

# WASHINGTON COUNTY DISABILITY, AGING AND VETERAN SERVICES

## 2017-2020 AREA PLAN

### TABLE OF CONTENTS

#### **Section A Area Agency Planning and Priorities**

- A-1 Introduction
- A-2 Mission, Vision, Values
- A-3 Planning and Review Process
- A-4 Prioritization of Discretionary Funding

#### **Section B Planning and Service Area Profile**

- B-1 Population Profile
- B-2 Target Populations
- B-3 AAA Services and Administration
- B-4 Non-AAA Services, Service Gaps and Partnerships to Ensure Availability of Services Not Provided by the AAA

#### **Section C Focus Areas, Goals and Objectives**

- C-1 Local Focus Areas, Older Americans Act (OAA) and Statewide Issue Areas:
  - 1. Information and Assistance Services and Aging & Disability Resource Connection
  - 2. Nutrition Services
  - 3. Health Promotion
  - 4. Family Caregivers
  - 5. Elder Rights and Legal Assistance
  - 6. Older Native Americans
  - 7. Veterans

#### **Section D OAA/OPE Services and Method of Service Delivery**

- D-1 Administration of Oregon Project Independence (OPI)
- D-2 Services provided to OAA and/or OPI consumers

#### **Section E Area Plan Budget**

#### **Appendices**

- A Organization Chart (Updated March 2019)
- B Advisory Council(s) and Governing Body (Updated March 2019)
- C Public Process
- D Final Update on Accomplishments from 2013-2016 Area Plan
- E Emergency Preparedness Plan
- F List of Designated Focal Points
- G OPI Policies and Procedures
- H Partner Memorandums of Understanding
- I Statement of Assurances and Verification of Intent

## 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 574,326 in 2015. This is an 8.4% increase in population since 2010) demonstrating recent substantial growth (<https://www.census.gov/quickfacts/table/PST045215/41067>). 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 (WCDAVS), is a division of the Washington County Health and Human Services Department (WCHHS) and acts as the designated Area Agency on Aging. WCDAVS 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 thirteen member citizen Area Agency Advisory Council. The council also advises the director of the Area Agency on Aging (WCDAVS) 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. WCDAVS 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:

WCHHS has recently been through a strategic planning process utilizing community, management and staff input of which all WCDAVS employees were participants. WCHHS'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 WCHHS include equity, accountability, transparency, respectfulness, cultural responsiveness and collaboration.

The mission, vision and values for WCDAVS 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, WCDAVS 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 WCDAVS' division specific onboarding. Ongoing education and conferences continue to build and reinforce these principles. WCDAVS recognizes successful partnerships in the community and with clients are based in positive, respectful relationships which are crucial to delivering programs and services.

### **A-3 Planning and Review Process**

To inform the area plan on aging, staff conducted a rapid needs assessment of older adults in Washington County. Tools used to collect community input included written surveys, online surveys and focus groups conducted across the county.

### **Scope and Populations Consulted**

WCDAVS strives to create and foster a community where all older adults can thrive. In alignment with this goal, staff targeted various populations to capture the needs of older adults in the community. These populations included both older adults and those who care for them, either professionally or personally. To reflect the diversity of our community, staff solicited information from both English-speaking and Spanish-speaking communities, as well as those from the Chinese, Vietnamese, and Korean communities. Other specifically targeted groups included veterans and those who identify as LGBT. Since Washington County is a unique mix of urban and rural geographies, staff made efforts to reach as many portions of the county as possible. Overall, staff received feedback from at least 24 of the county's 34 zip codes.

### **Washington County Community Survey**

During August 2016, WCDAVS conducted an online and written survey to inform the community needs assessment. The written survey and online surveys were distributed throughout the community and were available in both English and Spanish. The surveys included questions regarding the individual's knowledge of available services, perceived demand for specified services, perceived concerns regarding various issues (e.g. housing costs, accessing appropriate health care, handling feelings of depression), activity-related interests, financial security, caregiving, living situation, and various demographics. Online surveys were distributed through e-mail distribution lists, social media, and fliers. Written surveys were distributed at focus groups (discussed below) and community centers, and were supplied to homebound seniors receiving Meals on Wheels. Full details of the distribution scope and sample materials are available in Appendix C.

The community survey gathered information from 439 individuals. Respondent characteristics are outlined in table 1. The majority of respondents were female. Veterans were well represented within the sample, accounting for 20% of respondents, and 26% of respondents were spouses of veterans. Roughly 8% reported Hispanic ethnicity. Approximately 91% of respondents self-identified as heterosexual, while 4% identified as LGBTQ, and the remaining 5% of respondents did not wish to specify. Roughly 92% identified their race as White or Caucasian, followed by 3.6% each of those identifying as Asian/Pacific Islander or two or more races. Of those reporting two or more races, 79% reported being both American Indian and White or Caucasian. Although racial characteristics of survey respondents were somewhat less diverse than the general

Washington County population, the respondents generally appeared to reflect the population of Washington County residents who are over age 60. The primary exception to this was response among those identifying as Asian or Pacific Islander; the survey sample was comprised of 3.6% Asian or Pacific Islander, compared to the 6.3% estimated to be living in the county.

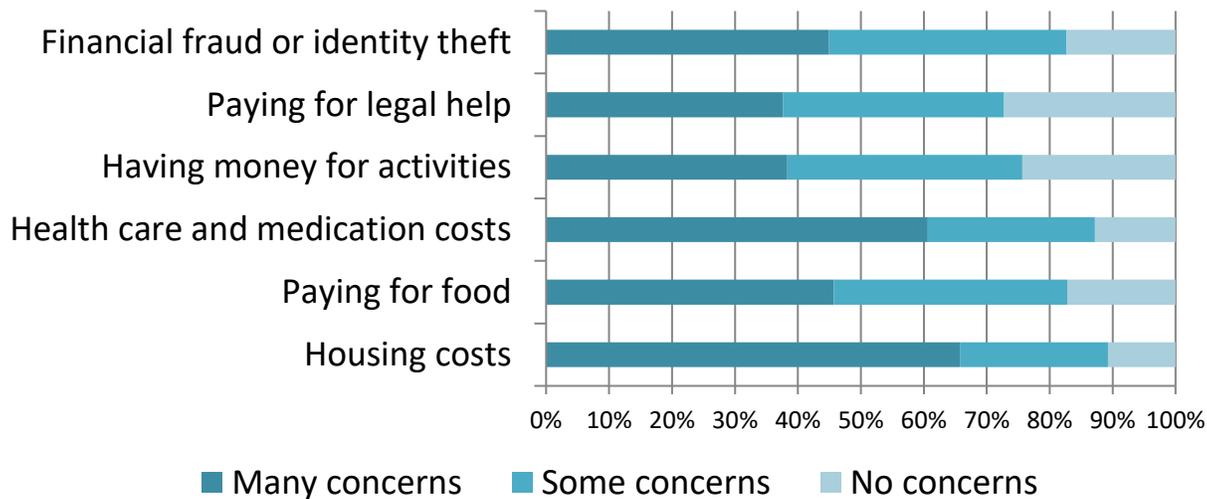
**Table 1:** Survey respondent demographics

	Survey sample	Washington County (adults over 60)	Washington County (all ages)
<b>Gender</b>			
Female	67.7%	55.6%	50.7%
Male	30.4%	44.4%	49.3%
Not identified as male or female	<1%	Not available	Not available
Do not wish to say	1.4%	Not available	Not available
<b>Race</b>			
American Indian/Alaska Native	<1%	<1%	<1%
African American/Black	1.0%	<1%	1.7%
Asian/Pacific Islander	3.6%	6.3%	9.1%
Caucasian/White	92.3%	89.5%	77.4%
Two or more races	3.6%	1.3%	4.3%
Other	2.8%	1.5%	6.3%
<b>Ethnicity</b>			
Hispanic	8.0%	3.9%	16.0%
Non-Hispanic	92.0%	96.1%	84.0%
<b>Veteran status</b>	20.0%	20.9%	7.9%

### Concerns in the Community

Beyond demographic measures, the survey also gathered information regarding concerns in the community. Respondents were given a list of various potential concerns, and were asked whether they had heard “many concerns, some concerns, or no concerns at all” among older adults. Results are displayed in Figure 1. The most commonly reported concern was related to housing costs, with two-thirds of respondents reported being aware of many concerns and another quarter being aware of some concerns. Roughly 4 in 5 of those between ages 50 and 64 reported that they have heard many concerns regarding paying for housing.

## Frequency of financial concerns among older adults in Washington County

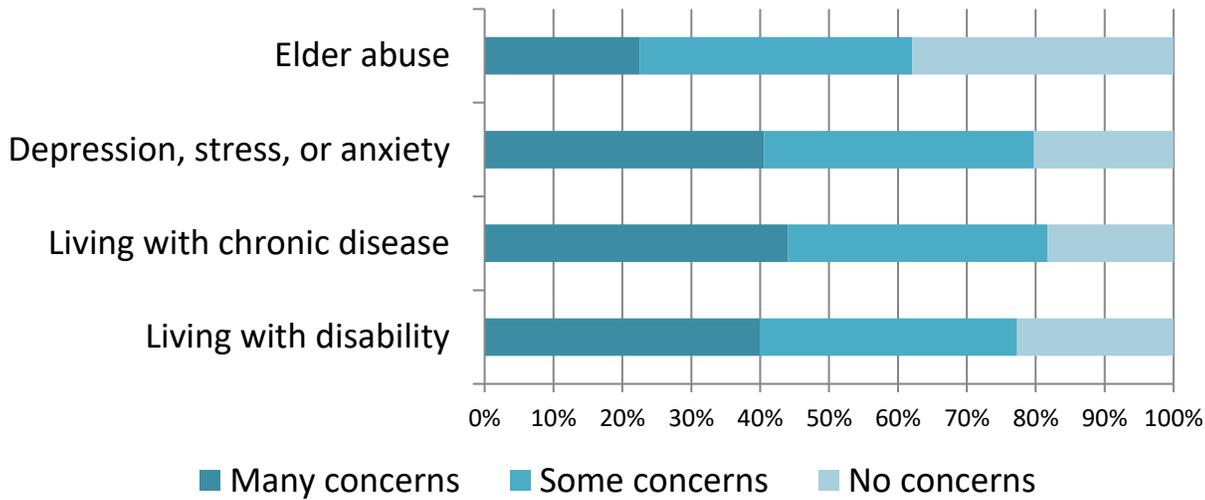


Concerns about medical costs were the second-most commonly reported across all age groups. Other prominent issues included concerns about living with disabilities; living with chronic disease; being victim to financial fraud; and handling feelings of stress, anxiety, or depression.

**Table 2:** Proportion of respondents having heard many concerns within the older adult community regarding specific issues, by age group

	49 years or under	50-64 years	65-79 years	80 years or over	All ages
<b>Housing costs</b>	75.0%	79.1%	63.4%	53.6%	66.6%
<b>Food costs</b>	48.2%	49.5%	47.8%	40.6%	46.8%
<b>Health care costs</b>	73.2%	71.4%	56.3%	52.9%	61.7%
<b>Activity costs</b>	32.1%	48.4%	41.0%	32.3%	39.6%
<b>Legal costs</b>	35.7%	45.6%	37.5%	33.9%	38.3%
<b>Financial fraud</b>	37.5%	51.1%	48.1%	42.6%	46.1%
<b>Living with disabilities</b>	53.6%	47.3%	41.2%	41.8%	43.9%
<b>Living with chronic disease</b>	53.6%	55.0%	38.7%	36.4%	44.0%
<b>Handling feelings of depression</b>	44.6%	50.6%	33.6%	38.8%	40.5%
<b>Elder abuse</b>	26.8%	25.3%	20.8%	20.3%	22.5%

## Frequency of health and wellness concerns among older adults in Washington County



### Accessing services

Additionally, the survey asked questions regarding access to services, and whether individuals would know where to find certain types of help if they wanted it. Table 3 outlines the proportion of older adults who know how to access various services, and Table 4 outlines those who don't know how to access various services *but want to know*. The most common services that people want to know how to access include finding affordable legal services (42.3% of respondents), finding a place to live (31.6%), and getting transportation (30.0%).

**Table 3:** Proportion of older adults who know how to find help for specific services, by age group

	50-64 years	65-79 years	80 years or over	All
<b>Finding volunteer opportunities</b>	47.3%	52.2%	31.8%	46.3%
<b>Help with personal care (e.g., bathing)</b>	37.8%	37.1%	40.0%	38.0%
<b>Finding a care facility</b>	35.2%	32.9%	38.4%	34.8%
<b>Finding legal services</b>	25.3%	26.5%	40.8%	29.5%
<b>Getting transportation</b>	43.5%	50.6%	49.4%	48.4%
<b>Finding a place to live</b>	33.0%	36.9%	37.5%	35.9%
<b>Money management help</b>	30.7%	37.8%	29.4%	34.0%
<b>Finding a Medicare provider</b>	30.8%	47.5%	39.7%	41.1%
<b>Finding mental health care</b>	40.0%	41.0%	28.8%	38.1%
<b>Finding healthy food</b>	48.4%	59.8%	53.6%	55.1%
<b>Finding recreational activities</b>	42.2%	53.1%	34.3%	45.8%

**Table 4:** Proportion of older adults who do not know how to find help for specific services but want to learn, by age group

	50-64 years	65-79 years	80 years or over	All
<b>Finding volunteer opportunities</b>	25.3%	16.2%	20.8%	19.8%
<b>Help with personal care (e.g., bathing)</b>	28.9%	25.8%	33.3%	28.4%
<b>Finding a care facility</b>	31.9%	26.8%	19.2%	26.5%
<b>Finding legal services</b>	50.6%	42.0%	32.9%	42.3%
<b>Getting transportation</b>	37.0%	27.1%	27.3%	30.0%
<b>Finding a place to live</b>	40.7%	31.9%	19.4%	31.6%
<b>Money management help</b>	31.8%	15.4%	10.3%	18.9%
<b>Finding a Medicare provider</b>	41.8%	24.7%	19.2%	28.2%
<b>Finding mental health care</b>	32.2%	18.0%	22.7%	23.1%
<b>Finding healthy food</b>	29.0%	18.9%	21.7%	22.4%
<b>Finding recreational activities</b>	38.9%	19.4%	21.9%	25.4%

### **Aging in Washington County Focus Groups**

WCDAMS conducted 14 focus groups with more than 250 total participants. Participants included older adults, family members, care takers, and professionals who serve older adults. Focus groups were structured around five basic questions covering the following topics: general wants and needs to make the community a better place to age; mental health and handling feelings of loneliness or depression; nutrition needs; aging in place; and subgroup questions targeted to the specific audience. When possible, focus groups were scheduled alongside community events that were already scheduled, such as congregate meals at senior centers, to encourage greater participation in the needs assessment. Focus group locations included the Hillsboro Community Senior Center; MOWP meal sites in Beaverton, Forest Grove, Hillsboro, and Sherwood; Centro Cultural de Washington County, a culturally Hispanic organization aimed at serving Latino residents, particularly new immigrants; Asian Health & Services Center, where four focus groups were conducted among the Fu-Yo (Blissful Friends) Club conducted in Mandarin Chinese, the Beaverton Friday Group conducted in Cantonese Chinese, the Beaverton Korean Healthy Friends Club conducted in Korean, and the Beaverton Vietnamese Club conducted in Vietnamese; the Q Center, an organization serving the LGBTQ community across the Portland metropolitan area; and the Forest Grove Elks Lodge during their weekly veterans’ luncheon.

### **Focus Group Findings**

Several common themes emerged during focus group discussions.

#### Housing

Concerns regarding housing were prominently discussed at all focus groups, though not specifically called out as a focus group question. Individuals raised concerns primarily regarding the affordability of housing,

referencing recent rent increases and being priced out of their current living situations. Participants expressed that having to move frequently due to rent increases was causing them stress.

### Transportation

Knowledge regarding transportation services was mixed across groups. While some participants were aware of local transportation services available (e.g., TriMet, Ride Connection), others vocalized that getting to places they need to go remains a challenge. Participants reported that public transit is not convenient, either in terms of proximity to where they live or in terms of service frequency. Community members also discussed the cost of transit, and referenced programs elsewhere that provide free bus passes to low-income older adults. Walking as a mode of transit also emerged as a theme. In some areas, participants reported that they would like to be able to walk to their destinations, but have difficulty because of various barriers, including the lack of sidewalks; the lack of lighting on the street to make them feel safe after dark (especially during winter when the days are shorter); the lack of benches or places to rest along the way; and short amounts of time allotted by traffic signals for crossing at intersections.

### Vitality and Opportunities for Socialization

Another common theme was the need to stay engaged. Some expressed that although they were retired, they still wanted to contribute to society and be a part of things. There was strong interest in staying a part of the community and not being segregated out from younger generations, whether in terms of classes, community events, or for other socialization opportunities. Some individuals lamented that they feel some members of the community are disengaged. In response to this, others suggested that help organizing social functions would be valuable, especially if they were low cost to participants. Several groups emphasized that maintaining a connection to the community, young or old, was essential to maintaining their mental health.

### Mental Health

Community members at every focus group expressed a lack of knowledge about where to go for mental health care. In particular, minorities were often unaware of mental health services and brought up the additional barrier of finding help in their own language. As discussed above, individuals often pointed to socialization opportunities as their way to bolster their mental health and stave off feelings of loneliness or depression. Some suggested various opportunities to support mental health, such as sending out “check-in postcards” to older adults who may be housebound or live in rural settings, to let the people know that they’re being thought of and to see how they are doing. Another idea was to have drop-in mental health support groups for older adults.

### Home Assistance

Participants were asked how the county might help support older adults to stay in their homes longer, or “age in place.” People requested both financial and hands-on assistance with having their homes fixed or modified to help them as they age. Help with housecleaning, home maintenance (e.g., changing lightbulbs, cleaning gutters), and paying for utilities were consistently reported as valuable services. Some individuals also expressed interest in help with home modifications, such as installation of safety bars in bathrooms or some way to help getting walkers upstairs.

### Personal Care

Services to assist older adults with personal care activities were repeatedly discussed. Help with bathing and foot care services were noted as being valuable, particularly for homebound older adults who cannot go out.

### Access to Healthy Food

A common theme across focus groups was the need for *affordable* healthy food. Focus group participants valued the low- or no-cost meals available to them at congregate meal sites, but also expressed concerns about obtaining food outside of that setting. Individuals stated that they would like for grocery stores to be more accessible, but that housing for older adults is often a distance from grocery stores. Although farmers markets appealed to most participants, they reported that food there was typically too expensive for them to afford. Another issue that arose was related to transportation of groceries, which can be difficult to carry, particularly when trips to the grocery store are less frequent.

### Culturally Specific Resources

Across all of the themes discussed previously, participants from minority populations consistently reported needs for culturally specific resources. For accessing healthy food, people noted that the food provided to homebound seniors and at congregate meal sites is only American cuisine. For those who have spent their lives eating the cuisine of their cultures, these services are not adequate. Minority participants frequently reported a desire for more materials in their native language. Requested materials included not only information on specific services, but enriching materials such as books, magazines, and DVDs at libraries and senior centers. Participants with very limited English proficiency requested a hotline that would connect them to an interpreter to use to communicate with Washington County staff.

### LGBT Older Adults

WCDAMS conducted a focus group at the Q Center to gather more information regarding the needs of the aging LGBT population. This focus group discussed many of the concerns mentioned above, but also lent insight into some of the particular challenges of LGBT older adults. For example, there is some hesitation from within the LGBT community to access services for older adults because of fears that they may not be LGBT friendly and concerns that they will have to explain their personal details in an uncomfortable setting. Additionally, there are concerns about vulnerabilities and physical safety among LGBT older adults as they age, as this population is at higher risk for harassment and hate crimes. Self-defense classes were suggested as a possible support. However, these concerns are particularly striking for the more fragile LGBT individuals who are in need of an assisted living facility or nursing home but fear entering because of institutional homophobia.

### Veterans

The Forest Grove Elks Lodge is one location for veterans' luncheons in Washington County. A focus group was conducted there to gather input specifically related to the county's older adults who served in the military. In addition to the broader services already discussed, participants in the veterans focus group expressed the helpfulness of having a WCDAMS staff member visit them weekly onsite. This setup allows the individuals to obtain information regarding services and help navigating the Veterans Affairs system.

### Staff/Advisory Council/Plan Alignment

Staff and providers also had opportunities to contribute in both survey and focus group formats. Common themes during the staff focus group included concerns about housing, transportation, access to healthcare, aging in place services, recreational opportunities, improving partnerships, concerns regarding caregivers and a lack of resources to adequately serve client needs. WCDAVS also sought guidance from the Advisory Council via newsletter, email and during an Advisory Council meeting. The Advisory Council members were also sent the link for the survey.

This Area Plan aligns with the Community Health Improvement Plan (CHIP) for Washington County. WCDAVS participates in the CHIP implementation work on three strategic direction committees (access to care, chronic disease prevention and suicide prevention). Work to improve the overall health and well-being of the community through work on the CHIP complements WCDAVS' efforts to best prioritize programs and resources to serve the needs of older adults, people with disabilities and veterans.

### **A-4 Prioritization of Discretionary Funding**

Opportunities in funding for Benefits Enrollment Center (BEC) have assisted WCDAVS in expansion of outreach and services. BEC dollars have allowed further outreach to eligible low income older adults and people with disabilities who would otherwise not access benefits. WCDAVS anticipates these opportunities will continue for 2017-2020.

WCDAVS 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 WCDAVS service area and using needs assessment information to establish goals for program modification, enhancement and development. WCDAVS also works with communities and groups within the service area to encourage local responses and resources to meet the needs of older adults. WCDAVS serves on committees, advisory councils and boards of organizations providing services which have an impact on the lives of older adults (services such as transportation, health care, education, volunteer programs and others).

WCDAVS also facilitates long-term care services and supports development with coordinated care organizations (CCOs) and Aging and People with Disabilities Offices (APD). The agency has also conducted new outreach for the Senior Health Insurance Benefits Assistance Program (SHIBA) including classes at Portland Community College and other locations in the county. Ongoing emergency disaster planning is also a focus. WCDAVS will also be using discretionary funding for a new Money Management Program which will engage volunteers to assist older adults and people with disabilities manage their finances. The volunteers will be trained in modules from an Easter Seals program. These modules include topics like use of the ADRC, dementia information, social security information, HIPPA training, mandatory reporting and boundaries. The program also includes ongoing training and monthly or quarterly support for volunteers. Discretionary funds are also used to support the Steps for Success program which provides information and training to older adults regarding how to hire in-home caregivers. WCDAVS has also been working on a project with area healthcare providers (Providence, Legacy, OHSU and the CCOs) to implement the Community Care Transitions

program. Community Care Transitions is an evidence-based coaching and mentoring model designed to reduce readmissions to hospitals for older adults.

WCDAVS currently maintains a waitlist for Oregon Project Independence (OPI) serving consumers 60 and older. To prioritize consumers awaiting OPI, a standardized tool called the Risk Assessment Tool (RAT) is used. This tool includes information regarding the consumer's income, resources, natural supports and unique care needs. Other waitlists are maintained on an as-needed basis for services that spend out annually such as Family Caregiver Respite and supportive services.

WCDAVS is committed to serving older adults in their own homes whenever possible. WCDAVS continues to build community partnerships and seek additional funding opportunities to support service priorities in the event of reductions or increases. If funds were reduced or increased, WCDAVS will serve older adults in accordance with the primary goals of the OAA to include serving the health, safety and independence needs of the most frail and vulnerable older adults, preventing self-neglect and elder abuse, serving older adults who are isolated or have limited English proficiency, assisting those who lack or have limited access to other long-term care services and those at risk for nursing facility placement. If services are reduced or eliminated, WCDAVS will prioritize services for those most at-risk clients as using available resources.

## **SECTION B-PLANNING AND SERVICE AREA PROFILE**

### **B-1 Population Profile**

The population of Washington County has grown to an estimated 547,451, of which 88,770 individuals are age 60 and over (ACS 2010-2014 5-year estimates). Overall, this reflects a growth in the older adult populations over recent years, increasing from 13.3% in 2009 to 16.2% in 2014. Current estimates suggest that roughly 1.6% of the county's total population is accounted for by individuals age 85 and older. Older adults affected by poverty has also increased, with 7.5% of individuals over 60 currently estimated to be living in poverty versus 6.3% five years prior. The preponderance of older adults in Washington County is female, comprising 56.2% of the older adult population, compared to 50.8% of the total population. Washington County is classified as an urban area, with only 6% of the population living in rural areas (ACS). The county's rural population accounts for about 4% of the state's total rural population.

### **Minority Populations**

About 12.7% of Washington County's older adult population is made up of minorities (non-White, or Hispanic), compared to 31.3% of the general population. The population of adults over 60 is estimated to be 3.8% Hispanic, 6.3% Asian, 0.7% African American, 1.3% two or more races, and less than 1% each of Hawaiian/Pacific Islander and Native American. Overall, minority groups comprise a larger proportion of the Washington County older adult community (11.1% in 2009 vs. 12.7% in 2014). This has largely been driven by an increase in the Asian older adult population, from 5.3% five years ago to 6.4% in current estimates. This trend will likely continue, as the proportion of Asian individuals in the general population has also increased from 8.1% to 9.0%. Other minority populations have increased, including the Hispanic population, which has seen a slight (0.4%) increase in the general population, though remaining relatively steady among the older adult population. English is the only language spoken at home for 76.6% of Washington County residents, compared to 86.9% of residents aged 60 or greater. However, this gap narrows when estimating those who can speak English less than "very well," with 9.3% of the general population and 7.8% of the population aged 60 or greater.

### **Economic Characteristics**

For owner-occupied housing units in Washington County, almost one-third of owners aged 60 or greater are spending 30% or more of their household income for housing. However, this number drastically increases for renter-occupied housing units, where 61.0% of those aged 60 or greater are spending more than 30% of household income on housing. The ratio of owning versus renting has remained at about 3:1 for the past several years, with approximately 25% of older adults renting. Mean retirement income among those over age 60 is estimated to be approximately \$25,298 annually, having risen approximately \$2,000 over the past five years, roughly keeping pace with inflation during that time.

### **Disabilities and Health Conditions**

The prevalence of any disability among older adults has remained steady over the past five years, accounting for about 27.3% of the population over 60 in Washington County. The prevalence of chronic health conditions increases with age, as reflected in Washington County (Table 5).

**Table 5:** Prevalence of chronic health conditions in adults over 60 in Washington County

	60-74 years	75+ years
<b>Arthritis</b>	50%	59%
<b>Coronary Heart Disease</b>	9%	10%
<b>Diabetes</b>	14%	14%
<b>High Blood Pressure</b>	46%	60%
<b>High Cholesterol</b>	48%	48%
<b>Major Depression</b>	<1%	3%
<b>Stroke</b>	4%	9%

## **B-2 Target Populations**

### **Overview:**

WCDAVS' target population includes not only those adults over age 60, but also low-income, minority older adults, those with limited English proficiency, older adults living in rural areas, those at risk of social isolation or institutional placement and Native American and LGBT older adults. WCDAVS also serves people with physical disabilities and veterans. WCDAVS utilizes a variety of methods to identify, engage and serve these populations. Community outreach, training and educational opportunities, local health fairs, community forums and public service announcements in print and digital media are some examples of outreach activities. Staff participates in a variety of local networking groups that include senior centers, assisted living facilities, partnerships with emergency responders, multi-disciplinary teams, nutrition services providers, veterans groups, transportation providers and public health agencies. WCDAVS is an established and well-known agency among these partners and service providers. WCDAVS staff are frequently consulted and invited to speak or participate in the planning and development of other community programs serving the needs of similar populations.

### **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 above. Specifically, WCDAVS works with hospitals to identify those most vulnerable for higher levels of care. WCDAVS also works closely with APD to identify, engage and serve consumers who might not be eligible for APD services. Referrals are made to WCDAVS to meet this population's needs.

### **Older Individuals with limited English Proficiency:**

WCDAVS engages in outreach to minority and limited English proficiency populations in collaboration with other community providers, such as health services providers and community service agencies such as Virginia Garcia Community Health, El Centro Cultural de Washington County and Asian Health & Services Center. WCDAVS partnered with El Centro Cultural de Washington County to help engage older adults from the Latino community who are eligible for OPI. WCDAVS also has a long-standing collaboration with Asian Health & Services Center to provide information, assistance, training and counseling to older adults from the Asian community.

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

Recent efforts to identify, engage, and serve older adult Native Americans included outreach to local agencies serving this 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. WCDAVS will initiate engagement of older adult Native Americans through partnerships with these and other organizations during the next four years as part of the implementation of this Area Plan.

**Older individuals who are LGBT:**

WCDAVS has focused specifically on issues identified by LGBT seniors through a metro-wide alliance convened regularly to strategize outreach and engagement of this community. More recent efforts also include outreach to Washington County residents who participate in LGBT older adult programming at Sage, Friendly House and the Q Center. WCDAVS staff also attended local PFLAG (Parents Families and Friends of Lesbians and Gays) meetings in Washington County to present information about WCDAVS services.

Regarding service provision, WCDAVS has 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. The trainings provide an overview of the needs, concerns and unique history of older LGBT adults, as well as meaningful steps that staff can take to immediately improve the quality of support and services they provide. Over the next four years, WCDAVS will maximize the number of trained staff to earn the higher designation. WCDAVS can communicate to the public through signage and other media that WCDAVS is LGBT friendly. WCDAVS can cultivate relationships in LGBT communities by having a presence at events such as the Gay and Grey Expo held each year, attending Friendly House, Q Center and SAGE events and ongoing participation in the Portland PRIDE Week activities. WCDAVS has hosted social events for LGBT older adults at the Elsie Stuhr Center to address the needs of this population. WCDAVS will continue to seek opportunities for outreach in this area. These activities will establish trust and connections with individuals who can be important allies in promoting and educating this community about WCDAVS programs and services.

LGBT older adults have some unique needs including in many cases a lack of family support due to family abandonment or not having children. Therefore reliance on friends and peers and potential services becomes more important. WCDAVS would like to help support the cultivation of supports locally in Washington County for LGBT older adults to meet and network. WCDAVS will strengthen the relationship with PFLAG in an effort to create more supports for this population in Washington County. Accordingly, WCDAVS can educate and assist senior centers, meal sites, and other places where older adults gather to work on efforts to better include this population in programming.

**Veterans:**

WCDAVS provides assistance to 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 visitations. A pilot project has also involved staff going to the Forest Grove Elks Lodge Veteran’s Lunch once per week to offer services and assistance. This outreach effort involving the co-location of staff has been very successful. Other service elements include staff assisting 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. WCDAVS 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. WCDAVS partners with Ride Connection to provide Veteran to Veteran transportation through the Ride Together 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.

## **B-3 AAA Services and Administration (narrative accompaniment to Attachment C, 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 homecare 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 or representation provided by an attorney to older individuals with economic or social needs, including counseling or other appropriate assistance by a paralegal or law student acting under the direct supervision of an attorney, or counseling or representation by a non-lawyer where permitted by law. 1OAA 102(a)(33); 2OAA 307(a)(11)(E), 3321(a)(6)

**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 contact)

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))

**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.

**Preventive Screening, Counseling, and Referral #40-3 (1 unit = 1 session per participant)**

Education about the availability, benefits and appropriate use of Medicare preventive health services or other preventive health programs. Health risk assessments and screenings, and preventive health education provided by a qualified individual, to address issues including hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density and nutrition screening. Health information on on-going and age-related conditions including osteoporosis, cardiovascular diseases, diabetes, and Alzheimer’s disease and related disorders. (OAA 102(a)(14) (A-B),(H)& (J)

Note: Home-delivered meal assessments and congregate nutritional risk assessments may be reported under this service category.

**\*Health and Medical Equipment #40-5 (1 unit = 1 loan or payment)**

Assistive devices such as durable medical equipment, mechanical apparatuses, electrical appliances, or instruments of technology used to assist and enhance an individual’s in performing any activity of daily living, whether acquired commercially, modified, or customized that is used to increase, maintain, or improve the functional capabilities of an individual.

(OAR 411-027-0005)

**Registered Nurse Services (OPI) #40-8** (1 unit= 1 hour)

Services provided by a registered nurse on a short-term or intermittent basis that include but are not limited to interviewing the individual and, when appropriate, other relevant parties, assessing the individual's ability to perform tasks, preparing a service plan that includes treatment needed by the individual, monitoring medication, training and educating providers around the provisions of the service plan and setting realistic disease prevention and health promotion outcomes for the client. (Definition developed by AAA/SUA workgroup)

**Elder Abuse Awareness and Prevention #50-3** (1 unit = 1 activity)

Public education and outreach for individuals, including caregivers, professionals, and para-professionals 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 particular 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.

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

One placement means one volunteer identified, trained and assigned to a volunteer position. (Definition developed by 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.)

**Caregiver Counseling #70-2a** (serving elderly) **70-2b** (serving children) (1 unit = 1 session per participant)

Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups and caregiver training (of individual caregivers and families). (AoA Title III/VII Reporting Requirements Appendix – [www.aoa.gov](http://www.aoa.gov))

**Newsletter #70-5** (1 unit = 1 hour)

Preparation and regular distribution of publications that inform older adults and the community of available services and activities. (Definition developed by AAA/SUA workgroup and SPR Q&A #61, 2008)

**Caregiver Training #70-9** (serving elderly) **70-9a** (serving children) (1 unit = 1 session per participant)

Training provided to caregivers and their families that supports and enhances the care giving role. For example: Powerful Tools training; Communicating Effectively with Health Care Professionals; conferences, etc. (A session for conferences would be equal to one day's attendance at the conference). (DHS/SPD/SUA definition) Note: This does not include training to paid providers.

**Public Outreach/Education #70-10**

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 older adults. Examples of these types of services would be participation in a community older adult fair, publications, publicity

campaigns, other mass media campaigns, presentations at local senior centers where information on OAA services is shared, etc. (Definition developed by AAA/SUA workgroup)

**Chronic Disease Prevention, Management, and Education #71** – (1 unit = 1 session per participant)

Programs such as the evidence-based Living Well (Stanford’s Chronic Disease Self-management) program, weight management, and tobacco cessation programs that prevent and help manage the effects of chronic disease, including osteoporosis, hypertension, obesity, diabetes and cardiovascular disease. (OAA 102(a)(14)(D))

**Money Management #80-5** (1 unit = 1 hour)

Assistance with financial tasks for seniors who are unable to handle their personal finances. (Definition developed by AAA/SUA workgroup.) (OPI is not a funding source for money management.)

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

Uncompensated supportive services to AAAs, nutrition sites, etc. Examples of volunteer activities may be, but not limited to, meal site management, board and advisory council positions, home-delivered meal deliveries, office work, etc.

**\*These services have been affected by the budget for OPI.** Please note that WCDAMS 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:**

The needs of the populations served by WCDAMS cannot be fully met through the resources of any single organization. WCDAMS has developed collaborative relationships with other service providers in the local communities that are not readily apparent in routine program reports. WCDAMS provides information to those seeking assistance for issues that are not typically provided by the agency or through a contracted provider. WCDAMS maintains the Assistance Services and Aging & Disability Resource Connection (ADRC) data base to assist in directing clients to providers who can appropriately address their needs. Some of those service needs and providers are listed in Attachment B.

**Attachment B**

<b>Service</b>	<b>Provider</b>	<b>AAA Role</b>
Mental Health	County Mental Health contracted providers Urgent Care Center Co-located 2017 Pacific University Clinic Older Adult Behavioral Health Program	Participate in Advisory Meetings, refer veterans to Pacific University's program, Older Adult Behavioral Health Program Coordinator Co-located at WCDAVS
Transportation	Tri-Met, Ride Connection	Participate in Advisory Meetings, advocacy
Housing	County Housing Department	Participate in Advisory Meetings, advocacy
Elder Abuse Awareness/Prevention	Sheriff's Office	Contract to provide Elder Safe
Employment Services	Employment Department	Member of SAC, Veterans Committee
Energy Assistance Programs	Community Action	Grant partnership, referral source, advocacy
Disability Services and Programs	Independent Living Resources, State Independent Living Council	Partner on various grants, consultation around advocacy
Community Healthy Aging	County Public Health	Partner on various grants
Senior Centers	7 Throughout PSA	Partner through grants, advocacy
Information & Referral/Assistance	211	Participate in regional networking
Services Targeted to Minorities	Centro Cultural de Washington County, Asian Health & Services Center, Virginia Garcia Memorial Health Center	Contractual and partnership agreements to target agencies that serve minority populations
Alzheimer's/Dementia	Alzheimer's Association, Portland State University	Partner with organizations

In addition to the partnerships identified in Attachment B, WCDAVS participates in a regional effort to engage and communicate with the local CCO (Health Share). Through a memorandum 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 our county. APD has strategically located three offices in Washington County with their Hillsboro office joined to WCDAVS further enhancing communication and coordination of benefits between the agencies. Through an MOU and BEC, WCDAVS 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 and Statewide Issue Areas:**

#### **1. Information and Assistance Services and Aging & Disability Resource Connections (ADRCs)**

##### **Brief Profile**

WCDAVS 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, WCDAVS employs English/Spanish bilingual staff in the call center and utilizes two phone or in-person translation services. WCDAVS 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. WCDAVS and the Regional ADRC partners also participate in various LGBT outreach events in order to extend the ADRC's reach into that community.

WCDAVS 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 Oregon Health and Science University, Tuality Hospital and Providence Hospitals to provide Care Transitions coaching to help reduce patient readmissions. WCDAVS 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.

Since state ADRC funding ended in 2015, WCDAVS has chiefly utilized Options Counseling funding and Older Americans Act IIIB funding to sustain its information and assistance call center functions. The largest potential source of ongoing ADRC funding rests on a viable Medicaid claiming system. To this end, WCDAVS and other AAA partners have worked closely with APD over the last three years on a Medicaid claiming pilot project. The pilot project involves tracking tasks that are eligible for Medicaid match such as outreach and assistance including application completion. This pilot is entering its last phase and participants are hopeful that it will result in a long term source of revenue for the ADRCs.

## Problem/Need

In order for the ADRC to be successful as a central location for resources for older adults more effective marketing could be utilized. It is a challenge to have staff and funding capacity dedicated to the needs of the ADRC both locally and statewide. Partners in the ADRC project could also be more actively invested in the project in the future. Further, data collected during the community assessment indicated concerns regarding housing and transportation. In an effort to better address housing needs in the community, WCDAVS will be adding one full time employee to better meet housing needs requests in the future. To better address transportation needs WCDAVS will conduct enhanced outreach to inform the public regarding transportation resources in the community.

## Goals and Objectives

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

Measureable Objectives:	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
Evaluate and expand sustainable sources of funding	A	Participate in evaluation of Medicaid Pilot	Supervisor, WCDAVS	1/2017	6/2017	Medicaid Pilot complete; new NWD contract executed.
	B	Increase number of staff participating in Medicaid Pilot by 3	Supervisor, WCDAVS	1/2017	1/2018	Completed
	C	Identify 3 or more grant opportunities	Senior Program Coordinator, WCDAVS	1/2017	12/2020	Awarded CDBG grant for \$75,000 for supportive services for homeless individuals. Continuing to pursue other grant opportunities as they become available.

Goal: Improve ability to meet housing needs requests by increasing staffing and developing tracking metrics.

Measureable Objectives:	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
Hire a housing coordinator	a	Complete hiring process	Supervisor, WCDAVS	1/2017	1/2017	Hired a Housing Coordinator in December 2016.

	b	Train Housing coordinator and introduce/conduct outreach to all key community partners and stakeholders	Supervisor, Housing Coordinator, WCDAVS	1/2017	12/2017	Onboarding and training completed.
	c	Develop and implement referral process for housing coordinator	Supervisor, Housing Coordinator WCDAVS	3/2017	7/2017	Referral process developed and implemented.
	d	Develop and begin collecting data to track metrics for successful outcomes	Supervisor, Housing Coordinator, WCDAVS	3/2017	3/2020	Collecting data and establishing metrics. Ongoing.
	e	Conduct Quality Assurance with clients and stakeholders	Housing Coordinator, WCDAVS	6/2018	12/2020	In process

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

Measurable Objectives:	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update	
			Start Date	End Date		
Improve and maximize outreach and access opportunities	a	Connect with transportation partners regarding distribution of outreach material	Supervisor, WCDAVS	1/2017	6/2020	Partnering with MOWP to distribute outreach material during meal deliveries.
	b	Explore new transportation partnerships and outreach opportunities	Supervisor, WCDAVS	6/2017	12/2020	Ongoing.
	c	Initiate revitalization of Regional Transportation Coordinating Committee	Supervisor, WCDAVS	6/2017	12/2020	Current member of the Tri-Met Special Transportation Fund Advisory Committee (STFAC).
	d	Explore grant partnerships to	Program Supervisor, Senior	6/2017	12/2020	Participated in the planning

		increase transportation opportunities	Program Coordinator, WCDAVS			process for implementation of HB 2017, the Statewide Transportation Improvement Fund (STIF). Continuing to pursue other partnerships as they become available.
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## 2. Nutrition Services (OAA Title IIIC)

### Brief Profile

Senior nutrition services are among the largest funded and most vital of services provided from Older American Act funds. 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. Older adults often experience a decline in receiving nutritious meals 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 or seasonal foods, challenges with taste or chewing and changes in income. Clients who are homebound also receive hot, nutritious meals delivered to their homes, additionally serving as a daily check-in and social support for those who otherwise may not have frequent or any visitors. Senior 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 for as long as they are able.

### Specific Information

**Identify how Title IIIC 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.**

WCDAVS is in the second year of a five year contract with a nutrition services provider, Meals on Wheels People, Inc. (MOWP). MOWP was awarded the contract in response to an RFP. Nutrition services make up the largest allocation of OAA funds, which average about 40% of the actual cost of providing congregate and home-delivered meals in our county. MOWP was selected based on their approach and ability in providing county-wide service equity for congregate and home delivered meals. Plans and policies are in place to provide meals for weekends, for emergencies or during disasters and inclement weather. Policies also cover the nutritional content and palatability of the food, the attention to special dietary needs and high standards for food handling safety. This contract meets the high and growing need for quality older adult nutrition, which is an important component toward maintaining independence and health as people age.

Funds are provided monthly upon receipt of a detailed invoice. Congregate and home delivered meals are provided five days per week from seven senior/community centers in the county. When additional weekend

meals are authorized, they are delivered as frozen entrées on Fridays. MOWP held an additional contract at Edwards Center, a service center for people with disabilities. WCDAVS partnered with this center and MOWP to open their site to older adults in the community one day per week, creating an additional option for meals in Washington County. 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 and 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.

### **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 is an important part of this pre-lunch waiting period. Center managers provide activities including puzzles, TV and videos, arts and crafts, magazines and occasional guest speakers.

#### **North Plains Senior Center**

31450 NW Commercial, North Plains, OR 97133

#### **Forest Grove Senior & Community Center**

2037 Douglas St., Forest Grove, OR 97116

#### **Elsie Stuhr Center**

5550 SW Hall Blvd. Beaverton, OR 97005

#### **Tigard Senior Center**

8815 SW O'Mara Street, Tigard, OR 97223

#### **Juanita Pohl Center**

8513 SW Tualatin Rd., Tualatin, OR 97062

#### **Hillsboro Meals on Wheels People**

541 Baseline St., Hillsboro, OR 97123

#### **Edwards Center**

4375 SW Edwards Place, Aloha, OR 97007

#### **Hillsboro Senior & Community Center**

750 SE Eighth Avenue, Hillsboro, OR 97123

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

There are no plans to change meal production or delivery systems in the near future. As WCDAVS monitors the locations and works with MOWP, discussion has occurred about the cost-effectiveness of operating this number of centers. However, there is great value placed on services being available across the county in multiple locations. The number of clients served has fluctuated over the years, as the oldest older adults have moved away from the area or passed away. The younger older adults may not identify with attending a senior center meal program, may still be working and may have other choices of socialization they pursue as they age or simply may not be aware of these centers as service providers. Despite this, there is still significant need for the service. Additionally, assessment data indicated a desire for culturally appropriate meal provision at meal sites and through home-delivered meals. WCDAVS plans to further explore this need and assess potential options over the next four year plan period.

**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.**

At this time, WCDAVS provides the contracted amount of OAA funds to MOWP with the agreement that they have the responsibility for fund-raising the remaining funds needed to provide nutrition services. MOWP holds two large annual fundraising luncheons each year and each meal site is required to raise a set amount of funds throughout the year. These funds, along with client donations provided for their meals, are documented as funds provided to operate each specific location.

**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 as outlined in the State Standards for Congregate and Home Delivered Meals of at least two occurrences per quarter. 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 WCDAVS, and entered into the Oregon Access 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 is trained to refer clients to WCDAVS, and trains staff and volunteers to recognize additional client needs which may warrant referral. The ADRC phone number is widely conveyed within MOWP's network.

**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 demographic numbers nationally. As the newest generation of older adults, has aged into their sixties the current population of older adults are living longer with many aging into their late eighties and nineties. Continued senior nutrition programming is dependent on OAA funding, in addition to NSIP and state funded OPI dollars. MOWP as the provider depends on WCDAVS funding in addition to funds they receive from Medicaid, SNAP, corporate sponsorship, fundraising and client contributions and donations. Additionally, those receiving meals reflect the diversity of the

community. Assessment data from surveys and focus groups indicate a desire for improved access to alternative food sources, specifically culturally appropriate meals.

### Goals and Objectives

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

Measureable Objectives:	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
Quantify demand and create implementation plan as appropriate.	a	Further explore the potential demand for alternative meal provision for diverse populations and feasibility of providing additional services.	Program Coordinator, WCDAVS	2/2017	6/2017	Increased MOWP culturally-specific congregate meal site at Centro Cultural in Cornelius to five days/week. Working on a contract with IRCO to provide culturally specific meals to the Asian community.
	b	Identify potential funding sources	Program Coordinator, WCDAVS	6/2017	1/2018	Utilizing OAA sequestration funds to improve access to culturally meals.
	c	If funding available, interview potential vendors and consider selecting vendor	Program Coordinator, WCDAVS	2/2018	6/2018	See "a" above
	d	Develop an implementation plan	Program Coordinator, WCDAVS	6/2018	1/2019	Implementation has begun and is ongoing
	e	Implement plan	Program Coordinator, WCDAVS	1/2019	12/2020	Implementation has begun and is ongoing

### 3. Health Promotion (OAA Title IIID)

#### Brief Profile

WCDAVS believes proper nutrition, healthy lifestyle choices and access to health promotion activities can enhance individual health and quality of life. As a result, WCDAVS participates in a variety of activities designed to promote good health among older adults and people with disabilities.

### **Specific Issues**

WCDAVS is committed to supporting existing evidence-based and best practice programs. WCDAVS encourages and facilitates community partners in an effort to bring other evidence-based health promotion and disease prevention programs to the region. For example, WCDAVS collaborates with Pacific University to provide counseling services for veterans. Regarding chronic disease prevention, WCDAVS is actively involved with chronic disease self-management programs (CDSMP) and has an agreement with Tuality Healthcare to enhance referrals to the Living Well CDSMP. WCDAVS is currently evaluating alternative evidence based programming to support at-risk family caregivers such as STAR-C. This program would better support caregivers who care for those with Alzheimer's. WCDAVS anticipates this program will begin implementation in the spring of 2017 when staff are available for training. These person-directed programs encourage principles of self-determination and improve peoples' ability to live independently. WCDAVS is committed to utilizing evidence based programs whenever possible which have fidelity measures to maintain quality and desired outcomes. WCDAVS ensures availability of these programs to all at-risk eligible individuals through outreach and education regarding programs to community partners.

WCDAVS also formed a steering committee in Washington County, bringing together all licensees, WCDAVS and Washington County Public Health to better coordinate Living Well in Washington County. The steering committee also worked to improve workshop planning and sharing of referrals for both Living Well and Tomando Control. Collaboration between the Long Term Care Innovator Agent and Acumentra Health brought together Tomando Control leaders from Washington County to increase coordination of workshops as well. Through this team, WCDAVS is providing access to cross training of leaders for diabetes self-management to further support these trainers in the community. Additionally, WCDAVS has a partnership with AARP Oregon, Portland State University and others to advocate for issues that impact the health of older adults and people with disabilities.

WCDAVS is working to improve accessibility of these programs to at-risk and older adult populations such as older adults who are isolated and at risk for higher levels of care. WCDAVS will continue to conduct outreach to area hospitals and through the Care Transitions Program many of these older adults are identified and served. This program specifically identifies the most vulnerable older adults and refers them to the appropriate programs. WCDAVS provides drivers and nutrition service coordinators with training to better identify and refer the most at-risk older adults to appropriate services.

WCDAVS is also an active participant in the Community Health Improvement Plan (CHIP) in Washington County which includes representatives from public health, hospitals, DHS, education, CCOs and other health partners. As a participant on the Chronic Disease Prevention CHIP Committee, WCDAVS works with these partners on specific goals and objectives designed to improve overall health and livability in Washington County. Two objectives imbedded in the CHIP are relevant to the work of WCDAVS in the area of health promotion. Objective 1 in the work plan for Chronic Disease Prevention is to "increase access to and awareness of affordable, healthy food and physical activity opportunities through educational resources." Specific strategies include developing a community map of existing programs and gaps and then sharing the information with the community. Objective 6 refers to "improving collaboration to increase programmatic supports for people experiencing chronic disease." Strategies include promoting CDSMP's among clients of committee partners by compiling and distributing a list of existing programs and working towards improving

consumption of healthy and fresh affordable foods. WCDAVS will work with committee partners on the CHIP to achieve these goals as well as work internally as reflected below (Goal 2).

**Problem/Need**

Evidence shows preventative measures such as regular physical activity decreases the risk of developing chronic conditions such as high blood pressure and diabetes, helps to prevent falls, and enhances the quality of life for older adults and people with disabilities. In addition, the benefits of a nutritious, balanced diet and remaining engaged in the community have been shown to have emotional and physical benefits as people age. Evidence-based education to older adults about managing chronic conditions helps maintain good health. Healthy communities encourage and promote physical activity, offer readily accessible, nutritious food and provide opportunities for socialization with peers. Healthy communities also focus on at-risk and vulnerable populations specifically. WCDAVS will improve outreach to vulnerable populations over the next four years. Additionally, WCDAVS will work to increase training offerings for all older adults including those at greatest risk in an effort to increase skills and reduce poor health outcomes.

**Goals and Objectives**

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

Measureable Objectives:	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
Increase number of referrals by 10% through improved outreach efforts to key partners	A	Engage community hospital partners quarterly	Senior Program Coordinator, WCDAVS	1/2017	12/2020	Working with the Oregon Wellness Network (OWN) to increase and promote health promotion funding and trainings. Working on a partnership with Kaiser and other Oregon AAAs for an ADRC referral form.
	B	Ongoing education to nutrition providers/drivers quarterly	Senior Program Coordinator, WCDAVS	1/2017	12/2020	Ongoing.

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

Measureable Objectives:	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	

Increase availability of CDSMP in Washington County with a goal of increasing the number of workshops by 10% over the four year period	A	Support community providers to improve tracking of current workshop offerings and increase the number of CDSMP workshops	Senior Program Coordinator, WCDAVS	1/2017	1/2018	Working with OWN and other regional partners to increase the number of CDSMP opportunities in Washington County, including Aging Mastery, Living Well with Chronic Conditions, and Diabetes Self-Management.
	B	Explore providing leader stipends using IIID funds to increase trainings offered	Senior Program Coordinator, WCDAVS	1/2017	6/2019	Continuing to allocate funds to support leader stipends.
	C	Enhance number of leaders trained in Tomando and DSMP	Senior Program Coordinator, WCDAVS	1/2017	12/2020	Coordinating with other regional partners to increase number of leader trainings.

#### 4. Family Caregivers (OAA Title III E)

##### 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 program recognizes both the tremendous value to family care recipients and the added responsibility and sacrifice provided by 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.

##### Specific Information

##### Information Services/Group Activities

WCDAVS and ADRC participate in numerous outreach events and fairs throughout the year to share information about the FCSP. The county website section on FCSP continues to be updated and improved to include links to upcoming events for family caregivers and self-help tools and relevant websites. WCDAVS' Facebook page includes posts about family caregiver events and information. WCDAVS continues to produce a large print publication available by mail previously, now online, which includes "*The Caregiver Advisory*," a section dedicated to family caregiver information, classes, trainings and issues relevant to caregivers. *The Advisory* is published six times per year. The FCSP was also featured recently in a 20-minute segment of the Community Matters cable TV program. It aired for a month on TVCTV with a potential reach of 400K

households. It was also viewed 57 times on YouTube. The program is archived and available on the WCDAVS website for ongoing viewing.

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

Intake occurs by telephone to share service information and set up an initial home visit with a case manager or options counselor. A home visit is offered whenever a family caregiver is indicating a need for an in-person visit to discuss their challenges and support services as well as for those requesting paid respite.

### **Counseling**

Counseling is offered through a contract with Courageous Mourning Counseling Services. The program will pay for up to three 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 with the overall goal of supporting caregivers managing their responsibilities. Counseling of this kind also often includes work specific to grief.

### **Training**

Training opportunities through community partners such as the Alzheimer's Association, Oregon Care Partners, Powerful Tools for Caregivers (PTC), Home Instead and Tuality Health Education are promoted in *The Advisory*, in program information packets and through the ADRC. Classes are available in person and online. PTC, a six week evidence-based self-care curriculum, is offered three times per year WCDAVS in partnership with Tuality Health Education at various locations throughout the county. An annual one day Washington County Family Caregiver Conference has occurred for the past thirteen years. This is a well-attended event reaching an average of 150 family caregivers and community members each year. Additionally, WCDAVS offers an annual worksite three-part "brown bag" series for working family caregivers who are Washington County employees. The series has been so well received that Washington County Employee Wellness has built it into their annual program offerings.

### **Support Groups**

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

### **Respite Care Services**

Paid respite is provided through two contracts with Home Instead Senior Care (Hillsboro 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 hours of respite (about a \$400.00 value), to be used within a 60 day period.

### **Supplemental Services**

WCDAVS has two contracts with medical suppliers (Active for Life and McCann's Medical Supply) and an account with Amazon.com to provide durable medical equipment, adaptive aids and incontinency supplies for up to \$200 during the fiscal year per family caregiver.

### ***Describe goals, objectives and activities which reflect the experience of gathering information and feedback on needs of caregivers, as well as identifying existing gaps in service:***

Because family caregiving is a widespread and universal experience for families of aging loved ones, WCDAVS has utilized its robust partnerships to help gauge caregiver need. The Family Caregiver Alliance compiles data

on caregiving profiles and needs on a national level. More locally, the AARP Oregon Chapter has made family caregivers one of its program priorities. The AARP Oregon Chapter has coordinated numerous events across the state, two specifically in Washington County, dedicated to caregiver concerns. These events have focused on respite--one of the most frequently cited needs expressed by caregivers.

WCDAVS mails an annual Family Caregiver Client Satisfaction Survey to 10% of its clients served (approximately 40 - 45 family caregivers chosen through random selection). The return rate for the survey is over 50%. The survey asks a variety of questions about how caregivers experience the services they are receiving and solicits suggestions for ongoing needs. Consistently the highest identified area of need for family caregivers is for respite alternatives.

Each year WCDAVS staff co-leads several Powerful Tools for Caregivers (PTC) classes throughout the county. Class members complete evaluations and provide feedback about the course and their challenge areas. Often participation in the PTC series leads to connection with other training, support groups and individual counseling services.

Additionally, attendees to the annual Washington County Family Caregivers Conference held every November complete an evaluation which includes suggestions for future presentations and resource representation. This is the largest county gathering of family caregivers during the year. The content of the conferences is based primarily on requests from attendees.

***Describe how AAA and service partners will conduct outreach and public awareness as well as culturally-relevant services to the following caregiver populations, with particular attention to the target groups identified through the 2006 reauthorization of the Older Americans Act and at the state level:***

- **Limited English-speaking and ethnic caregivers, including Native American caregivers:**

WCDAVS recognizes the need to increase outreach and public awareness as well as culturally relevant services to limited English-speaking and ethnic caregivers including Native American caregivers. WCDAVS provides the Oregon Family Caregiver Handbook in Spanish to caregivers and community partners as needed. WCDAVS recognizes improvements can be made in this area through new and enhanced partnerships with organizations who serve these populations.

In the area of staff development, WCDAVS has worked with human resources to increase the opportunities for bilingual (Spanish) candidates to apply for positions serving older adults and their caregivers. These efforts have resulted in the addition of a bilingual administrative assistant and a bilingual program specialist in the ADRC. WCDAVS recognizes an opportunity in the next four years to increase opportunities for culturally relevant training for staff. WCDAVS 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.

WCDAVS has an ongoing partnership with Asian Health & Service Center. This is a community agency which provides culturally-specific services to Asian family caregivers who speak primarily Chinese, Japanese, 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.

WCDAVS recognizes the need for additional efforts to partner with the Latino caregiver community. One goal over the next four years would be to provide scholarships for bilingual community members to receive training to bring Powerful Tools for Caregivers to Spanish speaking caregivers. WCDAVS will also pursue efforts

to develop partnerships with organizations who serve older adult Native Americans. Through these new relationships, WCDAVS will pursue a needs assessment to gather information about older adult Native Americans living in Washington County to inform efforts to best serve them in the future.

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

For paid respite, WCDAVS prioritizes those caregivers managing a higher acuity of caregiving responsibility, who have fewer to no natural supports and those with the greatest economic need. Respite funds are very limited and each request is carefully considered during a weekly staffing of cases after the initial home visit. 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.

- **Non-traditional family caregivers:**

WCDAVS is an active member of the Metro LGBT Alliance and participates in the annual Portland Gay Pride event. Older LGBT adults often travel to Portland for socialization at established programs provided by community agencies such as Friendly House and the Q Center. An outreach event for aging LGBT individuals has been held the last two years at the Elsie Stuhr Adult Center in Beaverton. This year there were no attendees; and, staff is considering other options to reach out to the aging LGBT community in the county. One opportunity may be to cultivate informal relationships and support natural socialization and gatherings in Washington County such as at the local PFLAG meetings to begin to better connect with this community.

- **Grandparents raising grandchildren:**

Grandparents raising grandchildren may access individual counseling services through the counseling contract. A stipend program which was previously available to grandparents to subsidize a relief break from caregiving was eliminated due to budget constraints. There is discussion to revive this option. This was a successful program and has been replicated in other counties. One opportunity to revive the program may be to utilize respite funding along with other funding alternatives.

- **Older individuals caring for people, including children with disabilities:**

WCDAVS continues to have a partnership with Washington County Developmental Disabilities after the Lifespan Respite Program ended. Clients who meet the OAA criteria continue to be served through the FCSP. WCDAVS has made multiple efforts through a conference, presentation series, group opportunities and events to reach this caregiver population and support them. Despite these efforts, this population of caregivers continues to be a challenge to reach and serve due to the high demands of the caregiving they are providing.

## **Problem/Need**

Nearly 80% of the care provided to older adults is delivered in the home by unpaid family caregivers. Baby boomers are the largest aging cohort in the history of the United States (AoA, 2008; National Alliance for Caregiving and AARP, 2015, Caregiving in the U.S.). People are living longer, often with chronic diseases, at the same time the cost of placement options continue to increase. The resulting demands and stresses on unpaid family caregivers will only grow over time. Funding for family caregiver programs has not kept pace with the demand for services. Despite this, WCDAVS will continue to work creatively and innovatively to maximize funds to help family caregivers provide care to others and care well for themselves.

## **Goals and Objectives**

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

Measurable Objectives:	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
Improve and expand access to caregiver training and respite and improve outreach to the LGBT caregiver community	a	Expand sponsorships and partnerships for the annual Washington County Family Caregiver Conference to fund other services	Program Coordinator, WCDAVS; community partners	1/2017	6/2020	Trained two additional staff members in Powerful Tools for Caregivers (PTC), increased the funding for counseling services, reinstated and funded our caregiver respite stipend program. Sustaining our increased funding for FY18-19.
	b	Expand commitment to fund culturally-specific caregiver training	Program Coordinator, WCDAVS; Tuality Health Education, Asian Heath & Service Center, Latino community partners and others	1/2017	7/2018	Working with a local trainer to provide PTC in Spanish for the remainder of FY18-19 and beyond.
	c	Explore and implement new outreach approaches to the LGBT community	Program Coordinator, WCDAVS; Metro LGBT Alliance, SAGE	1/2018	12/2020	Participated in an outreach booth at the Portland Pride festival in June 2018. Enhanced our relationship

						with the Medicaid Adult Foster Home licensors to support certification of LGBT friendly foster homes in Washington County. Participating in a Pride Party event on June 1, 2019 in partnership with Hillsboro Parks and Recreation.
	d	Explore and introduce additional evidence-based training(s) to support FCG's	Program Coordinator, Director, WCDAVS	1/2017	1/2019	Continuing to work on local partnerships to increase additional trainings to support FCG's.

## 5. Elder Rights and Legal Assistance (OAA Titles VII & IIIB)

### 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.

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.

## **Specific Information**

### **Elder abuse prevention efforts:**

WCDAVS 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 APD. WCDAVS funds and coordinates the annual Elder Abuse Forum which combines many of these efforts. For the past four years, the Elder Abuse Forum has focused on raising community awareness and training for the public and law enforcement on how to identify and report suspected abuse. Law enforcement and the banking industry were also trained on how to work together more effectively to combat older adult financial fraud. District Attorneys have been provided with strategies for working with older victims and prosecuting elder abuse cases. In 2017, the forum will concentrate on dementia and Alzheimer's disease and how law enforcement and APS can work with abuse victims with these conditions. Forums for 2018 and 2019 are still being planned, but potential topics being reviewed include how to address abuse and neglect in under-served populations such as the Hispanic and LGBTQ communities.

In collaboration with the Washington County Sheriff's Office (WCSO), WCDAVS funds the Elder Safe program using OAA Title VII funds. WCDAVS has an MOU with WCSO to support this collaboration which is currently in the renewal process. 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, WCDAVS 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 at risk for wandering. Lastly, they provide twelve Gatekeeper trainings each year to employees who in their jobs may have contact with older adults or those with disabilities in need of assistance.

In 2017 and 2018, WCDAVS will work with Washington County Mental Health to expand on Elder Safe's Gatekeeper Program with trainings to include identifying older adults in the early stages of dementia as well as those suffering from depression or other mental health concerns. WCDAVS will also work towards having Gatekeeper volunteers or a part-time employee in place by 2020 to increase the number of Gatekeeper trainings held in the Washington County each year.

### **Identify gaps in the current system:**

One significant gap is the general lack of a strong coordinated system for communicating and staffing elder abuse cases despite the community partnerships and best efforts of all agencies who have a piece of prevention as part of their mandates. Another gap is community awareness regarding identifying and reporting abuse. Sustainable funding for the Gatekeeper trainings which help train community members in these areas would also improve awareness.

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

WCDAVS has a contract with Oregon Law Center to provide legal services targeted to the most vulnerable older adults to protect their health, welfare, independence, security and dignity. They also conduct community legal education in a variety of forums to various audiences 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 program where attorneys volunteer their services to older adults in Washington County.

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 or developmental and intellectual disabilities. Older adults that struggle to access healthcare, may be homeless or victims of crime are also be served by the Oregon Law Center. 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.

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

WCDAVS 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 our various programs. This MOU does not include a written procedure for making APS referrals specifically, an oversight that will be addressed in an updated MOU by March of 2017.

**Integrate elder rights in delivery system:**

WCDAVS works with APS, Washington County Sherriff's Office, Washington County Courts, Elder Safe and citizens of Washington County to identify and intervene on behalf of older adults at risk of abuse, neglect or financial exploitation. WCDAVS collaborates with partner agencies to move guardianship and conservatorship cases through the legal system by assisting in investigations and providing testimony. WCDAVS will also be using discretionary funding for a new Money Management Program which will engage volunteers to assist vulnerable older adults who are at risk of or are experiencing financial abuse or exploitation. At risk clients are identified by APS and WCDAVS from those enrolled in services such as OPI, OAA Case Management, Project REACH and Options Counseling.

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

WCDAVS is a member of the Washington County Elder Abuse Multidisciplinary Team (WCEA MDT), 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 as a whole. 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. WCDAVS will work with Oregon Law Center to improve outreach regarding use 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.

**Goals and Objectives**

Goal: Increase public awareness of Elder Abuse.

Measureable Objectives:	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	
Increase awareness through greater attendance, targeted training audiences and an increased number of Gatekeeper trainings.	a Form an Elder Abuse Forum Steering Committee Made up of local law enforcement, APS and other community partners to assist in planning and organizing the forum.	Staff, WCDAVS	1/2017	6/2017	Conducted our annual Elder Abuse Forum on May 17, 2018 and will be planning our 2019 event soon.
	b Expand the Gatekeeper Program to include identifying older adults with dementia or other mental health issues.	Staff, WCDAVS	6/2017	12/2020	Continuing to partner with local organizations to offer Gatekeeper training for their staff.
	c Secure part-time staff or volunteers to increase the number of Gatekeeper trainings completed each year by at least 50%	Staff, WCDAVS; partnering agencies	1/2018	12/2020	We hired a Program Specialist in November 2017 whose duties include increasing the number of Gatekeeper trainings.

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

Measureable Objectives:	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)	Accomplishment or Update

			Start Date	End Date		
Review and update outreach plan in partnership with contractor, Oregon Law Center	a	Review current outreach plan/activities specifically for outreach to at-risk and underserved populations	Senior Program Coordinator, WCDAVS	3/2017	6/2017	Continuing our increased contracted amount to the Oregon Law Center to serve more clients since they were able to serve more clients than we originally contracted for.
	b	Advise contractor regarding any needed changes in outreach plan to better serve at-risk and underserved populations	Senior Program Coordinator, WCDAVS	6/2017	10/2017	Contractor is doing an excellent job reaching vulnerable populations and had more referrals than they were able to serve through our former contracted amount.
	c	Incorporate outreach data in annual contract monitoring for future accountability	Staff, WCDAVS; partnering agencies	1/2017	12/2020	Contractor provides this data to us during their annual monitoring visits.

## 6. Older Native Americans (OAA Titles VI & IIIB)

### Brief Profile

The vast majority of older adult Native Americans in the US do not live on reservations ([www.socialsec.gov](http://www.socialsec.gov), 2012). Indian Health Service reports from 2015 also indicate a number of health disparities amongst older adult Native Americans in comparison to the total population, particularly in the areas of injury, diabetes, liver concerns and flu and pneumonia. Some of this may be attributable to the years of Native American youth being forced to live away from families in boarding schools and a lack of federal services to Native Americans between 1953-1975 due to the Termination Act in 1953 (Understanding the Approach, Recognizing the Need Partnerships in Indian Country, SUA Webinar, 2016). The long and difficult history of Native Americans' mistreatment by the government in the United States complicates efforts to create relationship and provide services. Many older adult Native Americans distrust government and governmental services. WCDAVS recognizes both the need to serve this population and the potential geographic, cultural, historical and logistical challenges of doing so.

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

While there are no tribes in the area, there are older adult Native Americans living in Washington County. WCDAVS will make efforts over the next four years to establish partnerships with existing organizations which

serve this population. Through this effort it is hoped WCDAVS will be better able to do outreach to and customize services for this population.

**How will services be culturally and linguistically responsive:**

WCDAVS strives to provide culturally and linguistically appropriate services to all older adults in the service area. For this particular population, WCDAVS will first build relationships with agencies in the area currently serving older adult Native Americans and then through these partnerships assess needs and opportunities. Based on information gathered, services and outreach can be tailored to be culturally and linguistically appropriate.

**List of tribes in the county:**

Information provided by the SUA indicates members of the Grand Ronde and Siletz tribes live in Washington County. There are no tribes located within the county.

**Problem/Need**

WCDAVS recognizes the need to provide outreach and services to this underserved and at-risk population of older adults. WCDAVS currently lacks partnerships with key agencies that currently serve older adult Native Americans. Such partnerships would greatly enhance WCDAVS ability to reach this population.

**Goals and Objectives**

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

Measureable Objectives:	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update	
			Start Date	End Date		
Create, cultivate and sustain relationships	a	Initiate in-person meetings with leadership from NAYA, NARA, Indian Health Board and any other relevant organizations	Program Supervisor, WCDAVS	1/2017	6/2018	Continuing to participate in Tribal Meet and Greets with Title VI Coordinators and representatives from NAYA and NARA.
	b	Assess needs and opportunities for partnerships with these agencies	Program Supervisor, WCDAVS; NAYA, NARA, Indian Health Board	3/2017	9/2018	See "a" above and "c" below
	c	Develop and implement plan for ongoing partnership	Program Supervisor, WCDAVS; NAYA, NARA, Indian Health Board	9/2017	12/2020	Participating in a Tri-County regional collaborative with local tribes and

						other Tri-County AAA's to build our relationship with one another and create a system for improved communication and coordination.
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## 7. Veterans

### Brief Profile

There are over 35,000 veterans in Washington County and only a small percentage of these veterans are receiving the veteran's benefits that they are eligible to receive because of their service (<https://catalog.data.gov/dataset/compensation-and-pension-by-county-2015>; [http://www.va.gov/vetdata/Veteran\\_Population.asp](http://www.va.gov/vetdata/Veteran_Population.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. Despite this, the process can still feel convoluted and challenging to navigate for veterans.

WCDAVS works with a variety of community partners to share information about programs to eligible veterans. Regular attendance at group meetings that have high veteran attendance, such as at Elks Lodges, and the Veterans of Foreign Wars, allows WCDAVS to provide both presentations and leave pertinent informational pamphlets. In addition, staff attends community events, like farmers markets, to provide information to the community.

WCDAVS assist veterans with completing all VA forms and gathering necessary information to file a successful VA claim. WCDAVS 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 addition, if a claim is denied staff are able to represent the veteran in the hearings process.

### Problem/Need

WCDAVS recognizes the lack of awareness regarding potential benefits and the challenges of navigating the VA benefits system. WCDAVS has seven full time staff dedicated to serving veterans' needs in Washington County. Potential challenges include managing both outreach activities and ongoing claims assistance with individual veterans. WCDAVS manages this challenge in part by allocating one day per week per worker for outreach to accommodate both needs. This is assessed on an ongoing basis. In addition, Vet Center programs are offered through the VA to assist returning war veterans and their families by providing quality readjustment services including: counseling and referral services to other VA programs. Currently, there is a Vet Center located in Southeast Portland. This location can be a barrier to veterans living in Washington County as the drive can be difficult. The Vet Center has developed off-site locations for services to be delivered to veterans closer to their communities in the past. Washington County Veteran Services hopes to develop an appropriate off-site location in Washington County.

## Goals and Objectives

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

Measureable Objectives:	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
Develop comprehensive outreach plan	a	Create outreach plan for farmers markets	Supervisor, staff, WCDAVS	1/2017	6/2017	We participated in numerous Farmers Markets last summer (2018) and we are in the process of setting up our schedule for this summer (2019).
	b	Develop a volunteer position to meet veterans in the community	Supervisor, staff, WCDAVS	1/2017	6/2018	We provided basic training for our Advisory Council and Veterans subcommittee to assist with outreach to veterans in the community
	c	Create ongoing outreach plan for assisted living facilities and adult foster homes	Supervisor, staff, WCDAVS	7/2017	3/2018	Outreach initiated and ongoing.
	d.	Implement outreach plan to include: at least two outreach activities per month and increase of	Supervisor, staff, WCDAVS	1/2018	12/2020	Completed and ongoing.

		veteran contacts by 5% quarterly				
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Goal: Facilitate Vet Center providing group counseling sessions and other services in Washington County.

Measureable Objectives:	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update	
			Start Date	End Date		
Provide space for Vet Center to offer counseling services in Washington County	a	Convene stakeholders to assess challenges/opportunities	Supervisor, WCDAVS; stakeholders	1/2017	2/2017	Completed.
	b	Create/implement plan to include one counseling group per month being offered in Washington County	Supervisor, WCDAVS; stakeholders	2/2017	12/2020	The Vet Center is offering 1:1 counseling appointments every week at our office location in Hillsboro.

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

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

Responses to questions on this page are supported by written policies and procedures attached in Appendix G. Please note that WCDAVS 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. Describe how the agency will ensure timely response to inquiries for service. Upon receipt of the referral:**

WCDAVS 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 are able to 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.

#### **b. Explain how clients 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) occurs at least every six months. WCDAVS staff are trained in strengths-based case management and options counseling and provide these services as part of their role. During these assessments or 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.

#### **c. Describe how eligibility will be determined.**

The determination of OPI services is based on each client's financial, functional, medical and social need for services. This is demonstrated by the service eligibility level determined from the client assessment planning system tool (CA/PS). Service hours are determined according to the current OPI Service Level Matrix. 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.

#### **d. Describe how the services will be provided.**

WCDAVS conducts 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 the highest priority service needs.

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. WCDAVS has an exception from the SUA to also provide Options Counseling,

assisted transportation and home delivered meals. Additional services available to OPI clients, but supported by OAA funds include adult day services, respite and money management. Many of these services are provided based on budget capacity.

**e. Describe the agency policy for prioritizing OPI service delivery.**

Priority for authorized services will maintain consumers already receiving authorized services as long as their condition indicates the service is needed. Currently, clients can receive up to 16 hours of homemaking and/or personal care. 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 OPI Risk Tool (SDS 287J) that measures the risk for out of home placement. Consumers with the highest risk of out of home placement are given priority.

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

WCDAVS has a written policy for denial, reduction or termination of services. WCDAVS 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, receipt of 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.

**g. Describe the agency policy for informing clients of their right to grieve adverse eligibility and/or service determination decisions or 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 WCDAVS Community Services Supervisor or 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 Director.

**h. Explain how fees for services will be implemented, 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 per unit is a range from \$17.87-\$24.00 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 WCDAVS 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 WCDAVS 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.

**i. 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 will 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 WCDAVS 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.

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

WCDAVS 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.

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

See Attachment C. Please note WCDAVS will request exceptions by the end of 2016 to the SUA requirements regarding two services listed in #2 Homemaker: Store to Door and Maid Perfect. Additionally, please note that WCDAVS has approval to use OPI funds for both #9 Assisted Transportation and #70-2 Options Counseling.

**SECTION E-AREA PLAN BUDGET**

See attached. *(Submitted updated Area Plan Budget Workbook in December 2017 per APD-AR-17-073)*

**APPENDICES**

**Appendix A Organizational Chart**

See attached. (March 2019: Updated Organizational Chart attached).

**Appendix B Advisory Council(s) and Governing Body**

**AGENCY'S 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
Dick Schouten	December 2020	County Commissioner
Pam Treece	December 2022	County Commissioner
Roy Rogers	December 2020	County Commissioner
Jerry Willey	December 2022	County Commissioner

**AREA AGENCY ADVISORY COUNCIL**

Name & Contact Information	Date Term Expires	Category of Representation
Marge Sommers 1105 NE Lincoln St. Hillsboro, OR 97124	6/30/19	<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
John Hartner 753 NE Rogahn Hillsboro, OR 97124	6/30/20	<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
Dave Schamp 390 S 28 <sup>th</sup> Street Cornelius, OR 97113	6/30/20	<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 checked="" type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public

Name & Contact Information	Date Term Expires	Category of Representation
John Holewa 16247 SW O'Neill Ct. Tigard, OR 97223	6/30/19	<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
Sheryl Stafford 5985 SW Glenbrook Beaverton, OR 97007	6/30/20	<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
Matthew McKean 305 N. First Avenue Hillsboro, OR 97123	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
 Ronald Thompson 3231 Lavina Drive Forest Grove, OR 97116	6/30/21	<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 checked="" type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Bob Ludlum 13297 SW Maplecrest Ct Tigard, OR 97223	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
Elaine Wells 13565 SW Hart Road Beaverton, OR 97008	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
Nichole George 9351 SW Tonopah Street Tualatin, OR 97062	6/30/21	<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

### Appendix C Public Process

See attached for sample fliers for Focus Groups in English and Spanish and for a flier with information about accessing the survey online in English and Spanish. A letter regarding Focus Groups and the survey was also

sent to 95 consumers on the OPI waitlist (see attached). A media release regarding the survey can be found here: <http://www.co.washington.or.us/News/mediareleases.cfm>. The Focus Group dates and locations and questions as well as the Survey Distribution list follows.

### **Focus Groups Conducted**

<b>Date</b>	<b>Location</b>
8/4/2016	Hillsboro Community Senior Center
8/8/2016	Forest Grove Elks Lodge Veterans' Lunch (Veteran Focused)
8/15/2016	Q Center (LGBT Focused)
8/17/2016	WCDAVS Staff
8/22/2016	Hillsboro MOWP Meal Site (Latino Focused in Spanish/English)
8/23/2016	Forest Grove MOWP Meal Site (Latino Focused in Spanish/English)
8/24/2016	Sherwood MOWP Meal Site Writing Group Sherwood MOWP Meal Site Men's Coffee Group
8/24/2016	Asian Health & Services Center (In Mandarin)
8/25/2016	Beaverton MOWP Meal Site (Brief presentation and in person survey distribution/collection)
8/26/2016	Asian Health & Services Center (In Cantonese) Asian Health & Services Center (In Korean)
8/30/2016	Asian Health & Services Center (In Vietnamese)
8/31/2016	El Centro Cultural de Washington County (Latino Focused in Spanish)

### **Focus Group Questions**

1. What would you like to see in your community that would make it a better place for older adults to live?
2. Older adults sometimes feel isolated, lonely, or depressed. How do you think the community helps older adults with these feelings?
3. How do you feel the nutrition needs of older adults are being met in your community?
4. Sometimes older adults have difficulty staying in their homes as they age. What would you say you need to be able to remain in your home? Examples might be home modifications or financial assistance.
5. Subgroup questions, as applicable  
How do you feel the needs of veterans are being met in your community?  
How do you feel the needs of the LGBT community are being met?  
How do you feel the needs of the Latino community are being met?  
How do you feel the needs of the Asian community are being met?
6. Is there any additional information that you would like to provide regarding the needs of older adults in your community?

### **Survey Distribution**

WCDAVS Website/Media Release/Facebook Page  
WVDAVS Staff  
Washington County Internal Horizons Website  
Area Agency Advisory Council  
APD  
AARP Oregon  
Asian Health & Services Center

## Community Action

El Centro Cultural de Washington County

Forest Grove Elks Lodge

Health Share Adult Mental Health Providers

Hillsboro Community Senior Center

Indian Health Board

MOWP Meal Sites and Home Delivered Meal Recipients: Hillsboro, Forest Grove, Beaverton, Sherwood

Native American Rehabilitation Association NW

Native American Youth and Family Center

OPI Priority List

PFLAG of Washington County

Q Center

Ride Connection

Sage/Friendly House

Sherwood Faith in Action

SPIN Network: Postings on the Westside Referral Network, Home Instead Senior Care Washington County and Right Fit Senior Living Solutions Facebook Pages

## **Appendix D Final Updates on Accomplishments from 2013-2016 Area Plan**

WCDAVS successfully accomplished a number of goals and objectives included in the 2013-2016 Area Plan.

Below are the stated goals from the 2013-2016 Area Plan and then successes and challenges follow in *italics*.

### Goal 1: Outreach, Information and Assistance

Increase access to and knowledge of information, assistance, and services for seniors, people with disabilities, veterans and the general community, through increased volunteer recruitment, outreach and public education.

Objective 1: Increase outreach to minority/isolated/rural communities

Work with Asian Health & Family Services to develop outreach to this community. *WCDAVS amended the ongoing contract with Asian Health & Family Services to include information about outreach and assistance. There was also a small pilot project regarding outreach and assistance to the Latino community through El Centro Cultural de Washington County. WCDAVS staff also attended culturally specific health fairs in an effort to better serve these populations. WCDAVS has also contracted with Elders in Action to do the recruitment for volunteers. Elders in Action facilitates the Project REACH Program and Special Advocate Program to reach more older adults.*

- Develop plan to network with businesses /organizations to serve underserved populations. *WCDAVS participated in partnerships through Washington County THRIVES with the local business community.*

### Goal 2: Healthy Living

Increase opportunities to achieve optimal health and well-being for baby boomers, older adults and individuals with disabilities through strategies focusing on improvement in multi-generational health, illness prevention and chronic disease management.

Objective 1: Develop partnerships to increase access to the number of programs promoting healthy living. Develop relationships with other agencies such as county, non-profit and private to offer healthy living programs. *WCDAVS was successful in accomplishing a Continuing Care Transitions Program across the metro area which has been in place for three years. Home visitors see older adults who have been recently hospitalized to provide services to reduce re-admittance to the hospital.*

Objective 2: Develop and implement health promotion and access.

- Work with CCO's, hospitals and other partner agencies to increase health care access. *WCDAVS has continued to work with the local CCO's and other healthcare providers in the area largely as part of Washington County's Community Health Improvement Plan (CHIP) Access to Care Committee.*

Objective 3: Promote health and well-being through a focus on improved nutrition. Work with senior nutrition provider to provide health food choices. *WCDAVS participated in the revision of the statewide nutrition standards for nutrition providers.*

### Goal 3: Community Centers/Focal Points

Redefine senior centers as multi-generational community focal points offering increased opportunities for citizens in all geographic areas in Washington County to access information, education and a variety of programs and services designed for baby boomers, older adults and individuals with disabilities.

Objective 1: Provide leadership in development of new center in the Reedville/Aloha area.

- Lead efforts to form a task force to examine feasibility of new center. *WCDAVS initiated a planning process with community partners that resulted in an additional meal site in the Reedville/Aloha area at the Edwards Center which serves older adults and people with disabilities.*

Objective 2: Provide leadership to create a task force charged with examining current senior centers and identifying needed changes to update and create a new program model.

- Network and recruit leaders from cities, park and recreation departments and MOWP to serve on the task force.
- Explore local and national models for multi-use facilities to identify best practice models.
- Develop preliminary plans for creating new program model.  
*WCDAVS convened a task force and conducted a feasibility study regarding this issue. The task force prioritized a library project over continuing to work on the community center project. An additional challenge was a lack of funding to support the creation of a community center in the area.*

#### Goal 4: Veterans

Enhance the overall level of services to the veterans' community through strategies to increase advocacy, outreach and innovative services to Washington County veterans and their survivors.

Objective 1: Develop an outreach plan to educate veterans in Washington County and empower them in addressing their unmet needs. *WCDAVS implemented a program where a trained volunteer provided information to all the assisted living facilities in our community. There was also an expansion of off-site outreach in Tigard, Forest Grove and at Portland Community College.*

Objective 2 Network with community organizations to identify ways to raise community awareness and support for veterans issues. *WCDAVS has made efforts to provide information to the media through a radio interview. Staff have attended farmers markets to raise awareness. WCDAVS has also reconnected with Elks Lodges and Veterans of Foreign Wars groups in an effort to raise awareness and improve outreach.*

#### **Appendix E Emergency Preparedness Plan**

The WCDAVS Emergency Preparedness Plan can be found at: <http://www.ocem.org/Plans.cfm>.

WCDAVS as a division within HHS falls under the larger Washington County emergency preparedness plans. Within the plan as outlined at the link above, two staff members from WCDAVS are available to participate in the Emergency Operations Center (EOC). When the EOC is activated WCDAVS will be notified if staff are needed to participate. WCDAVS has a Program Summary Sheet on file with the Community Services Branch (CSB) manager. When there is an evacuation, WCDAVS will fill out a HHS Personnel Accountability Report (see attached) and HHS staff report form (see attached) which is submitted to the HHS Department Director within a half hour from the event so they know what staff are available. There is also a Succession List kept within the county files (see attached), as well as a Continuity of Operations Plan (COOP) which is an internal procedural manual outlining WCDAVS responsibilities as a Division of HHS. See attached for relevant sections of the COOP. Per the outlined procedures above and attached, WCDAVS will work with the EOC and HHS for direction regarding next steps in the event of an emergency.

Portions of the COOP indicate WCDAVS case managers will contact OPI/OAA clients to check on them when possible during and after an emergency. The COOP is reviewed and revised if needed on annual basis and it is recognized that additions can be made to the WCDAVS portion regarding standard operating procedures to support the actions listed. To this end, the WCDAVS portions of both the larger plan and the COOP will be reviewed and revised as necessary over the next six months by the new WCDAVS Division Manager (review to be completed by 7/2017).

Contractors have their own emergency preparedness plans and WCDAVS will be in contact with them during an emergency per the COOP, particularly meal and transportation contractors or other essential service contractors. WCDAVS 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 (OAA Section 306 (a)(3)(B))**

### **Meals on Wheels People Meal Centers in Washington County**

Elsie Stuhr Center 5550 SW Hall Blvd. Beaverton, OR 97005 Meal Site Manager: Vicki Adams Phone: 503-643-8352	Forest Grove Senior Center 2037 Douglas St. Forest Grove, OR 97116 Meal Site Manager: RayAnn Warncke Phone: 503-359-4818
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Hillsboro Meals on Wheels People Center 545 SE Baseline St. Hillsboro, OR 97123 Meal Site Manager: Elly Ritchie Phone: 503-924-6858	North Plains Senior Center 31450 NW Commercial St. North Plains, OR 97133 Meal Site Manager: Angie Boyd Phone: 503-647-5666
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Tigard Senior Center  
8815 SW O'Mara St.  
Tigard, OR 97223  
Meal Site Manager: Jay Gilbertson  
Phone: 503-620-4613

Juanita Pohl Center-Tualatin 8513 SW Tualatin Rd. Tualatin, OR 97062 Meal Site Manager: Julio Lopez Phone: 503-692-6767	Edwards Center 4375 SW Edwards Pl. Aloha, OR 97007 Meal Site Manager: Dan Hill Phone: 503-642-1581
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## **Appendix G OPI Policies and Procedures**

See attached.

## **Appendix H Partner Memorandums of Understanding (See attached)**

MOU with Aging and People with Disabilities  
MOU with Washington County Assessment and Taxation  
MOU with Health Share and tri-counties  
MOU with Washington County Human Services Division  
MOU with Washington County Sheriff's Office (currently in renewal process)

## **Appendix I Statement of Assurances and Verification of Intent**

For the period of January 1, 2017 through December 31, 2020, Washington County Disability, Aging and Veteran Services accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) (P.L. 109-365) and related state law and policy. Through the Area Plan, Washington County Disability, Aging and Veteran Services shall promote the development of a comprehensive and coordinated system of services to meet the needs of older individuals and individuals with disabilities and serve as the advocacy and focal point for these groups in the Planning and Service Area. The Washington County Disability, Aging and Veteran Services assures that it will:

Comply with all applicable state and federal laws, regulations, policies and contract requirements relating to activities carried out under the Area Plan.

Conduct outreach, provide services in a comprehensive and coordinated system, and establish goals and objectives with emphasis on: a) older individuals who have the greatest social and economic need, with particular attention to low income minority individuals and older individuals residing in rural areas; b) older individuals with significant disabilities; c) older individuals at risk for institutional placement; d) older Native Americans and e) older individuals with limited English proficiency.

All agreements with providers of OAA services shall require the provider to specify how it intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas and meet specific objectives established by the Washington County Disability, Aging and Veteran Services for providing services to low income minority individuals and older individuals residing in rural areas within the Planning and Service Area.

Provide assurances that the Area Agency on Aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with significant disabilities, with agencies that develop or provide services for individuals with disabilities.

Provide information and assurances concerning services to older individuals who are Native Americans, including:

- A. Information concerning whether there is a significant population of older Native Americans in the planning and service area, and if so, an assurance that the Area Agency on Aging will pursue activities, including outreach, to increase access to those older Native Americans to programs and benefits provided under the Area Plan;
- B. An assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides with services provided under Title VI of the Older Americans Act; and
- C. An assurance that the Area Agency on Aging will make services under the Area Plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

Provide assurances that the Area Agency on Aging, in funding the State Long Term Care ombudsman program under section 307(a)(9), will expend not less than the total amount of Title III funds expended by the agency in fiscal year 2000 on the State Long Term Care Ombudsman Program.

Obtain input from the public and approval from the AAA Advisory Council on the development, implementation and administration of the Area Plan through a public process, which should include, at a minimum, a public hearing prior to submission of the Area Plan to DHS. The Washington County Disability, Aging and Veteran Services shall publicize the hearing(s) through legal notice, mailings, advertisements in newspapers, and other methods determined by the AAA to be most effective in informing the public, service providers, advocacy groups, etc.

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Date

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Marni Kuyl  
Director, Washington County Health and Human Services  
Acting Director, Washington County Disability, Aging and  
Veteran Services

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Date

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Marge Sommers  
Advisory Council Chair

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Date

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Sia Lindstrom  
Sr. Deputy County Administrator, Washington County  
Health and Human Services; Washington County Disability,  
Aging and Veteran Services  
Legal Contractor Authority