

# 2021-2025 Area Plan

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PLANNING PERIOD JULY 1, 2021 – JUNE 30, 2025



**WASHINGTON COUNTY**  
**OREGON**

Department of Health and Human Services  
*Disability, Aging and Veteran Services*

**Washington County Area Agency  
2021-2025 Area Plan**

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# SECTION A AREA AGENCY PLANNING AND PRIORITIES

## A-1 INTRODUCTION

Washington County is located on the western edge of Portland. Washington County occupies an area of 727 square miles with a population of 601,592 in 2019. This is a 13.5% increase in population since 2010 demonstrating recent substantial growth (<https://www.census.gov/quickfacts/fact/table/washingtoncountyoregon,US/PST120219>).

Washington County is a mix of urban, suburban and rural areas with each area having specific needs related to population density. The eastern half is composed of service industries, light manufacturing, and residential and commercial activities. The western half is primarily farms and rural settings together with several smaller incorporated and unincorporated areas.

The county seat is located in the City of Hillsboro and governed by a five-person elected Board of Commissioners. The board appoints a county administrator as the chief executive officer. Washington County Disability, Aging and Veteran Services (DAVS), is a division of the Washington County Department of Health and Human Services Department (HHS) and acts as the federally designated Area Agency on Aging under the Older Americans Act. DAVS is charged with providing leadership in planning and developing services to meet the needs of the county's older adults, adults with disabilities and veterans.

The Board of Commissioners provides oversight and appoints the nineteen-member (13 regular, 6 alternate) resident Area Agency Advisory Council. The council also advises the director of the Area Agency on Aging (DAVS) in the planning process and provision of services. Positions on the Area Agency Advisory Council are designed to best represent the various population groups within Washington County. DAVS also coordinates and provides services with partner agencies and organizations through memorandums of understanding, intergovernmental agreements and contracts with community providers.

Questions: Contact Washington County Disability, Aging & Veteran Services at (503) 846-3060 or by e-mail at [davsinfo@co.washington.or.us](mailto:davsinfo@co.washington.or.us) Website: <http://www.co.washington.or.us/HHS/DAVS/>

## A-2 MISSION, VISION, VALUES

HHS's vision is a healthy, equitable and supportive community. Its mission is to promote health and well-being by influencing policies, systems and environments, providing education, programs and services and responding to the needs of vulnerable populations. Values of HHS include equity, accountability, transparency, respectfulness, cultural responsiveness and collaboration.

The mission, vision and values for DAVS specifically were developed as part of a strategic planning process in 2014. The mission is to strive to create options that maintain the quality of life for older adults and people with physical disabilities. With quality and compassion, DAVS provides the people they serve, as well as their families and caregivers, with the information and resources that enable them to live safely and independently for as long as possible. The vision is to be a cornerstone in helping create a thriving community for older persons, people with physical challenges and veterans that reflects Washington County's values, diversity and

pioneering spirit. Values of the agency include honoring client independence, promoting informed choice, person centered and directed services, personal dignity, personal responsibility and engagement, equity and inclusivity, partnership and collaboration and a commitment to quality.

These values are operationalized from the beginning of staff employment. They are introduced at Washington County's New Employee Orientation and DAVS' division specific onboarding. Ongoing education and conferences continue to build and reinforce these principles. DAVS recognizes successful partnerships in the community and with clients are based in positive, respectful relationships which are crucial to delivering programs and services.

DAVS, under an intergovernmental agreement with the State, partners with the Medicaid Long-Term Care and Financial Assistance programs which are directly provided by District 16 Aging and People with Disabilities (APD). District 16 services are delivered from three sites, located in Beaverton, Hillsboro and Tigard. Services include SNAP, medical coverage, Adult Foster Care licensing, Adult Protective Services as well as eligibility and case management for clients enrolled in Medicaid Long Term Services and Supports (LTSS).

In addition to collaborating with programs within the Department of Human Services - Behavioral Health, Intellectual and Development Disabilities, Animal Services, and Public Health – DAVS collaborates with other Washington County programs through Memorandums of Understanding, including Washington County Assessment and Taxation, Washington County District Attorney's Office-Veteran's Treatment Court, and the Washington County Office of Community Development. Through participation in County workgroups and time-limited projects we have also collaborated with these other Washington County Departments: Office of Equity and Inclusion and Community Engagement, Land Use and Transportation, Housing Services, Library Services, Support Services, Emergency Management, Human Resources, and the Sheriff's Office.

Other key stakeholders include the Association of Oregon Community Mental Health Programs, Metro ADRC, Health Share of Oregon CCO, Community Action of Washington County, Northwest Housing Alternatives, local area universities and colleges, and a growing network of community-based organizations, community centers, and faith-based organizations. Additional information about partners and stakeholders can be found in Sections: A-3 Planning and Review Process, B-2 Target Populations, B-4 non-AAA Services, Service Gaps and Partnership to Ensure Availability of Services Not Provided by the AAA, C Focus Areas, Goals and Objectives and Appendix C Public Process.

## **A-3 PLANNING AND REVIEW PROCESS**

As the federally designated Area Agency on Aging serving Washington County under the Older Americans Act, DAVS conducted a needs assessment to inform the 2021-2024 Area Plan. The needs assessment was designed under direction of the Aging & Veteran Services Advisory Council (AVSAC) and intended to be complementary to other comprehensive community health needs assessments as to not duplicate efforts. Methods employed were a survey focusing on access to services, service gaps, and specific questions for focus populations and demographics. As a result of the COVID-19 pandemic, plans for multiple focus groups led by

community leaders were cancelled. Instead of in person focus groups, comprehensive key participant interviews were conducted by culturally specific community partners with community members.

### **Needs Assessment Steering Committee**

To guide the development of the needs assessment, DAVS' Aging & Veteran Services Advisory Council formed an ad hoc steering committee, comprised of community-based organization leaders, DAVS staff, AVSAC members, and members of the public. The group met four times August-November 2019 to develop a strategy that would identify the overarching needs of the older adult population with the intent to center the voices and experiences of communities of color by reaching historically underrepresented groups. The group identified the focus populations of the needs assessment, the methods of engagement most likely to reduce barriers to participation, the types of questions to ask, how to reach community members, and more, through the lenses of equity and trauma-informed practice.

### **Focus Groups/Stakeholder Interviews**

Building on the success of the previous DAVS needs assessment, and as a result of the direction to work with trusted community-based organizations to reach historically underrepresented groups, DAVS contracted with culturally specific organizations to reach the identified populations through small focus groups.

Due to COVID-19, focus groups could not be conducted as planned and collaborated with these community-based organizations to instead conduct stakeholder interviews by phone with these focus populations: Latine (Centro Cultural), Russian, Arabic, Somali, (IRCO), and Korean, Vietnamese and Chinese (AHSC). DAVS also collaborated with a Portland-based organization to reach lesbian, gay, bisexual and transgender older adults (SAGE/Friendly House). With the support of social work interns from Pacific University, DAVS was able to conduct interviews with two additional focus populations: veterans and family caregivers. A \$25 stipend was provided to each person that was interviewed to honor the time and expertise they shared with DAVS.

The interview questions (Appendix C) were developed using a strengths-based approach that honored the resilience and capability of the older adults interviewed, while identifying needs and priorities for themselves and the communities to which they belonged. Each of these partners provided final feedback on the questions and completed the interviews May-July 2020. Interview responses were collected from 90 community members, and participants had the opportunity to skip questions or be as expansive or short in their responses as they liked. Respondents were from nine racial and ethnic communities, using seven preferred languages, military families and veterans, lesbian, gay, bisexual and transgender members of the community, and individuals living with disabilities.

### **DAVS 2020 Community Survey**

The DAVS 2020 Community Survey was intended to launch in May 2019 to coincide with Older Americans Month but all plans were placed on hold due to the focus on responding to COVID-19. Using an equity lens, benefits and burdens to conducting a survey during the pandemic were weighed. The outcome of the equity exercise was a decision to postpone the survey to August, to include COVID-19 related questions, to mail paper surveys with postage paid envelopes to homebound clients, to work with community-based organizations on distribution of paper surveys in multiple languages, and to offer a phone-in option.

The online version of the DAVS 2020 Community Survey was promoted broadly through county-wide press release, DAVS website, social media and online newsletter The Advisory, and through extensive use of listservs and partnerships across the aging and social services network. A paper version of the survey was also mailed to clients and their caregivers. Overall, DAVS received 879 survey responses in 2020, compared with 439 during the 2016 needs assessment.

### **Community Review**

Results of the needs assessment and draft area plan goals and objectives were presented at the November 2020 Aging and Veteran Services Advisory Council Virtual Area Plan meeting. Using small virtual breakout rooms centered on the local focus areas, participants provided input into the goals, objectives and strategies for meeting the needs of the community. The information gathered during this meeting was incorporated into the area plan as appropriate.

Several common themes emerged during the November 2020 Area Plan meeting. An ongoing issue noted with all programming was a lack of information and a need to simplify communication. It was noted that DAVS consumers are confused by the services each program offers and the eligibility requirements to receive those services. This was cited as being more pronounced in the many culturally diverse communities of Washington County. Technology was often cited as a barrier for accessing services and information. Lack of experience, lack of hardware and lack of training were most commonly mentioned. Cultural responsiveness of staff and program providers was noted as a need across most program areas. A need for expanded nutrition services to meet the increased demand was noted. Overall, isolation was cited as a key factor that directly connected to the other common themes identified.

The opportunity for public input via email, phone, and at three virtual public meetings was promoted via social media, list serves, public announcements, and directly to a curated list reaching community-based organizations, contracted partners and service providers, and other key stakeholders. Additionally, DAVS staff conducted personalized outreach to community partners that play a critical role in the lives of older adults who are Black, Indigenous and People of Color. This step was taken in recognition of the expertise and contribution of these stakeholders throughout the planning process and to ensure the area plan addressed the critical needs while also leveraging the continued resilience of the community.

There was an opportunity for public comment on the plan during the regularly scheduled AVSAC meeting convened virtually on January 21, 2021 and a virtual public hearing was held on January 27, 2021. The final draft of the 2021-2024 Area Plan was posted online in early January 2020. <https://www.co.washington.or.us/HHS/DAVS/area-plan.cfm> AVSAC recommended the 2021-2024 DAVS Area Plan for approval by the Board of Commissioners. The results of the needs assessment and area plan were presented to the Washington County Board of Commissioners in March 2021 for their approval for submission to Aging and People with Disabilities, Community Services and Supports Unit.

### **Community Survey**

From July – December 2020, DAVS conducted a community survey to inform the needs assessment. This survey was primarily available online but was also available in written form or with phone assistance for residents who had difficulty accessing it online. The survey content was focused around accessing services, any service gaps, where residents get information, demographics and specific modules for key populations (veterans and caregivers). In addition to English, the survey was available in Spanish, Arabic, Korean, Russian, Vietnamese, Chinese

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and Somali. Building on the 2016 needs assessment model, DAVS staff made significant effort to diversify and increase participation across the county and among communities of color. This survey was direct mailed with postage paid return envelope to 674 DAVS Oregon Project Independence and Family Caregiver Support Program clients in Chinese, English, Korean, Spanish and Vietnamese. Paper surveys were also distributed by leveraging partnerships with people and organizations already engaging with residents who may have been more difficult to reach or reluctant to complete the survey, such as those receiving home delivered meals and/or visits from community health workers. Table 2 shows key demographics and differences between 2016 and 2020 needs assessment participation.

### Demographics

879 responses to the survey were received in total. Over 90% of the response was in English, however, survey responses were received in each language offered except Somali. More robust engagement from non-English speaking residents was captured in the key interviews conducted by culturally specific community partners.). Each question in the survey was optional and respondents were able to opt out of any question they did not wish to answer. 34% of respondents answered every question.

Table 1. Survey respondent demographics\*

Demographic	Category	Percent
<b>Gender</b>	Female	50.7%
	Male	46.2%
	Not male or female (including Transgender man, Transgender woman, Additional gender category, Non-Binary, Two-Spirit)	<1%
	Decline	2.4%
<b>Sexual identity</b>		
<b>Sexual identity</b>	Straight/heterosexual	88.5%
	LGBTQIA+	5.7%
	Decline	5.9%
<b>Race/ethnicity</b>		
<b>Race/ethnicity</b>	Hispanic or Latino/a/x	8.4%
	American Indian/Alaska Native	6.0%
	Asian	9.6%
	Black or African American	1.5%
	Native Hawaiian/ other Pacific Islander	1.6%
	White	67.3%
	Don't want to answer/Decline	4.0%
<b>Age</b>		
<b>Age</b>	49 and under	9.5%
	50 to 59	12.1%
	60 to 64	10.5%
	65 to 84	57.7%
	85 years and over	8.7%

	Decline	1.5%
<b>Disability status</b>	Ambulatory difficulty (unable or having serious difficulty walking or climbing stairs)	19.4%
	Cognitive difficulty (because of a physical, mental or emotional problem, having difficulty remembering, concentrating or making decisions)	10.9%
	Hearing difficulty (deaf or having serious difficulty hearing)	13.7%
	Independent living difficulty (because of a physical, mental or emotional problem, unable or having difficulty doing errands alone)	7.6%
	Self-care difficulty (unable or having difficulty bathing or dressing)	6.1%
	Vision difficulty (blind or having serious difficulty seeing, even when wearing glasses)	4.7%
	None	17.0%
	Decline	6.3%
<b>Preferred language</b>	English	85.2%
	Spanish	3.0%
	Chinese (Cantonese or Mandarin)	3.6%
	Korean	3.0%
	Vietnamese	2.0%
	Arabic	<1%
	Russian	<1%
	American Sign Language	<1%
	Other	2.5%
<b>Veteran status</b>	Served in the military (either respondent or spouse)	54.9%

\*Respondents were encouraged to select all that apply, proportions will not equal 100%

Table 2. Demographic differences between survey participants from 2016 and 2020.

2020 Survey Participants	2016 Survey Participants
English, Spanish, Russian, Arabic, Korean, Somali, Vietnamese, Chinese	English, Spanish
879 responses	439 responses
3 in 5 veterans	1 in 5 veterans
1 in 2 females	2 in 3 females
67% White, non-Hispanic	92% White, non-Hispanic
6% LGBTQIA+	4% LGBTQIA+

### Access to services



Survey respondents were asked about their familiarity with available services provided by DAVS, whether they were currently receiving these services and whether they would be interested in receiving them by answering the question, “if you wanted help would you know how to find it?”.

Between one quarter and one third of respondents knew where to find help on all items measured except for navigating homeless services and preventing evictions (16.5% of respondents knew where to find help with this issue). Fewer respondents noted that they were currently receiving the services, with Veteran benefits being the service respondents were aware of and currently receiving the most at 21.3%.

Respondents noted services that they were not familiar with, did not know where to go for help and would be interested in learning more about. The highest rated services in this area are listed below in table 3. These responses did not vary significantly by disability status, gender and sexual identify or veteran status. For respondents who identified as a person of color, the issue “having services specific to my culture or identity” was identified as a top need that was not present in the top needs for all respondents. Respondents who were also caregivers, the issues “assistance managing my personal finances” and “coping with feelings of loneliness” were identified as top issues for them.

Table 3. Highest rated services respondents were unfamiliar with and interested to learn more about

If you wanted help would you know how to find it?	No and would like to know more
	Percent of response
Legal services	35.0%
Choosing care options	28.6%
Finding safe social activities	28.0%
Managing chronic illness or pain	27.2%
Accessible transportation	25.8%
Help with Medicare	23.5%
Keeping older adults safe from abuse and fraud	23.0%
Making my home safe and accessible	22.9%
Help caring for a family member or friend	22.5%
Support for me as a caregiver	22.1%

**Services prioritized**

Survey respondents were asked to identify the top services and/or needs in their community as well as the top services that would be of value that are not provided by DAVS. Table 4 shows the top services provided and top services that are most important to respondents.

**Table 4. Top 5 services important to the community and top 5 services not provided by DAVS, all respondents**

Services provided by DAVS
1. Accessible transportation

2. Veteran benefits
3. Managing chronic illness or pain
4. Getting enough food to eat
5. Legal services

**Services not provided by DAVS**

1. Medicaid and/or Social Security benefits
2. Affordable housing
3. Behavioral health (mental health and addictions)
4. Accessible housing
5. Wills and estate planning

Prioritization of services that DAVS provides differed by subgroups of respondents. Table 5 demonstrates the top 5 services provided for each subgroup of respondent.

**Table 5. Top services provided by DAVS by respondent subgroup**

Service provided by DAVS	Respondent category				
	LGBTQIA +	Person of color	Veteran	Caregiver	Person with Disabilities
Accessible transportation	✓	✓	✓		✓
Veteran benefits			✓		✓
Managing chronic illness or pain		✓	✓	✓	✓
Getting enough food to eat				✓	✓
Legal services	✓		✓		✓
Coping with feelings of loneliness	✓				
Finding safe social activities	✓	✓		✓	
Keeping older adults safe from abuse and fraud	✓		✓		
Help with Medicare		✓			
Having services specific to my culture or identity		✓			
Help caring for a family member or friend				✓	
Support for me as a caregiver				✓	

**Interviews**

In response to safety concerns and the need to adhere to best public health practices during the COVID-19 pandemic, DAVS staff cancelled plans for in person community focus groups and changed to conduct key participant interviews. These interviews were conducted by staff and volunteers from local culturally specific organizations including Immigrant and Refugee Community Organization (IRCO), Asian Health and Service Center (AHSC), Centro Cultural, and Friendly House. A total of 90 interviews were completed in multiple languages. Key themes emerged from these interviews that complemented the information learned in the community survey.

Community identity and community needs

Participants in the interviews discussed their community identity and community needs. Overall, participants were satisfied with their community and the way the community has worked together during the global crisis. In certain communities, participants expressed concerns of discrimination and heightened tensions. Community needs mentioned in the interviews included gathering places for elders, more tailored education (both in language and in understanding) for older adults related to health and affordable healthcare.

Participants noted:

"I really like the community around us it's very peaceful, people are friendly, social. What I love about it is that we all support one another and that is very important for an easy connection between each other."

" I like my community because it reminds me of my country. I was shocked that during this tough time a lot of my community members stayed in touch and asked about me and my family."

## COVID-19

COVID-19 had an impact on all participants in one way or another and in some interviews dominated the conversation. Participants noted challenges with social cohesion due to the need for physical distancing and participants feeling unable to communicate easily with others due to language barriers or technology access. Participants also noted a concern about rumors or “fake news” related to health and wellbeing, particularly related to COVID-19, and wished for more communication from trusted sources.

Participants noted:

"Now as the center (AHSC) had to close due to the COVID-19, we feel like isolated from the world."

"I am worried that I won't be able to see my friends again, or I die without having anyone next to me. "

## Social connectedness and social isolation

Exacerbated by COVID-19, social isolation and social connectedness have been issues in the older adult community. Participants noted both positive aspects of the available services for increasing social connectedness but also noting that these were not possible now and feeling the loss. Participants noted feeling socially isolated due to living alone, language barriers, lack of transportation or fear of discrimination. Participants noted a desire for increased programming (either virtually or in person) that would be tailored for their community. Examples noted were for languages spoken such as Chinese, Vietnamese and Korean as well as cultural identity such as LGBTQ.

Participants noted:

"Even though he frequents the Pacific Grove and Hillsboro senior center, there is no programming for the community of LGBT elders. He still attends these locations due to need for food and free bread on Thursdays. Would love a community center for LGBT people that has an elder program."

"Mental health/emotional support is the most important to me. I want a place to talk to someone and connect with people."

"It would be great if we can arrange seniors trips to places we didn't see before. Have monthly meetings to share our needs and thoughts."

## Barriers to accessing services

Participants noted key barriers to accessing services. Some were related to a lack of knowledge or awareness of a service or the lack of having information about the service in a native language. Other barriers noted were stigma, fear of discrimination, cultural competency and health literacy. Medicare, legal aid, navigating social security, Medicaid and senior benefits were all mentioned as issues that participants needed additional support.

Participants noted:

"Not on OHP and this leads to very limited Spanish speaking medical professions due to Medicare being primary in English. Very limited availability for Spanish speaking."

"Having someone to help with managing social security, Medicare, Medicaid, senior benefits, health care."

### Aging in place

Nearly all participants spoke to wanting to stay in the community as they aged, often in the same living situation. Affordable, accessible and stable housing were of concern in the community, especially considering rising housing costs and lack of supportive services. Participants also raised the issues of living with chronic conditions and disabilities as well as the complexity of providing care for family and loved ones.

"The most important to me about aging in place is stable housing without any safety concerns and to learn how to prepare for a medical emergency."

"I like to have more access to housing and more economic support for older adults because sometimes the pension is not enough money to pay the bills, housing and food."

"I am scared if I can't pay my rent that I will have to move somewhere else and start over".

### **Other Assessments and Information Used**

Several resources have been useful for planning purposes and developing the 2021-2024 Area Plan. In addition to a number of research articles from leading organizations across the nation, such as AARP, Administration for Community Living, Grantmakers in Aging, and the Robert Wood Johnson Foundation, a number of reports and plans from the local community were consulted including, but not limited to: 2017 Washington County Community Health Improvement Plan; Community Action's 2020 Issues of Poverty Report; Leading with Race: Research Justice in Washington County from Coalition of Communities of Color; Moving Ahead Together: A Framework for Integrating HIV/AIDS & Aging Services from Grantmakers in Aging.

### **A-4 PRIORITIZATION OF DISCRETIONARY FUNDING**

DAVS waitlist for Oregon Project Independence (OPI) serving consumers 60 and older is typically 100-125 people due to funding limitations. Other waitlists are opened on an as-needed basis for services that spend out annually or that have limitation due to program caseloads. The prioritization and process for each of these separately funded programs is listed below:

- Family Caregiver Support Program
  - The family caregiver is provided an assessment and intake appointment and then placed on a waitlist according to their needs. Priority is given to those caring for someone with the highest level of need, those with fewer resources, and limited natural supports. While on the waitlist, family caregivers are offered Options Counseling and referred to other programs such as support groups, education, and training.
  
- Home Repair and Modification
  - Home repair and modification projects are taken on a first-come, first-serve basis until funding is expended. Individuals with projects demonstrating a clear safety

concern, or that are at risk of displacement due to the issue, are given priority. Referrals are made to other repair programs as needed. *Most services have been suspended due to COVID-19.*

- Options Counseling
  - The individual is placed on a waitlist and served on a first-come, first-serve basis. If there is an emergent issue, the consumer is provided necessary information and referral while they await their Options Counseling appointment.
- Oregon Money Management Program
  - Clients are served from the OMMP waitlist on a first-come, first-serve basis. Priority is given to people with low income and that have no other support to manage their money. During the pandemic, priority has also been given to individuals who live in congregate care settings due to the in-person support required to begin Money Management services. For community-dwelling people on the waitlist, priority is given to those at risk of abuse or self-neglect.
- Oregon Project Independence (OPI) and Oregon Project Independence Pilot (OPI Pilot):
  - Prioritization of services will be based on the state standardized Oregon Project Independence Waitlist Tool (MSC 2549B) that measures the risk for out of home placement. Consumers with the highest risk of out of home placement are given priority. Black, Indigenous and People of Color and other consumers from underserved populations will be considered for additional prioritization on a case-by-case basis. Options Counseling is offered to any OPI client that has their in-home services denied, reduced or terminated. This provides the client with other resources and long-term care options that promote independence, maintain quality of life, and reduce the risk of institutionalization. At any given time, there are 75-125 on the OPI waitlist.

DAVS consistently designates a portion of the Older Americans Act Title III-B allocation for program development and coordination. These funds are used to carry out responsibilities as an Area Agency on Aging and for development of new programs and coordination of existing programs and services for persons age 60 and older within the service area. Examples of program development and coordination activities include gathering and analyzing data to determine older adult needs for programs and services within the DAVS service area and using needs assessment information to establish goals for program modification, enhancement and development. DAVS also works with communities and groups within the service area to encourage local responses and resources to meet the needs of older adults. DAVS serves on committees, advisory councils and boards of organizations providing services which have an impact on the lives of older adults, including services such as transportation, health services, food access, housing, and elder abuse prevention. DAVS utilizes the No Wrong Door approach to support individuals to access all the available benefits and programs for which they are eligible, including referrals to Medicaid Long-Term Services and Supports through Aging and People with Disabilities, to the Veterans Administration, to Coordinated Care Organizations and to other federal, state and local programs. By serving as an access and coordination point to a multitude of services, DAVS can assist more individuals and stretch limited funding.

In the first year of this planning period, DAVS will continue to focus on meeting the increased needs created by the COVID-19 pandemic. The pandemic has highlighted, and exacerbated disparities experienced by Black, Indigenous, and People of Color. As DAVS makes funding decisions and identifies program opportunities, DAVS will apply an equity lens and engage the community to inform decisions. In all cases, DAVS strives to prioritize services for those at highest risk and those in most need, utilizing data and assessment tools to drive decisions.

DAVS prioritizes funding for programs and services that are evidence-based or that are proven to have a positive impact on the community being served, again, applying an equity lens and being informed by the communities impacted.

# SECTION B PLANNING AND SERVICE AREA PROFILE

## B-1 POPULATION PROFILE

### General population

Washington County has a total population size of 589,481 of which 109,527 are age 60 and over (American Community Survey 2015-2019 5-year estimates). Almost one in five people (18.6%) in Washington County are age 60 and over and 8.8% of older adults (age 60 and over) are age 85 and over. The proportion of people age 60 and over has grown about 9 percent between 2017 and 2019. The total population has increased by about 17,000. 6.2% of adults 65 years and over in Washington County live less than 125 percent of the poverty level compared to 8.9% of the total population of the county and 11.5% of people under the age of 18. More older adults (age 65 and over) live in cost-burdened housing (spending more than 30 percent or more of income on housing costs) than the total population in the county with 31.3% of older adult homeowners and 63.3% of renters fitting this category compared to 23.2% of total population homeowners and 45.1% of total population renters, respectively.

### Race/ethnicity

Approximately 11.2% of Washington County’s older adult population is comprised of minority populations (any older adult identifying as non-white and/or Hispanic/Latino). See table below for distribution of race/ethnicity among older adult and total population of Washington County.

Table 6. Washington County Demographics

Race/ethnicity category	Percent			
	Total population	Age 65 and over	Age 65 and over living below poverty line	Percent with a disability
White non-Hispanic/Latino	75.9%	88.8%	5.6%	11.6%
Black or African American	2.0%	0.9%	19.0%	8.2%
American Indian and Alaska Native	0.6%	0.4%	11.8%*	14.7%
Asian	10.6%	7.3%	9.6%	6.3%
Native Hawaiian and Other Pacific Islander	0.4%	0.2%	Too few to count	4.7%
Some other race	5.1%	1.1%	5.7%*	5.6%
Two or more races	5.4%	1.3%	5.7%*	9.1%
Hispanic/Latino (of any race)	16.7%	4.6%	11.5%	5.6%

2015-2019 American Community Survey 5-year estimate, \*low counts, estimates are unstable



## Language

There are over 40 languages spoken at home in Washington County. The most common languages spoken at home (other than English) are listed in order:

Table 7. Language Preference

Top 10 languages spoken at home	Population estimate	Percent
Spanish	73762	13.1%
Chinese (including Mandarin, Cantonese)	8397	1.5%
Vietnamese	7299	1.3%
Tagalog (includes Filipino)	5295	0.9%
Arabic	5166	0.9%
Hindi	4780	0.9%
Korean	4341	0.8%
Amharic, Somali, or other Afro-Asiatic languages:	3705	0.7%
Telugu	3102	0.6%
German	2726	0.5%

More older adults speak English only at home than the general population (13.9% of older adults speak a language other than English at home compared to 24.8% of the total population). For older adults, the distribution looks different. The most common languages spoken at home other than English for adults 65 years and over are: Asian and Pacific Island languages\* (5.2%), Other Indo-European languages\* (4.2%), and Spanish (3.8%).

\*Asian and Pacific Island languages includes (from the top 10 languages spoken in Washington County): Chinese, Korean, Vietnamese, Tagalog (includes Filipino), and Japanese. Other Indo-European languages includes (from the top 10 languages spoken in Washington County): Hindi, Telugu, and Persian (includes Farsi, Dari).

## Disability

Approximately 10% of Washington County's residents experience a disability. The presence of a disability increases with age in the county with 7.8% of adults (age 35-64) experiencing a disability, increasing to nearly one in five (18.6%) for older adults ages 65-74 and almost one in two (47.5%) of older adults age 75 and over. Disability status also differs by race and ethnicity with a greater proportion of American Indian and Alaska Native residents experiencing a disability compared to the total population (14.7%) followed by residents who identify as white non-Hispanic/Latino at 11.6% (see table above).

The most common disability reported among Washington County residents is an ambulatory difficulty followed by cognitive and independent living difficulties. Among older adults, the most common difficulties were ambulatory, independent living and hearing.

Table 8. Washington County Disability Prevalence

Disability type	Percent		
	Total population	Age 65 and over	Age 75 and over
Hearing difficulty	2.9%	13.8%	23.1%
Vision difficulty	1.7%	5.1%	8.4%
Cognitive difficulty	4.4%	8.6%	14.7%
Ambulatory difficulty	4.7%	19.5%	31.7%
Self-care difficulty	2.0%	3.9%	13.5%
Independent living difficulty	4.5%	13.4%	24.7%

**Veteran Status**

Approximately 6.9% of Washington County’s residents are Veterans. Of those, the largest proportion, nearly one in two, are made up of older adults 45.1% (ages 65 and over). The second largest proportion are among adults 35 to 54 years (27.9%). Over one quarter of Veterans (26.1%) experience a disability compared to 10.8% of nonveterans. About one third (33.1%) of Washington County Veterans served in the Vietnam Era.

**B-2 TARGET POPULATIONS**

**Overview**

DAVS target population includes not only those adults over age 60, but also people with physical disabilities and veterans. DAVS serves the entirety of Washington County, but strive to reach rural residents and those at risk of social isolation or institutional placement. Though Washington County is one of the most diverse in Oregon, access to culturally specific services is limited. During the past four years, DAVS has been providing services for older adults with the greatest economic and social needs as well as beginning to focus on equity issues impacting communities of color and people from diverse ethnic and cultural backgrounds. The COVID-19 pandemic and subsequent community response has provided an opportunity for collaboration and connection with many new organizations and community leaders that DAVS plans to develop.

During the 2017-2020 planning period, including the response to COVID-19, DAVS funded several culturally specific services, including congregate meals and other nutritional support, caregiver information and access assistance, telephone reassurance, technology access, family caregiver education and training, evidence-based health promotion and chronic-disease self-management. DAVS strives to provide culturally responsive services and plans to increase partnerships with trusted community-based organizations to reach historically underrepresented groups and to leverage the strengths of the community. DAVS will conduct outreach to underserved populations and employ measures to promote equity in its operations. DAVS strives to make inroads with isolated and disenfranchised people, such as 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, LGBT people, and people aging with HIV.

Based on the intent of the Older Americans Act and with the information gathered during the needs assessment, the pandemic response, experience of DAVS staff and contractors, and the expertise of trusted community partners, DAVS focus populations for the coming planning period will be:

## **Communities of Color**

Racial and ethnic minorities represent approximately 11% of residents over age 65 in Washington County but disproportionately are living below the poverty line and experiencing a disability (See Table 6). Cultural norms, preferences, needs and ability varies widely across the community, as does an individual's comfort with accessing services from government entities. To partially address this, DAVS has been contracting with Asian Health & Services Center, Centro Cultural, and Immigrant & Refugee Community Organization. These organizations are important touchpoints for the community and provide services that address hunger, safety, health and well-being, transportation and access to other services. In response to the pandemic, DAVS has engaged with Muslim Educational Trust; Le 'eo 'Ofa and other organizations serving Native Hawaiian and Pacific Islander communities; as well as current contractors to identify emerging needs and to plan for what's next. DAVS intends to expand culturally responsive services in the next planning period to provide more equitable access to services, promote familiarity with DAVS as a trusted resource, and to strengthen support for community-based organizations. Funding for recreation, nutrition support, evidence-based health promotion and caregiver support and access will be the primary focus in the 2021-2024 funding period. Additionally, DAVS will continue to review and modify staffing and delivery for maximum accessibility and responsiveness. This includes ensuring diverse representation in marketing materials, non-transactional methods of outreach and collaboration, providing technology access and utilizing multiple methods of engagement to reduce barriers and identify solutions.

## **Older individuals who are Native Americans**

The Older Americans Act specifies that each area agency collaborate with the Title VI providers in the planning service area. To that end, DAVS will work with Confederated Tribes of Grand Ronde and the Confederated Tribes of Siletz Indians to serve Native Americans residing in Washington County. DAVS hopes to continue building relationships with these two Tribal entities as well as with other local agencies serving the Native American population in the tri-county area including Native American Rehabilitation Association (NARA), Native American Youth Association (NAYA) and local representatives at the Indian Health Board. A collaboration was started with some success in early 2019 but was paused due to COVID19 and in anticipation of the new Tribal Navigator position at NARA. Participants in the collaborative meetings included representatives from these Tribal organizations and other organizations serving Native Americans, the Area Agencies on Aging in Multnomah and Clackamas County, and Aging & People with Disabilities. The goals were to build relationships, share information, and then work together to develop the area plan. DAVS hopes to resume this collaboration, or something similar in the next planning period. It is important to note that participation in the recent needs assessment by Native Americans was increased thanks to the work of community health workers, staff and volunteers at Grand Ronde and Siletz.

## **Older Individuals with Limited English Proficiency**

DAVS has been developing an increasing amount of its outreach materials in both English and Spanish and through partnership with other community-based providers such as Asian Health & Service Center and Centro Cultural, has been able to conduct education and training and other outreach activity in Chinese (Mandarin and Cantonese), Korean, Spanish, and Vietnamese. DAVS has bilingual Spanish speaking staff and volunteers providing several of DAVS programs. DAVS staff do offer clients interpretation and translation as needed but navigating programs and services can be challenging regardless of any language barrier. DAVS intends to review and update printed and online material to reduce the reading level of materials, to use icons and images that provide meaning regardless of language, and to translate more foundational

materials to promote access. DAVS will continue to harness opportunities to collaborate with trusted community leaders to increase referrals to services.

### **Low income or residents in rural areas or those at risk for institutional placement**

Low income, residents in rural areas and those at risk for placement in higher levels of care are identified, engaged and served by many of the activities described throughout the area plan. Specifically, DAVS works with hospitals to identify those most vulnerable for higher levels of care through the Care Transitions program. DAVS also works closely with APD to identify, engage and serve consumers who might not be eligible for APD services. Referrals are made to DAVS to meet this population's needs.

### **Lesbian, Gay, Bisexual, Transgender**

In the previous planning period, DAVS focused on issues identified by LGBT older adults through a metro-wide alliance convened regularly to strategize outreach and engagement of this community. DAVS earned a bronze star with SAGE Care, indicating that 25% of staff completed one hour of an array of "LGBT and Aging" trainings in person or online and will continue to offer education and training to staff. DAVS began to and will continue to support and attend local Pride events to cultivate relationships in the LGBT communities. Because LGBTQ+ older adults are five times less likely to access services and, in Washington County, lack a safe place to gather for support or programming. The Westside Queer Resource Center and SAGE Metro PDX are just two of the local organizations seeking to create such space(s). Signaling to older adults that DAVS staff are welcoming and inclusive is a critical part of outreach. As such, DAVS has LGBT friendly signage posted in the office, email signatures, and on outreach and program materials. DAVS has engaged in a statewide planning group focused on the needs of LGBT older adults and continues to work with SAGE Metro PDX and other local groups to identify needs as well. DAVS provides Oregon Project Visibility, a free training for people serving older adults to help increase the cultural responsiveness of aging services providers and to help foster a positive and welcoming community. DAVS will build on relationships with organizations serving LGBT people and plans to serve this need through recreation, health promotion, nutrition, caregiver access and continued education and training.

### **Long-Term Survivors of HIV/AIDS**

Approximately 50% of people in the US living with HIV are age 50 or older and by 2030 that is anticipated to rise by 70%. Additionally, there is a disproportionate rate of HIV in Black and Latine communities. Grantmakers in Aging released Moving Ahead Together: A Framework for Integrating HIV/AIDS & Aging Services in December 2020. In the next planning period, DAVS will work in partnership with community-based organizations, public health organizations, and others to meet the needs of long-term survivors ages 60+ as well as veterans of any age living with HIV. Potential programming opportunities include chronic disease self-management, recreation, and nutrition services.

### **Veterans**

DAVS aids veterans and their dependents in obtaining federal, state and local benefits. This is accomplished through active outreach within local communities, at long term care- facilities and through in-home visits. DAVS began providing services from an office co-located with WIC and Community Action in Tigard in 2019 and hopes to expand to additional outstations in future years. DAVS staff assist veterans in filing claims for benefits with the federal and state Veterans' Affairs Departments and acting as a representative for veterans in appeals concerning claims with the U.S. Department of Veterans' Affairs. Staff link potentially eligible veterans with OAA, OPI, Medicaid and food assistance programs. They also take referrals of Medicaid clients to

establish VA eligibility and file claims as required by Medicaid. DAVS has partnered with the VA Medical Center to provide case management services for the VA's Veteran's Directed Home and Community Based Services Program. DAVS partners with Ride Connection to provide transportation through the Veteran to Veteran program which recruits veterans to drive veterans

to medical appointments, pick up medications or for trips to the grocery store. Ongoing services are needed to educate and assist veterans, their dependents and other veteran representatives, groups and organizations. In the next planning period, DAVS Veterans program intends to focus on reaching each of the groups identified above.

### **B-3 AAA SERVICES AND ADMINISTRATION**

The following list is a narrative accompaniment to Attachment C, which is described further in Section D

#### **Personal Care #1 (contracted) #1a (HCW) (1 unit = 1 hour)**

In-home services provided to maintain, strengthen, or restore an individual's functioning in their own home when an individual is dependent in one or more ADLs, or when an individual requires assistance for ADL needs. Assistance can be provided either by a contracted agency or by a homemaker worker paid in accordance with the collectively bargained rate. (OAR 411-0032)

#### **Homemaker #2 (contracted) #2a (HCW) (1 unit = 1 hour)**

Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework. (AoA Title III/VII Reporting Requirements Appendix – [www.aoa.gov](http://www.aoa.gov)).

#### **Chore #3 (contracted) (HCW) (1 unit = 1 hour)**

Assistance such as heavy housework, yard work or sidewalk maintenance. (AoA Title III/VII Reporting Requirements Appendix – [www.aoa.gov](http://www.aoa.gov))

#### **Home Delivered Meals #4 (1 unit = 1 meal)**

A meal provided to a qualified individual in his/her place of residence that meets all of the requirements of the Older Americans Act and state and local laws. (AoA Title III/VII Reporting Requirements Appendix – [www.aoa.gov](http://www.aoa.gov))

#### **\*Adult Day Care #5 (1 unit = 1 hour)**

Personal care for dependent elders in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance and home health aide services for adult day health. (AoA Title III/VII Reporting Requirements Appendix – [www.aoa.gov](http://www.aoa.gov)).

#### **Case Management #6 (1 unit = 1 hour)**

A service designed to individualize and integrate social and health care options for or with a person being served. Its goal is to provide access to an array of service options to assure appropriate levels of service and to maximize coordination in the service delivery system. Case management must include four general components: access, assessment, service implementation, and monitoring. (OAR 411-032)

#### **Congregate Meals #7 (1 unit = 1 meal)**

A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the Older Americans Act and state/local laws. (AoA Title III/VII Reporting Requirements Appendix – [www.aoa.gov](http://www.aoa.gov)).

**Nutrition Counseling #8** (1 unit + 1 session per participant)

Individualized guidance to individuals who are at nutritional risk due to their health or nutrition history, dietary intake, chronic illnesses, medications use or to caregivers. Counseling is provided one-on-one by a registered dietician and addresses the options and methods for improving nutrition status. (AoA Title III/VII Reporting Requirements Appendix – [www.aoa.gov](http://www.aoa.gov))

**\*Assisted Transportation #9** (1 unit = 1 one-way trip)

Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation. (AoA Title III/VII Reporting Requirements Appendix – [www.aoa.gov](http://www.aoa.gov))

**Legal Assistance #11** (1 unit = 1 hour)

Legal advice and representation provided by an attorney to older individuals with economic or social needs as defined in the Older Americans Act, Sections 102(a)(23 and (24), and in the implementing regulation at 45 CFR Section 1321.71, and includes to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of a lawyer and counseling or representation by a non-lawyer where permitted by law (Source: OAA)#50-3 (1 unit = activity) – **Formerly Elder Abuse Prevention**

Public education and outreach for individuals, including caregivers, professionals, and paraprofessionals on the identification, prevention, and treatment of elder abuse, neglect and exploitation of older individuals. Training for individuals in relevant fields on the identification, prevention, and treatment of elder abuse, neglect, and exploitation, with focus on prevention and enhancement of self-determination and autonomy. (Definition based on OAA 721(b) (1, 2, & 6)) Note: Multi-Disciplinary Teams (MDT), Gatekeeper education programs, short-term emergency shelter or transportation funding are allowable activities under this service.)

**Nutrition Education #12** (1 unit = 1 session per participant)

A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietician or individual of comparable expertise. (AoA Title III/VII Reporting Requirements Appendix – [www.aoa.gov](http://www.aoa.gov))

**Information and Assistance #13** (1 unit = 1 activity)

A service that (a) provides individuals with information on services available within the communities (b) links individuals to the services and opportunities that are available within the communities (c) to the maximum extent practicable, establishes adequate follow-up procedures. (AoA Title III/VII Reporting Requirements Appendix – [www.aoa.gov](http://www.aoa.gov))

**Outreach #14** (1 unit = 1 contact)

Intervention with individuals initiated by an agency or organization for the purpose of identifying potential client(s) or their caregivers and encouraging their use of existing services and benefits. (Contact) Services or activities targeted to provide information to groups of current or potential clients and/or to aging network partners and other community partners regarding available services for the elderly Examples of this type of service would be participation in a community senior fair, publications, publicity campaigns, other mass media campaigns, presentations at

local senior centers where information on OAA services is shared, etc. (Definition developed by 2011 AAA/SUA workgroup) (Activity)

**Information to Caregivers #15** (serving elderly) and **15a** (serving children) (1 activity)

A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities. (AoA Title III/VII Reporting Requirements Appendix – [www.aoa.gov](http://www.aoa.gov))

**Caregiver Access Assistance #16** (serving elderly) **16a** (serving children) (1 unit = 1 contact)

A service that assists caregivers in obtaining access to the available services and resources within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. (AoA Title III/VII Reporting Requirements Appendix – [www.aoa.gov](http://www.aoa.gov))

**Area Plan Administration #20-1**

Area Agency administrative functions required to implement the planned services, maintain required records, fulfill the requirements of federal regulation, state rules, and state unit policies and procedures and support the advisory committee. Includes such responsibilities as bidding, contract negotiation, reporting, reimbursement, accounting, auditing, monitoring and quality assurance. (OAA 301-308)

**AAA Advocacy #20-2**

Monitor, evaluate, and, where appropriate, comment on all policies, programs, hearings, levies, and community actions which affect older persons. Represent the interests of older persons; consult with and support the State's long-term care ombudsman program; and coordination of plans and activities to promote new or expanded benefits and opportunities for older persons. (45 CFR 1321.61(b) (1-5))

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

Activities include AAA liaison with other agencies and organizations serving older adults, services development and mobilization of non-OAA funds to enhance delivery of services to older adults (Condensed from AoA PI-83-4)

**Home Repair/Modification #30-1**

Minor health and safety modification including screening of high-risk home environments and provision of educational programs on home modifications to prevent falls, and home modifications to promote access and safety of older adults in their homes. These services are designed to facilitate the ability of older adults to remain at home. (Based on OAA 1029(a)(30)).

**Respite Care #30-5** (serving elderly) **30-5a** (serving children) (1 unit = 1 hour see notes)

Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite Care includes: (1) In-home respite (personal care, homemaker, and other in-home respite) (2) respite at a senior center or other nonresidential program (3) respite provided by placing the care recipient in an institutional setting such as a nursing home for a period of time (4) and for grandparents/relatives caring for children – day or overnight summer camps. (AoA Title III/VII Reporting Requirements Appendix – [www.aoa.gov](http://www.aoa.gov) & SPR Q&A #28, 2008)

Note: OAA 373 (a)(2) (A & B) states priority shall be given to caregivers providing services to individuals whom meet the definition of 'frail'. (See General Terms and Definitions.)



**Caregiver Support Groups #30-6** (serving elderly) **30-6a** (serving children) (1 unit = 1 session per participant)

Peer groups that provide opportunity to discuss caregiver roles and experiences and which offers assistance to families in making decisions and solving problems related to their caregiving roles. (DHS/SPD/SUA definition)

**Caregiver Supplemental Services #30-7** (serving elderly) **30-7a** (serving children) (1 unit = 1 payment)

Services provided on a limited basis that complement the care provided by family and other informal caregivers. Examples of supplemental services include, but are not limited to, legal assistance, home modifications, transportation, assistive technologies, emergency response systems and incontinence supplies. (AoA Title III/VII Reporting Requirements Appendix – [www.aoa.gov](http://www.aoa.gov))

Note: Supplemental service priority should always be given to caregivers providing services to individuals meeting the definition of 'frail'. (See General Terms and Definitions) Home-delivered meals and transportation to caregivers serving older adults or caregivers serving children are to be reported under this matrix.

**Health Promotion: Evidence-Based #40-2, #71** (1 unit = 1 session, per participant)

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

**Health Promotion: Non-Evidence Based #40-3, #40-8** (1 unit = 1 session) **#40-5** (1 unit = 1 loan or payment)

Health promotion and disease prevention activities that do not meet ACL's definition for an evidence-based program as defined at ACL's website. Activities may include those defined in the OAA (Section 102(14)) for example: (A) health risk assessments; (B) routine health screening; (C) nutritional counseling and educational services for individuals and their primary caregivers; (E) programs regarding physical fitness, group exercise, and music therapy, art therapy, and dance-movement therapy; (F) home injury control services; (G) screening for the prevention of depression, coordination of community mental and behavioral health services, provision of educational activities, and referral to psychiatric and psychological services; (H) educational programs on the availability, benefits, and appropriate use of preventive health services covered under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.); (I) medication management screening and education; (J) information concerning diagnosis, prevention, treatment, and rehabilitation concerning age-related diseases and chronic disabling conditions; (K) gerontological counseling; and (L) counseling regarding social services and follow-up health services based on any of the services described in subparagraphs (A) through (K). The term shall not include services for which payment may be made under titles XVIII and XIX of the Social Security Act (42 U.S.C. 1395 et seq., 1396 et seq.). (Source: OAA)

\*Note: Initial and annual HDM nutrition assessments including nutrition risk screening should be reported under this service. The funding source for this should be reported as Title III-C2 Home Delivered Meals, 1 unit per session.



**Reassurance #60-3** (1 unit = 1 contact)

Regular friendly telephone calls and/or visits to physically, geographically or socially isolated individuals to determine if they are safe and well, if they require assistance, and to provide reassurance. (Definition developed by 2011 AAA/SUA workgroup)

**Volunteer Services #60-4** (1 unit = 1 placement)

**#90-1** (1 unit = 1 hour)

Uncompensated supportive services to AAAs, nutrition sites, etc., Examples of volunteer activities may be, but are not limited to meal site management, Board and Advisory Council positions, home-delivered meal deliveries, office work, etc. (hour) One placement means one volunteer identified, trained and assigned to a volunteer position Note: Volunteers performing a direct service such as respite, in-home care, chore service, shopping, etc. are reported under the appropriate service category as a unit of service and value of volunteer time is reported as In-kind Match. (Definition developed by 2011 AAA/SUA workgroup)

**\*Options Counseling #70-2** (1 unit = 1 hour)

Counseling that supports informed long-term care decision making through assistance provided to individuals and families to help them understand their strengths, needs, preferences and unique situations and translates this knowledge into possible support strategies, plans and tactics based on the choices available in the community. (Based upon NASUA's definition.)

**Counseling/Support Groups/Caregiver Training #70-2a, #70-9** (serving elderly) **#70-2b, #70-9a** (serving children) (1 unit = 1 session per participant)

Caregiver Counseling: A service designed to support caregivers and assist them in their decision-making and problem solving. Counselors are service providers that are degreed and/or credentialed as required by state policy, trained to work with older adults and families and specifically to understand and address the complex physical, behavioral and emotional problems related to their caregiver roles. This includes counseling to individuals or group sessions. Counseling is a separate function apart from support group activities or training (see definitions for these services). (Source: ACT committee)

Caregiver Support Groups: A service that is led by a trained individual, moderator, or professional, as required by state policy, to facilitate caregivers to discuss their common experiences and concerns and develop a mutual support system. Support groups are typically held on a regularly scheduled basis and may be conducted in person, over the telephone, or online. For the purposes of Title III [www.aoa.gov](http://www.aoa.gov)-E funding, caregiver support groups would not include "caregiver education groups," "peer-to-peer support groups," or other groups primarily aimed at teaching skills or meeting on an informal basis without a facilitator that possesses training and/or credentials as required by state policy. (See also definitions for training and counseling). (Source: ACT committee)

Caregiver Training: A service that provides family caregivers with instruction to improve knowledge and performance of specific skills relating to their caregiving roles and responsibilities. Skills may include activities related to health, nutrition, and financial management; providing personal care; and communicating with health care providers and other family members. Training may include use of evidence-based programs; be conducted in person or on-line and be provided in individual or group settings. (Source: ACT committee)

**Other Services** (1 unit = 1 hour or 1 activity)

A service provided using OAA funds under Titles III-B or C in whole or in part, that do not fall into the previously defined service categories. Examples: Money Management, Benefits Enrollment Center. (Source: Current SPR)

**\*These services have been affected by the budget for OPI.** Please note that DAVS has approval to use OPI funds for both #9 Assisted Transportation and #70-2 Options Counseling.

**B-4 NON-AAA SERVICES, SERVICE GAPS AND PARTNERSHIPS TO ENSURE AVAILABILITY OF SERVICES NOT PROVIDED BY THE AAA**

<b>Service</b>	<b>Provider</b>	<b>AAA Role</b>
<b>Mental Health</b>	Hawthorn Walk-in Center/Mental Health Crisis Team County Mental Health contracted providers Pacific University Clinic	Participate in Advisory Meetings, refer veterans to Pacific University's program, Older Adult Behavioral Health Program Coordinator Co-located at DAVS
<b>Transportation</b>	Tri-Met, Ride Connection	Program referral, participate in Advisory Meetings, advocacy, provide limited Tri-met passes
<b>Housing</b>	County Housing Department	Housing Coordinator, participate in Advisory Meetings, advocacy
<b>Employment Services</b>	Employment Department, Vocational Rehabilitation	Member of SAC, Veterans Committee, program referrals
<b>Energy Assistance Programs</b>	Community Action	Grant partnership, referral source, advocacy
<b>Disability Services and Programs</b>	Independent Living Resources, State Independent Living Council, Aging and People with Disabilities	Partner on various grants, consultation around advocacy, program referrals
<b>Community Healthy Aging</b>	County Public Health	Partner on various grants, participate in Community Health Improvement Grants
<b>Senior Centers</b>	Seven throughout PSA	Partner through grants, advocacy, programming
<b>Culturally Specific Services</b>	Asian Health & Service Center Centro Cultural Immigrant & Refugee Community Organization	Grant partnership, program referrals, consultation
<b>Title VI</b>	Siletz and Grand Ronde	Referral, participation in statewide Tribal/AAA convenings
<b>Medicaid</b>	Aging and People with Disabilities	Program referrals, complex case consultation

In addition to the partnerships identified in Attachment B, DAVS participates in a regional effort to engage and communicate with the local CCO's (Health Share). Through memoranda of understanding (MOU), collectively the organizations have committed to better service, lower costs and improved outcomes for all older adults in the region.

Another key partner is APD. As a primary relationship with the ADRC, APD provides Medicaid, food benefits, and long-term care services and supports to the most vulnerable low-income consumers in the county. APD has strategically located three offices in Washington County with their Hillsboro office joined to DAVS further enhancing communication and coordination of benefits between the agencies. Through an MOU and BEC, DAVS and APD coordinate access to all long-term care services and supports available to older adults and people with disabilities in the area.

# SECTION C FOCUS AREAS, GOALS AND OBJECTIVES

## C-1 LOCAL FOCUS AREAS, OLDER AMERICANS ACT (OAA) AND STATEWIDE ISSUE AREAS

### 1. INFORMATION AND REFERRAL SERVICES AND AGING & DISABILITY RESOURCE CONNECTION (ADRC)

#### **Brief Profile**

DAVS was officially recognized as an Aging and Disability Resource Connection (ADRC) by the State of Oregon in May 2013. ADRCs provide a visible, trusted source of unbiased information and support to older adults and people with disabilities, as well as their families and caregivers. Supported by a statewide searchable database, website and 1-800 phone line, professionally trained, Alliance of Information and Referral Services (AIRS) certified staff not only provide information, but also help consumers access a wide variety of public and private services. Additionally, Washington County's ADRC provides Person Centered Options Counseling, which helps clients make informed decisions about long-term care options, in-home support services and benefits counseling.

#### **Specific Information**

To ensure ADRC services are available to all members of the community, DAVS employs English/Spanish bilingual staff in the call center and utilizes two phone or in-person translation services. DAVS collaborates with Asian Health & Services Center, Centro Cultural de Washington County and Virginia Garcia Memorial Health Center to promote services to the Asian and Latino populations in the county. DAVS and the Regional ADRC partners also participate in various LGBTQ outreach events in order to extend the ADRC's reach into the community.

DAVS is part of a consortium which established a Regional ADRC in the Portland Metro Area (see attached MOU) which also includes the Multnomah, Clackamas and Columbia County Area Agencies on Aging. This Regional ADRC also includes APD offices located in Columbia, Clackamas and Washington Counties and the Independent Living Resource Center covering the Portland metro area. Members of the Regional ADRC have all agreed to work together to pool resources and information, so clients experience an advanced level of care coordination across the region. All resources are shared, without bias, so that consumers can make informed, objective decisions. Regional ADRC partners can take advantage of each other's assets. For example, while one county may be closed due to a compressed work week, another county will take the calls and make referrals. In another instance, one county operates a 24-hour call center that can be accessed by consumers in counties where staff is available only during regular business hours. This collaboration provides added flexibility and allows the Regional ADRC to make a greater impact across the area. The Regional ADRC also has a contract with Providence Health Systems to provide Care Transitions coaching to help reduce patient readmissions. DAVS has an MOU with the Regional ADRC including CCO's and APD offices. This agreement reflects the above and allows agencies to combine resources and provide complex case consultations as needed. ADRC quality assurance is addressed through the ADRC Operations Committee, which has worked with Portland State University to ensure each ADRC in the Portland Metro Area is meeting the needs of the communities in their various regions. Service quality of the Washington County ADRC is also regularly reviewed by the

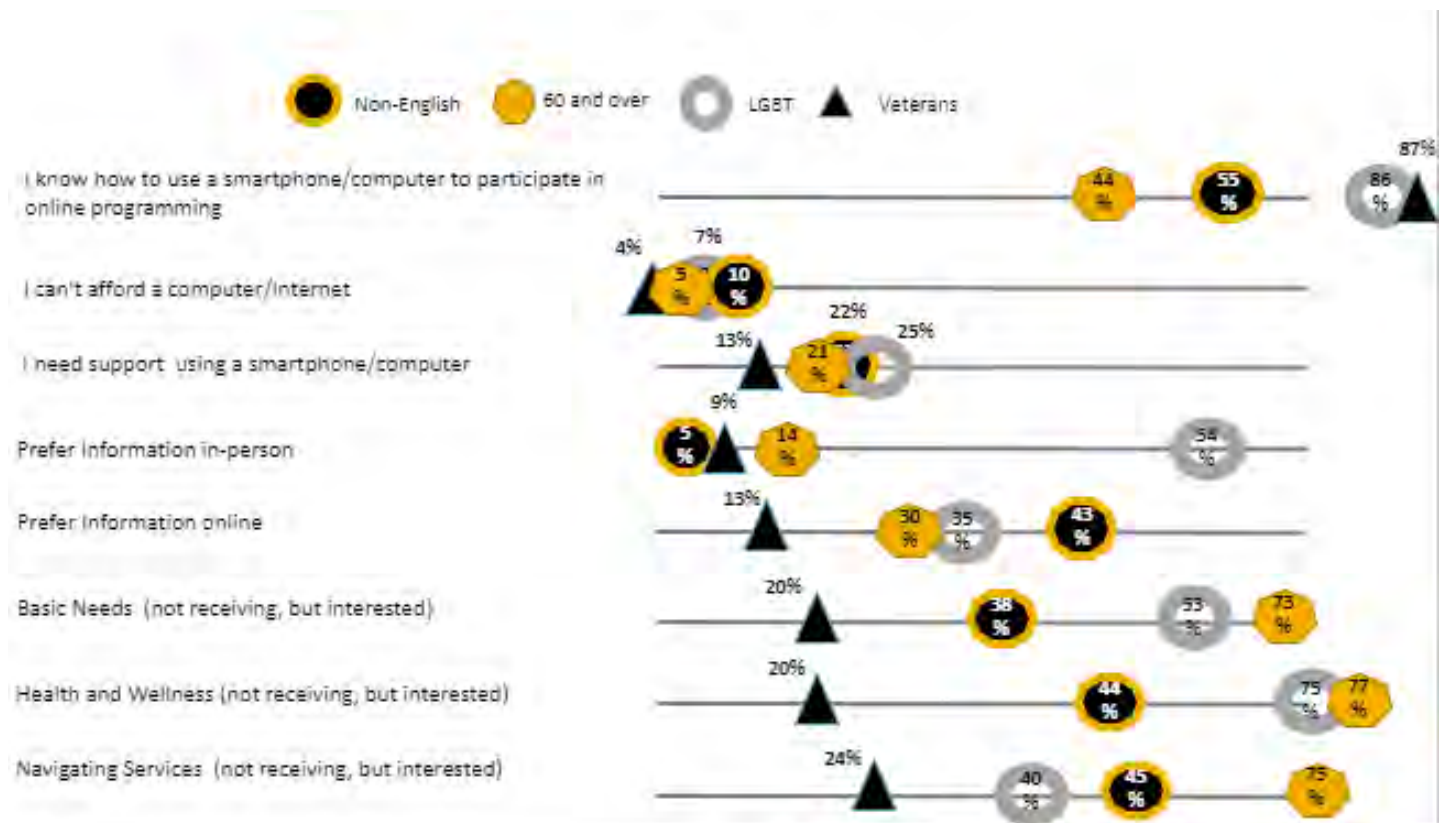
DAVS ADRC Program Technology Specialist, in weekly meetings of the Community and Contracts Team and by the Aging and Veteran Services Advisory Council. [The resource database is also updated weekly by the ADRC Technology Specialist to ensure that that all information in the system is up-to-date.](#)

Since state ADRC funding ended in 2015, DAVS has chiefly utilized Options Counseling funding and Older Americans Act IIIB funding to sustain its information and assistance call center. To this end, DAVS and other AAA partners worked closely with APD for several years on a Medicaid claiming pilot project, to help fund ADRCs. The pilot project involved tracking tasks that are eligible for Medicaid match/reimbursement such as outreach and assistance including application completion. This pilot eventually became the current Oregon Medicaid Administrative Claiming Program, in which AAAs are reimbursed for certain activities pertaining to Medicaid eligibility or Information and Referral services. This program is a valuable source of revenue for AAAs, but unfortunately does not provide enough sustainable funding to hire one full-time Program Specialist in the ADRC.

### **Problem/Need**

The lack of sufficient funding for the ADRC reduces program reach and capacity. With no additional funding on the horizon, program education and community partnerships will need to be increased and strengthened to raise program visibility and utilization, particularly in underserved communities. Similarly, this lack of funding limits DAVS ability to adequately staff the ADRC, with additional, non-ADRC duties and program commitments, further reducing core information and referral job function capabilities. For the ADRC to continue to more efficiently serve the growing population of older adults and people with disabilities in Washington County, DAVS will have to examine roles and workloads both inside and outside the ADRC to restructure and optimize how some services are delivered. This will be a lengthy process, predicated on the current budget, staffing and workload levels remaining at their current levels, and will likely take several years.

During the COVID-19 Pandemic, Washington County's ADRC became an obvious source of pandemic-related information for older adults and provided reassurance calls and support to vulnerable adults socially isolating to avoid contracting the virus. The ADRC also worked closely with the Washington County Emergency Operations Committee to coordinate housing, shelter and food services, disseminate information to long-term care facilities and distribute personal protective equipment to senior centers.



**Goal:** Increase ADRC visibility and utilization

- **Measurable Objectives:** Develop an outreach and engagement plan that prioritizes under-served populations
- **Key Tasks**
  - Develop an outreach and engagement plan that prioritizes under-served populations
    - Supervisors, Senior Program Coordinator and staff, DAVS
    - 7/2021 - 6/2022
  - Translate ADRC program material into Spanish, Mandarin and Vietnamese
    - Supervisor, DAVS
    - 7/2021 - 5/2022
  - Develop and conduct a focused outreach effort targeting healthcare providers
    - Supervisors, Senior Program Coordinator and staff, DAVS
    - 7/2021 - 7/2023

**Goal:** Increase core function capacity and quality assurance in the ADRC

- **Measurable Objective:** Optimize workloads and service delivery of DAVS programs
- **Key Tasks**
  - Form “Program Optimization Workgroup” (POW)
    - Supervisors, staff DAVS, AVSAC
    - 7/2021 - 12/2021
  - POW will develop a plan to improve efficiency of current program service delivery (i.e. cost, staff/client satisfaction, delivery time, quality, etc.)
    - POW
    - 4/2021 - 4/2023

- POW will deliver improvement plan to staff for input/revision
  - POW, staff DAVS
  - 4/2023 - 6/2023
- Pilot revised processes for usability and effectiveness
  - POW, staff DAVS
  - 6/2023 - 8/2023
- **Measurable Objective:** Improvement plan implemented, and quality assurance project conducted with clients and stakeholders
- **Key Tasks**
  - Implement tasks identified in improvement plan
    - POW, staff DAVS
    - 9/2023 - 12/2023

## 2. NUTRITION

### **Brief Profile**

Older adults often experience a decline in nutrition as they age due to a variety of challenges including lack of interest in preparing food for just one or two; hardship with transportation, shopping, carrying and lifting access to fresh, seasonal and culturally appropriate foods; challenges with taste or chewing; and decreasing income.

Funding for nutrition services make up the largest portion of OAA allocations nationally and in Oregon, however, these resources are less than half of actual costs to provide older adult meals in the County. These dollars allow clients to receive a nutritious meal in a community-based environment five days per week, while also offering socialization, education and opportunities for inclusion and volunteerism. Clients who are homebound may also receive hot, nutritious meals delivered to their homes, serving as a daily check-in and social support for those who otherwise may not have frequent or any visitors. Older adult nutrition services provide a robust set of benefits, far beyond a nutritious meal, contributing to the wellbeing of the older adult and their ability to maintain their independence and dignity.

As a result of the COVID-19 pandemic, the method of providing meals changed. DAVS' two nutrition providers closed the congregate meal option and switched to either home delivered meals (HDM's) or to a grab and go method for all participants. While this allowed providers to continue serving the much-needed meals, it greatly increased concerns around social isolation for older adults. COVID-19 has also created further challenges to older adults by limiting their ability to shop for groceries and in using natural supports that provided many of the daily, or weekly, supportive tasks. Overall, the pandemic has drastically changed how older adults interact with others and receive much needed services such as nutrition.

### **Specific Information**

**Identify how Title III C funds will be used to implement nutrition services, including a list of locations, days/times of service, and partner involvement in making nutrition services available.**

DAVS is contracting with Meals on Wheels People, Inc. (MOWP) for congregate and home-delivered meals and Immigrant and Refugee Community Organization (IRCO) for congregate meals. DAVS extended one-year contracts with these providers as their expiration coincided with the beginning of the Area Plan process. DAVS intends to incorporate Area Plan survey and interview data about nutrition needs into future solicitations for these services; resulting in new contracts for a 5-year period. DAVS expects an expansion in culturally specific meals in Washington County as indicated in the Area Plan data to date. In the next solicitation, DAVS expects a change in nutrition services resulting in a request for Congregate meal site providers as well as home delivered meal (HDM) providers. MOWP and IRCO were chosen as one-year awardees as they had been awarded nutrition funds previously during an RFP and letter of interest contracting process.

In past contracting periods, MOWP was selected based on their capacity and ability to provide county-wide service for both congregate and HDM's. They have capacity to provide meals spanning weekends, for emergencies and during disasters and inclement weather. IRCO began serving congregate meals in April 2019, based on the need for culturally specific nutrition options identified in the previous needs assessment. IRCO provides culturally specific meals to the Asian population in Washington County by sub-contracting with restaurants.

Pre-pandemic, congregate meals were provided five days per week from nine locations in the county. When additional weekend meals are authorized, they are delivered as frozen entrées on



Fridays by MOWP. MOWP holds an additional contract at Edwards Center, a service center for people with disabilities. DAVS partnered with this center and MOWP to open their site to older adults in the community one day per week. The Hillsboro Senior and Community Center is not included in contracted services, receiving no OAA funding, but serves as an additional community partner offering a daily congregate meal but no home delivered meal service. This partnership is collaborative, and referrals are made among the centers to best match the appropriate service needs for older adults.

In response to the pandemic, both MOWP and IRCO closed their congregate meal sites in March 2020 and switched to either home delivered meals or grab-and-go meals. Both MOWP and IRCO also began supplementing the meals provided with other grocery items that assisted individuals with additional options for meals who were unable to get to the store or who were unable to prepare food. Using CARES funds, DAVS has increased contract amounts to MOWP and IRCO as well as providing funding to Centro Cultural, Friendly House, and Ride Connection to attempt to meet the incredible demand for nutrition support in the community.

### Locations

The meal site locations are as follows with operating hours around a lunch time meal service. Centers open earlier in the morning based on schedules of transportation partners. Centers offer coffee, tea, muffins and rolls for consumers who arrive early. Socialization and interaction are an important part of this pre-lunch waiting period. Center managers at most locations provide activities including puzzles, TV and videos, arts and crafts, magazines and occasional guest speakers. Note: the number of congregate meals per month and days per week that meals were delivered are from data in late 2019 to early 2020. The prolonged state of emergency and recovery from COVID-19 pandemic will change the number of days that meals are delivered and how many are served at each congregate meal site as communities adjust operations towards reopening.

Centro Cultural\*\*  
 1110 N. Adair Street  
 Cornelius, OR 97113  
 11:30am-1:00pm  
 Average meals served per month: 500

Average meals served per month: 255

Juanita Pohl Center\*  
 8513 SW Tualatin Rd  
 Tualatin, OR 97062  
 11:30am-1:00pm

Average meals served per month: 788

Elsie Stuhr Center\*  
 5550 SW Hall Blvd.  
 Beaverton, OR 97005  
 11:30am-1:00pm  
 Average meals served per month: 1500

North Plains Senior Center\*  
 31450 NW Commercial  
 North Plains, OR 97133  
 11:30am-1:00pm

Average meals served per month: 578

Forest Grove Senior & Community Center\*  
 2037 Douglas Street  
 Forest Grove, OR 97116  
 11:00am-1:00pm  
 Average meals served per month: 698

Phật Quang Buddhist Temple  
 4760 SE 160th Ave.  
 Beaverton, OR 97007  
 11:00am-1:00pm

Average meals served per month: 550

Hillsboro Meals on Wheels People\*\*  
 6701 NE Campus Way  
 Hillsboro, OR 97124  
 11:30am-1:00pm

Tigard Senior Center\*  
 8815 SW O'Mara Street

Tigard, OR 97223

11:30am-1:00pm

Average meals served per month: 1460

\*Meals delivered five days per week

\*\*Meals delivered four days per week

### **Identify any plans to change the meal production and delivery system(s).**

In the previous planning period, DAVS explored developing additional culturally specific meal options to better meet the diverse needs of the county. During the past four years, DAVS partnered with MOWP to provide a culturally appropriate meal one or two days a week at Centro Cultural's community site and partnered with IRCO to provide ethnically appropriate Asian meals two days a week at the Phật Quang Buddhist Temple. During this same time period, Washington County continued to grow in population and the demographics of individuals living in the county continued to become more diverse. Demonstrated by an increase of 4.5% total residents and 7.3% Hispanic or Latino/Latine residents of any race between 2016 and 2019.

As DAVS monitored the demographics of older adults in Washington County, there was discussion with community partners about the need to reconfigure how DAVS contracted meal services in the next RFP. As noted in an above section, the surveys and interviews for the 2021-2024 Area Plan have confirmed that the residents of the county would like to see more options for ethnically appropriate meals. With data as a guide, DAVS anticipates separate solicitations for congregate and HDM's; allowing community partners the opportunity to propose providing one or both services in their communities.

DAVS' previous solicitation requested a nutrition provider who could provide both congregate and HDM's throughout Washington County. This strategy limited the number of providers or community partners who could qualify. DAVS will make the solicitation process more accessible and equitable to organization effectively serving Black, Indigenous and Communities/People of Color. DAVS will use an equity lens in all aspects of the competitive process including reviewing/scoring proposals. DAVS will be encouraging community partners to seek additional funding sources to help increase community meals, allowing OAA funds to be shared among additional providers and expand to underserved communities.

### **Identify how you will develop partnerships and with whom, and how you will engage in fundraising opportunities and other activities to support the costs of providing nutrition services.**

During the pandemic, DAVS strengthened existing partnerships with current community partners such as Centro Cultural and SAGE Metro Portland and has had the opportunity to develop new relationships with organizations such as Muslim Education Trust and Le'o 'oe 'Ofa. The goal is to expand partnerships with new and existing community-based organizations over the next four years. In the upcoming five-year solicitation, DAVS will request that each applicant identify other funding sources they will use to help fund older adult meal services at their locations. DAVS will recommend that awarded community partners conduct additional fundraising to help sustain their meal programs. As required by the OAA, meal participants, whether congregate or HDM, will be given the opportunity to donate funds to help support the meal program. Donated funds are incorporated into the operating budget of each meal program for expansion of services. As a result of the pandemic, DAVS began working with other divisions within Washington County and with community-based organizations to increase access to healthy food and meals. DAVS is working with partners such as Oregon Food Bank and Washington County Public Health to utilize recently purchased refrigerated trucks for delivery of cold items and fresh fruits and vegetables to communities in need.

**Indicate how nutrition education, nutrition counseling and other nutrition services will be provided for both congregate and home-delivered meal recipients.**

Nutrition education is provided at least two occurrences per quarter as outlined in the State Standards for Congregate and Home Delivered Meals. The criterion for delivering nutrition education includes active and passive dissemination of educational information. For example, brochures and flyers with information may be available for view but also highlighted or actively explained by staff at the site.

Nutrition counseling and nutrition assessments are offered for every new client who is registered for home delivered meals, with follow up at six months or one year based on specific need. This service is provided by MOWP client service coordinators. Congregate clients are assessed by the National Aging Program Information System (NAPIS) form filled out when registering at a meal site location. At any time, a congregate client may request nutrition counseling, which is then scheduled and provided by the client service coordinator assigned to the area.

**Explain how nutrition services are linked to and coordinated with health promotion, family caregiver, and other applicable AAA services.**

NAPIS forms are provided to DAVS and entered into the Get Care database which may prompt identification of need for additional services. The point of entry for a client could be via the NAPIS form filled out at a meal site or could be part of an expansive set of referrals identified from the ADRC, which includes nutrition. MOWP and IRCO are trained to refer clients to DAVS, and train staff and volunteers to recognize additional client needs which may warrant referral. The ADRC phone number is widely conveyed within MOWP's network and is available in fliers/brochures at the IRCO meal site when participants are picking up their grab and go meals.

**Problem/Need**

While nutrition services are a large component of Older American Act funding, the funding has not increased at the same pace as the aging population. At the same time, the older adult population is more racially, ethnically, culturally, and linguistically diverse. Continued senior nutrition programming is dependent on OAA funding, in addition to NSIP and state funded OPI dollars. It has become increasingly challenging, with OAA funding not increasing to match the need, to determine how best to disperse funds equitably and in a way that will serve the most participants. Additionally, those receiving meals reflect the diversity of the community. 2020 DAVS Community Needs Assessment data indicates a desire for improved access to alternative food sources, specifically culturally appropriate meals.



*Interested in and currently receiving services to get enough food to eat was cited most frequently by people 60 years of age and older.*



Culturally-specific communities identified food portions are too small or not representative of their cultural diet, e.g. Halal, vegetarian, Chinese, Vietnamese, and Slavic.

***"I really love the activities at Centro-the exercise, the food-except that the food portions are too small...I get home and am hungry again."--Age 72***

What is most important for your well-being?

***"Healthy affordable food choices and access to a dietician specialists who can help with healthy diet advice."***

**Goal:** Increase capacity to provide an equitable older adult nutrition program in Washington County

- **Measurable Objective:** Increase availability of culturally specific meals through community partnerships, as funding allows.
- **Key Tasks**
  - Enhance partnerships with CBO's that serve communities of color, LGBTQ community, and other historically underserved groups.
    - Program Coordinator, DAVS
    - 7/2021 – 6/2022
  - Outreach and promotion to communities of color, LGBTQ community, and other underserved communities.
    - DAVS
    - 7/2021 – 6/2023
  - Identify and apply for at least one additional funding source
    - Program Coordinator, DAVS
    - 7/2021 – 6/2025
  - Conduct staff analysis to address increased administrative tasks related to additional contracts
    - Program Coordinator, Senior Program Coordinator
    - 12/2021 – 12/2022
- **Measurable Objective:** Increase capacity and access to food boxes or other supplemental foods
- **Key Tasks**
  - Expand partnership with community-based organizations for delivering food boxes to older adults in need
    - Program Coordinator, DAVS
    - 1/2021 – 12/2025

- Participate in Food Access Network and the Healthy Communities Collaborative
  - Program Coordinator, DAVS
  - 12/2021 – 12/2022
- Partner with CBO's to provide gift cards to individuals who may not qualify for SNAP that can be used to purchase fresh vegetables and fruits or staple items.
  - Program Coordinator, DAVS
  - 7/2021 – 6/2023
- Enhance partnerships with community centers to provide food (beyond bread) to their sites for congregate participants to access.
  - Program Coordinator, DAVS, CBO's
  - 10/2021 – 10/2022
- **Measurable Objective:** Reconfigure the request for proposal (RFP) process to promote equitable access to funding
- **Key Tasks**
  - Procure congregate and home delivered meals in two distinct processes
    - Program Coordinator
    - 7/2021 – 12/2021
  - Develop and use an equity-focused RFP process and scoring rubric to serve a more diverse group of individuals and include areas that touch on match funding, volunteer support and ways to combat social isolation.
    - Program Coordinator, DAVS and HEPP Team in Public Health
    - 7/2021 – 12/2021
  - Develop and provide technical assistance to support new partners.
    - Program Coordinator
    - 7/2021 – 12/2023
  - Create partnership with nutritionist in Public Health or through OSU extension services to assist new, smaller community-based organizations in meeting OAA nutritional requirements.
    - Program Coordinator, DAVS
    - 7/2021 – 12/2022

### 3. HEALTH PROMOTION

#### **Brief Profile**

DAVS understands proper nutrition, healthy lifestyle choices and access to evidence-based health promotion activities can enhance individual health and quality of life. Evidence-based health promotion programming offers proven ways to promote health and prevent disease among older adults. Older adults who participate in evidence-based programs can lower their risk of chronic disease and falls as well as improve the long-term outcome when chronic diseases or falls occur. The percentage of the older adult population has increased with each decade, and the proportion of persons 75 years and older has grown even faster. As a result, chronic disease and falls has increased and are now the leading causes of death and disability among older adults. Fortunately, both chronic diseases and falls are preventable. Evidence-based health promotion activities can help turn the tide and elevate older adults' quality of life – improving health behaviors, health and functional status, and overall well-being

**Problem/Need Statement:** According to the Centers for Disease Control and Prevention, six in ten adults in the US have a chronic disease and four in ten adults have two or more. Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States. They are also leading drivers and account for 90% of the nation's \$3.5 trillion in annual health care costs. Additionally, it is estimated that chronic diseases are responsible for 7 out of 10 deaths nationally each year. Oregon Health Authority reports that over half of Oregon residents have one or more chronic conditions. In Washington County, 11% of adults are 65 years of age and older and adults having one or more chronic condition equates to just over 49% of residents in the area. Washington County demographics are also changing. Washington County is home to a growing and diverse community. Between 2010 and 2019, the population increased by 14%, exceeding the 10% increase observed in the rest of the state during the same time period. Along with this growth came an increase in diversity: The foreign-born population increased 7 percent from 2014-2019, while the Hispanic/Latino population increased 67 percent from 2000 to 2010. All in, the proportion of foreign-born people in Washington County is now 17 percent. Historically, evidence-based health promotion participation has been low in communities of color in Washington County, yet there are health disparities experienced in these communities. Health disparities are preventable differences in health outcomes experienced by populations who may have greater obstacles based on factors like race/ethnicity, gender, ability and income. Health disparities result from multiple factors including poverty, inadequate access to health care and educational inequities. Response to the 2020 DAVS Community Needs Assessment indicated that 25% of those **60 years old and over** do not currently receive information/services to help managing chronic illness or pain but *are* interested. DAVS Incorporate this data into program planning which provides virtual accessibility to evidence-based health promotion during the current pandemic and beyond.

DAVS IIID allocation funds only evidence-based programs of the highest level of evidence. Over the next four years, DAVS will focus on self-management programming for older adults with chronic health conditions and offer health promotion and wellness programs to prevent the development of disease. Fidelity will be monitored at the completion of each workshop series using the required pre and post participant assessments and attendance records submitted by providers.

DAVS will offer the following evidence-based health promotion/disease prevention programs:

- Chronic Disease Self-Management Program (CDSMP)
- Diabetes Self-Management Program (DSMP)
- Chronic Pain Self-Management program (CPSMP)
- Positive Self-Management Program (PSMP)
- Tomando Control
- Programa de Manejo Personal de la Diabetes
- CDC National Diabetes Prevention Program (NDPP), in English and Spanish
- Care Transitions Intervention (CTI)
- Aging Mastery Program

As part of a metro health promotion consortium and as part of Oregon Wellness Network, DAVS will continue to focus efforts on growing program capacity. Programming will be offered throughout Washington County through agreements with community partner agencies and private contracted trainers and made accessible to at-risk older adult populations with a focus on communities of color and long-term survivors of HIV. This includes targeted marketing through partnerships with trusted community organizations to recruit trainers and to enroll isolated older adults and other hard to reach populations.

Through Washington County’s emergency response to the COVID-19 pandemic, a Washington County Food Access Network was created with an extensive membership of community partners, local governments, community action organizations and local food banks. DAVS has been an active participant in this network, helping to increase access to food and other essential needs with a focus on reaching communities of color. DAVS intends to continue to participate to advocate for the needs of older adults and create opportunities that support their health and well-being.

**Goal:** DAVS will enhance access to evidence-based health promotion including chronic pain and chronic disease self-management programs for older adults most at-risk, vulnerable, and hard to reach including older adults living with HIV/AIDS, LGBTQ older adults and older Black, Indigenous, and People of Color

- **Measurable Objective:** Increase outreach and funding to support evidence-based health promotion programs among under-served/under-represented populations as noted above.
- **Key Tasks**
  - Engage and provide funding resources to partners representing underserved communities in outreach and implementation efforts.
    - Senior Program Coordinator, DAVS
    - 7/2021 – 12/2025
  - Promote evidence-based health promotion programming to under-served/under-represented communities and populations through culturally appropriate ADRC outreach and marketing.
    - Senior Program Coordinator, DAVS
    - 7/2021 – 12/2025
- **Measurable Objective:** Create and launch a formal solicitation opportunity for partners agencies, with a focus on those underserved communities, to increase evidence-based health promotion programming.
- **Key Tasks**
  - Provide outreach, education and technical support to partner agencies on contracting opportunities for evidence-based programming directed at underserved communities.

- Senior Program Coordinator, DAVS
  - 7/2021 – 12/2025
- Reduce barriers and provide support to organizations serving under-represented communities in contracting with Washington County
  - Senior Program Coordinator, DAVS
  - 7/2021 – 12/2021



## 4.FAMILY CAREGIVERS

### **Brief Profile**

The National Family Caregiver Support Program (FCSP), as articulated in the Older Americans Act (OAA), was developed to provide critical services to unpaid caregivers. caring for adults with functional disabilities or relatives who are raising children. The value to family care recipients also entails the necessary support essential for caregivers. The program is designed to help provide caregivers with the skills, understanding and support necessary to meet the inherent demands of caregiving, balanced with the need for self-care.

### **Information Services/Group Activities**

DAVS participates in numerous outreach and educational events during the year to share information about the FCSP. DAVS has partnered with healthcare providers, culturally specific agencies and support groups to share information with community organizations and the public. Staff have presented at congregate meal sites and were successful in providing information to community members in English, Spanish, Korean, Vietnamese, and Cantonese. DAVS website continues to be updated and improved to include links to upcoming events for family caregivers, self-help tools and relevant websites. DAVS' Facebook page includes posts about family caregiver events, information, and activities. A Caregiver Support by Text program provides weekly text messages to caregivers with information about program and events, resources, and tools to assist with caregiving. Caregiving related articles are regularly placed in The Advisory, DAVS bi-monthly newsletter

Limitations in this area come down to staff capacity to dedicate more time and resources to building long-standing partnerships with community-based organizations and service providers. Caregivers that have accessed the FCSP program have provided feedback indicating they wish they had been informed for the FCSP earlier and are surprised that health care professionals do not automatically connect caregivers with this program.

### **Specialized FCG information (one-to-one)**

Intake occurs by telephone with caregivers by trained staff or volunteer. It is an opportunity to listen and explore individuals' preferences, needs, values and strengths. Based on this initial assessment, resources and service information are tailored to each caregivers and family's needs, priorities, and preferences. A follow-up visit (virtually or in-person) is set up with a case manager whenever a family caregiver is indicating a need for more in-depth support, to discuss their challenges, explore resources and provide decision-making supports. Based on state guidance and limited resources, caregiving may be prioritized to meet those with the greatest need including individuals with low income, high care needs, and those who may experience barriers due to language or culture.

Similar to what was identified in the *Caregiving in the U.S. 2020 Report* by AARP and National Alliance for Caregiving, caregivers that have accessed the program have described the challenges around navigating systems, as well as planning for the future, and adjusting to changing care needs.

### **Counseling**

Counseling is offered through two contracts; Courageous Mourning Counseling Services and Asian Health and Service Center. The program will pay for up to five one-on-one counseling sessions during the fiscal year with a qualified mental health professional. If more sessions are needed, the family caregiver may continue with services at the private pay or sliding scale fee established by the contractor. The counseling is focused on the client's identified concerns

around caregiving with the overall goal of supporting caregivers managing their responsibilities. Counseling of this kind also often includes work specific to grief, self-care, and coping with stress. In the next planning period, FCSP will add additional contracted licensed counselors to provide culturally specific services to meet the diverse needs of the community.

### **Training**

DAVS Family Caregiver Support Program currently offers three evidenced-based programs to family caregivers, including: Powerful Tools for Caregivers, SAVVY Caregiver, and STAR Caregiver. These are offered in-person or virtually. DAVS provides an annual one-day family caregiver conference. Partnering with culturally specific agencies has provided an opportunity to reach caregivers in the community that have not previously participated. Working together, with them, to provide outreach, interpretation, and translation of written materials has been an important step towards increasing access to the program. DAVS has started to offer more education programs throughout the year by partnering with local and national presenters. These presentations have included: Creative Engagement, Bathing Without a Battle, & Occupational Therapy Approaches to Caregiving.

DAVS links caregivers to training opportunities happening through community partners such as the Alzheimer's Association, Oregon Care Partners, VA, Parkinson's Resources of Oregon, Home Instead and others. A limitation to offering more programming is funding and staff capacity. FCSP seeks to grow its partnerships with community organizations and volunteers to expand evidenced-based program offerings.

### **Support Groups**

Monthly family caregiver support groups are offered through contract with Courageous Mourning. These are offered either in person at three locations (Beaverton, Tigard and Hillsboro) or virtually to make it easier for family caregivers across the county to attend.

A service gap identified is that the support groups are only being offered in English. DAVS works to identify other support groups in the community to connect family caregivers.

### **Respite Care Services**

Paid respite is provided through three contracts with Home Instead Senior Care (Hillsboro, SW, and Beaverton franchises) for in-home respite. The respite benefit functions as an introduction to paid in-home services, allowing family caregivers to experience 18-36 hours of respite, to be used within a 60-90-day period. If working with an in-home care agency does not meet the needs of a client, they can direct their own respite care by developing a care plan and applying for a \$500 stipend.

DAVS contractors have limited caregivers that speak languages other than English. This is a service gap. While the stipend option provides more flexibility and has been translated into other languages, the process is complex and can provide a barrier to access. Looking at processes and how to adapt them to be more equitable will be an important task in the upcoming years.

### **Supplemental Services**

DAVS has a purchase order with McCann's Medical and an account with Amazon.com to provide durable medical equipment, adaptive aids and incontinency supplies for up to \$250 during the fiscal year per family caregiver. Supplemental services are most often accessed by English speaking clients. DAVS has provided outreach to several community partners and have

worked with cultural-specific agency case managers to expand this service element. This continues to be a needed area for growth.

### **Older Relatives Raising Children**

Older relatives raising children can access most program elements, including information about services, assistance gaining access to resources, individual counseling, respite care, and supplemental services. This population has historically been difficult to reach in Washington County. DAVS continues to conduct outreach and provide education to community organization such as Child, Youth & Family Services, Oregon Kinship Navigator Program, and Age Plus.

### **Target Groups**

- **Limited English-speaking, Black, Indigenous and People of Color:**

DAVS recognizes the need to increase outreach and public awareness as well as culturally relevant services to people whose preferred language is not English and to Black, Indigenous and Community/People of Color. DAVS has made strides in this area to build partnerships with culturally specific organizations, provide materials in other languages, offer interpretation or programming in other languages, and translate more materials. Conference and program materials have been translated into Chinese, Vietnamese, Korean, and Spanish. DAVS has worked with local organizations and community members to provide Powerful Tools for Caregivers and conference workshops in several languages. DAVS recognizes improvements can be made in this area through new and enhanced partnerships with organizations who serve these populations.

DAVS perceived an ongoing opportunity in the next four years to increase opportunities for culturally relevant training for staff. DAVS also acknowledges the need for culturally relevant materials and will continue efforts to translate and revise materials over time to better serve the multicultural populations in Washington County.

DAVS has contracted with Asian Health & Service Center for over seven years. This is a community agency which provides culturally specific services to Asian family caregivers who speak primarily Chinese, Korean and Vietnamese. This is a multi-generational center which provides a variety of services including classes on health, wellness and exercise, socialization opportunities and family caregiver support including counseling, information and access to services, and training.

DAVS recognizes the need for additional program growth and outreach efforts to community and partner organizations. A continued goal for the next four years would be to provide scholarships for bilingual community members to receive training to bring evidenced-based programs to more caregivers. DAVS will also continue to build relationships with organizations who serve older adult Native Americans.

- **Caregivers who are in the greatest economic and social need:**

For paid respite, DAVS does prioritize those caregivers managing a higher acuity of caregiving responsibility, who have fewer to no natural supports and those with the greatest economic need. When respite funds are limited this prioritization is in place and part of the intake process. Caregivers managing the needs of a family member with Alzheimer's disease or related dementias are at greater risk for depression and this is also a consideration. The age and health of the family caregiver are also important determining factors in prioritizing who receives respite services.

- **Older relative caregivers of children with severe disabilities or individuals with severe disabilities:**

DAVS continues to serve this population of caregivers. There have been very few over the years that have accessed FCSP benefits. Despite effort to work collaboratively with community partners, this population of caregivers continues to be a challenge to reach and serve due to the high demands of the caregiving they are providing.

- **Family caregivers providing care to person with Alzheimer’s disease and related disorders with neurological or organic brain function:**

DAVS continues to focus on caregivers caring for individuals living with Alzheimer’s or a related dementia by providing specific evidenced based programs such as SAVVY Caregiver, STAR C, and Timeslips. The FCSP offers workshops throughout the year targeting specific needs related to caring for someone with dementia.

- **Caregivers who provide care to persons at risk for institutionalization:**

The caregiver program has built partnerships with several home health, in-home care agencies, hospitals, and hospice organization that provide direct referrals for clients in need of urgent support to keep the person they are caring for at home. FCSP elements are tailored to meet the needs of caregivers for the direct purpose of supporting them to continue to care for the individual.

- **Non-traditional family caregivers:**

In an effort to reach non-traditional caregivers who may not be typically recognized as family, FCSP includes specific language around “chosen family” in its communication materials. Project Visibility is a training for residential care facilities, senior centers and others to help raise awareness and reduce stigma experienced by Lesbian, Gay, Bisexual, Transgender or Queer (LGBTQ). Many long-term survivors aging with HIV/AIDS have watched their friends and non-traditional family members pass away. Stigma, homophobia, transphobia, and loss of friends and family leaves LGBTQ people and people aging with HIV/AIDS with few to no social supports or caregivers as they age. One opportunity is to partner with this cohort for outreach and to engage them in the Family Caregiver Support Program.

## **Problem/Need**

Family caregivers – both of families of kin and families of choice – are all around us; made up of a diverse group of individuals. Each person coming into the role of caregiver with a varying experience, supports, skills, and resources. As noted in the *Caregiving in the U.S. 2020 Report* by AARP and National Alliance for Caregiving, 1 in 5 Americans are caregiving for someone. Compared to five years ago, this report found that caregivers are providing care for people that have greater health and functional needs and that more caregivers are now caring for multiple people at once. Caregivers are experiencing financial strain, greater stress and health consequences, work impacts, and difficulty coordinating care across various providers.

DAVS has experienced a 20% increase in referrals to the Family Caregiver Support Program from FY 18/19 to FY 19/20. The pandemic has impacted family caregivers greatly. Caregivers that come through FCSP express feeling more isolated and stressed during this time. Support is limited as many are restricting help from others to minimize exposure. This results in more of the responsibility falling on their shoulders with little opportunity for respite and this trend is expected to continue. Funding continues to limit the ability to grow the program. Despite this, DAVS will continue to work creatively and innovatively to maximize funds to help family caregivers provide care to others and care well for themselves.

FCSP offers all five core services authorized by the Older Americans Act, to support caregivers in their journey to care for family, friends, neighbors, children, and others in Washington County.

**Goal 1:** Increase program capacity through the use of volunteers.

- **Measurable Objective:** Program capacity is increased by actively engaged volunteers.
- **Key Tasks**
  - Review staffing and advocate for adjustments to support growth in program.
    - Supervisor, DAVS
    - 7/2021 - 7/2022
  - Develop volunteer program plan including volunteer job description, role within FCSP program and training plan.
    - Program Coordinator, DAVS
    - 7/2021 - 7/2022
  - Create volunteer recruitment plan including a list of identified community partners.
    - Program Coordinator, DAVS
    - 1/2022 - 7/2022
  - Increase volunteer-provided EVP, (trainings, support groups, socialization) by non DAVS staff.
    - *(Year 2 7/2022-12/2022: 1 additional program offering)*
    - *(Year 3 1/2023-12/2023: 2 additional program offerings)*
    - Volunteers, partnering agencies, Program Coordinator DAVS
    - 7/2022 - 6/2023

**Goal 2:** Program access is increased using a person-centered and service equity lens.

- **Measurable Objective:** Increase family caregivers and Relatives As Parents Program (RAPP) participants accessing program elements.
- **Key Tasks**
  - Increase caregiver access to technology through purchase of devices, Wi-Fi/internet support, or technology classes.
    - Senior Program Coordinator, DAVS
    - 7/2021 - 10/2021
  - Reevaluate RAPP program guidelines and strategic outreach plan to key partners
    - Senior Program Coordinator, DAVS
    - 7/2021 - 6/2023
  - Enhance partnerships with culturally specific organizations by collaborating on FCSP services through outreach, distribution of materials in a variety of languages, and funding culturally relevant presentations.
    - Senior Program Coordinator, DAVS
    - 7/2021 - 6/2024

**Goal 3:** Evaluate and increase awareness of the Family Caregiver Support Program

- **Measurable Objective:** Develop program materials and communication models that increase awareness and participation in Family Caregiver Support Program events happening in the community.
- **Key Tasks**
  - Update marketing materials to reduce barriers to access, including facts about public charge rule and broad and inclusive definitions of family caregiver
    - Program Coordinator, DAVS
    - 7/2021 - 12/2021
  - Outreach to large employers and other methods to reach family/friends of caregivers who may not otherwise learn about the program
    - Staff, Volunteers, Program Coordinator DAVS

- 7/2021 -6/24
- Develop a family caregiver survey to guide future outreach and programming decisions
  - Program Coordinator DAVS, Research & Policy Analysts HHS,
  - 7/2021 -12/2021

## 5.LEGAL ASSISTANCE AND ELDER RIGHTS PROTECTION

### **Brief Profile**

Older adults deserve a safe and secure retirement. Unfortunately, some older adults fall victim to abuse, fraud or other crimes. Older adult abuse includes several types of older adult maltreatment. Physical abuse can be the use of force that may result in bodily injury, physical pain or impairment and inappropriate restraint. Sexual abuse includes non-consensual sexual contact of any kind with an older adult. Emotional or psychological abuse constitutes the infliction of anguish, pain or distress. Financial abuse is defined as the illegal or improper use of an older adult's funds, property or assets. This can include forgery, fraud, unexplained transfers of an older adult's assets and the unexplained disappearance of funds or valuable possessions. Neglect of an older adult is the refusal or failure of a caregiver to fulfill his or her caregiving responsibilities and self-neglect occurs when an adult does not understand, due to cognitive impairment, how specific actions or inactions lead to negative consequences.

Older adult crime victims are among the most underserved of any victim group in the United States, according to Susan Herman, executive director of the National Center for Victims of Crime. Serving this group presents an enormous challenge for the criminal justice system and older adult agencies as the proportion of older adults continues to increase faster than any other age group.

### **Elder abuse prevention efforts**

DAVS supports elder abuse prevention in a variety of ways including community awareness efforts, trainings, community partnerships, support of the Elder Safe program and collaboration with Washington County Behavioral Health and State of Oregon Aging and People with Disabilities (APD). DAVS funds and coordinates the semi-annual Elder Abuse Forum which combines many of these efforts. For the past several years, the Elder Abuse Forum has focused on raising community awareness and training for the public and law enforcement on how to identify, report and prosecute suspected abuse. Recent forums have focused on collaboration between law enforcement and the banking industry to combat older adult financial fraud, elder abuse prosecution strategies for District Attorneys, and strategies for law enforcement and Adult Protective Services (APS) to work more effectively with abuse victims that have dementia and Alzheimer's disease. In July 2020, COVID-19 didn't cancel the forum, and the training on partnering with the Oregon Department of Justice on elder abuse cases was successfully held online. Potential topics for future forums being considered include how to address abuse and neglect in under-served populations such as the Latine and LGBTQ communities.

DAVS works closely with the Washington County Sheriff's Office (WCSO), DAVS and their Elder Safe program. Elder Safe serves about 1,000 senior crime victims aged 65 and over each year. These victims are identified through the REGIN law enforcement database, WCSO and reports generated by the police departments of Beaverton, Forest Grove, Hillsboro, King City, Sherwood, Tigard and Tualatin. Other crime victims are identified through the Washington County District Attorney's Office and APD's Adult Protective Services (APS). Victims are contacted and informed of the availability of court advocates, restraining orders, domestic violence counseling, DAVS services and other community services to meet their needs.

Elder Safe also provides home visits and phone contacts to provide personalized assistance to crime victims negotiating the criminal justice system. They expedite cross referral of elder abuse and crime reports between APS and law enforcement. They assist with the coordination of the

Washington County Elder Abuse Multi-Disciplinary Team and identify and organize educational opportunities for law enforcement, prosecutors, APS, community partners and the community-at-large on elder abuse issues and other crimes. Elder Safe also manages the Project Lifesaver radio transmitter bracelet program and the Help Me Home database for older adults and people with disabilities that have dementia and may be prone to wandering behaviors.

In 2018, DAVS agreed to take over responsibility of the Gatekeeper program from Eldersafe, which had previously been completing 12 trainings a year. Also, in 2018, DAVS worked with Washington County Older Adult Behavioral Health to expand Gatekeeper trainings to include identifying older adults in the early stages of dementia as well as those suffering from depression or other mental health concerns.

**Identify gaps in the current system:**

A significant gap continues to be a lack of community awareness regarding identifying and reporting abuse and neglect of vulnerable adults. Currently, DAVS Gatekeeper Program is folded into the duties of ADRC staff and is limited in its scope due to lack sustainable funding and workload limitations. Additionally, Washington County does not have a public guardianship program, which prevents many low-income consumers from accessing this “court of last resort” which protects adults from neglect and self-neglect.

**Support the work of their legal services provider:**

DAVS continued contractual partnership with Oregon Law Center provides legal services targeted to the most vulnerable older adults to protect their health, welfare, independence, security and dignity. Oregon Law Center conducts community legal education in a variety of forums to equip families and providers with information to prevent costly legal problems from developing. Oregon Law Center operates an advocacy program in coordination with the Long-Term Care Ombudsman and SHIBA. Oregon Law Center also assists in the coordination of the Senior Law Project in Washington County senior centers. The Senior Law Project is a pro bono legal service comprised of volunteer attorneys in and from Washington County who assist older adults free of charge.

Specific services to individual clients are intended for those at greatest need who are unable to access other resources. Those who are most vulnerable may include residents of all types of long-term care facilities, those with chronic health problems, mental health concerns, developmental and intellectual disabilities and non-English speaking older adults and members of the BIPOC community. Older adults that struggle to access healthcare, may be homeless or victims of crime are also served by the Oregon Law Center. In accordance with Older Americans Act, Oregon Law Center prioritizes cases in the following areas: housing, defense of guardianship, prevention and rectification of abuse, neglect and exploitation, health care issues, long-term care, social security, age discrimination in employment, utilities challenges and grandparents raising grandchildren. In their increasing strategies to reach and engage underserved communities in Washington County, Oregon Law Center has focused their recruitment efforts to employ multi-lingual attorneys and has been successful in growing the diversity of their staff and the number of languages spoken and available from their legal services.

**Develop and implement a written referral protocol to the APD services office:**

DAVS has a long-standing partnership with APD in Washington County. Staff routinely make referrals to APS when elder abuse is suspected. This partnership is spelled out in an MOU which includes procedures for making and receiving referrals to DAVS many programs.



### Integrate elder rights in delivery system:

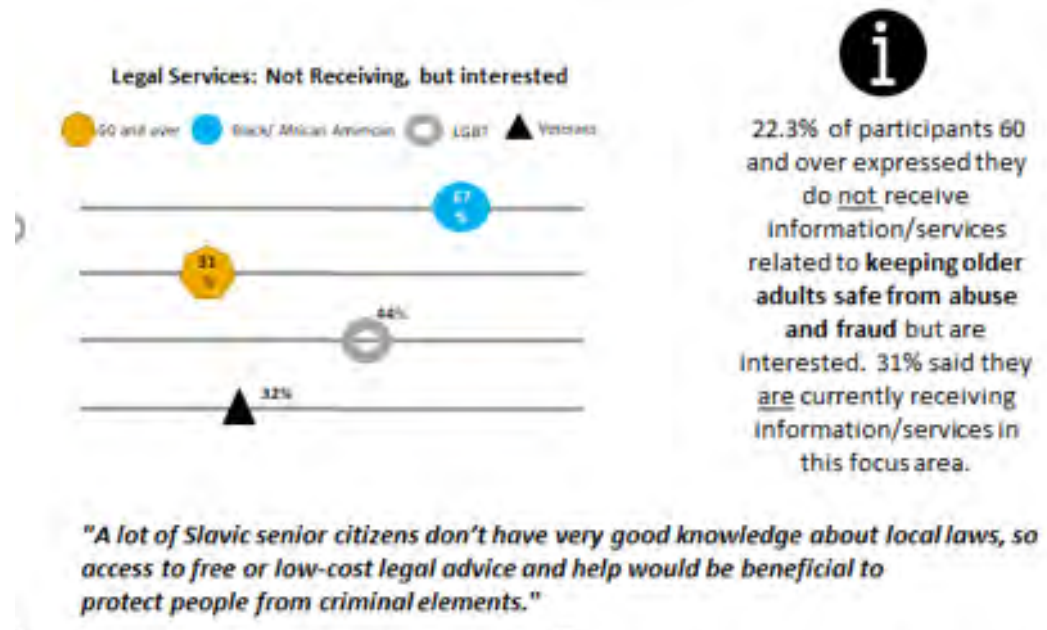
DAVS works with APS, Washington County Sherriff's Office, Washington County Courts, Elder Safe and residents of Washington County to identify and intervene on behalf of older adults at risk of abuse, neglect or financial exploitation. DAVS collaborates with partner agencies to move guardianship and conservatorship cases through the legal system by assisting in investigations and providing testimony. Funded by APD, DAVS oversees the Oregon Money Management Program to assist vulnerable older adults who are no longer able to manage their Social Security benefits and require the assistance of a representative payee. At-risk clients are identified by a variety of community partners including APS and DAVS from those enrolled in services such as Oregon Project Independence, Older Americans Act case management and Options Counseling.

### Support the adult abuse multi-disciplinary team:

DAVS is a member of the Washington County Elder Abuse Multidisciplinary Team (WCEA MDT) and MDT Steering Committee, which is comprised of the District Attorney's Office, APD, every law enforcement agency in the county, mental health, and other community partners. The WCEA MDT reviews difficult elder abuse cases, develops investigative guidelines, identifies needed training, and helps coordinate procedures and other activities between agencies.

### Problem/Need

One significant challenge is the general lack of understanding in the community about older adult abuse and its impact on individuals, families and the community. Additionally, there are service gaps between the partnering organizations which can present challenges to education and awareness, intervention and service provision. Assessment data also indicates concern among older adults about legal services.



DAVS will work with Oregon Law Center to improve outreach and access to available legal services particularly with at-risk and underserved populations such as LGBT older adults, older adult Native Americans other at-risk older adult populations.

**Goal:** Increase public awareness of elder abuse in all its forms.

- **Measurable Objective:** Increase elder abuse awareness and reporting by expanding the Gatekeeper Program
- **Key Tasks**

- Create a Training Video to supplement the Gatekeeper Program
  - Supervisor, DAVS
  - 7/2021 - 12/2021
- Using the new video, increase the number of annual Gatekeeper trainings to at least 30
  - Supervisor, DAVS
  - 7/2021 - 7/2022
- Expand the reach of the Gatekeeper program by holding at least 10 trainings in underserved communities in Washington County
  - Supervisor, DAVS
  - 7/2021 - 10/2024

**Goal:** Promote use and access to Older Americans Act legal services by Black, Indigenous, People of Color, LGBT people, and other underserved populations.

- **Measurable Objective:** Increase utilization of OAA legal services by identified underserved communities in partnership with contractor, Oregon Law Center.
- **Key Tasks**
  - Review current outreach plan/activities specifically for outreach to BIPOC, at-risk and underserved populations and increase by 10% monthly.
    - Senior Program Coordinator, DAVS
    - 7/2021 - 10/2021
  - Advise contractor regarding any needed changes in outreach and programming plan to better serve at-risk and underserved populations
    - Senior Program Coordinator, DAVS
    - 7/2021 - 11/2021
  - Incorporate outreach and client demographics data in annual contract monitoring for future accountability
    - Senior Program Coordinator, DAVS
    - 1/2022 - 12/2022

## 6. OLDER NATIVE AMERICANS

***NOTE: What follows is a draft. Our goal is to develop this portion of the plan in partnership with the regional Tribal Navigator and in collaboration with the Tribes. DAVS is working with Clackamas County and Multnomah County, who is contracted with an Oregon Health Authority Tribal Navigator to identify goals we have in common and that align with the strengths and needs of Older Native Americans and the organizations that serve them.***

### **Brief Profile**

There are a multitude of cultures, traditions and accomplishments of Native Americans that have shaped the community. The area currently known as Washington County rests on land that was first inhabited by the Atfalati Kalapuyans, also called the Tualatin people, who flourished here for thousands of years. Colonialism has inflicted discrimination, deprivation, violence and genocide upon indigenous people across the US and here in Washington County. In the 1830's, settlers began arriving and taking land not ceded or paid for. In the 1850s the Atfalati people and other indigenous people were forced to resettle on reservation lands by the US Government, only later to have that same land and hard-fought tribal rights terminated by the Termination Act. In 1983, the Confederated Tribes of Grand Ronde Community of Oregon was restored and thus began the process of rebuilding, representing 30 Tribes and bands from western Oregon, northern California and southwest Washington. Today, they are one of two Oregon Tribes that Disability, Aging and Veteran Services is responsible for coordinating with to serve older Native Americans residing in Washington County.

The second, the Confederated Tribes of Siletz Indians (CTSI), is a diverse confederation of 27 western Oregon, northern California and southern Washington bands. The reservation was established in Siletz, Oregon in 1855. Over time, reservation lands were taken away, and the CTSI were terminated as a tribe in 1954. In 1977, the CTSI was the second tribe in the nation to achieve restoration. In 1980, some reservation lands were re-established. Despite mistreatment and displacement, the CTSI continues work to recover as much as possible of what was lost. (<https://sos.oregon.gov/blue-book/Pages/national-tribes-siletz.aspx#:~:text=The%20Confederated%20Tribes%20of%20Siletz%20Indians%20is%20a,9%2C%201855%2C%20fulfilling%20the%20stipulations%20of%20eight%20treaties.>)

These Oregon Title VI Grantees have established successful governments to serve the needs of their members, on reservation land, and in urban centers. Washington County is home to members of the Grand Ronde and Siletz Tribes, and to members of Tribes from other parts of the Oregon and the US, as well as indigenous people whose tribes remain unrecognized or who don't identify as a tribal member.

### **Problem/Need**

American Indian and Alaska Native people disproportionately experience poverty, discrimination in health care, and have long experienced health disparities such as chronic disease and lower life expectancy (<https://www.ihs.gov/newsroom/factsheets/disparities/>). Less than 1% of Washington County's total population is American Indian or Alaska Native, but over 11% of those ages 65 and older live below the poverty line and over 14% experience a disability (2015-2019 American Community Survey 5-year estimate).

One in five American Indian/Alaska Native adults aged 45 years and older are experiencing Subjective Cognitive Decline and 87% of people with subjective cognitive decline experience at least one chronic health condition (2015–2018 Behavioral Risk Factor Surveillance System (BRFSS) Data; [https://www.cdc.gov/aging/data/infographic/2018/american-Indian-alaska-native-cognitive-decline.html?deliveryName=DM22183\\_USCDC\\_944](https://www.cdc.gov/aging/data/infographic/2018/american-Indian-alaska-native-cognitive-decline.html?deliveryName=DM22183_USCDC_944)).

DAVS recognizes the need to provide outreach and services to this underserved and at-risk population of older adults. Many older adult Native Americans distrust government and governmental services. DAVS recognizes the need to develop relationships and establish trust, to provide services that build upon the strength and resilience of the many cultures and communities present in Washington County, and to build organizational capacity to provide culturally responsive services.

### **How will the AAA coordinate with any tribes in the area or provide services for older Native Americans:**

DAVS Director and staff have attended all the quarterly statewide Tribal Meet and Greets convened by Aging and People with Disabilities to build relationships between Tribal Title VI providers and Area Agencies on Aging. DAVS has participated in a tri-county meet and greet in collaboration with county and state representatives in the aging network, tribal representatives and community-based organization serving Native American people and tribal members. The last several years have fostered mutual learning of programs between organizations, a great deal of sharing about Native culture and history and developing an understanding of how these things may impact the connection with the other, on both an individual and organizational level. Washington County, Multnomah County and Clackamas County have taken a regional approach in recognition of the significant burden placed on the Title VI grantees and other community-based organizations with which the Area Agencies on Aging collaborate. Multnomah County is the lead contracting entity with the Native American Rehabilitation Association, the organization awarded with the Tribal Navigator position serving the tri-county region.

Additional coordination has been made through relationship between key program staff and leadership. In many ways, this work was just taking root when COVID-19 struck. During the pandemic, DAVS Director reached out to contacts at the Tribes to identify any unmet needs and offer mutual support and information. The next four years will be a time of deepening connections between organizations, partnership with the tribal navigator, and developing programs and services to meet the needs identified by community members and other key stakeholders.

These relationships and support from the organizations described above have helped to increase participation in the 2020 DAVS Community Needs Assessment by people that DAVS would have otherwise had difficulty reaching. As a result, nearly 40 people who identified their race as American Indian, Alaska Native, Canadian Inuit, Metis, First Nation, Indigenous Mexican, Central American or South American responded.

Accessible transportation, help caring for a family or friend, managing chronic illness or pain, keeping older adults safe from abuse and fraud, and legal services were identified as critical services that Native American respondents would want help to find. Respondents indicated that accessible transportation, veteran benefits, getting enough food to eat, choosing care options, and preventing eviction were the top five most important programs and services for their community. 20% of respondents said they wanted affordable housing and connection to Medicaid and Social Security benefits. Most respondents rely on family and friends for information, have access to a computer or phone and know how to use it.

**Goal:** Through partnership with key organizations, increase access to and use of DAVS services by older Native Americans.

- **Measurable Objective:** Develop and implement plan for increasing access to and use of DAVS services by older Native Americans.
- **Key Tasks**
  - Participate in regional and statewide Tribal Meet & Greet activities
    - AAA Director, DAVS
    - 7/2021 – 7/2024
  - Develop partnerships with leadership from key Native American serving organizations
    - AAA Director, Program Supervisor, Key staff, DAVS
    - 7/2021 – 12/2021
  - Establish key metrics and reporting for evaluating rates of participation
    - Program Supervisor, DAVS
    - 12/2021 – 6/2022
  - Work with key partners to identify and address barriers to service
    - AAA Director, Program Supervisor, Key staff, DAVS
    - 6/2022 – 6/2024

## 7. VETERANS

### **Brief Profile**

There are over 33,000 veterans in Washington County and DAVS has assisted roughly one third of these veterans or their family members access benefits (<https://www.va.gov/vetdata/expenditures.asp>). Many veterans are unaware of their eligibility for medical, and in some cases, monthly cash benefits. The Veterans Administration (VA) has made changes to make their programs more accessible, like adding access to benefit information online, but still can be challenging for veterans to navigate.

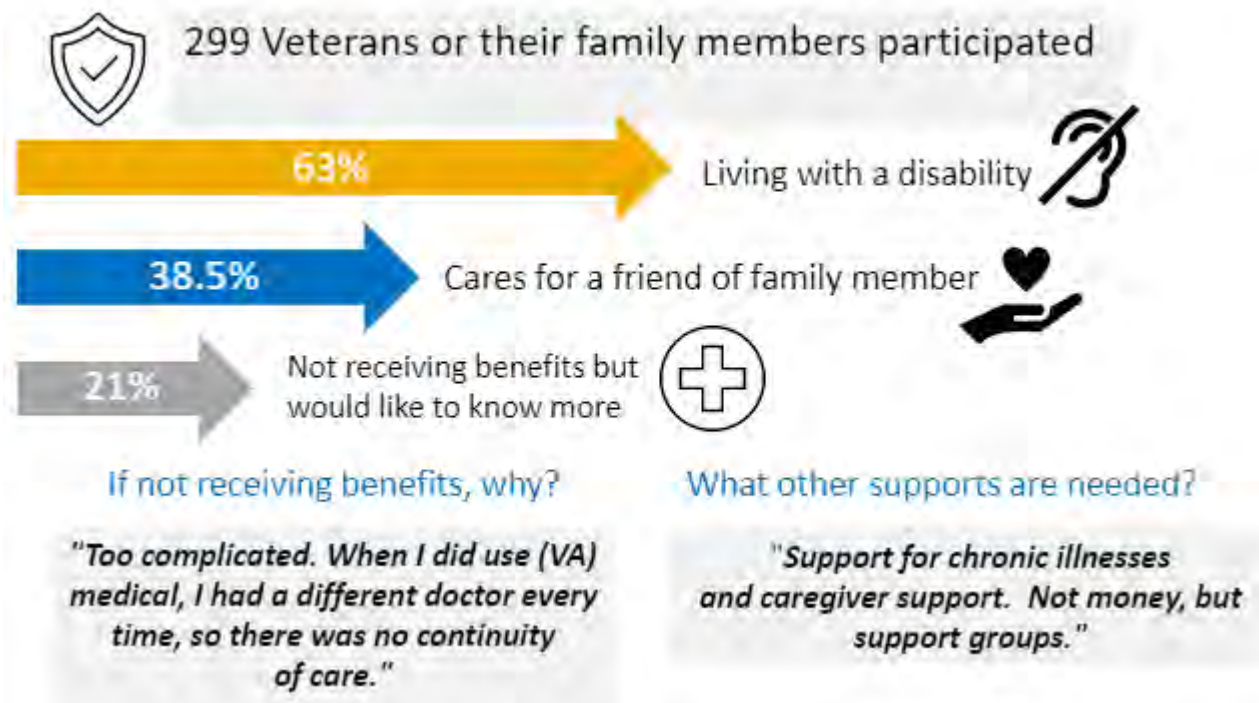
DAVS specially trained and accredited veteran services officers assist veterans with completing all VA forms and gathering the information necessary to file a successful VA claim. DAVS educates veterans regarding steps in the process to help them more successfully file their claim. This information also helps the veteran send the necessary and appropriate information which decreases the processing time for their claim. In the cases where a claim is denied by the VA, DAVS staff can represent the veteran in the hearings process.

According to the Veterans Administrations current suicide data rates (2018) Oregon's veteran suicide rate is consistent with the veteran's National average, but significantly higher than the general populations national average. (<https://www.mentalhealth.va.gov/docs/data-sheets/2018/2018-State-Data-Sheet-Oregon-508.pdf>)

### **Problem/Need**

Twenty one percent of veterans responding to the community needs assessment indicated they were not receiving veteran benefits but were interested. Many veterans lack awareness of potential benefits and are daunted by the challenges of navigating the Federal VA benefits system. DAVS has seven full-time Veteran Service Officers (VSO), dedicated to serving veterans' needs in Washington County. DAVS has shifted the bulk of the outreach duties to one VSO who will be using a targeted outreach strategy. Some of the priority populations are Gulf Era veterans, LGBTQ veterans, women veterans, and veterans who identify as Black, Indigenous and People of Color. Normally, VSOs meet in person with veterans in the office or in the veteran's homes, but since COVID-19, VSOs have shifted to all virtual appointments, creating barriers for some. Nearly 300 veterans and their spouses responded to the needs assessment survey with broad representation across age and gender. DAVS has identified several needs for the veteran community, among them, access to transportation, living with a disability, acting as a caregiver for others and social isolation. There are many programs available to veterans, each program with its own requirements and they are often unconnected and require a veteran to make multiple contacts. Washington County is large, transportation is a common need, but DAVS has offices in only two locations. Veteran suicide is a growing concern. All of these issues are interconnected and addressing one issue will impact the others.





**Goal:** Services to the veterans' community are enhanced through increased advocacy, outreach and innovation.

- **Measurable Objective:** Develop and implement an outreach plan to educate, advocate and support veterans including BIPOC, LGBTQ, employer groups and other non-veteran-specific groups
- **Key Tasks:**
  - Create outreach plan and Implement Outreach plan
    - Supervisor, staff, DAVS
    - 7/2021 - 3/2025
  - Create Veterans' Coalition; a group of Veteran Service providers that will meet and share program information and develop resource list for Washington County Veterans.
    - Supervisor, staff, DAVS
    - 7/2021 – 12/2025
  - Create an ongoing Podcast discussing specific veterans' issues
    - Supervisor, staff, DAVS
    - 1/2022 – 5/2024
  - Explore partnership with TCVTV and HHS, Behavior Health for educational programming
    - Supervisor, staff
    - 7/2021 – 12/2025
- **Measurable Objective:** The veteran community can access DAVS services in a way that meets their needs.
- **Key Tasks:**
  - Develop a Veteran Town Hall meeting via Zoom Pro. Provide a platform for veterans to ask questions about benefits and programs available in Washington County.
    - Supervisor, staff, DAVS

- 6/2021 – 2/2023
- Participate in Facilities Strategic Plan to develop service areas throughout Washington County both virtually and in person.
  - Supervisor, DAVS; stakeholders
  - 12/2021 – 12/2023

**Goal:** Provide education and resources for veteran suicide and prevention and a path to connect in the community.

- **Measurable Objective:** 400 people receive training and resources on Suicide Prevention.

- **Key Tasks**

- Train 100 residents in QPR/CALM per year
  - Supervisor, Outreach VSO
  - 7/2021 – 12/2025
- Engage with local volunteer groups to assist/develop a veteran program to assist veterans connect in their community.
  - Supervisor, Outreach VSO
  - 1/2022 – 12/2025: Provide creative social and educational events and activities for veterans and their families.
- Plan at least two veteran events or activities per year
  - Supervisor, staff
  - 7/2021 – 12/2025



## 8. SOCIAL ISOLATION AND LONELINESS

**Brief Profile:** According to the CDC, more than a third of older adults report feeling lonely and up to a quarter of older adults are considered to be socially isolated. Loneliness and isolation greatly impact an individual's ability to remain active, engaged and independent in late life, increasing the risk of negative health outcomes. COVID-19 has further impacted older adults' access to meaningful connection, creating new barriers and further isolating individuals from their communities. Investment in effective strategies against loneliness and isolation, including awareness, collaboration, care coordination, and a force of well-trained workers and care providers, will help ensure the health, safety and interdependence of older adults in the community.

Racial, ethnic groups or other minority populations experience higher rates of mental health or addiction issues. For example, rates of depressive disorders are significantly higher among Latinos than non-Latinos. Additionally, the rates for depression, suicidality and substance misuse are higher among LGBT older adults than the overall aging population. Social isolation, health promotion and mental health issues have been challenging and the LGBT population has experienced for decades; it is only exacerbated by the COVID-19 pandemic. That population is primarily HIV/AIDS Long Term Survivors (LTS) (SAMSHA and SAGE)

### **Problem/Need:**

A recent PSU study of behavioral health services found services are not meeting the growing need for older adults because:

- Mental health needs of older adults are not prioritized in any agency and services that exist are often not tailored appropriately to the population.
- Knowledge gaps are pervasive about normal aging, available community resources, best practices, and mental health.
- Resources and funding are limited at best.

COVID-19 has exacerbated isolation in older adults due the disproportionate rates of death among those 65+ who contract COVID-19. One half (50.4%) of respondents to the DAVS 2020 Community Survey indicated they thought their health and well-being would be worse in the future.

**Goal:** Address loneliness and isolation in older adults.

- **Measurable Objective:** Improve identification process of older adults at risk for loneliness and isolation.
- **Key Tasks:**
  - Add one loneliness screening tool question to Aging and Disability Resource Connection intake process
    - ADRC, DAVS
    - 7/2021 - 6/2022
- **Measurable Objective:** Increase referrals to intentional, community-based social connection programs and projects
- **Key Tasks:**
  - ADRC will aid in referrals to community-based programs such as Oregon Senior Peer Outreach, The Senior Loneliness Line, NAMI, Senior Centers and others to connect older adults experiencing loneliness and/or isolation to social support. CHIP Committee will continue to fund new intentional social support projects.

- OABHI, ADRC
- 7/2021 - 6/2025
- **Measurable Objective:** Reduce barriers to social connection.
- **Key Tasks:**
  - Provide technology support to individuals experiencing loneliness and/or isolation.
    - ADRC, DAVS
    - 7/2021 - 6/2025
  - Provide transportation to individuals experiencing loneliness and/or isolation
    - ADRC, DAVS
    - 7/2021 - 6/2025

**Goal:** Develop community capacity through behavioral health education, engagement and training.

- **Measurable Objective:** Provide older adult behavioral health engagement activities to the community.
- **Key Tasks:**
  - Deliver 1-2X/monthly evidence-informed older adult behavioral health engagement activities to the community. Examples include: Death cafe, Age Café, Mindfulness, Behavioral Health education programs, Mind-body exercise and other evidence-based mental health education and wellness programs.
    - OABHI
    - 7/2021 - 6/2024
- **Measurable Objective:** Provide older adult behavioral health training to the aging network workforce focused on suicide prevention, LGBT awareness, and supporting people with Alzheimer's and other dementias.
- **Key Tasks:**
  - Deliver 1-2X/monthly older adult behavioral health training to the aging network workforce. Examples include: Older Adult Mental Health First Aid, Older Adult Question Persuade Refer (Suicide Prevention), Project Visibility (LGBTQ+ focus), and/or Be the Connection (Loneliness/Isolation), Timeslips Creative Engagement (dementia/isolation), Approaching Alzheimer's (dementia de-escalation), Bathing without a Battle (dementia care de-escalation) and other facilitation and communication skills training related to older adult behavioral health.
    - OABHI
    - 7/2021 - 6/2024

# SECTION D OAA/OPI SERVICES AND METHOD OF SERVICE DELIVERY

## D-1 ADMINISTRATION OF OREGON PROJECT INDEPENDENCE (OPI)

Please note that DAVS is participating in the OPI pilot for adults with disabilities and the OPI policies and procedures noted below are the same for this program.

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

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

1. Home care supportive services limited to the following:
  - a. Home care: 16 hours/month and up to 30 hours/month with exception at \$15.77- \$31.00/hour
  - b. Chore: \$250/year and up to \$500/year with exception
  - c. Assistive Technology: \$250/year and up to \$500/year with exception
  - d. Personal Care: 16 hours/month and up to 30 hours/month with exception at \$15.77- \$31.00/hour
  - e. Adult day services: Up to 40 hours/month at \$25.00/hour
  - f. Registered nurse services: As needed at \$80./hour
  - g. Home delivered meals: 1 meal/day at \$8.00/meal.
2. Service Coordination: \$65.84/hour
3. Assisted Transportation: Up to 10 round-trip rides/year at \$45.62/hour for shuttle services
4. Money Management: Allowed to charge client \$42/month, but this fee is currently waived to all clients
5. Options Counseling: \$65.84/hour

**c. Delineate how the agency will ensure timely response to inquiries for service. Upon receipt of the referral:**

DAVS will contact the client within five business days. Further preliminary information will be gathered from the applicant over the phone and the sliding scale fee will be discussed. Then the client will be added to the OPI priority list and told that they will be contacted when they are able to begin services. When they can begin services, an assessment appointment will be arranged. Once eligibility is determined, Service Plans will be sent to the appropriate provider within five working days after the provider has been determined. After the Service Plan has been sent to a provider, staff will follow-up with the client within two weeks to make sure services are in place.

**d. Describe how consumers will receive initial and ongoing periodic screening for other community services, including Medicaid.**

OPI clients are fully assessed on an annual basis. Regular check-ins (via telephone or home visits) occur at least every six months. DAVS staff are trained in strengths-based case management and options counseling and provide these services as part of their role. During these assessments and check-ins, information is provided on other resources in the community. If the OPI client requests other services, staff will coordinate the referrals. Retirement Connection directories are also provided to each client.

**e. Specifically explain how eligibility will be determined and by whom.**

Eligibility is determined by the Aging and Disability Service Coordinator, based on each client's financial, functional, medical, and/or social need for services, shown by the service eligibility level as indicated through the client assessment planning system tool (CA/PS). Service hours are determined according to the current OPI Service Level Matrix.

**f. Plainly state and illustrate how the services will be provided**

OPI Service Coordinators conduct client assessments to evaluate the current level of functioning of the individual in their present living situation. The client assessment determines which care needs must be addressed to allow the client to remain safe in the least restrictive environment. Service plans are approved based on the most cost-effective, holistic plan to manage OPI's limited resources and serve the greatest number of individuals with higher priority service needs.

Regular OPI Authorized Services include home care, personal care, service coordination, assistive technology and registered nursing services. DAVS has an exception from Aging and People with Disabilities Community Services Support Unit to also provide Options Counseling, assisted transportation and home delivered meals. However, DAVS is not currently funding home delivered meals with OPI funds. Additional services available to OPI clients, but supported by OAA funds include adult day services, respite and representative payee services. Many of these services are provided based on budget capacity.

**g. Describe the agency policy for prioritizing OPI service delivery for both the waiting list and hours/types of services for the individual**

Priority for authorized services will maintain consumers already receiving these services as long as their condition indicates the services are needed. Currently, clients receive personal care and/or housekeeping services starting at 15 hours per month. If OPI budget constraints do not allow for the immediate start of in-home services, then consumers will be placed on a priority list. Prioritization of services will be based on the state standardized Oregon Project Independence Waitlist Tool (MSC 2549B) that measures the risk for out of home placement. Consumers with the highest risk of out of home placement are given priority. Black, Indigenous and People of Color and other consumers from underserved populations will be considered for additional prioritization on a case-by-case basis.

**h. Describe the agency policy for denial, reduction or termination of services.**

DAVS has a written policy for denial, reduction or termination of services. DAVS policy requires a written notice be sent to the client for denial, reduction or termination of services. The notice will include the reason for such action and the client's right to grieve the decision including the deadline for submitting a grievance. If the consumer signs the OPI Fee Determination and OPI Service Agreement that shows a change or reduction in hours or fee, then the consumer is agreeing to these terms and therefore does not have a grievance regarding these issues.

The policy for denial is initiated when the client is unwilling to provide information to open a case, the client exceeds the service priority level, receives Medicaid benefits, or there is an inability to create or maintain a safe care plan. The policy for reduction is initiated when the client reassessment indicates service needs have been reduced or there is a notification by the state of a reduction of program funding. The policy for termination occurs when a reassessment determines the client no longer meets service eligibility level, the client refuses to pay fees for services, there is a loss or reduction of program funding, there is inappropriate behavior in

regard to treatment of a care provider that cannot be modified with a behavior plan, the client moves out of service area and if the client is approved for Medicaid funding for long-term care services.

Options Counseling is offered to any OPI client that has their in-home services denied, reduced or terminated. This provides the client with other resources and long-term care options that promote independence, maintain quality of life, and reduce the risk of institutionalization.

**i. Specify the agency's policy for informing clients of their right to grieve adverse eligibility and/or service determination decisions and consumer complaints.**

Clients are notified by letter that they have the right to appeal agency eligibility decisions. At that point they are entitled to a reassessment if one has not been done within the past 30 days. If the client is still found ineligible for services, then they may contact the DAVS Community Services Supervisor or AAA Director for final review and determination. Consumer complaints can be submitted via phone, email or in person. Complaints are generally handled by the Community Services Supervisor or AAA Director.

**j. Explain how fees for services will be developed, billed, collected and utilized.**

Fees for service will be based on a sliding scale fee to all eligible individuals whose annual income exceeds the federal poverty level. This fee schedule is updated and distributed by DHS to the AAAs annually. OPI fees are assessed at the federal poverty level net monthly income and increase by approximately \$25 income increments up to 200% of the federal poverty level. Clients with a net income over 200% of the federal poverty level pay the full hourly rate of the services provided. Currently the cost of services ranges from \$14.00-\$31.00 per hour.

A one-time \$25 fee is applied to all individuals receiving OPI authorized services who have adjusted income levels at or below federal poverty level. The \$25 fee is due at the time eligibility for OPI authorized services has been determined. Consumers who identify a financial hardship may request that the one-time fee of \$25 be waived. Consumers who wish to have the fee waived should contact the DAVS Community Services Supervisor in writing within ten business days of receipt of the invoice to request a waiver. The invoice will include contact information and instructions on how to request a waiver. Proof of financial hardship may be required by the Community Services Supervisor before approval. Fees due from clients are invoiced and collected by DAVS monthly. All fees collected for service are used to expand and maintain services to clients. They are utilized to maintain service hours when funding is reduced.

**k. Describe the agency policy for addressing client non-payment of fees, including when exceptions will be made for repayment and when fees will be waived.**

OPI clients who have been assessed a fee for service will be billed monthly after Home Care Worker vouchers have been processed. If a client is more than 60 days past due, a staff member will send a letter to the client notifying them of their past due amount and informing them that the case will be closed two weeks after the date of the letter if payment arrangements are not made. If the client does not pay by the date listed, staff may discontinue the client's OPI services and send a closure letter to the client. For clients who receive services from a contract care agency, it is the responsibility of the contract care agency to notify DAVS of client non-payments. When this occurs, the same procedure as above applies. Clients may request a payment arrangement for past due payments. Clients must agree to pay the minimum monthly amount plus an additional \$10.00 in order to work toward paying off the debt. Fees are generally not waived unless the client is deceased.

**I. Delineate how service providers are monitored and evaluated.**

DAVS community contracts are monitored as required annually. In-home service providers who serve OPI are monitored quarterly. All community contracts must meet county, state and federal guidelines and regulations. These requirements and regulations are incorporated into monitoring tools and templates used during on-site monitoring visits each year. These templates help measure

compliance with the statement of work, privacy and HIPPA regulations and federal regulations for disbarment and suspension of federal funds.

**m. Delineate the conflict of interest policy for any direct provision of services for which a fee is set.**

For ethical standards that guide employees and services, please see attached link to Washington County Personnel Rules and Regulations, adopted 11/8/14 and revised 11/1/19, Article 13 Ethical Standards, sections 13.2-13.9

[https://www.co.washington.or.us/Support\\_Services/HR/Policies/HRPolicies/upload/Personnel-Rules-and-Regs-11012019.pdf](https://www.co.washington.or.us/Support_Services/HR/Policies/HRPolicies/upload/Personnel-Rules-and-Regs-11012019.pdf)

## D-2 SERVICES PROVIDED TO OAA AND/OR OPI CONSUMERS

The following list is a narrative accompaniment to Attachment C, which is described further in Section D.

### **Personal Care #1 (contracted) #1a (HCW) (1 unit = 1 hour)**

In-home services provided to maintain, strengthen, or restore an individual's functioning in their own home when an individual is dependent in one or more ADLs, or when an individual requires assistance for ADL needs. Assistance can be provided either by a contracted agency or by a homemaker worker paid in accordance with the collectively bargained rate. (OAR 411-0032)

### **Homemaker #2 (contracted) #2a (HCW) (1 unit = 1 hour)**

Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework. (AoA Title III/VII Reporting Requirements Appendix – ).

### **Chore #3 (contracted) (HCW) (1 unit = 1 hour)**

Assistance such as heavy housework, yard work or sidewalk maintenance. (AoA Title III/VII Reporting Requirements Appendix – )

### **Home Delivered Meals #4 (1 unit = 1 meal)**

A meal provided to a qualified individual in his/her place of residence that meets all of the requirements of the Older Americans Act and state and local laws. (AoA Title III/VII Reporting Requirements Appendix – [www.aoa.gov](http://www.aoa.gov))

### **\*Adult Day Care #5 (1 unit = 1 hour)**

Personal care for dependent elders in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance and home health aide services for adult day health. (AoA Title III/VII Reporting Requirements Appendix – ).

### **Case Management #6 (1 unit = 1 hour)**

A service designed to individualize and integrate social and health care options for or with a person being served. Its goal is to provide access to an array of service options to assure appropriate levels of service and to maximize coordination in the service delivery system. Case management must include four general components: access, assessment, service implementation, and monitoring. (OAR 411-032)

### **Congregate Meals #7 (1 unit = 1 meal)**

A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the Older Americans Act and state/local laws. (AoA Title III/VII Reporting Requirements Appendix – .

### **Nutrition Counseling #8 (1 unit + 1 session per participant)**

Individualized guidance to individuals who are at nutritional risk due to their health or nutrition history, dietary intake, chronic illnesses, medications use or to caregivers. Counseling is provided one-on-one by a registered dietician and addresses the options and methods for improving nutrition status. (AoA Title III/VII Reporting Requirements Appendix – [www.aoa.gov](http://www.aoa.gov))

**\*Assisted Transportation #9** (1 unit = 1 one-way trip)

Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation. (AoA Title III/VII Reporting Requirements Appendix – [www.aoa.gov](http://www.aoa.gov))

**Legal Assistance #11** (1 unit = 1 hour)

Legal advice and representation provided by an attorney to older individuals with economic or social needs as defined in the Older Americans Act, Sections 102(a)(23 and (24), and in the implementing regulation at 45 CFR Section 1321.71, and includes to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of a lawyer and counseling or representation by a non-lawyer where permitted by law (Source: OAA) **#50-3** (1 unit = activity) – **Formerly Elder Abuse Prevention**

Public education and outreach for individuals, including caregivers, professionals, and paraprofessionals on the identification, prevention, and treatment of elder abuse, neglect and exploitation of older individuals. Training for individuals in relevant fields on the identification, prevention, and treatment of elder abuse, neglect, and exploitation, with focus on prevention and enhancement of self-determination and autonomy. (Definition based on OAA 721(b) (1, 2, & 6)) Note: Multi-Disciplinary Teams (MDT), Gatekeeper education programs, short-term emergency shelter or transportation funding are allowable activities under this service.)

**Nutrition Education #12** (1 unit = 1 session per participant)

A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietician or individual of comparable expertise. (AoA Title III/VII Reporting Requirements Appendix – [www.aoa.gov](http://www.aoa.gov))

**Information and Assistance #13** (1 unit = 1 activity)

A service that (a) provides individuals with information on services available within the communities (b) links individuals to the services and opportunities that are available within the communities (c) to the maximum extent practicable, establishes adequate follow-up procedures. (AoA Title III/VII Reporting Requirements Appendix – [www.aoa.gov](http://www.aoa.gov))

**Outreach #14** (1 unit = 1 contact)

Intervention with individuals initiated by an agency or organization for the purpose of identifying potential client(s) or their caregivers and encouraging their use of existing services and benefits. (Contact) Services or activities targeted to provide information to groups of current or potential clients and/or to aging network partners and other community partners regarding available services for the elderly Examples of this type of service would be participation in a community senior fair, publications, publicity campaigns, other mass media campaigns, presentations at local senior centers where information on OAA services is shared, etc. (Definition developed by 2011 AAA/SUA workgroup) (Activity)

**Information to Caregivers #15** (serving elderly) and **15a** (serving children) (1 activity)

A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities. (AoA Title III/VII Reporting Requirements Appendix – [www.aoa.gov](http://www.aoa.gov))

**Caregiver Access Assistance #16** (serving elderly) **16a** (serving children) (1 unit = 1 contact)



A service that assists caregivers in obtaining access to the available services and resources within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. (AoA Title III/VII Reporting Requirements Appendix – )

### **Area Plan Administration #20-1**

Area Agency administrative functions required to implement the planned services, maintain required records, fulfill the requirements of federal regulation, state rules, and state unit policies and procedures and support the advisory committee. Includes such responsibilities as bidding, contract negotiation, reporting, reimbursement, accounting, auditing, monitoring and quality assurance. (OAA 301-308)

### **AAA Advocacy #20-2**

Monitor, evaluate, and, where appropriate, comment on all policies, programs, hearings, levies, and community actions which affect older persons. Represent the interests of older persons; consult with and support the State's long-term care ombudsman program; and coordination of plans and activities to promote new or expanded benefits and opportunities for older persons. (45 CFR 1321.61(b) (1-5))

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

Activities include AAA liaison with other agencies and organizations serving older adults, services development and mobilization of non-OAA funds to enhance delivery of services to older adults (Condensed from AoA PI-83-4)

### **Home Repair/Modification #30-1**

Minor health and safety modification including screening of high-risk home environments and provision of educational programs on home modifications to prevent falls, and home modifications to promote access and safety of older adults in their homes. These services are designed to facilitate the ability of older adults to remain at home. (Based on OAA 1029(a)(30)).

### **Respite Care #30-5 (serving elderly) 30-5a (serving children) (1 unit = 1 hour see notes)**

Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite Care includes: (1) In-home respite (personal care, homemaker, and other in-home respite) (2) respite at a senior center or other nonresidential program (3) respite provided by placing the care recipient in an institutional setting such as a nursing home for a period of time (4) and for grandparents/relatives caring for children – day or overnight summer camps. (AoA Title III/VII Reporting Requirements Appendix – [www.aoa.gov](http://www.aoa.gov) & SPR Q&A #28, 2008)

Note: OAA 373 (a)(2) (A & B) states priority shall be given to caregivers providing services to individuals whom meet the definition of 'frail'. (See General Terms and Definitions.)

### **Caregiver Support Groups #30-6 (serving elderly) 30-6a (serving children) (1 unit = 1 session per participant)**

Peer groups that provide opportunity to discuss caregiver roles and experiences and which offers assistance to families in making decisions and solving problems related to their caregiving roles. (DHS/SPD/SUA definition)

### **Caregiver Supplemental Services #30-7 (serving elderly) 30-7a (serving children) (1 unit = 1 payment)**

Services provided on a limited basis that complement the care provided by family and other informal caregivers. Examples of supplemental services include, but are not limited to, legal assistance, home modifications, transportation, assistive technologies, emergency response systems and incontinence supplies. (AoA Title III/VII Reporting Requirements Appendix – [www.aoa.gov](http://www.aoa.gov))

Note: Supplemental service priority should always be given to caregivers providing services to individuals meeting the definition of 'frail'. (See General Terms and Definitions) Home-delivered meals and transportation to caregivers serving older adults or caregivers serving children are to be reported under this matrix.

**Health Promotion: Evidence-Based #40-2, #71** (1 unit = 1 session, per participant)

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

**Health Promotion: Non-Evidence Based #40-3, #40-8** (1 unit = 1 session) **#40-5** (1 unit = 1 loan or payment)

Health promotion and disease prevention activities that do not meet ACL's definition for an evidence-based program as defined at ACL's website. Activities may include those defined in the OAA (Section 102(14)) for example: (A) health risk assessments; (B) routine health screening; (C) nutritional counseling and educational services for individuals and their primary caregivers; (E) programs regarding physical fitness, group exercise, and music therapy, art therapy, and dance-movement therapy; (F) home injury control services; (G) screening for the prevention of depression, coordination of community mental and behavioral health services, provision of educational activities, and referral to psychiatric and psychological services; (H) educational programs on the availability, benefits, and appropriate use of preventive health services covered under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.); (I) medication management screening and education; (J) information concerning diagnosis, prevention, treatment, and rehabilitation concerning age-related diseases and chronic disabling conditions; (K) gerontological counseling; and (L) counseling regarding social services and follow-up health services based on any of the services described in subparagraphs (A) through (K). The term shall not include services for which payment may be made under titles XVIII and XIX of the Social Security Act (42 U.S.C. 1395 et seq., 1396 et seq.). (Source: OAA)

\*Note: Initial and annual HDM nutrition assessments including nutrition risk screening should be reported under this service. The funding source for this should be reported as Title III-C2 Home Delivered Meals, 1 unit per session.

**Reassurance #60-3** (1 unit = 1 contact)

Regular friendly telephone calls and/or visits to physically, geographically or socially isolated individuals to determine if they are safe and well, if they require assistance, and to provide reassurance. (Definition developed by 2011 AAA/SUA workgroup)

**Volunteer Services #60-4** (1 unit = 1 placement)

**#90-1** (1 unit = 1 hour)

Uncompensated supportive services to AAAs, nutrition sites, etc., Examples of volunteer activities may be, but are not limited to meal site management, Board and Advisory Council positions, home-delivered meal deliveries, office work, etc. (hour) One placement means one volunteer identified, trained and assigned to a volunteer position Note: Volunteers performing a direct service such as respite, in-home care, chore service, shopping, etc. are reported under the appropriate service category as a unit of service and value of volunteer time is reported as In-kind Match. (Definition developed by 2011 AAA/SUA workgroup)

**\*Options Counseling #70-2** (1 unit = 1 hour)

Counseling that supports informed long-term care decision making through assistance provided to individuals and families to help them understand their strengths, needs, preferences and unique situations and translates this knowledge into possible support strategies, plans and tactics based on the choices available in the community. (Based upon NASUA's definition.)

**Counseling/Support Groups/Caregiver Training #70-2a, #70-9** (serving elderly) **#70-2b, #70-9a** (serving children) (1 unit = 1 session per participant)

Caregiver Counseling: A service designed to support caregivers and assist them in their decision-making and problem solving. Counselors are service providers that are degreed and/or credentialed as required by state policy, trained to work with older adults and families and specifically to understand and address the complex physical, behavioral and emotional problems related to their caregiver roles. This includes counseling to individuals or group sessions. Counseling is a separate function apart from support group activities or training (see definitions for these services). (Source: ACT committee)

Caregiver Support Groups: A service that is led by a trained individual, moderator, or professional, as required by state policy, to facilitate caregivers to discuss their common experiences and concerns and develop a mutual support system. Support groups are typically held on a regularly scheduled basis and may be conducted in person, over the telephone, or online. For the purposes of Title III-E funding, caregiver support groups would not include "caregiver education groups," "peer-to-peer support groups," or other groups primarily aimed at teaching skills or meeting on an informal basis without a facilitator that possesses training and/or credentials as required by state policy. (See also definitions for training and counseling). (Source: ACT committee)

Caregiver Training: A service that provides family caregivers with instruction to improve knowledge and performance of specific skills relating to their caregiving roles and responsibilities. Skills may include activities related to health, nutrition, and financial management; providing personal care; and communicating with health care providers and other family members. Training may include use of evidence-based programs; be conducted in person or on-line and be provided in individual or group settings. (Source: ACT committee)

**Other Services** (1 unit = 1 hour or 1 activity)

A service provided using OAA funds under Titles III-B or C in whole or in part, that do not fall into the previously defined service categories. Examples: Money Management, Benefits Enrollment Center. (Source: Current SPR)

**\*These services have been affected by the budget for OPI.** Please note that DAVS has approval to use OPI funds for both #9 Assisted Transportation and #70-2 Options Counseling.

# SECTION E AREA PLAN BUDGET

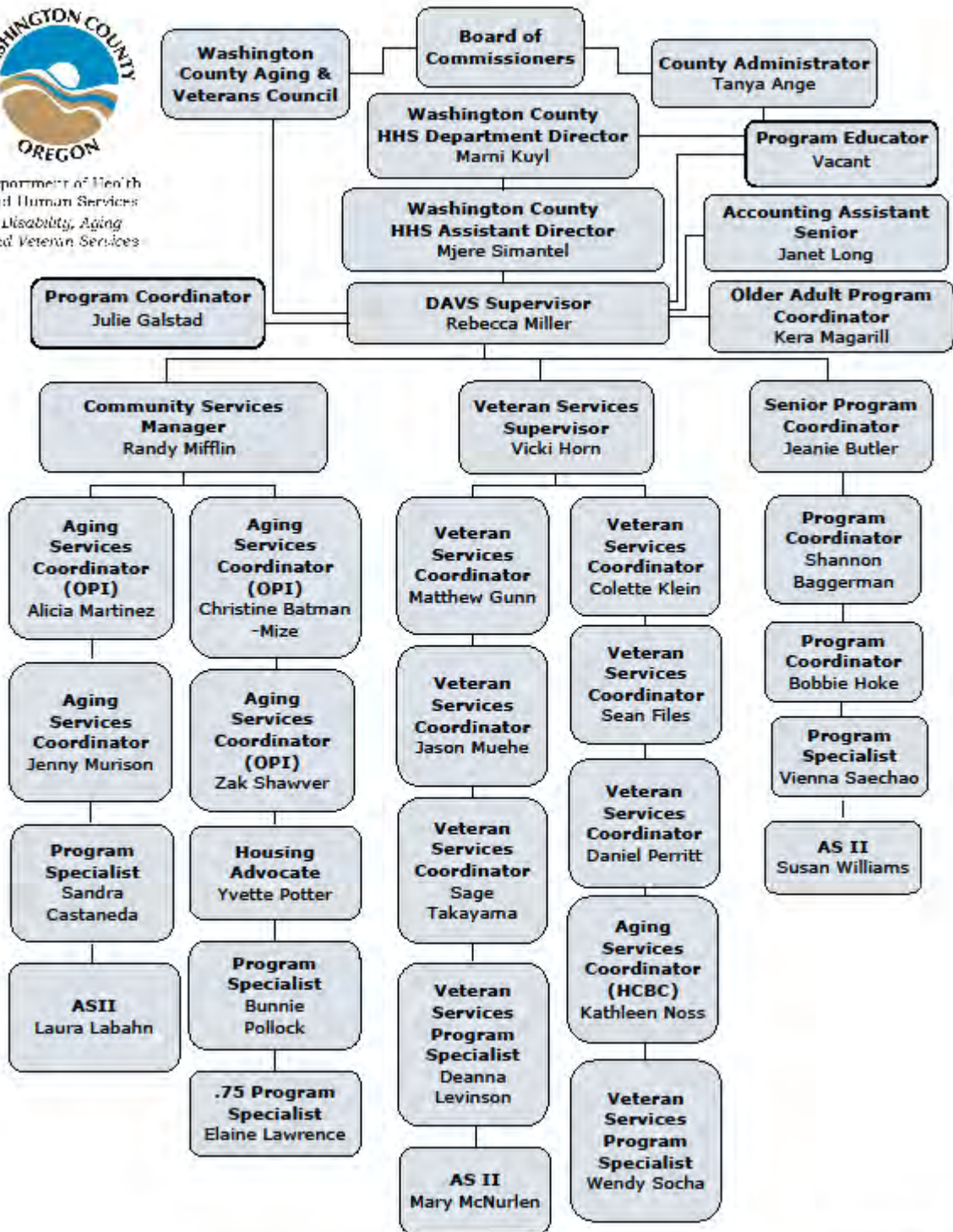
July 1, 2021 – June 30, 2022 Area Plan Budget attached separately

# APPENDICES

## APPENDIX A ORGANIZATIONAL CHART



Department of Health and Human Services  
Disability, Aging and Veteran Services



Updated: January 2021

APPENDIX B WASHINGTON COUNTY GOVERNING BODY AND DAVS  
 ADVISORY COUNCIL  
 WASHINGTON COUNTY GOVERNING BODY

AGENCY'S GOVERNING REPRESENTATIVE NAME & CONTACT INFORMATION	Date Term Expires (if applicable)	Title/Office (if applicable)
Kathryn Harrington	December 2022	Chair, County Commissioner
Nafisa Fai	December 2024	County Commissioner
Pam Treece	December 2022	County Commissioner
Roy Rogers	December 2024	County Commissioner
Jerry Willey	December 2022	County Commissioner

**AGING & VETERAN SERVICES ADVISORY COUNCIL**

NAME & CONTACT INFORMATION	Date Term Expires	Category of Representation
Seferina Deleon Dale.	6/30/22	<input checked="" type="checkbox"/> 60+ y/o <input checked="" type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public
Yaroslav Kucheryavenko	6/30/23	<input checked="" type="checkbox"/> 60+ y/o <input checked="" type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Erin Miller	6/30/23	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Karen O'Donnell	6/30/21	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Robert Newton	6/30/23	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Matthew McKean	6/30/21	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public

NAME & CONTACT INFORMATION	Date Term Expires	Category of Representation
Gary O'Neal	6/30/23	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Bob Ludlum	6/30/21	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Christine Wiley	6/30/23	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Alternate <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Kimberly Goddard	6/30/22	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Chris Kempton	6/30/22	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Commissioner Jerry Willey BOC Liaison Non-Voting	6/31/22	BOC Liaison Non-Voting



## APPENDIX C- PUBLIC PROCESS

7/2019: AVSAC voted to form Area Plan Needs Assessment (APNA) subcommittee  
8/2019-11/2019: APNA sub-committee met four times to guide needs assessment methodology and focus.  
6/2020-10/2020: Surveys distributed, and interviews conducted.  
10/23/2020: LGBTQ stakeholder meeting  
10/2020: Needs assessment data analysis completed and distributed to DAVS program staff to determine the direction of Area Plan.  
11/2020: Needs assessment results and draft area plan goals and objectives posted to DAVS website  
11/19/2020: Public meeting hosted by AVSAC to review needs assessment results and draft area plan goals and objectives  
1/12/2021: Area Plan draft posted to DAVS website and opportunity for public comment via email, virtual meeting, or phone promoted  
1/21/2021: AVSAC review of area plan and opportunity for public comment during AVSAC meeting  
1/27/2021: Virtual Area Plan Public hearing convened by AVSAC and DAVS Staff

### Needs Assessment Steering Committee Participants

Betsy Hartner	Pam Carpenter
Bob Ludlum	Randy Mifflin
Chris Kemper	Rebecca Miller
Christine Lau	Regina Ford
Elaine Wells	Rose Gallegos
John Holewa	Seferina Deleon Dale
Kera Magerill	Shannon Baggerman
Kimberly Goddard-Kroph	Sheryl Stafford
Maria Caballero-Rubio	Suzanne Washington
Megan McCoy	Vicki Horn
Nellie Salvador	

### Priority Populations Identified by Steering Committee

- Race & Ethnicity of Priority Populations
  - Latine
  - Asian (Korean, Vietnamese, Chinese)
  - African American/Black
  - Immigrants & Refugees
    - Middle Eastern, Somalian, Russian
  - Native American
- Priority Languages
  - Spanish, Chinese (Mandarin, Cantonese), Korean, Vietnamese, Arabic, Russian
- Additional Priority Populations
  - LGBTQ+
  - Veterans
  - Family Caregivers
  - Stakeholders/professionals



## Focus Group Questions

1. Tell us about your community. What are its strengths? What would you like to see in your community that would make it a better place for older adults [*insert population group here*] to live?
2. In what ways do you connect or socialize with others? Who do you connect with? Has this changed over time or do you think it might? What's missing, what's working well, what's getting in the way?
3. Many older adults want to remain in their home and community as they age. What is most important to you about aging in place? What is working well for people to age in place, what concerns do you have, and what information or resources do you need to make this possible.
4. When we say health, we mean access to resources, exercise, transportation, food/nutrition, mental and emotional health, social activities, access to nature, tec. When it comes to your health and well-being, what's most important to you? What's missing? What's working well? What's getting in the way? Have you or someone you've known gone to a community meal site? What did you like, or what could be improved, if you haven't gone to one, why not? How do you promote your health or manage chronic conditions?
5. How has life changed for you during the COVID-19 crisis? What can we do to help support you and your community during this time? If you are willing to share, what have you learned about yourself or your community during this time? What has become most important?
6. Is there anything else you would like to share/say?

## Survey Distribution

AARP	Elsie Stuhr Center
Adult Protective Services	Forest Grove Senior Center
ALS Assoc of OR and SW WA	Friendly House
Alzheimer's Assoc of OR	Gentog
APANO	Hillsboro AL
APD - Hillsboro	Hillsboro Senior Center
Asian Health & Service Cntr.	Hillsboro Sunrise Church/Centro Cultural
ASSIST	Home Instead- SW
Beaverton City Library	Home Instead-Beaverton
Brain Injury Connections NW	Home Instead-Hillsboro
CAPS	Hope Dementia
Caring for Portland	Immigrant & Refugee Community
Center for Mediation and Dialogue	Organization
Centro Cultural	Intel (employee affinity groups)
City of Hillsboro Parks & Rec	IRCO
City of Tualatin-Juanita Pohl	Jewish Family & Child Services
ComForCare/ Atlantis Caregiving	Juanita Pohl Center-Tualatin
Community Action	Le'o e 'OFA
Courageous Mourning	Lifeline-OTAP
DHS/APD	Lines for Life-Senior Loneliness Line
Domestic Violence Resource Center	Living Islands
Douglas Latinas International	LTC Ombudsman Office
Ecumenical Ministries of Oregon	M.D. Watson Construction

Marjorie Stewart Sr Center-Sherwood  
Marquis At Home  
McCann's Tualatin-Hillsboro  
Meals on Wheels People  
Mercy Connections  
MultCo Public Health  
Muslim Education Trust (MET)  
Muslim Educational Trust  
Nike (employee affinity groups)  
North Plains Senior Center  
NW Housing  
ODVA  
OHSU  
Oregon Care Partners  
Oregon Food Bank  
Oregon Law Center  
Oregon Lions Sight/Hearing Foundation  
Our Place Day Center  
Pacific University (Veteran's)  
Parkinson's Resources of Oregon  
PFLAG  
Providence Community Connections-Faith in  
Action  
Quest Center for Integrative Health  
Rebuilding Together  
Retirement Connection  
Ride Connection  
SAGE/Friendly House Advisory Council  
Siletz Tribe  
Smooth Transitions  
State of Oregon  
Store to Door  
Tigard Library  
Tigard Senior Center  
Tuality Healthcare  
Urban Excursions  
VA Portland Family Caregiver Program  
VFRC Oregon  
VFW 2666  
Village Without Walls  
Virginia Garcia  
Vision Action Network  
Viva Villa  
WA Co Assessment & Taxation-Property tax  
deferral programs  
WashCo Public Health  
Washington Co Community Development-  
HARDE  
Washington Co Sheriffs Dept.-Elder Safe,  
Help Me Home, Project Lifesaver  
DAVS 2021-2025 Area Plan Appendices

Washington County  
WCLLS  
WCLLS Outreach Services  
WorkSource

**2021-2024 AREA PLAN NEEDS ASSESSMENT  
STEERING COMMITTEE ROADMAP**

**COMMITTEE PURPOSE:** To guide the development of the DAVS needs assessment, which will identify overarching needs of the older adult population with special emphasis on reaching historically underrepresented groups.

**TIMELINE**

**Meeting 1**

*August 29, 2019*

*9-11:30 am*

Beaverton Community Center

**Meeting 2**

*October 21, 2019*

*10am-12:30pm*

WSSC

**Meeting 3**

*November 4, 10am-12:30pm*

Location TBD

**Meeting 4**

*November 7, 9-11:30am*

Time & Location TBD

**MEETING CONTENT AND GUIDING QUESTIONS**

*Context and relationship building*

*Orientation to next steps*

- *Why are we here?*
- *How will we work together?*
- *What is my role?*

*Exploring data with an equity lens to identify target populations*

- *Demographics & Maps*
- *DAVS Program Data*
- *Equity tool intro and practice*
- *Who are we asking?*

*Finalizing populations and determining assessment method(s)*

- *What are we asking and how are we asking?*
- *How will we analyze the information we gather?*

*Logistics*

- *Finalizing plan for listening sessions, focus groups, surveys*
- *Partnering with community-based organizations*
- *What's next? Plans for communication, monitoring, gathering*

**From:** Wendy Gordon <[Wendy\\_Gordon@co.washington.or.us](mailto:Wendy_Gordon@co.washington.or.us)>

**Sent:** Monday, August 3, 2020 3:23 PM

**To:** Wendy Gordon <[Wendy\\_Gordon@co.washington.or.us](mailto:Wendy_Gordon@co.washington.or.us)>

**Subject:** MEDIA RELEASE: Washington County Disability, Aging and Veteran Services requests community input for future planning

FOR IMMEDIATE RELEASE

## **Washington County Disability, Aging and Veteran Services requests community input for future planning**

Washington County Disability, Aging and Veteran Services (DAVS) is conducting a community survey about the needs of veterans, older adults and people with physical disabilities. The survey is available in multiple languages [online](#) and in hard copy upon request. It will remain open through August 31, 2020.

DAVS is especially interested in hearing from people who live in Washington County who are:

- Ages 55+, particularly:
  - People of color
  - People whose primary language is not English
  - Immigrants and refugees
  - LGBTQ+ older adults
  - People who were homebound or isolated before the pandemic
  - Older adults with low income
- Family caregivers and other unpaid caregivers
- Veterans of all ages and their families
- Adults with physical disabilities

“Community input is vital to ensuring we focus our efforts and resources where they are needed the most,” said Rebecca Miller, program supervisor for DAVS and Washington County Area Agency on Aging director. “This survey will help us identify gaps, leverage resources and prioritize services as we develop our 2021-2025 strategic plan.”

DAVS will hold several virtual community engagement events in October through December to review the results and draft the plan in partnership with the public and key stakeholders.

DAVS offers a wide array of community-based programs, including homebound meal delivery, caregiver support, in-home care, long-term care options counseling, information and referral, telephone reassurance, veteran services, benefits enrollment, legal services and much more. Most services are provided at no cost.

Community members who would like to take this survey by phone or in a language not currently offered, or who need any other accommodation or assistance should call DAVS at 503-846-3060.

###

This media release is available at: <https://www.co.washington.or.us/HHS/News/davs-survey.cfm>

## DAVS 2020 Community Survey

### 2020 Washington County Community Survey

Washington County Disability, Aging and Veteran Services (DAVS) is collecting information to learn about the needs of veterans, people with disabilities and older adults in our community.

The information gathered through this survey will be used by Washington County DAVS to identify gaps, leverage resources and prioritize services. The strategic plan that will be created to meet the needs identified in this survey will be called the 2021-2024 Disability, Aging and Veteran Services Area Plan. It is a requirement under the Older Americans Act.

This survey is anonymous and flexible. We will not ask for your name. You can skip any questions you don't want to answer, and you can stop at any time. Your answers will greatly help us to serve our community the best way possible.

Thank you very much for your time! We appreciate your feedback.

Assistance is available to take this survey over the phone. This survey is also available in Arabic, Chinese, Korean, Russian, Somali, Spanish or Vietnamese. If you would like this survey in another language or need any other accommodation or assistance, please call 503-846-3060 option 1.



**WASHINGTON COUNTY**  
**OREGON**

Department of Health and Human Services  
Disability, Aging and Veteran Services





# WASHINGTON COUNTY OREGON

Department of Health and Human Services  
*Disability, Aging and Veteran Services*

## Request for Public Comment on Area Plan

**Hello and happy new year!** Washington County Disability, Aging and Veteran Services (DAVS) is seeking public input on our four-year strategic plan. DAVS is the designated Area Agency on Aging for Washington County. In accordance with the Older Americans Act, each Area Aging on Aging must develop an Area Plan and provide annual updates to Oregon Department of Human Services.

**Our 2021-2024 Area Plan is now available for the public to review [on our website](#).**

The Area Plan is quite large. The table of contents includes hyperlinks that you can use to jump to a specific section. **If your time is limited, we recommend focusing on Section C: Focus Areas, Goals and Objectives which describes the key issues, programs and services DAVS provides and administers in Washington County.** This section outlines the goals and objectives for the planning period, developed in response to an extensive community engagement effort (described in Section A). Nutrition, information and referral, family caregiver and veteran services are a few of the programs DAVS administers; detailed workplans for each can be found in this section.

Soliciting feedback from the public is part of the process, and your comments can make a difference! There are two opportunities to provide comment via a virtual meeting:

**Thursday, January 21**, 9-11 a.m. (Public comment portion: 9-9:45 a.m.)

Aging and Veteran Services Advisory Council (AVSAC) Meeting

[Zoom Link](#)

Meeting ID: 873 7737 5687

One tap mobile: +16699006833, 87377375687#

**Wednesday, January 27** from 3-4 p.m.

Public Comment Zoom Meeting

[Zoom Link](#)

Meeting ID: 593 613 6174

One tap mobile: +12532158782, 5936136174#

If you cannot attend one of the virtual meetings, we encourage you to submit your feedback via email at [HHSDAVSinfo@co.washington.or.us](mailto:HHSDAVSinfo@co.washington.or.us), by phone 503-846-3060, or by U.S. Mail:

Attn: Area Plan  
Washington County Disability, Aging and Veteran Services  
155 N. First Ave, MS 44  
Hillsboro, OR 97124

We hope to see you on January 21 or 27. Please forward and share this opportunity for public comment. We want to hear from our community!

[Call us at 503-846-3060](tel:503-846-3060) or [click here to visit the DAVS website.](#)







### Join us via Zoom for an opportunity to comment on:

- Results of 2020 DAVS Community Needs Assessment
- Support for family/unpaid caregivers
- Navigating aging and veteran resources
- Elder rights and legal assistance
- Veterans benefits and support
- Nutrition and more

[Zoom link for Thursday, January 21 from 9-9:45 a.m.](#)

[Zoom link for Wednesday, January 27 from 3-4 p.m.](#)

For more information or to submit public comment, please contact Julie Galstad at 503-846-3060 or [HHSDAVSinfo@co.washington.or.us](mailto:HHSDAVSinfo@co.washington.or.us). To learn more about the Area Plan go to the [DAVS Area Plan webpage](#).



Department of Health  
and Human Services  
Disability, Aging  
and Veteran Services



## APPENDIX D FINAL UPDATE ON ACCOMPLISHMENTS FROM 2017-2020 AREA PLAN

### **ADRC**

**Goal:** Pursuing sustainable sources of funding for marketing and system updates.

DAVS met two of three objectives in this area, continuing DAVS participation in the Medicaid Pilot (now the permanent Oregon Medicaid Administrative Claiming (OMAC) program and increasing the participants in that program by two staff. DAVS added one full-time Program Specialist to the ADRC as a result. DAVS continues to seek grants that are a match for the expertise and staffing levels of the organization.

**Goal:** Increase knowledge of and access to transportation resources in the community.

In 2019, DAVS increased the funding allocated for transportation using OAA Title IIIB funds. The AAA Director participated as an advisory member to the Ride Connection board of directors, Tri-Met Committee on Accessible Transportation, and Tri-Met's Special Transportation Funds Advisory Committee. In 2020, AAA Director and an Aging & Veteran Services Advisory Council served as members on the Washington County Transit Advisory Committee to help inform the transportation plan for parts of the county not served by Tri-Met. In late 2020, in response to the pandemic, DAVS partnered with the Public Health Department for the acquisition of vehicles that will be used to deliver food to older adults now and, post-pandemic, will become available for use by community centers to transport older adults to food pantries, congregate meals sites and recreational activities. These activities have elevated the awareness of the needs of older adults and leverage resources to meet them.

### **Nutrition**

**Goal:** Explore development of opportunities for improved access to culturally specific meals.

Over the previous four years DAVS was able to implement two new meal sites. DAVS first opened a site in Hillsboro that serves meals to Latino/a/x individuals in partnership with Meals on Wheels People and Centro Cultural and in 2018, opened a site in Beaverton in partnership with Immigrant Refugee and Community Organization that serves meals to Vietnamese, Korean, and Chinese older adults.

### **Health Promotion**

**Goal:** DAVS will enhance health promotion outreach programs for at-risk and vulnerable older adult populations.

Through the Area Plan, DAVS has built on existing and created new partnerships with organizations in the community who serve and are focal points for Black, Indigenous, and community members of color as well as underserved older adult communities. With these partner agencies input, peer leaders were sought who would be interested in receiving leader training with the goal of producing health promotion classes in their communities. DAVS also created new funding opportunities to support outreach and health promotion work in these communities.

**Goal:** DAVS will improve access to chronic disease self-management programs.

To increase access and acceptance of chronic disease self-management programming, funding was focused toward evidence based health promotion activities with organizations such as Centro, Doulas Latinas, OHSU Office on Disability, and Asian Health and Services Center, ,and the Cornelius Library to promote and provide Star-Caregiver, Powerful Tools for Caregivers, Diabetes Self-Management, Diabetes Prevention, Living Well with Chronic Conditions and Aging Mastery.

### **Family Caregivers**

**Goal:** Strengthen the core elements of DAVS Family Support Caregivers Program to address the needs of caregiving families in Washington County.

Over the last four years DAVS has worked to improve caregiver access specifically to training, respite, and outreach to LGBT caregiver community. Two additional staff members were trained in Powerful Tools for Caregivers (PTC), funding was increased for counseling and respite service. This included reinstated the stipend program, to allow more flexibility to meet client choice and needs. The program also grew to provide Memory Cafes, Support by Text, and education programs throughout the year. With support from SUA's federal grant staff and several community partners were trained in STAR-C and SAVVY. Due to the pandemic several planned events were canceled, and staff adjusted and adapted to virtual programming.

Culturally specific training was expanded by collaborating with community partners. Initially working with Tuality Healthcare, a Spanish speaking facilitator was trained in PTC. The goal was to partner to have it offered twice a year. However, due to organizational changes the person in the position moved to a different part of the organization and was never able to teach a class. That disappointment aside, DAVS continued to find community partners to work with to expand training including Centro Cultural de Washington County, Doulas Latinas International, and Asian Health and Service Center.

Outreach to LGBT caregivers continues to be an area of needed expansion. DAVS participated in an outreach booth at the Portland Pride festival in June 2018. DAVS enhanced its relationship with Medicaid Adult Foster Homes licensors to support certification of LGBT friendly foster homes in Washington County. DAVS also participated in a Pride Party event on June 1,2019 in partnership with Hillsboro Parks and Recreation.

### **Legal Assistance and Elder Rights Protection**

**Goal:** Increase public awareness of Elder Abuse.

In the past four years, DAVS sponsored Elder Abuse Forums in 2017, 2018 and 2020, increasing overall attendance by more than 17%. DAVS also assumed responsibility and funding of the Gatekeeper Program previously run by the Sheriff's Office and increased Gatekeeper trainings by over 80%.

**Goal:** Promote use and access to legal services provider, Oregon Law Center.

In this Area Plan period, DAVS met with Oregon Law Center annually to review outreach and access to services in the Washington County. Oregon Law Center retained a new director with a committed focus on increasing the diversity of the clients served and increasing access to legal services by hiring attorneys who spoke a variety of languages other than English.

DAVS provided support to this increased access by more than doubling their annual contract award from \$16,000 per year in 2017 to \$40,000/year through 2020 with an additional \$10,000 added for 2020-2021.

### **Older Native Americans**

**Goal:** Have sustainable partnerships with key organizations serving older adult Native Americans.

DAVS Director and staff have attended all the quarterly statewide Tribal Meet and Greets convened by Aging and People with Disabilities to build relationships between Tribal Title VI providers and Area Agencies on Aging. DAVS has participated in a tri-county meet and greet in collaboration with county and state representatives in the aging network, tribal representatives and community-based organization serving Native American people and tribal members. With the pandemic, connections have been made with organizations serving Native Hawaiian and Pacific Islander communities. The last four years have been marked by mutual learning of programs between organizations, a great deal of sharing about Native culture and history and developing an understanding of how these things may impact the connection with each other, on both an individual and organizational level. These relationships helped to increase participation in the 2020 DAVS Community Needs Assessment by people the organization would have otherwise had difficulty reaching.

### **Veterans**

**Goal:** Improve outreach in the community regarding services available for veterans.

DAVS participated in numerous Farmers Markets in this recently completed planning period. Veteran's unit staff provided basic training to the Aging and Veteran Services Advisory Council and the Veterans subcommittee to assist with outreach to veterans in the community. Outreach plan for assisted Living and adult foster homes initiated. DAVS began presenting an overview of pension and compensation benefits at the Adult Foster Home orientations. Increased outreach activities to a minimum of two per month (yearly average). Contacts more than doubled from 1047 in 17-18 to 3495 in 18-19. 19-20 numbers were only 718 due to losing the ability to outreach March-June, the largest outreach months, due to COVID.

The Board of Commissioners declared 2019 the Year of the Veteran in Washington County, raising awareness about the veterans office and programs. DAVS also honored Vietnam Era Veterans with the Vietnam Veteran Pin and had over 450 attendees, making this the largest DAVS' Veterans day event ever. In November of 2019 DAVS hosted a Veteran Art Workshop, with over 75 participants and offered a Virtual Women Veteran Art event in November 2020. In August of 2020, DAVS veterans unit presented to the Board of Commissioners in conjunction with their declaration of Gulf War Era Veteran Awareness Month. In addition, DAVS veterans unit designed and presented Gulf Era veterans of Washington County with a commemorative pin and coin, which increased contacts by over 100. In December of 2019 DAVS began to shift one VSO into an outreach role. In order to switch duties, he needed to wrap up some ongoing claims. In March of 2020 he was moved to position in the County's Emergency Operation Center and the Outreach position was placed on hold until October of 2020. In November 2020, the Outreach VSO organized a successful Virtual Veterans Day event, sharing veteran stories and highlighting the work conducted by veteran services officers at DAVS. In September 2019 and 2020 DAVS partnered with Public Health and presented information about suicide prevention to the Board of Commissioners in conjunction with their declaration of Suicide

Awareness Month Organized and hosted successful Stand Down events, resource fairs for houseless veterans, in 2017, 2018 and 2019 reaching close to 200 veterans.

**Goal:** Facilitate Vet Center providing group counseling sessions and other services in Washington County.

Vet Center was offering Washington County veterans weekly 1:1 appointment at DAVS Hillsboro Office beginning in February of 2017 and ending March of 2020 due to COVID-19. Prior to COVID restrictions DAVS veterans unit had begun discussing a second day in the Tigard location and a possible group meeting. When COVID-19 restrictions are lifted DAVS will restart this service and look to expansion. Two Veteran service Officers also became trained as trainers in Mental Health First Aid, a suicide prevention course. In 2019 they trained 30 participants. This training is now on hold because of COVID restrictions, but they have been trained in QPR, another suicide prevention course and will begin virtual trainings in 2021.

## APPENDIX E EMERGENCY PREPAREDNESS PLAN

Washington County Emergency Preparedness Plan can be found at:

<https://www.co.washington.or.us/EmergencyManagement/plans-and-agreements.cfm>

Contractors have their own emergency preparedness plans and DAVS will be in contact with them during an emergency per the COOP, particularly meal and transportation contractors or other essential service contractors. DAVS requires these emergency plans be included for contracts for critical services. The contracts must have plans for both small- and large-scale incidents. These plans within the contracts are reviewed annually.

## APPENDIX F LIST OF DESIGNATED FOCAL POINTS

Elsie Stuhr Center  
5550 SW Hall Blvd.  
Beaverton, OR 97005  
Phone: 503-643-8352

Forest Grove Senior Center  
2037 Douglas St.  
Forest Grove, OR 97116  
Phone: 503-359-4818

Hillsboro Meals on Wheels People Center  
545 SE Baseline St.  
Hillsboro, OR 97123  
Phone: 503-924-6858

North Plains Senior Center  
31450 NW Commercial St.  
North Plains, OR 97133  
Phone: 503-647-5666

Tigard Senior Center  
8815 SW O'Mara St.  
Tigard, OR 97223  
Phone: 503-620-4613

Juanita Pohl Center-Tualatin  
8513 SW Tualatin Rd.  
Tualatin, OR 97062  
Phone: 503-692-6767

## APPENDIX G PARTNER MEMORANDUMS OF UNDERSTANDING

Association of Oregon Community Mental Health Programs  
Centro Cultural de Washington County  
Community Action of Washington County  
Health Share of Oregon CCO  
Metro ADRC  
Northwest Housing Alternatives  
Pacific University  
State of Oregon Department of Human Services, Aging and People with Disabilities  
Washington County Assessment and Taxation  
Washington County District Attorney's Office-Veteran's Treatment Court  
Washington County Human Services Division  
Washington County Office of Community Development