, energy assistance, housing, food
- Audience members express that they're really happy to see Multnomah County back again. They are clear that the Somali community in Portland is represented by SACOO. The Somali community hasn't found any other agency than SACOO that is willing to help.
- Housing is a huge problem. Food is very short. Need rent assistance.
- One audience member shared that most of the people in the audience have a disability. And when people need help, they come to SACOO. They said that they don't believe that employees of Multnomah County can help them, but instead know that SACOO bridges the gap.
- There are more than 100 Somali elders who need services and are not exposed to these kinds of resources.
- Most of the time, Somali community members bring their needs to different organizations, like Multnomah County, but find it difficult to get what they need. But SACOO meets their needs much more effectively.
  - An audience member said what makes working with the county difficult is translation and the language barrier.
  - Biggest struggle with ADRC hotline, difficult to speak with a living human being.

ADRC Area Plan goals & tasks: What is the best way to advertise the ADRC with your friends, family, and community?

- TV is a good medium for Somali, but any advertisements or commercials need to be in Somali.
- Go through local Somali YouTube channels.
- Community members suggest ADVSD do a podcast in Somali. Advertise visually and orally for multiple ways for people to learn about ADVSD services.
- One audience member raised three concerns:
  1. Most people in listening session audience are elders and have a disability. Many of them need help and resources, but often face obstacles in getting it. For example, Somali elders rarely speak English, and this makes trying to schedule an appointment very challenging. Additionally, Somali folks don't know that when they're placed on hold during a phone call, they should stay on the call – however, sometimes hold times are unreasonably long. (People understand that there are staff capacity issues, but this is still a problem.)
  2. Many people in the Somali community are civil war refugees who also lived in refugee camps. Community members have a lot of trauma, and need patience and understanding from their service providers.
     a. A major struggle many Somali people face is that they had to flee the country and do not have any identification papers or documents. Some people fled straight from school, without time to go home or get their documents. Not having any documents or identification from Somalia makes it very hard to get resources.
     b. When they fled their country and had to live in refugee camps, UN officials would assign people ages and were often very wrong, saying people were younger than they were. This means that any identification paperwork people have from the UN makes it seem as if they are younger than they really are, and thus, actual older adults are denied services for older adults.
        i. People need to know how to change this error. Are there resources the county can provide or refer to get the right age corrected on their paperwork?
  3. Older people, especially older men, do not have programs tailored to them. People in the Somali community want any social programs where people can get together socially, especially for men. People are lacking that social connection. There are two large Somali populations in the US (one in Minneapolis and one in Seattle) and those communities have very successful social programs.

Transportation Area Plan goals & tasks: What kind of transportation services do you use (for things that are not doctor visits)?

- People need transportation to cultural services like SACOO and religious services.

- Another audience member shared a story about when they first arrived in America:
  - This person called to set up transportation services for travel to and from an appointment. One person took him to the appointment, but a new person showed up to take him home. An elderly person drove them the wrong way, opposite of their house. Because this person didn't speak English, they started gesturing for the driver to stop, got out and just walked home.

Question and answer session

- A community member used the metaphor of a table to represent the unity of the Somali community and their shared concerns. They shared that the majority of the SACOO members do not read or write, and want SACOO to be the way they learn about and receive resources and services. The SACOO meeting space is like their living room, their home.
- Another community member expressed that she was happy about this listening session, and shared her desire to be connected with county employees. She shared that many of the programs and resources Multnomah County staff shared are programs that Somali community members have been waiting for. She said that transportation help is very needed. Unlike someone else who shared, she wouldn't mind having two different people taking her to and from a location. And while there may be varied experiences with medical transportation, most of her community doesn't have a bad experience with medical transportation.
- The main problem for many in the Somali community is the language barrier. Not for young people, but the elders who grew up in Somalia and came here for the most part don't speak English.
  - What the Somali community needs is someone who can really translate what their needs are, especially in scheduling appointments and for arranging transportation.
  - Community members get confused by the difference between Medicare and Medicaid. Some community members might even have a membership card, but likely do not know what it is!
    - Community members need someone to explain what Medicare and Medicaid are, and what membership cards for these programs look like.
    - Community members want to learn more about transportation services so they can use them.
    - Some community members have a medical benefit card, and think that they can purchase non-medical items with that card, but the community members don't know what items they can buy. They'd like education on that.
    - Audience members emphasized that they need a lot of interpretation and translation.

    - ADVSD Representative offered to provide training on Medicare, Medicaid, and general eligibility at SACOO.
- The bridge between the Somali community and Multnomah County is SACOO. As a community, SACOO brings forward their concerns.
- An audience member shared another question about medical transportation:
    - She has an elderly mom who is wheelchair bound, and a small vehicle. She cannot take her mom in her car. When she calls to arrange medical transportation for her mom, 99% of the time, they forget to pick her up. And after medical appointments, the service sometimes won't return to get her. When she calls and asks for a ride home, no one shows up. Depending on weather conditions, that's hard on her elderly mom. If the audience member who shared this story, who speaks English perfectly, still has these problems, what might happen to her mom, who can only say "hello" in English?
- Because of the language barrier, a leader at SACOO several times a week has to leave work and go help translate and advocate for her community members.
    - Rental assistance is a good example. Community members have to provide a ton of information for rental assistance.
- People face degrading experiences just trying to get services.
- A lot of Somali community members are dealing with problems with landlords and housing. Many are elders, and feel like their age affects how they are treated.

Feedback from public hearing with Korean community members at Asian Health & Service Center

Key Takeaways

General

- AHSC is a hub for the Korean community
- Community members were glad to connect with ADVSD
- Share resources with faith-based organizations, direct mailers to households, Korean-language newspapers, KakaoTalk platform

Top Needs

- Information on how to request services and determine eligibility
- Help arranging transportation services needs inside and outside of Multnomah County, in preferred language
- It is difficult to ask for help plus the ADRC contact process is too complicated, and not immediately available in preferred language

What is the best way to advertise the ADRC with your friends, family, and community?

- Faith-based advertising through translated materials and flyers
- Send direct mailers to neighborhoods and households
- KakaoTalk

- Korean-language newspapers
- Word of mouth
- At Asian Health & Service Center

Why might people not use the ADRC?

- People do not know about the service.
- Language barrier
  - Some Korean community members are not able to communicate in English, so they are hesitant to call the number. It's hard to even ask for a translator
- The ADRC Connection hotline process is too complicated. When a community member called, the process of getting through and talking to the right person was too hard.
- Sometimes because people may feel ashamed to reach out and ask for help.

Transportation Area Plan goals & tasks

- Community member question: Would transportation services take community members to go grocery shopping? What about outside Multnomah County?
  - Answer: Contact statewide ADRC or other counties' ADRCs to get transportation services there.
  - Need to clarify the boundaries of transportation services. So, an answer to this question might be to expand the reach of transportation services, that they can go beyond Multnomah County border.
- Community member question: Does ADRC have Korean language service available for when Korean language speakers call?
  - Answer: Yes

Question & answer session

- Community member question: Property taxes are too high. We have a problem in Multnomah County about property taxes. Can you reduce them? Can we make exemptions for residents over 65 years? Or depending on number of years lived in the county?
  - Answer: There is a property tax program for seniors in Multnomah County, but there is eligibility requirements based on housing and income.
- Community member: What is the art tax?
  - Answer: City of Portland tax that gives money to support the arts, children, access to arts, and parks.
- AHSC facilitator question: Please share more information about TransDev, eligibility, and who community members should call to see if they are eligible for TransDev services.
- Community member question: Are there any bus ticket programs?

- Answer: There is a TriMet program. You can get paper tickets from AHSC, or HOP passes (reloadable plastic cards).

Feedback from virtual public hearing on February 24, 2025

Key Takeaways

General

- Programs to help older adults prepare for emergencies, have social connection, and advocacy
- Concerns about property tax levels
- Interest in a summary document of the Area Plan
- Concerns about how current federal funding uncertainty may impact the Area Plan and program funding

Top Needs

- Building awareness about ADRC: consider running a series on the nightly news highlighting ADVSD services

Virtual public hearing notes

- QMB card and OHP inactive. The card should be clear. Online info should show QMB.
- County needs to work closely with the State of Oregon to deal with funding issues.
- While the federal and state funding situation is uncertain, priority at ADVSD is to not impact direct services if funding cuts occur.
- Need services that help keep older adults in their homes; to proactively prevent homelessness than only responding when someone becomes homeless.
- Duplication of services vs blind spots. Did not see the media campaign. Proposed a series of shorts on the nightly news. How do you become a community partner? Is there help preparing for emergencies so seniors can be more prepared.
- Alarming rate of seniors who do not know about basic services, utilities, financial assistance.
- How to overcome the cost of transportation barriers?
- Plan to summarize Area Plan? Hard to read such a big document. Multiple languages? Significant changes since last plan?
- If federal funding is the primary source of funds is there a backup plan?
- Services for teenagers in the County?
- The Ombudsman program is gone. Can people work with someone to get help/resources?
- Diabetes management programs?

Anonymized question and answer chat

- (Guest) 11:02 AM nice to be here
  - Q&A Moderator 11:05 AM We're glad you're here! Thank you for joining

- (Guest) 2022 joined medicare (sic) interested in QMB and medical alert systems for low-income folk
- (Guest) 11:09 AM: How can we improve the communication between County and State funding sources and senior service in Multnomah Co.? We need a more cooperative working relationship despite the funding challenges
- (Guest) 11:44 AM: are the services paid already or require payments
  - Q&A Moderator 11:45 AM: can you be more specific? We would like to answer your question but need more information.
- Guest 11:47 AM: I read on Internet medicare (sic) trying to get everyone who meets QMB eligibility low-income people get them enrolled? I find the card for QMB refers to OHP which I am not active. Who can I appeal the QMB ID card to show QMB use, dates of eligibility, and customer services dedicated to QMB questions and eligibility? The QMB card today does not show any of this.
  - Q&A Moderator 11:51 AM: Hello! The ADRC Helpline can assist you with eligibility issues. Please contact the ADRC 24/7 Helpline at: Phone: 503-988-3646, Email: adrc@multco.us, Online: adrcoforegon.org
- (Guest) 11:48 AM: How is this Area Plan informing the current budget planning session? Will findings and feedback influence the budget? Will these finds be prioritized?
- (Guest) 11:49 AM: how do we overcome the cost of transport barriers
- (Guest) 11:50 AM: I was trying to know who funds the budget.
- (Guest) 11:51 AM: How do you become a community partner? Is there a strategic plan to work with the media to unveil the plan? Who can apply for funds? Do you have any plans to offer disaster emergency programs?
- (Guest) 11:51 AM: Are there plans to continue website accessibility updates to update things like breadcrumbs, heading structure, alt text, contrast, etc.?
  - Q&A Moderator 12:02 PM: thank you for your question! The County as a whole is working on web accessibility updates which are already underway. Changes will start rolling out throughout this year.
- (Guest) 11:53 AM: I think developing programs that brings older adult together with younger generations promoting social connections and knowledge sharing
  - Q&A Moderator 12:05 PM: Thank you for your comment! We will note this. Our community partner, Friendly House, does some programming like this already if you are interested in looking into it!
- (Guest) 11:54 AM: I think they should be Expanding Community-Based Care & Accessibility to improve funding home care and transportation
  - Q&A Moderator 12:05 PM: Thank you for your comment! We will note this.
- (Guest) 11:55 AM: The Area Plan Draft is a large document and I believe hard for community members to digest. Is there a plan to create a summary document. If so, will that document be available in multiple languages for accessibility. I'm also

interested in know if there were significant shifts/changes from the prior area plan that should be noted?
  - Q&A Moderator 12:15 PM: Thank you for suggesting a summary! We currently have the entire document posted. The document does have a clickable Table of Contents and we have tried to write the focus areas, goals, and tasks in plain language to be more digestible than some of the research-focused sections. https://multco.us/info/2025-2029-area-plan-aging
- (Guest) 12:14 PM: If federal funding is the primary source of funds is there a back up (sic) plan to fund your program in the event funds for medicaid (sic) are cut?
- (Guest) 12:19 PM: along the lines of the federal funding question - does the executive order about DEI have any effect?
  - Q&A Moderator 12:26 PM: This Area Plan is not currently impacted by the DEI executive orders - this doesn't mean that it can't be impacted in the future. To learn more about the executive orders, visit: https://www.federalregister.gov/presidential-documents/executive-orders/donald-trump/2025
- (Guest) 12:20 PM: please how long is the session going to take.
  - Q&A Moderator 12:22 PM: We appreciate you coming to our listening session! We have allocated a lot of time for questions because we want to hear your feedback. The session ends at 1pm. Stick around for the gift card drawing if you are able!
- (Guest) 12:21 PM: thanks for this wonderful session
- (Guest) 12:25 PM: do you have or create program relating to diabetes management for older ones
- (Guest) 12:32 PM: Thanks for this wonderful session
- (Guest) 12:33 PM: Why mailing [of gift cards]?
  - Q&A Moderator 12:35 PM: Thank you for asking! Because of the way the county fiscal office works around giving out incentives, we are required to distribute physical gift cards. Once you receive a gift card in the mail, you are welcome to use it online.

Feedback from public comment period

From a person 55 years or older on February 9, 2025:

- Many of us in our 70s and 80s will be forced from our homes by high property taxes (not to mention healthcare). Oregon should consider undertaking what other states such as Colorado that allow seniors over 65 to apply for exemptions - not deferred - property tax payments provided they have lived in their home for 10 years. Even adjustments made for homeowners over 72 or 75 would enable more seniors to age in place. Here is a link: https://dpt.colorado.gov/property-tax-exemption-for-senior-citizens-in-colorado#:~:text=Eligibility%20Requirements&text=The%20applicant%20is%20at%20least,prior%20to%20January%201%3B%20and

From a person with a disability on February 12, 2025:

- *Tengo 52 y por salud no puedo hacer ejercicios que pueda pagar. Lugares de ejercicio gratis. En mi idioma Español. Al igual actividades. Transportación para reuniones o ayudas para gas o bus. Actividades culturales*
  - I am 52 and for health reasons I cannot do exercises that I can afford. Free exercise places in Spanish, likewise activities. Transportation for meetings or help for gas or bus. Cultural activities.

From a person 55 years or older on February 20, 2025:

- *life alert battery operated freer than 1.5% less than $20 per month to living alone seniors*

From a person 55 years or older on February 20, 2025:

- *life alert freer than 1.5% of $20 less to seniors living alone in poverty*

From a person 55 years or older with a disability on February 21, 2025:

- *I am 78 years old and live with my widowed daughter in law. She has taken excellent care of me for five years now, but she is also getting older and will soon be needing physical help with me so I can stay in our home. Kamala had a good idea in paying family to take care of their loved ones, when they can't work outside the home. We also live with a 21-year-old granddaughter who has problems of her own. Patti is our wrangler and transportation. We all live on Social Security.*

From a person 55 years or older on February 23, 2025:

- *We need healthcare advocates to make sure our seniors are able to get the care they need. Technology and the ever changing (sic) healthcare system rules are more difficult for seniors to be able to keep up with. They are falling through the cracks and need more outreach and advocacy for their needs.*

From a person with a disability on February 24, 2025:

- *In light of federal executive orders, please do everything you can to protect and assist transgender and non-binary Oregonians in accessing equitable and supportive services for seniors, people with disabilities, and veterans.*

From a person with a disability on March 3, 2025:

- *I work on the Oregon Money Management Program as a Case Management Assistant, and joined the team 1.5 years ago. At the time I joined, the program was in need of a lot of support, from updating process documents, tools, and technology we used, to assisting with case management tasks. The OMMP team was overburdened with a backlog of work dating back through the pandemic. Ask anyone on my team, I lead the charge in process improvements, acted as a project manager for our new client onboarding overhaul, and made huge impacts for the team and our consumers. I cleared our 40+ person waitlist and improved consumer wait times by over 7+ months. I have a lot of concerns based on what I know from my department head, Marina Khalina, and my manager, Lynn Schemmer-Valleau.*

One of the stated goals on the budget plan is to ""Increase utilization of the Oregon Money Management Program (OMMP)."" With the proposed reduction of 2 FTE Program Technicians to 1 FTE Case Manager II, I have deep concern that our team would be unable to accomplish that goal. Having a clear division of a team member that assists in deposits, and one that assists in payments, is crucial to the functioning of our program and the requirements set forth for Organizational Payees by SSA. It is a legal requirement of organizational payees to have a separation of duties between the person handling deposits of a consumer's federal benefits and the person handling paying a consumer's bills. This separation is to help protect consumers against fraud. As required by SSA, our entire team has background checks conducted annually, also to help protect consumers against fraud. I am not certain that other team members that are proposed to assist with tasks for our team receive annual background checks.

Our team has made significant progress on many areas already during my time on the team. I do not want the progress we have made in best supporting our vulnerable community members, to be erased by the proposed restructuring of our program.

Lynn has been around since MultCo OMMP's inception and has already explored other staff arrangements, but was not adequately consulted for the current restructuring plan. When the county was first starting the program, she and the workgroup were not sure how to classify the work that OMMP's employees would perform. To solve for this, Lynn and the workgroup wrote out the expected tasks and gave them to class comp at HR. Class comp decided the work would be classified as Program Technician work. OMMP team has tried having case managers on the program. Despite their training and role being a case manager, they were told not to case manage for OMMP clients, as that was outside the scope of the program. This resulted in frustration and confusion for the CM

as the tasks needed for OMMP are not really case management work. I strongly advise to keep the current structure of two PTs, as I do think this has been the strongest, best practice staffing to support the needs of the program.

Further, we have a duty to serve our consumers using the best practices we know of. The proposed restructuring to one CM2 directly on OMMP does not align with Conflict-free case management (CFCM) principles. CFCM is ""a practice where the process of assessing and coordinating services for a client is completely separate from the actual delivery of those services, aiming to eliminate any potential bias or conflict of interest a care manager or agency might have, ultimately promoting the individual's choice and independence in selecting services."" The proposed restructuring would have the CM on OMMP creating the plan of care for the client, placing us on that POC, billing our own program for those services, and then providing those same services. This does not separate the assessment or coordination of services from the actual delivery of services. I do not think this aligns with the county's goal of trauma-informed practice for consumers.

I will close by saying that I strongly believe the proposed decision to restructure OMMP was based on a limited understanding of the function our program performs and what our program needs to succeed. I also strongly believe that Lynn has assisted in building this program from the ground up, and her expertise would be vital to any major decisions regarding our program. I would ask the county commissioners to not approve a restructuring to our staff, and to keep our current staff in place for the continuation of the program and the vital services we provide to the community members we serve. "

Feedback from Facebook post comments

- Affordable (on social security net benefits) assisted living facilities. Like college dormitories: with private bathroom, dining room (paid for with food stamps) 24/7 staff for monitoring health and safety situations that might a call for outside intervention. Cleaning service, built in television and headphones so others are not disturbed, laundry services. A social activity room, social support activities.
- I was raised by WWII generation (grandparents) & at elementary age my grandparents had me help them take care of then their elderly friends who either didn't have family close by or no family & it was a great lesson. By the time my grandparents became in need my own mother REFUSED to stop her life to care for them which I'm grateful for as I got to care for them even putting my married life on hold career & sports on hold it was well worth it! After going thru relatives & friends of our family being placed in convalescent homes or now facilities I absolutely refused to let my grandparents be placed in those horrible places so having them live with me & hubby was the best thing for them even when it reached needing hospice which that staff was so wonderful in teaching me how they handle patients! It became helpful when needing to care for hubby's difficult grandmother but once we discovered she had dementia I got all her photo albums out & started with old photos to last ones she took & it was helpful with her to remember people & things she had done. Folks & kiddos MUST spend time with the elderly listen to them know their needs & wants & definitely have patience keeping a positive attitude & words it helps them even those who are difficult! I don't trust facilities or convalescent homes as I've witnessed lazy staff uncaring medical staff but also haven't been in one since 2004! Not sure how seniors afford to live in any kind of facility from active seniors to close to end of life facilities as they're more expensive than mortgages & most rental homes/apts. I believe every family should make time to help their elderly family members relatives & friends of the family
- Thanks! I am signing up for the listening session now!
- Are there going to be any evening &/or weekend sessions?
- I'm still hoping to be 'feeling lucky' to finally get housed after 2 years of being houseless and disabled. Or I'd love to feel lucky next time I call aging and disability, that I don't get someone determined to say no to whatever I may need or have the kind of attitude that ruins my day and leaves me with more closed doors than help? Oh cool

Feedback from the Aging Services Advisory Council (ASAC) & the Disability Services Advisory Council (DSAC)

From ASAC member on February 10, 2025:

1. On Page 2 the plan identifies the District Centers but IRCO seems to have been left out. Are they supposed to be listed as the District Center for the MID region?
2. Page 17, can we get an actual map that shows these boundaries, one that we can zoom in on and understand the boundary change
3. Page 12, starting here but continuing throughout the document I was confused by the lack of clarity on OPI, the Plan continually uses the term OPI without explaining how the implementation of OPI-M will change how OPI is administered. Seems like the ongoing implementation is just not being addressed.
4. Page 18 and thereafter, these data tables offer the opportunity for some comparisons to be made but the plan really never gets into that. I live in the Mid (I think because the map isn't searchable) and noted that while the 60+ non-white population is about 27%, the population below 250% FPL is about 40%. That would tell us that there is a fairly sizable population of low-income whites in that area. Sometimes I think that group can get left out of our thinking with the reliance that we have on the race lens.
5. Page 34 mentions elder abuse awareness but is pretty much silent on what to do about improving that awareness. Before Elders in Action went out of business, they had implemented a community outreach program, all staffed by volunteers, to take the awareness message out to community groups. That was a great, very low-cost program that we should think about starting again.
6. Page 58, confused by the reference to IRCO as a Culturally Specific Partner, I thought they were a District Center Provider?
7. Page 62-63, I understand and support the need to focus on the needs of marginalized communities but it seems like this set of objectives is a bit heavy handed in that respect in that it totally ignores the fact that we do have non-BIPOC citizens living in poverty that also need support from these programs.
8. Page 66, I have spoken before about activities that: " promote movement, socialization and engagement, and healthy active lifestyles" as stated in the plan and the fact that there exists a huge disparity between the availability of these kinds of programs in the District Centers. Some are wonderful while others are hard to find. We need some kind of goal about this.
9. Page 80, this is the only place that I saw OPI-M implementation given any objectives in the plan. There should be an objective in every area where OPI-M intersects with the plan.

10. Page 101, I think this transportation item should be made much broader than it is, we have a LOT of people that we serve who could qualify for TriMet Lift service and it seems to me that we should try to get more of them certified for it. We are working to identify a low-income fare for TriMet Lift that could help a lot of people if we got them certified. Additionally, TriMet has a pilot program to make fixed route service free for anybody certified for Lift, yet another reason to certify more people. Lastly TriMet tends to minimize their concern about the senior population because they are not legally protected in the same way that Lift passengers are. If we certified a lot more people that would be much less of a problem when talking with TriMet about alternative services.
11. Page 119, more confusion about OPI, this section appears to describe the old program. Shouldn't this section go into the differences and how each will be handle

Asian Health & Service Center survey 2-19-25 written feedback translations

	1. What is the best way to advertise the ADRC with your friends, family, and community?	2. Why do you think people might not use the ADRC?	3. What would you change about the transportation services you use?	4. Do you have additional questions or comments?
1	*Through AHSC staff - best is direct phone call from staff *Church bulletin *Children- website	*Lack of awareness *cognitive declare- limited capacity to initiate. *No caregiver	*Must rely on caregiver to coordinate, request ride and manager time scheduling	For isolated seniors with dementia and no caregiver, near impossible to access services unless suggested by friends
2	*Through staff of AHSC -best is direct phone call from staff *for caregivers- through placement agencies.	*Lack of cognitive ability *No one to coordinate + set up care - Lack of caregiver	Do not use any because of lack of language, hearing loss Complexity of scheduling, lack of capacity to manage children/time alone *Need someone else to help with time arrangement.	
3	Through churches and other organizations	Because of a lack of understanding of ADRC		
4	It would be good through churches and other organizations.	Not much opportunity to hear about the information thus lack of or not enough understanding. (need Korean)		
5	Family, community, pastor	Because we don't know.	Don't use	
6	Through community center education. By telling close friends.	Lack of awareness	Relay information to each other	
7	Provide outreach education in Korean at community centers	Provide outreach and translated education in Korean	Calling and talking to a person directly in Korean	

	Indirect conversation			
8	By close friend	Not comfortable with the (English) language	None. I don't use it so I don't know.	Thank you
9	Told close friends.	People don't know or lack of awareness (There is no Korean or Korean is not available)	None. I don't use it	Thank you
10	Talk to my friends and family and encourage them to come to the Asian Center for information.	Cannot understand English, difficult to ask for help. Language is the biggest problem. Service in Korean is the most important. (when calling)	I don't use it so I don't know.	Thank you
11	By Mail	Language barrier No information about ADRC		
12	Church group meeting (senior group at fellowship time) My elderly neighbors?	1. Not informed about it. 2. Our situation does not qualify for the service 3. Process is too complicated.		
13	You can talk about it in a church fellowship group and put opinions together.	Many people are not aware so need to be more actively publicized. Want to know more about how to use specifically		
14	I am very grateful that I can actually get help. If I have any disability problems in the future, I will consult with	People don't know how to access information. I think it should be used as an opportunity to connect with churches and provide	I would like to see more help in providing mini-buses to those who can't make it to the hospital or Health center. Thank you.	

	the people who work at the Asian Health Center.	information. It is helpful for people who don't know.		
15	Public advertise is not enough by Korean language	Didn’t know they have service for people.	Round trip or one-way service. Doesn’t matter?	
16	Explaining in words or verbally	Lack of awareness	Because the process is complicated	
17	Oregon Korean community News	Language problems Korean		Could you down/reduce Oregonian property Tax 25-50%? For the condition, I over 65 Years old senior and over 10 years resident of in Oregon. It’s too burden for senior
18	Children, friends, church (handout)	Language communication	Self-driving	
19	Notify via KakaoTalk. Friends, KakaoTalk	Language issue	I hope there are seats and safe spaces at bus stops. (Weather)	
20	Community, Family, Friend.	Language barrier I use the Asian Health &Service Center, Thank you	Not punctual. Need an interpreter.	Korean food would be better, If possible.
21	KakaoTalk, Phone, Video	Because I don’t know. I'm old and don't understand	You are doing well.	Sometimes for lunch, can you give more Korean food or rice cakes?
22	KakaoTalk, Church, Phone, Words.	Complicated. I don’t want to wait. Bothersome. Don't know enough. Is it available in Korean?	I can't ride a bus or train because I get motion sickness.	I would be grateful if the center could serve more Korean food once in a while. Please provide services in Korean.

23	Educate how to inform.	Lack of Education.	Education is always the first step.	
24	Broadcast or community newspaper.	People don’t know the content of service and don't know the information so they don’t use it, right?	If we ride all the time, together and the driver can't make it due to personal urgent matters, what are my options?	I don't know enough about it to have an opinion, sorry. Thank you for all your hard work. I'm new to AHSC, so I apologize for the lack of information.
25	Use KakaoTalk or Message.	Don’t know how or way to use		
26	Reach out to each person's church or organization.	don’t know about it. The process is complicated and particular or picky.		
27	Mailing	The process is complicated.	Current way is good	
28	Mailing	The process is complicated	Current way is good	
29	It would be nice to have someone on the phone to explain in Korean.	don't use it much because of the language barrier.	It's hard to make an appointment and wait for a long time. It's hard for the elderly to take long transportation rides. I would like to have good transportation services to the pharmacy.	
30	Through a local Korean church	Because many people don't know about the ADRC.	I haven't used it, so I don't know much about it.	
31	Mail it to house	They don’t know.	Is this only for people with Medicaid?	
32	Many Koreans don't speak English. Make sure to print out all information in Korean.	People don’t know so they can’t use it	I don't use public transportation and service transportation. First. Because I don't know. I don't know about ADRC.	

	We need someone to answer the phone in Korean.			
33	Sending informational booklets to individuals and community organizations.	There's a preconceived notion that it's not helpful.	Not knowing what transportation services are available	
34	Through community and friends. When the AHSC informs us, we receive a lot of information.	didn't know enough so couldn't use.	I'm not sure what to improve since I don't use it	
35	Through staff of Asian Health Center - Either at Wednesday meetings or by direct phone calls *Children/Family- website search for seniors.	Lack of family/friends to coordinate + set up services	Need coordinator/caregiver to arrange first trip, then might make more use of this excellent service.	
36	Print out the information details and give them to AHSC. We can then take them to churches and hand them out to people who are interested.	Lack of awareness. Going through AHSC seems like the best way		
37	Through AHSC	don't know exactly how so AHSC's Korean language assistance conveniently helped me	I don't know how to use it because it's hard to speak English	
38	I'll inform them to call AHSC	Lack of awareness. No advertising.	I don't know how to use it because it's hard to speak English	
39	It would be nice to have a way to notify the AHSC we attend.	It seems like it wouldn't be easy	I think there are a lot of people who need rides, and it would be nice to be able to use it easily	

			wherever we go. It would be nice if Korean language service was always available.	
40		Lack of awareness. Not comfortable with the language		
41	Spread the word to your friends and community with Korean materials or Korean explanations.	Hard to use due to transportation.		
42	Through Korean churches. Place flyers in Korean grocery stores.	-Because people don't know of ADRC. - It would be good to send ADRC flyers in translation.	I don't use the transportation service.	
43	Phone calls, email, KakaoTalk	Lack of information. People don't know because they don't attend AHSC	When I try to get benefits, sometimes they say no. Why?	
44	AHSC, Church.	Language barrier and Transportation issue	The usage conditions are complicated.	
45	AHSC, Church.	Language barrier, process is complicated	The usage conditions are complicated.	
46		Don't know well. Language disability or barrier		
47	When you come to the AHSC, they tell you what they can do and how they can help.	Can't come because they don't know. Also, transportation issue	The buses and MAX are too dirty and smelly.	

48	Let the AHSC know. Ask staff. Flyers, advertising, or mailing out would be good.	When calling, due to language disability or barrier. Transportation is not easy or uncomfortable. Don’t know about it well	Gave up because it is too inconvenient and there is no transportation. I don't know how to ask for transportation.	
49	People may not know. If they know or understand, they would spread the word, right?	We didn't understand English very well, so it was hard to reach out, right? When people can understand it, they’ll use it a lot.	I'm still driving, so it's okay.	
50	Communicate in Korean with each other.	Don’t know about it well Didn’t come to the community center, so don’t have the information.		
51	By mail	Don’t know about it or because of the characteristics of Koreans who don't want to rely on others		
52	Not much information or materials, I have not heard much explanation about it.	Lack of information.		
53	Spread the word through various information lines at churches, temples or religious organizations. Also, tell friends and family.	Because they didn't know there was such good information out there. or language disability or barrier		
54	It would be better if the AHSC could consolidate the opinions and announce them, rather than	Language issues and Don’t know well.	I am satisfied with the way things are currently running.	

	directly communicating the opinions of individuals or presenting problems.			
55	Mouth to Mouth	People don’t know	Often fails to keep scheduled time.	

Feedback from Northwest Pilot Project (NWPP) on March 5, 2025:

NORTHWEST PILOT PROJECT

HOUSING SENIORS | CREATING HOPE | PILOTING CHANGE

Access to Care

NWPP understands that the Area Plan highlights the need to address access to care, but there are no specific goals that will lead to increasing access to behavioral health care providers and the number of primary care physicians and/or specialists focusing on older adults. Additionally, we feel as though more focus could be placed on care coordination and support for seniors on Medicaid and/or Medicare plans.

Caregiving

We are happy to see a focus on family caregiving in the Area Plan, which is an important and growing demographic. However, more attention is needed to optimize the system for people who do not use family members as caregivers. We would be interested in the following outcomes: Reducing the wait time for screenings, strengthened relationships with home care agencies for those who do not have family to care for them, smaller caseloads for case managers at Multnomah County, and specific goals related to improving accessibility for those without family caregivers. .

If you have any further questions, please do not hesitate to reach out to Yoni Kahn (yonik@nwpilotproject.org) and/or Alan DeLaTorre (aland@nwpilotproject.org).

Yoni Kahn
Advocacy Director
Northwest Pilot Project

Alan DeLaTorre
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NWPP
NORTHWEST PILOT PROJECT

HOUSING SENIORS | CREATING HOPE | PILOTING CHANGE

March 5, 2025

Re: Comments on 2025-2029 Area Plan on Aging

Dear: Multnomah County Aging, Disability and Veterans Services Division

Thank you for the opportunity to provide comments on the 2025-2029 Area Plan on Aging, which support older adults, people with disabilities, and veterans with programs funded by the Older Americans Act.

Northwest Pilot Project (NWPP) is a social service agency with over five decades of experience in providing housing stabilization services to low and very low-income older adults, aged 55 and over, experiencing or at risk of homelessness in Multnomah County.

NWPP would like to highlight several priorities that emerged in our review:

Aging and Homelessness

NWPP feels that Multnomah County's Aging, Disability, and Veterans Services Division must do more to:

- Expand housing affordability and stabilization for the rising number of older adults who are at risk of homelessness or who are experiencing housing insecurity
- Ensure humane and efficient processes are carried out that expedite access to services for older adults and people with disabilities
- Connect folks who are already receiving county services with other services such as case management and rent assistance; the goal is to stem the flow into homelessness by stopping people from losing their homes in the first place
- Work more closely to bridge County-based professional silos to ensure resource delivery, data sharing, and service referrals

Safety Net Program

NWPP strongly advocates for continued funding of the Safety Net program. We understand this is carried out through Older American Act funding, but our staff frequently use the program and find it incredibly valuable.

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