

Multnomah County  
Aging, Disability and Veterans Services Division

# 2021-2025 Area Plan Year 3 Update

[2024-08-15]



# Table of Contents

Section A: Area Agency Planning and Priorities.....	1
A-1 Introduction.....	1
A-2 Mission, Vision, Values.....	3
A-3 Planning and Review Process.....	5
A-4 Prioritization of Discretionary Funding.....	12
Section B: Planning and Service Area Profile.....	14
B-1 Population Profile.....	14
B-2 Prioritized Populations.....	34
B-3 AAA Services and Administration.....	36
B-4 Non-AAA Services, Service Gaps and Partnerships to Ensure Availability of Services Not Provided by the AAA.....	41
Section C: Focus Areas, Goals and Objectives.....	43
C-1: Information and Referral Services and Aging and Disability Resource Connection.....	43
C-2: Nutrition Services.....	52
C-3: Health Promotion.....	64
C-4: Family Caregivers.....	71
C-5: Legal Assistance and Elder Rights.....	78
C-6: Older Native Americans.....	92
C-7: Trans and Nonbinary Elder Interview Summary.....	97
C-8 Veterans Services.....	105
Section D: OAA/OPI Services and Method of Service Delivery.....	111
D-1: Administration of Oregon Project Independence (OPI):.....	111
D-2: Services provided to OAA and/or OPI consumers:.....	120
Appendix B: Advisory Councils and Governing Bodies.....	122
Advisory Councils.....	122
Governing Body – Multnomah Board of County Commissioners.....	123
Appendix C: Public Process.....	124
Appendix D: Final Update on Accomplishments from 2017-20 Area Plan.....	129
Appendix E: Emergency Preparedness Plans.....	141
Appendix F: Designated Focal Points (OAA Section 306(a)(3)(B)).....	142
Appendix H: Statement of Assurances and Verification of Intent.....	143
Appendix I: Service Equity Plan Final Report.....	155
Year 3 Update – Attachment C.....	206
Service Matrix and Delivery Method.....	206
Attachment E.....	219
2021-2025 Area Plan Needs Assessment Survey Results.....	219

# 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 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 829,560 residents, representing nearly one-fifth of the state population. Recent estimates show that 151,827 or 18.3% of the county's residents are people 60 and older. Older adults, 48,767 people with disabilities, and the estimated 37,495 Veterans that live in Multnomah County are the primary service populations for the Multnomah County Aging, Disability and Veterans Services Division (ADVSD).

ADVSD is one of four divisions comprising the Department of County Human Services. The other divisions are Intellectual and Developmental Disabilities Services, Youth and Family Services, and the Preschool and Early Learning. 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 Centers, eight Enhancing Equity providers, five Medicaid Long Term Services and Supports (LTSS) offices throughout the county. Services include assisting in finding 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, Adult Care Home Licensing, and Public Guardian and Conservator programs to assist those most vulnerable and at risk. ADVSD offers seamless entry to services to ensure that people receive appropriate services and strive for a "No Wrong Door" approach. To further that aim, three of the five District Centers co-locate with Medicaid LTSS offices. All LTSS branches serve both older adults and people with disabilities.

The primary goal for ADVSD is for elders and adults with disabilities to live as independently as possible by offering a range of services—some directly and others

through contracts with community 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. ADVSD has two advisory councils—the Disability Services Advisory Council (DSAC), and the Aging Services Advisory Council (ASAC). The ASAC and DSAC 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 must be a leader in the work toward racial justice both in the county and in our systems. We recognize that multiple systems of oppression are reinforced in ADVSD policies, practices, and processes. We are called to be humble, brave, and committed to addressing them as a division. This plan strives to weave Multnomah County’s Leading with Race pledge and the Equity and Empowerment Lens tools into its work. The analysis and goals give focus to people who 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. This plan, for ADVSD, is a tool to continue our reorientation towards racial justice. Read more about Leading with Race and The Workforce Equity Strategic Plan: <https://multco.us/safety-trust-and-belonging-workforce-equity-initiative>

For questions or comments, please call (971) 347-5831 or email [areaplan@multco.us](mailto:areaplan@multco.us)

## 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 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

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 dismantling systemic racism, White supremacy, and other related and connected systems of oppression in ADVSD processes and the services we provide and fund. We do this to honor all the people aging in Multnomah County and their choice, dignity, and independence. Some of our partners include:

- Asian Health and Service Center
- Asian Pacific American Senior Center
- Community for Positive Aging
- Ecumenical Ministries of Oregon
- El Programa Hispano Católico

- Friendly House
- Immigrant and Refugee Community Organization
- Impact NW
- Independent Living Resources
- Meals on Wheels People
- Native American Rehabilitation Center
- Native American Youth and Family Center
- Neighborhood House
- Q Center
- SAGE Metro Portland
- Store to Door
- Urban League of Portland
- YWCA

## A-3 Planning and Review Process

To inform the 2021-2025 Area Plan Needs Assessment and Planning Process ADVSD utilized the following methods and tools:

### Review, Research, and Alignment

In September 2019, ADVSD began a review and analysis of the past three Multnomah County Area Plans and current Area Plans of PSA of similar size, community profile, those known to have responsive approaches to community engagement, and innovative approaches to services. To understand current and emerging trends in issue areas and gaps in services, ADVSD reviewed program data, local, regional, population-level, and topic-specific planning documents, national research, and policy documents. This plan draws upon and reflects the work of other divisions and departments across Multnomah County, such as:

1. Multnomah County Workforce Equity Strategic Plan
2. The Equity and Empowerment Lens
3. Being Trans and Gender Diverse in Multnomah County
4. Community Powered Change – The Multnomah County Community Health Improvement Plan
5. Multnomah County Mental Health System Analysis
6. Poverty in Multnomah County
7. Domicile Unknown
8. Point in Time Count
9. Violence Prevention and Intervention Framework

**Demographic Analysis** – See Section B-1 Population Profiles.

### Community Survey

In March 2020, ADVSD was poised to launch an in-person interview approach to the needs assessment when the State of Oregon went into lockdown to stop the spread of the COVID-19 virus. With input from the Advisory Councils, ADVSD decided that an online survey was the safest means to gather community input and needs. We understood that an online-only tool limits who can participate due to barriers to digital access and the length of the survey. ADVSD invested in support by funding community partners to do outreach and provide survey support by telephone and various online platforms.

### Highlights of the Survey Tool, Approach, and Response

1. The survey took place from December 1-31, 2020.

2. The survey was offered in 17 languages, as follows:
  - English
  - Español [Spanish]
  - 繁體中文 [Traditional Chinese]
  - 简体中文 [Simplified Chinese]
  - [Korean]
  - Tiếng Việt [Vietnamese]
  - Россия [Russian]
  - українська [Ukrainian]
  - Kiswahili [Swahili]
  - Oromoo [Oromo]
  - नेपाली [Nepali]
  - မြန်မာ [Burmese]
  - ቋንቋ [Ahmaric]
  - ትግርኛ [Tigrinya]
  - فارسی [Farsi/Persian]
  - عربي [Arabic]
  - Soomaali [Somali]
3. The survey garnered 1,893 total responses. The preliminary analysis included 1,392 of those responses.
4. A total of 460 people took the survey in languages other than English. To provide phone-based survey support and to ensure responses in each language, ADVSD partnered with the language bank at the Immigrant and Refugee Community Organization (IRCO) to make calls to individuals and reached 128 participants using this approach. The survey was utilized in all languages except Somali.
5. ADVSD contracted with 11 new and existing partners to provide outreach and survey support via telephone and Zoom.
6. The survey included 48 issue-related questions, 33 expanded demographic and identity questions, a needs ranking exercise, 16 open-ended questions, and 13 comment fields for the community to provide additional information related to each topic area.
7. ADVSD paid each eligible survey respondent a \$10 gift card as an incentive for taking the survey.

More information on the survey results can be found here: <https://multco.us/ads/2021-2025-advsd-area-plan>



## Community Interviews

Multnomah County worked with two Transgender and Nonbinary community members to lead a process to bring the voices of Transgender and Nonbinary older people into the 2021-25 Area Plan. This process involved promoting survey participation and conducting eight community interviews with Transgender and Nonbinary older adults and one Two Spirit Elder. This work is documented throughout the plan and in section C-1.

## Community Listening Sessions

Two public listening sessions were hosted by ADVSD, the Aging Services Advisory Council (ASAC), and the Disability Services Advisory Council (DSAC) in March 2021. Invitations were sent to senior centers and Enhancing Equity providers, 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. ADVSD provided American Sign Language interpretation, closed captioning, and language interpretation upon request. Public comment was invited via email, postal mail, telephone, voice mail recording in any language, and at the public hearings. On April 1, 2021 Multnomah County Board of County Commissioners passed R. 3 Resolution approving the Aging, Disability and Veterans Services Division 2021-2025 Area Plan, giving ADVSD permission to submit the draft 2021-2025 Area Plan to the state for review, and to begin implementation on July 1, 2021.

## Role of Advisory Committees

The ASAC and the DSAC served as the steering committee for the 2021-2025 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 at the Community Listening Sessions and had the opportunity to contribute comments to the draft.

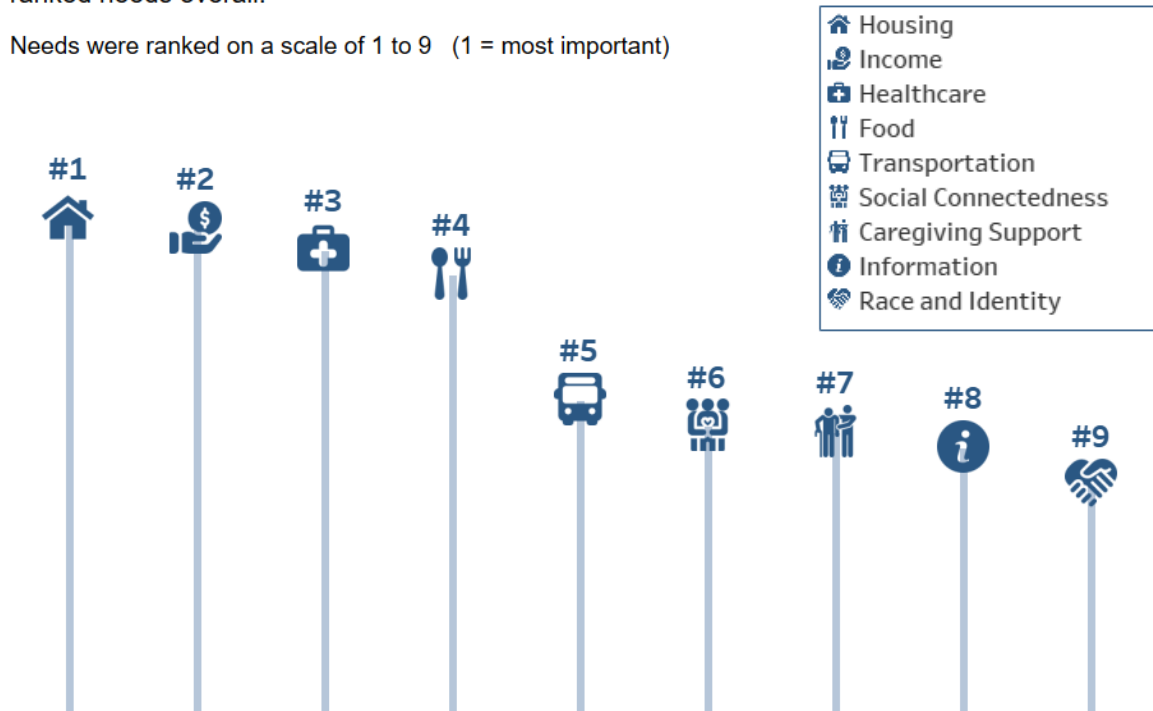
Over the coming months, ADVSD staff, ASAC and DSAC members will conduct outreach on the plan and will provide a briefing on the plan with staff and representatives of local jurisdictions, Tribal Governments, and Native organizations.

## Scope of Need

**Graphic #1: Top Needs as identified by the Community ranked 1-9.** Responses to this question: 1,288

Respondents were asked to rank the following needs based on importance. Below are the ranked needs overall.

Needs were ranked on a scale of 1 to 9 (1 = most important)

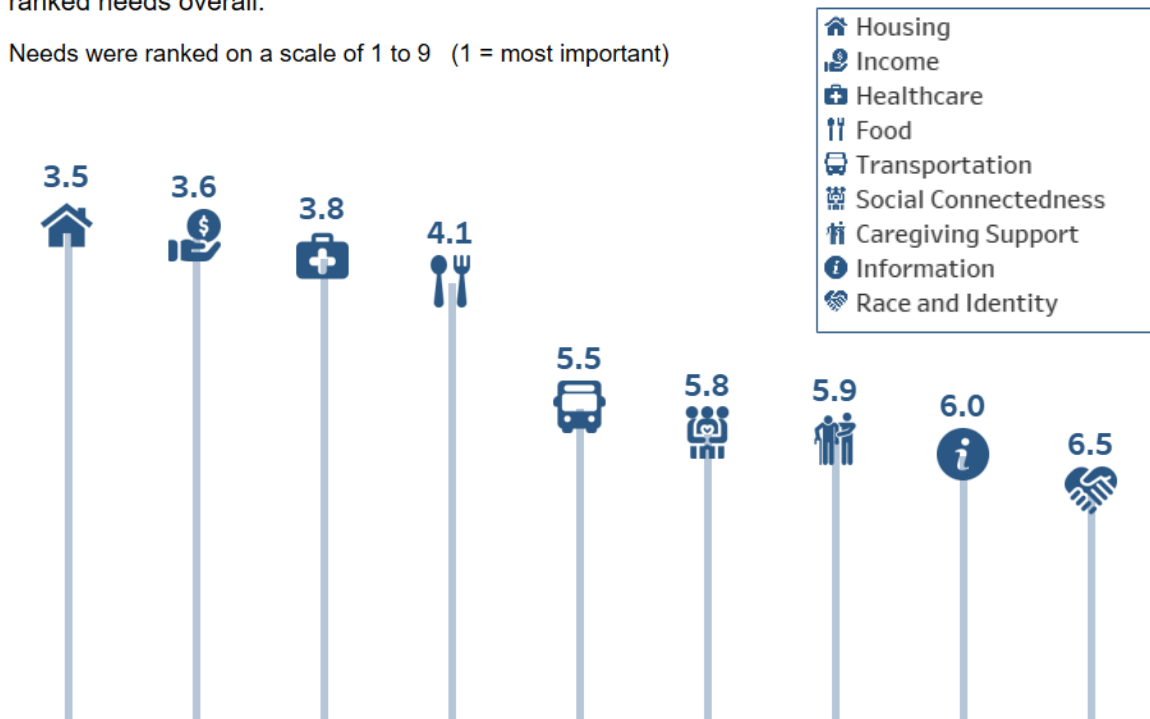


Income, housing, health care and food were nearly unanimously identified as the top four most important needs among survey respondents of all incomes, race, or identity intersections. Transportation was most often ranked at number five. Needs relating to race and identity, information, social connection, and caregiving moved among the six through nine positions, but with little difference indicated in their ranking. See Graphic #2 on the next page.

## Graphic #2: Top Needs as identified by the Community shown by average ranking. Responses to this question: 1,288

Respondents were asked to rank the following needs based on importance. Below are the ranked needs overall.

Needs were ranked on a scale of 1 to 9 (1 = most important)



In addition to the ranked needs, the following were identified as important needs by community members:

- Improved safety and sense of security
- Employment opportunities and support
- Greater access to public spaces, especially parks and other green spaces
- More technology training and ways to access information for those who do not use technology.

### Issues facing older adults in Multnomah County:

- **Housing affordability and costs relating to maintaining a home.** Older adults, people with disabilities, and low-income people of color are being displaced by rising housing costs at a disproportionate rate.
- **Affordable, accessible, and flexible transportation.** Transportation is a critical component to maintain independence, receive health care, increase social connection, food access, and use of community-based services.
- **Meeting food needs.** Food is a costly regular expense. Older adults on living low or fixed incomes struggle to buy the food they need.

- **Mental and Behavioral Health Resources.** There are too few providers with practices that focus on older adults experiencing social isolation, depression, and substance use disorders. Too few providers accept Medicare.
- **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.
- **LGBTQ+ elder spaces and improved community competency.** Transgender and Nonbinary older adults identified the need for improved LGBTQ+ competency in ASDVD and the aging services network. They also called for spaces offered by trusted partners for LGBTQ+ elders to access services and programs.

## The Impact of COVID-19 on Older Adults, the Area Plan Approach and Needs Assessment

Conducting a needs assessment during the time of an evolving and worsening global pandemic was exceedingly difficult. The challenges were intensified by grief felt across the community, young and old, following the murders of George Floyd and Breonna Taylor, incidents sparked protests in response to these tragedies and ongoing systemic and institutional violence against the Black people in Oregon and the United States. In September 2020, forest fires in Oregon, which threatened the property and lives of many Oregonians, further intensified feelings of grief, fear, and insecurity in the community.

COVID-19 has exacted unknowable fear and loss in the lives of older adults and had an incalculable impact on older adults' caregivers. Since the beginning of the COVID-19 pandemic, The Centers for Disease Control and Prevention clearly stated that people over 65 are at increased risk for severe illness, hospitalization, and death due to COVID-19<sup>1</sup>. Emergency orders were issued in March 2020 by the State of Oregon and Multnomah County, imploring older adults to stay home, keep their distance from family and friends, wear masks, and only go out when necessary. In effect, COVID-19 made many older adults and people with disabilities involuntarily homebound serving to further isolate a population already at high risk for loneliness and neglect.

To address these impacts communities and organizations serving older adults shifted their models at warp-speed. From congregate meals they implemented home meal delivery, added welfare checks, grocery and medication delivery, technology support, and worked tirelessly to stay connected to their elders. This work happened while meeting evolving COVID-19 safety protocols in the many settings where older adults are served.

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<sup>1</sup> Older Adults and COVID-19 <https://www.cdc.gov/aging/covid19/index.html>

The shifts in the needs and community consciousness around the wellbeing and welfare of older adults made it an extraordinary time to conduct a needs assessment. As outlined above it was necessary to shift all needs assessment engagement from in-person community-focused events to an online survey and outreach and engagement by telephone and virtual platforms. This shift in approach dramatically changed who we could reach, the participant experience, and limited the communities participating. While the response to the survey was high compared to our goals, there are underrepresented voices due to the demands on community partners, technological barriers, cultural barriers, and staff capacity.

ASAC and DSAC recommended further work to understand the experiences of older adults who are Black, Indigenous, and from communities of color and that the future goals reflect those findings. ADVSD will add goals and activities related to the following focus areas: housing, mental health and behavioral health, income, and health care. We will add goals and key tasks specific to the following communities—veterans, older adults who are LGBTQ+, unhoused older adults, and older adults who were previously incarcerated.

## Appendix C

Notices and list of meetings where the area plan was discussed.

## A-4 Prioritization of Discretionary Funding

ADVSD will lead with Race and use the Equity and Empowerment lens and tool in all funding decisions and will apply additional scrutiny to scenarios and proposed cuts that will reduce services to communities that have been impacted by historic and systemic racism and those who have been identified as priorities 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.

When funding limits require, ADVSD will direct district centers and Enhancing Equity partners to place any newly referred individuals on a waitlist.

- 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 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.

During the process of the 2021-25 plan ADVSD will review the funding formula applied for programming through an open request for proposals process.

COVID-19 and the countywide shut-down brought attention for the need to support elders in crossing the digital divide. Prioritization includes programs and wrap-around support so older adults can access the internet, join Zoom events, participate digitally, access telehealth, and stay connected with friends and family. Goals include access to technology, internet, and training and technical support for participants.

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*We have never seen a world in which so many were so isolated from family, from friends, from activities, from healthcare. And we have never seen a world in which the “connections” to everything—services, shopping, learning about new products, listening to music, meeting people, talking to a doctor—are all made through an alphabet soup of technology, delivered by almost monopoly-like tech firms from Amazon to Zoom.*

[Generations Now: The Digital Divide—Why Haven’t All Older Adults Crossed it” by Laurie Orlov](#)

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## Section B: Planning and Service Area Profile

### B-1 Population Profile

As the 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: 18-59, 60+, 65+ and 85+, as well as various characteristics related to race, origin, disability status, and geographic location. The age bands relate to ADVSD service populations are as follows:

- People ages 18-59 with a disability who are eligible Medicaid Home and Community-based Services eligibility
- People age 60+ are eligible for Older Americans Act programs and services
- People 65+ are eligible for Medicare
- People 85+ are an important demographic group for planning purposes because at age 85 and beyond people may require more services and supports through home and community-based services

NB: A dash (-) in a table indicates that the information is not provided.

**Table 1: Population Characteristics by ADVSD Service Area<sup>2</sup>**

	County	East District	Mid District	N/NE District	SE District	West District
Total	151,827	33,281	31,823	32,193	22,790	33,701
Below 185% FPL	33,890	6,404	9,590	6,566	5,260	6,069
People of Color	31,185	5,436	9,640	7,728	3,948	4,433
People 18-59 with disability	48,767	11,219	12,180	10,791	7,729	6,848
Persons 60+ with disability	47,865	10,263	12,679	9,598	6,620	8,706
People speaking primary languages other than English	6,373	1,074	2,948	626	1,001	724
African	973	1,074	268	314	1	236
American Indian or Alaska Native	2,419	506	587	428	506	392
Asian	10,615	1,570	4,163	1,719	1,942	1,221
Black or African American	7,683	776	1,633	4,041	437	796
Native Hawaiian or Pacific Islander	732	210	180	169	132	41
Latino, Latinx or Hispanic	4,978	1,102	1,535	1,034	565	743
Middle Eastern	966	313	202	86	54	311
Slavic	5,011	910	1,685	511	838	1,067
White	132,026	27,500	25,918	26,656	20,128	31,824

<sup>2</sup> All estimates are for the 60+ population unless otherwise noted



**Table 2: Population Characteristics of Older Adults 85+ by ADVSD Service Area**

	County	East District	Mid District	N/NE District	SE District	West District
Total	11,915	2,572	3,440	1,895	1,855	2,715
Below 185% FPL	3,864	1,031	1,243	409	603	578
People of Color (POC)	2,241	358	164	441	370	428
Below 185% FPL POC	878	-	-	-	-	-
Persons 85+ with disability	8,193	1,719	2,468	1,234	1,207	1,565
People speaking primary languages other than English	670	124	199	43	164	141
African	66	-	-	-	-	66
American Indian or Alaska Native	-	-	-	-	-	-
Asian	1,046	139	130	150	197	159
Black or African American	391	45	58	241	11	12
Native Hawaiian or Pacific Islander	30	-	-	-	-	-
Latino, Latinx or Hispanic	232	11	62	28	72	55
Middle Eastern	192	48	53	14	-	73
Slavic	466	95	45	34	99	173
White	10,452	2,354	451	1,506	1,468	2,308

Multnomah County is the most populous county in the state of Oregon with an estimated 829,560<sup>3</sup> residents, representing nearly one fifth of the state’s residents. People 65 years and over make up 18.6% of Oregon’s estimated population. Multnomah County has 113,099 residents who are 65 and older or 13.9% of the county’s residents.

### People 60+ in Multnomah County

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 8.37% to a total population of 151,827 since the adoption of the 17-20 Area Plan.
- 18.3% of the county population are age 60 or older, or nearly 1-in-5 of county residents.
- Currently, the West and East service districts have the highest number of older adult residents, which is a shift from the 2017 analysis when most lived in the Mid and East service districts.

<sup>3</sup> Portland State University Population Research Center, <https://www.pdx.edu/population-research/population-estimate-reports>

## 85+ Older Adults

Current estimates show a small decline in the 85+ population since the last plan, but projections show that this age band will grow incrementally over the next decade. Given the steady growth in this age range, it is important to note that people 85+ often have greater need for support and services.

- The 85+ community in the county has declined 2% from 13,285 in 2017 to 11,915 in 2021.
- Within the next 10 years, there are approximately 5,000 individuals that will be entering into the 85+ population.
- 68.76% of the 85+ population lives with a disability, more than twice as high as the county or the 60+ population averages.

## Disability

Close to 100,000 individuals in Multnomah County identify as having a disability. The size of the 60+ community that identifies as having a disability has decreased slightly since 2017. This trend is likely to change as older adults have a higher rate of living with a disability and as a large portion of our population enter into this age group within the next decade.

- The population 60+ with a disability decreased by 1.2% in the last four years and now makes up 4% less of the population within the county.
- The percentages of those 18-59 with a disability and those 60+ with a disability are nearly even and together make up nearly 50% of the total ADVSD service population.

**Table 3. Top 10 Languages Spoken by those Aged 60+ in Multnomah County**

Language	Population Estimate	% of 60+ Population
English	132,833	87.49%
Spanish	3,835	2.53%
Vietnamese	2,901	1.91%
Chinese	2,322	1.53%
Russian	1,465	0.96%
German	1,042	0.69%
French	788	0.52%
Tagalog	674	0.44%
Romanian	552	0.36%
Japanese	478	0.31%

**Table 4. Linguistically isolated households** – No one in the household over the age of 14 speaks English. Sometimes referred to as “Limited English Proficiency.”

Language	Population Estimate	% of 60+ Population
Vietnamese	1,599	1.05%
Spanish	869	0.57%
Russian	725	0.48%
Chinese (zho)	613	0.40%
Yue Chinese (yue, Cantonese)	367	0.24%
Korean	335	0.22%
Romanian	250	0.16%
Ukrainian	197	0.13%
Chinese Mandarin	181	0.12%
Tagalog	119	0.08%

### Spoken Languages

There are an estimated 19,000 people 60+ whose primary language is not English in Multnomah County. Spanish, Vietnamese, Chinese (all dialects), and Russian are the most common languages spoken following English.

In the ADVSD services area, nearly 6,400 of people are linguistically isolated, which is defined as no one in their household over the age of 14 speaks only English or speaks English “very well.”

- Older adults who speak Vietnamese, Russian, Spanish, and Chinese have higher numbers of speakers who are linguistically isolated
- The proportion of the population considered linguistically isolated has decreased 0.3% since 2017
- Vietnamese is spoken by 2,901 (1.9%) of the 60+ population which is almost twice as many as the second highest non-English language spoken
- Nearly half of those that are linguistically isolated live within the Mid service district

**Table 5: Population by Identity Characteristics**,<sup>4</sup>

Characteristic	Population estimate	% of 60+ population
Total 60+	151,827	100%
Total People of Color	31,185	20%
Persons 60+ with disability	47,865	31.53%
Person 18-59 with disability	48,767	NA
Persons living in linguistically isolated households	6,373	4.20%
Race and Origin	Population estimate	% of 60+ population
African	973	0.64%
American Indian or Alaska Native	2,419	1.59%
Asian	10,615	6.99%
Black or African American	7,683	5.06%
Latino, Latinx or Hispanic	4,978	3.28%
Middle Eastern	966	0.63%
Native Hawaiian or Pacific Islander	732	0.48%
Slavic	5,011	3.30%
White	132,026	86.90

## Poverty

The number of older adults in Multnomah County who have an income at or below 185% of the federal poverty level (FPL) has decreased by over 6,000 within the last four years. Currently, 22% of residents 60+ live at or below 185% FPL.

- Twice as many older adults live at or below 185% FPL compared to those living at or below 100% FPL (9.2%)
- Asian and Black or African American communities have a greater proportion of older adults living at or below 185% FPL compared to other groups
- 3,864 residents 85+ live at or below 185% FPL

## Older Adults who are People of Color

Multnomah County's aging population is more ethnically and racially diverse than ever and continues to grow. It is estimated that for 2020 that residents that identify as Black, African American, Asian, Pacific Islander, Native Hawaiian, Native American, Native

<sup>4</sup> All estimates are based on populations 60+ unless otherwise noted. [Estimates based on TIGER/Line GIS maps for census areas, ADVSD's shapefile with current district boundaries, Centers of Population for 2010 Census Tracts, 5-year ACS Public Use Microdata Sample (PUMS) for the period 2015-2019, 5-year ACS Summary File (SF) for 2015-2019, Race/ethnicity codes from our conference call, Race/ethnicity codes from OHA Office of Equity and Inclusion: REALD Implementation Guide, document OHA 7721B (10/20).]

Alaskan, Latino, Hispanic, Middle Eastern, and African make up 20% of the aging population in the county.

- Multnomah County’s populations of people of color are not homogenous and racial/ethnic groups tend to be clustered regionally. For example, Black/African Americans make up 5.1% of the County’s population, the community makes up 12.6% in the N/NE district
- The greatest amount of 60+ residents who are identified as people of color live within the Mid County service district at a ratio 10% higher than the County as a whole
- Roughly 60% of the 60+ Middle Eastern population lives within the East or West district

**Table 6: Poverty Below 100% and 185% Federal Poverty Level (FPL)**

	Population Estimate	% of county 60+ population	% of 60+ county pop. below 185% FPL
Total 60+ below 185% FPL	33,890	22.32%	100%
People of Color 60+ below 185% FPL	10,361	6.82%	30.57%
Total below 100% FPL	13,927	9.17%	-
People of Color 60+ below 100% FPL	5,318	3.50%	-

**Table 7: Poverty at 185% Federal Poverty Level (FPL) by Race and Origin**

	Population Estimate	% of county 60+ population	% of 60+ county pop. below 185% FPL
African population	436	0.29%	1.29%
American Indian or Alaskan Native	605	0.40%	1.79%
Asian population	3,270	2.15%	9.65%
Black or African American population below	2,761	1.82%	8.15%
Latino, Latinx or Hispanic population below	1,588	1.05%	4.69%
Native Hawaiian or Pacific Islander population	141	0.09%	0.41%
Middle Eastern population below	313	0.21%	0.92%
Slavic population	1,853	1.22%	5.47%
White population	27,532	18.13%	81.24%

## Poverty

The number of older adults in Multnomah County who have an income at or below 185% of the Federal Poverty Level (FPL) has decreased by over 6,000 within the last four years. Currently, 22% of residents 60+ live at or below 185% FPL.

- There are twice as many older adults living at or below 185% FPL as there are living at or below 100% FPL (9.2%)
- Asian and Black/African American communities have a greater proportion of older adults living at or below 185% compared to other groups
- 3,864 residents 85+ live at or below 185% FPL

## Notes on the Area Plan population estimates

### Shift to 10-way Visibility Initiative

The 10-Way Visibility Initiative is the Department of County Human Services' framework that guides how race and ethnicity data is collected. Two of the key principles of this framework are that community members are able to self-identify and that they are able to select multiple identities. The Initiative includes 9 race and ethnicity categories, including a decline to state category, that were established in collaboration with community partners and reflect the communities that currently makeup Multnomah County.

### Population Tables

The Department of County Human Services (DCHS) utilizes a data collection policy called the 10-Way Visibility Initiative. The 10-Way Visibility Initiative was created to identify racial and ethnic disparities in access, services, and program outcomes. Key principles of the 10-Way Visibility Initiative that allow Multnomah County to better understand the makeup of local populations they serve. Key among these principles are self-identification and recognition of multiple identities. The chosen race and ethnicity categories included in the inclusive identity questions reflect the makeup of local populations at the time of writing of the DCHS Race/Ethnicity Data Collection Policy as well as the recommendations of the Coalition of Communities of Color.

To develop the estimates for the 2021-2025 Area Plan ADVSD partnered with the Portland State University Population Research Center (PRC). There are many different sources that collect and provide population information. To plan for the many unique populations ADVSD serves, the Area Plan must utilize data from very detailed sources. The population estimates provided by the PRC for Multnomah County and each ADVSD service district are developed using Public Use Microdata Sample (PUMS) from the 2015-19 American Community Survey (ACS). PUMS data provides estimates for characteristics included in the 10-Way Visibility Initiative and characteristics specific to ADVSD's service population. These characteristics are not reported in more widely known population data sources, such as the decennial census, which acts as a complete enumeration or count of the population, or the American Community Survey, which represents a sample of the population.

The Population estimates are developed by distributing PUMS data across census tracts based on how existing data is already distributed. PUMS use geographic boundaries called Public Use Microdata Areas (PUMAs) of 100,000 or more persons, and consist of different census tracts. Multnomah County contains five PUMAs, which do not align with the ADVSD service areas. ADVSD service areas can, however, be recreated from the same tracts that are included in each PUMAs. In order to convert from PUMAs to service areas, PUMA results were first distributed into the census tracts within each PUMA using a related characteristic. For example, the total number of persons 60 and older in the PUMA might be distributed across tracts according to the percentage of persons 65 and older in each tract, which can be found from published ACS tables. Then, census tracts are combined, and the results reported by ADVSD service district.

Like the ACS, PUMS data represents a sample of the population and has a large margin of error, which is the numerical range that the true population number could fall within. 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. For example, the Visibility Initiative category of African does not have a matching ACS category. To estimate a count in the ACS, interrogative methods must be applied to race, ancestry, and nativity questions. To be included in the African category, we selected ACS respondents who were born in a Sub-Saharan country of Africa, had parents born in the same region, and claimed single ancestry from a country in the region. Northern African countries such as Libya, Tunisia, Morocco, and Egypt were included in the counts of Middle Eastern people if similar conditions on nativity and ancestry were met.

## Aging, Disability, and Veteran Services Division (ADVSD) Service District Profiles

The Service District Profiles are designed as an information and planning tool to familiarize the community members with the five ADVSD service districts, their geography, and the people who live within the district. The Service District Profiles provide a map of the district indicating the locations of ADVSD branch offices, district center locations, and meal sites for older adults. This information is paired with a short spatial description as well as a description of the district population. By providing both spatial and demographic data in a single document, the community can compare and contrast ADVSD service providers and the populations within and between each district for planning purposes.

### Components

The first page of each District Profile provides a map that outlines that district's location within Multnomah County with markings that indicate where ADVSD service providers are located. The map narrative provides a description of the district boundaries and mentions some aging-related service providers.

The second page provides a narrative of demographic characteristics of the people that live within that district. These characteristics include race and country of origin, income related to poverty, disability, and languages spoken. A comparison table is included at the bottom of the page that shows the population in that district relative to the population in the County. The boxes entitled "Takeaways" highlight information about significant population estimates and changes regarding size, proportion, or distribution and location of service providers in the district.

### How to Use

As mentioned above, the District Profiles were developed to familiarize community members with service district geography, providers, and to show population trends amongst older adults within each district. Some community-based organizations are named on these profiles as they provide services to older adults in partnership with ADVSD through a contractual relationship with Multnomah County. Many organizations beyond those identified provide services to older adults, including some through county contracts, but those identified serve as service hubs or front doors to services funded by Multnomah County ADVSD.

People seeking information about services available for older adults in the district are encouraged to call the Aging and Disability Resource Center at (503) 988-3646.



## Glossary

**BIPOC or POC** – Terms used to refer to people with racialized identities. BIPOC stands for Black, Indigenous, and other People of Color. POC stands for People of Color.

**Contracted provider** – Organizations that provide programs and services to older adults in Multnomah County funded through a contract with Aging, Disability, and Veterans Services.

**District Center** – Organizations designated as District Center Partners provide a service array that is unique to each organization, but typically includes: providing information and connections to services, options counseling, access to transportation services, Older Americans Act and Family Caregiver case management, and access to Oregon Project Independence that specializes in in-home services and assistance for older adults. District Centers are also brick and mortar locations where older adults can seek social connection, programs, and services.

**Enhancing Equity Partner** – Organizations that provide community-specific services and meet the definitions of Culturally Specific. These organizations serve older adults 60+ who identify as African American, Native American, or Alaska Native, Asian, Pacific Islander, Latino, Hispanic, Lesbian, Gay, Bisexual, Transgender or Nonbinary or are people aging with either HIV or AIDS. Enhancing Equity Partners provide various services unique to each agency. Services may include cultural celebrations, advocacy, Recreation, meals, translation and interpretation, and systems navigation, as well as options counseling, case management, and referrals to Oregon Project Independence that specializes in in-home services and assistance for older adults.

**Federal poverty level (FPL)** – The economic measure or threshold of annual income to indicate qualification for certain means tested programs and benefits.

**Gentrification** – The process in which residents of a neighborhood that are lower-income are displaced due to people with higher—incomes moving into the neighborhood. Original characteristics of the neighborhood are often changed through an increase in residential and business development or renovation.

**Group quarters** – A group quarters is a place where people live or stay, in a group living arrangement that is owned or managed by an entity or organization providing housing and/or services for the residents.

**Linguistically isolated** – Defined by the U.S. Census Bureau as living in a household in which all members aged 14 years and older speak a non-English language and also speak English less than “very well” (i.e., have difficulty with English).

**Size** – The number of individuals, related to a geographic area or a characteristic

**Proportion/Percentage** – A fraction or part of the total population (sometimes the total population that has a certain characteristic)

## East Service District Profile



**Figure 1. East Service District Contracted Providers**

This map marks the locations of ADVSD branch offices, dining sites, district centers, and Enhancing Equity locations that offer access to services, programs, and provide meals to older adults.

The East service district begins at SE 162<sup>nd</sup> Avenue and stretches to Bonneville at the eastern border of Multnomah County. This district is the largest in area and second largest in population. This district is home to the ADVSD East Branch Office, one Enhancing Equity Partner, El Programa Hispano Católico and one District Center Partner, YWCA of Greater Portland, all of which are in Gresham. The Ambleside Center Meals on Wheels dining site, the only dining site in the district, and the YWCA of Greater Portland are both co-located with the ADVSD East Branch Office in the Multnomah County East Building. Gresham Senior Center is also in this district.

There is one dining site offering meals to older adults. For information on specific services in this district please call the Aging and Disability Resource Connection at (503) 988-3646.

## Takeaways

### Highest

Number of Middle Eastern older adults of all districts

30%

Of older adults in the district identify as having a disability

### One

Dining site location in the district

### Lowest

Service provider to population ratio out of all districts

The population of 60+ adults in the East service district is **33,281**. Pacific Islanders make up **0.6%** of the service district with a higher number of Pacific Islander residents (**210**) than any other service district. There are **313 (0.9%)** Middle Eastern residents living in the district.

A relatively small proportion of the population in this district is linguistically isolated (**3.2%**). **301** households speak Spanish as their primary language with Russian-speaking households being the second highest (**181**). The district also has one of the highest number of multigenerational households (**1,714**).

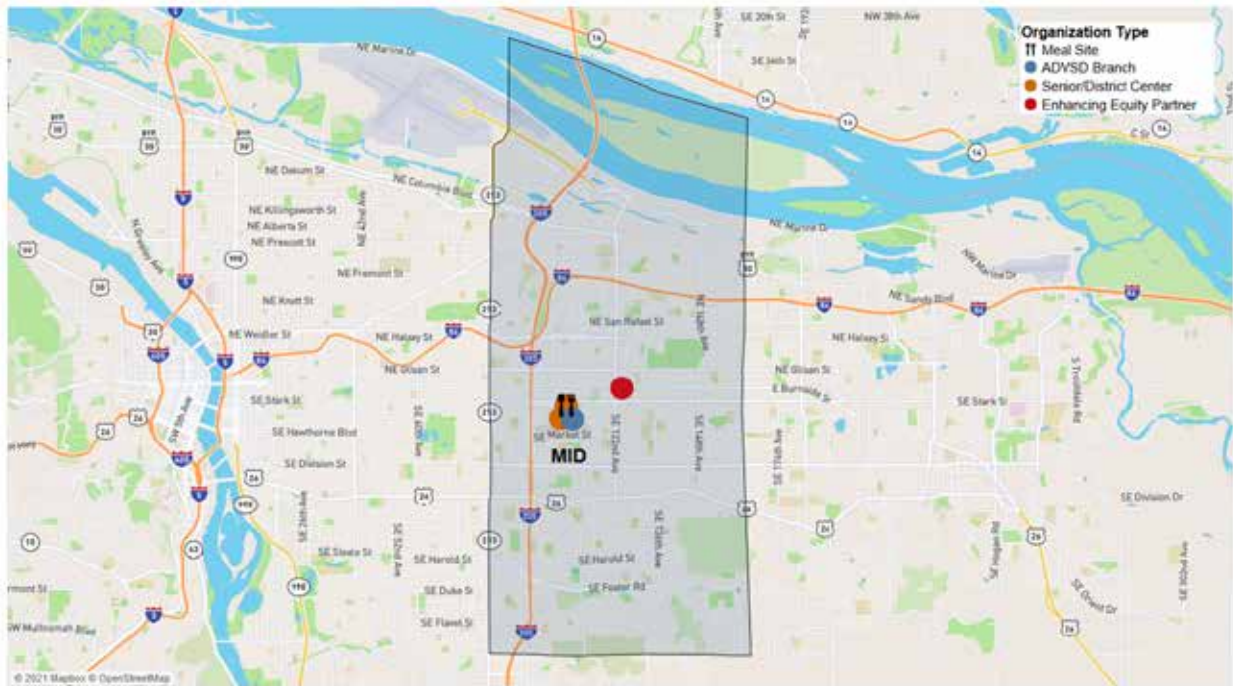
About **19.3%** of the population in the East district has an income that is at or below **185% FPL**, a smaller proportion compared to the overall County (**22.3%**).

**10,263** or **30.8%** of the 60+ population in this district reports living with a disability. The proportion of those 18-59 living with a disability is **33.7%**.

**Table 1 – East Service District and County Populations**

Characteristic	County Population Estimate	County % of 60+ Population	East Dist. Population Estimate	East Dist. % of 60+ Population
Total	151,827	100%	33,281	100%
Total People of Color	31,185	20%	5,436	16.33%
African	973	0.64%	154	0.46%
American Indian or Alaska Native	2,419	1.59%	506	1.52%
Asian	10,615	6.99%	1,570	4.72%
Black or African American	7,683	5.06%	776	2.33%
Native Hawaiian or Pacific Islander	732	0.48%	210	0.63%
Latino, Latinx or Hispanic	4,978	3.28%	1,102	3.31%
Middle Eastern	966	0.63%	313	0.94%
Slavic	5,011	3.30%	910	2.73%
White	132,026	86.96%	27,500	82.63%

## Mid County Service District Profile



**Figure 2. Mid County Service District Contracted Providers**

This map marks the locations of ADVSD branch offices, dining sites, district centers, and Enhancing Equity locations that offer access to services, programs, and provide meals to older adults.

The Mid County service district begins at SE 82<sup>nd</sup> Avenue, with the exception of the zip code 97233, which goes to 122<sup>nd</sup> Ave. Burnside St to Division are the North and South boundary respectively of that zip code. All the contracted service providers are located within the middle of the district. There are no contracted service providers located north of where I-84 meets I-205 or south of Highway 26.

The ADVSD Mid County Branch Office is now located at 11982 NE Glisan Street near the State of Oregon Self-Sufficiency Programs Office, Multnomah County Library Distribution Center, and the Immigrant and Refugee Community Organization (IRCO).

There is one dining site offering meals to older adults in the district and it offers culturally specific meals through an Enhancing Equity Partner contract. For information on specific services in this district please call the Aging and Disability Resource Connection at (503) 988-3646.

## Takeaways

### 4,163 Asian residents

District with the largest Asian population

### (30.3% of residents are people of color

District with the highest population size and proportion of people of color

### 2,948 linguistically isolated households

District with the largest population of households that speak a primary language

### 30.1% of residents

District with the highest percent of residents living at or below 185% FPL

### Highest proportion of people with a disability

The **31,823** people that are 60+ live in the Mid County (Mid) service district. Asian-identifying people comprise **13.1%** of the Mid District population. This is a significantly higher proportion than within the County (**Table 2**). The proportion of people of color is also **greater** than the County by almost **10%**.

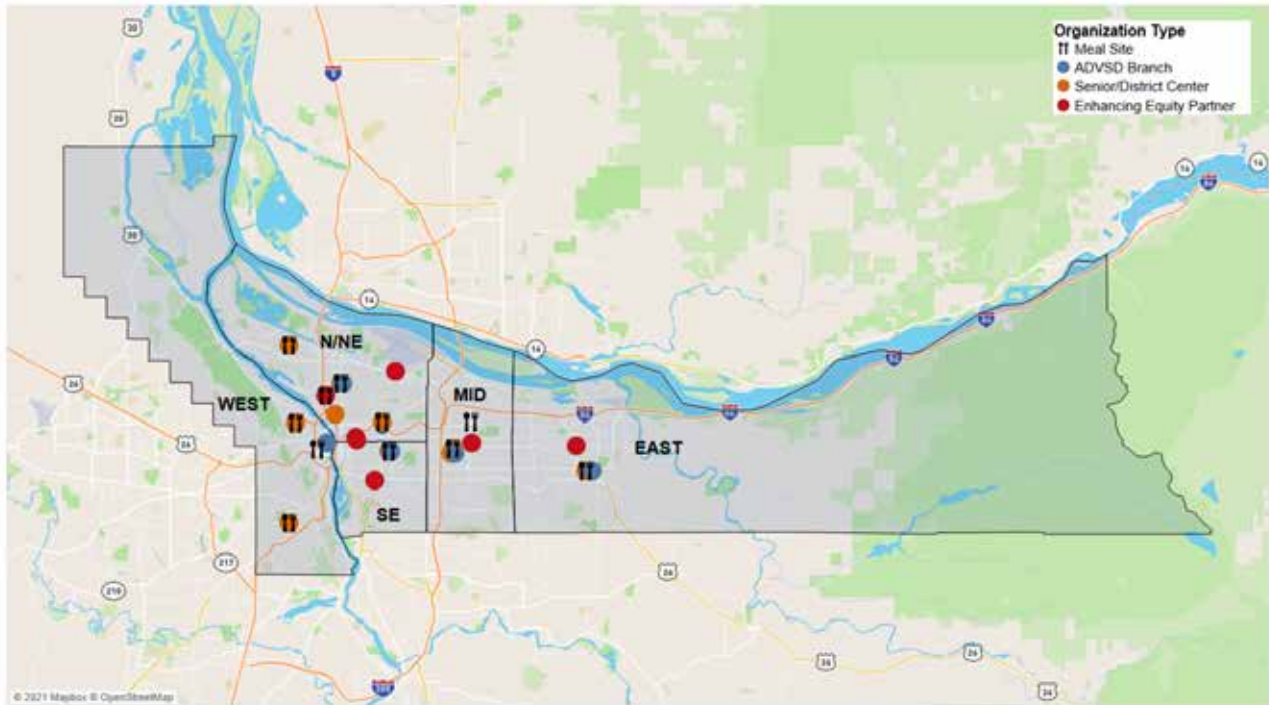
This service district has the greatest proportion of households that are linguistically isolated (**9.3%**) compared to the County (**4.2%**) and other service districts. Vietnamese is the most widely spoken language among linguistically isolated people in this district (**1,035**), along with Chinese dialects (**378**) and Russian- with **356** households only speaking Russian.

**30.1%** of the 60+ population in the Mid district live at or below 185% FPL, the greatest proportion of all service districts. Both the 18-59 with a disability and 60+ with a disability have populations that are **nearly 7% greater** than any other district.

**Table 2 – Mid County Service District and County Populations**

Characteristic	County Population Estimate	County % of 60+ Population	Mid Dist. Population Estimate	Mid Dist. % of 60+ Population
Total	151,827	100%	31,823	100%
Total People of Color	31,185	20%	9,640	30.29%
African	973	0.64%	268	0.84%
American Indian or Alaska Native	2,419	1.59%	587	1.84%
Asian	10,615	6.99%	4,163	13.08%
Black or African American	7,683	5.06%	1,633	5.13%
Native Hawaiian or Pacific Islander	732	0.48%	180	0.57%
Latino, Latinx or Hispanic	4,978	3.28%	1,535	4.82%
Middle Eastern	966	0.63%	202	0.63%
Slavic	5,011	3.30%	1,685	5.29%
White	132,026	86.96%	25,918	81.44%

## North/Northeast Service District Profile



**Figure 3. North/Northeast Service District Contracted Providers**

This map marks the locations of ADVSD branch offices, dining sites, district centers, and Enhancing Equity locations that offer access to services, programs, and provide meals to older adults.

The North/Northeast (N/NE) service district is the second largest in area. The eastern boundary follows along the Willamette River with the southern boundary ending a few blocks past I-84. This service district is home to seven contracted service providers, the highest of all districts. Many service providers (three Enhancing Equity Partners, one consortium District Center, and the ADVSD N/NE Branch) are clustered near the southeastern corner which is closer to central Portland.

There are four dining sites offering meals to older adults in the district, one of which is an Enhancing Equity Partner site at Q Center. The ADVSD N/NE Branch, Q Center, Community for Positive Aging, and Charles Jordan Community Center offer service and dining sites. For information on specific services please call the Aging and Disability Resource Connection at (503) 988-3646.

### Takeaways

#### 4,041 Black/African American residents

District with largest Black/African American population

1/2

of Multnomah County's Black/African American residents live in the NE service district

#### 314 African residents

District with largest African population

#### Highest amount

Of contracted providers out of all districts

The North/Northeast (N/NE) service district is the location of several historically Black and African American neighborhoods. Black and African American community members were first limited to these neighborhoods due racist housing policies then subsequently forced out decades later due to racist planning. This took place in the form of unjust and inequitable revitalization efforts that lead to the displacement and gentrification of the community. Black and African American residents make up **12.6%** of the district.

A smaller number of the population lives in a linguistically isolated household, speaking either Spanish only, Vietnamese only, or Chinese only.

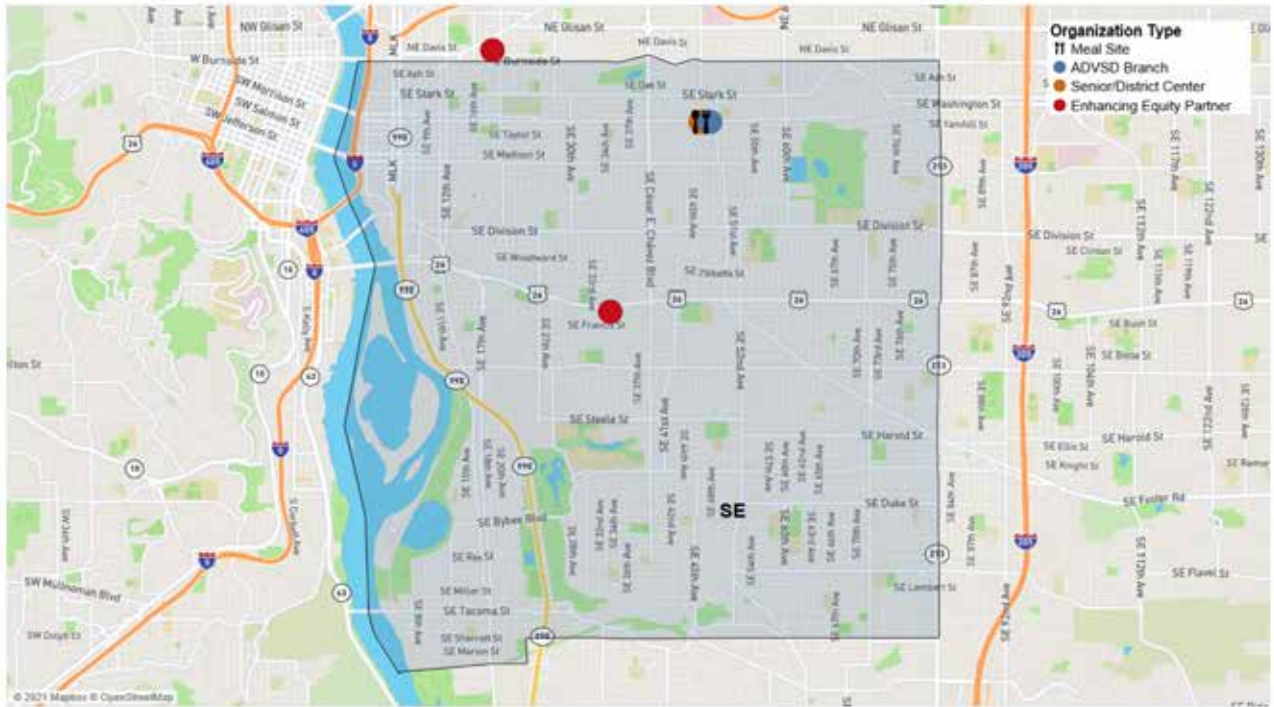
This service district has one of the lowest numbers of residents living in group quarters

while also having higher numbers of residents who live in non-family households or living alone. There are 6,566 (20.4%) individuals living at or below 185% FPL in the N/NE service district.

**Table 3 – N/NE Service District and County Populations**

Characteristic	County Population Estimate	County % of 60+ Population	N/NE Dist. Population Estimate	N/NE Dist. % of 60+ Population
Total	151,827	100%	32,193	100%
Total People of Color	31,185	20%	7,728	24.01%
African	973	0.64%	314	0.98%
American Indian or Alaska Native	2,419	1.59%	428	1.33%
Asian	10,615	6.99%	1,719	5.34%
Black or African American	7,683	5.06%	4,041	12.55%
Native Hawaiian or Pacific Islander	732	0.48%	169	0.52%
Latino, Latinx or Hispanic	4,978	3.28%	1,034	3.21%
Middle Eastern	966	0.63%	86	0.27%
Slavic	5,011	3.30%	511	1.59%
White	132,026	86.96%	26,656	82.80%

## Southeast District Profile



**Figure 4. Southeast Service District Contracted Partners**

This map marks the locations of ADVSD branch offices, dining sites, district centers, and Enhancing Equity locations that offer access to services, programs, and provide meals to older adults.

The Southeast (SE) Service District starts at the Willamette and extends east to NE 82<sup>nd</sup> Avenue. Its northern boundary starts at East Burnside Street, and continues south, ending near SE Tacoma Street and the Sellwood-Moreland neighborhood. The ADVSD SE Branch location shares a building with Impact NW, a contracted provider that operates a collocated District Center. Asian Health and Service Center (AHSC), an Enhancing Equity Partner, is the southernmost provider in this district located on SE Powell Boulevard.

There are two dining sites offering meals to older adults in the district, one of which is an Enhancing Equity Partner site at AHSC. The ADVSD SE Branch, AHSC and Impact NW offer services and dining sites. For information on specific services in this district please call the Aging and Disability Resource Connection at (503) 988-3646.



## Takeaways

### 1 in 5

Residents live at or below 185% FPL

### 2.2% of 60+ Native American residents

District with the largest proportion of American Indian/Alaskan Native populations

### 1,001 (4.4%) households

Large population of households that speak a primary language other than English

### 31.2% of 60+ residents

live alone, a proportion higher than any other district

The SE service district has a total of 22,790 people 60+, the smallest population size of all the districts. **23.1%** of this population lives at or below 185% FPL which is slightly greater than the County average.

The SE district has the largest proportion of Native American/Alaska Native residents (**2.2%**) despite not having the largest number of Native residents. The estimated number of the 60+ people of color is the smallest among all districts (**Table 4**).

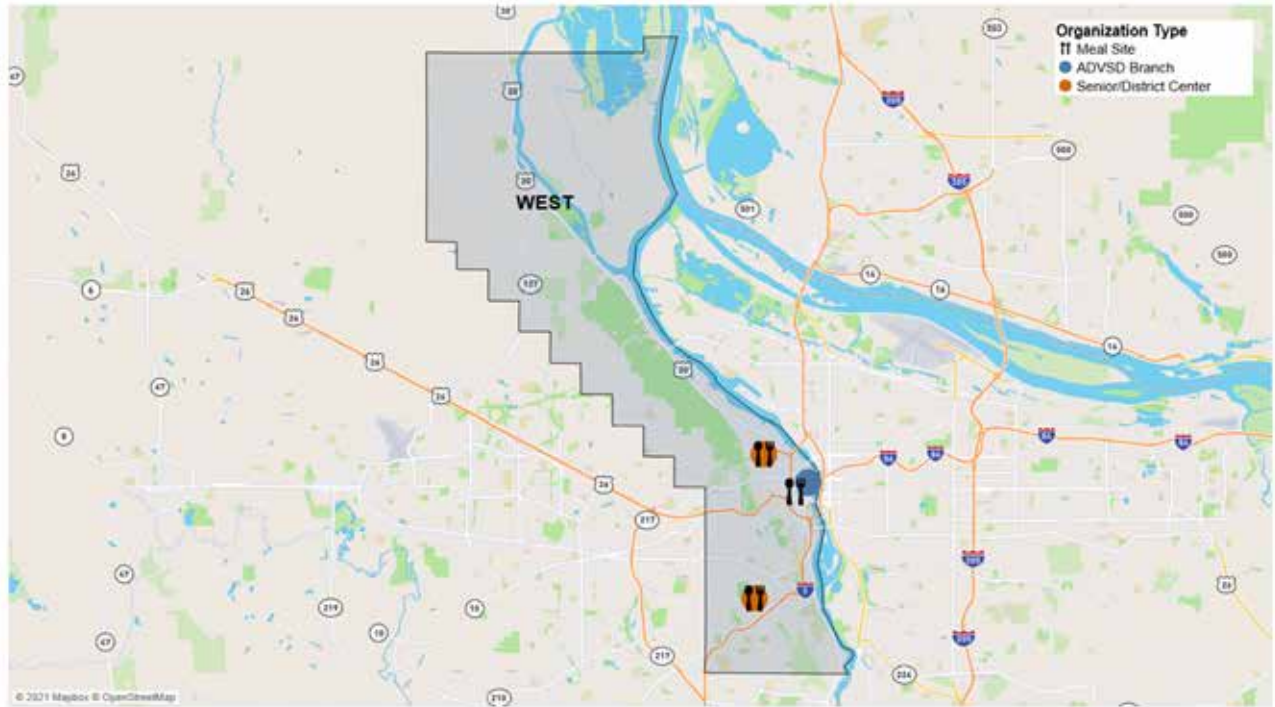
Out of the total households that speak a primary language other than English, nearly **60%** of those households speak Vietnamese or Chinese (Mandarin or Cantonese).

**30%** of 60+ residents in the SE service district live alone, a higher percentage than any other district. **33.9%** of 18-59 residents and **29.1%** of 60+ residents in the SE district residents identify as having a disability.

**Table 4 – SE Service District and County Populations**

Characteristic	County Population Estimate	County % of 60+ Population	SE Dist. Population Estimate	SE Dist. % of 60+ Population
Total	151,827	100%	22,790	100%
Total People of Color	31,185	20%	3,948	17.32%
African	973	0.64%	1	0.00%
American Indian or Alaska Native	2,419	1.59%	506	2.22%
Asian	10,615	6.99%	1,942	8.52%
Black or African American	7,683	5.06%	437	1.92%
Native Hawaiian or Pacific Islander	732	0.48%	132	0.58%
Latino, Latinx or Hispanic	4,978	3.28%	565	2.48%
Middle Eastern	966	0.63%	54	0.24%
Slavic	5,011	3.30%	838	2.60%
White	132,026	86.96%	20,128	88.32%

## West Service District Profile



**Figure 5. West Service District Contracted Providers**

This map marks the locations of ADVSD branch offices, dining sites, district centers, and Enhancing Equity locations that offer access to services, programs, and provide meals to older adults.

The West service district includes the entire portion of the City of Portland west of the Willamette. The district ends south of I-5 near SW Boones Ferry Road. The ADVSD West Branch office is in Downtown Portland in the Five Oak Building. There are four contracted service providers located in the West service district. Friendly House serves as a District Center and a Meals on Wheels dining site, in a consortium approach with Neighborhood House serving Multnomah Village and Hillsdale. SAGE Metro Portland is collocated with Friendly House in Northwest Portland.

There are three dining sites offering meals to older adults in the district, none of which are offered by Enhancing Equity Partners. For information on specific services in this district please call the Aging and Disability Resource Connection at (503) 988-3646.

## Takeaways

**13.2%**

District with lowest percentage of residents who are people of color

**1/3**

of Middle Eastern Multnomah County residents live in the West service district

**18%**

District with the lowest percentage of households living at or below 185% FPL

**20.3% and 25.8%**

Lowest percentage of 18-59 and 60+ residents with a disability

The total population of the West service district is 33,701 which is the highest population of any district. People of color make up the smallest percentage of the district population out of any other district (**13.2%**). Simultaneously, the district also has the highest proportion of White residents out of all districts (**Table 5**).

The majority of households speak English as their primary language. Out of the **724** households that are linguistically isolated, **128** speak only Spanish and **119** speak only Mandarin Chinese. There is also a relatively small number of families living in multigenerational households (**706**).

The 18-59 and the 60+ populations that identify as having a disability are significantly lower in the West service district than within

Multnomah County. Only 6,848 (**20.3%**) of those between 18-59 with a disability and 8,706 (**25.8%**) of those 60+ with a disability live within this district. This district also has the lowest proportion of its residents living at or below 185% FPL out of all districts (**18%**).

**Table 5 – West Service District and County Populations**

Characteristic	County Population Estimate	County % of 60+ Population	West Dist. Population Estimate	West Dist. % of 60+ Population
Total	151,827	100%	33,701	100%
Total People of Color	31,185	20%	4,433	13.15%
African	973	0.64%	236	0.70%
American Indian or Alaska Native	2,419	1.59%	392	1.16%
Asian	10,615	6.99%	1,221	3.62%
Black or African American	7,683	5.06%	796	2.36%
Native Hawaiian or Pacific Islander	732	0.48%	41	0.12%
Latino, Latinx or Hispanic	4,978	3.28%	743	2.20%
Middle Eastern	966	0.63%	311	0.92%
Slavic	5,011	3.30%	1,067	3.17%
White	132,026	86.96%	31,824	94.43%

## 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 allows ADVSD to recognize that racial inequities are foundational to and pervasive in the culture of the United States and all levels of government.

“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.”<sup>5</sup>

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 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 60+ in Multnomah County is a person of color (POC). People of Color are disproportionately represented among those 60+ living—particularly Black and Latino older adults. 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, Latinx, Hispanic, immigrant, refugee, Lesbian, Gay, Bisexual, and Transgender 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.

Older adults and people with disabilities experiencing loneliness, anxiety and depression, substance use disorder, hoarding behaviors, or mental health or behavioral

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<sup>5</sup> Why We Lead with Race – <https://multco.us/safety-trust-and-belonging-workforce-equity-initiative/why-we-lead-race>

health diagnoses continue to be a priority population to ADVSD. COVID-19 and the related health and safety recommendations were a genesis or exacerbated many of these issues faced by older adults and people with disabilities. ADVSD will provide referrals to the Older Adult Behavioral Health Initiative (OABHI) team for complex case consultation through the ADRC, LTSS offices, and the 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.

In 2017, ADVSD conducted a system-wide contracting request for qualified proposals process. This process resulted in ADVSD shifting and increased 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 conduct community-specific listening sessions in advance of the upcoming system-wide contracting request for proposals process.

Lastly, ADVSD will continue to ensure diverse representation in marketing materials, enact a division-wide translation and interpretation practice, continue to 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 aging 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

See also **Attachment C** that further describes services provided to OAA/OPI consumers.

**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:** Personal care for dependent older adults in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, counseling; and services such as rehabilitation, medications assistance and home health aide services for adult day health.

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

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

**Case Management:** Case management provides access to an array of service options to assure appropriate levels of service and to maximize coordination in the service delivery system. Case management must include four general components: access, assessment, service implementation, and monitoring. **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 to participants so that they can obtain the supportive services they need.

**Chore:** 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](http://www.aoa.gov))

Note: Chore services are provided on an intermittent basis.

**Chronic Disease Management, Prevention, and Education:** Programs such as the evidence-based Living Well with Chronic Conditions (Stanford’s Chronic Disease Self-Management program – 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 Latino elders under ADVSD Enhancing Equity 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:** 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, Latino, Latinx or Hispanic, Slavic, and Native American elders, four of which are funded under ADVSD Enhancing Equity contracts.

**Elder Abuse Awareness:** 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, with particular focus on prevention and enhancement of self-determination and autonomy.

**Evidence Based Health Promotion:** 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/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:** Assistance such as preparing meals, shopping for personal items, managing money, using the telephone, or doing light housework.

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

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

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

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

**Legal Assistance:** Legal advice or representation provided by an attorney to older individuals with economic or social needs, including counseling or other appropriate assistance by a paralegal or law student acting under the direct supervision of an



attorney, or counseling or representation by a nonlawyer when permitted by law. 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 Helpline.

**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 dietician or individual of comparable expertise.

**Options Counseling:** Counseling that supports informed long-term care decision making through assistance provided at six Enhancing Equity sites and five district 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 (LGBT), Immigrant and Refugee, and Hispanic or Latino elders at Enhancing Equity sites.

**Personal Care:** 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 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 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, LGBT, Immigrant and Refugee, and Hispanic or Latino elders will be provided community and culturally specific and other recreation activities under ADVSD Enhancing Equity contracts.

**Senior Center Assistance:** Financial support for use in the general operation costs (i.e., administrative expense) of a district 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, district 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](http://www.adrcoforegon.org), or by calling the **ADRC** 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. The Family Caregiver Support Program collaborates with the Alzheimer's Association on specific community outreach events.
Disability Services Programs	ADVSD partners with Independent Living Resources (ILR) on grant-funded projects. The ADRC, district 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 Northwest, 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.
Food Access & Emergency Food Pantries	The ADRC, district 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 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

Service	Contact
	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 are experiencing houselessness	Older adults and people with disabilities experiencing houselessness are referred for service screening with the Coordinated Access system. 211info screens people for shelter systems such as family, domestic violence, and some women’s shelters. Otherwise, those unhoused need to themselves call 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.

## Section C: Focus Areas, Goals and Objectives

### C-1: Information and Referral Services and Aging and Disability Resource Connection

#### Profile

The Aging and Disability Resource Connection (ADRC) is a specialized information and assistance hub for older adults, people with disabilities, families, caregivers, and organizations. The ADRC resource is often the front door for many community members to learn about services and resources for older adults, people with disabilities and family caregivers. The Multnomah County ADRC Helpline can be accessed by telephone, (503) 988-3646 or (855) 673-2372, Telecommunications Relay Service (TRS) for people with hearing or speech disabilities, email to [adrc@multco.us](mailto:adrc@multco.us), and at [www.adrcforegon.org](http://www.adrcforegon.org). The ADRC is a 24-hour a day resource and is operated by ADVSD staff and contracted partners. The ADRC provides language access by employing bi-lingual information and assistance specialists and through phone-based interpreters. Information and assistance services are also provided through the contracted network of district centers and Enhancing Equity partners to provide this specialized service in the community and with culturally specific and responsive approaches. The ADRC and our contracted information and assistance (I&A) partners are key to ADVSD's No Wrong Door access to long-term services and support for older adults, people with disabilities, veterans, and their families. This includes pre-screening and referrals for Family Caregiver Support Program, Options Counseling, Oregon Project Independence, Veterans benefits, and the suite of Older Americans Act funded services.

The Multnomah County ADRC receives on average 2,500 inquiries each month from 2,000 callers. 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.

The Multnomah County ADRC is committed to providing quality information and referral related services it provides as well as supporting contracted partners. The ADRC team is responsible for maintaining approximately 750 community resource records in the statewide ADRC database. The staff work with community partners annually to ensure the accuracy of the information provided to ADRC callers. In partnership with the Metro ADRC consortium that includes Washington, Clackamas, and Columbia counties, a satisfaction survey is conducted by the Portland State University Institute on Aging.

Internally, 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 to Long Term Services and Supports to those new to the service system, as well as current participants. Additionally, Multnomah County draws Medicaid funding for the Care Transitions Intervention program. The Care Transitions Intervention has been modified to include options counseling and connections to the ADRC as needed.

## Need Statement

The topic of information, described as, “Finding information about needed services, resources, or the advice of an attorney” ranked eight out of nine in our recent community survey. However, the topic of information elicited strong comments from community members and surfacing needs such as, a desire for clearer pathways to information, a centralized list of resources, and assistance with navigating resource systems. The survey also showed that the telephone remains the primary communication tool for older adults. 90% of survey respondents over 65 indicated that they use the telephone to communicate with friends, family, or neighbors and 97% indicated they use smartphones, basic cell phones, and/or home phones for communication or finding information.

For all their wonders, devices such as cell phones, tablets, and computers are not great equalizers for older adult information seekers in tech-savvy Multnomah County. As information pathways grow faster and more elegant to some, they remain complex and impersonal for others. A recent survey by The Pew Research Center showed that nine out of 10 people said that the internet became an essential or important tool during the COVID-19 pandemic. Despite 84.9% of households in Multnomah County having access to internet or broadband<sup>6</sup>, it is utilized unevenly by older adults particularly for those with low-incomes or who live in a linguistically isolated household or low digital literacy. Research related to the Multnomah County exploration of municipal broadband stated that for households earning under \$30,000 closer to 78% do not have internet in their home<sup>7</sup>. People who are over age 65 the number of households with internet drops to 72%. As COVID-19 has pushed much of our lives and community connection online, including schooling, work and health care, a gap remains for older adults and people with disabilities. The feedback and stories shared by elders at our community listening

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<sup>6</sup> Digital Equity Needs and Opportunities Report - <https://www.portlandoregon.gov/oct/article/545834>

<sup>7</sup> Municipal Broadband Fiber-to-the-Premises Feasibility Study Final Report  
<https://www.ctcnet.us/wp-content/uploads/2020/11/FTTP-Feasibility-Study-Multnomah-County-20201005.pdf>

sessions on this plan shows that much work is needed to address this gap and to support the needs and preferences about how information is shared and what is required to access it. Supporting the independence and self-determination of older adults and people with disabilities, especially for communities of color, is core to the mission of ADVSD. To continue to meet this aspect of our mission information access and digital literacy will be a focus area in this plan.

## Information and Assistance (I&A) and Aging and Disability Resource Connection (ADRC) Goals and Objectives

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

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
<p><b>Measurable Objective 1-1</b></p> <p>Increase utilization of the ADRC to decrease isolation and barriers to access experienced by physically, socially, culturally, or linguistically isolated older adults.</p>	<p>A. Creating more presentations and train-the-trainer model to show individuals/clients/agencies how to navigate services.</p>	<p>Community Services manager, Community Resource program manager</p>	<p>July 2023</p>	<p>November 2024</p>	<p>This goal is completed and continue the work as part of the program operations. The ADRC team continues to work on these tasks. The ADRC outreach team and the Community Service program invite other agencies, teams within the Department of Human Services and volunteers to attend presentation and outreach events. Additionally, several staff members from ADVSD present information publicly, and the ADRC outreach team has provided slide decks to promote the ADRC information in those presentations as well.</p>



Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
		Start Date	End Date	
B. Provide surveys on culturally specific outreach on ADVSD services and community knowledge and barriers.	Community Services manager, Community Resource program manager, program & development specialist	July 2023	June 2025	This goal will be re-evaluated for the next Area Plan. Additionally, the ADRC outreach team is in conversations with the SHIBA team to develop a similar model for feedback. This collaboration will model survey questions and results that the ADVSD (LTSS) branches survey, as well as the SHIBA appointment survey.
C. Increase social media outreach and engagement among friends and family of older adults and people with disabilities.	Community Services manager, Community Resource program manager	July 2021	June 2025	This goal is completed. During the past year the ADRC has increased social media outreach and engagement of ADVSD programs. Additionally, a new position has been added to work on this area. One additional position is being considered for the ADVSD team communications to increase awareness of programs, and eligibility information.

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
	D. Develop marketing and outreach plans related to prioritized communities.	Community Services manager, Community Resource program manager	September 2021	January 2025	This goal will continue as part of the program and division operations. The final plan will continue to be discussed with the communications team member.
	E. Continue to clarify and document role in emergency management and public health crisis response	Community Services manager, Community Resource program manager	June 2022	June 2023	Goal completed.

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
<b>Measurable Objective 1-2</b> Community partners and entities with community connections to historically and systematically marginalized identities know about and use the ADRC and the I&A network.	A. Review current information dissemination policy and develop goals to increase information access pathways and modes of communication.	ADVSD Leadership, Community Services management, planning & development specialist, ASAC & DSAC	September 2022	June 2025	Goal completed. Additional opportunities will be evaluated with the communications team at ADVSD.
	B. Conduct community interviews to understand and document barriers to information pathways.	Community Services management, research and evaluation staff	July 2022	June 2025	This goal will be re-evaluated for the next area plan.

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

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
<p><b>Measurable Objective</b></p> <p>Increase utilization of the ADRC to decrease isolation and barriers to access experienced by physically, culturally, or linguistically isolated older adults.</p>	A. Continue to expand information and assistance resources by supporting community and culturally specific organizations and community groups.	Community Services manager, Community Resource program manager	July 2021	June 2025	Goal completed. The ADRC outreach team continues to deliver materials and provide training to contracted partner agencies with a special emphasis on culturally specific, and community specific organizations.
	B. Work with community and culturally specific providers to develop and implement community competency models for information and assistance.	Community Services manager, Community Resource program manager	January 2023	June 2025	This goal is completed, and will continue as part of the program operation work.
	C. Build relationships among current community-based health promotion networks, such as Community Health Workers.	Community Resource program manager, Older Adult Behavioral Health Initiative	July 2022	June 2025	This goal is completed, and the work will continue as part of the program operation. The ADRC team partners with CCO workgroups, Multnomah County Health Department, and community based organizations.

Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
		Start Date	End Date	
D. Expand network of Gatekeeper partners through outreach and engagement.	Community Resource program manager	July 2022	June 2025	This goal has been completed, and the work will continue as part of the program operation.
E. Develop an online Gatekeeper training module and digital outreach collateral.	Community Services manager, Community Resource program manager	January 2023	June 2025	This goal is completed. We have also seen a decline in requests for gatekeeper training, while receiving an increase about mandatory reporting and APS reporting.
F. Expand network of partners through outreach and engagement to Villages Communities	Community Resource program manager	January 2023	June 2024	Goal completed, and the work continues as part of the program operation. The ADRC staff have not attended any Villages meetings since COVID. However, referrals to Villages is made on a daily basis for individuals living in neighborhoods where Villages are active.
G. Increase connection to and explore partnership opportunities with Community Information Exchanges	Community Services manager, Community Resource program manager	January 2022	June 2025	Goal is completed. The program participates with multiple teams, the HRSN networks, and the 1115 waiver housing, food and climate launch.

Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
		Start Date	End Date	
H. Increase connections to existing systems that support people with systems navigation.	Community Resource program manager, Older Adult Behavioral Health Initiative	September 2021	June 2025	Goal completed, and additional opportunities will be evaluated for participation as different opportunities arise.

## C-2: Nutrition Services

### Profile

Eating ties us to our humanity. Whether it is a peanut butter and jelly sandwich eaten over the kitchen sink or a plate laden from a potluck table eaten from your lap, 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 wellbeing by providing access to nutritious meals. It also serves to bring people out of isolation, to 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. Additional aspects of the OAA nutrition programs are to support the health and wellbeing of adults 60 and older and provide opportunities to be physically active and to prevent or delay the onset of disease.

### COVID-19 Pandemic Nutrition Program Approach

The COVID-19 stay at home order immensely impacted older adults in Multnomah County—particularly those relying on congregate meal programs. On March 12, 2020, all in-person meals sites closed in response to the governor's COVID-19 "Stay Home, Save Lives" order. Currently, all meals are home delivered.

The standard model of service for the OAA nutrition program shifted in a matter of days to exclusively a home-delivery model. Organizations swiftly implemented new safety measures to protect older adults and those preparing and delivering the meals. Stay home orders spotlighted how vulnerable we are to isolation and diminished food security. Despite challenges, ADVSD staff and partners moved to ensure the unique aspects of the OAA nutrition program continue by reaching elders with food and connection.

This increase in the demand for meals required providers to shift from daily deliveries to one to two deliveries a week. The network of meal providers continued culturally responsive approaches. For example, a community of older adults did not feel safe receiving meals cooked outside their home, so providers provided food baskets as an option to home-delivered meals.

Especially for older adults and community organizations serving them we anticipate significant challenges as COVID-19 health and safety measures evolve. ADVSD is

committed to support the safety and well-being of older adults related to congregate meals and anticipate the need for programmatic flexibility.

### **Current Nutrition Program Services Approach**

ADVSD contracts with several community agencies to provide congregate meals. The Meals on Wheels People (MOWP) has eleven congregate meal sites and four satellite sites in the county. ADVSD provides partial funding for five of these locations with Title III C funds. Meals on Wheels People 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 [www.mealsonwheelspeople.org/what-we-do/dining-centers](http://www.mealsonwheelspeople.org/what-we-do/dining-centers). Meals from Enhancing Equity partners are detailed following the need statement below.

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.

Culturally appropriate meals are currently delivered in three ways. Meals are prepared and transported to meal sites; culturally appropriate meals are prepared by restaurants and served at Enhancing Equity 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 centers or Enhancing Equity 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.

The Meals on Wheels People 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 Meals on Wheels People program also provides social contact, and information dissemination. 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 began delivering 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, Title III C-1, and C-2 funds.

## Need Statement

Among the many drawbacks of conducting a needs assessment during the COVID-19 pandemic is understanding existing challenges among those that are unique or emerging during this time. The COVID-19 pandemic brought food access challenges into sharp focus, increased barriers to obtaining food, and intensified affordability issues, especially for older adults and people with disabilities.

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<sup>8</sup>. The most recent Oregon State Health Assessment emphasized falls as the leading cause of injury-related death among older adults and the most common cause of nonfatal injuries and hospital admissions for trauma<sup>9</sup>.

An estimated 13.8% of county residents are food insecure<sup>10</sup>—a comparable local analysis of food security among older adults is not available. However, for the purposes of this analysis income will be used as a proxy for food security. In the county 33,890 people 60 and older have incomes at or below 185% of the federal poverty level and are potentially eligible for food resources like the Supplemental Nutrition Assistance Program (SNAP). More than one-third of those older adults are people of color, with Black and Latinx older adults being over-represented in relation to population size. Deep levels of poverty impact 13,927 older adults that have incomes at or below 100% of the federal poverty level of \$1,063 or less each month.

"Enough food to eat that supports my specific dietary preferences, needs, and that is culturally appropriate," was consistently identified as the fourth most important need among all survey respondents of the Area Plan Needs Assessment Survey. Of those responding, 475 reported ordering groceries or household goods online for the first time during COVID-19. 41% of respondents shared using food assistance programs like SNAP or food pantries more often. Community members shared that cost was a barrier to

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<sup>8</sup> Hunger in Older Adults – <https://www.mealsonwheelsamerica.org/docs/default-source/research/hungerinolderadults-fullreport-feb2017.pdf?sfvrsn=2>

<sup>9</sup> Oregon Health Authority, State Health Assessment – <https://www.oregon.gov/oha/ph/About/Pages/HealthStatusIndicators.aspx>

<sup>10</sup> 2019 Status of Hunger in Multnomah County - <https://www.oregonhungertaskforce.org/the-problem>



purchasing fresh produce. Comments also showed that food continues to be a costly regular expense, and affordability impacts food buying habits.

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, will increase food security among older adults. It can expand access to fresh foods to support health and wellbeing, and that is culturally appropriate.

**Enhancing Equity OAA Nutrition Sites** - The end of the public health emergency, strategies and practices developed and implemented during COVID have been adopted and incorporated into the ongoing practice of the nutrition programs.

- Asian Health and Service Center (AHSC), 9035 SE Foster Road, Portland.
  - Pre-COVID-19: Tuesday-Friday congregate meal program primarily serving Chinese, Vietnamese, and Korean elders. The AHSC largest congregate program offered by an Enhancing Equity partner.
  - COVID-19: Unable to do a home-delivered meal program as elders are concerned about receiving prepared hot meals. AHSC implemented a food box program. Each food box contains enough food to prepare four to five meals per person, supplemental food, and hygiene items.
- Ecumenical Ministries of Oregon (EMO), 4619 N Michigan Avenue, Portland.
  - Pre-COVID-19: Home-delivered meal program serving HIV long-term survivors 50 and older. Weekly delivery on Wednesday or Thursday consisted of seven days of frozen meals.
  - COVID-19: Added supplemental food boxes. Otherwise, the program maintained the same schedule and model. Added twelve to fifteen participants.
- El Programa Hispano Católico (EPH), 333 SE 223<sup>rd</sup> Avenue, Gresham.
  - Pre-COVID-19: Monday-Thursday congregate meal program serving about twenty-five Hispanic elders.
  - COVID-19: Monday-Thursday delivery of one meal per person (four meals weekly) from culturally specific restaurants. Added supplemental food boxes from culturally specific markets.
- Immigrant and Refugee Community Organization (IRCO), 10301 NE Glisan Street, Portland, and 709 NE 102<sup>nd</sup> Avenue, Portland (Africa House).
  - Pre-COVID-19: Congregate program serving immigrant and refugee seniors. Restaurant and MOWP provided food served at IRCO on Tuesdays and Wednesdays, and IRCO Africa House on Thursday.

- COVID-19: Culturally specific restaurant provided food then packaged at IRCO. Home-delivered or takeout Tuesday or Thursday, providing two meals a day for a total of four meals a week and supplemental food boxes; Africa House participants receive a restaurant or staff delivered meal Tuesday and Wednesday for two meals weekly to approximately thirty participants. IRCO also delivered supplemental food boxes.
- Native American Youth and Family Center (NAYA), 5135 NE Columbia Boulevard, Portland.
  - Pre-COVID-19: Monday-Friday congregate breakfast and lunch program cooked onsite serving about twenty-five elders.
  - COVID-19: Home-delivered meals prepared in their kitchen. Tuesday delivery of three meals, and Friday delivery of four meals for seven meals, plus a supplemental food box.
- Meals on Wheels People (MOWP) office and central kitchen, 7710 SW 31<sup>st</sup> Avenue, Portland.
  - Pre-COVID-19: Monday-Friday congregate lunch program and home-delivered meal distribution at five contracted sites.
  - COVID-19: Home-delivered meals prepared at the central kitchen and distributed from the five sites. Elm Court has limited daily delivery and/or grab-and-go meals for consumers with mental health and housing challenges.
    1. Elm Court Center, 1032 SW Main Street, Portland
    2. Martin Luther King Jr. Center, 5325 NE MLK Jr. Boulevard, Portland
    3. Belmont Center, 4610 SE Belmont Street, Portland
    4. Cherry Blossom Center, 740 SE 106<sup>th</sup> Avenue, Portland
    5. Ambleside Center, 600 NE 8<sup>th</sup> Street, Gresham

## Nutrition Services Goals and Objectives

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

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
<b>Measurable Objective 1-1</b> Increase utilization among older adults of federally funded nutrition programs, such as SNAP.	A. Expand SNAP outreach and application assistance to older adults.	ADRC program manager, planning & development specialist	September 2023	June 2025	This goal will be re-evaluated for the next Area Plan.
	B. Explore potential SNAP outreach and application assistance models for older adults.	Planning and development specialist	September 2023	June 2024	This goal will be re-evaluated for the next Area Plan.
	C. Analyze utilization of federally funded nutrition programs among older adults and people with disabilities.	Planning & development specialist, research & development specialist sr.	September 2023	June 2024	This goal will be re-evaluated for the next Area Plan.

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
<b>Measurable Objective 1-2</b> Provide access to low or no-cost and food in a variety of settings to meet the diverse needs of older adults.	A. Provide meals containing one-third of the US RDA to homebound older adults each year.	Program manager, nutrition services contract liaison	July 2021	June 2025	Goal is completed. Some version of a nutrition goal might be carried over to the next Area Plan.  We continue to contract and collaborate with our largest

					<p>provider, 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.</p> <p>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 meal sites and delivered meal programs.</p>
	B. Provide seven meals a week containing one-third of the US RDA to homebound HIV Long-Term Survivors over the age of 50 each year.	Program manager, nutrition services contract liaison	July 2021	June 2025	Our contracted partner, Ecumenical Ministries of Oregon, continues to provide meals to this targeted population and they collaborate with the Multnomah County registered dietitian to review menus. 28-30 consumers receive meal delivery to cover 7 days worth of meals.
	C. Provide culturally appropriate meals containing one-third of	Program manager, nutrition services contract liaison	July 2021	June 2025	The Community Services program was contracting with five culturally specific meal

	the US RDA to older adults through Enhancing Equity meal sites.				providers in the past, and in January 2024, after an RFPO procurement added one new culturally specific meal provider, bringing the total to six providers.
	D. All recipients will receive individual nutritional assessments completed annually.	Program manager, nutrition services contract liaison	July 2021	June 2025	This work is conducted by contracted nutrition partners as outlined in the issue brief. This standard continues to be met by our partners. They provide annual individual nutritional assessments to the program participants; the continuation is consistent with the outlined program approach.
	E. Congregate nutrition sites will provide nutrition education a minimum of four times yearly.	Program manager, nutrition services contract liaison	July 2021	June 2025	All contracted partners have been meeting this standard and the Multnomah County registered dietitian works with the smaller contracted partners to ensure that they have support to continue to meet this requirement. ADVSD hired a dietitian who provides support to contracted organizations with their menu and nutrition education.
	F. All recipients of home-delivered meals will receive nutrition education upon	Program manager, nutrition services contract liaison	July 2021	June 2025	This work is conducted by contracted nutrition partners as outlined in the issue brief. Our contracted partners continue to

	enrollment and annually thereafter.				meet this standard. Additionally, the ADVSD hired a registered dietitian who provides support to contracted organizations with their menu, and nutrition education.
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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.

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
<p><b>Measurable Objective</b></p> <p>Food access and nutrition resources are prioritized for older adults who are marginalized based on race and other identities.</p>	<p>A. Collect and analyze applicable food security and nutrition program utilization data for prioritized populations annually.</p>	<p>Planning &amp; development specialist, data analyst, research &amp; development specialist sr.</p>	<p>September 2022</p>	<p>June 2025</p>	<p>Last year Community Services completed the RFPO contract procurement 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.</p>
	<p>B. Understand utilization of food and nutrition programs by community.</p>	<p>Planning &amp; development specialist, research &amp; development specialist sr.</p>	<p>September 2022</p>	<p>June 2025</p>	<p>Community Services continues to collaborate with the ADVSD data and research team, contractor organizations, and advisory councils to understand community needs in nutrition</p>

					services. The goal has been completed, however, the work continues as part of the program work.
	C. Develop advocacy strategy to increase food security among older adults	Planning & development specialist, ASAC	September 2023	January 2025	This goal is completed. However, the work continues as part of the program. The ADRC team is actively, and will continue to be involved in providing food resources to community members that contact the Community Services call center.
	D. Establish/support ASAC/DSAC priority to increase community voice in Older Adult food security and nutrition work.	Program manager, nutrition services contract liaison, planning & development specialist, ASAC	January 2023	June 2025	This goal is completed, and continues the work as part of the division's work. This work has been an ongoing conversation with the Advisory councils (ASAC and DSAC) and the Community Services program will continue this collaboration.
	E. Document successful strategies for food access during the COVID-19 pandemic.	Community Services manager, nutrition services contract liaison, planning & development specialist	June 2022	December 2022	This goal is complete as reported in the Year One update (2022). More specifically we were able to advocate and receive approval to 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.
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## C-3: Health Promotion

### Profile

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

To realize this vision, ADVSD partners with culturally specific community-based organizations (CBOs) and District 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 funds the evidence-based Program to Encourage Active, Rewarding Lives (PEARLS) program, provided by two CBO partner agencies.

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. During the COVID-19 pandemic and stay-at-home orders, CBO partners have shifted to providing online video meetings, whenever possible.

### Need Statement

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 recent report by the Centers for Disease Control. The analysis identified adults aged 65 and older as being one of the groups with the highest prevalence<sup>11</sup>. 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

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<sup>11</sup> 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](https://www.cdc.gov/pcd/issues/2020/20_0130.htm#:~:text=In%202018%2C%2051.8%25%20of%20US,those%20living%20in%20rural%20areas)

year, including \$332 million from premature death and more than \$100 million in direct medical costs.” (Multnomah County Board Briefing February 13, 2019)

To address these health disparities, ADVSD continues to partner with culturally specific CBOs that promote and provide appropriate 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. Additionally, ADVSD participates with the Multnomah County Health Department in the Racial and Ethnic Approaches to Community Health (REACH) program and is committed to uplifting REACH's mission. The REACH program collaborates with the ACHIEVE Coalition and its multisectoral partners to work collaboratively to redress chronic disease burden and disparities among Black/African immigrants and refugees, infants, youth, adults, and elders.

As the number of older adults, particularly those with chronic conditions, continues to grow at a rapid pace with the aging of the Baby Boom generation, the need to increase and diversify program offerings is compounded. English and Spanish-language programs specializing in pain management, HIV-focused self-management, and diabetes prevention, have been identified as areas where growth is needed.

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. Each year, prior to the start of the new fiscal year/funding period, ADVSD Contract Liaisons connect with the network of providers to plan for the upcoming year. During the 2019 fiscal year, the availability of Health Promotion programs was expanding, however, due to funding cuts at the State-level, programming was reduced and re-prioritized the following year.

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. Over the coming years ADVSD will look 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 continues to seek partnerships with other local entities, such as Portland Parks and Recreation and REACH. 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.

## Health Promotion Goals and Objectives

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

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
<p><b>Measurable Objective</b></p> <p>Increase availability of health promotion classes and activities for older adults through partnership and network development.</p>	<p>A. Bolster partnership with health systems, aging services partners, and the Oregon Wellness Network (OWN) to leverage resources.</p>	<p>Community Services manager, program manager</p>	<p>July 2021</p>	<p>June 2025</p>	<p>The ADVSD Community Services manager continues to work collaboratively with OWN to explore potential funding for the work of our Area Agency on Aging (AAA). Ongoing collaboration with our current hospital partner Providence to strengthen and plan for future funding will continue. Providence has five hospitals in and around the metro area.</p>

Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
		Start Date	End Date	
B. Increased availability of physical activity programs in virtually and in person provided by community-specific providers.	Community Services manager, program manager	July 2021	June 2025	Goal completed. As a result of the recent RFPO contracting project, and in addition to previous providers, a new culturally specific provider was established—the Somali American Council of Oregon. Additionally, Community Services continues to support our culturally specific and culturally responsive community partners in their efforts to expand access to EBJP programs.
C. Increase coordination with Multnomah County Health Department Public Health.	Community Services manager, program manager	January 2023	June 2025	This goal will be reevaluated for the next Area Plan by the Community Services team, and edited to reflect the program’s capacity.
D. Expand funding for programs with OWN.	Community Services manager, program manager	July 2021	June 2025	Goal completed. The collaboration and participation with OWN is ongoing.

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
	E. Design staffing model to increase community utilization and support coordination among providers.	Community Services manager, program manager	September 2022	June 2025	Community Services has two 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.

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

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
<b>Measurable Objective</b> More older adults participate in activities to support their health and wellbeing.	A. Reestablish coordination and outreach network.	Community Services manager, program manager	January 2024	June 2025	Goal completed. The ongoing collaboration with OWN and the contracted evidence-based health promotion partners are expected to continue.
	B. Strengthen relationships with partners, such as public pools, gyms, and parks departments.	Community Services manager, program manager	January 2024	June 2025	This goal will be evaluated for the upcoming Area Plan by the Community Services manager and program.

Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
		Start Date	End Date	
C. Increase class offerings to community members who are historically and systemically marginalized based on their identities.	Community Services manager, program manager	January 2024	June 2025	Goal completed. Our enhancing equity 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.
D. Expand outreach channels to include social media, such as Facebook and Nextdoor.	Community Services manager, program manager	July 2021	June 2025	Goal completed. 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.



## C-4: Family Caregivers

### Profile

A family member is often first in the line of care and support for 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.

Family Caregiver Support Program information and referrals are provided by the ADRC. Intake is provided by case managers at contracted community partners. 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 four district centers and four Enhancing Equity partners. Enhancing Equity partners ensure that caregivers are served 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.

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 to 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 supports from homecare 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. Up to \$300 for counseling, respite, durable medical equipment, or other items supporting the caregiver is available to all 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>.

The Family Caregiver Support Program 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 Program. Trained STAR Caregiver consultants work with family caregivers individually in their home to provide the curriculum for 1-hour a week for 6-weeks (by telephone during the governor's COVID-19 "Stay Home, Save Lives" order). STAR Caregiver participants receive monthly follow-up for 4-months after training.

Community based events for caregivers to people experiencing dementia are offered at the popular Memory Café at the Sunrise Center. The Memory Café 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. Some events moved to virtual platforms during COVID-19 and some postponed and will resume post COVID-19.

## 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.<sup>12</sup> Caregivers perform tasks from simply picking up groceries or bathing and dressing to medical support (e.g., medication management or advanced wound care). Most people enter this work with little more than love for the person they are caring for and lack training or systems of support.

For all its rewards, caregiving can also cause stress—physical, emotional, and financial—and can have substantial impacts on the caregiver's health and wellbeing, especially when coupled with work and other family responsibilities. Caregivers responding to a recent ADVSD needs assessment survey reported a 29% net increase in caregiving hours during the COVID-19 stay at home order. 71% of family caregivers in a recent AARP survey reported experiencing high emotional stress. Increased caregiver stress and burden levels can jeopardize a caregiver's ability to continue to provide care.<sup>13</sup>

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<sup>12</sup> Caregiving in the United States 2020 – <https://www.aarp.org/ppi/info-2020/caregiving-in-the-united-states.html>

<sup>13</sup> 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](https://www.aarp.org/content/dam/aarp/research/surveys_statistics/ltc/2019/oregon-caregiving-survey-chartbook.doi.10.26419-2Fres.00259.033.pdf)

During COVID-19 family caregivers shared that they experienced significant social isolation. Family members supporting school-aged children struggled with distance learning technology and supporting and directing student learning at home. Community members providing family caregiving specifically commented about needs relating to transportation costs and accessing specialized equipment to support their caregiving.

In future Area Plan Updates the addition of Oregon Project Independence funded by Medicaid (OPI-M) will be included.

## Family Caregiver Goals and Objectives

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.

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
<b>Measurable Objective</b> 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.	A. Hold community listening sessions to understand community-specific needs related to family caregiving.	Program manager, planning & development specialist, program coordinator	January 2023	June 2025	Goal completed. The program started collaborating with the ADVSD research team on creating, and coordinating, community listening sessions.
	B. Collect and analyze unmet needs of family caregivers to caregivers by community.	Quality & Business Services, program manager, program specialist, planning & development specialist	July 2021	June 2025	Goal completed. Community Services continues to work collaboratively with community partners and with culturally specific community partners to work in a culturally responsive way. Two staff members from a culturally specific agency were trained in Powerful Tools for Caregivers for Spanish speakers with plans to hold a class in FY25.

Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
		Start Date	End Date	
C. Hold bilingual outreach event(s) for elders who speak Spanish, their caregivers, and professionals who serve the Spanish-speaking community.	Program manager, program coordinator	April 2022	June 2025	Goal completed. The FCSP coordinator and a bilingual coworker along with the staff of a culturally specific contracted partner agency met with Hispanic family caregivers to provide an overview of the family caregiver program, and held a Q&A session.
D. Collaborate with PreSERVE Coalition to increase access to Black and African American family caregivers	Program coordinator	January 2022	June 2025	Goal completed. The FCSP program specialist staff member continues to attend meetings and PreSERVE sponsored as time allows.
E. Increase participation, training, and support to LGBTQ+ family caregivers, with a priority on the needs of caregivers to Transgender and Nonbinary elders.	Program coordinator, development specialist	September 2021	June 2025	This goal will continue to be evaluated for the next Area Plan.

Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
		Start Date	End Date	
F. Collect and analyze program utilization data by identity to establish participation benchmarks.	Program manager, program coordinator, data analyst	January 2022	June 2025	Goal completed. The last two fiscal year FCSP 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.
G. Develop participation goals and improvement benchmarks for caregivers.	Program manager, program coordinator, data analyst	September 2023	June 2025	This work is ongoing. Based on the survey completed in the autumn of 2023 we are currently reviewing the results, and the impact of our past efforts on families served, as well as ways we can continue to improve outcomes for family caregivers; particularly those from marginalized communities.

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

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
<b>Measurable Objective</b> Increase the number of family caregivers that receive services that are culturally relevant and responsive consistent with benchmarks set in Goal 1.	A. Host quarterly Memory Café & Social with goal of reaching 80 unduplicated individuals and their caregivers	program manager, program coordinator	January 2022	June 2025	Goal completed. The memory café has occurred 10 out of 12 months for fiscal years 2023 and 2024 with 50 unduplicated individuals attending.
	B. Prioritize the needs of African American or Black Community by continuing a community-specific Memory Café in partnership with community partners.	program manager, program coordinator	April 2022	June 2025	The goal is in progress. The Family Caregiver Support Group for Black/African American families continue to meet regularly and has good participation.

## 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. 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. LASO, along with District Center and Enhancing Equity Partners that host legal clinics and along with Aging and Disability Resource Connection (ADRC) and Adult Protective Services (APS), and Long Term Services and Supports (LTSS) staff system-wide provide referrals to the long-term care ombudsman for issues related to Long Terms Services and Supports. This network of partners also assists with outreach to raise awareness of abuse prevention interventions.

Engaging in community and civic life and having good health or health care 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 APS investigates abuse cases in collaboration with local law enforcement and benefits from referrals from the aging services network and healthcare partners. APS provides training to the community partners, the district center, enhancing equity, and branch staff (managers and case managers) on identifying abuse, the reporting process, APS services, and mandatory abuse reporting. APS provides access to the five Multi-Disciplinary Teams (MDTs) that support case managers and investigators. Additionally, APS holds a monthly Law Enforcement Staffing 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's Office, and public guardian staff to identify needs and gaps in abuse prevention services across the system and recommend solutions to address salient issues.



In 2020, Multnomah County APS opened 597 investigations of alleged abuse in licensed long-term care settings and 2,912 investigations of alleged elder abuse in the community. Of those cases reported, 227 facility cases had at least one substantiated claim of abuse. There were 737 Community cases with at least one substantiated claim of abuse. In substantiated community allegations, the most common forms of abuse are financial exploitation, physical abuse, and verbal abuse. Regarding substantiated abuse cases statewide, the state of Oregon reported that, “Over two-thirds of alleged perpetrators (in community cases) are family members. The top two alleged perpetrator relationships are adult child and spouse.”<sup>14</sup>

## COVID-19 Impacts

The number of abuse reports was initially down during the early months of the COVID-19 pandemic (March, April, May 2020) across the state and within the county. The number of abuse reports have since increased. March 2021 saw the highest number of reports of suspected abuse since January 2020. ADVSD worked with other APS agencies across the state network on a media outreach campaign to educate and raise awareness of the signs of abuse and where to reach out for help or to report suspected abuse.

The closure of district centers and Enhancing Equity sites reduced outreach on the Senior Law Project significantly. Access to OAA legal consultation primarily moved to telephone consultation or meetings via a virtual platform from referrals via the Aging and Disability Resource Connection and reassurance calls with district center and enhancing equity partner staff. Virtual platforms and telephone access create significant access issues for older adults—particularly those living on a low income with limited or no internet access, limited or no device support, or few cellular telephone minutes.

## 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, failing to recognize, and thereby omitting specific needs of people of color and other marginalized groups. One of the recurring themes in the 21-25 Area Plan is to better understand the experiences of people of color who are older adults and translate those experiences into program improvements and measurable objectives.

For many reasons, the full scope of the problem of elder abuse is not known because it often goes unreported, particularly among Black and Brown communities that are over-policed or intervened upon. Over the course of the 2021-2025 Area Plan, ADVSD will continue work to understand the needs related to abuse reporting among marginalized

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<sup>14</sup> 2019 Year in Review: Community Cases – <https://www.oregon.gov/odhs/data/apddata/apd-aps-data-book-2019.pdf>

communities and develop goals, objectives, and tasks to address those needs. As is the case with other AAAs, the loss of funding for the Gatekeeper Program shifted the responsibility of this training, outreach and referral support to the ADRC and APS staff. While ADVSD has strong partnerships with gatekeeper entities, a gap in the referral network remains.

The topic of information, described as “Finding information about needed services, resources, or the advice of an attorney” ranked eight out of nine in our recent community survey. However, the need for legal consultation appeared in comments from community members ranging from getting identification to accessing Medicaid or other benefits.

The 2020 report on the Senior Law Project stated that 21% of community members served were reported as minorities, of which 1% were non-English speakers. Black, Indigenous, and other People of Color (BIPOC) older adults have a higher likelihood of civil legal issues than White older adults. 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. According to the Oregon Bar Foundation 2018 Civil Legal Needs Study, members of the Latinx community, particularly Spanish speakers, were least likely to look for legal help and therefore least likely to know that this legal help exists. Latinx survey participants researched legal issues at 66% the rate of others and Spanish speakers researched at 33% the rate of others.<sup>15</sup> 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 about to access legal assistance consistent with the Older Americans Act intent.

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<sup>15</sup> Barriers to Justice - <https://olf.osbar.org/Ins/>

## Legal Assistance and Elder Rights Goals and Objectives

1. Older adults can access legal consultation through the Senior Law Project with an emphasis on expanded access for historically and systematically marginalized communities.

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
<b>Measurable Objective 1-1</b> 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.	A. Volunteer legal professionals will provide free 30-minute consultations to individuals through community-based legal clinics.	Program manager, contract liaison	July 2021	June 2025	Goal completed. Our contracted partner reports an increase in complex cases that exceed the “30 min consultation” service. This resulted in an increased rate of spending of their contract allocation. ADVSD added \$18,000 in funding to the contract to better meet the increased demand.
	B. Review utilization data by community and report to ASAC and DSAC, annually.	Program manager, contract liaison, planning & development specialist	September 2021	June 2025	Goal completed. This reporting is provided to ASAC and DSAC when state monitoring is complete. Additionally, the ADVSD Community Services manager regularly attends and participates in the ASAC and DSAC meetings, and provides information and presentations about current and incoming programs, as well as service delivery.

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
<b>Measurable Objective 1-2</b> Increase capacity to serve historically and systematically marginalized elders through the Senior Law Project.	A. Support outreach efforts to 8 new community-specific organizations Senior Law Project outreach.	Program manager, contract liaison, planning & development specialist	January 2023	June 2025	Goal is completed, 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 organizations that Multnomah County contracts with (Urban League of Portland, IRCO, and Elder Pride Services at Friendly House).

Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
		Start Date	End Date	
B. Hold 12 community and language-specific outreach events to reach marginalized and underserved older adults.	Program manager, contract liaison, planning & development specialist	January 2023	June 2025	Goal completed. LASO 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.
C. Continue outreach on services related to health care decision-making, protection of assets for the care of unmarried partners, and navigating federal VA, Ryan White, and other entitlements among people aging with HIV Long-Term Survivors.	Program manager, contract liaison	July 2021	June 2025	Goal completed, and the work continues as part of the program. The work continues to progress and the Senior Law Project ADRC and LGBTQAI+ specific community partners continue to make referrals for assistance concerning health, wills/estate, family, individual rights, and income maintenance.

Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
		Start Date	End Date	
D. Understand the legal needs of older adults who are Transgender and Nonbinary.	Planning & development specialist	January 2023	June 2025	This goal will be reevaluated and considered for the next area plan, as well as search for alignment with the strategic plan, the Service Equity goals, and division budget. The Community Services manager and supervisor will continue to review capacity and share strategy with ASAC and DSAC.

## 2. Older adults have community-based resources for peer support and self-advocacy.

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
<p><b>Measurable Objective 2-1</b></p> <p>Develop an outreach campaign to promote existing self-advocacy resources and peer networks.</p>	<p>A. Understand current resources for older adults on self-advocacy and peer support networks.</p>	<p>Community Services manager, Older Adult Behavioral Health Initiative</p>	<p>September 2022</p>	<p>June 2025</p>	<p>Goal completed. In FY20 the OABHI program staff conducted 30 training sessions for older adult communities. 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-grief, age café, and aging in place.</p>

Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
		Start Date	End Date	
B. Develop a curated list of resources for older adults for ADRC and community partners.	Community Services manager, Older Adult Behavioral Health Initiative	March 2023	June 2025	The goal is going to continue in the program. 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.
C. Conduct two annual presentations or community events related to the promotion of self-advocacy and peer support.	Community Services manager, Older Adult Behavioral Health Initiative	July 2021	June 2025	Goal completed. 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.



	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
<b>Measurable Objective 2-2</b> Develop or implement a self-advocacy model for community use.	A. Research program models on self-advocacy.	Community Services manager, Older Adult Behavioral Health Initiative	September 2022	June 2025	This goal will be evaluated for a future Area Plan because it is a broader long-term goal for the State of Oregon OABHI program as a whole: OHA Multnomah County Health, and staff at the OABHI program continually collaborating on creating an infrastructure to achieve this goal.
	B. Study feasibility of adding self-advocacy to current service assortment.	Community Services manager, Older Adult Behavioral Health Initiative	September 2022	June 2025	This goal will be evaluated for a future Area Plan because it is a broader long-term goal for the State of Oregon OABHI program as a whole: OHA Multnomah County Health, and staff at the OABHI program continually collaborating on creating an infrastructure to achieve this goal.

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
	C. Support development of self-advocacy model for local implementation.	Community Services manager, Older Adult Behavioral Health Initiative Team	January 2023	June 2025	This goal will be evaluated for a future Area Plan because it is a broader long-term goal for the State of Oregon OABHI program as a whole: OHA Multnomah County Health, and staff at the OABHI program continually collaborating on creating an infrastructure to achieve this goal.

**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.**

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
<b>Measurable Objective 3-1</b> Increase utilization of the Oregon Money Management Program (OMMP)	A. Continue to accept referrals to OMMP and develop ways to prioritize risk as the program reaches capacity and has limited ability to take on additional representative payee consumers.		September 2021	June 2025	Goal completed. OMMP developed a risk score scale to prioritize referrals—programs include APS referrals, and referrals from marginalized communities. OMMP also continues to accept new referrals.

Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
		Start Date	End Date	
B. Deliver two educational events each year for OMMP consumers and others that cover topics related to avoiding financial fraud and budgeting and managing your money.		July 2021	June 2025	Goal completed. 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.
C. Meet quarterly with APS staff to discuss program utilization.	program manager, APS manager	July 2021	June 2025	Goal completed. 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.

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
<b>Measurable Objective 3-2</b> 3,500 Multnomah County Medicare/Medicaid beneficiaries will receive personalized counseling by skilled volunteers, prioritizing underserved Older Adults.	A. Design a culturally responsive program approach for the Statewide Health Insurance Benefits Advisors (SHIBA) program	Community Resource manager, program specialist	September 2022	June 2025	Goal completed. 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.
	B. Recruit new SHIBA volunteers from historically marginalized communities.	Community Resource manager	September 2022	June 2025	Goal completed. Additional to the previous update, 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.
	C. Develop and implement an improved competency model for SHIBA volunteers serving Transgender and Nonbinary older adults.	Community Resource manager, program specialist, planning & development specialist	January 2023	June 2025	Goal completed. 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.

Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
		Start Date	End Date	
D. Review SHIBA service data by community for annual presentation to ASAC & DSAC annually.	Community Resource manager, program specialist, planning & development specialist, ASAC and DSAC	July 2021	June 2025	Goal completed, and the work will continue as part of the program. This update happens annually consistent with ongoing state monitoring. Currently in process for the upcoming year.

## C-6: Older Native Americans

**NOTE:** *What follows is a draft. Our goal is to develop this portion of the plan with Elders, Tribes, Native-led organizations serving Elders and the regional Tribal Navigator. ADVSD is working with Clackamas County and Washington County to identify goals we have in common and that align with the strengths and needs of Native American Elders 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 of tribes were terminated by the federal government across the state<sup>16</sup> and today, there are nine federally recognized Tribes in Oregon.

Multnomah County is home to Native people who are descendants of over 380 tribes<sup>17</sup>, including an estimated 2,419 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. However, ADVSD currently collaborates with the Native American Youth and Family Center (NAYA) and the Native American Rehabilitation Association (NARA) and is building relationships with the Confederated Tribes of Siletz Indians and the Confederated Tribes of Grand Ronde in coordination with Clackamas and Washington County through the Tribal Meet and Greet initiative. AAAs in this region will strive to employ a collaborative approach in relationship building, learning, and planning in recognition of the impact on Tribes and Native-led organizations.

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 ADVSD provides funding. However, much of the work these organizations do with Elders is an outgrowth of their individual missions to serve the urban Native communities and care for the Elders. 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

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<sup>16</sup> 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

<sup>17</sup> NAYA History - <https://nayapdx.org/about/history/>

provided by the AAAs. The Tribal Navigator is a key element in ensuring that Native American Elders are honored and cared for in Multnomah County.

The estimated number of Native Americans 60+ in Multnomah County is growing. Since the 2017-2021 analysis, the estimated number of Native elders has grown from less than 0.5 to 1.59% of the 60+ population. This is consistent with national trends among the Native population. Some factors that contributed 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<sup>18</sup>.

## 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.

ADVSD's recent needs assessment survey had 65 respondents that identify as Native American or Alaska Native. Native Hawaiian elders participated in the survey and their responses are combined with Pacific Islander older adults. In combination, the respondents identified income, housing, food security, and health care access as their top four most important needs (See Attachment E: Needs Ranking by Identity), which is consistent with the ranking of the general population. Of note, this group of respondents prioritized Race and Identity, defined as Services and programs that recognize and respect race, personal identity, and culture as an inseparable part of [my] life, experience, and wellbeing, as their #5 need, which is a departure from other people of color. 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<sup>14</sup>:

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<sup>18</sup> The State of Tribal Elders - <https://www.nicoa.org/the-state-of-tribal-elders/>

- American Indian and Alaska Natives have higher mortality rates than other Americans for several conditions including chronic liver disease and cirrhosis (368% higher), diabetes mellitus (177% higher), unintentional injuries (138% higher), and chronic lower respiratory diseases (59% higher [Indian Health Services 2014])
- 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 wellbeing of Native Elders in Multnomah County inseparable from the well-being of the Native Community as a whole. The current service approaches, models, and funding structures employed by the Multnomah County as a whole, including ADVSD do not fit the culturally and community-informed approach of Title VI Tribal entities and Native-led organizations serving Urban Native Elders. This continues to be the opportunity to explore over the course of the 21-25 Area Plan, including our work on the upcoming contracting process.



## Older Native Americans Goals and Objectives

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

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
<b>Measurable Objective 1-1</b> Native American Elders utilize ADVSD-funded programs and services consistent with newly established benchmarks for participation.	A. Participate in regional and state conversations with leaders from Native American communities and Tribal leaders.	Community Services manager, planning & development specialist, contract liaison	July 2021	June 2025	Goal completed. 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.
	B. Support equity-focused re-design of compensation model with community partners serving Native Elders.	Community Services manager, planning & development specialist, contract liaison, Multnomah Idea Lab	July 2023	June 2025	This goal will be re-evaluated for the next Area Plan.
	C. Collect and analyze program data to understand utilization by Native American Elders.	Community Services manager, planning & development specialist, contract liaison, data analyst	September 2021	December 2021	Completed in 2021.

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
<b>Measurable Objective 1-2</b> Native elders create a plan related to their care and wellbeing, as well as that of their families, to be implemented in partnership with ADVSD in coordination with local Tribal governments and Native-led organizations.	A. Work with Clackamas and Washington counties in partnership to serve Native Elders	Community Services manager, planning & development specialist	July 2021	June 2025	Goal is completed, and the work will continue as needed and part of the program work.
	B. Support Tribal Navigator in addressing barriers to services for Native Elders.	Community Services manager, contract liaison	July 2021	June 2025	Goal completed, and work ongoing with the Tribal Navigator.

## C-7: Trans and Nonbinary Elder Interview Summary

ADVSD 2021-2025 Area Plan Needs Assessment, February 12, 2021

### Context: The Area Plan on Aging

- Multnomah County Aging Disability and Veterans Services Division (ADVSD) serves as the local Area Agency on Aging (AAA). As the AAA, Multnomah County is charged with supporting all older adults and people with disabilities to live their lives with choice, independence and dignity in their homes and communities. ADVSD provides services and supports in their five branch Aging and People with Disabilities offices and through contracts with “on-the-ground” organizations.
- The Area Plan on Aging is a guiding document that is written every four years by AAAs. Each AAA is asked to conduct a needs assessment for older adults and elders. The information is intended to inform an Area Plan outlining needs and goals and actions to address those needs. The 21-25 Area Plan is due to state and tribal governments on April 2, 2021.

### Context: Input from Priority Populations

After reviewing results from the 2017-2020 Area Plan, it was found that Transgender elders were among the most underrepresented in the needs assessment information. This time around, Multnomah County worked with community members and organizations to create a plan to ensure more representation among these groups.

Why only look at trans communities vs. LGBTQ+ communities as a whole? Out of LGBTQ communities surveyed in the last Area Plan, trans people were significantly underrepresented or indistinguishable within the data and there was no means to distinguish their experience and insights. In addition, respecting differences between sexual orientation and gender identity means not lumping the experiences of Transgender and Nonbinary people solely into LGBTQ+ data.

There is an existing report from the 2017-2020 Area Plan about LGBTQ+ elders, that identifies areas of need for the group as a whole.

### Transgender and Nonbinary Communities: Survey Responses and Outreach

Because of COVID-19, Multnomah County had to adjust the original strategy of community outreach in-person. Instead, the process primarily used a survey tool that was offered online in 17 languages and provided \$10 of compensation for each respondent. Recognizing the limitations of surveys, the team plans to use more community-based methods in the future.

“Unusable” survey responses indicate that the respondents either did not complete enough information or did not live in Multnomah County (exception: Houseless respondents and Native/Indigenous respondents were included regardless of zip code.)

People were asked to share their racialized identity by choosing all that apply and may be counted in more than one identity, which accounts for discrepancies in total counts.

## Survey

- 1,392 responses that met the inclusion criteria from 1,893 total responses
- 1,163 people shared their gender identity and/or sexual orientation
- 166 – Identified as LGBTQ+
- 49 – Shared their gender identity as follows:
  - Self-describe – 15: 2 Nonbinary, 1 Genderqueer, 1 Transman, 11 non-applicable description
  - Questioning – 3
  - Two-Spirit – 13
  - Transfeminine – 5
  - Transmasculine – 8
  - Gender Expansive – 7
- Race and origin among those 49:
  - White – 37
  - Native American or Alaska Native – 11
  - Black/African American – 4
  - Slavic – 3
  - Latino/Hispanic – 1
  - Native Hawaiian or Pacific Islander – 1
  - African – 1
  - Chose to self-identify – 9
  - Not indicated – 3

## Outreach

- Multnomah County paid organizations that work with BIPOC, LGBTQ+, and houseless respondents to gather responses, share on social media, etc.
- Multnomah County hired consultants for trans and nonbinary community work in part because of the lower number of trans community organizations working with elders and people with disabilities
- Consultants for trans and nonbinary work shared information about the survey with numerous community organizations, as well as online social groups for trans

and nonbinary individuals, community organizers, and individuals who participated in LGBTQ+ specific programs for older adults.

## Interviews with Trans and Nonbinary Communities

### Interviews

- Nine individuals ranging in age from 55-72, including four trans women, one trans man, one gender nonbinary person, one BIPOC, and two Indigenous/Two Spirit elders.
- In-depth conversations lasted an average of 90 minutes via phone or zoom
- All interviewees were compensated for their time
- Interviewer was a trans consultant who had been in community and/or worked with most of these individuals
- This resulted in high-trust and candid sharing

### Key Themes from Trans and Nonbinary Interviews

The interviewees shared generously. We heard that most had not imagined themselves becoming elders. Also, many experience significant physical pain, several are caregivers to their own family members, and some are very desiring of writing, storytelling, and intergenerational connections. Below are the key insights we believe can be applied to change at Multnomah County ADVSD.

#### Trans and nonbinary elders underutilize ADVSD for a variety of reasons

- 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.”—62-year-old TNB community member
- Confusion/bureaucracy: “The level of systematic bureaucracy that you have to go through to access the services you are entitled to at ADVSD is Machiavellian.”—64-year-old TNB community member
- Expectation of discrimination: “I would hesitate to access services in Multnomah County because of possible anti-LGBTQ bias.”—57-year-old TNB community member

#### Trans and nonbinary elders experience discrimination in many services

- “It has been a challenge navigating services in health care with people/providers who are not comfortable with who I am.”—57-year-old TNB community member
- “Walking into an adjudication is a triggering and maybe life-threatening situation. The implication is that you are on your own.”—64-year-old TNB community member

- “You do know what the reaction will be when you have to share who you are as a trans or queer person.”—62-year-old TNB community member

### **Trans and nonbinary elders experience isolation in profound ways**

- “Now my world is smaller than I would have expected it to be.”—65-year-old TNB community member
- “Finding a partner and love as an older trans woman and identifying lesbian is something I didn't anticipate.”—71-year-old TNB community member
- “For older adults especially, connecting with another human being is really important.”—62-year-old TNB community member
- “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.”—57-year-old TNB community member

### **Trans and nonbinary elders desire LGBTQ+-specific space and/or caregivers from their own LGBTQ+ community**

- “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.”—65-year-old TNB community member
- “There needs to be a LGBTQ+ senior center which would provide a safe place for our older community members.”—57-year-old TNB community member
- “I would have to be pretty desperate” (to go to a non-LGBTQ senior center.)—64-year-old TNB community member

### **Trans and nonbinary people have priority needs in housing, healthcare, and employment**

- “There are too many of us without adequate housing and housing is healthcare.”—55-year-old TNB community member
- “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.”—71-year-old TNB community member
- “Employment help, housing, and healthcare as top three programs/services.”—66-year-old TNB community member

### **Recommendations for Multnomah County ADVSD**

“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.”—57-year-old TNB community member

Immediate recommendation: Create and fund a Multnomah County Task Force for Trans and NB Care—bring together ADVSD staff, community partners, and trans community members to make detailed recommendations and review data from this assessment process as well as past work including “Being Trans and Gender Diverse in Multnomah County: Understanding Experience Using Human Centered Design.”

### Additional Recommendations

- Fund LGBTQ-specific services for seniors and people with disabilities  
Explore San Francisco and other existing Transgender and LGBTQ+ elder program models; learn from what made eRa at Q Center so successful and welcoming of trans elders.
- Increase trans and nonbinary cultural competency at ADVSD and with aging services providers  
Provide broad implicit bias training for all frontline staff. Identify opportunities and build strategies to provide the same training for homecare workers and other non-county staff.
- Support expansion of housing, health, and employment programs  
Build strategy to increase mental health resources through ADVSD. Work with the Joint Office of Homeless Services, Health Department, etc. to ensure representation of trans elders and trans people with disabilities on advisory committees. Build on ORCHWA’s past work to develop training for trans and nonbinary Community Health Workers.
- Recruit and retain more TNB staff, especially people of color  
Integrate trans culture competency into HR process of assessing KSA (Knowledge, Skills and Abilities) and salary for new and existing hires.

“Actively search out and recruit trans people to fill positions at ADVSD... I see black and brown people when I go to reception and screening offices and they are directing you to where you need to go but the people who are actually supposed to help me become fairer and fairer until I get to places of power and then it’s almost all white folks.”—64-year-old TNB community member

## Care of Transgender and Nonbinary Older Adults and Two Spirit Elders Goals and Objectives

1. Transgender and Nonbinary Older Adults and Two Spirit Elders are well connected to a caring community and can access services and programs to support their wellbeing, independence, and self-determination as they age.

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
<b>Measurable Objective</b> Increase the number of Transgender and Nonbinary Older Adults and Two Spirit Elders seeking and accessing services from ADVSD and the aging services network.	A. Support and expand capacity building for community led efforts that serve and care for LGBTQ+ elders.	Community Services manager, planning & development specialist	July 2021	June 2025	This goal will be re-evaluated for the next Area Plan, and ADVSD will continue to look for alignment with the division strategic plan, the service equity goals, and budget alignment.
	B. Support the creation and implementation of a competency model related to serving Transgender and Nonbinary Older Adults and Two Spirit Elders in the places where community members would seek services.	TNB taskforce, planning & development specialist, ASAC	July 2022	June 2025	This goal will be re-evaluated for the next Area Plan, and ADVSD will continue to look for alignment with the division strategic plan, the service equity goals, and budget alignment.
	C. Develop experience and satisfaction evaluation tool prioritizing understanding the experiences of Transgender and	Planning & development specialist, Quality & Business Services	September 2022	June 2025	This goal will be re-evaluated for the next Area Plan, and ADVSD will continue to look for alignment with the division strategic plan, the service equity goals, and budget alignment.



	Nonbinary Older Adults and Two Spirit Elders.				
	D. Support community-led efforts to increase community competency in all service settings.	Community Services manager, planning & development specialist	July 2022	June 2025	This goal will be re-evaluated for the next Area Plan, and ADVSD will continue to look for alignment with the division strategic plan, the service equity goals, and budget alignment.

**2. Transgender and Nonbinary Older Adults and Two Spirit Elders lead a community-centered process on access to services for older adults and people with disabilities.**

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
<b>Measurable Objective</b> Transgender and Nonbinary Older Adults and Two Spirit Elders identify, prioritize, and make service recommendations related to their needs related to home and community-based services.	A. Establish a taskforce on the care of Transgender and Nonbinary Older Adults and Two Spirit Elders within ASAC.	Community Services manager, planning & development specialist, ASAC	January 2023	June 2025	This goal will be re-evaluated for the next Area Plan, and ADVSD will continue to look for alignment with the division strategic plan, the service equity goals, and budget alignment.
	B. Collect and analyze available data on the utilization of home and community-based services by Transgender and Nonbinary Older Adults and Two Spirit Elders.	TNB taskforce, planning & development specialist, ASAC	January 2022	June 2025	This goal will be re-evaluated for the next Area Plan, and ADVSD will continue to look for alignment with the division strategic plan, the service equity goals, and budget alignment.

	C. Utilize data collected from community interviews to inform service recommendations.	TNB taskforce, planning & development specialist	January 2022	June 2025	This goal will be re-evaluated for the next Area Plan, and ADVSD will continue to look for alignment with the division strategic plan, the service equity goals, and budget alignment.
	D. Identify and prioritize investments and interventions to increase access to employment, income, and housing.	TNB Taskforce, planning & development specialist	July 2022	June 2025	This goal will be re-evaluated for the next Area Plan, and ADVSD will continue to look for alignment with the division strategic plan, the service equity goals, and budget alignment.
	E. Research and document LGBTQ+ knowledge, skills, and abilities (KSA) in new and existing staffing models within ADVSD.	Community Services manager, planning & development specialist	January 2023	June 2025	This goal will be re-evaluated for the next Area Plan, and ADVSD will continue to look for alignment with the division strategic plan, the service equity goals, and budget alignment.

## C-8 Veterans Services

### Profile of the Issue

The Oregon Department of Veterans Affairs (ODVA) reports that one out of every twelve Oregonians is a veteran and there are approximately 73,575 disabled veterans in our state. Many former members of the military and their surviving spouses who are older adults are less aware of their entitlements to benefits through the Veterans Administration that may allow them to leverage resources to meet their individual care needs. Veterans in our community span four generations across five major wars. In Oregon, half the veterans are seniors age 65 and older, 13.1 percent of all veterans are people of color; 1.1% 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. (ODVA, 2020, 2019-20 Annual Report to the Advisory Committee to the Oregon Department of Veterans Affairs).

### Need statement

Many older veterans and older adult women who served in the military on active duty do not identify as a veteran. It is estimated by ODVA that by 2029, women will represent 12 percent of all veterans in Oregon. However, many of them don't utilize the medical services through the Veterans Administration. Multnomah County's Veterans Services Officers have been shifting outreach efforts to make access to benefits easier and approachable to these growing populations of veterans. Outreach and education about entitlements to veterans' benefits provides a critical link to inform older adults who served during any period of U.S conflict and peacetime 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, more inclusive and expansive data will allow us to refine our outreach, and increased capacity to serve our veteran community is needed

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.

	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/year)		Accomplishment or Update
			Start Date	End Date	
<p><b>Measurable Objective</b></p> <p>The measurable objective will be developed in alignment with the ADVSD strategic portfolio.</p>	<p>A. Develop and implement 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</p>	<p>Veterans' Services Supervisor, Veterans' Service Officer/Outreach Coordinator, and Veterans' Services Staff</p>	<p>July 2021</p>	<p>June 2025</p>	<p>Goal completed, and the work continues as part of the program operations. The work continues to be in progress 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 &amp; Referral Center Presentation (2/14/24,</p>

					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 (7/20-7/21/24), and Portland State University Veteran Resource Center Orientation Presentation (7/22/24).
	B. Identify Community Partners with a shared mission or goal.	Veterans’ Services Supervisor, Veterans’ Service Officer/Outreach Coordinator, and Veterans’ Services Staff	August 2023	June 2025	Goal completed. Multnomah County Veterans Services 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 Colleges, Portland State University, Easterseals, NARA Northwest, VA Suicide Prevention Team, and Fort Kennedy. We have recently in the past 3 years begin closely collaborating with the Tri-County Veterans Service Offices.
	C. Reestablish participation in Multnomah County Veterans Task Force to assess and identify the services provided to military veterans in the County.	Veterans' Services Supervisor, Veterans' Service Officer/Outreach Coordinator, and Veterans' Services Staff	July 2021	June 2025	This goal is completed. The Multnomah County Veterans Task Force was established in 2010 by Commissioner Dian 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 of 2023 to identify agencies' shared goals to address gaps and make improvements. The work

					continues with new members joining.
	D. Identify Community-Based Agencies to provide informational presentations about potential VA benefits they may be eligible for to the providers and their clients	Veterans Services Supervisor, Veterans Service Officer/Outreach Coordinator, and Veterans' Services Staff	Jul 2021	June 2025	Goal completed. 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.
	E. The Veterans Directed Care (VDC) Service Coordinator will maintain a 90-95% enrollment rate in the program (25 slots maximum enrollment)	Veterans' Services/VDC Program Supervisor, VDC Service Coordinator	July 2021	June 2025	Goal is completed. Multnomah County uses the hub-and-spoke model for our Veterans Directed Care (VDC) program. Multnomah County serves as the "hub" of administrative

				<p>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 &amp; Lake, RVCOG (Jackson and Josephine Counties), Douglas, and Coos/Curry. We currently are at a 93% enrollment rate.</p>
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## Section D: OAA/OPI Services and Method of Service Delivery

### D-1: Administration of Oregon Project Independence (OPI):

In accordance with OAR 411-032-0005(2) the area agency must submit an Area Plan containing, at a minimum, the agency's policy, and procedures for each of the questions below.

Provide the following information or policies about how your agency (or your contractor) administers and implements the OPI program. Note: If the AAA is participating in the OPI Expansion for Adults with Disabilities, clarify if the policies and procedures vary for that population.

**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. Our AAA also offers a grocery shopping service with socialization through our contract with Store to Door.

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

**Home Care:** Our AAA encourages the use of state home care workers whenever possible at \$19.89 an hour. We also contract with four in-home care agencies at an average rate of \$30.88 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 \$19.89 an hour. We also contract with four in-home care agencies at an average rate of \$31.62 an hour for personal care.

**Chore:** Our AAA contracts with two agencies for chore service. Average hourly rates: moving – \$103.80; packing – \$80.00; extreme cleaning – \$100.00; and bed bug treatment preparation – \$95.00.

**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 average hourly rate for OPI service coordination is \$55.50. The OPI expansion is administered by us internally and case management is provided by Multnomah County employees.

**Home Delivered Meals:** (OPI Expansion Program only) \$11.75 per meal

**c. Delineate 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 screened 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 a CA/PS assessment is completed.

**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. Specifically explain how eligibility will be determined and by whom. (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 Disease 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 the Oregon ACCESS Consumer Assessment and Planning System (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. Plainly state and illustrate how the services will be 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 centers and four culturally specific enhancing equity community organizations to provide traditional OPI services, including service coordination, to eligible people. Each district center serves older adults in their geographic portion of the county: east, mid, north-northeast, southeast, or west county. The four enhancing equity contractors provide culturally specific services to the African American population, Immigrant Refugee population, Asian population (Cantonese, Mandarin, Korean and Vietnamese speakers) and the LGBTQ population. Older adults eligible for OPI may choose to be served by the district center that corresponds to their home location, or by the enhancing equity 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 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/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 for both the waiting list and hours/types of services for the individual. (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 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 services. (OAR 411-032-0005 2 b H)**

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.

**i. Specify 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.

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 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 Contract Liaison at (503) 988-8124 if you are served by a District Senior Center, or (503) 988-3765 if you are served by an Enhancing Equity organization. If you are still concerned, please contact the State Unit on Aging OPI Program Analyst at (503) 930-6552.

**j. Explain how fees for services will be 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 will be made for repayment and when fees will be waived.** (OAR 411-032-0005 2 b K)

1. 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:
2. 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.
  - a. Case manager monitors payment of fees using the UCR and is responsible for the investigation and correction of non-payment situations using these steps:
  - b. 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.
  - c. Informs consumer of arrearage and discusses payment with consumer, reviewing consumer co-payment expectations of the OPI program.
  - d. Clarifies consumer income information, medical expenses, and adjusts consumer fees where appropriate.
  - e. Determines whether money management services are indicated due to consumer difficulty in handling bill payment generally.
  - f. 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.
  - g. 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.

**I. Delineate 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.

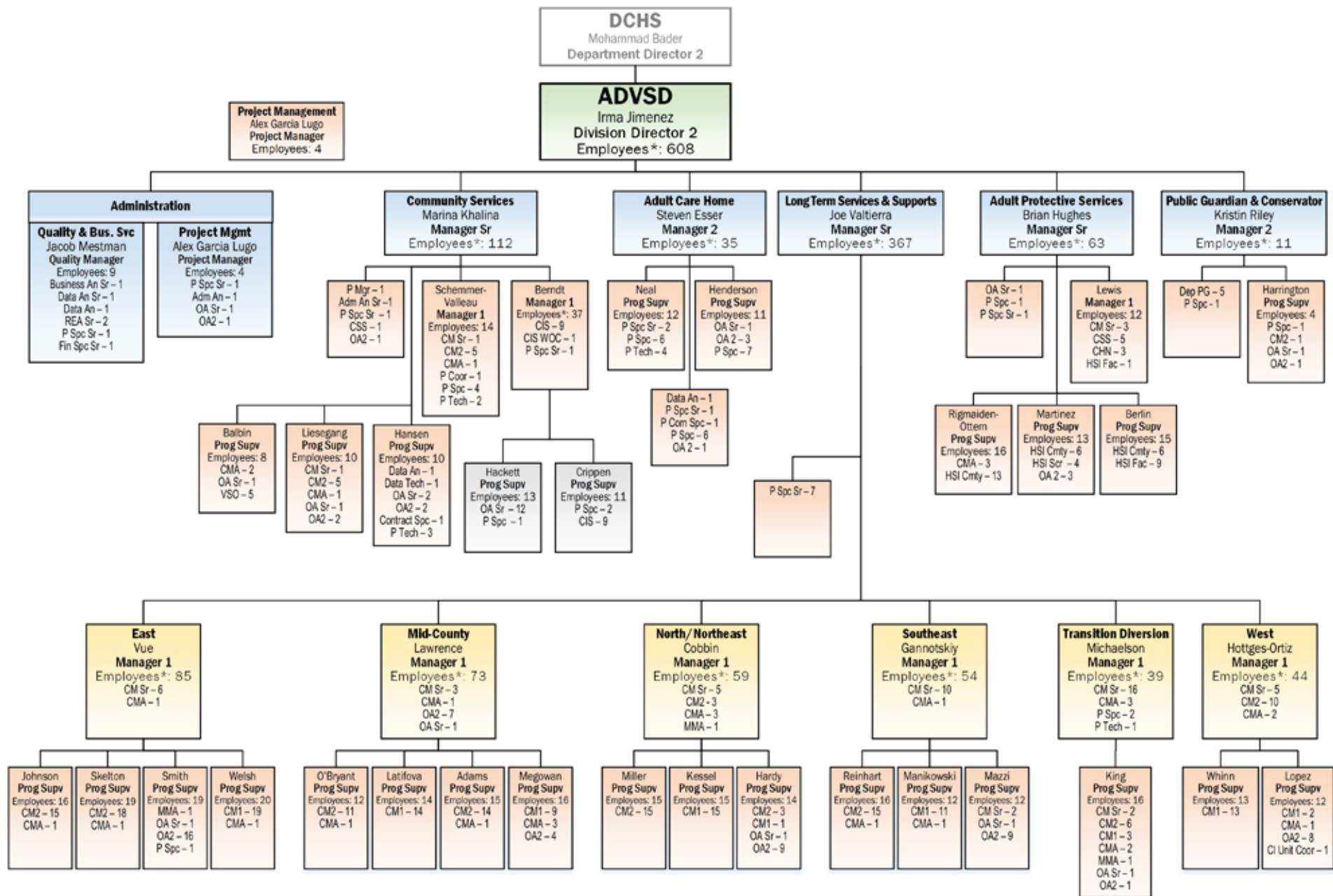
**m. Delineate the conflict-of-interest policy for any direct provision of services for which a fee is set. (OAR 411-032-0005 2 b M)**

Not applicable.

## **D-2: Services provided to OAA and/or OPI consumers:**

The AAA is required to provide comprehensive and coordinated community based services in a manner that facilitates accessibility and utilization, designed to assist older Oregonians in leading independent, meaningful and dignified lives in their own homes and communities. Please see Service Units and Definitions for Older Americans Act and Oregon Project Independence Programs at <https://www.oregon.gov/DHS/SENIORSDISABILITIES/SUA/AAABusinessTraining/oaa-opi-serv-def.pdf> for a full description of services and unit definitions.

# Appendix A: 2021-25 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 Morean

#### Demographic Data

- Total number age 60 or over = 4
- Total number People of Color or LGBTQ+ = 2
- Total number self-indicating having a disability = 0
- Total number rural = 0

### Disability Services Advisory Council (DSAC)

#### Council members

- Ashley Carroll
- Angie Muresan
- Barb Rainish
- Kalah Schackman
- Caroline Underwood
- Robert Trimble
- George Crittenden
- Melvin "Jesse" Guardipee
- Gail Skenandore
- Nellie Stearns

#### Demographic Data:

- Total number age 60 or over = 7
- Total number People of Color or LGBTQ+ = 6
- Total number rural = 0
- Total number self-indicating having a disability = 5

# Governing Body – Multnomah Board of County Commissioners

Name & Contact Information	Office	Term Expires
Jessica Vega Pederson Phone: (503) 988-3308	Chair, Multnomah County Board of Commissioners	12/31/26
Sharon Meieran Phone: (503) 988-5220	Commissioner, District 1	12/31/24
Jesse Beason Phone: (503) 988-5219	Commissioner, District 2	12/31/26
Julia Brim-Edwards Phone: (503) 988-5217	Commissioner, District 3	12/31/24
Lori Stegmann Phone: (503) 988-5213	Commissioner, District 4	12/31/24

# Appendix C: Public Process

## 2021-2025 Area Plan Needs Assessment

- The survey information can be found at <https://multco.us/ads/2021-2024-area-plan-aging-%E2%80%A2-your-input-needed>

## 2021-2025 Area Plan Public Website

- A comprehensive webpage to house information and documentation related to the Area Plan is at <https://multco.us/ads/2021-2025-advsd-area-plan>

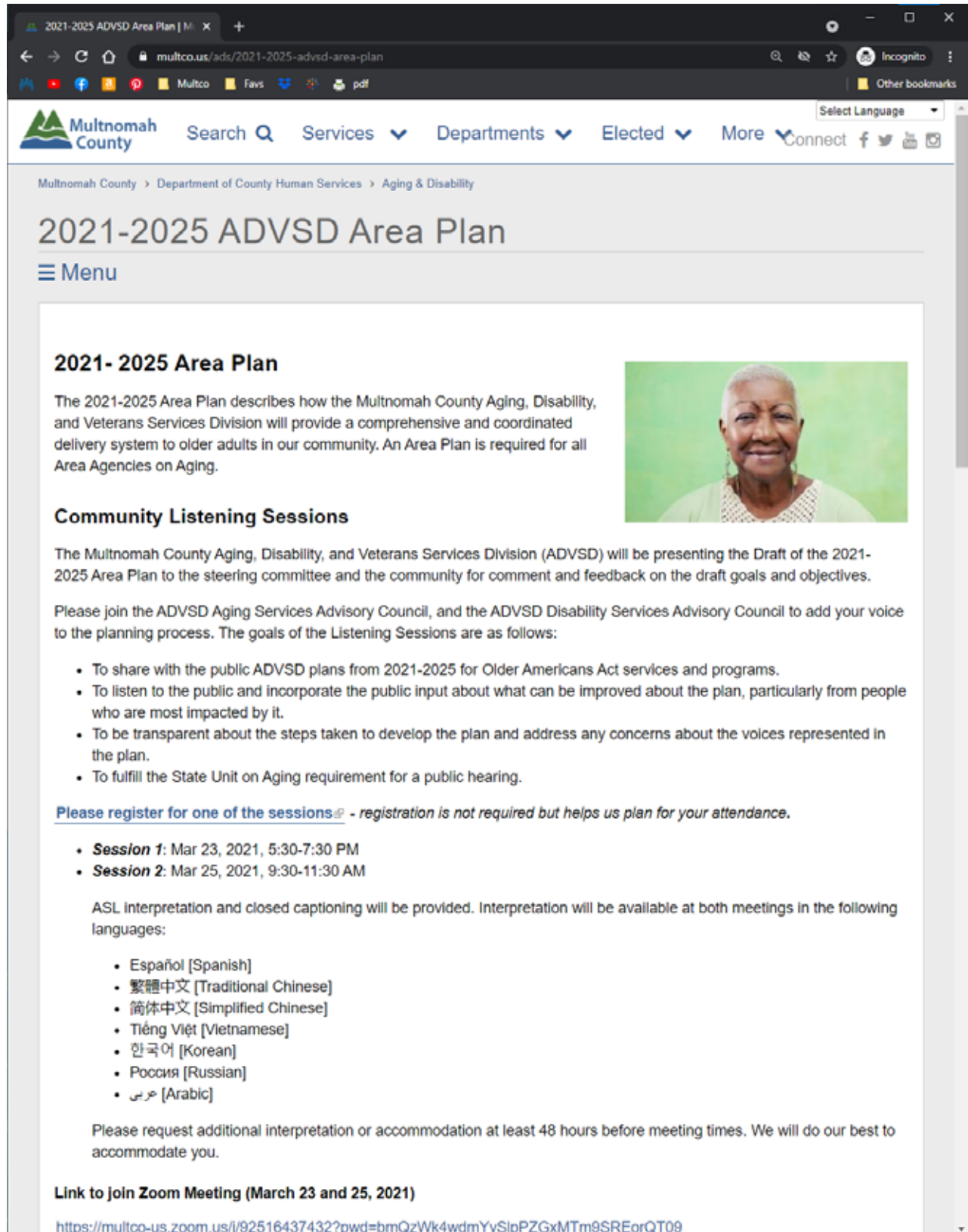
## Public Meetings on the 2021-2025 Area Plan

- All regularly scheduled Aging Services Advisory Council meetings September 2019-May 2021
- ADVSD Monthly provider meetings September 2019-May 2021
- Community Listening Sessions – ADVSD held two Community Listening sessions March 23 & 25, 2021. Information and materials are accessible at <https://multco.us/ads/2021-2025-advsd-area-plan>. See exhibit A for screenshots of the webpage.
- Board Presentation – A link to the April 1, 2021 presentation to the Board of County Commissioners and the related documents can be found at [http://multnomah.granicus.com/ViewPublisher.php?view\\_id=3](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 2021-2024 Area Plan

- Outreach through community partners and aging services providers
- Social Media posts on Facebook and Twitter
- Cross County communications channels

## Exhibit A – Images of the ADVSD 2021-2025 Area Plan webpage



2021-2025 ADVSD Area Plan | M x +

multco.us/ads/2021-2025-advsd-area-plan

Multnomah County Search Services Departments Elected More Connect


Multnomah County > Department of County Human Services > Aging & Disability

# 2021-2025 ADVSD Area Plan

Menu

## 2021- 2025 Area Plan

The 2021-2025 Area Plan describes how the Multnomah County Aging, Disability, and Veterans Services Division will provide a comprehensive and coordinated delivery system to older adults in our community. An Area Plan is required for all Area Agencies on Aging.



## Community Listening Sessions

The Multnomah County Aging, Disability, and Veterans Services Division (ADVSD) will be presenting the Draft of the 2021-2025 Area Plan to the steering committee and the community for comment and feedback on the draft goals and objectives.

Please join the ADVSD Aging Services Advisory Council, and the ADVSD Disability Services Advisory Council to add your voice to the planning process. The goals of the Listening Sessions are as follows:

- To share with the public ADVSD plans from 2021-2025 for Older Americans Act services and programs.
- To listen to the public and incorporate the public input about what can be improved about the plan, particularly from people who are most impacted by it.
- To be transparent about the steps taken to develop the plan and address any concerns about the voices represented in the plan.
- To fulfill the State Unit on Aging requirement for a public hearing.

[Please register for one of the sessions](#) - registration is not required but helps us plan for your attendance.

- **Session 1:** Mar 23, 2021, 5:30-7:30 PM
- **Session 2:** Mar 25, 2021, 9:30-11:30 AM

ASL interpretation and closed captioning will be provided. Interpretation will be available at both meetings in the following languages:

- Español [Spanish]
- 繁體中文 [Traditional Chinese]
- 简体中文 [Simplified Chinese]
- Tiếng Việt [Vietnamese]
- 한국어 [Korean]
- Россия [Russian]
- عربي [Arabic]

Please request additional interpretation or accommodation at least 48 hours before meeting times. We will do our best to accommodate you.

**Link to join Zoom Meeting (March 23 and 25, 2021)**

<https://multco-us.zoom.us/j/92516437432?pwd=bmQzWk4wdmYySlpPZGxMTm9SREorQT09>

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multco.us/ads/2021-2025-advsd-area-plan

Incognito

Other bookmarks

**Link to join Zoom Meeting (March 23 and 25, 2021)**

<https://multco-us.zoom.us/j/92516437432?pwd=bnQzWk4wdmYySlpPZGxMTm9SREorQT09>

Meeting ID: 925 1643 7432  
Passcode: +.98?HbE

**Dial-in:**

- (833) 548-0276 US Toll-free
- (833) 548-0282 US Toll-free
- (877) 853-5257 US Toll-free
- (888) 475-4499 US Toll-free
- Meeting ID: 925 1643 7432
- Passcode: 10353174
- Find your local number: <https://multco-us.zoom.us/u/aefaOGgCFq>

**Additional ways to provide feedback on the Area Plan**

1. Email: [areaplan@multco.us](mailto:areaplan@multco.us)
2. Call: (971) 347-5831
3. Written: Area Plan, Multnomah County ADVSD, 209 SW 4th Ave Ste 510, Portland OR 97204

**Drafts available March 22, 2021**

- **DRAFT: 2021-2025 Area Plan - Multnomah County**
  - [2021-2025 ADVSD Area Plan Draft 3-31-2021 \(2.59 MB\)](#)
  - [2021-2025 ADVSD Area Plan Draft 3-31-2021 \(3.77 MB\)](#)

**Summaries of Area Plan Aging Goals**

- **[DRAFT] Area Plan Goals - English**
  - [Area Plan Goals - English \(Word\) \(13.54 KB\)](#)
  - [Area Plan Goals - English \(PDF\) \(95.62 KB\)](#)
- **[DRAFT] Area Plan Goals - Español [Spanish]**
  - [Area Plan Goals - Spanish \(Word\) \(32.24 KB\)](#)
  - [Area Plan Goals - Spanish \(PDF\) \(134.8 KB\)](#)
- **[DRAFT] Area Plan Goals - 繁體中文 [Traditional Chinese]**
  - [Area Plan Goals - Traditional Chinese \(Word\) \(33.47 KB\)](#)
  - [Area Plan Goals - Traditional Chinese \(PDF\) \(244.09 KB\)](#)
- **[DRAFT] Area Plan Goals - 简体中文 [Simplified Chinese]**
  - [Area Plan Goals - Simplified Chinese \(Word\) \(34.83 KB\)](#)
  - [Area Plan Goals - Simplified Chinese \(PDF\) \(187.29 KB\)](#)
- **[DRAFT] Area Plan Goals - 한국어 [Korean]**
  - [Area Plan Goals - Korean \(Word\) \(35.19 KB\)](#)
  - [Area Plan Goals - Korean \(PDF\) \(311.22 KB\)](#)
- **[DRAFT] Area Plan Goals - Tiếng Việt [Vietnamese]**
  - [Area Plan Goals - Vietnamese \(Word\) \(33.26 KB\)](#)
  - [Area Plan Goals - Vietnamese \(PDF\) \(193.96 KB\)](#)
- **[DRAFT] Area Plan Goals - Россия [Russian]**
  - [Area Plan Goals - Russian \(Word\) \(32.89 KB\)](#)
  - [Area Plan Goals - Russian \(PDF\) \(175.39 KB\)](#)
- **[DRAFT] Area Plan Goals - українська [Ukrainian]**
  - [Area Plan Goals - Ukrainian \(Word\) \(33.59 KB\)](#)



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multco.us/ads/2021-2025-advsd-area-plan

- Area Plan Goals - Vietnamese (PDF) (193.96 KB)
- [DRAFT] Area Plan Goals - Россия [Russian]**
  - Area Plan Goals - Russian (Word) (32.89 KB)
  - Area Plan Goals - Russian (PDF) (175.39 KB)
- [DRAFT] Area Plan Goals - українська [Ukrainian]**
  - Area Plan Goals - Ukrainian (Word) (33.59 KB)
  - Area Plan Goals - Ukrainian (PDF) (176.02 KB)
- [DRAFT] Area Plan Goals - Kiswahili [Swahili]**
  - Area Plan Goals - Swahili (Word) (32.48 KB)
  - Area Plan Goals - Swahili (PDF) (139.47 KB)
- [DRAFT] Area Plan Goals - Oromoo [Oromo]**
  - Area Plan Goals - Oromo (Word) (31.57 KB)
  - Area Plan Goals - Oromo (PDF) (136.99 KB)
- [DRAFT] Area Plan Goals - नेपाली [Nepali]**
  - Area Plan Goals - Nepali (Word) (436.84 KB)
  - Area Plan Goals - Nepali (PDF) (177.48 KB)
- [DRAFT] Area Plan Goals - မြန်မာ [Burmese]**
  - Area Plan Goals - Burmese (Word) (71.5 KB)
  - Area Plan Goals - Burmese (PDF) (160.27 KB)
- [DRAFT] Area Plan Goals - አማርኛ [Ahmaric]**
  - Area Plan Goals - Ahmaric (Word) (39.59 KB)
  - Area Plan Goals - Ahmaric (PDF) (154.52 KB)
- [DRAFT] Area Plan Goals - ትግርኛ [Tigrinya]**
  - Area Plan Goals - Tigrinya (Word) (38.49 KB)
  - Area Plan Goals - Tigrinya (PDF) (161.38 KB)
- [DRAFT] Area Plan Goals - فارسی [Farsi/Persian]**
  - Area Plan Goals - Farsi\_Persian (Word) (29.08 KB)
  - Area Plan Goals - Farsi\_Persian (PDF) (170.57 KB)
- [DRAFT] Area Plan Goals - عربي [Arabic]**
  - Area Plan Goals - Arabic (Word) (39.16 KB)
  - Area Plan Goals - Arabic (PDF) (182.03 KB)
- [DRAFT] Area Plan Goals - Soomaali [Somali]**
  - Area Plan Goals - Somali (Word) (32.35 KB)
  - Area Plan Goals - Somali (PDF) (140.66 KB)

**Community Needs Assessments**

2021- 2025 Area Plan Needs Assessment Survey Summary and Preliminary Analysis

- 21-25 AP Needs Assessment Survey Summary and Preliminary Analysis.docx (1.12 MB)
- 21-25 AP Needs Assessment Survey Summary and Preliminary Analysis.pdf (634.05 KB)

**Previous Area Plan:**

- ADVSD 2017-2020 Area Plan

**About Us**  
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Bids and Proposals

**Website Information**  
Terms

# Exhibit B – Multnomah County resolution to adopt the ADVSD 2021-2025 Area Plan

## BEFORE THE BOARD OF COUNTY COMMISSIONERS FOR MULTNOMAH COUNTY, OREGON RESOLUTION NO. 2021-014

Approval of the Multnomah County Aging, Disability, and Veterans Services Division 2021-2025 Area Plan.

### The Multnomah County Board of Commissioners Finds:

- a. In accordance with Federal and State requirements under the Older Americans Act, a four year plan has been completed by Aging, Disability, and Veterans Services Division.
- b. The Multnomah County Aging, Disability, and Veterans Services Division 2021-2025 Area Plan has been completed and shared with Multnomah County leadership and staff.
- c. The goals and objectives in the 2021-2025 Area Plan are derived from community feedback obtained by Multnomah County residents.

### The Multnomah County Board of Commissioners Resolves:

1. Multnomah County approves the Multnomah County Aging, Disability, and Veterans Services Division 2021-2025 Area Plan.
2. The Board directs Aging, Disability, and Veterans Services Division to implement the plan as written.

ADOPTED this 1<sup>st</sup> day of April, 2021.



BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

Deborah Kafury, Chair

REVIEWED BY:  
JENNY M. MADKOUR, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON

by

Jenny M. Madkour, County Attorney

Rev. 3/23/2021

SUBMITTED BY: Irma Jimenez, Interim Director, Aging, Disability, and Veterans Services Division, Department of County Human Services for Multnomah County, Oregon

# Appendix D: Final Update on Accomplishments from 2017-20 Area Plan

## Information & Assistance/ADRC Goals

1. Decrease isolation and barriers to access experienced by physically, emotionally, culturally, or linguistically isolated older adults.
2. ADRC is recognized by the community as a valuable resource for older adults and people with disabilities.

### Objectives:

1. **Build capacity to provide inclusive and culturally specific services.**

Objective met and ongoing. Through monthly team meetings and regional conferences, the ADRC has trained ADRC helpline staff to increase their knowledge of the ADRC website and to become better navigators of the ADRC services. Multnomah County ADRC increased funding to culturally specific organizations for the 2018-2022 contract period. Four culturally specific organizations now provide information and assistance (I&A) services. The ADRC team trained three culturally specific partner agencies on Medicare benefits, and with the Senior Health Insurance Benefits Assistance Program (SHIBA), recruited and trained more bilingual SHIBA volunteers to meet the needs of an increasingly diverse retiree population. These partner agencies promote the ADRC as a front door to accessing assistance with Medicare benefits.

2. **Utilize a targeted outreach approach that builds on existing relationships, trusted cultural centers, and leverages the strengths of the community.**

Objective met and ongoing. The ADRC began communicating more closely with and strengthened relationships with I&A teams at Enhancing Equity (EE) partner agencies and district centers (DC). More in-person meetings and virtual meetings were held between staff at these partner agencies.

The outreach team created goals and metrics for reaching more older adults and people with disabilities with limited incomes and English proficiency, as well as older adults who identify as Native American and African American. The ADRC translated its outreach materials into six different languages and utilized statewide ADRC outreach materials in additional languages.

**3. Utilize a multimodal approach to promote ADRC as a front door/coordinated entry to all ADVSD/ Enhancing Equity services.**

Objective met and ongoing. After training three culturally specific partner agencies on Medicare benefits, these agencies promote the ADRC as the front door to accessing SHIBA assistance for navigating Medicare benefits. The outreach team continued to promote the ADRC as a front door to all ADVSD and enhancing equity services at community events, external and internal staff meetings, and community presentations.

**4. 85% of ADRC consumers will express satisfaction (excellent or good) with services and activities provided at these community access points.**

Objective met and ongoing. The ADRC has been conducting regular quality improvement activities during bimonthly meetings with partners. Funding to culturally specific organizations was increased for the 2018-2022 contract period. ADRC staff provided training to ADVSD Long Term Services and Supports offices on after hours alerts and consultant services to improve 24-hour access. An increase in overall consumer satisfaction is anticipated.

## **Nutrition Services Goals**

1. Older adults will have ready access to healthy food that is affordable and supports a healthy diet.
2. Be a leader in equity around food security.

### **Objectives:**

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

Objective met. However, the variety of settings decreased in 2020 due to the coronavirus pandemic, which led to the elimination of congregate dining. These closures caused an increase in social isolation and an increase in the request for meals. Almost all partner agencies shifted to a home-delivered program except for one, which chose to prepare food boxes. The definition of homebound changed, allowing for the delivery of more meals regardless of an individual's ability to pay. Meal programs began to include fresh fruits and vegetables in their meal delivery. Nutrition education was provided to the recipients of meals, and the Universal Consumer Registry (UCR) tool allowed for improvements in tracking nutritional assessments.

## 2. **Programming is targeted to the highest need population.**

Objective met. County staff provided training to organizations interested in responding to an [RFPO] related to providing nutrition services to culturally specific communities. Culturally specific providers increased their nutritional services due to the disproportionate impact of COVID-19, and an on-call dietician was hired to consult with these providers. The nutrition guidelines were relaxed for the pandemic, however most providers still adhered to them. County staff worked with the State of Oregon on allowing culturally specific restaurants to supplement meals.

## Health Promotion Goals

1. Improve countywide access to and utilization of services by racial, ethnic, cultural minority and other underserved groups of older adults that address the social determinants of health and/or forge links between health systems and community services and work to develop other funding sources to support these activities.
2. Involvement in health promotion programs will reduce social isolation by providing older adults and people with disabilities support through social networks and direct linkages to community resources offered by our contracted partners.

### Objectives:

1. **Maintain access and utilization of culturally and linguistically diverse evidenced-based workshops and activity offerings throughout the region based on funding availability.**

Objective met. Eight community agencies provide evidence-based health promotion services to the local older adult population. Six of these agencies provide culturally specific services: The Native American Rehabilitation Association (NARA), the Native American Youth and Family Center (NAYA), El Programa Hispano Católico, The Asian Health and Service Center, the Immigrant and Refugee Community Organization (IRCO), and the Q Center. Two district centers, the Community for Positive Aging, and Impact NW, provide evidence-based health promotion services in a culturally responsive manner.

2. **Older adults and people with disabilities and chronic conditions will learn disease specific information through regional efforts to improve coordination, leverage resources and build capacity of evidence-based health promotion and self-management education programs.**

Objective met. This past year the courses offered by our community partners included Chronic Disease Self-Management, Tai Chi for Better Balance, Diabetes Health Prevention, and Walk with Ease. Powerful Tools for Caregivers classes supported those

assisting our older adults. Community partners also offered classes addressing high blood pressure, nutrition, stress and relaxation, and COVID-19. Some partners set-up clinics to provide flu vaccines. Programming was significantly reduced because of the reduction in state funding.

**3. Participate with and explore opportunities through the Portland and Multnomah County Age-Friendly Health Services, Equity, and Prevention Committee.**

Objective met. The ADVSD Community Services manager participates on the executive board and continues to monitor opportunities. Staff attended the AARP sponsored Age Friendly webinars about senior living and transportation. Staff also attended a conference on aging, mobility and transportation sponsored by Portland State University.

**4. Participants in evidence-based health promotion programs will have access to ADRC, options counseling, nutrition programs, etc.**

Objective met. Information and referral support is available at all eight community agencies providing evidence-based health promotion services. Prior to the outbreak of the coronavirus pandemic, all our Enhancing Equity partners provided meals at their sites. Four Enhancing Equity partners provide evidence-based health promotion programs, and all partners offering evidence-based health promotion programs provide additional social activities at their sites.

## **Family Caregiver Support Program Goals**

1. Support quality services for family caregivers.
2. Promote access to family caregiver services and resources, including respite services, to meet the needs and preferences of family and informal caregivers from diverse cultural backgrounds.

### **Objectives:**

**1. Provide culturally relevant caregiver training.**

Objective met. In 2019, through an ACL dementia grant, the STAR Caregiver (STAR C) evidence-based program was translated into Russian and Spanish. Two IRCO senior services case managers, and a case manager from the YWCA were trained in the STAR C program. All three case managers received STAR Caregiver teaching certifications from the University of Washington. The IRCO case managers provided STAR C training in Russian and Ukrainian to six family caregivers in 2019. The YWCA certified case manager provided STAR C training in Spanish to two family caregivers.

**2. Increase participation by family and informal caregivers that identify in racial, ethnic, and cultural minority groups.**

Objective was partially met and is ongoing. The ADVSD Family Caregiver Support Program hosted 12 Memory Cafes at the Sunrise Center in 2019 and one Memory Cafe in 2020, before Memory Cafes were canceled due to COVID-19. The ADVSD Family Caregiver Support Program (FCSP) and the OHSU PreSERVE Coalition solidified a partnership in January 2020 to co-create and co-sponsor Memory Cafe events focused on the African American Community. The project was joined by Kaiser Permanente, the Urban League of Portland, and other community organizations. Quarterly Memory Café events were scheduled, however because of COVID-19 all Memory Cafés for the African American community were canceled for 2020 and 2021. In response to the pandemic FCSP joined PreSERVE and offered virtual events for the African American community focused on older adults and their family caregivers. As of March 2021, two virtual events were provided to the African American community.

## **Elder Rights and Legal Assistance Goals**

1. Ensure that older adults and people with disabilities have access to protection against abuse, financial exploitation, and neglect, with particular attention focused on resources, access, and financial stability.
2. Ensure adequate and equitable access to legal support, peer support, and advocacy for older adults.

### **Objectives:**

1. **Adult Protective Services (APS) will demonstrate effective response to complaints.**

Objective ongoing. The Multi-Disciplinary Team (MDT) Outcome tool was redesigned and implemented in October 2019. The MDT database is used in the evaluation of the effectiveness of the tool. APS meets the requirement to ask and collect race and ethnicity information as required by the state. An MDT Nurse works with Slavic and Eastern European immigrants. Multnomah County used radio and television outreach campaigns about elder abuse to encourage community members to check on older adults.

- 2. 1,500 Multnomah County Medicare/Medicaid beneficiaries will receive personalized counseling by skilled volunteers, with special attention devoted to increasing the number of Hispanic/Latino and urban American Indian/Alaskan Native beneficiaries.**

Objective met. Senior Health Insurance Benefits and Assistance (SHIBA) volunteers assisted 6,070 individuals with Medicare benefits during the 2017-2020 plan period. ADVSD conducted culturally specific outreach activities to reach Hispanic/Latino and urban American Indian/Alaskan Native Medicare beneficiaries with information about and assistance for Medicare benefits, Medicare Part B premium costs, Medicare Part D prescription drug costs, Medicare preventive health services, and Medicare fraud and abuse. Outreach activities included community events, such as the NAYA Neerchokikoo Powwow, the NARA Spirit of Giving Conference, the Latino Festival, and the Latina Health, Health Symposium. Other outreach activities included presentations, and newspaper and social media advertisements in English and Spanish. All SHIBA program brochures, Senior Medicare Patrol (SMP) brochures, Medicare preventive health services materials, and Oregon Medicare Savings Connect (OMSC) flyers are available in Spanish and distributed at outreach events.

- 3. Develop a new program to create a scalable Volunteer Benefits Information & Enrollment Center (VBIEC) model that may serve up to 1,000 older adults who need additional assistance with applications for various benefit programs, including Medicare Savings programs.**

Objective not met. The VBIEC program was cut from the Multnomah County budget on July 1, 2019 because of funding constraints.

- 4. An average of 850 older adults will receive civil legal assistance yearly with an emphasis on developing capacity to serve racial, ethnic, and cultural minority group elders.**

Objective partially met. Staff capacity at the contracted partner limited recruitment of new legal volunteers. New outreach events were provided at Enhancing Equity sites.

## **Older Native Americans Goals**

1. Increase accessibility to culturally specific services and support the needs identified by Native American Elders.
2. Enhance services for urban Native American elders by promoting capacity-building in agencies that serve them.



## Objectives:

1. **Work with current culturally specific providers, stakeholders, and community members to better identify and provide the services and supports needed and desired by Native American Elders.**

Objective met and ongoing. Multnomah County ADVSD meets regularly with Tribal entities and other stakeholder groups to explore enhancing services through collaboration, coordination, and effective partnerships. At the regional “Tribal Meet and Greet”, Siletz and Grand Ronde Tribal representatives, NAYA and NARA staff members, and Area Agencies on Aging staff members from Clackamas, Washington, and Multnomah County met to discuss partnership building. Multnomah County ADVSD coordinated its Area Plan needs assessment through collaboration with the Title VI and AAA regional stakeholders. A Memorandum of Understanding (MOU) was developed with NARA for the Tribal Navigator Project, and ADVSD has offered training and support to the Tribal Navigator. NARA has been hosting the Pi-Nee-Waus evening gathering, and the County has provided some OAA case management training to NARA staff. ADVSD has contracted with NAYA to provide Older Americans Act case management, options counseling, evidence-based health promotion, recreation, and congregate meals—although this work has been impacted by COVID-19.

2. **Provide technical assistance to culturally specific providers.**

Objective met and ongoing. NAYA instituted a virtual senior center, expanded their nutrition program to meet increased demand due to the coronavirus pandemic and expanded their community engagement during COVID-19.

## Veterans Goal

1. Older adults leverage entitlements to benefits through the federal Veterans Administration, as well as state and county resources to meet and maintain their individualized care needs.

## Objectives:

1. **Provide targeted 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.**

Objective met and ongoing. The Multnomah County Veterans Services Office expanded and reorganized their walk-in schedule to maximize accessibility to services. The Veterans Services Office actively engaged with and provided community outreach to older adults that previously served in the military or who are the surviving spouse of

someone who served in the military. Outreach activities included tabling at conferences, resource and street fairs, such as the Aging Well Conference, AARP Vital Aging Conference, East PDX Senior Resource Fair, Rose Haven Resource Fair, Montavilla Street Fair, Pride Northwest Festival, Salute to Veterans Car Show. Outreach activities also included presentations to community partners and senior residences. In addition to the outreach events, a County veterans service officer (CVSO) worked from the Community for Positive Aging for increased accessibility to older veterans and their family members. The onset of COVID-19 in 2020 impacted the Veterans Services program's ability to conduct in-person outreach activities, and most outreach efforts shifted towards virtual formats and other media.

- 2. Collaborate with Veterans Health Administration (VHA) and community-based agencies to engage residents and providers in the long-term service and support system to reach veterans and/or their surviving spouse to help them gain access to lesser-known benefits through the federal VA. The goal is to help veterans and families age in place.**

Objective met and ongoing. The outreach veterans resource and referral specialist (VRRS) is developing a process to identify independent living facilities to reach our 55+ veteran population and plans to coordinate with the Oregon Department of Veterans Affairs Aging Veterans Outreach Specialist. Two presentations were done at the Terwilliger Plaza Retirement Community and the Heights at Columbia Knoll. The Veterans Direct Care Program is a statewide program that has expanded significantly. There are currently 17 enrolled in Multnomah County.

- 3. Identify community-based partners who may serve veterans and their families to increase awareness and referrals to the Veterans Service Office.**

Objective met and ongoing. The Multnomah County Veterans Task Force was established to assess and identify the services provided to military veterans in the County. This group is specifically tasked with locating barriers and opportunities for change and improvement in services. The task force is composed of representatives from different County departments, community organizations, and other state and federal partners. The task force meets monthly to address gaps in the local veterans service continuum, and encourage networking and enhanced collaboration between partners.

## **Behavioral Health Goals**

1. People needing services know where to go and feel comfortable seeking out services.
2. Develop a system that provides services and supports to people with multiple needs who do not fit into one system.

Note: Funds from the federal and state budget were eliminated in August 2020. Currently, ADVSD uses Title 3–Aging, and Title 3D–Health funding to provide support to PEARLS through the year ending June 30, 2021.

## Objectives:

### 1. **Have extended and far-reaching outreach for current services.**

Objective met and ongoing. Prior to COVID, The Asian Health Services Center (AHSC) screened up to 150 people for the PEARLS program and enrolled between 60 to 80 people annually. Since the onset of COVID-19, enrollment has dropped from 55 to 11 people—however, enrollment is slowly increasing. The AHSC health care workers have a consumer list of 5,000 people from community connections and outreach efforts. The COVID Community Counseling Program (CCCP), which is connected to OHA, and the Coordinated Asian Response Team (CART) contribute to this outreach database.

Prior to the COVID-19 pandemic, Jewish Family and Child Services (JFCS) enrolled and provided services to 101 consumers. Services stopped when PEARLS program funding was eliminated in August 2020. Services resumed when Multnomah County awarded PEARLS Evidence Based Health Promotion funds in October 2020. These funds were retroactive to August 2020 if they had continued to provide services. JFCS is currently supporting 57 consumers.

JFCS has a well-established network of community partners and provides presentations and outreach events throughout the year. Community partners include Purim, OHSU, Providence, Legacy, Rose Schnitzer Manor, NW Place, Cedar Sinai Housing, Q Center, SAGE, and Friendly House.

### 2. **Strengthen partnerships with culturally specific agencies to promote the development of resources and to engage community members in existing services**

Objective met and ongoing. Two community partners provide PEARLS to people living in Multnomah County. The AHSC is a central contact for Asian people living in Portland and Oregon. AHSC provides PEARLS services in English, Cantonese, Mandarin, Korean, and Vietnamese. JFCS provides PEARLS services in English and Russian. Any PEARLS provider can develop additional resources for post-PEARLS completion, such as peer support groups or PEARLS counselor-led refreshers and support groups.

**3. Service providers are training to navigate systems to access services for consumers with complex needs.**

Objective met. The Older Adult Behavioral Health Initiative team (OABHI) provided comprehensive training to Long Term Services and Support staff and community partners on making referrals to their team for complex case consultation.

**4. Work with ADRC staff to increase their skill in recognizing behavioral health needs in community members calling the Helpline.**

Objective met. The OABHI team worked with ADRC staff to increase the number of referrals to their team for complex case consultation and newly formed peer support groups.

**5. Best practices will be incorporated into existing care coordination models to better serve consumers with complex needs.**

Objective met. The PEARLS program requires staff to be certified in the structured counseling model that is designed to address anxiety and depression. The model has a component addressing support for people with substance misuse, but this has not been a required service in the contractual agreements.

**6. Workforce development – service providers will have training readily available to increase their skill working with consumers who are facing a myriad of physical, mental, and social health issues.**

Objective met and ongoing. Both PEARLS community partner agencies offer referrals for other requested or needed services.

**7. Advocate for the development of older adult-specific behavioral health services that are needed such as: home-based services, geriatric-competent therapy, services in languages other than English and peer services.**

Objective met. Partner agencies see the value of the PEARLS program and are strong advocates for increasing the financial support and expanding the service. Both partners are leaders in their communities and advocate to improve services and to develop new services to meet the needs of their consumers.

One partner provides a free virtual group and could provide more sessions if they had the funding for staff planning and facilitation, equipment, and tech support.

## Health System Transformation Goal

1. Improve coordination of care, enhance member engagement in care coordination, improve coordination of transitions across settings, and improve cross-system education related to older adults and adults with disabilities.

### Objectives:

1. **Work with health plans, hospitals, primary care clinics, and community organizations to map, analyze and improve coordination in transitions across settings for older adults and adults with disabilities.**

Objective met. A regional cross-systems transitions workgroup was formed, and meetings held bi-monthly. The workgroup focused on identifying barriers to coordination and gaps in resources and collaborative discussed ways to address these barriers and gaps. The workgroup produced a paper titled Multi-system Perspectives on Transitions of Care Involving Individuals with Complex Needs. A mini-transitions summit was held with 70 attendees from across health and social services sectors.

2. **Plan and develop ongoing cross-system learning and networking opportunities for health systems, aging and disability, and community partners.**

Objective met. Due to staff transitions for the long-term care innovator agent, some activities related to this objective were interrupted. However, the Older Adult Behavioral Health Initiative team continued to be active in cross-system learning and networking. The Multnomah Planning Group organized the Chaos or Coordination Conference for March 2, 2019 and March 4, 2020.

3. **Expand member engagement and health system partner participation in interdisciplinary care coordination conferences.**

Objective met. Partnerships with CareOregon, Providence, and Kaiser were strengthened. The Multnomah County long-term care innovator agent worked with Health Share and Washington County to add intensive care coordination conferences with Tuality Health Care and Kepro. The long-term care innovator agent provided quarterly reports to Health Share and the steering committee on the intensive care coordination conferences, and annual data was provided by Health Share for analysis regarding those conferences.

## Transportation Goal

1. Transportation coordination and resources will be readily available, easy to navigate, and distributed equitably across ADVSD service areas.

## Objectives:

### 1. Promote inter-agency coordination and centralization of network information, referral, and scheduling systems.

Objective met and ongoing. Multnomah County ADVSD and community partner agency staff that provide information and referral/assistance and transportation coordination met regularly (at least bimonthly and more often if needed). The COVID-19 pandemic increased need and created new staff roles and responsibilities. From March 2020 through December 2020, each service group met separately as needed to accommodate staffing shortages resulting from the county COVID-19 response. Both service groups resumed the bimonthly meeting schedule in February 2021.

Transportation coordination and rides are provided through Ride to Care and First Transit for people with Medicaid. Multnomah County coordinates monthly transportation services for adults 18 years and older with disabilities and contracts with nine community partners offering district center activities to do the same for older adults. Transportation coordination services include assessing eligibility, identifying sustainable levels of transportation service, purchasing, and sending TriMet HOP Cards, punch cards or tickets, as well as authorizing and scheduling premium rides, cab rides, and specialized transportation vehicles.

## Appendix E: Emergency Preparedness Plans

- Available at <https://www.multco.us/ads/2021-2025-advsd-area-plan-emergency-preparedness-plan>

## Appendix F: Designated Focal Points (OAA Section 306(a)(3)(B))

The term “focal point” means a facility established to encourage the maximum collocation and coordination of services for older individuals.

The ADVSD contracted senior district centers and Enhancing Equity sites are the designated focal points in the county and are listed below.

### Enhancing Equity Focal Point Partners:

- Asian Health & Service Center, 9035 SE Foster Road, Portland, OR 97266
- Cascade AIDS Project, 520 NW Davids St, Suite 215, Portland OR 97209
- El Programa Hispano Católico, 333 SE 223<sup>rd</sup> Avenue Ste 3, 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, 10615 SE Cherry Blossom Drive, Portland, OR 97216
- Native American Rehabilitation Association, 1776 SW Madison Street, Portland, OR 97205
- Native American Youth and Family Center, 5135 NE Columbia Boulevard, Portland, OR 97218
- Philipino Bayanihan Center, 1537 SE Morrison St, Portland, OR 97214
- Urban League of Portland, 10 N Russell Street, Portland, OR 97227

### District Center Focal Point Partners:

#### East County

- YWCA, 600 NE 8th Street, Room 100, Gresham, OR 97030

#### Mid County

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

#### North/Northeast Consortium

- Community for Positive Aging (lead agency), 1820 NE 40th Avenue, Portland, OR 97212
- Urban League of Portland Multicultural Senior Center (partner agency), 5325 NE Martin Luther King Jr. Boulevard, Portland, OR 97211

#### Southeast

- Impact NW Multicultural Service Center, 4610 SE Belmont Street, Portland, OR 97215

#### West Consortium

- Friendly House (lead agency), 1737 NW 26th Avenue, Portland, OR 97209
- Neighborhood House (partner agency), 7688 SW Capitol Highway, Portland, OR 97219



## Appendix H: Statement of Assurances and Verification of Intent

For the period of July 1, 2022 through June 30, 2025, 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.

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

(l) 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 IV 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 IV 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.

### Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan...

Each such plan shall comply with all of the following requirements:

(11) The [State] plan shall provide that with respect to legal assistance —

(A) the plan contains assurances that area agencies on aging will

(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) the plan contains assurances 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.

(E) the plan contains assurances that area agencies on aging will 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.

(12) The [State] plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals—

(A) the plan contains assurances that any area agency on aging 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) receipt of reports of abuse of older individuals;

(iii) active participation of older individuals participating in programs under this Act 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

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

(B) the State 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.

(15) The [State] plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under 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 this Act; 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.

(16) The [State] plan shall provide assurances that the State agency will require outreach efforts that will—

(A) 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 older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
  - (iii) older individuals with 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);
  - (iv) older individuals with severe disabilities;
  - (v) older individuals with limited English-speaking ability; and
  - (vi) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals);
- and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(18) The [State] plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to 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.

(26) The [State] plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Obtain input from the public and approval from the AAA Advisory Council on the development, implementation and administration of the Area Plan through a public process, which should include, at a minimum, a public hearing prior to submission of the Area Plan to ODHS. 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.

July 26, 2022

Date



Irma Jimenez  
Division Director 2,  
Multnomah County Aging, Disability & Veterans  
Services Division

July 19, 2022

Date

Approved by consensus

Aging Services Advisory Council

July 28, 2022

Date

Approved by consensus with comments to be  
delivered separately to ADVSD and CSSU

Disability Services Advisory Council

July 26, 2022

Date



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

## Appendix I: Service Equity Plan Final Report

Multnomah County Aging, Disability, and Veterans Services Division (ADVSD) is a Type B Transfer Area Agency on Aging (AAA) dedicated to serving older adults, people with disabilities, and veterans in Multnomah County. In line with the Department of Human Services' North Star vision, which emphasizes equitable opportunities for all, ADVSD has taken substantial steps to embed equity and inclusivity into our operations.

For the past three fiscal years, ADVSD has integrated a Budget Equity and Equity Empowerment Lens into our 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, is composed of four members, three of whom possess cultural or language-specific knowledge, skills, and abilities (KSAs). They meet with individuals experiencing homelessness in shelters, cooling and heating centers, and other community locations to discuss and connect them with services and housing opportunities. This team continues to serve the homeless population. 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.

## % BIPOC Employees

Total: 574

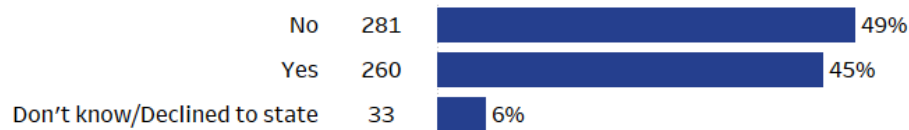


Figure 1 shows the data on regular ADVSD employees between July 1, 2023 and June 30, 2024, excluding those categorized as intern, on-call, temporary employee, or limited duration. Employees were required to select only one racial category. The available options included “two or more races”. Staff who self-identified as white only were categorized as “no”. The “don't know/declined to state” category includes individuals who chose not to disclose their race and those who did not select a racial category.

As part of Multnomah County, ADVSD actively participates in the Workforce Equity Strategic Plan (WESP). This plan 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 actively working to implement the WESP 2024-2028, which focuses on eight key initiatives: accountability, infrastructure, retention, training, data, evaluation and policy, compensation, and standard practice.

ADVSD also recently completed a Request for Proposal and Qualification (RFPO) project 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 overall 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. We will utilize recommendations from the forthcoming Service Equity Workgroup (expected in 2024), as well as input from the ASAC and DSAC, to inform our future plans. Our next area plan for 2025-2029 will incorporate service equity principles and recommendations as measurable goals and objectives, ensuring that our commitment to equity remains central to our work.

## Contents

<a href="#">Land and Labor Acknowledgements</a> .....	157
<a href="#">Purpose</a> .....	158
<a href="#">Multnomah County Community Population</a> .....	158
<a href="#">From Multnomah County’s Statement Why We Lead with Race</a> .....	159
<a href="#">Problem Statement</a> .....	160
<a href="#">Individuals Served by ADVSD</a> .....	162
<a href="#">Service Equity Plan Goals</a> .....	169
<a href="#">Goal 1. Establish Service Equity Advisory Workgroup</a> .....	171
<a href="#">Goal 2. Workforce and Contractor Demographic Data</a> .....	172
<a href="#">Goal 3. Workforce Outreach</a> .....	174
<a href="#">Goal 4. Lived Experience and Expertise Compensation Model</a> .....	176
<a href="#">Goal 5. Universal Client Registry (UCR) REALD Implementation</a> .....	177
<a href="#">Goal 6. Data Source Inventory</a> .....	178
<a href="#">Goal 7. Analysis of Consumer-Related Qualitative Data</a> .....	179

## Land and Labor Acknowledgements

From its earliest days Oregon, as a state, has deeply rooted its identity in the exclusion and genocide of Black and Indigenous people. While exclusion laws were never officially enforced, the legacy of White supremacy has shaped Oregon’s communities, the impacts of which are still felt today.

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 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.

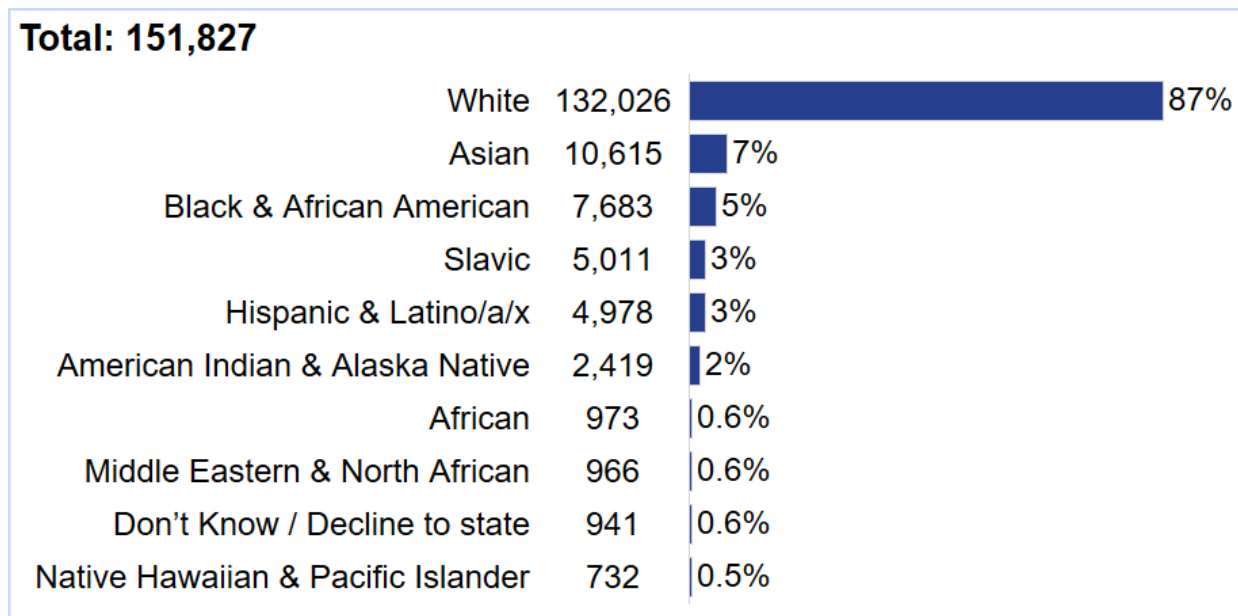
## Purpose

Multnomah County's Aging, Disability and Veterans Services Division (ADVSD) strives to be a leader in the work toward racial justice both in the county and in our lines of business. We recognize that multiple systems of oppression are reinforced in ADVSD policies, practices, and processes. In our Service Equity Plan, as in our Area Plan, we are called to be humble, brave, and committed to addressing these systems and the inequities they reinforce.

## Multnomah County Community Population

As shown in Graphic 1, Multnomah County's population aged 60+ is estimated at 151,827 individuals. These population estimates were produced by the Portland State University Population Center using 2015-2019 American Community Survey (ACS) 5-Year Estimates in combination with other data sources<sup>19</sup>. Demographic data collected using the Federal framework was recorded to align with ADVSD's Visibility Initiative (VI) framework. The population demographic data reported in this service equity plan was also used in Multnomah County's 2021-2025 Area Plan.

**Graphic 1:** Multnomah County Population Estimates: Age 60+



Multnomah County's aging population is more ethnically and racially diverse than ever and continues to grow. Recent population estimates show that 20 percent of the aging

<sup>19</sup> Estimates based on TIGER/Line GIS maps for census areas, ADVSD's shapefile with current district boundaries, Centers of Population for 2010 Census Tracts, 5-year ACS Public Use Microdata Sample (PUMS) for the period 2015-2019, 5-year ACS Summary File (SF) for 2015-2019, Race/ethnicity codes from our conference call, Race/ethnicity codes from OHA Office of Equity and Inclusion: REALD Implementation Guide, document OHA 7721B.



population residents identify as Black or African American, Asian, Native Hawaiian or Pacific Islander, Native American or Alaska Native, Latino/a/e/x or Hispanic, Middle Eastern, and African.

Multnomah County is home to an estimated 151,827 people 60 years and older, along with 48,767 people 18-59 living with a disability, and 37,495 people who are Veterans and many more who have served in the military. Along with racialized identity, other aspects of identity, community, and circumstance further impact the life course, health and financial stability of the people potentially served by ADVSD. The service area includes older adults who identify as LGBTQAI+, 14,057 people whose primary language is not English, and those who are linguistically isolated, meaning that no one in the household over the age of 14 speaks English and an estimated nearly 900 older adults (people 55+) who are unhoused, living in tents, shelters or on the streets.

Across our departments, divisions, programs and day to day tasks, Multnomah County and its workers recognize that racial inequity is baked into our culture, systems, and structure. It is from this recognition that Multnomah County has committed to center race or racialized identity in our intersectional analysis of how systems of oppression impact us as individuals, impact our consumers, and our communities, which in turn impacts the need for, access to and provision of programs, services, and support. Our commitment is to an intersectional analysis that names the role and impact of race in a people's experience and lifecourse.

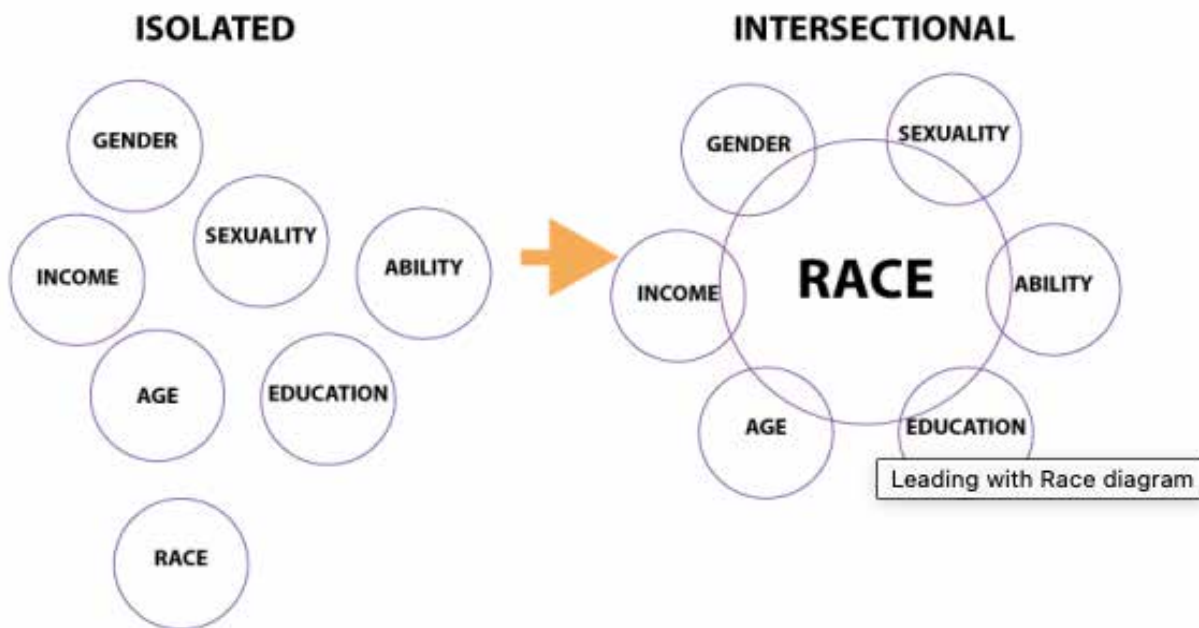
## **From Multnomah County's Statement [Why We Lead with Race](#)**

Leading with race is important because:

- To have maximum impact, focus and specificity are necessary. Strategies to achieve racial equity differ from those to achieve equity in other areas. "One-size-fits all" strategies are rarely successful.
- A racial equity framework that is clear about the differences between individual, institutional and structural racism, as well as the history and current reality of inequities, has applications for other marginalized groups.

- Race can be an issue that keeps other marginalized communities from effectively coming together. An approach that recognizes the interconnected ways in which marginalization takes place will help to achieve greater unity across communities.

The Leading with Race framework, along with an impact analysis of the social



determinants of health for ADVSD’ expansive service population and a robust analysis of who we serve will set the stage for ADVSD’ Service Equity Plan.

## Problem Statement

Barriers could be a web of large systemic issues, and they could be small, local, or interpersonal problems that lead to fatigue, confusion, or exclusion all resulting in diminished access to programs and services.

The disproportionate impacts of racism in programs, policies, and systems over the course of one's life are potentially illuminated and certainly compounded as people age. People of color who are older adults or people with disabilities at the crossroads of marginalized or intersecting identities experience barriers and exclusion that contribute to higher exposure to risk and negative outcomes when viewed in a social determinants of health framework (framework to be further developed and applied within workgroups).

## Economic Stability

- Work access, promotional opportunities, on the job training (digital divide), high unemployment, adequate health insurance, age-based workplace discrimination,

and retirement savings, wealth accumulation, home ownership and wealth preservation, private retirement savings.

### **Education Access and Quality**

- Systemic exclusion from education, unfair administration of discipline and expulsion, exclusion from higher education preparation and recruitment, over recruitment by military systems, quality and affordable childcare, college access for children.

### **Health Care Access and Quality**

- Systems designed for white/dominant culture approach to healthcare and health supports, financial and geographic barriers to food access, access to culturally specific mental health care, health clinics, health supports.

### **Neighborhood and Built Environment**

- Food access, exposure to violence, exposure to pollution and industrial by-products.

### **Social and Community Context**

- Family caregiving, paid family leave, childcare cost, grandparents and family members raising children, and older adults supporting family members with chronic conditions or persistent illness, unserved and underserved communities, government distrust, explicit and inflexible financial eligibility for certain programs, and availability of community and culturally competent services, staff living and working with intersecting or marginalized identities, and specific services and programs, exclusion from voting, civic involvement, and public office. Additionally, people with marginalized identities are systematically excluded from decision making, planning, and advocacy tables.

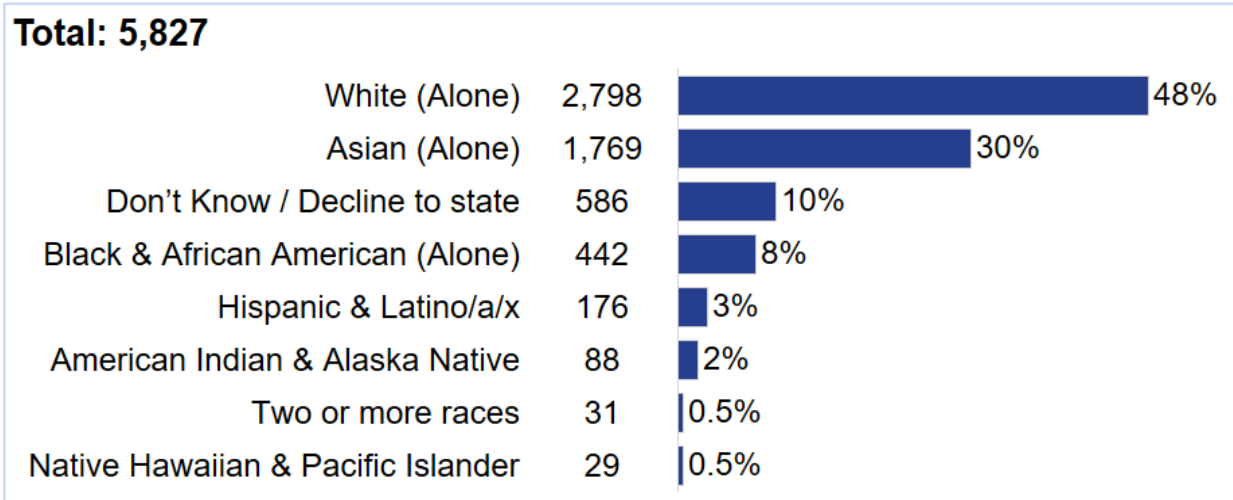
As people age, regardless of race and ability status, they experience erasure and invisibility in our communities. This is an outgrowth and extension of capitalist, patriarchal, and colonial systems of valuing a person based on their race, gender and ability and their contributions as a worker or producer. This erasure is exponentially intensified for people of color, LGBTQ+ and Two-Spirit elders, women, people with disabilities, and those who are unhoused, among others. It is further intensified for people living on a low income for whom human services programs are needed to meet their basic needs even with income from Social Security, retirement funds, or wages.

As an Area Agency on Aging, ADVSD is charged to eschew the negative narratives and stereotypes about people as they age and to strive to serve a hub of support, services and engagement for the older adults and elders in our community.

### Individuals Served by ADVSD

As shown in Graphic 2, ADVSD served 5,827 individuals in OAA Title III Registered Services in FY21<sup>20</sup>. The demographic identity data was primarily collected using the Federal framework for race/ethnicity categories. Individuals served could choose more than one identity category. The data was then aggregated to align with the Federal reporting categories required for the State Performance Report. Individuals who identified as more than one race were counted in each category they reported, unless they identified as White, Asian, or Black/African American. Multiracial individuals who identified as some combination of White, Asian or Black/African American were aggregated as “Two or more races.” The rationale for this reporting requirement is unclear.

**Graphic 2: Individuals Served in OAA Title III Registered Services**



The Organizational Demographic Data Analysis suggests that we are serving about 3.8% of people 60+ in Multnomah County through the Older Americans Act program and services. A percentage that would be higher if we considered the other programs administered by ADVSD, such as Public Guardian, Adult Care Home Program, Long Term Services and Supports, and Adult Protective Services.

<sup>20</sup> Demographic data for the 5,827 individuals served by ADVSD is from the FY21 NAPIS State Performance Report. This number reflects the report’s “unduplicated count of persons served for registered services supported by the OAA title III (does not include caregivers served)”.

Input and deliberation by the Aging Services Advisory Council, Disability Services Advisory Council, and the Service Equity Planning Workgroup both reviewed population, consumer and workforce data and shared input that resulted in the following themes:

- Need for more detailed, accurate and comparable racialized and identity data that is complete and inclusive of contractor data. Also, we need to further understand intersectionality as a compounding factor as we look at data.
- Understand drivers and moderators of service barriers or why some can more easily access services.
- Understand the impacts of the trends and changes in the service population
- Remember that data is only part of the story and that community input is key.
- We continue to have hope – even when things don't change – we keep showing up to do this work.

ADVSD has numerous qualitative data sources that reflect the experiences of individuals we serve, as well as community members we may not be currently serving. These sources include surveys, interviews, focus groups, and other research or evaluation projects. For this Service Equity Plan, ADVSD will focus on sharing what we learned from our most comprehensive source of recent qualitative data; a community survey conducted as part of our 2021-2025 Area Plan Needs Assessment, which is outlined and addressed in the Organizational Demographic Analysis.

As reflected in the Organizational Demographic Analysis, we want to highlight an omission presented by APD's brief and direction for the analysis is that AAAs were not asked to consider all demographic elements included in the Race, Ethnicity, and Language and Disability (REALD) demographic survey. Of considerable note, is the absence of direction to consider Sexual Orientation and Gender Identity data (SOGI) and languages spoken by the community, as well as other information linked to need or potential barriers such as income or housing status. This data would allow for a more nuanced and complete analysis and understanding of our community, their intersecting identities and the challenges held by distinct communities.

Future data analysis and conversations with the community and Service Equity Advisory Workgroup will help shape a further understanding of equitable service and how it is defined and measured. HOWEVER, this is predicated on access to better and more comparable data (see Demographic Data Report for specific challenges). As an organization we struggled to conduct a gap analysis with sufficient confidence or rigor but were able to come to the themes as outlined above. To put a fine point on it, a community member shared, "A barrier to services is when you're not included in the data."

## Mission

ADVSD's Service Equity Plan will be community-driven and co-designed in partnership with the Service Equity Planning Workgroup and the Service Equity Advisory Workgroup, along with the Aging Services Advisory Council (ASAC) and the Disabilities Advisory Council (DSAC).

The plan will serve to increase:

- Equitable access to and delivery of programs and services funded by ADVSD and those provided by the network of community-based organizations that partner with ADVSD;
- Workforce representation reflective of the communities served and languages accessed in ADVSD branch offices;
- Understanding of the strengths and weaknesses of our data to provide consistent and reliable understanding of the community, people we serve, and our workforce.

The Service Equity Plan process will, over time, assess, plan, and continue to realign ADVSD services, programs, contracts, workforce and approach to focus on representation, access and provision of services to older adults, people with disabilities, and those who care for them.

To achieve this, ADVSD will utilize and further align with the following frameworks and lenses: Multnomah County's Workforce Equity Strategic Plan, including *Inclusively Leading with Race*, and the Equity and Empowerment Lens, ODHS Equity North Star, and an equity focused process in ADVSD budget development.

## Approach

ADVSD, as a part of the Department of County Human Services and a Type B Transfer Area Agency on Aging, will utilize and draw inspiration from existing plans such as the ODHS Equity North Star, the DCHS North Star, the 2021-2024 Area Plan, the Workforce Equity Strategic Plan, and previous departmental and divisional equity work including the work of the *Inclusively Leading with Race* Design Team and the ADVSD Equity Assessment.

This iteration of the plan was developed with input from the Service Equity Planning group and the ASAC and DSAC. We will continue to engage with workers who are closest to community members and consumers and strive to center the voices and support the involvement of those most impacted by the systems that created and replicate

inequities. At the writing of this draft, ADVSD will focus on laying the foundation for this work with our division and networks.

The Service Equity Advisory Workgroup will be a space where ADVSD will hold conversations with staff, community members, consumers and partners related to this work. The suggested make-up of the group is intended to be reflective of our community and workforce with intentional overrepresentation of people most impacted by systems of oppression as a means to amplify their voices in decision making spaces.

We anticipate that within these meetings we will use a human and equity-centered approach to develop a shared understanding of service equity in our division. We intend to prioritize relationship building to support self-awareness and reflection, understanding of shared history, and elevating Multnomah County's values of Trust, Safety, and Belonging. This foundational work will allow the Service Equity Advisory Workgroup to select a facilitation approach, meeting structure, decision making model and restorative practice that supports the stated priorities.

### Scope

- Designing an advisory body and process for input that is collaborative and that is appropriately resourced
- Designing an advisory body and process for input that centers the voice of community members, consumers, stakeholders, and partners
- Current and future Area Plan priorities
- Budget analysis, development, and recommendations
- Position development with community, language, identity specific KSAs (Knowledge, Skills, and Abilities). ADVSD positions with KSAs allow community members to be served in a culturally specific or responsive manner, as well as in their first language.

### Out of Scope

- Contractor staff selection. There isn't currently language in our contracts for this apart from definitions for culturally specific services and culturally responsive services
- Final budgeting decisions (County, state or federal)
- Federal and state requirements and program rules

## Roles and Responsibilities

Multnomah County Aging, Disability and Veterans Services Division's Service Equity Workgroup will contribute to the development of the division's approach to service equity. Its formation will happen in two phases:

- Phase 1 (through September 2022) – Service Equity Planning Group. This group will consult with the Aging Services Advisory Council (ASAC), and the Disability Services Advisory Council (DSAC) on internal readiness analysis, engagement approach, required data elements, and identifying year one goals related readiness to embark on defining Service Equity and potential benchmarks. The workgroup will also work with division leadership to provide feedback and input on workforce-related goals.
- Phase 2 – Service Equity Advisory Workgroup will expand on the work of the internal workgroup and will comprise consumers, contractors, and community partners to make up the 19-member group. The group will include a leadership representative and a representative of the state's Aging and People with Disabilities Community Services and Support Unit. This group will make recommendations to the Aging Services Advisory Council and the Disability Services Advisory Council who will review the recommendations and advance to ADVSD leadership.

### Core Project Team

- Project Lead – Raquel Barajas
- Research and Evaluation Analyst – Nicole Galport
- Project Manager – Alex Garcia Lugo
- Office Assistant –
- Project Sponsor – Irma Jimenez
- Equity Workgroup Member – TBD

### Data Project Team

- Planner – Raquel Barajas
- Research and Evaluation Analyst Senior – Nicole Galport, Jason Normand
- Data team – Katie Boldensmith, Nathan Maranan
- Human Resources – Vanesa Mujcic



## Planning Workgroup

Work Unit	Member Type	Name
APS	Work unit rep	Taran Nadler
APS	Work unit rep	E.J. Dove
ACHP	Work unit rep	Lisa Dessen-Ocaña
ACHP	Work unit rep	Not filled at this time due to capacity
CS	Work unit rep	Vienna Saechao
CS	Work unit rep	Fleetwood Mozee
LTSS	Work unit rep	Lesley Dela Paz
LTSS	Work unit rep	Isabelle Lopez
Director's Office	Work unit rep	Nathan Maranan
Director's Office	Work unit rep	Jeremy Nguyen
PG	Work unit rep	Not filled at this time due to capacity
PG	Work unit rep	Not filled at this time due to capacity
LTSS	At-large Supervisor LTSS	Sarah Mazzi
TBD	Manager	TBD
Director	Leadership Team rep	Irma Jimenez

## Service Equity Advisory Workgroup (TBD established February 2025)

1. Consumer – Long Term Services and Supports –
2. Consumer – DSAC Rep –
3. Consumer – Community Services –
4. Consumer – ASAC Rep –
5. Consumer – Veterans –
6. Consumer – Enhancing Equity Programs
7. Consumer – Enhancing Equity Programs
8. Consumer – Enhancing Equity Programs
9. Community Partner – Community Services
10. Community Partner – Culturally Specific
11. Community Partner – Culturally Specific
12. Community Partner – Long Term Services and Supports

13. Community Partner – Serving Unhoused Older Adults
14. ADVSD Staff – Long Term Services and Supports
15. ADVSD Staff – Adult Care Home Program
16. ADVSD Staff – Public Guardian
17. ADVSD Staff – Adult Protective Services
18. ADVSD Staff – Veterans Services
19. ADVSD Staff – Community Services
20. ADVSD Staff – Director’s Office
21. At-Large Member – TBD
22. At-Large Member – TBD

### **Non-voting members**

1. ADVSD Leadership Rep – Irma Jimenez
2. CSSU Liaison – Brandi Truitt

Data Team Representative – TBD

ADVSD OA Support –

Service Equity Workgroup Staff – Raquel Barajas

### **Meeting structure**

Service Equity Advisory Workgroup (nest with ASAC and DSAC when possible)

- Meet Quarterly – starting March 2025
  - March, June, September, December
- Two-year terms, with election of reappointment.

### **Leadership**

- Co-facilitation – two co-facilitators (one community member or partner, one ADVSD staff)
- Consensus model
- Service Equity Workgroup is staffed by Raquel Barajas, ADVSD’s Planner

### **Internal Partners**

- Aging Services Advisory Council (ASAC)
- Disabilities Services Advisory Council (DSAC)

- All ADVSD Staff
- ADVSD Leadership
- Service Equity Planning Workgroup members (internal)

## **External Partners**

- Consumers
- Culturally specific and culturally responsive Community Based Organizations
- Native American Youth and Family Center (NAYA)
- Native American Rehabilitation Association (NARA)
- Confederated Tribes of Warm Springs, Confederated Tribes of Siletz Indians, Confederated Tribes of Grand Ronde
- Community Partners
- Contractors
- Service Equity Advisory Workgroup members
- Board of County Commissioners
- DCHS Director and Leadership Team
- Office of Diversity and Equity
- ODHS D2 Partners
- Oregon Association of Area Agencies on Aging and Disabilities (O4AD)

## **Service Equity Plan Goals**

On the following pages the goals and key tasks for this iteration of the ADVSD's Service Equity Plan are outlined. Each goal resonates with one of the following

### **APD Service Equity Goals**

1. Increasing outreach efforts prioritizing culturally specific populations.
2. Increasing utilization of policy impact statements related to underserved communities in new or revised policies, OARs, and other APD rules.
3. Engaging and increasing staff that are engaged in service equity efforts to foster empathy and strive for social justice in all their work.

Additionally, the goals are organized into four areas: Workforce, Data, Workgroup, and Office and Consumer-Facing. Lastly, the goals for this plan are strategically aligned with readiness for undertaking the work of Service Equity, as initiated by Oregon Aging and

People with Disabilities in 2021. Additionally, they reflect three aims of this inaugural plan, as follows:

- Equitable access to and delivery of programs and services provided and funded by ADVSD and those provided by the network of community-based providers that partner with ADVSD;
- Workforce representation reflective of the communities served and languages access in ADVSD branch offices; and
- Understanding of the strengths and weaknesses of our data to provide consistent and reliable understanding of the community, people we serve, and our workforce.

In the coming year ADVSD will work with the Aging Services Advisory Council, the Disabilities Services Advisory Council and the Service Equity Advisory Workgroup to add goals from the 2021-2025 Area Plan to the next iteration of the Service Equity Plan.

## Goal 1. Establish Service Equity Advisory Workgroup

APD Service Equity Goal Alignment: 1 & 3	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/Year)		Milestones
			Start Date	End Date	
<b>Goal:</b>  Establish Service Equity Advisory Workgroup	A. Develop recruitment, outreach and communications plan	Planner, Director's Office	10/22	12/22	This goal will be re-evaluated and it's tasks might be included in the next Area Plan 2025-2029. Additional staffing changes in ADVSD have required changes in the approach to the work.  A new communications staff position has been included in ADVSD to support the work on this goal.  ADVSD has received applications and it's evaluating 3 new council members from the community with diverse backgrounds.  The new logo and flyers have been completed by a native owned graphic designed company. ADVSD is now working with vendors to translate the flyers and have them in events where the division participates.
	B. Develop onboarding plan	Planner, Director's Office	11/22	12/22	This plan is being worked on by the ADVSD Division's Planner position, and with support from the senior leadership of the division.
	C. Workgroup kick off	Planner	2/23	2/23	The kickoff of the workgroup is currently being evaluated and will be included in the next Area Plan 2025-2029.

	D. Adopt governance structure	Planner, Service Equity Advisory Workgroup (SEAW)	3/23	4/23	This task will be re-evaluated and reported in the next Area Plan 2025-2029.
	E. Develop decision making and power sharing structure	Planner, Leadership Team, SEAW	4/23	5/23	This task will be re-evaluated and reported in the next Area Plan 2025-2029.
	F. Provide input on and adopt reporting structure	Planner, SEAW	3/23	4/23	This task will be re-evaluated and reported in the next Area Plan 2025-2029.

**Trackable Measures:**

- Trackable measures will be developed in months following the submission of the plan in partnership with the Service Equity Planning Workgroup and work teams responsible for the work.

**Goal 2. Workforce and Contractor Demographic Data**

APD Service Equity Goal Alignment: 3	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/Year)		Milestones
			Start Date	End Date	
<b>Goal:</b> Collect workforce and contractor demographic data	A. Establish a project team	Director and Planner	11/22	6/23	This goal and it's associated tasks will be re-evaluated and might be integrated into the new Area Plan 2025-2029.
	B. Review tool	Project Team	TBD	6/23	This goal and it's associated tasks will be re-evaluated and might be integrated into the new Area Plan 2025-2029.
	C. Design campaign tools and outreach plan	Project Team	TBD	6/23	This goal and it's associated tasks will be re-evaluated and might be integrated into the new Area Plan 2025-2029.

APD Service Equity Goal Alignment: 3	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/Year)		Milestones
			Start Date	End Date	
<b>Trackable Measures:</b> <ul style="list-style-type: none"> <li>Trackable measures will be developed in months following the submission of the plan in partnership with the Service Equity Planning Workgroup and work teams responsible for the work.</li> </ul>					

### Goal 3. Workforce Outreach

APD Service Equity Goal Alignment: 2 & 3	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/Year)		Milestones
			Start Date	End Date	
<b>Goal:</b> Develop and operationalize an outreach plan to increase diversity among ADVSD applicants across job classifications.	A. Current state process recorded/mapped, Equity analysis of current state, review of baseline data	Director and Leadership Team	9/22	3/23	Completed.
	B. Team consensus on ideal state, root cause analysis	Director and Leadership Team	3/23	5/23	Completed.
	C. Planning for testing	Director and Leadership Team	5/23	11/24	Completed.
	D. Testing	Director and Leadership Team	6/23	12/23	Completed. Some hard-to-fill positions were selected to apply the different approaches to hiring and attracting a more diverse pool of applicants. The results vary due to the complexity of the positions selected and requirements (such as certifications).



	E. Evaluation of test, agreement on future checkpoints and responsibilities	Director and Leadership Team	1/24	6/24	Completed. Additional challenges with diverse workforce hiring have been identified due to the shortage of people looking to enter and stay in the area of work of ADVSD, and other AAA (Area Agencies on Aging) in the State of Oregon, and nationwide. New checkpoints will continue to be discussed and established to accurately track success in recruitment.
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**Trackable Measures:**

- Actual # of racial, ethnic, cultural applicants (i.e., non-dominant) in an applicant pool as compared to *HR's ideal standard (In development)* # of racial, ethnic, cultural applicants (i.e., non-dominant)
- Actual # of racial, ethnic, cultural applicants (i.e., non-dominant) in an applicant pool as compared to *ADVSD's clients/consumers* racial, ethnic, cultural (i.e., non-dominant) demographic characteristics

#### Goal 4. Lived Experience and Expertise Compensation Model

APD Service Equity Goal Alignment: 2	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/Year)		Milestones
			Start Date	End Date	
<b>Goal:</b> Finalize compensation guide for community members for participating in ADVSD research, evaluation, and other feedback activities.	A. Ensure compliance with Multnomah County administrative procedures on expense reimbursements and cash equivalents	Senior Research & Evaluation Analyst (REA) and ADVSD	10/22	12/22	Completed.
	B. Ensure alignment with the Advisory Council Stipend and Investment Policy	Planner; REA	12/22	1/23	Completed.
	C. Engage Service Equity Advisory Workgroup for input	Planner; SEAW; REA	1/23	4/23	Completed.
	D. Engage ASAC and DSAC for input	Planner; ASAC; DSAC; REA	1/23	4/23	Completed.
	E. Finalize compensation model	REA; ADVSD Leadership; Planner	5/23	8/23	Completed. The compensation guide continues to be utilized in ADVSD.
<b>Trackable Measures:</b> <ul style="list-style-type: none"> <li>• Compensation amount across projects</li> <li>• Number and demographic characteristics of those who receive compensation</li> </ul>					

## Goal 5. Universal Client Registry (UCR) REALD Implementation

APD Service Equity Goal Alignment: 2	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/Year)		Milestones
			Start Date	End Date	
<b>Goal:</b> Implement REALD demographic questions in the UCR (Multnomah County's system of record for tracking OAA services)	A. Create technical and program teams	Community Services Program Manager	2/22	7/22	Completed.
	B. Conduct full impact analysis	Technical and Program Teams	3/22	7/22	Completed.
	C. Change management and training for data collection/entry	Program Team	6/22	12/23	Completed.
	D. Update UCR UI	Technical Team	8/22	9/22	Completed.
	E. Update all impacted reporting and integrations	Technical Team	10/22	10/24	Completed. This work will be ongoing since the UCR has connections to various other data systems and reporting streams, any changes in these systems result on updates to IT stored procedures.
<b>Trackable Measures:</b> <ul style="list-style-type: none"> <li>Trackable measures will be developed in months following the submission of the plan in partnership with the Service Equity Planning Workgroup and work teams responsible for the work.</li> </ul>					

## Goal 6. Data Source Inventory

APD Service Equity Goal Alignment: 2	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/Year)		Milestones
			Start Date	End Date	
<b>Goal:</b> Conduct Data Source Inventory to understand availability, reliability and comparability of demographic data across programs and services	A. Establish scope and purpose of assessment	Quality Manager and Team	3/22	3/22	Completed.
	B. Interview subject matter experts from all ADVSD program areas	Director's Office Senior Data Analysts	4/22	5/22	Completed.
	C. Draft the assessment and summarize availability of demographic data	Director's Office Senior Data Analysts	5/22	6/22	Completed.
	D. Submit draft to SMEs for edits	Director's Office Senior Data Analysts	6/22	7/22	Completed.
	E. Present finalized draft to Leadership	Quality Manager	7/22	8/22	Completed.
<b>Trackable Measures:</b> <ul style="list-style-type: none"> <li>• Number of data systems used in ADVSD to track consumer demographics</li> <li>• Percent of ADVSD programs where consumer demographics are reportable on at least a monthly basis. Demographic attributes include age, language, racial/ethnic identity, gender identity, Veteran status and disability status.</li> </ul>					

## Goal 7. Analysis of Consumer-Related Qualitative Data

APD Service Equity Goal Alignment: 1	Key Tasks	Lead Position and Entity	Time Frame for Action (Month/Year)		Milestones
			Start Date	End Date	
<b>Goal:</b> Gather, analyze, and share qualitative data from consumer feedback and experiences regarding the Transportation Assistance (TAP) and Family Caregiver Support (FCSP) Programs	A. Implement survey for FCSP consumers	Senior Research & Evaluation Analyst (REA) & Program Specialist	9/22	2/24	Completed.
	B. Analyze responses	REA & Program Specialist	11/22	7/24	Completed.
	C. Share results with SEAW, ASAC, DSAC, and program consumers	REA & Program Specialist, SEAW, ASAC, DSAC, and consumers	2/23	5/23	Completed.
	D. Implement survey for TAP consumers	REA & Program Specialist	10/22	5/2024	Completed.
	E. Analyze responses	REA & Program Specialist	11/22	12/22	Completed.
	F. Share survey results with Service Equity Workgroup, ASAC, DSAC, and program consumers	REA & Program Specialist, SEAW, ASAC, DSAC, and consumers	2/23	5/23	Preliminary results shared. Input incorporated. Results finalized and distributed Results for the 2022 survey will be incorporated and shared with the different advisory councils during their scheduled meetings.
<b>Trackable Measures:</b> <ul style="list-style-type: none"> <li>Number and demographic characteristics of consumers participating in both surveys</li> </ul>					

## Trackable Measures

Additional trackable measures will be developed in months following the submission of the plan in partnership with the Service Equity Planning Workgroup and work teams responsible for the work.

## Risks, Assumptions, and Issues

Risks to be themed and mitigation strategies will be developed and presented to the Planning Workgroup and ADVSD Leadership Team. The risks are listed below with "\*" notating risks that were raised multiple times.

### Draft Risks

- Capacity for the Service Equity Planning workgroup (no representatives from some units where staff were not assigned due to capacity)
  - This can result from not only some voices not being heard, but others being overheard
  - Ensuring a range of staff voices that have different levels of contact and interaction with clients and community
- Lack of consistent, reliable, and comparable data (as outlined in Demographic Data Report)
- Competing or redundant Equity projects/initiatives (creates capacity and alignment challenges)
- Lack of ongoing funding for Service Equity work from State
- Organizational and staff capacity for multiple advisory councils\*
- Competing priorities for community members\*
- Challenges with recruiting and engaging community members:
  - finding times for meetings that are accessible to community members
  - getting new voices from community members not typically engaged
  - Lack of diverse voices from community members
- Being responsive to community needs, priorities and capacity while balancing service equity timelines and requirements\*
- Folx not understanding what leading with race is and fear that some communities are being left out

- Additional capacity about what the needs are, and outreach so folks know what services are available, how does word of mouth impact this and how does distrust factor into this?
- Alignment with WESP and other competing frameworks
- The State and the County should not underestimate distrust in the systems. APD, the State and Multnomah County, recognizing that there is good reason for mistrust
- The funding should be going to building capacity among orgs, that are BIPOC and community led, to grow their capacity
- What is the service assortment and are those what the community needs or wants
- Unintended consequences in general
- Humility, transparency, and accountability on the part of the County

**Submitted on September 15, 2022, as recommended by the following:**

Aging Service Advisory Council on September 13, 2022, by email and telephone.  
 Disability Services Advisory Council on September 15, 2022, by email, chat and telephone.

Service Equity Planning Workgroup on September 15, 2022, by in-person and virtual voting.

ADVSD Leadership Team on September 15, 2022, by in-person vote.

**Approved by Oregon Aging and People with Disabilities on September 30, 2022**

For more information on this plan and process please contact:

Raquel Barajas, Planner  
 Multnomah County Aging, Disability and Veterans Services Division  
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# 2022 Demographic Data Reporting Elements

Introduction.....	182
<b>Part 1: Demographic Data: Community, Workforce, and Individuals Served .....</b>	<b>184</b>
Community Population Estimates: Ages 18+, 60+, and 85+ .....	184
Individuals Served by ADVSD.....	185
ADVSD Staff Working on OAA Programs.....	186
Limitations to Comparing Demographic Data Across Data Sets .....	187
<b>Part 2: Data Analysis, Identification Service Gaps, and Action Planning .....</b>	<b>190</b>
Based on the data you have collected: (1) the demographic breakdown of your organization’s workforce; and (2) the demographic breakdown of the populations residing in your service area: .....	190
Describe your plan for cultivating a more representative workforce that is reflective of the population demographic in your service area.....	190
Describe any gaps in services. Why do these gaps exist? What is your plan to address identified service gaps?.....	190
Share any qualitative data you have on the experiences of the individuals you serve, from their own voices. ....	192
What did you learn?.....	193
What did you do with that data? How is it used? .....	197
If you do not have qualitative data, what is your plan to ensure you are hearing from the experiences of those you serve moving forward?.....	198
<b>Appendix A: .....</b>	<b>199</b>
<b>Appendix B: Visibility Initiative .....</b>	<b>200</b>
<b>Appendix C: REALD .....</b>	<b>204</b>

## Introduction

The Demographic Data Report serves as a foundational piece of the Service Equity Plan and the work approach described and outlined in the brief titled *Annual Demographic Data Report Description*. Area Agencies on Aging (AAA), including Multnomah County Aging, Disability and Veterans Services Division (ASVSD), were instructed to compile demographic data on its staff, individuals served, and the overall community. AAAs were to report this in a table reflective of REALD race and ethnicity categories and disability status. Oregon Aging and People with Disabilities (APD) provided data on the people served as recorded in GetCare for 2021 and population data for the state and Multnomah County. All AAAs were asked to enter their workforce demographics into a survey tool provided by the state, which ADVSD completed on September 12, 2022. A copy of the information entered into the survey is attached as Appendix A. [Waiting for APD to send this]



The population data used by ADVSD for this analysis is for the population 18+, 60+ and 85+, as opposed to the 18+, 55+ and 65+ population data provided by APD. ADVSD used population data compiled by the Portland State University Population Research Center for the 2021-2025 Area Plan. This data is believed to be more representative of ADVSD's actual service population in number and demographic diversity. The data related to ADVSD's workforce is reported only for staff directly employed by ADVSD and working on Older Americans Act (OAA) programs and services, as directed by APD. At this time the data does not include information on the staff of ADVSD's 17 contracted partners that provide OAA services to the community. Finally, ADVSD service population data only includes those counted in the Monthly Status Report or FY21 State Performance Report NAPIS data and not GetCare data as was used by other AAAs.

One challenge and obvious omission presented by APD's brief and direction for the analysis is that AAAs were not asked to consider all demographic elements included in the REALD demographic survey. Of considerable note, is the absence of direction to consider Sexual Orientation and Gender Identity data (SOGI) and languages spoken by the community, as well as other information linked to need or potential barriers such as income or housing status. This data would allow for a more nuanced and complete analysis and understanding of our community, their intersecting identities and the challenges held by distinct communities.

This report also includes responses to reflection questions provided by APD. These questions only allowed for a broad analysis of the available data. It is important to note that neither the reflection questions, nor the current data could inform the development of a participation rate as a measure of service gaps. It is not a matter of simple division, as is the case with all aspects in the pursuit of diversity, equity and inclusion.

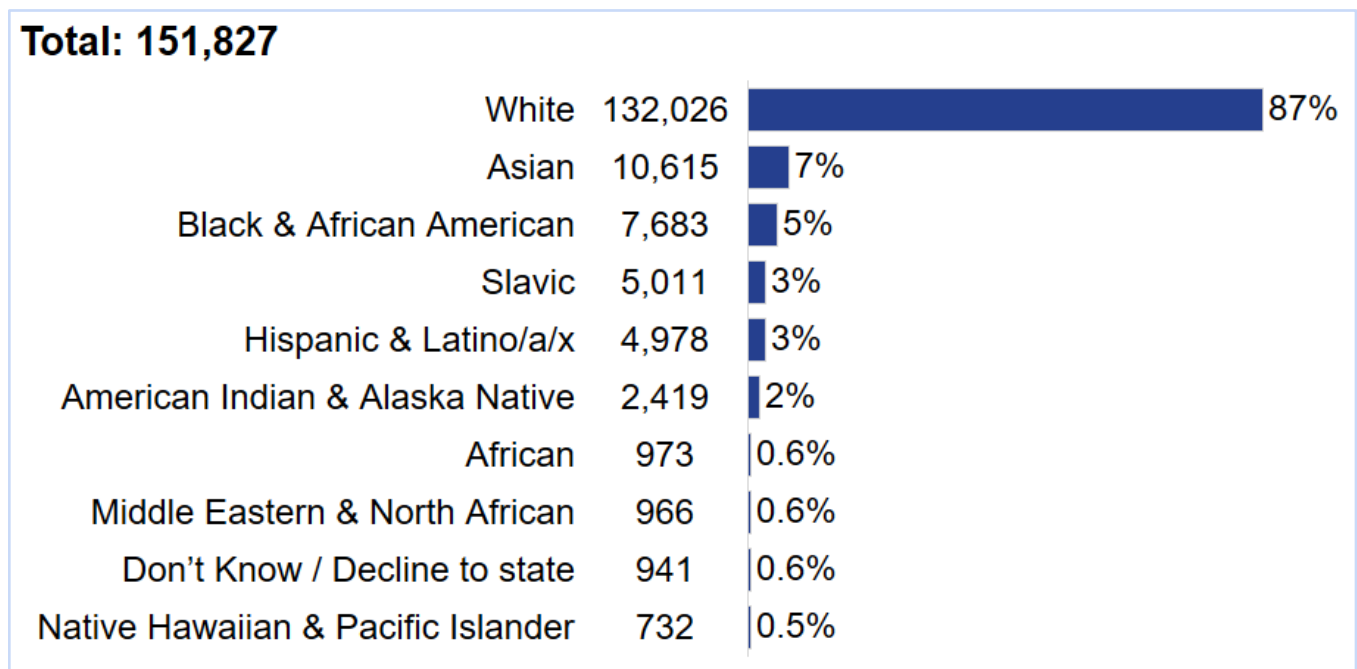
Moving forward, ADVSD, in good and faithful partnership with the community, will continue to develop an approach to understanding the gaps in our services. We will strive to listen well to the community to address where we aren't serving those we are charged to serve. This process has led ADVSD to understand and embrace that ***this data is only one part of the story***. We submit that our analysis is only as strong as the narrative, story, and meaning developed by and with the community to which the numbers are ascribed.

# Part 1: Demographic Data: Community, Workforce, and Individuals Served

## Community Population Estimates: Ages 18+, 60+, and 85+

Demographic data for Multnomah County includes estimates for its population aged 18+, 60+<sup>21</sup>, and 85+. The population demographic data reported in this service equity plan was also used in Multnomah County’s 2021-2025 Area Plan. These population estimates were produced by the Portland State University Population Center using 2015-2019 American Community Survey (ACS) 5-Year Estimates in combination with other data sources<sup>22</sup>. Demographic data collected using the Federal framework was re-coded to align with ADVSD’s Visibility Initiative framework (Appendix B).

**Graphic 1:** Multnomah County Population Estimates: Age 60+



Key principles of the Visibility Initiative (VI) framework are that individuals are able to self-identify and choose multiple identity categories. All categories are reported as “alone or in combination with” other categories, without aggregating to a “Multiracial” category. The number of identities available to choose from are expanded to 10

<sup>21</sup> Reporting population data for individuals age 60+ instead of the 65+ population as requested in the State’s original request for Demographic Data Reporting Elements better aligns with the eligibility criteria for Older American Act (OAA) programs in Multnomah County.

<sup>22</sup> Estimates based on TIGER/Line GIS maps for census areas, ADVSD’s shapefile with current district boundaries, Centers of Population for 2010 Census Tracts, 5-year ACS Public Use Microdata Sample (PUMS) for the period 2015-2019, 5-year ACS Summary File (SF) for 2015-2019, Race/ethnicity codes from our conference call, Race/ethnicity codes from OHA Office of Equity and Inclusion: REALD Implementation Guide, document OHA 7721B.

categories by adding African, Middle Eastern, Slavic, and Decline to State as options. Despite limitations to the accuracy of the data as a result of being changed between frameworks, the VI framework was ultimately chosen over the Federal framework for reporting demographic data in this service equity plan because it offers a more nuanced representation of the County's population, and it more closely aligns with the State's REALD framework (Appendix C).

However, the VI framework still differs from the REALD framework in several important ways that limit how well the data could be converted from the VI framework to the REALD framework. Contrary to the VI framework, the REALD framework groups specific racial/ethnic identities into broader identity categories. For example, "Slavic" and "Western European" are grouped as "White." Meanwhile, the VI category of "African" cannot be precisely mapped to an equivalent REALD category. Another discrepancy is the VI framework does not include a primary race/ethnic identity or the option to select a "Biracial" or "Multiracial" option. Because the PSU data was already aggregated, we were not able to derive "Biracial" or "Multiracial" population estimates for those who selected two or more identity categories. Veteran status and disability status data were not impacted by differences between frameworks.

Ultimately, due to the differences between the Federal, VI, and REALD race/ethnicity frameworks, the estimates reported for this equity plan may not accurately reflect the racial/ethnic demographic identities of Multnomah County's population.

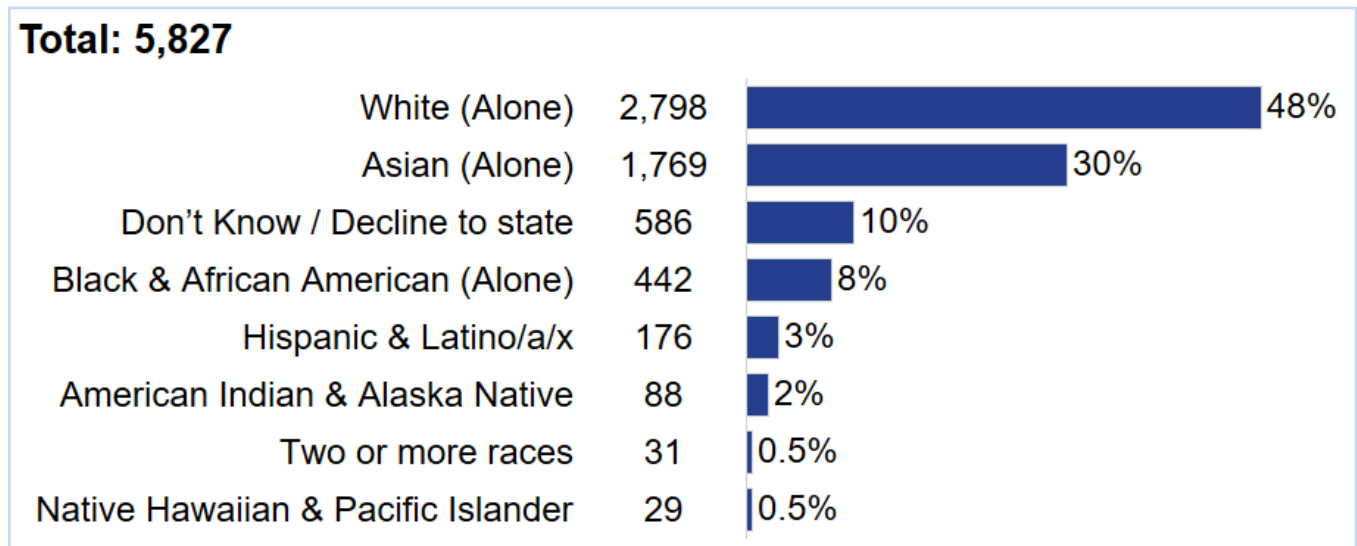
## **Individuals Served by ADVSD**

Demographic data for the 5,827 individuals served by ADVSD is from the FY21 State Performance Report. This number reflects the report's "unduplicated count of persons served for registered services supported by the OAA title III (does not include caregivers served)"<sup>23</sup>.

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<sup>23</sup> The report's 20,782 "estimated unduplicated count of persons served for unregistered services supported by the OAA title III" is not included in this service equity plan, primarily due to the demographic data for this group not being reported in the FY21 State Performance Report since "states are not required to report unduplicated client counts by characteristic for unregistered services".

**Graphic 2: Individuals Served in OAA Title III Registered Services**

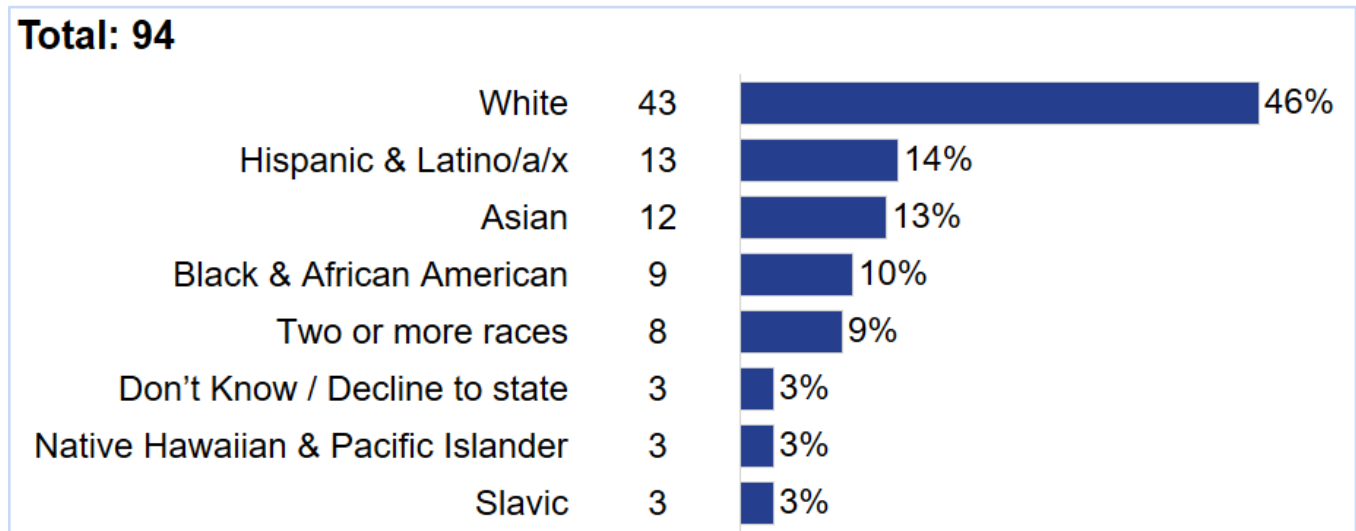


The demographic identity data was primarily collected using the Federal framework for race/ethnicity categories. Individuals served could choose more than one identity category. The data was then aggregated to align with the reporting categories required for the State Performance Report. The demographic identity data available in the State Performance Report is provided using the Federal framework. Some identity categories are reported as “alone” only, whereas other categories are reported as “alone or in combination.” Data on disability status and veteran status were not available in this report.

## ADVSD Staff Working on OAA Programs

Demographic data for agency staff working on OAA programs is limited to the 94 staff directly employed by Multnomah County ADVSD and does not include staff employed by ADVSD's contracted partner agencies delivering OAA services.

**Graphic 3: ADVSD Staff Working on OAA Programs**



The data is voluntary and self-reported. Employees can only choose one race identity category from a list which also includes an option for "Two or more races." The identity categories are reported as "alone" only, and not "alone or in combination" with other identities. Data on veteran status was not available. Information on disability status was insufficient to provide a reliable representation of the workforce at this time.

## Limitations to Comparing Demographic Data Across Data Sets

In addition to the previously outlined limitations for the population, individuals served, and staff data, the differences between these discrete data sets present barriers to comparing them to each other. These key barriers are:

- Differences in the data collection process.
  - For example, the option to choose only one or multiple identities, resulting in "alone or alone and in combination" reporting.
- Differences in the race/ethnicity categories available for individuals to choose from and/or available in reports to ADVSD.
  - For example, "African" was not an identity category individuals served could choose, whereas it is for ADVSD staff.
- Incomplete and/or unreliable data.
  - For example, only about half of ADVSD staff working in OAA programs had identified their disability status.



Therefore, the utmost caution should be taken when comparing results across data sets along particular identity categories. From ADVSD’s perspective, it would be inappropriate and unethical to use differences observed in the population, individuals served, and staff data presented in **Table 1** to determine service gaps (or lack of service gaps).

**Table 1: Data on Community, Workforce, and Individuals Served**

Demographic Categories	18+ County Pop.	60+ CountyPop.	85+ CountyPop.	Individuals Served by Agency	Agency Staff Working on OAA Programs
<b>Total Population</b>	<b>651,823</b>	<b>151,827</b>	<b>11,915</b>	<b>5,827</b>	<b>94</b>
Hispanic & Latino/a/x	63,294 (10%)	4,978 (3%)	232 (2%)	176 (3%)	13* (14%)*
Native Hawaiian & Pacific Islander	6,562 (1%)	732 (0.5%)	30 (0.3%)	29 (0.5%)	3* (3%)*
White	~	~	~	2,798* (48%)*	46* (49%)*
White	544,727 (84%)	132,026 (87%)	10,452 (88%)	2,798* (48%)*	43* (46%)*
Slavic	20,289 (3%)	5,011 (3%)	466 (4%)	~	3* (3%)*
American Indian & Alaska Native	13,979 (2%)	2,419 (2%)	~	88 (2%)	0* (0%)*
Middle Eastern & North African	4,668 (0.7%)	966 (0.6%)	192 (2%)	~	0* (0%)*
Black & African American	~	~	~	442* (8%)*	9* (10%)*
Black & African American	40,334 (6%)	7,683 (5%)	391 (3%)	442* (8%)*	9* (10%)*
African (Sub-Saharan)	8,629 (1%)	973 (0.6%)	66 (0.6%)	~	0* (0%)*
Asian	60,080 (9.2%)	10,615 (7%)	1,046 (9%)	1,769* (30%)*	12* (13%)*
Biracial or Multiracial	~	~	~	31 (0.5%)	8* (9%)*

Demographic Categories	18+ County Pop.	60+ CountyPop.	85+ CountyPop.	Individuals Served by Agency	Agency Staff Working on OAA Programs
<b>Decline to state, Missing, or Data not Available</b>	11,697 (2%)	941 (0.6%)	26 (0.2%)	586 (10%)	3* (3%)*
Decline to state	11,697 (2%)	941 (0.6%)	26 (0.2%)	~	2* (2%)
Missing	~	~	~	586 (10%)	~
Data not available	~	~	~	~	1* (2%)*
<b>People with Disabilities</b>	96,632 (15%)	47,865 (32%)	8,193 (69%)	~	~
<b>Veterans</b>	37,774 (6%)	22,315 (15%)	2,715 (23%)	~	~

Percentages are rounded to the nearest whole percent, unless the percentage is below 1% in which case it is rounded to the nearest tenth of a percent.

- \* The race/ethnicity data in this table is reported using an “alone or in combination” methodology unless otherwise noted with an asterisk (\*). Data marked an asterisk (\*) is being reported alone, instead of “alone or in combination,” with other categories.
- ~ Data is not available due to not being offered as an option to choose from, not included in the source report, or insufficient data

## **Part 2: Data Analysis, Identification Service Gaps, and Action Planning**

**Based on the data you have collected: (1) the demographic breakdown of your organization’s workforce; and (2) the demographic breakdown of the populations residing in your service area:**

**Describe your plan for cultivating a more representative workforce that is reflective of the population demographic in your service area.**

- I. The available data pertaining to the racialized identity and disability for ADVSD’s workforce currently only reflects staff that work on OAA programs contracts and administration internally to ADVSD. Our current workforce data set does not include our contracted partners who provide direct services. One goal of the ADVSD Service Equity plan will include a process to collect a set of demographic data related to identities of staff across ADVSD work units and the staff working for contracted partners on ADVSD-related or funded programs.
- II. Collect the data to better understand ADVSD workforce and that of our contracted partners. This will be reflected in the Service Equity Plan Goals.
- III. ADVSD will put forward a goal that is aligned with and related to the Division Workforce Equity Strategic Plan analysis and how to obtain a more diverse applicant pool to increase diversity and representation in staff across ADVSD work units.

**Describe any gaps in services. Why do these gaps exist? What is your plan to address identified service gaps?**

- I. Gaps in services can be defined in a variety of ways. Service gaps exist among older adults and people with disabilities because they are not offered among the array of services offered within the Older Americans Acts programs. OAA programs services are contracted out to 17 community partners with (nine) 9 partners providing services through Enhancing Equity contracts to address the service needs of Black, Indigenous and other people of color who are older adults or elders as defined by their community, as well as community specific services for people with other marginalized identities, such as the LGBTQ+ community and those intersecting identities that are marginalized. ADVSD’s plans to address current gaps in OAA services are outlined in the 21-25 Area Plan.



- II. Additionally, service gaps can be attributed to limited resources and funds for human services broadly and aging and disability services more specifically. Gaps in funding exacerbate the disproportionate impact of racism in programs, policies and systems and the impact on older adults and people with disabilities who are people of color and with other marginalized or intersecting identities. This exists in direct contrast to the fact that people living on low or fixed incomes or with marginalized identities often need services provided by ADVSD because of the lifecourse impact of the following:
- A. **Work access:** Systemic exclusion from education, work, promotional opportunities, on the job training (digital divide), adequate health insurance, age-based workplace discrimination, and retirement savings.
  - B. **Wealth accumulation:** Home ownership and wealth preservation, private retirement savings, childcare, college access for children.
  - C. **Health care, health supports and wellbeing:** Systems designed for white/dominant culture approach to healthcare and health supports, financial and geographic barriers to food access, access to culturally specific mental health care, health clinics, health supports, food, and wellbeing programs.
  - D. **Service access:** Government distrust, explicit and inflexible financial eligibility for certain programs, and availability of community and culturally competent services or community or culturally specific services, staff living and working with intersecting or marginalized identities or implicit bias, and the lack of specific programs and services (vis a vis a one size fits all approach).
- III. In year one of ADVSD Service Equity Work, we will convene, staff, and resource our Service Equity Advisory Workgroup to begin the process of further defining, identifying, prioritizing and addressing the identified and prioritized gaps.

**Share any qualitative data you have on the experiences of the individuals you serve, from their own voices.**

### **Qualitative Feedback from the 2020 Area Plan Needs Assessment Survey**

ADVSD has numerous qualitative data sources that reflect the experiences of individuals we serve, as well as community members we may not be currently serving. These sources include surveys, interviews, focus groups, and other research or evaluation projects. For this Service Equity Plan, ADVSD will focus on sharing what we learned from our most comprehensive source of recent qualitative data; a community survey conducted as part of our 2021-2025 Area Plan Needs Assessment.

ADVSD developed and distributed an anonymous online survey to older adults and people with disabilities living in Multnomah County to learn about their lives, experiences, needs, and priorities related to many OAA services. The survey was open from December 1-31, 2020, and offered in 17 languages. It was made available and distributed by ADVSD and community partners, as well as promoted through DCHS and Multnomah County communications channels.

To increase the representation of historically marginalized community members and overall responses to the survey, ADVSD partnered and funded 11 new and existing community partners with close ties to communities of older adults and people with disabilities, with a focus on Black and African-American Elders, LGBTQ+ elders, Transgender and Gender Nonbinary older adults, older adults whose preferred language is not English, older adults with low-incomes, and homebound older adults. ADVSD also partnered with the Immigrant and Refugee Community Organization (IRCO) International Language Bank to contact individuals and to provide phone-based support to 128 respondents speaking languages other than English. ADVSD staff conducted additional calls out to 40 people who previously used ADVSD services. ADVSD compensated each eligible survey respondent with a \$10 gift card for taking the survey.

The community survey included 29 open-ended questions for nearly 1,400 community members to share their individual comments, experiences, and needs. The hundreds of individual comments provided for each question were organized into themes. The most frequently mentioned themes are listed at the top and the least frequently mentioned themes are listed at the bottom for each question. To represent the voices of our community members more directly, direct quotes are also provided as examples for some themes. Included at the end of this section are additional takeaways and learnings from ADVSD staff based on the qualitative data. Since this survey was conducted in December 2020, the COVID-19 pandemic and its impacts greatly influenced the survey's design and the community's feedback.

The qualitative data set includes comments related to the categories included in the Needs Prioritization exercise. The survey also included open-ended questions related to each category and an open-ended question at the end of the survey where respondents could add anything they liked. The following is a summary of those comments which provided a rich view into the needs of the community potentially serviced by ADVSD. It has been included because we believe it speaks directly to service equity.

## What did you learn?

### How identity relates to the services you seek or receive:

- Discrimination and other barriers prevent some from accessing services and experiencing a high quality of life, especially due to one or more of the following identities and characteristics:
  - Older adults/senior citizens,
  - Disability status,
  - Gender and sexual orientation,
  - Race, ethnicity, or origin,
  - HIV/AIDS and other chronic health conditions,
  - Mental Health,
  - Religious expression,
  - Language,
  - Body size,
- Range of expression regarding recognition and understanding of different kinds of privilege and their impacts, especially white privilege.

### The impacts of the COVID-19 pandemic:

- Engagement in social and physical activities are greatly impacted and generally reduced by the pandemic with some respondents now socializing and engaging in activities virtually.
  - *"Since the Pandemic my physical activities and civic engagements has stopped [or been] limited to Zoom."*
  - *"Most of my social, church, family interactions are now on zoom or facetime."*
  - *"My activity participation is limited totally due to the Corona Virus guidelines."*

- Some respondents report feeling very isolated.
  - *"Covid changed everything. We are isolated. We rarely meet up with family or friends, if we do it's with masks and social distancing."*
- Respondents are staying at home or inside much more, including some who are confined to their homes, only going out for necessary trips.
  - *"I rarely leave my home. I'm afraid because of Covid, but also, I don't have many friends. I live alone."*
  - *"We are all under lockdown and not allowed to congregate."*
- Public transportation options are less accessible.
  - *"When Covid is over, and I can ride public transportation again my life will be much better."*
  - *"I am an advocate of mass transit but due to covid I don't use mass transit."*
- Affordable delivery options for basic needs
  - *"Because of pandemic and self isolating, I have difficulty getting medicines, and food delivered, without exorbitant delivery fees."*
  - *"It was very apparent that grocery stores were not prepared for the number of online/delivery orders as COVID ramped up. Hopefully, they will address those issues in the future. There are many of us in the elderly population that truly need that service."*
- COVID-19 is preventing some from getting health insurance.
- Increased reliance on care services.
  - *"I am still able bodied. However, now that Covid 19 is a risk and Trimet Lift isn't feasible, I do have to drive my 97 year old mother around."*
  - *"Though I am able to shop, with assistance, I am not able to prepare my own meals. Since COVID I have been able to begin receiving in-home assistance. My care person and my niece prepare meals for me."*
- Additional examples/quotes of the COVID-19 pandemic's impact
  - *"Since covid, the senior center is closed and I really miss it. I used to get a lot of information there. It was a social thing as well as informational."*
  - *"My community center has been taken over as a homeless shelter. We have no idea if/when it will be back as a community center. My access to exercise, swimming, social activities etc. has been eliminated. I understand that this is because of COVID, but I don't have much confidence that it will*

*be restored, which will be a significant loss to me, personally, and our entire neighborhood."*

## Sense of safety and security

- Improve safety of people's housing and in public spaces.
  - Lack of comfort and sense of security in homes and neighborhoods.
    - *"I feel very safe in my home, but not as safe as I used to. Mail has been stolen out of my mailbox. I have found homeless people in my backyard and have even had one sleep overnight on a backyard deck. I read about car break-ins in my neighborhood more regularly and burglaries as well."*
    - *"I am in affordable housing but I worry that rent increases will be too much as I age. I want to stay where I am. I feel safe in my apartment but the neighborhood is not as safe as it used to be and sometimes people break into the garage and get into the building, taking away my feeling of safety."*
- Improve advocacy and protection from elder abuse.
  - *"Being able to feel safe and not being abused, would be #1 for me."*
- Ensuring basic needs are met (housing, food, health) would improve general sense of security.
- Advocate against ageism and disablism.
  - *"Employment opportunities for people 50 and older. Age Discrimination is real in MultCo."*
- More accessible places for safe physical activity and socialization.
- People are "falling through the cracks" when they do not have enough to meet their basic needs, but still do not qualify for services and support.
  - *"My husband and I are disabled/retired with very little funds in an IRA for retirement. Because of the high housing and other costs in the County, our income doesn't stretch far enough to meet our needs. However, our income is too high to qualify for assistance. I wish there were other programs that could bridge the gap or provide options for families such as ours who are just above the line."*
- People have to plan and prioritize what basic needs they can afford each month.
  - *"Every month requires planning to cover basics and add-ons and emergencies. This month car insurance. Next month car repairs. Lawn mower tuneup and vet visit."*
- Growing fear and insecurity of eventually losing homes or being unable to afford rent.

- *"Property taxes are going to drive us out of our home in our old age, and we will not be able to afford to move elsewhere in the Portland area."*
- Expecting to be forced to leave Multnomah County, losing existing support structures.
  - *"We own a home, but our current taxes are what our original mortgage payments were. So eventually we will have to sell our house to have money, or if we fall ill etc. But then we won't be able to live in Portland as it's too expensive, and all our friends and doctors and what little jobs we have are here. Who would hire 2 old people if we moved?"*
- A single personal or family health event for themselves or a dependent can significantly delay or destroy retirement planning and savings.
- Concerns around safety regarding transportation.
  - Desire for increased security.
    - *"You need to increase the security on the MAX and the buses to allow elderly people to ride them safely."*
  - Concern of wellbeing.
    - *"Transit stops that have no seating or shelter. Safe places at night to get transportation."*
    - *"In Portland, they don't want you to drive. Parking is so expensive. I used to take Max but I don't like to anymore because it's not safe. People are doing things they shouldn't be doing."*

### **Trust in the service system and service providers**

- Receiving care from trusted family members and friends.
  - *"It's care given by a trusted family member who I know loves me."*
  - *"A friend that I trust and can ask for special services if needed."*
- Additional experiences with service system and service providers.
  - *"Multnomah County case managers do not have the time or inclination to routinely call clients and inform them of items that would assist them or things that are available. You are only contacted if they need something signed or some information."*
  - *"Everything. Finding care is hard. Cultural competency isn't found. Workers are slow and don't show up for work, and I feel like I'm babysitting the one I have now."*

- *"I generally lack information and became frustrated when I call ADVS and either don't receive a call back or get nonsensical answers."*
- *"We need someone to come and see what is going on here to advocate for us. I have tried. I called and contacted many places. They are sympathetic, sometimes shocked. They offer other places I can contact for help (which I do) but no one seems to be able to address this situation. I realize these are strange and difficult times. I know we are lucky to have a roof over our heads. Many people are in more dire situations. But I don't want us all to fall through the cracks."*
- *"I need to begin applying for subsidized senior housing and it is such a scattered and confusing process for someone who has this need. I don't know how long I will be able to afford my affordable market-rate rental."*
- *"If there was a senior place where black seniors can go and quilt or have activities in the evenings. We go to the others places and you feel odd and out of place. A place that is luxury where seniors can be rented out with activities all the time. The senior program on MLK doesn't do much. the new dance program was good as a start but that stop."*

### **What did you do with that data? How is it used?**

The data was used as a part of ADVSD's Area Plan Needs Assessment, as well as to inform the development of the goals for each issue area of the Area Plan. This needs assessment included focused work within the community of Transgender and Nonbinary older adults, elders, and Two-Spirit Elders. All of which can be found in Multnomah County's 21-25 Area Plan and needs assessment summary. These documents can be found here: <https://www.multco.us/ads/2021-2025-advsd-area-plan>

ADVSD will use the qualitative data to inform future analysis by the Service Equity Advisory Workgroup and the work across the division.

Results from this community 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, particular 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 estimated population characteristics. Although not necessarily generalizable to the broader county population of older adults, the power of these results comes from the specific perspectives and detailed individual input voiced through this survey. These results, along with other information from the needs assessment and additional data sources, 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. This insight has, and will continue to inform, ADVSD's further exploration and comprehensive planning to address community needs and improve service equity.

**If you do not have qualitative data, what is your plan to ensure you are hearing from the experiences of those you serve moving forward?**

Although the qualitative data shared for this service equity plan was limited to the 2021-2025 Area Plan Needs Assessment, ADVSD provides additional opportunities to individuals we serve, as well as community members we may not be currently serving, to share their feedback and experiences. Some recent and upcoming feedback opportunities include:

- Interviews in 2021 with Transgender Elders.
- Participant Experience Project – A survey for collecting ongoing feedback about individual experiences following interactions with our service system such as Medicaid/Medicare branches, contracted community partners, Veterans services program, and the SHIBA program.
- A yearly survey and event specific feedback from individuals served by the Family Caregiver Support Program.
- A yearly survey of individuals served by the Transportation Assistance Program.

ADVSD is also making the following investments to further ensure we are meaningfully engaging with and learning from the experiences of individuals we serve, as well as community members we may not be currently serving:

- Creating a Senior Research and Evaluation Analyst position specializing in community led and equity centered research and evaluation approaches.
- Preparing a guide for compensating individuals we serve and community members for providing feedback to ADVSD through research, evaluation, and other performance improvement activities.
- Beginning a long-term initiative to document and map all the different ways ADVSD currently engages with our community (individuals served, partner organizations, and community members) and identify opportunities for improvement.



## Appendix A:

*(Waiting to receive from ODHS APD/SPPD)*

## Appendix B: Visibility Initiative



DCHS Operations Procedure  
Department of County Human Services  
Multnomah County

<b>Policy Title:</b>	<b>DCHS Race/Ethnicity Data Collection Policy</b>
<b>Policy Number:</b>	<b>OPP 14</b>
<b>Approved By:</b>	<b>Susan Myers, Director</b>
<b>Effective Date:</b>	<b>July 31, 2012</b>

### I. PURPOSE:

This policy establishes a standard for the collection of race and ethnicity data for activities, programs and systems within DCHS. The policy was developed as a part of the Visibility Initiative, an internal department workgroup, to identify DCHS racial and ethnic disparities in access, services and program outcomes. This data standard was based on recommendations from the Coalition of Communities of Color to identify commonly marginalized and under-recognized populations including the African, Middle Eastern and Slavic communities, in addition to more accurately identifying groups including the African American/Black and Hispanic communities ([Coalition of Communities of Color- Unsettling Profile Report.](#)) This policy mandates that race/ethnicity data be collected in accordance with the new standard in all future data systems, surveys and upgrades of current data systems. This policy does not supersede state, federal and other funder requirements regarding the collection of race/ethnicity data, but was designed to be compatible with such requirements.

### II. CONTACT:

DCHS Director's Office, 503.988.4472

### III. PERSONS AFFECTED:

Program managers and staff will collaborate with evaluators and data analysts to implement the data standard in the collection of client race and ethnicity data in their respective programs/systems.

### IV. WORK RULE:

This policy mandates that race/ethnicity data shall be collected in accordance with this standard in all future data systems, surveys, ad hoc data collection and new iterations of current data systems. Program leadership will collaborate with their evaluation staff to develop a timeline for implementation of the standard. This policy does not supersede state, federal and other funder requirements regarding the collection of race/ethnicity data, but was designed to be compatible with such requirements.

### Key Principles

1. Self-identify - Clients will be provided the opportunity to self-identify their race/ethnicity. When clients are unable to self-identify, the program will collaborate with evaluators to determine if and how these data will be gathered, and when it is appropriate to collect data from a surrogate decision-maker (including parent or caregiver).
2. Multiple identities - Clients will be given the opportunity to choose more than one racial or ethnic identity. Systems often require that clients choose only one race, despite the fact that they might be multiracial. To most accurately describe our client populations, it is essential that clients be able to identify as more than one race. Including a “multiracial” or “other” category is not acceptable as this does not reveal the races of these individuals and keeps them invisible.
3. Consistency with reporting requirements - Any data collected by programs must meet the reporting requirements of funders, including, but not limited to, the state and federal governments. For that reason, data collected under this policy must be consistent with state ([DHS Policy](#)) and federal ([OMB Policy](#)) policies. The DCHS Race/Ethnicity Data Collection Policy is in compliance with both state and federal policies. The ‘primary race identity’ question is optional when state and federal standards don’t apply.
4. Granularity - This data standard includes the minimum categories to be used. Programs and systems may include additional ethnic or racial identities to better understand the communities which they are serving, but the inclusion of additional identities should be balanced with the usefulness of these more detailed data. If programs choose to include additional identities, they are obligated to disaggregate program data using these more granular identities. Also, these additional identities must be able to ‘roll-up’ into one of the mandated identities.
5. Flexibility - The chosen race and ethnicity categories included in our inclusive identity question reflect the current makeup of local populations as well as the recommendations of the Coalition of Communities of Color. These categories may be revised in the future as the populations in the county change and as our shared understanding of race and ethnicity develop. The ‘primary race identity’ question allows for the collection of race data which requires single identification and meets the state and federal requirements to collect these data.
6. Visibility - Recent US Census data, as well as community feedback, suggest that Latinos in the US do not distinguish between race and ethnicity when responding to surveys. The historic collection of ethnicity (Latino/Hispanic) separate from race marginalizes this population. Therefore, our policy includes race and ethnicity identities in one question. Client responses to the inclusive race/ethnic identity question can be used to meet both the state and federal requirement for the reporting of separate ethnicity data. Clients identifying as Latino/Hispanic will be reported as such, and all those who do not identify as Latino/Hispanic will be reported as ‘not Latino/Hispanic’.

### DCHS Race/Ethnicity Data Standard:

#### 1. Inclusive Race/Ethnic Identity:

**What is your race or origin? Mark as many boxes as appropriate.**

- |   |   |
|---|---|
| <input type="checkbox"/> African<br>Native      | <input type="checkbox"/> Native American or Alaska<br>Native    |
| <input type="checkbox"/> Asian<br>Islander      | <input type="checkbox"/> Native Hawaiian or Pacific<br>Islander |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Slavic                                 |
| <input type="checkbox"/> Latino/Hispanic        | <input type="checkbox"/> White                                  |
| <input type="checkbox"/> Middle Eastern         | <input type="checkbox"/> Decline to answer                      |

#### 2. Primary Race Identity:

**State and federal standards require that you choose a single identity. Please choose one identity below:**

- |  |   |
|--|---|
| <input type="checkbox"/> American Indian or Alaska<br>Native | <input type="checkbox"/> Native Hawaiian or Pacific<br>Islander |
| <input type="checkbox"/> Asian                               | <input type="checkbox"/> White                                  |
| <input type="checkbox"/> Black/African American              | <input type="checkbox"/> Decline to answer                      |

#### V. PROCEDURE

The implementation of this data standard requires far more than changes in data systems. Data collection forms and procedures will need to change to accommodate the collection of these data. Also, staff responsible for the collection of these data from clients will need training to build the knowledge and skills necessary to collect these data reliably. Guidelines for the analysis and reporting of program performance data disaggregated by race will be provided.

##### Data System Implementation

This data standard will be implemented in all newly developed data systems, as well as in ad hoc surveys of clients, staff and our community. Implementing this standard in existing data systems should be rolled into other planned system upgrades and iterations as they occur. When programs and systems are required to use external data systems, implementing this standard may not be possible. While this is an opportunity for program staff to advocate for improvement in those external systems, these programs are not expected to implement the data standard.

In concert with data system changes, program staff, information technology (IT) staff and Visibility Initiative workgroup members shall collaborate to update data collection forms, both paper and electronic, to comply with this policy.

##### Data Collection Training

An essential component of implementing this data standard is providing the support, knowledge and skills necessary for staff to collect these data. Visibility Initiative workgroup members will create division-specific training materials in collaboration with division staff. Training materials discuss the data standard, address the key decision points in collecting these data, and discuss how collecting reliable race and ethnicity data allows us to identify racial and ethnic disparities in

services so that we can work toward eliminating these disparities. Support will also be provided in how to respond to frequently asked questions when asking clients to report their race and ethnicity.

#### Contracting

The initial implementation will focus on those internally provided services. An implementation plan for contracted providers will occur in a second phase and will be developed in collaboration with business services, program staff and providers.

#### Data Analysis

Guidelines for the analysis of race and ethnicity spell out how to summarize and report these data to best describe the client populations served and to identify disparities in access, service usage and outcomes. This policy asserts a more complex measure of race and ethnicity that requires a more carefully constructed analysis and display of race and ethnicity information.

# Appendix C: REALD



**Race, Ethnicity, Language, and Disability (REALD)**



These questions are optional and your answers are confidential. We would like you to tell us your race, ethnicity, language and ability levels so that we can find and address health and service differences.

You can get this document in other languages, large print, braille, or a format you prefer. We accept all relay calls or you can dial 711. Please contact \_\_\_\_\_ at \_\_\_\_\_  
 Today's Date: \_\_\_\_\_ Medical record number (if applicable): \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## 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?

- |   |  |
|---|--|
| <input type="checkbox"/> Yes. Please circle your primary racial or ethnic identity above. | <input type="checkbox"/> N/A. I only checked one category above. |
| <input type="checkbox"/> I do not have just one primary racial or ethnic identity.        | <input type="checkbox"/> Don't know                              |
| <input type="checkbox"/> No. I identify as Biracial or Multiracial.                       | <input type="checkbox"/> Don't want to answer                    |

*(To be filled in by agency or clinic staff)*

Agency or clinic: \_\_\_\_\_ Agency staff or provider name or ID: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**Language** (*Interpreters are available at no charge*)

4a. What language or languages do you use at home? \_\_\_\_\_

**Skip to question 7 if you indicated English only**

4b. In what language do you want us to communicate in **person, on the phone, or virtually** with you?  
\_\_\_\_\_

4c. In what language do you want us to **write** to you? \_\_\_\_\_

5a. Do you need or want an **interpreter** for us to communicate with you?

- Yes    No    Don't know    Don't want to answer

5b. If you need or want an interpreter, what type of interpreter is preferred?

- Spoken language interpreter                       Deaf Interpreter for DeafBlind, additional barriers, or both  
 American Sign Language interpreter               Contact sign language (PSE) interpreter  
 Other (*please list*): \_\_\_\_\_

**Skip to question 7 if you do not use a language other than English or sign language**

6. How well do you speak English?

- Very Well    Well    Not Well    Not at all    Don't know    Don't want to answer

Your answers will help us find health and service differences among people with and without functional difficulties. Your answers are confidential. (*\*Please write in "don't know" if you don't know when you acquired this condition, or "don't want to answer" if you don't want to answer the question.*)

Yes	*If yes, at what age did this condition begin?	No	Don't know	Don't want to answer	Don't know what this question is asking
-----	--	----	------------	----------------------	---

7. Are you <b>deaf</b> or do you have <b>serious difficulty hearing</b> ?					
8. Are you <b>blind</b> or do you have <b>serious difficulty seeing</b> , even when wearing glasses?					

**Please stop now if you/the person is under age 5**

9. Do you have <b>serious difficulty walking or climbing stairs</b> ?					
10. Because of a physical, mental or emotional condition, do you have <b>serious difficulty concentrating, remembering or making decisions</b> ?					
11. Do you have <b>difficulty dressing or bathing</b> ?					
12. Do you have <b>serious difficulty learning how to do things most people your age can learn</b> ?					
13. Using your <b>usual (customary) language</b> , do you have <b>serious difficulty communicating</b> ( <i>for example understanding or being understood by others</i> )?					

**Please stop now if you/the person is under age 15**

14. Because of a <b>physical, mental or emotional condition</b> , do you have <b>difficulty doing errands alone</b> such as visiting a doctor's office or shopping?					
15. Do you have <b>serious difficulty</b> with the following: <b>mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations</b> ?					

# Attachment C –Year 3 Update

## Service Matrix and Delivery Method

<p><input checked="" type="checkbox"/> <b>#1 Personal Care</b> (by agency) Funding Source: <input checked="" type="checkbox"/>OAA   <input checked="" type="checkbox"/>OPI   <input checked="" type="checkbox"/>Other Cash Funds <input checked="" type="checkbox"/>Contracted   <input type="checkbox"/>Self-provided Contractor name and address (List all if multiple contractors):</p> <ul style="list-style-type: none"><li>● GERAS (dba Family Care Resources), 6901 SE Lake Rd Ste 22, Milwaukie, OR 97267</li><li>● Caregivers NW, 4804 NE 106<sup>th</sup> Ave, Portland, OR 97220</li><li>● Home Instead Senior Care (dba as HD Industries), 9640 SW Sunshine Ct Ste 400, Beaverton, OR 97005</li><li>● Visiting Angels (dba Meany Family Home Care), 5257 NE MLK Jr. Blvd Ste 102, Portland, OR 97211</li></ul> <p><input checked="" type="checkbox"/> All the above are for-profit agencies. Note if contractor is a “for-profit agency”</p>
<p><input checked="" type="checkbox"/> <b>#1a Personal Care</b> (by HCW) Funding Source: <input type="checkbox"/> OAA   <input checked="" type="checkbox"/>OPI   <input type="checkbox"/> Other Cash Funds</p>
<p><input checked="" type="checkbox"/> <b>#2 Homemaker</b> (by agency) Funding Source: <input type="checkbox"/> OAA   <input checked="" type="checkbox"/>OPI   <input checked="" type="checkbox"/>Other Cash Funds <input type="checkbox"/>Contracted   <input type="checkbox"/>Self-provided Contractor name and address (List all if multiple contractors):</p> <ul style="list-style-type: none"><li>● GERAS (dba Family Care Resources), 6901 SE Lake Rd Ste 22, Milwaukie, OR 97267</li><li>● Caregivers NW, 4804 NE 106<sup>th</sup> Ave, Portland, OR 97220</li><li>● Home Instead Senior Care (dba as HD Industries) 9640 SW Sunshine Ct Ste 400, Beaverton, OR 97005</li><li>● Visiting Angels (dba Meany Family Home Care), 5257 NE MLK Jr. Blvd Ste 102 Portland, OR 97211</li></ul> <p><input checked="" type="checkbox"/> All the above are for-profit agencies. Note if contractor is a “for-profit agency”</p>
<p><input checked="" type="checkbox"/> <b>#2a Homemaker</b> (by HCW) Funding Source: <input checked="" type="checkbox"/> OAA   <input type="checkbox"/>OPI   <input type="checkbox"/> Other Cash Funds</p>
<p><input checked="" type="checkbox"/> <b>#3 Chore</b> (by agency) Funding Source: <input type="checkbox"/> OAA   <input checked="" type="checkbox"/>OPI   <input type="checkbox"/> Other Cash Funds <input checked="" type="checkbox"/>Contracted   <input type="checkbox"/>Self-provided Contractor name and address (List all if multiple contractors):</p> <ul style="list-style-type: none"><li>● Pegasus Social Services, 15120 NE Clackamas St Portland, OR 97230</li><li>● Supportive Services of Oregon, PO Box 1086, Oregon City, OR 97045</li></ul> <p><input checked="" type="checkbox"/> All the above are for-profit agencies. ● Store to Door, 7730 SW 31<sup>st</sup> Ave, Portland, OR 97219 Note if the contractor is a “for-profit agency”</p>
<p><input checked="" type="checkbox"/> <b>#3a Chore</b> (by HCW) Funding Source: <input type="checkbox"/> OAA   <input checked="" type="checkbox"/>OPI   <input type="checkbox"/> Other Cash Funds</p>



**#4 Home-Delivered Meal**

Funding Source: OAA     OPI    OPI Expansion    Other Cash Funds

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 31<sup>st</sup> Ave, Portland OR 97280
- Yasuke Pharm, 28600 SE Orient Dr, Gresham, OR 97080

Note if contractor is a "for-profit agency"

**#5 Adult Day Care/Adult Day Health**

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

All the above are for-profit agencies.

Note if contractor is a "for-profit agency"

**#6 Case Management**

OAA    OPI    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
- El Programa Hispano Católico, 333 SE 223<sup>rd</sup> 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 40<sup>th</sup> 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"

**#7 Congregate Meal**

Funding Source: OAA    OPI     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
- El Programa Hispano Católico, 333 SE 223<sup>rd</sup> Ave Ste 100, Gresham, OR 97030
- Immigrant & Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220
- Meals on Wheels People, 7710 SW 31<sup>st</sup> 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
- Yasuke Pharm, 28600 SE Orient Dr, Gresham, OR 97080

Note if contractor is a "for-profit agency"

**#8 Nutrition Counseling**

OAA     OPI     Other Cash Funds

<p><input type="checkbox"/> Contracted    <input type="checkbox"/> Self-provided</p> <p>Contractor name and address (List all if multiple contractors): Currently in process of seeking a nutrition consultant.</p> <p>Note if contractor is a "for-profit agency"</p>
<p><input type="checkbox"/> <b>#9 Assisted Transportation</b></p> <p><input type="checkbox"/> OAA    <input type="checkbox"/> OPI    <input type="checkbox"/> Other Cash Funds</p> <p><input type="checkbox"/> Contracted    <input type="checkbox"/> Self-provided</p> <p>Contractor name and address (List all if multiple contractors):</p> <p>Note if contractor is a "for-profit agency"</p>
<p><input checked="" type="checkbox"/> <b>#10 Transportation</b></p> <p>Funding Source: <input checked="" type="checkbox"/> OAA    <input checked="" type="checkbox"/> OPI    <input checked="" type="checkbox"/> Other Cash Funds</p> <p><input checked="" type="checkbox"/> Contracted    <input type="checkbox"/> Self-provided</p> <p>Contractor name and address (List all if multiple contractors):</p> <ul style="list-style-type: none"> <li>● Asian Health Services Center, 9035 SE Foster Rd, Portland, OR 97266</li> <li>● El Programa Hispano Católico, 333 SE 223<sup>rd</sup> Ste 100, Gresham, OR 97030</li> <li>● Friendly House, 2617 NW Savier St, Portland, OR 97210</li> <li>● Community for Positive Aging (formerly Hollywood Senior Center), 1820 NE 40<sup>th</sup> Ave, Portland, OR 97212</li> <li>● Immigrant &amp; Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220</li> <li>● Impact NW, PO Box 33530, Portland, OR 97292</li> <li>● YWCA, PO Box 4587 Portland, OR 97208</li> <li>● Radio Cab (for profit agency), 1613 NW Kearney St, Portland, OR 97209</li> <li>● Ride Connection, 9955 NE Glisan St, Portland, OR 97220</li> <li>● TriMet, 4012 SE 17<sup>th</sup> Ave, Portland, OR 97202</li> </ul> <p>Note if contractor is a "for-profit agency"</p>
<p><input checked="" type="checkbox"/> <b>#11 Legal Assistance</b></p> <p>Funding Source: <input checked="" type="checkbox"/> OAA    <input type="checkbox"/> OPI    <input checked="" type="checkbox"/> Other Cash Funds</p> <p><input checked="" type="checkbox"/> Contracted    <input type="checkbox"/> Self-provided</p> <p>Contractor name and address (List all if multiple contractors):</p> <ul style="list-style-type: none"> <li>● Legal Aid Services of Oregon, 520 SW 6<sup>th</sup> Ave, Ste 1130, Portland, OR 97204</li> </ul> <p><input checked="" type="checkbox"/> All these are for-profit agencies.</p> <p>Note if contractor is a "for-profit agency"</p>
<p><input checked="" type="checkbox"/> <b>#12 Nutrition Education</b></p> <p>Funding Source: <input checked="" type="checkbox"/> OAA    <input checked="" type="checkbox"/> OPI    <input checked="" type="checkbox"/> OPI Expansion    <input checked="" type="checkbox"/> Other Cash Funds</p> <p><input checked="" type="checkbox"/> Contracted    <input type="checkbox"/> Self-provided</p> <p>Contractor name and address (List all if multiple contractors):</p> <ul style="list-style-type: none"> <li>● Asian Health &amp; Service Center, 9035 SE Foster Rd, Portland, OR 97266</li> <li>● El Programa Hispano Católico, 333 SE 223<sup>rd</sup> Ave Ste 100, Gresham, OR 97030</li> <li>● Ecumenical Ministries of Oregon, 0245 SW Bancroft St, Ste B, Portland, OR 97239</li> <li>● Immigrant &amp; Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220</li> <li>● Meals on Wheels People, 7710 SW 31<sup>st</sup> Ave, Portland OR 97280</li> <li>● Native American Youth and Family Center, 5135 NE Columbia Blvd, Portland, OR 97218</li> <li>● Stone Soup PDX, 306 NW Broadway, Portland, OR 97209</li> <li>● Yasuke Pharm, 28600 SE Orient Dr, Gresham, OR 97080</li> </ul> <p>Note if contractor is a "for-profit agency"</p>

*This service is provided and funded as a part of Congregate and Home Delivered Meals.*

**#13 Information & Assistance**

Funding Source: OAA     OPI    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
- El Programa Hispano Católico, 333 SE 223<sup>rd</sup> 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 40<sup>th</sup> 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"

**#14 Outreach**

Funding Source: OAA     OPI    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 40<sup>th</sup> Ave, Portland, OR 97212
- El Programa Hispano Católico, 333 SE 223<sup>rd</sup> Ave Ste 100, Gresham, OR 97030
- Elder Pride Services, Portland, 1737 NW 26<sup>th</sup> 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.*

**#15/15a Information for Caregivers**

Funding Source: OAA     OPI    Other Cash Funds

Contracted    Self-provided

Contractor name and address (List all if multiple contractors):

- Community for Positive Aging (formerly Hollywood Senior Center), 1820 NE 40<sup>th</sup> 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.*

**#16/16a Caregiver Access Assistance**

Funding Source: OAA     OPI    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
- Community for Positive Aging (formerly Hollywood Senior Center), 1820 NE 40<sup>th</sup> Ave, Portland, OR 97212
- El Programa Hispano Católico, 333 SE 223<sup>rd</sup> 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.*

**#20-2 Advocacy**

Funding Source: OAA     OPI    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
- Community for Positive Aging (formerly Hollywood Senior Center), 1820 NE 40<sup>th</sup> Ave, Portland, OR 97212
- El Programa Hispano Católico, 333 SE 223<sup>rd</sup> 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”

**#20-3 Program Coordination & Development**

Funding Source: OAA     OPI    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 40<sup>th</sup> Ave, Portland, OR 97212
- El Programa Hispano Católico, 333 SE 223<sup>rd</sup> Ave Ste 100, Gresham, OR 97030
- Elder Pride Services, 1737 NW 26<sup>th</sup> 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 122<sup>nd</sup> 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.*

**£ #30-1 Home Repair/Modification**

Funding Source: £ OAA   £ OPI   £ Other Cash Funds

£ Contracted   £ Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for-profit agency"

**#30-4 Respite Care (IIB/OPI)**

Funding Source: £ OAA    OPI   £ Other Cash Funds

Contracted   £ Self-provided

Contractor name and address (List all if multiple contractors):

- Volunteers of America, 3910 SE Stark St, Portland, OR 97214 (not currently active)

Note if contractor is a "for-profit agency"

**#30-5/30-5a Caregiver Respite**

Funding Source:  OAA   £ OPI   £ Other Cash Funds

£ Contracted   £ Self-provided

Contractor name and address (List all if multiple contractors):

- Mount Hood Adult Day Center (Direct Pay) 376 NE 219 Ave Gresham, OR 97030

- 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.*

**#30-6/30-6a Caregiver Support Groups/Caregiver Support Groups for Children**

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"

*Funding budgeted under Caregiver Access Assistance.*

**#30-7/30-7a Caregiver Supplemental Services**

Funding Source:  OAA   £ OPI    Other Cash Funds

£ Contracted    Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for-profit agency"

*These services are provided through Caregiver Self-Directed Care.*

**#40-2 Physical Activity and Falls Prevention**

Funding Source: OAA     OPI     Other Cash Funds

Contracted     Self-provided

Contractor name and address (List all if multiple contractors):

- Asian Health & Service Center, 9035 SE Foster Rd, Portland, OR 97266
- Community for Positive Aging (formerly Hollywood Senior Center), 1820 NE 40<sup>th</sup> Ave, Portland, OR 97212
- El Programa Hispano Católico, 333 SE 223<sup>rd</sup> 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 122<sup>nd</sup> Ave #7, Portland, OR 97233

Note if contractor is a "for-profit agency"

*This is provided through Evidence Based health Promotion.*

**#40-3 Preventive Screening, Counseling and Referral**

OAA     OPI     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 40<sup>th</sup> Ave, Portland, OR 97212
- El Programa Hispano Católico, 333 SE 223<sup>rd</sup> Ave Ste 100, Gresham, OR 97030
- Elder Pride Services, 1737 NW 26<sup>th</sup> 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"

**#40-5 Health & Medical Equipment**

Funding Source:  OAA     OPI     Other Cash Funds

Contracted     Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for-profit agency"

- Asian Health & Service Center, 9035 SE Foster Rd, Portland, OR 97266

- El Programa Hispano Católico, 333 SE 223<sup>rd</sup> 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 40<sup>th</sup> 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.*

**£ #40-9 Medication Management**

£ OAA   £ OPI   £ Other Cash Funds

£ Contracted   £ Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for-profit agency"

**#50-1 Guardianship/Conservatorship**

Funding Source: £ OAA   £ OPI    Other Cash Funds

£ Contracted    Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for-profit agency"

**#50-3 Elder Abuse Awareness and Prevention**

Funding Source:  OAA   £ OPI    Other Cash Funds

£ Contracted    Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for-profit agency"

**£ #50-4 Crime Prevention/Home Safety**

£ 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**

£ OAA   £ OPI   £ Other Cash Funds

£ Contracted   £ Self-provided

Contractor name and address (List all if multiple contractors):

Note if contractor is a "for-profit agency"

**#60-1 Recreation**

Funding Source: £ OAA   £ OPI   £ Other Cash Funds

Contracted    Self-provided

Contractor name and address (List all if multiple contractors):

- 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 40<sup>th</sup> Ave, Portland, OR 97212
- El Programa Hispano Católico, 333 SE 223<sup>rd</sup> Ave Ste 100, Gresham, OR 97030
- Elder Pride Services, 1737 NW 26<sup>th</sup> 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.*

**#60-3 Reassurance**

OAA     OPI     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 40<sup>th</sup> Ave, Portland, OR 97212
- El Programa Hispano Católico, 333 SE 223<sup>rd</sup> Ave Ste 100, Gresham, OR 97030
- Elder Pride Services, 1737 NW 26<sup>th</sup> 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.*

**#60-4 Volunteer Recruitment**

Funding Source:  OAA     OPI     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 40<sup>th</sup> Ave, Portland, OR 97212
- El Programa Hispano Católico, 333 SE 223<sup>rd</sup> Ave Ste 100, Gresham, OR 97030



- Elder Pride Services, 1737 NW 26<sup>th</sup> 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.

**#60-5 Interpreting/Translation**

Funding Source: OAA     OPI    Other Cash Funds

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

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"

**#70-2 Options Counseling**

Funding Source: OAA     OPI    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
- El Programa Hispano Católico, 333 SE 223<sup>rd</sup> 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 40<sup>th</sup> 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"

**#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.*

**#70-5 Newsletter**

OAA     OPI     Other Cash Funds

Contracted     Self-provided

<p>Contractor name and address (List all if multiple contractors):  Note if contractor is a "for-profit agency"</p>
<p><input type="checkbox"/> #70-8 Fee-based Case Management  <input type="checkbox"/> OAA   <input type="checkbox"/> OPI   <input type="checkbox"/> Other Cash Funds  <input type="checkbox"/> Contracted   <input type="checkbox"/> Self-provided  Contractor name and address (List all if multiple contractors):  Note if contractor is a "for-profit agency"</p>
<p><input checked="" type="checkbox"/> #70-9/70-9a Caregiver Training (by agency)  Funding Source: <input checked="" type="checkbox"/> OAA   <input type="checkbox"/> OPI   <input checked="" type="checkbox"/> Other Cash Funds  <input checked="" type="checkbox"/> Contracted   <input type="checkbox"/> Self-provided  Contractor name and address (List all if multiple contractors):</p> <ul style="list-style-type: none"> <li>• Community for Positive Aging (formerly Hollywood Senior Center), 1820 NE 40<sup>th</sup> Ave, Portland, OR 97212</li> <li>• El Programa Hispano Católico, 333 SE 223<sup>rd</sup> Ave Ste 100, Gresham, OR 97030</li> </ul> <p>Note if contractor is a "for-profit agency"</p>
<p><input checked="" type="checkbox"/> #70-10 Public Outreach/Education  Funding Source: <input type="checkbox"/> OAA   <input type="checkbox"/> OPI   <input checked="" type="checkbox"/> Other Cash Funds  <input checked="" type="checkbox"/> Contracted   <input checked="" type="checkbox"/> Self-provided  Contractor name and address (List all if multiple contractors):</p> <ul style="list-style-type: none"> <li>• Asian Health &amp; Service Center, 9035 SE Foster Rd, Portland, OR 97266</li> <li>• Community for Positive Aging (formerly Hollywood Senior Center), 1820 NE 40<sup>th</sup> Ave, Portland, OR 97212</li> <li>• El Programa Hispano Católico, 333 SE 223<sup>rd</sup> Ave Ste 100, Gresham, OR 97030</li> <li>• Friendly House, 2617 NW Savier St, Portland, OR 97210</li> <li>• Immigrant &amp; Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220</li> <li>• Impact NW, PO Box 33530, Portland, OR 97292</li> <li>• Native American Rehabilitation Association, PO 1569, Portland, OR 97205</li> <li>• Native American Youth and Family Center, 5135 NE Columbia Blvd, Portland, OR 97218</li> <li>• Neighborhood House (partner agency), 7688 SW Capitol Highway, Portland, OR 97219</li> <li>• Q Center, 4115 N Mississippi Avenue, Portland, OR 97217</li> <li>• SAGE Metro Portland, 1737 NW 26<sup>th</sup> Avenue, Portland OR 97210</li> <li>• Urban League of Portland, 10 N Russell St, Portland, OR 97227</li> <li>• YWCA, PO Box 4587 Portland, OR 97208</li> </ul> <p>Note if contractor is a "for-profit agency"  <i>Provided through Focal Point services.</i></p>
<p><input checked="" type="checkbox"/> #71 Chronic Disease Prevention, Management/Education  Funding Source: <input checked="" type="checkbox"/> OAA   <input type="checkbox"/> OPI   <input type="checkbox"/> Other Cash Funds  <input checked="" type="checkbox"/> Contracted   <input type="checkbox"/> Self-provided  Contractor name and address (List all if multiple contractors):</p> <ul style="list-style-type: none"> <li>• Asian Health &amp; Service Center, 9035 SE Foster Rd, Portland, OR 97266</li> <li>• Community for Positive Aging (formerly Hollywood Senior Center), 1820 NE 40<sup>th</sup> Ave, Portland, OR 97212</li> <li>• Native American Youth and Family Center, 5135 NE Columbia Blvd, Portland, OR 97218</li> </ul>

<ul style="list-style-type: none"> <li>● Somali American Council of Oregon, 1151 NE 122<sup>nd</sup> Ave #7, Portland, OR 97233</li> </ul> <p>Note if contractor is a "for-profit agency"</p>
<p><b>£ #72 Cash and Counseling</b></p> <p>£ OAA   £ OPI   £ Other Cash Funds</p> <p>£ Contracted   £ Self-provided</p> <p>Contractor name and address (List all if multiple contractors):</p> <p>Note if contractor is a "for-profit agency"</p>
<p><b><input checked="" type="checkbox"/> #80-1 Senior Center Assistance</b></p> <p>Funding Source: <input checked="" type="checkbox"/> OAA   £ OPI   £ Other Cash Funds</p> <p><input checked="" type="checkbox"/> Contracted   <input checked="" type="checkbox"/> Self-provided</p> <p>Contractor name and address (List all if multiple contractors):</p> <ul style="list-style-type: none"> <li>● Asian Health &amp; Service Center, 9035 SE Foster Rd, Portland, OR 97266</li> <li>● Cascade AIDS Project, 520 NW Davids St, Suite 215, Portland OR 97209</li> <li>● Community for Positive Aging (formerly Hollywood Senior Center), 1820 NE 40<sup>th</sup> Ave, Portland, OR 97212</li> <li>● El Programa Hispano Católico, 333 SE 223<sup>rd</sup> Ave Ste 100, Gresham, OR 97030</li> <li>● Friendly House, 2617 NW Savier St, Portland, OR 97210</li> <li>● Immigrant &amp; Refugee Community Organization, 10301 NE Glisan St, Portland, OR 97220</li> <li>● Impact NW, PO Box 33530, Portland, OR 97292</li> <li>● Native American Rehabilitation Association, PO 1569, Portland, OR 97205</li> <li>● Native American Youth and Family Center, 5135 NE Columbia Blvd, Portland, OR 97218</li> <li>● Philipino Bayanihan Center, 1537 SE Morrison St, Portland, OR 97214</li> <li>● Urban League of Portland, 10 N Russell St, Portland, OR 97227</li> <li>● YWCA, PO Box 4587 Portland, OR 97208</li> </ul> <p>Note if contractor is a "for-profit agency"</p>
<p><b><input checked="" type="checkbox"/> #80-4 Financial Assistance</b></p> <p>Funding Source: £ OAA   £ OPI   <input checked="" type="checkbox"/> Other Cash Funds</p> <p>£ Contracted   £ Self-provided</p> <p>Contractor name and address (List all if multiple contractors):</p> <p>Note if contractor is a "for-profit agency"</p> <p><i>This is provided as rent assistance under Safety Net program and direct client assistance through ARPA funds.</i></p>
<p><b><input checked="" type="checkbox"/> #80-5 Money Management</b></p> <p>Funding Source: £ OAA   £ OPI   <input checked="" type="checkbox"/> Other Cash Funds</p> <p>£ Contracted   <input checked="" type="checkbox"/> Self-provided</p> <p>Contractor name and address (List all if multiple contractors):</p> <p>Note if contractor is a "for-profit agency"</p> <p><i>This is provided through the Oregon Money Management Program.</i></p>
<p><b><input checked="" type="checkbox"/> Volunteer Services</b></p> <p>Funding Source: £ OAA   £ OPI   <input checked="" type="checkbox"/> Other Cash Funds</p> <p><input checked="" type="checkbox"/> Contracted   <input checked="" type="checkbox"/> Self-provided</p> <p>Contractor name and address (List all if multiple contractors):</p> <ul style="list-style-type: none"> <li>● Asian Health &amp; Service Center, 9035 SE Foster Rd, Portland, OR 97266</li> <li>● Cascade AIDS Project, 520 NW Davids St, Suite 215, Portland OR 97209</li> </ul>

- Community for Positive Aging (formerly Hollywood Senior Center), 1820 NE 40<sup>th</sup> Ave, Portland, OR 97212
- El Programa Hispano Católico, 333 SE 223<sup>rd</sup> Ave Ste 100, Gresham, OR 97030
- Elder Pride Services, 1737 NW 26<sup>th</sup> 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.*

NB: In the context of this document, "OPI" funding includes both Oregon Project Independence and Oregon Project Independence-Expansion.

# Attachment E

## 2021-2025 Area Plan Needs Assessment Survey Results

### Area Plan Needs Assessment Background

Aging, Disability, and Veterans Services Division (ADVSD) a division of the Department of County Human Services (DCHS) is the designated Area Agency on Aging (AAA) for Multnomah County. As the AAA, ADVSD is responsible for developing an Area Plan every four years that describes the needs of older adults and people with disabilities in the community, current initiatives, and future goals and activities to address those needs and service gaps over the next four years. As a part of the Area Plan process, ADVSD is required to conduct a needs assessment to engage with older adults and people with disabilities to uncover emerging or existing needs. This survey is one portion of the needs assessment.

### Survey Background: Design and Access

ADVSD developed and distributed an online survey to older adults, elders, and people with disabilities living in Multnomah County to learn about their lives, experiences, needs, and priorities related to services. The survey included an informed consent agreement, a needs ranking exercise, 48 issue-related questions, 33 demographic and identity questions, and 29 open-ended questions and comment fields for respondents to provide additional information. The needs ranking exercise and survey questions were organized into the following nine topic areas: transportation, food, caregiving, informational and referral, income, health care access and insurance, social connectedness, housing, and identity.

The survey was open from December 1-31, 2020, and offered in 17 languages. It was made available and distributed by ADVSD and community partners, as well as promoted through DCHS and Multnomah County communications channels. To increase the representation of marginalized community members and overall responses to the survey, ADVSD partnered with and funded 11 new and existing community partners with close ties to communities of older adults and people with disabilities, with a focus on Black and African American Elders, LGBTQ+ elders, Transgender and Gender Nonbinary older adults, older adults whose preferred language is not English, older adults with low-incomes, and homebound older adults. ADVSD also partnered with the Immigrant and Refugee Community Organization (IRCO) International Language Bank to contact individuals and to provide phone-based support to 128 respondents speaking languages other than English. ADVSD staff conducted additional calls out to 40 people who previously used ADVSD services. ADVSD paid each eligible survey respondent with a \$10 gift card for taking the survey.

## Collecting and Reporting Identity Characteristics like Race/Origin

The typical approach to collecting race/origin is to use an unduplicated count in which each individual is categorized as identifying with one race/origin or those with more than one race/origin categorized as multi-racial. When individuals are lumped into this catch-all category, we are not describing them completely and accurately. Most importantly, the disparities identified cannot be addressed in a culturally-specific, person-centered approach without the disaggregated information. The unduplicated method, while sometimes used, keeps invisible those who identify as multi-racial. For example, to count the number of individuals who are Native American or Alaska Native, if only those who identified as Native American or Alaska Native alone are counted, it would undercount and ignore people in the multi-racial category.

For a more complete description, the use of the 'alone or in combination' method (AOIC) in which the multi-racial label is removed and each race/origin identification is added to the single category totals. An individual who identifies as African American and Native American under the AOIC method would be counted as both African American and Native American. The assertion of the Coalition of Communities of Color and the Multnomah County Department of Human Services Visibility Initiative is that while the AOIC results in an over-count, this problem is offset by the greater good of the more accurate count of communities of color.

## Survey Participation

The survey gathered 1,893 responses, of which 1,392 responses were included in the analysis. Five hundred and one (501) responses did not meet one or more of the following criteria: agreeing to take the survey, answering one or more survey questions, and meeting primary inclusion characteristics of providing a zip code in Multnomah County while identifying as aged 50+ or aged 18-59 with a disability. Those who did not meet the primary inclusion characteristics were still included if they identified as aged 18+ and Native American or Alaska Native, a caregiver, a Veteran, or unhoused/homeless.

## 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.

For more information and questions about how to interpret the survey results, please contact Jason Normand, Research and Evaluation Analyst Sr. at [jason.normand@multco.us](mailto:jason.normand@multco.us).

### Needs Ranking by Identity

Needs ranking for survey respondents identifying as **African**

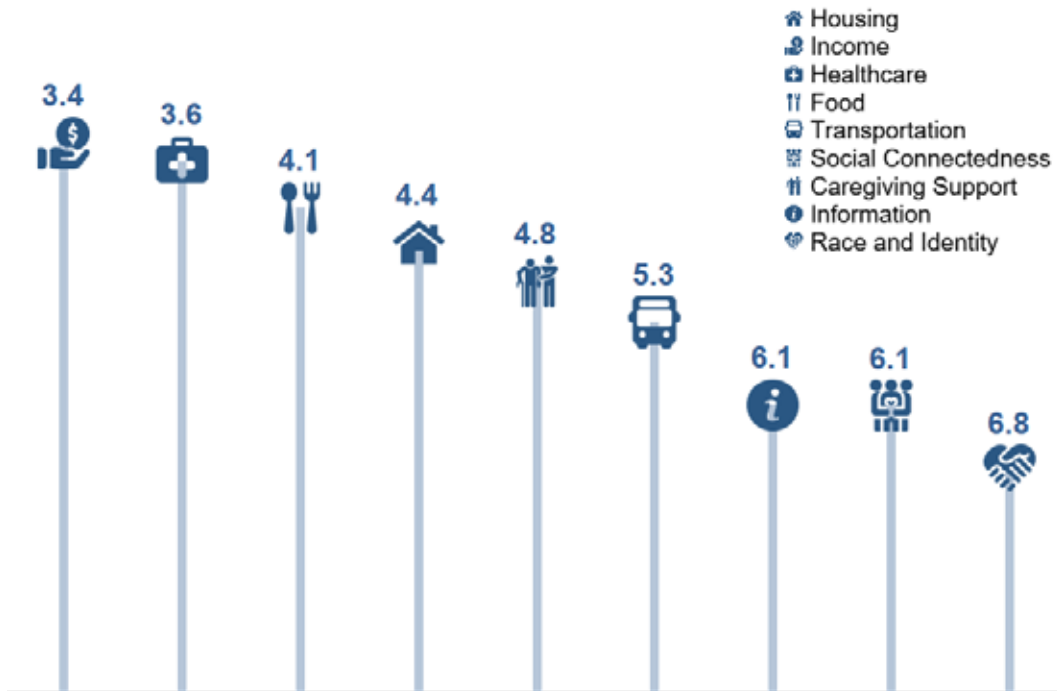
Average rank on a scale of 1 to 9 (1 = most important) from 39 responses\*<sup>24</sup>



<sup>24</sup> 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 general population, groups, or individuals in Multnomah County.

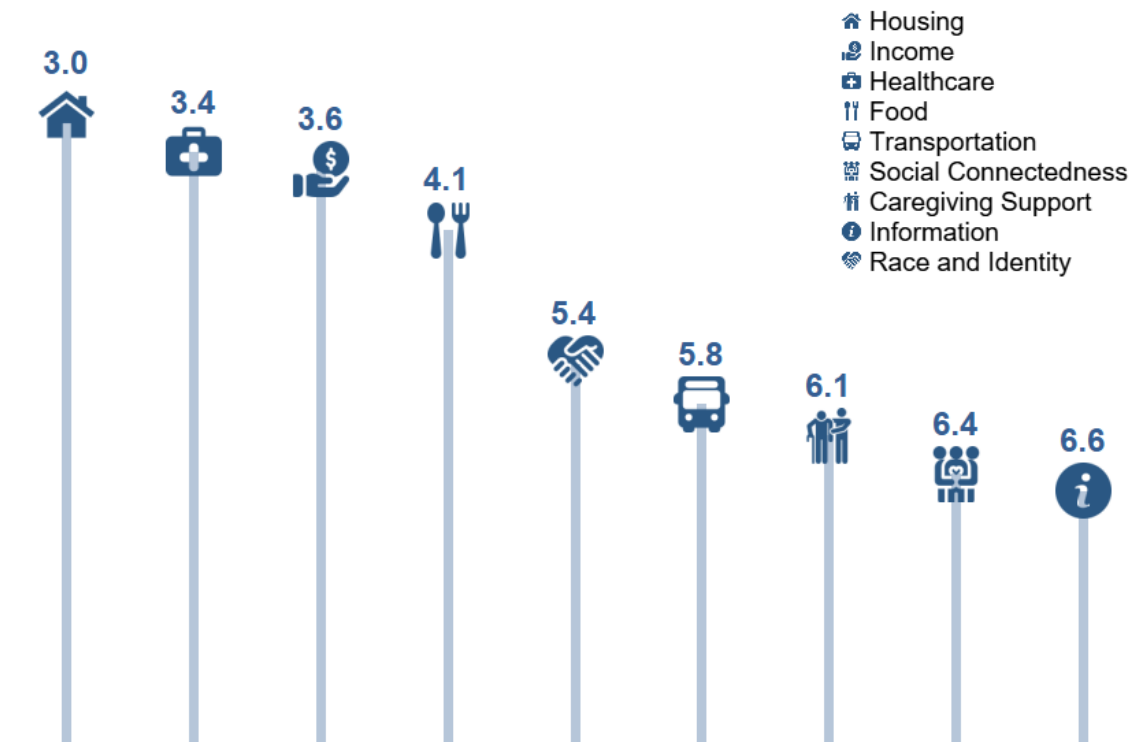
### Needs ranking for survey respondents identifying as **Asian**

Average rank on a scale of 1 to 9 (1 = most important) from 125 responses<sup>15</sup>



### Needs ranking for survey respondents identifying as **Black or African American**

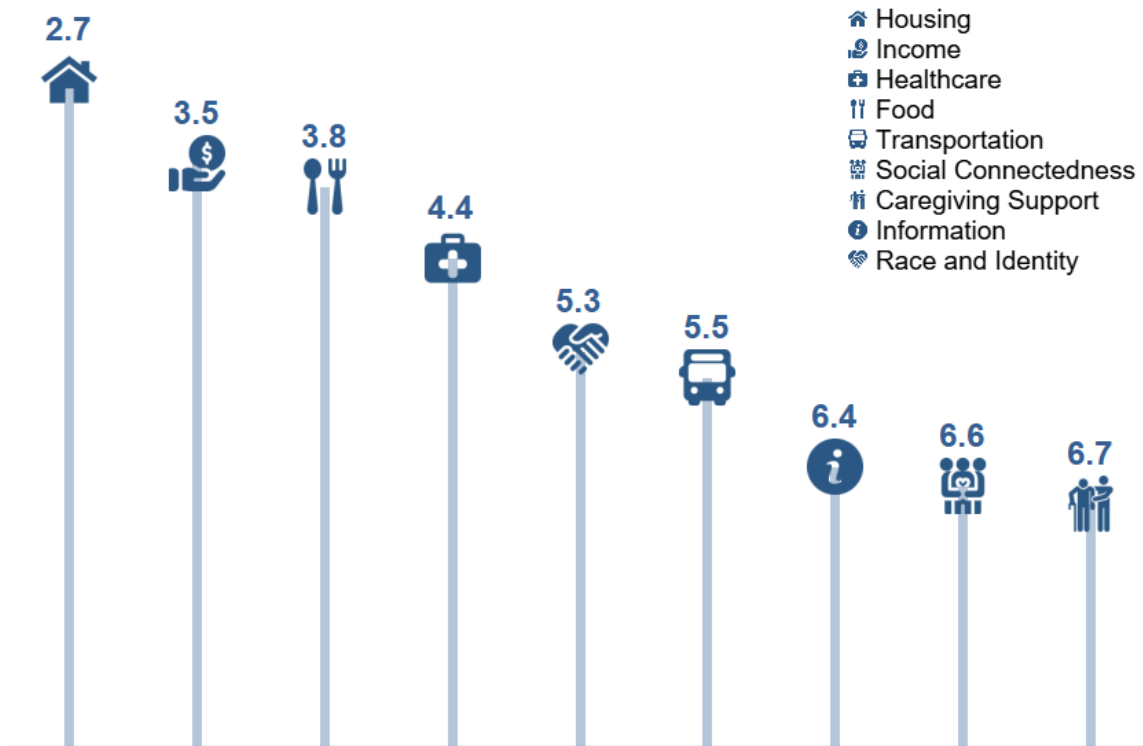
Average rank on a scale of 1 to 9 (1 = most important) from 138 responses<sup>15</sup>





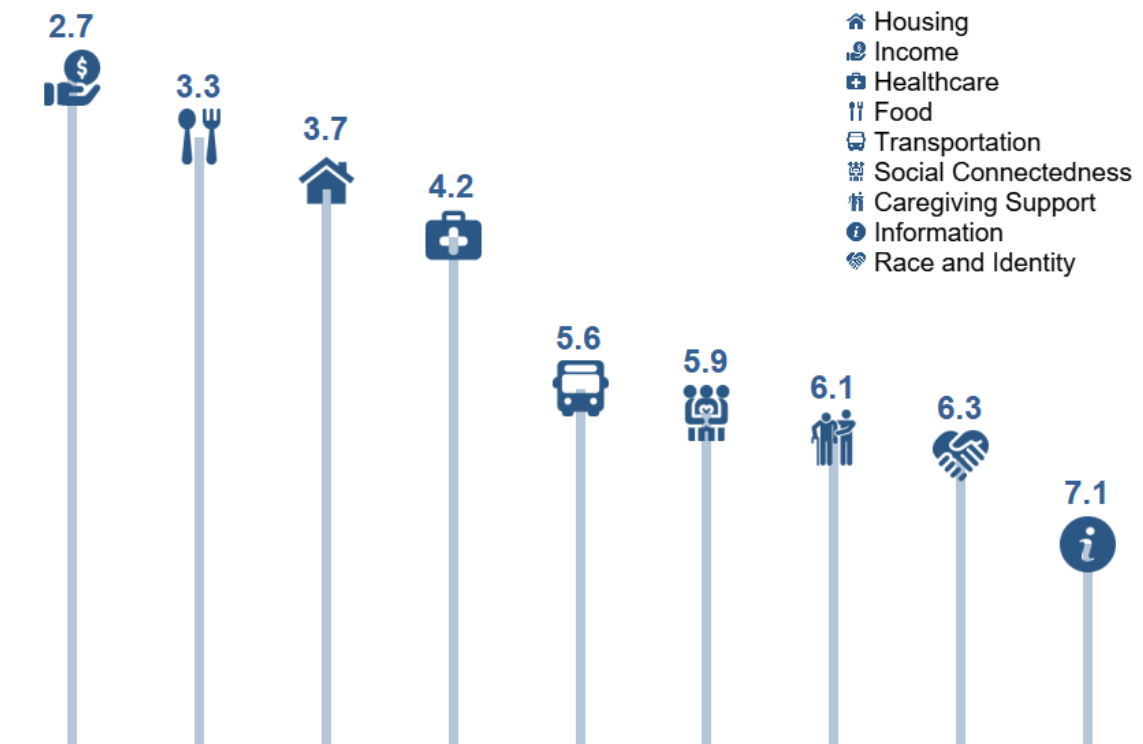
### Needs ranking for survey respondents identifying as **Latino or Hispanic**

Average rank on a scale of 1 to 9 (1 = most important) from 71 responses<sup>15</sup>

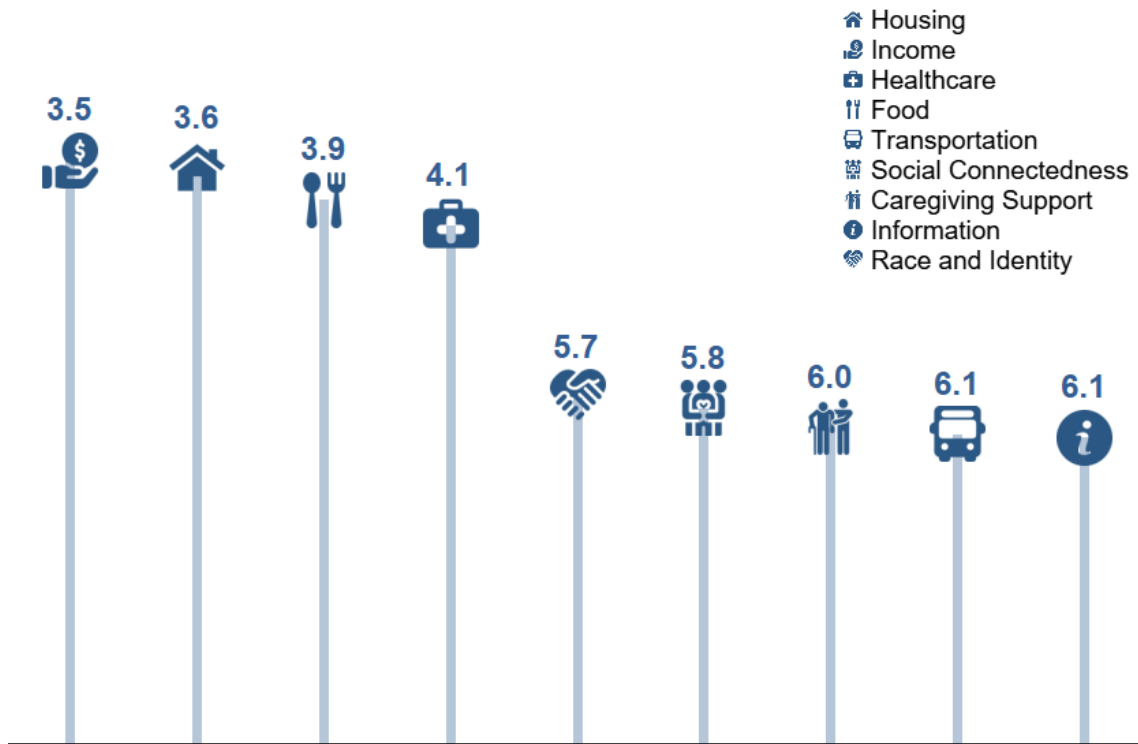


### Needs ranking for survey respondents identifying as **Middle Eastern**

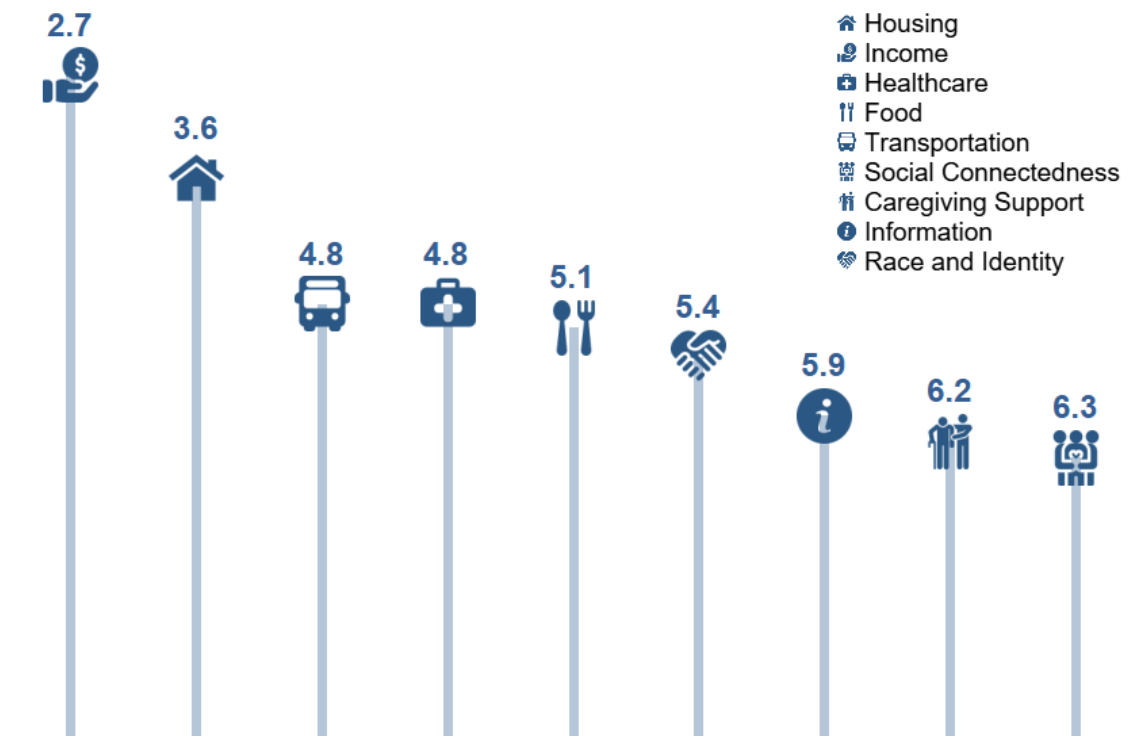
Average rank on a scale of 1 to 9 (1 = most important) from 22 responses<sup>15</sup>



Needs ranking for survey respondents identifying as **Native American or Alaska Native**  
 Average rank on a scale of 1 to 9 (1 = most important) from 65 responses<sup>15</sup>

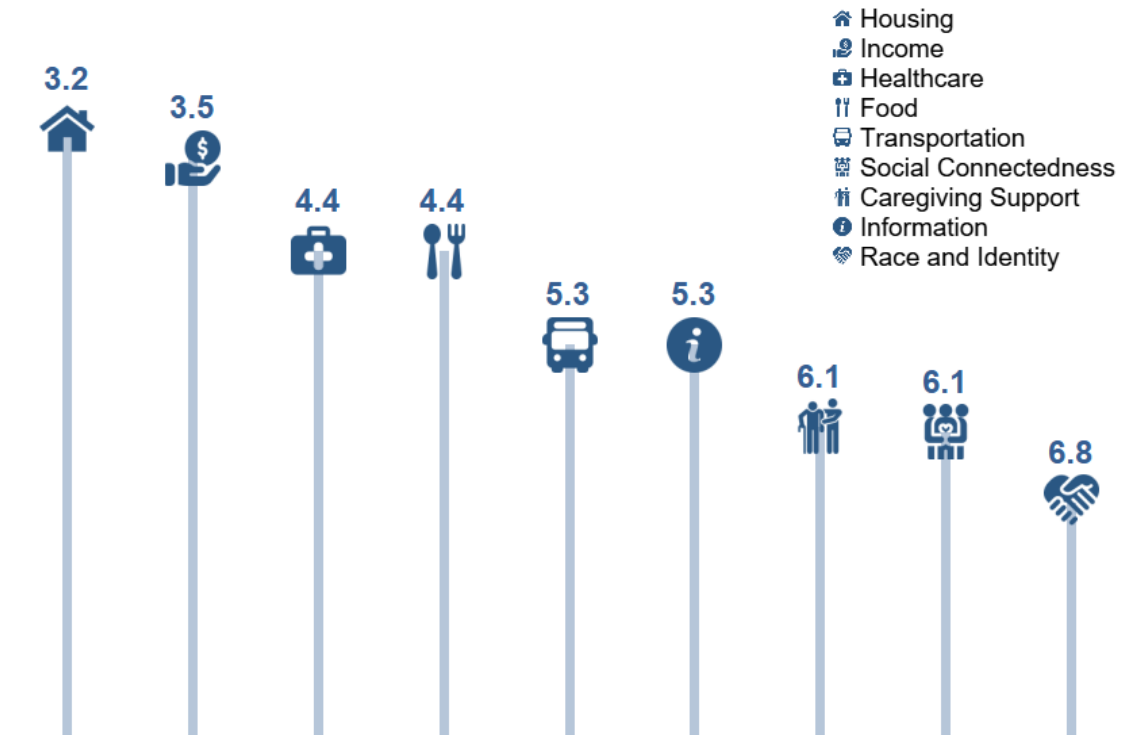


Needs ranking for survey respondents identifying as **Native Hawaiian or Pacific Islander**  
 Average rank on a scale of 1 to 9 (1 = most important) from 14 responses<sup>15</sup>



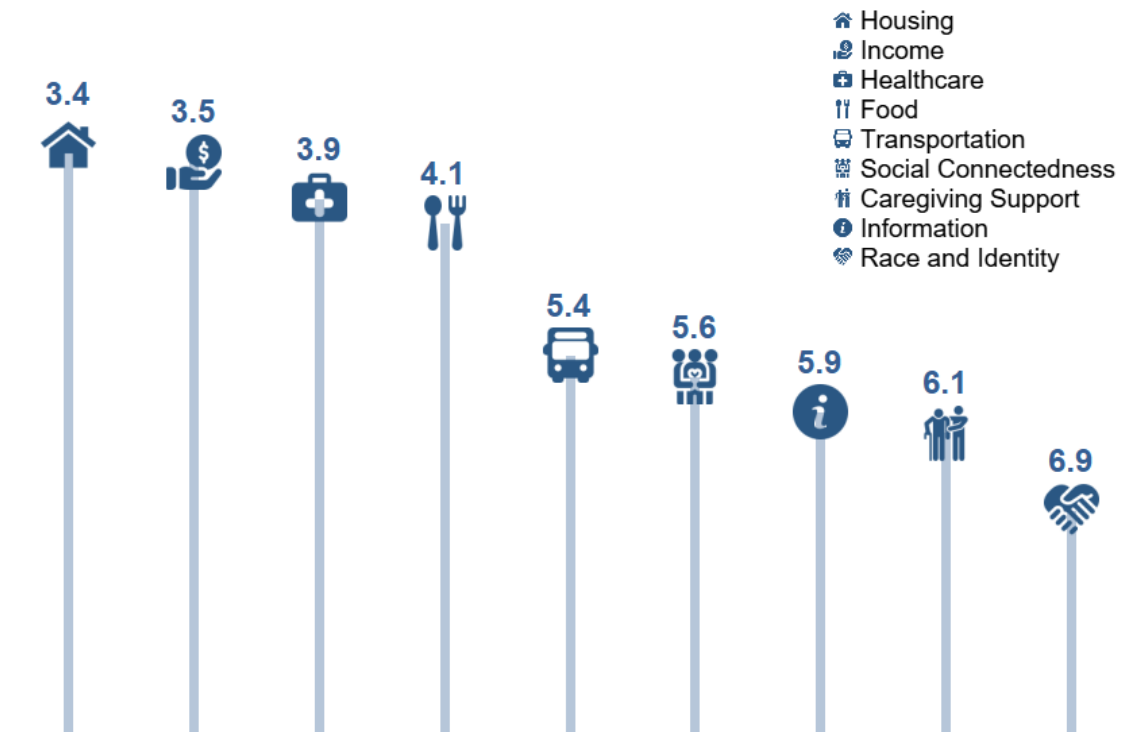
### Needs ranking for survey respondents identifying as **Slavic**

Average rank on a scale of 1 to 9 (1 = most important) from **18** responses<sup>15</sup>

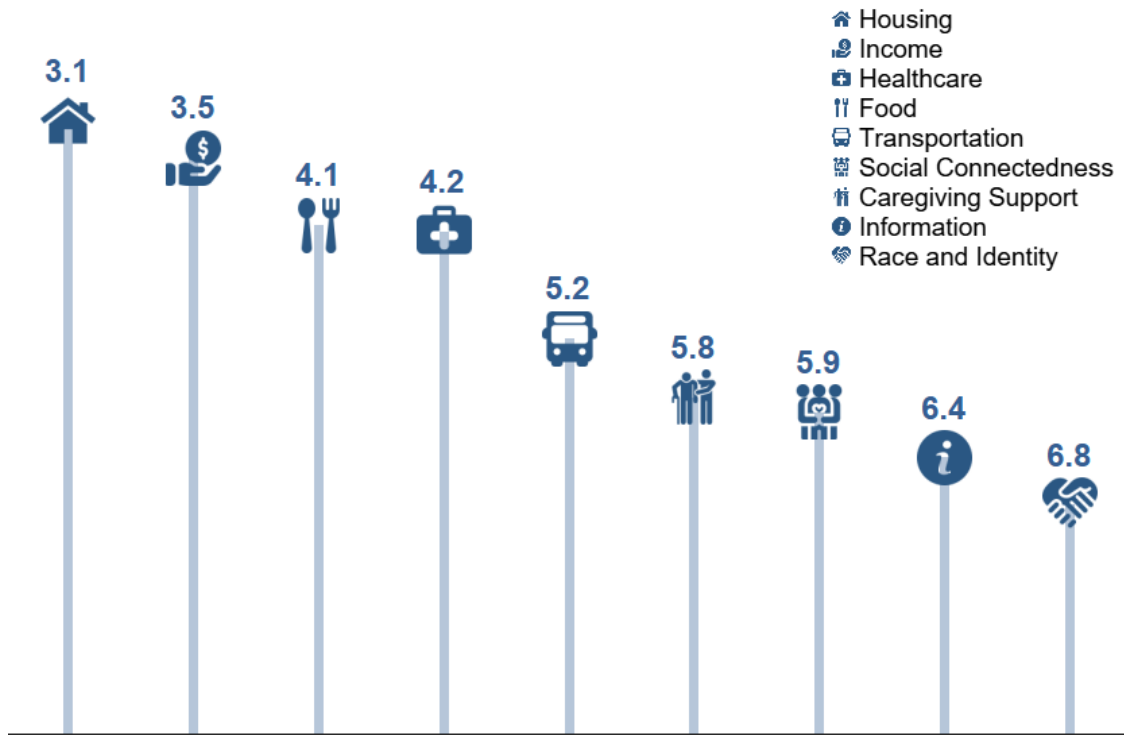


### Needs ranking for survey respondents identifying as **White**

Average rank on a scale of 1 to 9 (1 = most important) from **695** responses<sup>15</sup>

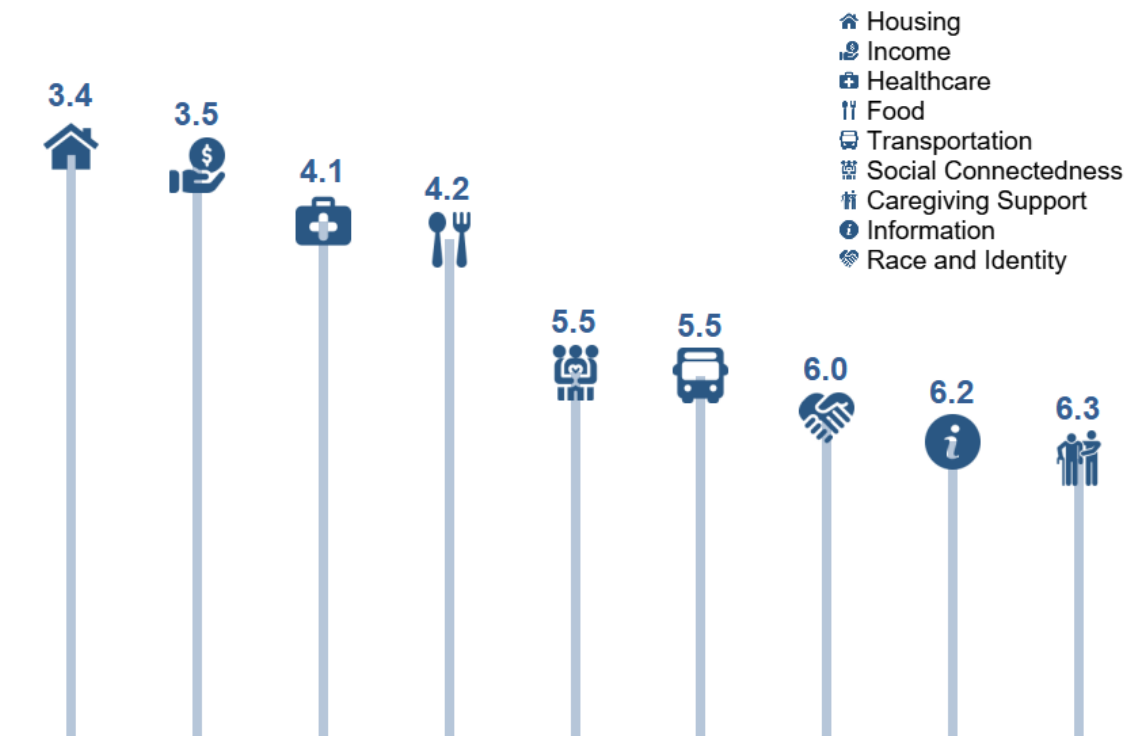


Needs ranking for survey respondents who chose to **Self Identify Race or Origin**  
 Average rank on a scale of 1 to 9 (1 = most important) from **57** responses<sup>15</sup>



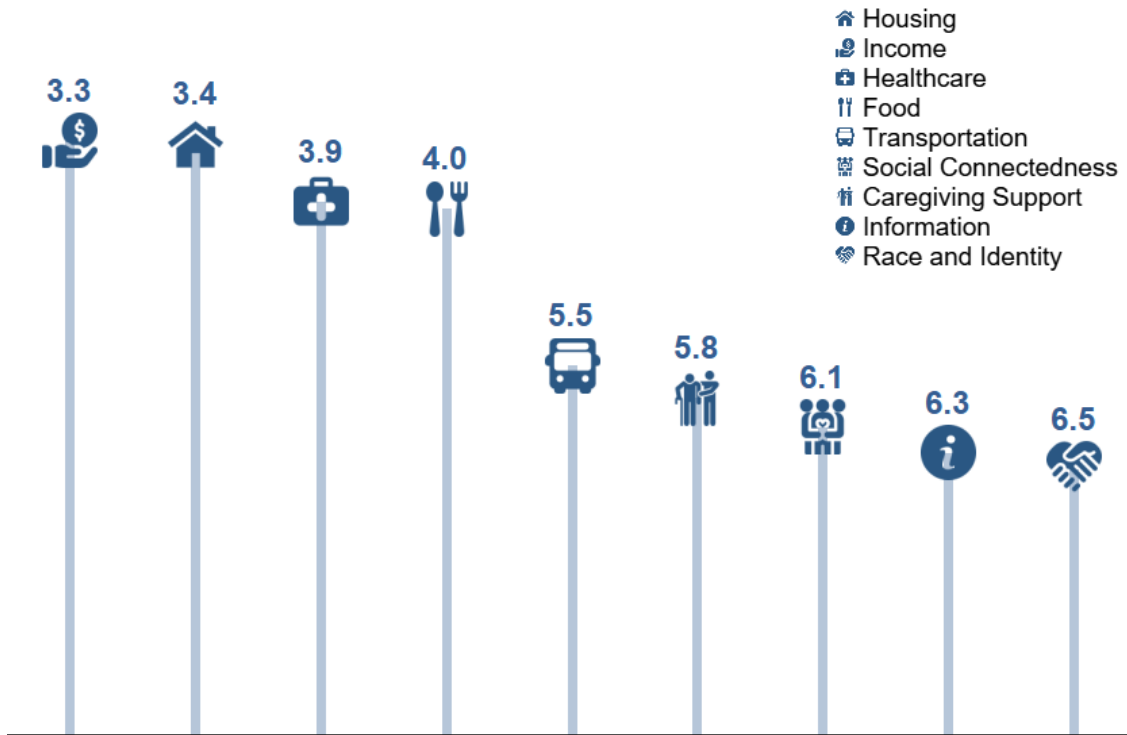
Needs ranking for survey respondents identifying as **LGBTQ+**

Average rank on a scale of 1 to 9 (1 = most important) from **163** responses<sup>15</sup>



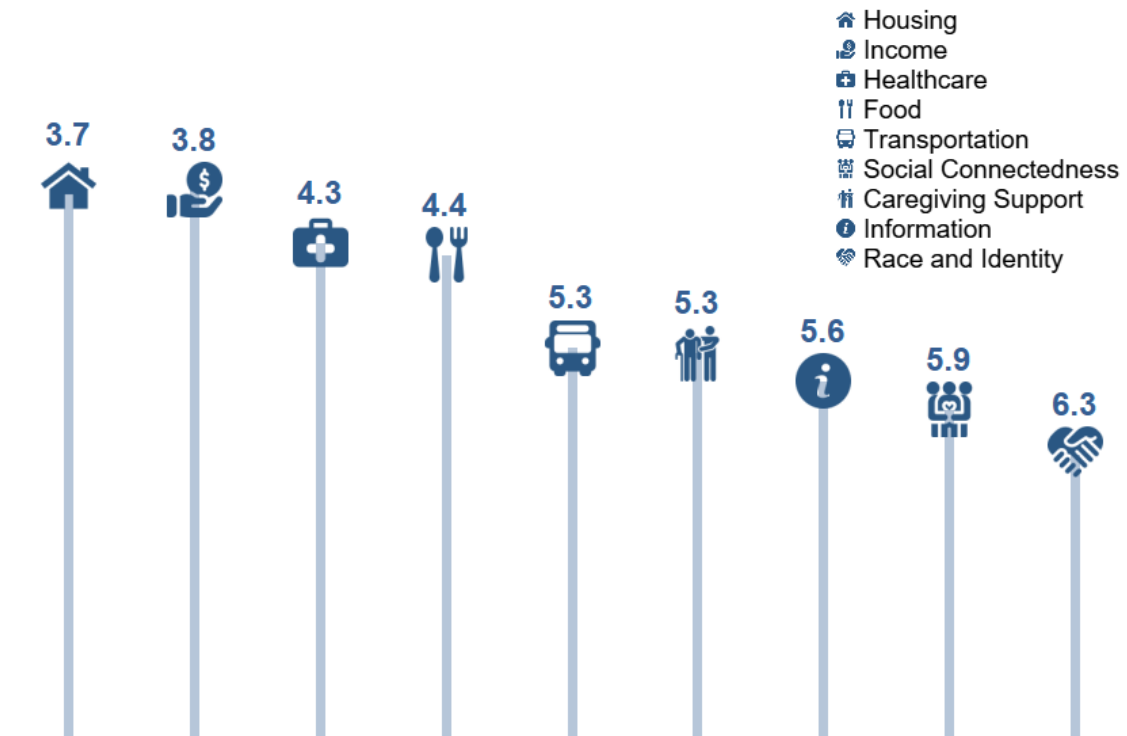
### Needs ranking for survey respondents identifying as having a **Disability**

Average rank on a scale of 1 to 9 (1 = most important) from **443** responses<sup>15</sup>



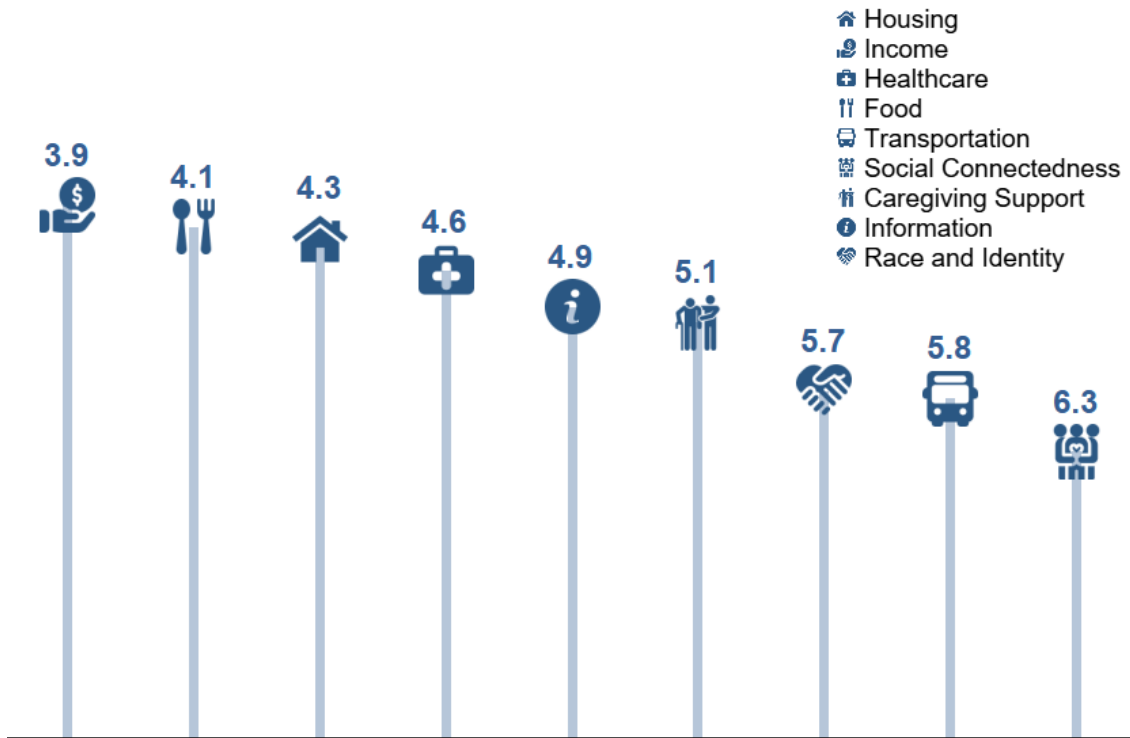
### Needs ranking for survey respondents identifying as a **Veteran or Served in the Military**

Average rank on a scale of 1 to 9 (1 = most important) from **133** responses<sup>15</sup>



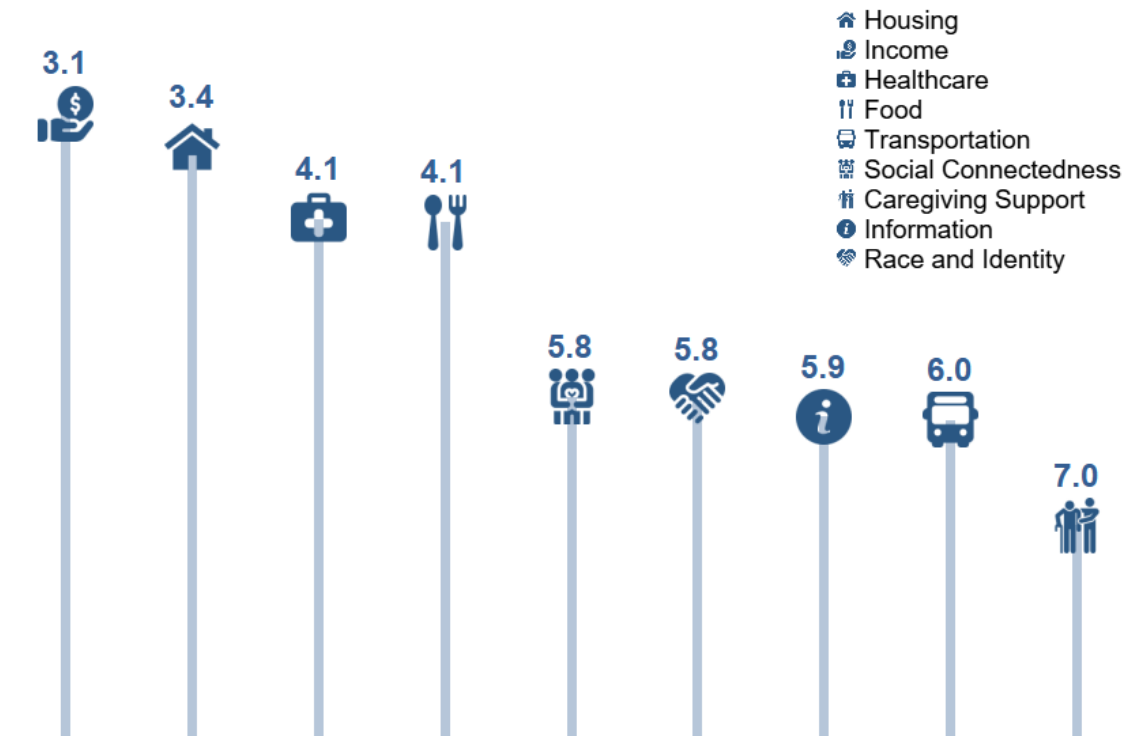
## Needs ranking for survey respondents identifying as Homeless or Unhoused

Average rank on a scale of 1 to 9 (1 = most important) from 37 responses<sup>15</sup>



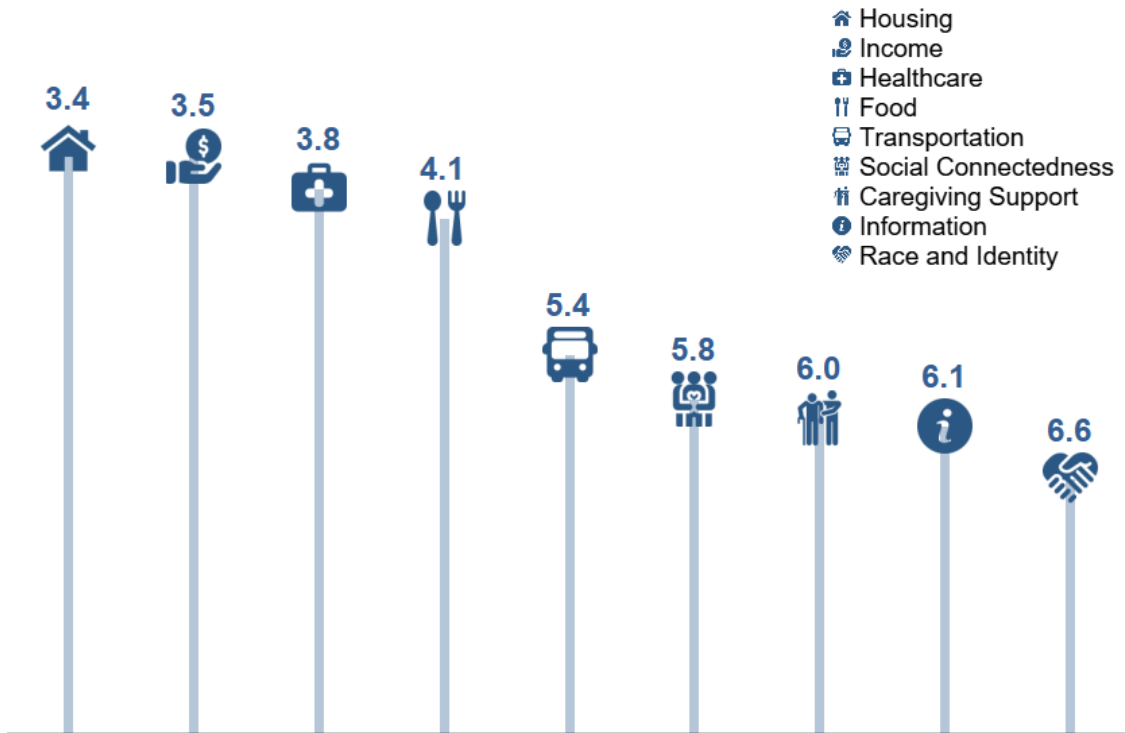
## Needs ranking for survey respondents identifying as Transgender and Non-binary

Average rank on a scale of 1 to 9 (1 = most important) from 32 responses<sup>15</sup>



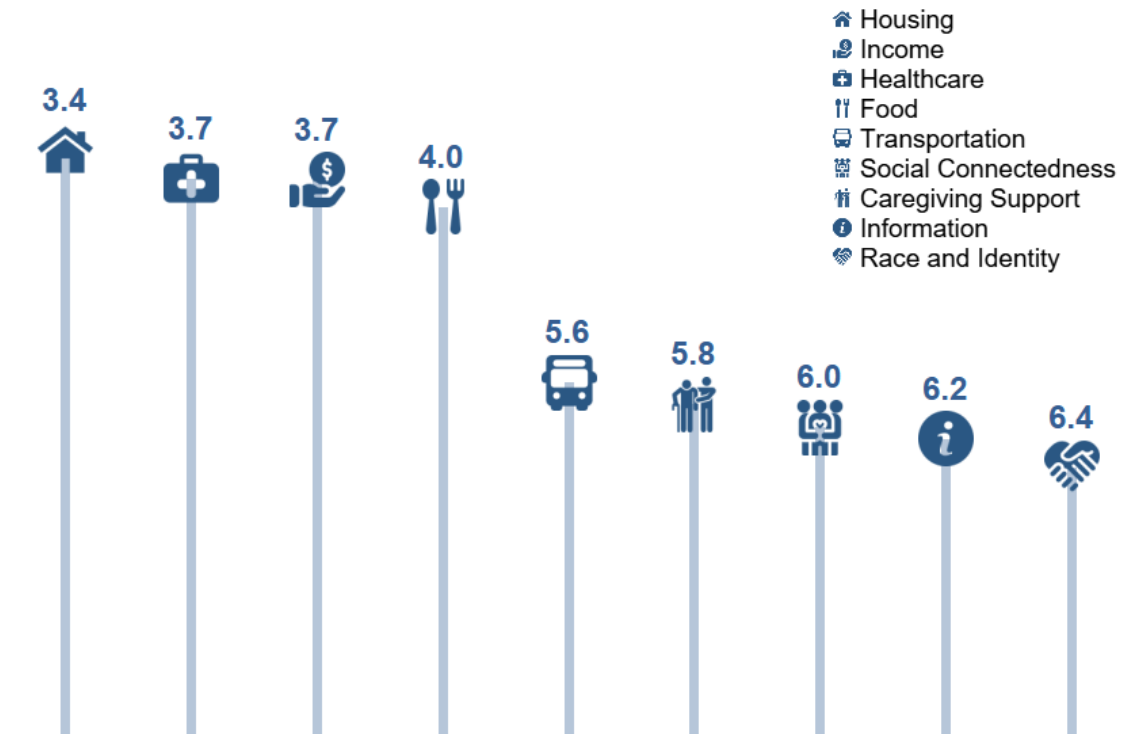
### Needs ranking for survey respondents identifying as **Female**

Average rank on a scale of 1 to 9 (1 = most important) from **789** responses<sup>15</sup>

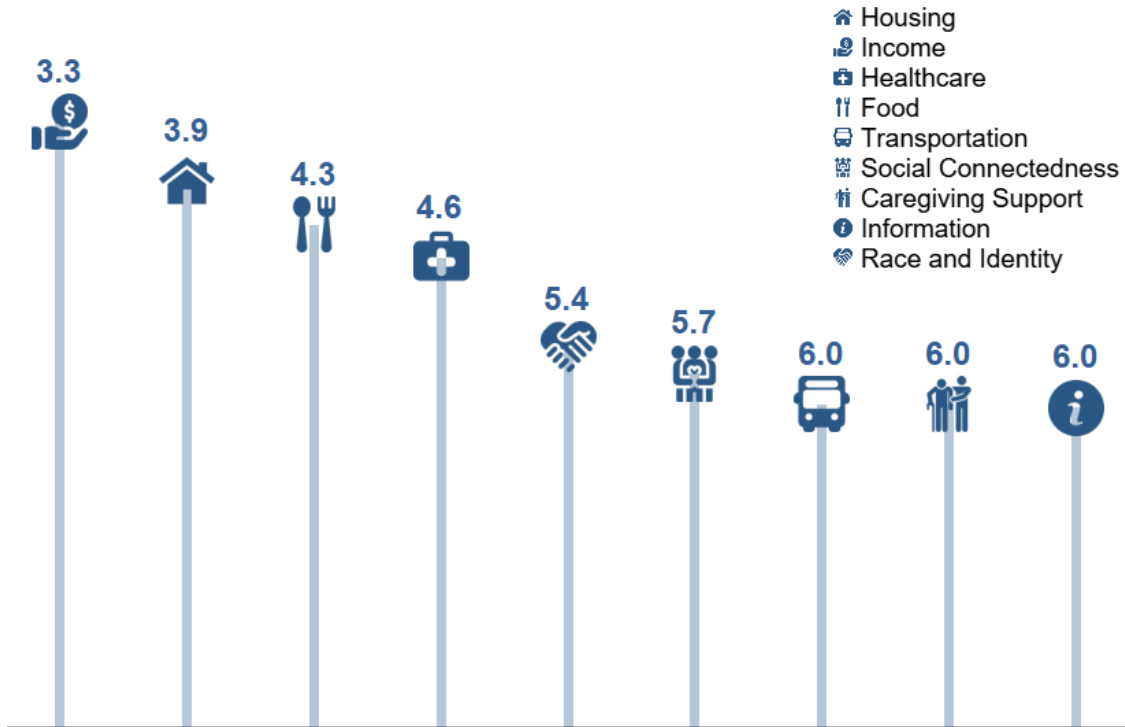


### Needs ranking for survey respondents identifying as **Male**

Average rank on a scale of 1 to 9 (1 = most important) from **298** responses<sup>15</sup>



Needs ranking for survey respondents identifying as **ages 18-49 with a Disability**  
 Average rank on a scale of 1 to 9 (1 = most important) from **29** responses<sup>15</sup>



Needs ranking for survey respondents identifying as **ages 50+**  
 Average rank on a scale of 1 to 9 (1 = most important) from **1065** responses<sup>15</sup>

