

2025-2029 Area Plan

Planning Period: July 1, 2025 – June 30, 2029



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

Table of Contents

Section A - Area Agency Planning and Priorities	4
A-1 Introduction.....	4
A-2 Mission, Vision, And Values	5
A-3 Planning and Review Process	7
A-4 Prioritization of Discretionary Funding	17
A-5 Service Equity	21
Section B - Planning and Service Area Profile	23
B-1 Population Profile	23
B-2 Priority Populations	27
B-3 AAA Services, Administration, and Service Providers	34
B-4 Non-AAA Services, Gaps and Partnerships to Ensure Availability of Services Not Provided By AAA.....	42
Section C - Focus Areas, Goals, And Objectives	45
C-1 Local Focus Areas, Older Americans Act (OAA) And Statewide Issue Areas	45
1. Information and Referral Services and Aging & Disability Resources Connection (ADRC)	45
2. Nutrition Services	52
3. Health Promotion and Falls Prevention	60
4. Family and Unpaid Caregiver Support	65
5. Legal Assistance and Elder Rights Protection	73
6. Older Native Americans	80
7. Veterans Services	86
8. Social Isolation and Loneliness	90
9. Emergency Preparedness.....	93
Section D - OPI Services and Method of Service Delivery	98
Administration of Oregon Project Independence (OPI)	98
Section E – Area Plan Budget	104
Appendices	104
Appendix A Organizational Chart.....	104
Appendix B Advisory Council and Governing Body	105
Appendix C Public Process.....	107

Appendix D Final Update on Accomplishments of 2021-2025 Area Plan 122

Appendix E Final Updates on Service Equity Plan Accomplishments..... 130

Appendix F Emergency Preparedness 150

Appendix G Conflict of Interest Policies 151

Appendix H Partner Memorandums of Understanding 152

Appendix I Statement of Assurances and Verification of Intent..... 156

Section A - Area Agency Planning and Priorities

A-1 Introduction

Washington County is located on the western edge of Portland and occupies an area of 725 square miles with a population of 600,266 in 2024. This is a 2.6% increase in population since 2020, demonstrating growth¹. Washington County is a mix of urban, suburban and rural areas with each area having specific needs related to population density. The eastern half is composed of service industries, light manufacturing, and residential and commercial activities. The western half is primarily farms and rural settings together with several smaller incorporated and unincorporated areas.

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

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

DAVS is a member of the Oregon Association of Area Agencies on Aging and Disabilities (O4AD) which is a non-profit membership organization for Oregon's Area Agencies on Aging and whose purpose is to advocate for the independence, dignity and choice of Oregon's seniors and people with

¹"U.S. Census Bureau Quickfacts: United States." United States Census Bureau.
<https://www.census.gov/quickfacts/fact/table/US/PST045224>.

disabilities. DAVS is also a member of Oregon Wellness Network (OWN), a division of O4AD. OWN's partners include all 16 of Oregon's AAAs as well as a number of community-based organizations (CBOs). DAVS is a member of Oregon Gerontological Association, American Society on Aging, and USAging. USAging represents and supports the national network of AAAs and advocates for the Title VI Native American Aging Programs that help older adults, caregivers and people with disabilities live with optimal health, well-being, independence and dignity in their homes and communities.

Questions: Contact Washington County Disability, Aging & Veteran Services at (503) 846-3060 or by e-mail at

hhsdavsinfo@washingtoncountyor.gov Website:

<http://www.washingtoncountyor.gov/HHS/DAVS/>

A-2 Mission, Vision, And Values

Washington County Disability, Aging and Veteran Services **vision** is a thriving community where older adults, veterans, people with disabilities and their families and caregivers feel connected, valued and respected. As a trusted comprehensive resource for Washington County, we envision a future where barriers to services are removed, inclusivity is the norm, and seeking help is free of stigma. Our **mission** is to empower older adults, veterans, and people with disabilities by connecting them with essential services and resources to enhance quality of life with compassion, dignity, and respect. Our **values** are:

Dedication: We share passion through our work, reflecting our commitment to serve the community with excellence.

Compassion: We meet people with empathy and patience, supporting one another with kindness and respect.

Trustworthiness: We uphold honesty, integrity, and accountability to build lasting relationships with clients, partners and within our team.

Collaboration: We create solutions through teamwork, responsiveness, humor, and pride in our collective effort.

Adaptability: We move forward with flexibility, open-mindedness, and creativity in meeting the needs of each person we serve.

As a division of Washington County's Department of Health and Human Services (HHS), DAVS also aligns with the HHS mission to promote the

health and well-being across the lifespan of individuals and communities in Washington County. HHS envisions Washington County as a healthy, equitable and supportive community, led and influenced by the values of equity, accountability, transparency, respect, cultural responsiveness, and collaboration.

DAVS' current Mission, Vision, and Values were developed in the Summer of 2024 by DAVS staff in partnership with an organizational consultant. Through this iterative and collaborative process, all DAVS staff were actively engaged in creating and defining these guiding principles. All new staff are introduced to DAVS' vision and values at the start of employment through Washington County's new employee orientation and DAVS' division specific onboarding. These values are reinforced through ongoing education, conferences, and trainings. DAVS provides clear messaging about our mission, vision, and values on our website, brochures, and other branding, and models these values through the ways leadership and staff engage with one another, community partners, and members of the community.

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

To support our mission, DAVS collaborates with other programs within the Department of Human Services, including Behavioral Health, Intellectual and Development Disabilities, Animal Services, and Public Health. Additionally, DAVS has Memorandums of Agreement (MOU) with Washington County Assessment and Taxation and a multipart agreement for the Veteran's Treatment Court with Washington Community Corrections, Oregon Defense Attorney's Consortium, Washington County Sheriff's Office, Washington County Circuit Court, Washington County District Attorney's Office, and the Portland VA Health Care System. We collaborate through workgroups and other time limited projects with other County Departments such as Office of Equity and Inclusion and Community Engagement, Land Use and Transportation, Washington County Office of

Community Development, Supportive Housing Services, Library Services, Emergency Management, and Human Resources.

Other key partners include the Association of Oregon Community Mental Health Programs, Oregon Wellness Network, Community Action of Washington County, Open Door Housing Works, local area universities and colleges, and a growing network of over 80 community-based organizations, community centers, and faith-based organizations. Additional information about key partners and contractors can be found in Sections: A-3 Planning and Review Process, B-2 Target Populations, B-4 non-AAA Services, Service Gaps and Partnership to Ensure Availability of Services Not Provided by the AAA, C Focus Areas, Goals and Objectives and Appendix C Public Process.

A-3 Planning and Review Process

Community Needs Assessment

Under the direction of the DAVS Aging & Veteran Services Advisory Council (AVSAC), DAVS designed and conducted a community needs assessment to inform all aspects of the 2025-2029 Area Plan. Components of the Community Needs Assessment included review and analysis of current reports, data and existing needs assessments; community surveys; client interviews; and lessons from 2021-2025 Area Plan and 2022 Service Equity Plan. The needs assessment was designed to complement and build upon data from existing needs assessments, identify additional gaps, and deepen understanding of community needs. Through this needs assessment, DAVS identified and documented community strengths and needs, service assets and gaps, program successes and opportunities for improvement.

Service Equity Steering Committee

In October 2022, prior to initiating formal planning for the 2025-2029 Area Plan Needs Assessment, DAVS launched an ad hoc Service Equity Steering Committee under the direction of AVSAC. The purpose of the Service Equity Steering Committee was to advance equitable outcomes in DAVS programs and service delivery and ensure that the needs and priorities of communities most impacted by racial inequities are centered in DAVS operations. The Committee sought to make recommendations to DAVS in their efforts to address disparities disproportionately impacting Black, Indigenous and People of Color, but also to attend to the intersections of racial identity with age, disability, gender and gender

expression, sexual orientation, language and more. While the purpose of this committee was not directly to inform the 2025-2029 Area Plan, learnings from this committee and the goals outlined in the Service Equity Plan were utilized to inform the strategy for the needs assessment workgroup, identification of priority populations, focus of community survey questions and outreach, and many of the activities described in the 2025-2029 Area Plan.

Area Plan Needs Assessment (APNA) Steering Committee

To guide the development of the needs assessment, AVSAC formed an ad hoc steering committee, comprised of community-based organization leaders, DAVS staff, AVSAC members, and members of the public. The group met six times between March and September 2024 to develop a strategy to identify the overarching needs of older adults in Washington County, with an emphasis on reaching DAVS priority populations. The APNA steering committee utilized an equity and trauma informed lens to identify focus populations, inform survey and interview questions, guide outreach and engagement efforts, and host community meetings.

Research and Review

To understand and assess to current needs and trends of our service area, DAVS did a comprehensive review of existing community needs assessments, reports, and data from our local area, including:

- Slavic and Eastern European Mental Health Conference materials and findings, June 2024, Portland (Immigrant and Refugee Community Organization, Lutheran Community Services NW, Slavic Community Center of NW, Slavic Oregon Social Services)
- Hillsboro Civic Leadership Academy 2024 Community Interviews
- 2022 Greater Middle Eastern Community Needs Assessment (IRCO)
- 2022 African Community Needs Assessment (IRCO)
- November 2023 Oregon Health Authority CD Summary – Fall-related injuries, deaths and prevention
- PHI Oregon Direct Care Workforce State Index Ranking
- LGBTQIA2S+ Houselessness in the Portland Region Policy Paper, LGBTQIA2S+ Housing Collaborative, January 2024
- LGBTQ+ Older Adult Survey Report, September 2021
- Women Veterans' Intimate Partner Violence Research: Improving screening and treatment in VHA care, March 2023

- Aging with HIV, June 2024 (HIV.gov)
- USAging Research, various 2020-present
- The Experiences, Perceptions and Help-Seeking Behaviors of Elder Mistreatment among Asian American and Pacific Islander Older Adults Participating in Senior Community Service Employment Program, National Asian Pacific Center on Aging 2014
- AARP State Scorecard Report
- Service level data for Older Americans Act services

Client Interviews

DAVS clients were randomly selected and invited to participate in interviews, with thirteen clients selected from each of the following programs: Oregon Project Independence, Veteran Services, Family Caregiver Support Program, and Supportive Services programs. In total, 49 clients were interviewed in person or over the phone by an Occupational Therapy doctoral student intern from Pacific University. To honor their time and expertise, interview participants received a \$25 stipend.

2024 Community Survey

Between March and August 2024 DAVS conducted a Community Survey to gather information on the experiences of older adults, people with disabilities, veterans, and caregivers in Washington County. Surveys were available in paper form and online in English, Arabic, Chinese, Korean, Russian, Spanish, and Vietnamese. The online version of the survey was distributed widely via a county-wide press release, DAVS website, social media, and online newsletter. Additionally, DAVS leveraged partnerships to distribute both paper and online versions of the survey to community-based organizations and social service agencies. In total, 687 responses to the survey were received.

Community Review

Results of the Community Needs Assessment were presented at the September 2024 APNA Steering Committee meeting. During the meeting APNA members were asked to provide input on focus areas for the upcoming area plan, and identified outreach and information, falls prevention, data collection and measuring impact, and addressing isolation and loneliness as key focus areas. Input from this meeting were utilized to inform the development of draft goals and objectives. The results of the needs assessment were also shared with Washington County Board of Commissioners on October 15, 2024.

Draft area plan goals and objectives were shared at the November AVSAC meeting and a December 2024 Community Partner meeting for additional review and feedback. Additional meetings were held with staff representing a coalition of Slavic and Eastern European serving organizations and with staff from Grand Ronde and Siletz Tribes as well as additional community meetings with Latino/a/e elders at Centro Cultural and in partnership with Elder Pride Services at the Opal, an LGBTQ affordable apartment building. Input from these meetings were incorporated into the area plan as appropriate.

The final draft of DAVS 2024-2029 Area Plan was posted for public review between January 13 and February 13, 2025. Members of the public were invited to provide input via phone, email and at virtual and in person meetings. The opportunity to provide input was promoted via a press release, DAVS website and list serves, social media and outreach to community-based organizations. The final draft of the area plan and the area plan budget was presented to AVSAC and the public on January 16, with an opportunity for community members to provide public comment in person on January 16 and February 6 at DAVS office or via email and postal mail through February 13. Two individuals submitted public comment via email and additional feedback was received by AVSAC members during their meetings.

A special AVSAC meeting was held on February 13 for the AVSAC to approve the area plan and budget and recommend they be submitted to the Board of County Commissioners for approval. The final area plan and budget was presented to the Board of County Commissioners on March 4 and approved for submission to Aging and People with Disabilities, Community Services and Supports Unit on March 18.

Community Needs Assessment Findings and Scope of Need

876 individuals responded to the Area Plan Needs Assessment Community Survey, with 687 individuals that completed at least one response on the survey. All survey questions were optional, and respondents were able to opt out of any question they did not wish to answer. Proportions of responses are calculated out of the 687 respondents who completed at least one response. Over 96% of respondents completed the survey in English, however survey responses were also received in Spanish, Vietnamese, Russian, and Korean. A summary of survey respondent demographics is shown in Table 1 below.

Table 1: Summary Demographic Characteristics of Survey Respondents

Total Number of Respondents: 876

Completed at least one response: 687

Demographic	Category	Count (%)
Age	<65 yrs.	199 (29.0%)
	65 yrs. - 84 yrs.	344 (50.1%)
	85 yrs. and older	39 (5.7%)
	Do not wish to say	6 (0.9%)
	Missing	98 (14.4%)
Race or Ethnic Identity	Person of Color	78 (11.4%)
	Not a Person of Color	464 (67.5%)
	Other or Decline	50 (7.3%)
	Missing	95 (13.8%)
DAVS recipient	Yes	113 (16.4%)
	No	419 (61.0%)
	Missing	155 (22.6%)
Veteran (Self or Spouse)	Yes	196 (28.5%)
	No	393 (57.2%)
	Don't wish to say	9 (1.3%)
	Missing	89 (13.0%)
Caregiver	Yes	213 (31.5%)
	No	377 (55.8%)
	Missing	86 (12.7%)
Disability Status	Yes	306 (44.5%)
	No	209 (30.4%)
	Prefer not to Answer	49 (7.1%)
	Missing	123 (17.9%)
Gender Identity	Woman	417 (60.7%)
	Man	139 (20.2%)
	Not a Woman or Man	12 (1.7%)
	Don't know/Decline	14 (2.0%)
	Missing	105 (15.3%)
Gender Identity and Sexual Orientation	LGBTQIA+	57 (8.3%)
	Not LGBTQIA+	517 (75.3%)
	Don't know/Decline	12 (1.7%)
	Missing	101 (14.7%)

Table 2: Comparison of Survey Responses through previous cycles		
2024 Survey Participants*	2020 Survey Participants	2016 Survey Participants
Survey available in: English, Spanish, Russian, Arabic, Korean, Vietnamese, Chinese	Survey available in: English, Spanish, Russian, Arabic, Korean, Somali, Vietnamese, Chinese	Survey available in: English, Spanish
876 Surveys 687 at least one Response	879 Responses	439 Responses
3 in 10 Veterans 6 in 10 Women 68 % Not Person of Color 8% LGBTQIA+	3 in 5 Veterans 1 in 2 females 67% White, non- Hispanic 6% LGBTQIA +	1 in 5 Veterans 2 in 3 females 92% White, non-Hispanic 4% LGBTQIA +

Access to Services

Survey respondents were asked about their familiarity with available services provided by DAVS with the question, “If you wanted help with any of the following, would you know how to find it?”. Survey respondents indicated the biggest gaps in knowledge were in:

1. Assistance with personal care, including bathing, dressing and mobility
2. Help caring for a friend or family member
3. Making home safe and accessible
4. Support as an unpaid caregiver
5. Understanding long-term care options
6. Navigating and accessing community resources
7. Veteran benefits

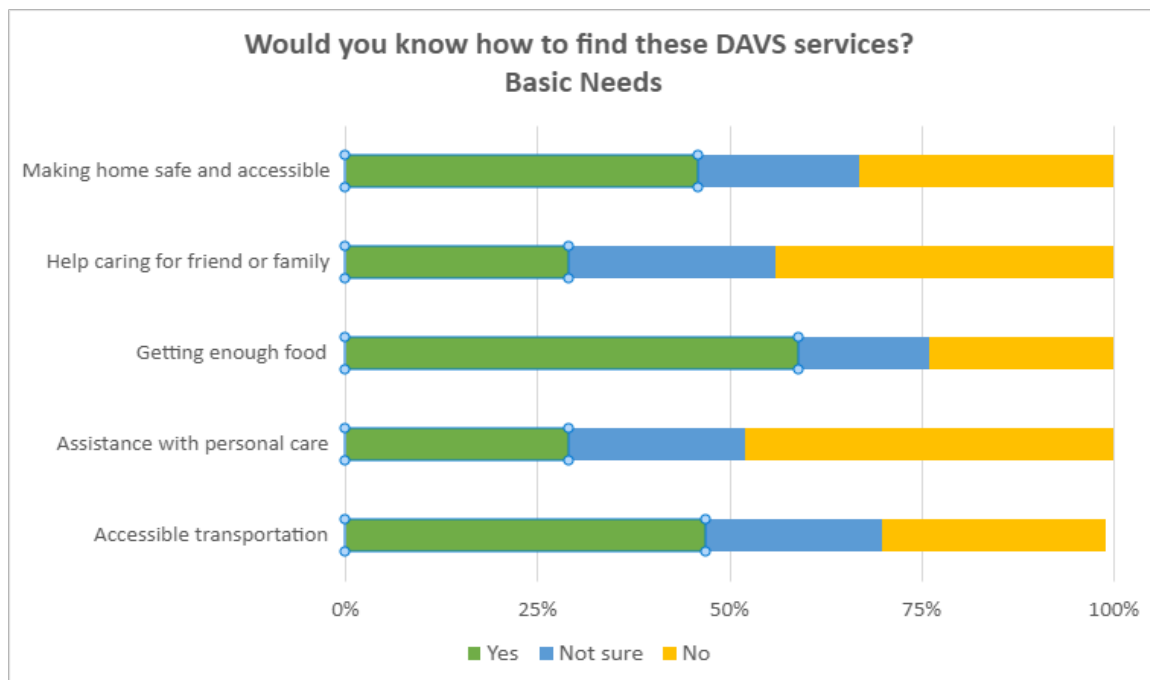


Figure 1a: Would you know how to find these DAVS Services? Basic Needs

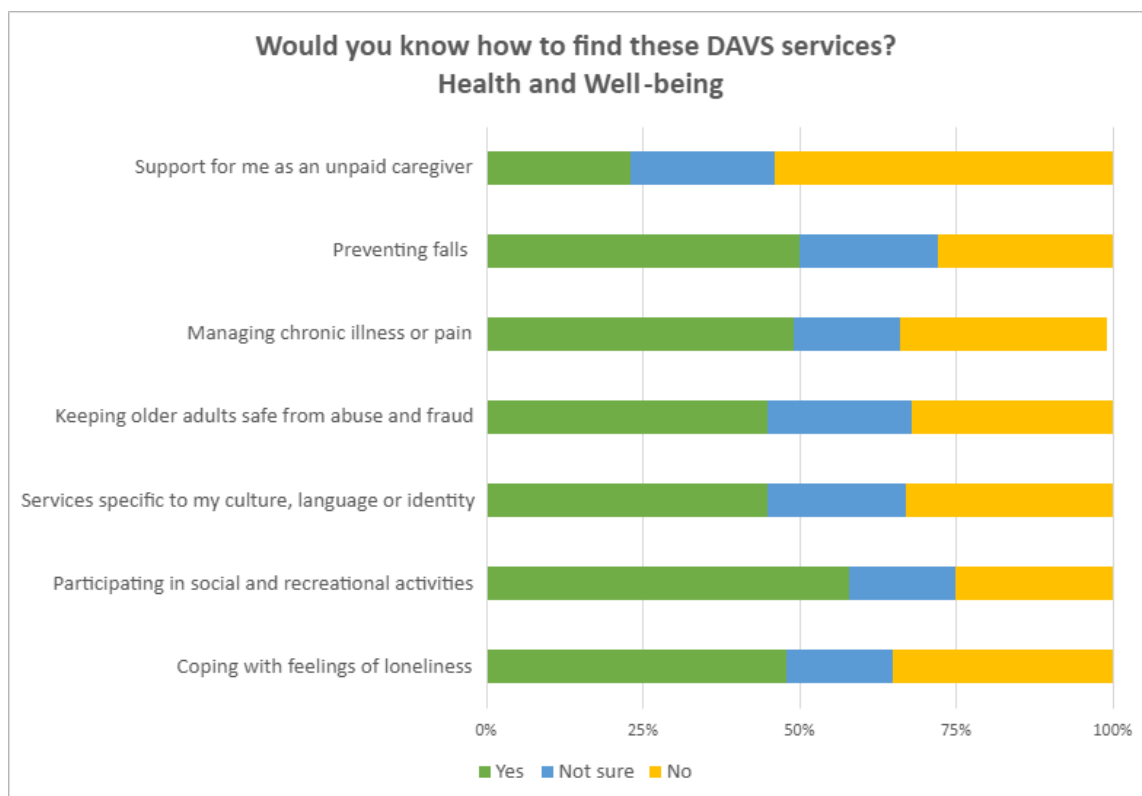


Figure 2b: Would you know how to find these DAVS Services? Health and Well-being

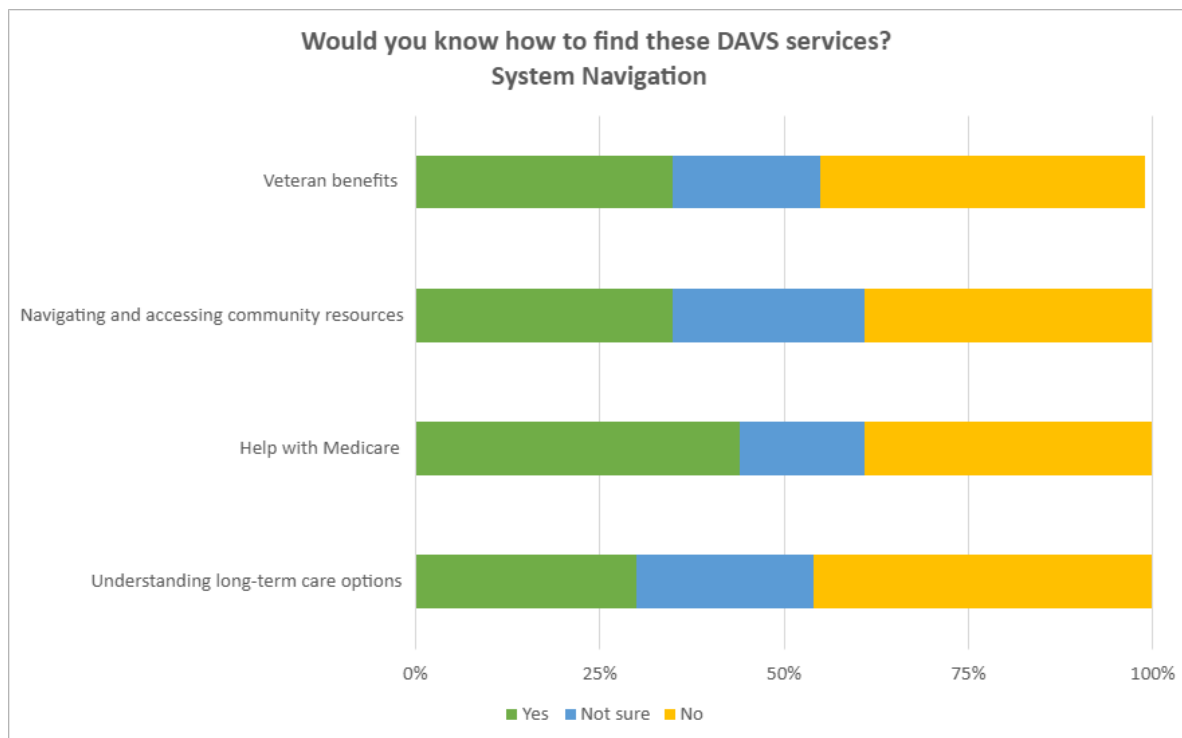


Figure 3c: Would you know how to find these DAVS Services? System Navigation

Service Priorities

Survey respondents were asked to identify the services or needs that were most important to them. Across respondents overall, the top five priority services identified were:

1. Navigating and accessing community resources
2. Accessible transportation
3. Understanding long-term care options
4. Participating in social and recreational activities
5. Managing chronic illness and pain

Some differences were noted in priority services by subgroups of respondents, represented in table 3 below:

Table 3: Top 5 Priority Services by Demographic Category

Top 5 Priority Services by Demographic Category						
DAVS Service	Respondent Demographic Category					
	All	Person of Color	Veteran	Caregiver	Person with a Disability	LGBTQIA2S+
Accessible transportation	✓	✓	✓	✓	✓	✓
Assistance with personal care						
Coping with feelings of loneliness						
Getting enough food to eat		✓				
Services specific to culture, language and/or identity of recipient						
Help caring for family member, friend				✓		
Help with Medicare		✓				✓
Keeping older adults safe from abuse or fraud						
Making my home safe & accessible		✓				
Managing chronic pain, illness	✓		✓		✓	✓
Navigating & accessing community resources	✓		✓	✓	✓	✓
Participating in social, recreational activities	✓	✓			✓	
Preventing Falls						
Support for me as a Caregiver				✓		
Understanding long-term care options	✓		✓	✓	✓	✓
Veterans' benefit			✓			

Thematic analysis

Survey participants were also asked to respond to two open-ended questions, “What else would you like to see provided in your community?” and “What else would you like DAVS to know?”. Responses to these questions were intentionally unstructured to allow for capturing additional information not gathered in the survey questions. Key themes from these responses are outlined below and are consistent with themes captured during the steering committee planning processes and the interview findings. The themes are noted in order of frequency:

- **Housing:** concerns with housing affordability and rent increases, making homes safe to age in place.
- **Transportation:** a desire for additional transportation options (beyond Ride Connection and Trimet Lift) as well as making existing transportation avenues more accessible for mobility devices, volunteers to drive older adults to appointments on demand.
- **Digital literacy:** challenges with digital information and requests for additional information via physical mailers, phone calls, television and

in person outreach and education. Technology classes tailored to older adults.

- **Community supports and reducing isolation:** supports mentioned were help with yard and housework, chore support, repair and service people, community gardens, farmers markets, welfare checks and social visits, “talk to me” benches as parks and public spaces.
- **Mental health and support groups:** concerns for mental health support among older adults, including bereavement, caregiving, terminal/chronic illness and end of life support groups.
- **Financial planning and financial assistance:** long-term care planning, financial assistance/utility assistance for older adults and people on social security disability.
- **Social activities:** including increasing volunteer activities for older adults to participate in as well as benefit from, additional activities for active older adults and their families.
- **Services for younger people with disabilities:** mentioned a lack of spaces and support for younger people with disabilities who may be in a different life stage than older adults, younger people with disabilities raising families and needing social support.
- **Food assistance:** support for financial resources for food as well as classes to learn how to cook healthful food and access to healthy foods.
- **Employment support:** support for finding employment and applying for jobs, building resumes.
- **Access to healthcare:** needs identified for navigating Medicare and the health care system, finding a primary care physician and mental health professionals.

Interview findings

In addition to the findings from the community survey detailed above, DAVS conducted one on one client interviews to understand the needs of existing clients, a population group that had not been specifically assessed in previous cycles. Key themes from these interviews are outlined below.

Fall prevention: Clients interviewed were asked about their history with falls, how often they have fallen in the last year, if they worry about falling and what could help alleviate this fear. Falls were highly prevalent in existing clients, with over half of clients reporting having fallen at least once in the last year and more than one in four falling frequently (more than five

times in one year). DAVS is working on incorporating screening for falls more actively in programs and will incorporate into the next round of assessment.

Outreach, education and awareness: Interview participants expressed a desire for materials and communications in a variety of ways, including print and mail and phone-based services. Some participants mentioned challenges with only using online resources. Participants encouraged additional outreach for community members so they would be aware of the variety of services DAVS offers, many were unaware of additional services they may be eligible for.

A-4 Prioritization of Discretionary Funding

Interviews conducted as part of DAVS 2024 Community Needs Assessment with clients receiving Older Americans Act III-B Supportive Services, Veteran Services, Oregon Project Independence and Family Caregiver Support Program revealed a high falls prevalence and risk of falls, lack of awareness of DAVS and other programs and resources, a desire for written communication from DAVS following verbal contact and a positive association in working with DAVS staff to address their individual needs. In the upcoming planning period, DAVS will address these findings by strengthening our service to existing clients and focusing on ensuring their safety and well-being through connection to all available resources. Serving clients more deeply and completely will be prioritized over serving more people with less or lesser quality services. We will evaluate and strengthen referral pathways between our programs at DAVS and with external partners. We will create written follow-up communication to clients to support their understanding of resources offered in person or by phone.

Waitlists are opened on an as-needed basis for services that spend out annually or that have limitation due to program caseloads. The prioritization and process for each of these separately funded programs is listed below:

Chore: Only individuals who have received an Options Counseling appointment or who are enrolled in another service provided by DAVS will be eligible. Chore services are reviewed and prioritized on a quarterly basis to ensure availability of funds for the most critical needs throughout the year. Individuals with projects addressing a clear safety concern, a falls risk, or that are at risk of displacement due to the issue, are given priority.

At the quarterly review, chore requests will be approved and moved towards completion, pushed forward for consideration into the next quarter if a low priority, or denied and removed from the waitlist.

Durable Medical Equipment (DME): DME will be prioritized to low-income individuals aged 60 or over who are engaged actively with one of DAVS many programs. If an individual, health care professional or concerned party contacts DAVS to request DME for an individual who is 60+, the individual will be screened for additional needs and must demonstrate that the DME is not a covered benefit through their insurer.

Family Caregiver Support Program (FCSP): The family caregiver is assessed at an intake appointment and then placed on a waitlist using a prioritization tool. Prioritization aligns with priority populations identified by DAVS as having the greatest economic and greatest social need described in section B-2. Additional priority for FCSP is given to older relative caregivers of children with severe disabilities or individuals with severe disabilities, caregivers who provide care to persons with Alzheimer's disease and related disorders, those residing in rural areas, low-income caregivers and non-traditional family caregivers. Priority is given to those caring for someone with the highest level of need, those with fewer resources, and limited natural supports. While on the waitlist, family caregivers are offered Options Counseling and referred to other programs such as support groups, education, and training. A waitlist was instituted for FCSP in the fall of 2024, and we anticipate it will continue for the foreseeable future. There are typically 20-50 individuals on the waitlist at any given time.

Options Counseling: Individuals are served on a first-come, first-served basis. If there is an emergent issue, the consumer is provided necessary information and referral while they await their Options Counseling appointment. There is not currently a waitlist for Options Counseling. Prioritization is given to people at risk of institutionalization.

Oregon Money Management Program (OMMP): Clients are served on a first-come, first-served basis. Priority is given to people with low income and that have no other support to manage their money. The waitlist varies between 12-20 people.

Oregon Project Independence (OPI) and Oregon Project

Independence Pilot (OPI Pilot): Prioritization of services will be based on the state standardized Oregon Project Independence Waitlist Tool (MSC 2549B) that measures the risk for out of home placement. Consumers with the highest risk of out of home placement are given priority. Please see D for more information about OPI. At any given time, there are 75-125 on the OPI waitlist.

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

DAVS provides services and programs with the support of grant funding and contracts. In most cases, these grants and contracts do not cover the full cost of providing the service. As is allowed under the Older Americans Act, DAVS transfers funds between Title IIIC Nutrition and to Title IIIB Programs. This allows us to offer more robust and culturally specific congregate meal programs and shore up programs funded through other Titles in the Older Americans Act and through grants and contracts. Programs funded in part by the transfer of funds from IIIC, or through grants and contracts include, but are not limited to: Oregon Money

Management Program, Recreation, Family Caregiver Support Program, Care Transitions, Benefits Enrollment Center, and No Wrong Door/ADRC.

Based on changes in funding, changes in services included in this plan compared to services in the previous 1-year planning period include:

- Decreased durable medical equipment available to non-DAVS service-connected older adults reducing funding to approximately 1/3 the budgeted funds from two years ago. Criteria for services will be restricted and eligibility tied to staff-verified health and safety risk.
- Chore services will only be available to individuals 60+ who have received Options Counseling or who are enrolled in another service provided by DAVS.
- Increase use of IIB-Supportive Services funds to shore up programs that are only partially funded through other titles in the Older American Act, grants or contracts, including Oregon Money Management Program, State Health Insurance and Benefits Assistance, Benefits Enrollment Center, Family Caregiver Support Program, Elder Rights Protection.

As DAVS makes funding decisions and identifies program opportunities, we apply an equity lens and engage the community to inform decisions. In all cases, DAVS strives to prioritize services for those at highest risk and those in most need, utilizing data and assessment tools to drive decisions. DAVS prioritizes funding for programs and services that are evidence-based or that are proven to have a positive impact on the community being served. As described in A-3 Planning & Review Process, A-5 Service Equity and B-2 Prioritized Populations DAVS continues to prioritize individuals with the greatest economic and greatest social need. DAVS service level data shows that we are reaching a representational number of racial and ethnic minority older adults when compared to population level data for Washington County (see Table 4 in section A-5 Service Equity) and that our efforts to increase culturally specific programs, to focus outreach on prioritized populations, and to work closely with community partners to adjust services or address emerging needs is having the intended impact (see Figure 2 in section A-5 Service Equity) .

A-5 Service Equity

There has been a year-over-year increase in enrollment in services by populations identified in the Service Equity Plan. Each population group identified experienced a marked increase in enrollment between the two time periods:

- Black/African American: 118% increase
- Hispanic/Latino/a/e: 193% increase
- American Indian/Alaska Native: 92% increase

In addition to overall service enrollment increase, DAVS is monitoring service utilization by program to ensure programs are meeting the needs of these populations. Table 4 below describes the proportion of utilization of each overall program within OAA services by each identified priority population and DAVS clients overall. Nutrition services remain the most utilized OAA service, however within the Black/African American population there was a large increase in utilization of Family Caregiver services.

Table 4: Proportion of service utilization change over time period by Service Equity Plan identified populations								
Program	All DAVS clients		Black/African American		Hispanic/Latino/a/e		American Indian/Alaska Native	
	2020-2022	2023-2024	2020-2022	2023-2024	2020-2022	2023-2024	2020-2022	2023-2024
IIIB Support Services	7%	13%	27%	19%	18%	10%	13%	17%
IIIC Nutrition	65%	52%	58%	35%	65%	74%	54%	65%
IIIE Family Caregiver	46%	35%	15%	46%	18%	16%	33%	17%

When examining service enrollment by race/ethnicity compared to the population demographics of older adults in the community, DAVS is in general meeting or exceeding the population distribution. See Figure 2 for comparison of service enrollment to population.

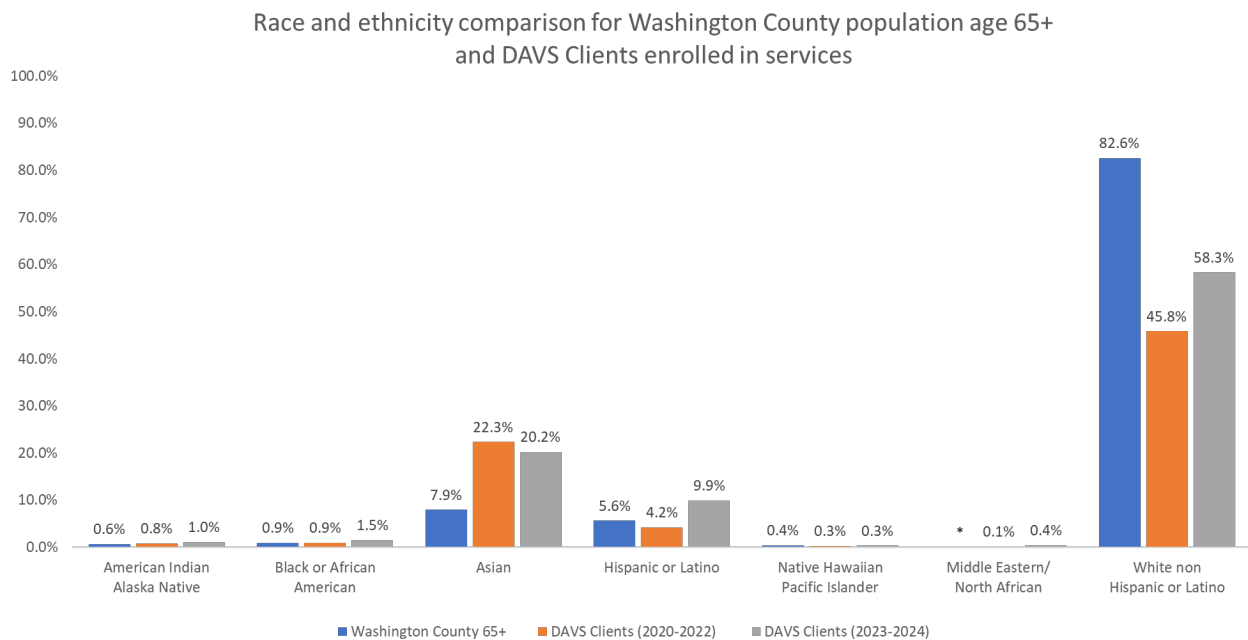


Figure 2: Race and ethnicity comparison for Washington County population age 65+ and DAVS Clients enrolled in services.

Data sources: American Community Survey 2019-2023 5-year estimates (age 65+), Washington County DAVS Clients enrolled in Services timeframes 10/20-8/22 and 7/23-6/24, note DAVS clients are not unique
**Not available in Census data*

Remaining Service Equity funds will be used to extend Information & Referral, Outreach and Education contracts with Centro Cultural and Urban League. Service Equity funds have also been used to translate and print DAVS general services brochure in Arabic, Chinese (Traditional), Korean, Russian and Vietnamese. Additional translation and printing of the DAVS brochure will be funded with Service Equity funds.

Please see Appendix E - Final Updates on Service Equity Plan for additional and more detailed explanation of DAVS Service Equity Plan process, goals and outcomes.

Section B - Planning and Service Area Profile

B-1 Population Profile

General population

Washington County has a total population size of 600,266 of which 120,029 are age 60 and over (American Community Survey 2019-2023 5-year estimates). One in five people (20%) in Washington County are age 60 and over and 7.9% of older adults are age 85 and over. The proportion of people age 60 and over has grown about 7 percent between 2019 and 2024. The total population has increased by about 11,000.

9.2% of adults 65 years and over in Washington County live below the federal poverty level compared to 8% of the total population of the county and 8.8% of people under the age of 18. More older adults (age 65 and over) live in cost-burdened housing (spending more than 30 percent or more of income on housing costs) than the total population in the county, with 30.9% of older adult homeowners and 68.5% of renters fitting this category compared to 22.1% of total population homeowners and 47.4% of total population renters, respectively.

Race/ethnicity

Approximately 17.4% of Washington County's older adult population is comprised of minority populations (any older adult identifying as non-White and/or Hispanic/Latino/a/e). See Table 5 for distribution of race/ethnicity among older adult and total population of Washington County.

Table 5: Washington County Demographics

Race/ethnicity category	Percent			
	Age 65 and over	Age 65 and over living below poverty line	Percent with a disability	Total population
White non-Hispanic/Latino/a/e	82.6%	7.8%	12.8%	61.3%
Asian	7.9%	11.4%	6.4%	11.2%
Hispanic/Latino/a/e	5.6%	14.3%*	8.1%	18.2%

(of any race)				
Two or more races	4.2%	7.0%	9.1%	12.2%
Some other race	2.0%	27.3%	7.8%	6.9%
Black or African American	0.9%	14.3%	11.3%	2.3%
American Indian and Alaska Native	0.6%	24.6%*	13.5%	0.9%
Native Hawaiian and Other Pacific Islander	0.4%	27.9%	7.3%	0.5%

Total Pop, 65+, % with disability: 2019-2023 ACS 5-year estimate

Census Tables: DP05, S0103, S1810

65+ below Poverty Line: 2019-2023 ACS 5-year estimate (derived) Census Tables: B17001A-G

Language

There are over 40 languages spoken at home in Washington County. The most common languages spoken at home (other than English) are listed in Table 6.

More older adults speak English only at home than the general population (13.4% of older adults speak a language other than English at home compared to 24.9% of the total population). For older adults, the distribution of languages spoken at home looks different. The most common languages spoken at home other than English for adults 65 years and over are:

Asian and Pacific Island languages*, Spanish, and Other Indo-European languages*.

*Asian and Pacific Island languages includes (from the top 10 languages spoken in Washington County): Chinese, Korean, Vietnamese, Tagalog (includes Filipino), and Japanese.

Other Indo-European languages includes (from the top 10 languages spoken in Washington County): Hindi, Telugu, and Persian (includes Farsi, Dari).

Table 6: Language Preference

Top 10 languages spoken at home	Population estimate	Percent speak language at home	Percent speak English less than “very well”
Spanish	71,317	12.5%	40.7%
Chinese (including Mandarin, Cantonese)	10,747	1.9%	30.0%
Vietnamese	5,790	1.0%	56.5%
Hindi	4,409	0.8%	3.2%
Korean	3,893	0.7%	51.7%
Tagalog (includes Filipino)	3,594	0.6%	9.1%
Nepali, Marathi, or other Indic languages	2,979	0.5%	9.0%
Japanese	2,742	0.5%	39.7%
Arabic	2,686	0.5%	48.8%
Russian	2,443	0.4%	11.0%

2023 American Community Survey, Table B16001

Disability

More than one in ten (11%) of Washington County’s residents experience a disability. The presence of a disability increases with age in the county with 8.3% of younger adults (age 18 to 34) experiencing a disability, increasing to 9.1% for adults age 35 to 64, more than one in five (21.7%) for older adults ages 65-74 and almost one in two (46.9%) of older adults age 75 and over. Disability status also differs by race and ethnicity with a greater proportion of American Indian and Alaska Native residents experiencing a disability compared to the total population (13.5%) followed by residents who identify as White non-Hispanic/Latino/a/e at 12.8% (see table 5).

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

Table 7: Washington County Disability Prevalence

Disability type	Percent		
	Total population	Age 65 and over	Age 75 and over
Hearing difficulty	3.2%	14.1%	22.2%
Vision difficulty	1.9%	5.1%	7.9%
Cognitive difficulty	4.9%	8.7%	14.2%
Ambulatory difficulty	4.7%	18.2%	29.0%
Self-care difficulty	2.1%	7.5%	12.2%
Independent living difficulty	4.8%	12.4%	21.2%

2019-2023 ACS 5-year estimate
Census Table: S1810

Veteran Status

Approximately 5.5% of Washington County's residents are veterans. Of those, the largest proportion, almost one in two (47.4%), are made up of older adults ages 65 and over. The second largest proportion are among adults 35 to 54 years (27.0%). Nearly one in three veterans (29.2%) experience a disability compared to 12.9% of nonveterans. Almost one third (30.2%) of Washington County Veterans served in the Vietnam Era, followed by Gulf War (9/2001 or later) at 28.6% and Gulf War (8/1990 to 8/2001) at 23.5%.

B-2 Priority Populations

Overview

DAVS serves adults over age 60, people with physical disabilities, veterans and their caregivers. Our planning service area encompasses the entirety of Washington County, which is mostly suburban with rural communities in the west. It is the most racially diverse county in Oregon².

Using DAVS 2024 Community Needs Assessment, the experience of DAVS staff and contractors, the expertise of trusted community partners, and service level data, DAVS focus populations for the coming planning period will be:

Racial & Ethnic Minorities

Due to the limitations of funder required databases, DAVS cannot easily track or report demographics of clients served in Veteran Services or Oregon Project Independence. For Older Americans Act services, DAVS collects data using the Oregon Health Authority standards (ORS 413.161) called REALD – Race, Ethnicity, and Language, Disability. REALD gives individuals the opportunity to identify their race, ethnicity, preferred spoken and written languages and disability status in a more precise manner than US Census standards. In most cases, REALD data can “roll up” to match the five racial/ethnic groups of the US Census allowing for comparison between DAVS Older Americans Act enrolled services data and US Census population level data.

Racial and ethnic minorities are priority populations for DAVS and represent approximately 17.4% of residents over age 65 in Washington County. Racial and ethnic minorities are disproportionately living below the poverty line and experiencing a disability (See Table 5 in section B-1 Population Profile). Racial identities, cultural norms, preferences, needs and ability varies widely across these many communities, as does individual comfort with accessing services from government entities such as DAVS.

During the 2021-2025 planning period, DAVS funded several culturally specific services, including congregate meals and other nutritional support,

² “Racial and Ethnic Diversity in the United States: 2010 Census and 2020 Census.” United States Census Bureau. 2021. <https://www.census.gov/library/visualizations/interactive/racial-and-ethnic-diversity-in-the-united-states-2010-and-2020-census.html>

caregiver information and access assistance, telephone reassurance, technology access, family caregiver education and training, recreation, information and referral, outreach and education, evidence-based health promotion and chronic-disease self-management. Based on the demonstrated success of these efforts, DAVS will continue to partner with culturally specific organizations and to support the efforts of culturally responsive organizations in innovating their services to meet the needs of the entire community.

Asian Individuals and Communities

Asian older adults are the second largest population group in Washington County at 7.9%. In Washington County, the most common languages spoken at home other than English for adults 65 year and over are Asian and Pacific Island languages including Chinese, Korean, Vietnamese, Tagalog (includes Filipino), and Japanese. Fortunately, Asian older adults experience the lowest percentage of disability of any racial or ethnic group at just 6.4%. (See Table 5). DAVS has contracted with Asian Health & Service Center (AHSC) for nearly two decades. AHSC provides a wide range of linguistically and culturally appropriate services to meet the needs of Chinese, Korean and Vietnamese older adults. Immigrant and Refugee Community Organization provides culturally specific congregate dining in Beaverton that is predominantly, but not exclusively, attended by Vietnamese community members. DAVS has also funded organizations such as Korean Society of Oregon and Association of Seniors of Indian Origin with small community grants using OAA funds. With these investments in culturally specific services, we are proud that more than one in five clients enrolled in DAVS Older Americans Act services identify as Asian.

Black and African American Individuals and Communities

Just 2.3% of Washington County's overall population identifies as Black and African American, and less than 1% are aged 65 and over. 14.3% of these older adults live below the poverty line and more than one in ten live with disability (see Table 5). In the previous planning period, DAVS contracted with the Urban League of Portland to provide vaccination education and outreach to the Black community and to deliver culturally specific outreach, education and information & referral. DAVS has tabled at outreach events like Juneteenth and promoted services through community-based organizations. Between October 2020 and August 2022, DAVS enrolled 33 Black older adults in OAA services. Between July 2023

and June 2024, we have more than doubled enrollment to 72, a 118% increase in enrollment.

Latino/a/e Individuals and Communities

Latino and Hispanic communities comprise 18.2% of the overall Washington County population. 5.6% are aged 65 with 14.3% of older adults living below the poverty line and 8.1% living with a disability (see Table 5). Spanish is spoken by 12.5% of older adults with 40.7% reporting they speak English less than “very well” (see Table 6). DAVS contracts with Centro Cultural for culturally specific nutrition, family caregiver support, information and referral, recreation and more. DAVS has several bilingual Spanish staff who provide customer service, conduct outreach, help navigate services and provide case management. DAVS has increased the proportion of Hispanic or Latino older adults enrolled in services from 4.2% to nearly 10% over the previous planning period.

Native American Individuals and Communities

The Older Americans Act (OAA) specifies that each area agency collaborate with the OAA Title VI providers in the planning service area. To that end, DAVS works with the Confederated Tribes of Grand Ronde and the Confederated Tribes of Siletz Indians to serve Native Americans residing in Washington County. We will continue to coordinate with the Title VI programs as well as with Tribal Navigators funded through ODHS, Tribal Veteran Service Officers, and other organizations that work with Native American people in Washington County. The Title VI providers in Washington County have provided DAVS with a total number of older Native Americans residing in the Washington County and our intent is to work collaboratively to connect with each of them to ensure they have awareness of and access to services in the community.

Older Adults with Limited English Proficiency

DAVS brochure is currently available in English and Spanish and will be printed in early 2025 in Arabic, Chinese (Traditional), Korean, Russian and Vietnamese. These languages were determined by using American Community Survey language data in 2020. New data suggests that DAVS should also increase language access for individuals speaking Japanese (see Table 6 in section B-2 – Population Profile) Through partnership with culturally specific providers as described above, DAVS has been able to conduct education and training and other outreach activities in Chinese (Mandarin and Cantonese), Korean, Spanish, Russian and Vietnamese.

DAVS has bilingual Spanish speaking staff and volunteers providing several of DAVS programs. DAVS staff do offer clients interpretation and translation as needed but navigating programs and services can be challenging regardless of any language barrier. DAVS has reviewed printed and online material to reduce the reading level of materials, to use icons and images that provide meaning regardless of language and has translated foundational materials to promote access. DAVS will continue to harness opportunities to collaborate with trusted community leaders to increase referrals to services.

Immigrants and Refugees

While many immigrants and refugees could also be included in the other focus population groups described here, DAVS Service Equity Steering Committee has noted that Middle Eastern and North African as well as Slavic and Eastern European populations are often hidden. The databases that DAVS is required to use when providing service to the community does limit our ability to understand and quantify services to many immigrant and refugee populations because selecting “White” or simply declining to provide this information are currently the best options. By partnering with organizations like Immigrant and Refugee Community Organization, Muslim Educational Trust and others, DAVS hopes to better understand the gaps or barriers to services and work to address them. Given the Census Bureau’s changes to demographic data collection, DAVS is looking forward to the opportunity to better understand and quantify community members identifying as Middle Eastern and North African in the next planning period.

Emerging Needs and Communities

In the previous planning period, DAVS began funding small recreation grants for community-based organizations to bring together individuals around a cultural or social activity. The recreation grants were awarded to organizations serving the focus populations identified in the 2021-2025 Area Plan. The recreation funds have helped DAVS to build relationship with many new organizations and they have helped connect individuals with resources and services. DAVS will continue to fund these low-barrier, engaging, community-specific and community-led activities throughout Washington County in the next planning cycle to increase access and impact and to reach racial and ethnic minorities that may not be specified above.

DAVS will be procuring caregiver support and access, chore, health promotion, in-home care, nutrition and recreation services within the next four years. We evaluate providers on their ability to be culturally responsive and for some services, to provide culturally specific services. Additionally, DAVS will continue to review and modify staffing and delivery for maximum accessibility and responsiveness. This includes ensuring diverse representation in marketing materials, non-transactional methods of outreach and collaboration, providing technology access and utilizing multiple methods of engagement to reduce barriers and identify solutions.

Additional Priority Populations

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

Racial and ethnic minorities who are over the age of 65 experience much greater rates of poverty than White non-Hispanic older adults within Washington County (see Table 5). Continuing to focus outreach efforts and prioritize services to racial and ethnic minorities is a sound strategy to partially address this income disparity. Low income, residents in rural areas and those at risk for placement in higher levels of care are identified, engaged and served by many of the activities described throughout the area plan. DAVS provides a number of programs specifically serving low-income individuals including Benefits Enrollment Center, Oregon Money Management Program, and SHIBA. We also contract with Multnomah County to serve Providence Health System patients with the care transitions program and continue to partner with Oregon Wellness Network to expand care transitions, health promotion, falls prevention and other programs that stabilize individuals experiencing chronic and crisis health issues. DAVS collaborates effectively with APD to serve consumers at the most appropriate level. In the next planning period, we will be focusing more outreach efforts in the western/rural parts of Washington County.

Lesbian, Gay, Bisexual, and Transgender (LGBTQIA2S+) Individuals and Communities

Participation in our needs assessment survey by people identifying as LGTQIA2S+ increased from 6% in 2020 to 8% in the 2024 DAVS Community Needs Assessment. In the previous planning period, DAVS was actively engaged in reaching and serving LGBTQIA2S+ veterans and older adults. Activities ranged from creating a caregiving video with drag queen star Poison Waters in the lead role, to offering Grand Ally training to

community members, Project Visibility trainings to professionals, and funding important conversations about death and dying in LGBTQ Death Cafes. We advocated successfully for the passing of Senate Bill 99 in 2023 to improve services for LGBTQIA2S+ older adults and people aging with HIV/AIDS. A DAVS staff member was appointed on the subsequently created LGBTQIA2S+ subcommittee of the Governor's Commission on Senior Services and continues to advocate for the needs of this community. We employ best practices of visible welcoming signage, regular and correct use of pronouns, and active engagement at all Washington County area Pride events. DAVS benefits from collaborative relationships with organizations serving LGBT people and will focus efforts in meeting the needs of this population in all aspects of our programming.

People Aging with HIV/AIDS

According to the Centers for Disease Control and Prevention, approximately 54% of people in the US living with HIV are age 50 or older and by 2030 that is anticipated to rise by 70%. Additionally, people aged 50 and older accounted for 16% of new HIV diagnosis in 2022³. DAVS serves on the new LGBTQIA2S+ subcommittee of the Governor's Commission on Senior Services to help improve state services to LGBTQIA2S+ older adults and those aging with HIV/AIDS. We collaborate with Ecumenical Ministries of Oregon, Aging Well program of CAPNW, and with the Washington County Public Health Division to better understand needs of this growing cohort. We will be training community leaders in the Aging Well with HIV evidence-based program and intend to fund trainings throughout the next planning period.

Older Adults and Veterans Experiencing Intimate Partner/Domestic Violence

Intimate partner violence (IPV), also called domestic violence, can occur across the lifespan to victims of all ages. Older adults are particularly vulnerable to intimate partner violence due to isolation, chronic health conditions or being dependent on their abusers for care or financial stability. Female veterans are 1.6 times more likely to experience IPV in their lifetime compared to civilian women.⁴ Because our entire population is

³ "Aging with HIV." HIV.gov. June 4, 2024. <https://www.hiv.gov/hiv-basics/living-well-with-hiv/taking-care-of-yourself/aging-with-hiv>

⁴ K M Iverson et al., Women Veterans' Intimate Partner Violence Research: Improving screening and treatment in VHA care, March 2023, https://www.hsrd.research.va.gov/centers/womens_health/Pregnancy-Maternity-Care-Research-Snapshot2023.pdf.

aging, demands for age-appropriate services are increasing. It is important that we increase the capacity of both domestic violence systems and elder abuse systems to understand, recognize and address this type of abuse across the lifespan. DAVS has encountered clients experiencing IPV and supported the individual in a person-centered way, but it is an area in which our staff need more training and resources. DAVS will focus on staff training on IPV in the next planning period to help us better advocate for the needs of the community and respond appropriately when necessary.

Veterans

DAVS aids veterans and their dependents in obtaining federal, state and local benefits. This is accomplished through active outreach within local communities, at long term care facilities and through in-home visits. DAVS provides services in Tigard and Hillsboro and by phone anywhere in Washington County. DAVS staff assist veterans in filing claims for benefits with the federal and state Veterans' Affairs Departments and acting as a representative for veterans in appeals concerning claims with the U.S. Department of Veterans' Affairs. Staff link potentially eligible veterans with OAA, OPI, Medicaid and food assistance programs. They also take referrals of Medicaid clients to establish VA eligibility and file claims as required by Medicaid. DAVS has partnered with the VA Medical Center to provide case management services for the VA's Veteran Directed Care Program. Ongoing services are needed to educate and assist veterans, their dependents and other veteran representatives, groups and organizations. In the next planning period, DAVS Veterans program will also prioritize reaching these focus populations.

B-3 AAA Services, Administration, and Service Providers

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

Personal Care #1/1a (HCW) (1 unit = 1 hour)

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

Homemaker/Home Care #2; #2a Homemaker/Homecare -HCW (1 unit = 1 hour)

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

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

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

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

A meal provided to a qualified individual in his/her place of residence. The meal is served in a program that is administered by SUAs and/or AAAs and meets all the requirements of the Older Americans Act and State/Local laws. Meals provided to individual through means-tested programs may be included. (Source: OAA)

Adult Day Care/Adult Day Health #5 (1 unit = 1 hour)

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

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

Means a service provided to an older individual, at the direction of the older individual or a family member of the individual:

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

Includes services and coordination such as— comprehensive assessment of the older individual (including the physical, psychological, and social needs of the individual);

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

Congregate Meals #7 (1 unit = 1 meal)

A meal provided by a qualified nutrition project provider to a qualified individual in a congregate or group setting. The meal is served in a program that is administered by SUAs and/or AAAs and meets all the requirements of the Older Americans Act and State/Local laws. Meals

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

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

A standardized service as defined by the Academy of Nutrition & Dietetics (AND) that provides individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illness, or medication use, or to caregivers. Counseling is provided one-on-one by a registered dietitian and addresses the options and methods for improving nutrition status with a measurable goal. (Source: Input Committee)

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

Services or activities that provide or arrange for the travel, including travel costs, of individuals from one location to another. This service includes escort or other appropriate assistance for a person who has difficulties (physical or cognitive) using regular vehicular transportation. Does not include any other activity. (Source: NAMRS/HCBS Taxonomy)

Transportation #10 (1 unit = 1 one-way trip)

Services or activities that provide or arrange for the travel, including travel costs, of individuals from one location to another. Does not include any other activity. (Source: NAMRS/HCBS)

Legal Assistance #11 (1 unit = 1 hour)

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

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 dietitian or

individual of comparable expertise. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov)

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

A service that

- provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology;
- assesses the problems and capacities of the individuals;
- links the individuals to the opportunities and services that are available;
- to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and
- serves the entire community of older individuals, particularly
 - older individuals with greatest social need;
 - older individuals with greatest economic need; and
 - older individuals at risk for institutional placement. (Source: OAA)

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

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

****Caregiver Information Services/Information & Referral #15** (serving elderly) and **15a** (serving children) (1 activity or contact)

A public and media activity that conveys information to caregivers about available services, including in-person interactive presentations, booth/exhibits, or radio, TV, or Web site events. This service is not tailored to the needs of the individual. (Source: Current SPR). A service that provides the individuals with current information on opportunities and services available to the individuals within their communities; assesses the

problems and capacities of the individual; links the individual to services; ensures that the individual receives services they are in need of; and services the entire community of older adults.

****Caregiver Case Management #16** (serving elderly) **16a** (serving children) (1 unit = 1 contact)

A service provided to a caregiver, at the direction of the caregiver by an individual who is trained or experienced in the case management skills that are required to deliver services and coordination, and to assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs of the caregiver.

****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 home. These services are designed to

facilitate the ability of older individuals to remain at home. (Based on OAA 102(a)(30)(E)).

Caregiver Respite #30-5 (serving elderly) **30-5a** (serving children) (1 unit = 1 hour or partial hour)

A service which offers temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers.

- In-Home Respite – A respite service provided in the home of the caregiver or care receiver and allows the caregiver time away to do other activities.
- Out-of-Home Respite (Day) – A respite service provided in settings other than the caregiver/care receiver’s home, including adult day care, senior center or other non-residential setting (in the case of older relatives raising children, day camps), where an overnight stay does not occur.
- Out-of-Home Respite (Overnight) – A respite service provided in residential settings such as nursing homes, assisted living facilities, and adult foster homes (or, in the case of older relatives raising children, summer camps), in which the care receiver resides in the facility (on a temporary basis) for a full 24 hour period of time.
- Other Respite – A respite service provided using OAA funds in whole or in part, that does not fall into the previously defined respite service categories.

(Source: Current SPR)

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

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

(Source: Current SPR)

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

Goods and services provided on a limited basis to complement the care provided by caregivers. (Source: OAA)

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

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

Health Promotion: Non-Evidence Based (In-Home) (#40-5, #40-8)

Health, medical and technical assistance equipment

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

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

Volunteer Services #60-4 (1 unit = 1 hour or activity)

#90-1 (1 unit = 1 hour)

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

of service and value of volunteer time is reported as In-kind Match.
(Definition developed by 2011 AAA/SUA workgroup)

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

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 client served)

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

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

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

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

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

***These services have been affected by the budget for OPI.** Please note that DAVS will continue to seek approval to use OPI funds for both #9

Assisted Transportation and #70-2 Options Counseling. Please note that all of DAVS services and programs are limited by available funding.

****These services are provided by DAVS staff.** In some instances they are also provided via a contract, as noted in Attachment C.

B-4 Non-AAA Services, Gaps and Partnerships to Ensure Availability of Services Not Provided By AAA

Service	Provider	AAA Role
Mental Health/Older Adult Behavioral Health	Hawthorn Walk-in Center/Mental Health Crisis Team County Mental Health contracted providers Pacific University Clinic, Oregon Senior Peer Outreach, Community Counseling Solutions	Participate in Advisory Meetings, refer veterans to Pacific University's program, Older Adult Behavioral Health Program Coordinator co-located at DAVS, Suicide Prevention training, fund recreation and reassurance programming
Transportation	Tri-Met, Ride Connection	Program referral, participate on STF/STIF/5310 advisory committees, participate as advisors to board of Ride Connection, advocacy, provide limited Tri-met passes
Home Care Workforce	Oregon Home Care Commission, Rise Partnership, SEIU	Referral, advocacy
Housing	County Housing Department; Open Door Housing Works	MOU with ODHW; participate in Advisory Meetings, advocacy; 1115-Medicaid Waiver
Elder Abuse Awareness and Prevention	Sheriff's Office, District Attorney, Adult Protective Services	Participate on MDT, COAST, Elder Death Review committee, provide community education, mandatory reporters
Employment Services	Employment Department, Vocational Rehabilitation, Easter Seals	Veterans Committee, program referrals
Energy Assistance Programs	Community Action	Benefits Enrollment Center, referral source, advocacy

Disability Services and Programs	Independent Living Resources, State Independent Living Council, Aging and People with Disabilities, Washington County Developmental Disabilities Division	Consultation around advocacy, program referrals
Community Healthy Aging/Care Transitions partners	County Public Health; Providence Health Systems, Oregon Wellness Network, Comagine	Partner on various grants, participate in Community Health Improvement Committees, provide care transitions program under contract
Low Health Literacy	Washington County Public Health	Participate in CHIP committees, share information
Senior Centers	Seven throughout PSA	Partner through grants, advocacy, programming
Culturally Specific Services	Asian Health & Service Center, Association of Seniors of Indian Origin, Chabad Hillsboro, Centro Cultural, Immigrant & Refugee Community Organization, Korean Society of Oregon, Muslim Educational Trust, Urban League of Portland, Working Theory Farm	Grant partnership, program referrals, consultation, fund culturally specific services
Title VI	Siletz and Grand Ronde	Referral, participation in regional and statewide Tribal/AAA convenings
Medicaid	Aging and People with Disabilities	Program referrals, complex case consultation, partnership for OPI-Medicaid

In addition to the partnerships identified in Attachment B, DAVS participates in a regional effort to engage and communicate with the local CCO's (Health Share and Trillium) to improve behavioral and physical health outcomes for residents of the region.

Another key partner is Aging & People with Disabilities District 16. As a primary relationship with the ADRC, APD provides Medicaid, food benefits, and long-term care services and supports to the most vulnerable low-income consumers in the county. APD has strategically located three offices in Washington County with their Hillsboro office joined to DAVS

further enhancing communication and coordination of benefits between the agencies. Through an MOU and BEC, DAVS and APD coordinate access to all long-term care services and supports available to older adults and people with disabilities in the area. With the launch of OPI-M, DAVS and APD convene monthly meetings to staff cases, develop and improve workflows, and ensure quality customer service and access to the program. The leaders of APD and DAVS meet monthly to address concerns, communicate timely information, and strategize operations. The Hillsboro office participates in emergency and hazard planning with Washington County staff who share the building. APD and DAVS participate jointly in activities to coordinate services with Title VI providers, Grand Ronde and Siletz Tribes.

Section C - Focus Areas, Goals, And Objectives

C-1 Local Focus Areas, Older Americans Act (OAA) And Statewide Issue Areas

1. Information and Referral Services and Aging & Disability Resources Connection (ADRC)

Brief Profile

The Aging and Disability Resource Connection (ADRC) provides access to services, programs, and supports for older adults, relatives, professionals, and those who support older adult health and wellness. Through the ADRC, individuals have an opportunity to access resources for all income levels and options for long term planning with both public and privately paid options. The ADRC is part of the No Wrong Door (NWD) system to provide a unified access point for older adult services and supports. The ADRC leverages federal and state general funds to help fund the program.

ADRC Program Specialists 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 (www.adrcforegon.org) and 1-800 phone line, DAVS employs four professionally trained, Alliance of Information and Referral Services (AIRS) certified staff to not only provide information, but also help consumers access a wide variety of public and private services. One ADRC Program Specialist is assigned to update resources in the ADRC resource database per program standards. 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.

To ensure ADRC services are available to all members of the community, DAVS employs English/Spanish bilingual staff in the call center and utilizes phone or in-person translation services. DAVS contracts with Asian Health and Services Center, Centro Cultural de Washington County and Urban League for information and referral, education and outreach. DAVS participates in various LGBTQ outreach events to extend the ADRC's reach into the community and offers brochures with information about our agency in Spanish, Russian, Chinese, Vietnamese, Arabic and Korean. Approximately one third of all ADRC contacts that provide demographic

information to the ADRC Program Specialists identify as Black, Indigenous, and People of Color. This is statistically a higher representation than the overall Washington County older adult population.

With an average of over 233 calls for information and assistance monthly, DAVS provides quality, person-centered connections with individuals and those who support them, as well as agency partners, and care providers seeking resources. We strive to identify and close gaps in services, continue to explore ways to raise awareness of this resource and remove barriers.

Consumers Served (Last 5 Years)

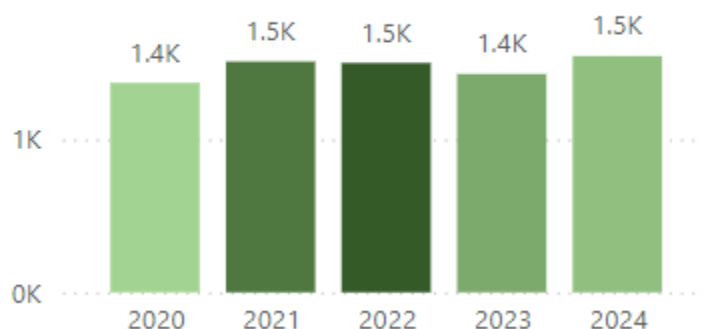


Figure 3: Number of DAVS Consumers Served in the Last Five Years

The ADRC Program Specialists at DAVS develop trusted relationships with aging consumers, their natural supports, and agency partners. Our goal is to maintain an open dialogue and ensure quality service that explores various ways that individuals can identify and meet individual goals.

To ensure accuracy and quality measures, the Senior Program Coordinator reviews narration, staffs cases, and monitors calls to identify opportunities for coaching each month. ADRC staff meet regularly to discuss service and workflow to ensure individuals seeking resources have quick access to programs. ADRC staff also have ongoing opportunities for continued education in a supportive environment.

To ensure sustainability, DAVS utilizes multiple funding streams including the No Wrong Door (NWD) program / Oregon Medicaid Administrative Claiming (OMAC), Older Americans Act IIIB, grants and donations.

Problem/Need Statement

In DAVS 2024 Community Needs Assessment, 32% of participants heard about DAVS from a friend, 29% through their own research and 29% through a healthcare provider referral. Additionally, 22% of clients stated they wish they knew about DAVS services sooner and wanted to know more about what programs and services are available. Many enrolled clients stated they did not know about other services that DAVS offers. Participants are asking for more information about options, eligibility and what they qualify for, and written follow up. This data highlights an opportunity to increase DAVS visibility, particularly among prioritized populations, and to increase cross division collaboration to ensure current clients are connected to other services and programs they may be eligible for.

Options Counseling is a person-centered process that helps individuals and families understand long-term care and other options that can meet a person's needs, preferences and values. DAVS has not been successful in increasing access to Options Counseling and in fact, Options Counseling services have declined since reaching a peak in 2022. In the upcoming planning period, DAVS will focus on increasing the important service, particularly for individuals identified in our priority populations.

FOCUS AREA: Information and Referral Services and ADRC

GOAL 1: Increase awareness and utilization of the ADRC and other DAVS services by prioritized populations.

OBJECTIVE 1.1: Conduct focused outreach activities that decrease barriers to accessing information about local services and programs.

STRATEGIES/ACTION STEPS:

1. Partnerships with senior centers, independent living communities, and libraries to offer onsite resources and I&R access. **(Senior Program Coordinator, July 2025 - July 2029)**
2. Evaluate healthcare providers knowledge of our programs and services and create opportunities to connect and educate providers about our services. **(Senior Program Coordinator, July 2028 – July 2029)**
3. Attend community event and culturally specific focused activities such as Pride, events at Senior Centers and other activities that would bring resources to underserved communities. **(Senior Program Coordinator, July 2025 - July 2029)**

GOAL 2: Increase cross division collaboration to improve outcomes for customers that interact with DAVS.

OBJECTIVE 2.1: Explore and identify opportunities to develop process and workflows to optimize referrals to and from I&R and Options Counseling services.

STRATEGIES/ACTION STEPS:

1. Evaluate options and tools for Options Counselors to ensure comprehensive review of client needs and available resources and services. **(Senior Program Coordinator, ADRC/OC, July 2026 - June 2027)**
2. Develop process to ensure clients are offered an opportunity for a referral for Options Counseling if denied or on waitlist for OPI or Family Caregiver Program. **(Senior Program Coordinator, ADRC/OC, July 2026 - June 2029)**

OBJECTIVE 2.2: Develop a closed loop referral and workflow for all DAVS internal programs and key partners.

STRATEGIES/ACTION STEPS:

1. Evaluate current protocols, identify opportunities for learning, then develop a plan that supports additional services to individuals with high safety risks, such as additional call backs, follow ups, and warm hand offs when providing referrals. **(Senior Program Coordinator, ADRC/OC, July 2026 - June 2029)**
2. Capitalize on opportunities to incorporate technological resources into I&R and OC calls including identifying resources. **(Senior Program Coordinator, ADRC/OC, July 2028 - June 2029)**

OBJECTIVE 2.3: Develop a process to identify topics to discuss with consumers that promotes independence and sustainability for aging adults.

STRATEGIES/ACTION STEPS:

1. Identify topics that are most likely to impact the safety of aging adults living in their homes. **(Senior Program Coordinator, ADRC, July 2025 - June 2026)**
2. Evaluate current practice and provide necessary education to staff on how to engage consumers by asking open-ended and probing questions to identify high-risk safety concerns. **(Senior Program Coordinator, ADRC, July 2025 - June 2026)**
3. Develop protocol to ensure staff provide opportunities for education and resources to consumers related to high risk or safety related topics. **(Senior Program Coordinator, ADRC, July 2025 - June 2029)**
4. Evaluate efficacy of protocols with follow up and feedback from consumers who utilize services. **(Senior Program Coordinator, July 2025 - June 2029)**

2. Nutrition Services

Brief Profile

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

The intent of the older adult nutrition funding under the Older Americans Act is to reduce food insecurity, hunger and malnutrition, enhance socialization and promote the health and well-being of older adults. While funding for nutrition services makes up the largest portion of Older Americans Act Titles, these resources are not adequate to address all the nutritional needs of older adults in our region.

Through DAVS older adult nutrition services, clients receive a nutritious meal in a community-based environment up to five days per week, while also offering socialization, education and opportunities for inclusion and volunteerism. Many congregate meal sites are the anchor of community centers and activities are structured around the meal. While at meals sites, clients have an opportunity to learn about other events, educational opportunities, or activities happening at the site or in the community, including other DAVS services. All congregate meal sites provide nutrition education quarterly through presentations, interactive activities, or flyers that are developed in consultation with a nutritionist or the Oregon State University Extension Services.

Clients who are homebound may receive hot, nutritious meals delivered to their homes, serving as either a daily or weekly check-in and social support for those who otherwise may not have frequent or any visitors. Home delivered meal (HDM) clients receive annual nutrition education through flyers and brochures included with their meal delivery. They also receive appropriate nutrition education from Meals on Wheels People during their initial assessment and at their annual reassessment. Older adult nutrition services provide a robust set of benefits, far beyond a nutritious meal, contributing to the wellbeing of the older adult and their ability to maintain their independence and dignity.

DAVS contracts with four organizations for meal service, including Immigrant and Refugee Community Organization (IRCO), Centro Cultural

de Washington County, Meals on Wheels People (MOWP) and City of Sherwood's Marjorie Stewart Senior Center. In addition to these contracted providers, the Hillsboro Senior and Community Center is a valuable community partner that offers a daily congregate meal but does not receive OAA funding. In total, congregate meals are served five days per week from nine locations around the county, two of which provide Asian and Latino/a/e inspired meals to community members. These partnerships are collaborative, and referrals are made among the centers to best match the appropriate service needs for older adults.

Thanks to fundraising efforts by providers, pandemic related funding increases and one-time grant dollars, no Washington County funded meal sites are using a waitlist and all people who are eligible for and seeking a congregate or HDM can get one. In the future, without additional investments, providers may need to institute a waitlist. Organizations continue to rely on volunteers for service provision and volunteer numbers still have not returned to their pre-pandemic levels.

DAVS works with all meal providers to educate their staff about the ADRC and other programs DAVS offers. We have established strong referral pathways with our providers and partner frequently to offer programming on-site at meal locations.

Meal Site Locations, Days Open, and Average Meals Served

The meal site locations are as follows with operating hours around a lunch time meal service. Centers open earlier in the morning based on the schedules of transportation partners and offer coffee, tea, muffins or similar items for consumers who arrive early. Socialization and interaction are an important part of this pre-lunch waiting period. Center managers at most locations provide activities including puzzles, TV and videos, arts and crafts, magazines and occasional guest speakers. The meal data provided below are from congregate meals provided in FY 23-24 and the first four months of FY 24-25. The post-pandemic environment has slightly changed the number of days that HDM's are delivered and how many meals are served at each congregate meal site per week.

Centro Cultural
1110 N. Adair Street

Cornelius, OR 97113
11:30am-1:00pm, Monday through Thursday
Average meals served per month in FY23-24: 978
Average meals served per month in FY24-25: 1197

Elsie Stuhr Center* (MOWP)
5550 SW Hall Blvd.
Beaverton, OR 97005
11:30am-1:00pm, Tuesdays, Wednesdays and Thursdays
Average meals served per month in FY23-24: 507
Average meals served per month in FY24-25: 637

Forest Grove Senior & Community Center* (MOWP)
2037 Douglas Street
Forest Grove, OR 97116
11:00am-1:00pm, Tuesdays and Thursdays
Average meals served per month in FY23-24: 209
Average meals served per month in FY24-25: 267

Hillsboro Meals on Wheels People* (MOWP)
6701 NE Campus Way
Hillsboro, OR 97124
11:30am-1:00pm, Tuesdays and Thursdays
Average meals served per month in FY23-24: 109
Average meals served per month in FY24-25: 160

Juanita Pohl Center* (MOWP)
8513 SW Tualatin Rd
Tualatin, OR 97062
11:30am-1:00pm, Tuesdays and Thursdays
Average meals served per month in FY23-24: 147
Average meals served per month in FY24-25: 143

Marjorie Stewart Senior Center (City of Sherwood)
21907 SW Sherwood Blvd
Sherwood, OR 97140
11:30am-1:00pm, Monday through Friday
Average meals served per month in FY23-24: 891
Average meals served per month in FY24-25: 841

North Plains Senior Center (MOWP)

31450 NW Commercial
North Plains, OR 97133
11:30am-1:00pm, Mondays and Wednesdays
Average meals served per month in FY23-24: 152
Average meals served per month in FY24-25: 125

Phật Quang Buddhist Temple (meal site operated by IRCO)
4760 SE 160th Ave.
Beaverton, OR 97007
11:00am-1:00pm, Mondays and Wednesdays
Average meals served per month in FY23-24: 762
Average meals served per month in FY24-25: 790

Tigard Senior Center* (MOWP)
8815 SW O'Mara Street
Tigard, OR 97223
11:30am-1:00pm, Mondays, Tuesdays and Wednesdays
Average meals served per month in FY 23-24: 317
Average meals served per month in FY24-25: 581

*HDM's are delivered four days per week at each of the noted five sites. However, MOWP honors consumers preference for how many deliveries they receive per week.

Problem/Need Statement

In DAVS 2024 Community Survey, 41% of respondents indicated that they were not sure or would not know where to go to get enough food to eat. When asked about the top five priority services offered by DAVS, "Getting enough food to eat" was listed as the 2nd priority for individuals who identified as a person of color. Disaggregating further, survey participants identifying as Black and African American or Hispanic and Latino/a/e identified getting enough food to eat as the number one priority. Individuals also expressed accessible transportation, social isolation and services navigation as key gaps.

Statistically, DAVS is providing OAA services to individuals from communities of color at a rate at least proportionate to the population of people 60+ residing in Washington County. We attribute this to strong partnerships with trusted community organizations and meal providers who focus on creating welcoming environments, that offer high-quality and tasty meals, and that continue to be creative in their approach to serving an

increasingly diverse population. In addition to the meal providers listed above, DAVS holds contracts with Asian Health and Service Center, Centro Cultural and Urban League of Portland to provide culturally specific information and assistance and outreach, to increase access to services. DAVS will support current and/or future nutrition providers to provide culturally responsive meals and coinciding activities as well as to collaborate with community-based organizations that serve culturally diverse populations. In this way, we hope to strengthen the culturally responsive and culturally specific offerings within the network.

Continuing to serve an aging population with stagnant or decreased funding will be a challenge in the next planning period. In the upcoming solicitation for nutrition services, DAVS will ask each applicant to identify other funding sources they will use to help sustain older adult meal services at their locations. We will recommend that awarded community partners conduct additional fundraising to help sustain their meal programs. Currently, MOWP fundraises around half of their operating costs for meals provided in Washington County. Marjorie Stewart Senior Center is partially funded through the City of Sherwood. DAVS will encourage and support all providers to identify and leverage additional funding streams. As required by the OAA, congregate and home delivered meal participants, are to be asked, but not required, to donate funds to help support the meal program. All funds donated are incorporated into the operating budget of the organization's meal program for expansion of services.

Focus Area: Nutrition Services

GOAL 1: Maintain an equitable older adult nutrition program in Washington County while facing static or decreased funding.

OBJECTIVE 1.1: Maintain current meal providers at similar levels of services.

STRATEGIES/ACTION STEPS (Including Responsible Person and Timeline):

1. Work internally to plan budget so that funds are equitably dispersed between current providers. **(Program Coordinator and Senior Program Coordinator, July 2025 – June 2029)**
2. Release a five-year older adult nutrition services request for proposals by February 2026. **(Program Coordinator, February 2026)**
3. Work with contracted meal providers to identify ways to maintain current levels of service or how best to design meal programs if reductions are necessary. **(Program Coordinator, July 2025 –June 2029)**

OBJECTIVE 1.2: Encourage current non-culturally specific meal providers to partner with a culturally specific community-based organizations to provide at least one culturally specific meal per week to a currently underserved community.

STRATEGIES/ACTION STEPS (Including Responsible Person and Timeline):

1. Meet with Meals on Wheels People (MOWP) to discuss possibility of serving culturally specific meal once a week at either Tigard or Hillsboro meal site. **(Program Coordinator, July 2025 – June 2026)**
2. Meet with Marjorie Stewart Senior Center (MSSC) to discuss possibility of serving one culturally specific meal per week at their site. **(Program Coordinator, July 2025 – June 2026)**
3. Help implement culturally specific meal options at both MOWP and MSSC in FY 26/27, at least once a month. **(Program Coordinator, July 2026 – June 2027)**
4. MSSC and at least one MOWP meal site have established a regular cadence for providing a culturally specific meal. **(Program Coordinator, July 2027 – June 2028)**

OBJECTIVE 1.3: Support meal providers to incorporate culturally responsive social activities at their meal sites.

STRATEGIES/ACTION STEPS (Including Responsible Person and Timeline):

1. Work with Older Adult Behavioral Health Initiative Program Coordinator to determine level of funding available each fiscal year for socialization activities at meal sites. (**Program Coordinator, July 2025 – June 2029**)
2. Offer contracted nutrition services providers funding for at least one culturally responsive socialization activity at their meal site each year that funding is available. (**Program Coordinator, July 2025 - June 2029**)
3. Encourage meal providers to offer self-funded (or partner provided) culturally responsive socialization activities at their sites to help build and maintain relationships in the community. (**Program Coordinator, July 2025 - June 2029**)

3. Health Promotion and Falls Prevention

Brief Profile

Disability, Aging and Veteran Services (DAVS) prioritizes the health and safety of older adults. In home safety, fall prevention, and evidence-based health promotion (EBHP) programs provide access to education for older adults to foster independence and proactively manage their health. DAVS recognizes access to proper nutrition, healthier choices, and access to resources can enhance individual health, quality of life, and longevity.

Chronic health conditions are often part of the natural aging process and 86% of people over the age of 65 live with a minimum of one chronic condition such as diabetes, heart disease, arthritis, or cancer. 61% live with two or more chronic conditions. Chronic health conditions can create challenges that affect every aspect of a person's life. Learning to manage these conditions enables people to stay healthy and active in their communities.⁵ Oregon Health Authority (OHA) reports that in Oregon, four of the top five leading causes of death are chronic diseases and more than half of Oregon adults live with one or more chronic diseases.

OHA also reports that in Oregon, falls are the leading cause of fatal and non-fatal injuries for adults 65 and older. Factors that contribute to falls include vision loss, hearing loss, lower body weakness, side effects of some medications, chronic conditions such as arthritis, neuropathy, or pain, as well as in home hazards such as clutter, poor lighting and lack of support.⁶

DAVS is a member of the Oregon Wellness Network (OWN) and the Community Integrated Network of Oregon (CINO). These partnership networks are an important resource in helping DAVS leverage limited resources to deliver and sustain evidence-based health education programs and interventions. DAVS is division of the Washington County Health and Human Services Department and as such, we work closely with Public Health, Behavioral Health and Coordinated Care Organizations to ensure coordination and advocacy for the needs of older adults.

A steady resource for information and referrals is through the strong relationships we nurture with a variety of agency partnerships and providers. DAVS also unites staff within the agency to participate in an

⁵ "Healthy Aging." US Aging. <http://www.usaging.org/healthyaging>

⁶ "The Challenges of Falls for Older Adults." National Council on Aging. <https://www.ncoa.org/article/get-the-facts-on-falls-prevention/>

Outreach Committee to identify events, evaluate the efficacy of our community presence, and ensure we reach priority populations. In 2024, we were present at 54 events throughout Washington County and reached over 2000 people. We held presence at a variety of events such as resource fairs and community events with agency partners such as Juanita Pohl and Centro Cultural, as well as Pride events.

Problem/Need Statement

During the COVID-19 pandemic many individuals stopped attending in-person EBHP classes, which has had a long-lasting cooling impact on the program. DAVS was finally able to begin rebuilding the program in the fall of 2024 and will continue to build the capacity of organizations to deliver trainings in the next planning cycle. Building on the work outlined in our service equity plan, DAVS will focus on reaching priority populations. At present, DAVS works with Immigrant and Refugee Community Organization, Community Pulse, Marjorie Stewart Senior Center, Centro Cultural, and Asian Health and Service Center to deliver health promotion programs.

In the 2024 DAVS Community Needs Assessment, respondents from nearly all demographics identified navigating and accessing community resources as their top priority. Additionally, 58% of survey participants indicated participation in social activities as a top priority, and 49% managing chronic illness and pain.

Until the 2024 Community Needs Assessment, the community did not identify falls prevention as a priority, so DAVS has not offered it as a service. In 2024, DAVS added questions related to falls into our interviews with DAVS clients from Family Caregiver Support Program (FCSP), Veteran Services, Oregon Project Independence (OPI) and those receiving Community Services such as Options Counseling and Assisted Transportation. Clients were asked the following questions:

- | | |
|--|---|
| • Have you fallen in the past year? | attending activities outside of the home? |
| • How many times? | • Do you feel unsteady when standing or walking. |
| • Were you injured? | • What would make a difference/help you with this fear? |
| • Do you worry about falling? | |
| • Does the fear of falling impact your daily life or | |

What we found was startling. An average of 63% of the 49 clients interviewed stated that they had fallen at least once in the past year, 40% had fallen more than one time in the past year and 26% reported falling more than five times in the past year. The breakdown by program for at least one fall in the previous year:

- 84% Oregon Project Independence
- 61% Community Services
- 46% Family Caregiver Support Program
- 53% Veteran Services

Due the high prevalence of falls discovered through the interviews, our falls prevention efforts will center on DAVS clients, ensuring they are connected to falls prevention classes as well as home safety assessments and modification, chore, and durable medical equipment such as electronic response systems.

DAVS identifies community partners to deliver EBHP through an open procurement process. We intend to increase the number of individuals trained to deliver programs through partnerships with community-based organizations who offer the classes and workshops in a linguistic and culturally relevant manner to the communities in which they serve. In the next planning cycle, we will focus on partnerships to advance falls prevention, chronic disease self-management and family caregiver support programs as listed below:

- | | |
|---|---|
| • Chronic Disease Self-Management Program (CDSMP) | • CDC National Diabetes Prevention Program (NDPP), in English and Spanish |
| • Diabetes Self-Management Program (DSMP) | • Care Transitions Intervention (CTI) |
| • Chronic Pain Self-Management program (CPSMP) | • Aging Mastery Program |
| • Aging Well with HIV (AWHIV) | • OTAGO |
| • Tomando Control de Salud | • Savvy Caregiver |
| • Programa de Manejo Personal de la Diabetes | • Powerful Tools for Caregivers |
| | • Mind over Matter |

DAVS also plans to support the partnership between the Oregon Wellness Network and Pacific University to develop and bring a sustainable fall prevention program to Washington County.

Focus Area: Health Promotion and Falls Prevention

GOAL 1: Falls prevention resources and programs will be made available to older adults enrolled in DAVS services.

OBJECTIVE 1.1: Community members enrolled in DAVS services will be screened for falls risk and offered resources and programming to prevent falls.

STRATEGIES/ACTION STEPS:

1. Research and select a fall risk screening tool. **(Senior Program Coordinator, July 2025 - June 2026)**
2. Develop screening process and train staff in its use. **(Senior Program Coordinator, ADRC, July 2026 - June 2027)**
3. Develop process and procedure to ensure appropriate documentation is captured in Get Care. **(Senior Program Coordinator, ADRC, July 2026 - June 2027)**
4. Align DAVS home modification, durable medical equipment and chore programs and funding to prioritize falls prevention. **(Senior Program Coordinator, Program Coordinator, July 2026 - July 2029)**

OBJECTIVE 1.2: Evaluate and support the development and sustainability of the OTAGO Program, an evidence-based falls prevention program.

STRATEGIES/ACTION STEPS:

1. Develop education packet for participants seeking access to fall prevention resources. **(Senior Program Coordinator, ADRC, July 2025 - June 2026)**
2. Utilize Oregon Wellness Network as a resource to develop program and train Pacific University PT/OT students under the guidance of a licensed Physical Therapist. **(Senior Program Coordinator, Oregon Wellness Network, Pacific University, July 2026 - June 2027)**
3. Provide OTAGO programming to clients who screen at high risk for falls. **(Senior Program Coordinator, ADRC, July 2027 – June 2029)**

GOAL 2: DAVS will increase access to evidence-based health promotion including chronic pain and chronic disease self-management programs.

OBJECTIVE 2.1: Direct limited resources to evidence-based health promotion programs among under-served/under-represented populations as noted above.

STRATEGIES/ACTION STEPS:

1. Contract with community-based organization to deliver evidence-based health promotion classes such as Living Well with Chronic Conditions, Diabetes Self-Management Program and Chronic Pain Self-Management at least once per year. **(Senior Program Coordinator, July 2025 - June 2029)**
2. Contract with community-based organization or community leader to facilitate Aging Well with HIV at least once per year. **(Senior Program Coordinator, July 2025 - July 2029)**
3. Utilize Oregon Wellness Network as a vessel for trainers to become certified in EBHP programs. **(Senior Program Coordinator, July 2025 - June 2029)**

4. Family and Unpaid Caregiver Support

Brief Profile:

According to the 2020 Caregiving in the U.S. report, it is estimated that 1 in 5 Americans are caregivers to an adult or child with special needs. AARP's Public Policy Institute estimates the economic value of this work to be around \$600 billion; showcasing the crucial role unpaid caregivers play in our community and as the backbone to our long-term care system. Within this broader community of unpaid caregivers, it is important to recognize the unique and additional challenges faced by caregivers of color. These challenges are deeply intertwined with systemic issues, including health disparities, racial injustices, and socioeconomic inequities which impact the caregiving experience.

The responsibility of caregiving impacts the whole life of an individual. There is increased financial burden and isolation, impacts on employment, and increased stress and burden affecting the physical and mental health of those providing care. DAVS Family Caregiver Support Program (FCSP) can only partially address the growing numbers and need of unpaid caregivers in our community. A strong support network includes healthcare systems, community-based organizations, churches, culturally specific organizations, and more. DAVS will continue to focus on reducing barriers to access, particularly for priority groups within our community.

FCSP 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. In Washington County the program remains in high demand, with over 150 referrals received annually and support being provided to over 300 caregivers a year. Due to funding limitations, DAVS has implemented a prioritized waitlist in alignment with the priority groups identified in section B-2 of this plan. Additionally, FCSP prioritizes older relative caregivers of children with severe disabilities or individuals with severe disabilities, caregivers who provide care to persons with Alzheimer's disease and related disorders, and non-traditional family caregivers. There are currently 40 caregivers on our waitlist, and we anticipate it will continue or increase without additional funding.

DAVS recognizes the importance of reaching underserved populations and continues to make strides to build partnerships with culturally specific organizations, provide materials in multiple languages, offer interpretation or programming in multiple languages, and translate more materials.

Public outreach for services is conducted by DAVS, community partners and contractors. Throughout the year our organization attends multiple resources fairs, delivers training throughout Washington County, presents at staff meetings and community events, and provides a newsletter targeting FCSP and Relatives as Parents Program (RAPP) families reaching over 300 individuals per issue. Program marketing is conducted through social media, press releases and local community flyer distribution. DAVS also maintains an online calendar of events and offers a Support-by-Text program for interested parties.

All referrals to our FCSP and RAPP go through an initial screening with Information and Assistance (I&A) staff through the Aging Disability Resource Connection (ADRC). This allows potential clients to be screened for additional resources, demographic data to be collected and for the prioritization screening to be conducted prior to being added to our waitlist. Prioritization guidelines can be found on page 18 in section A-4 Prioritization of Discretionary Funding. As a caregiver reaches the top of the waitlist, our staff confirm eligibility and interest, scheduling a time to conduct a person-centered assessment. At this assessment the needs of the caregiver are identified and a service plan developed to provide any needed referrals to internal and external partners for care coordination. Clients are offered the services listed below through our program. Program participation ends once a client has received services or has been unresponsive to multiple outreach attempts after the initial assessment.

Caregiver Information Services

DAVS provides general information to caregivers through a caregiver specific monthly newsletter, a weekly Caregiver Support by Text program; a designated Family Caregiver page on the county website and by reaching out directly via email and phone to caregivers as opportunities arise.

Caregiver Information and Assistance

Most clients are screened for the program through ADRC staff and provided current information and resources during that time. Our program staff also provide limited information and assistance to caregivers that reach out and may not be ready or interested in enrolling in the program. This service is also provided by a contractor Asian Health and Service Center.

Caregiver Case Management

This service is provided on a short-term basis for caregivers enrolled in the program. Due to limited staff capacity, our program provides an assessment, identifies short term goals, and assists clients in accessing our resources. On average this service is provided for 3-4 months or more as needed. Clients are encouraged every year to reach out to reenroll in the program, at which time a reassessment is conducted. This service is also provided by a contractor, Asian Health and Service Center, to individuals in English, Chinese, Korean and Vietnamese.

Caregiver Support Groups

Support groups are offered by contract through several community partners. Jennifer Morris Counseling LLC provides monthly family caregiver support groups in English in person and virtually. DAVS contracts with Asian Health and Service Center and Centro Cultural to offer support groups to family caregivers in Korean and Spanish, respectively. Currently these support groups target caring for someone over the age of 60 or younger with a dementia related diagnosis. One challenge is our ability to provide RAPP families with a specialized support group. Currently we refer to a support group offered by the Oregon Kinship Navigator Program.

Caregiver Counseling

This service is offered through contracts with Jennifer Morris Counseling Inc and Asian Health and Service Center. DAVS pays for up to five one-on-one counseling sessions with a qualified mental health professional each year. If more sessions are needed, the family caregiver may continue with services at the private pay, sliding scale fee established by the contractor, or by exception for additional sessions when funding permits. Counseling is focused on the client's identified concerns around caregiving such as grief, self-care, and coping with stress with the overall goal of supporting caregivers managing their responsibilities. In the next planning period, FCSP will seek additional licensed counselors to provide culturally specific services.

Caregiver Supplemental Services

This benefit is provided to FCSP caregivers who are providing assistance in at least two activities of daily living and to RAPP clients. Items must compliment the care being provided. The program purchases items directly for the client or provides a stipend or gift card to allow the client to acquire their own goods and services, as described in the individual person-centered plan.

Caregiver Respite

Respite is provided to both RAPP and FCSP clients. The respite benefit functions as an introduction to paid in-home services, allowing family caregivers to experience a short-term period of relief from their caregiving duties. This benefit may be provided through one of DAVS' in-home agency contractors or through a stipend. Due to the cost and shortage of professional caregivers, these contracts have been underutilized. The program is seeking additional options and contractors to provide respite.

Caregiver Training

Evidence-based programs such as Powerful Tools for Caregivers and Savvy Caregiver are offered several times a year through program staff, volunteers, and contractors. The program supports conferences and workshops, providing funding to a variety of organizations to focus on supporting unpaid caregivers.

Caregiver Engagement

A growing need for caregivers is addressing isolation and loneliness. Memory cafes provide a valuable opportunity for social engagement and are provided when staff capacity allows. Caregivers have requested additional opportunities for them to connect with peers and have enjoyable activities to do with their care recipient.

Problem/Need Statement:

The prevalence of family and friends' providing care to someone in our community is increasing across the US. In 2017 the Recognize, Assist, Include, Support, & Engage (RAISE) Family Caregiver Act was established to advise and provide recommendations to the Secretary of U.S. Department of Health and Human Services. Highlights from the report published in 2021:

- Improve family caregivers' well-being through expanded awareness, outreach and education. This goal encompasses making the public more aware of the needs and challenges of family caregivers, increasing self-identification and awareness of information and supports, targeting early identification and access to services, and expanding on private and public partnerships.
- Family caregivers should be recognized as key partners in health care and long-term services and supports and includes training of health professionals to maximize caregiver engagement and referrals.

- Family caregivers have access to person and family centered programs and supports that meet the diverse needs of the community. This involves access to meaningful and culturally relevant information, caregiver defined-respite, expanded use of volunteers, and increasing the prevalence of future planning.

As supported by the RAISE Act and the DAVS needs assessment, awareness and outreach to unpaid family and friend caregivers is a crucial focus area. Knowing where to go for help is a challenge identified in the DAVS community survey, with 54% stating they would not know where to go to “find help for me as an unpaid caregiver” and 23% being “unsure”. Not recognizing one’s role as caregiver is a barrier to accessing services, advocating for supports, and connecting with others. It is key to develop partnerships with health professionals, community agencies, and culturally specific organizations to reach and educate as many people as we can both in the professional and community setting. DAVS 2024 Community Needs Assessment showed that overall, 1/3 of individuals go to a health care professional and 1/3 turn to family or friends when they are experiencing a mental health need.

The top five priorities of services identified by caregivers in DAVS 2024 Community Survey were navigating and accessing community resources, help caring for a family member, support for me as a caregiver, understanding long-term care options and accessible transportation. The types of services that caregivers indicated would be the most helpful to them as a caregiver were meeting with someone to talk about services, classes and training, and getting help with caregiving. These results demonstrate a continued need to provide more education and training, tailored support and opportunity to meet with aging professionals to assist in navigating and understanding available resources, and the growing need for respite and other care support.

This work cannot be done in isolation. The scope of need exceeds the program’s current capacity and funding allocation. Furthermore, new assessment requirements have created additional barriers, delaying access to needed supports and education. To further our impact, we will continue to align efforts with other community partners such as the Older Adult Behavioral Health Initiative, Alzheimer’s Association, Parkinson’s Resources of Oregon, libraries, and senior centers; as well as contracting services with community-based and culturally specific organizations. This

approach enables us to reach and support a more diverse group of caregivers within Washington County.

Focus Area: Family and Unpaid Caregiver Support Services

GOAL 1: Increase awareness of the needs of informal caregivers and the services currently available to support them, with particular focus on reaching priority populations.

OBJECTIVE 1.1: Educate key community partners and community members regarding the needs of informal family caregivers and the services available to support them in the community.

STRATEGIES/ACTION STEPS (Including Responsible Person and Timeline):

1. Develop annual caregiver program outreach plan, identifying key community partners and/or strategies to focus outreach efforts to reach priority populations. **(Program Coordinator, Disability and Aging Service Coordinator, July 2025-June 2029)**
2. Identify 1-2 appropriate resources, tools, or projects to expand culturally appropriate materials and information for informal caregivers. **(Program Coordinator, Disability and Aging Service Coordinator, July 2025-June 2029)**
3. Develop a presentation, education event or training once a year regarding issues and resources related to supporting informal caregivers designed for healthcare professionals and community partners. **(Program Coordinator, Disability and Aging Service Coordinator, July 2025-June 2029)**
4. Provide up to 3X trainings to community partners and health care professionals increasing awareness of informal caregiver needs and resources. **(Program Coordinator, Disability and Aging Service Coordinator, July 2027-June 2029)**

GOAL 2: Family caregivers will have opportunities for engagement, resources, and connection with other family caregivers that help them sustain their caregiver roles.

OBJECTIVE 2.1: Increase offerings in our community to address social isolation and improve caregivers' knowledge and skills.

STRATEGIES/ACTION STEPS (Including Responsible Person and Timeline):

1. Develop one opportunity for community partners to implement programming to support informal caregivers each year, for the next four years. **(Program Coordinator, July 2025-June 2029)**
2. Provide two events for social engagement to address social isolation experienced among informal caregivers. **(Program Coordinator, Disability and Aging Service Coordinator, July 2025-June 2029)**
3. Develop and implement an educational tool for unpaid caregivers focused on understanding options with long-term care planning and navigating the aging system. **(Program Coordinator, Disability and Aging Service Coordinator, July 2025-June 2029)**

5. Legal Assistance and Elder Rights Protection

Brief Profile

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

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

In 2024, Adult Protective Services (APS) in Washington County assigned 1,140 abuse or neglect investigations. Aging and People with Disabilities (APD) hired twelve additional APS Specialists and one supervisor to respond to this growing caseload, much of which was made up of complicated financial fraud cases.

Elder abuse prevention efforts

DAVS supports elder abuse prevention in a variety of ways including community awareness efforts, trainings, community partnerships, support of the Washington County Sheriff's Department's Elder Safe program and collaboration with Washington County Behavioral Health and APD. DAVS funds and coordinates the annual Elder Abuse Forum which combines many of these efforts. For the past several years, the Elder Abuse Forum has focused on raising community awareness and training for the public and law enforcement on how to identify, report and prosecute suspected abuse. This 2024 forum focused on identifying and preventing financial

scams, domestic violence in older populations and case studies that demonstrated effective collaboration between APS and law enforcement which resulted in successful prosecution of elder abuse criminal cases. Potential topics for future forums being considered include how to address abuse and neglect in under-served populations such as the Latino/a/e and LGBTQ+ communities. Ongoing positive feedback of these forums demonstrates the need for continued elder abuse training in our law enforcement community, but also clearly points to the need for additional public education and funding to adequately respond to this growing and persistent issue.

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

Elder Safe also provides home visits and phone contacts to provide personalized assistance to crime victims negotiating the criminal justice system. They expedite cross referral of elder abuse and crime reports between APS and law enforcement. They assist with the coordination of the Washington County Elder Abuse Multi-Disciplinary Team and identify and organize educational opportunities for law enforcement, prosecutors, APS, community partners and the community-at-large on elder abuse issues and other crimes. Elder Safe also manages the Project Lifesaver radio transmitter bracelet program and the Help Me Home database for older adults and people with disabilities that have dementia and may be prone to wandering behaviors.

Identify gaps in the current system:

A significant gap continues to be a lack of community awareness regarding identifying and reporting abuse and neglect of vulnerable adults. Results of the 2024 DAVS Community Needs Assessment showed that 55% of adults polled did not know how or were unsure how to find resources to keep older adults safe from abuse or fraud. To increase public understanding, an

ADRC Program Specialist delivers outreach and education about elder abuse as part of regular DAVS outreach presentation, but this outreach is limited in its scope due to capacity within the ADRC and limited elder abuse prevention funding. Additionally, while DAVS advocates against the unnecessary or unlawful use of guardianship, Washington County does not have a dedicated public guardian, which prevents many low-income consumers from accessing this “court of last resort” that can protect adults from neglect and self-neglect.

Older adults are particularly vulnerable to domestic violence due to isolation, chronic health conditions or being dependent on their abusers for care or financial stability. This vulnerability is an obvious ongoing factor in rising elder abuse cases, but it is also a significant contributor to older adults becoming homeless as they flee domestic violence. First responders and healthcare professionals need additional training to recognize intimate partner violence and abuse in older populations and housing systems need the training and resources to accommodate older clients using their services and facilities.

Support the work of their legal services provider:

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

DAVS monitors Oregon Law Center annually to assess compliance with contractual obligations and program standards. We provide technical assistance as needed.

Specific services to individual clients are intended for those at greatest need who are unable to access other resources. Those who are most vulnerable may include residents of all types of long-term care facilities, those with chronic health problems, mental health concerns, developmental and intellectual disabilities and non-English speaking older adults and

minority older adults. Older adults that struggle to access healthcare, may be homeless or victims of crime are also served by the Oregon Law Center. In accordance with Older Americans Act, Oregon Law Center prioritizes cases in the following areas: housing, defense of guardianship, prevention and rectification of abuse, neglect and exploitation, health care issues, long-term care, social security, age discrimination in employment, utilities challenges and grandparents raising grandchildren. In their increasing strategies to reach and engage underserved communities in Washington County, Oregon Law Center has focused their recruitment efforts to employ multi-lingual attorneys and has been successful in growing the diversity of their staff and the number of languages spoken and available from their legal services.

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

DAVS has a long-standing partnership with APD in Washington County. Staff routinely make referrals to Adult Protective Services (APS) when elder abuse is suspected. From January 2021 to December 2024, DAVS made over 1,000 referrals to APS. This partnership is spelled out in an MOU which includes procedures for making and receiving referrals to DAVS many programs.

Integrate elder rights in delivery system:

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

Support the adult abuse multi-disciplinary team:

DAVS is a member of the Washington County Elder Abuse Multidisciplinary Team (WCEA MDT) and MDT Steering Committee, which is comprised

of the District Attorney's Office, APD, every law enforcement agency in the county, mental health, and other community partners. The WCEA MDT reviews difficult elder abuse cases, develops investigative guidelines, identifies needed training, and helps coordinate procedures and other activities between agencies. Additionally, DAVS is also a member of the Washington County Elder Abuse Fatality Committee formed in 2021 to review each death of an adult over the age of 65 believed to be caused by abuse or neglect. Analysis of each case identifies service gaps, trends and training issues that will help prevent similar situations from occurring. Additionally, DAVS is a regular participant in Washington County Behavioral Health's monthly Collaborative Older Adult Solutions Team (COAST) which works to support older adults in the community and prevent situations that can lead to abuse or neglect.

Problem/Need

One significant challenge is the general lack of understanding in the community about older adult abuse and its impact on individuals, families and the community. Additionally, there are service gaps between the partnering organizations which can present challenges to education and awareness, intervention and service provision. 2024 Community Needs Assessment data also indicates concern among older adults about legal services.

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

Focus Area: Legal Assistance and Elder Abuse

GOAL 1: Raise awareness and early identification of elder abuse through public education.

OBJECTIVE 1.1: Increase DAVS staff and stakeholder training regarding elder abuse identification, prevention, and reporting.

STRATEGIES/ACTION STEPS (Including Responsible Person and Timeline):

1. Train DAVS client facing staff how to recognize the signs of elder abuse, APS processes/scope of services and coordination with law enforcement. (**Senior Program Coordinator, APD/APS, July 2025-June 2026**)
2. Participate in the Elder Abuse Forum steering committee. (**Senior Program Coordinator, July 2025-June 2029**)
3. Provide training to staff and key partners to raise awareness of interpersonal/domestic violence among older adults. (**Senior Program Coordinator, July 2026-June 2029**)

OBJECTIVE 1.2: Increase the reach of the gatekeeper program.

1. Increase the reach of the Gatekeeper program by holding trainings at cultural centers/events in multiple languages. **(Senior Program Coordinator, ADRC Program Specialist, July 2025-June 2026)**
2. Recruit and train a minimum of two volunteers to deliver the Gatekeeper training. **(Senior Program Coordinator, ADRC Program Specialist, July 2025-June 2027)**
3. Promote elder abuse awareness and the Gatekeeper program and trainings via the Advisory, the Buzz, etc.at least once per year **(Senior Program Coordinator, ADRC Program Specialist, July 2026-June 2029)**
4. Increase the number of Gatekeeper trainings to 10/year. **(Senior Program Coordinator, ADRC Program Specialist, July 2026-June 2029)**

GOAL 2: Promote use and access to Older Americans Act legal services by prioritized populations.

OBJECTIVE 2.1: Increase utilization of OAA legal services by priority populations in partnership with contractor, Oregon Law Center (OLC).

STRATEGIES/ACTION STEPS

1. Review OLC demographic reports quarterly to identify underserved populations and monitor progress toward goal. **(Senior Program Coordinator, ADRC Program Specialist, July 2025-June 2026)**
2. Develop an outreach plan in partnership with OLC to increase utilization of program by priority populations. **(Senior Program Coordinator, ADRC Program Specialist, July 2025-June 2027)**

6. Older Native Americans

Brief Profile

There are two Federally recognized Tribes with which Washington County Disability, Aging and Veteran Services coordinates under the Older Americans Act. These are the Confederated Tribes of Grand Ronde (CTGR); and the Confederated Tribes of Siletz Indians (CTSI). These Oregon Title VI Grantees provide primary services on the reservations, with satellite offices located in Portland, Multnomah County. Members who reside in Washington County typically travel to receive in-person services, to participate in tribal community events and otherwise gain access to the many benefits and resources they enjoy and rely upon. Washington County is home to members of the Grand Ronde and Siletz Tribes, and to members of Tribes from other parts of the Oregon and the US, as well as indigenous people whose tribes remain unrecognized or who don't identify as a tribal member.

Disability, Aging and Veteran Services is currently serving at least a representative number of individuals 60+ identifying as American Indian and Alaska Native.

I&R Contacts (Last 5 Years)

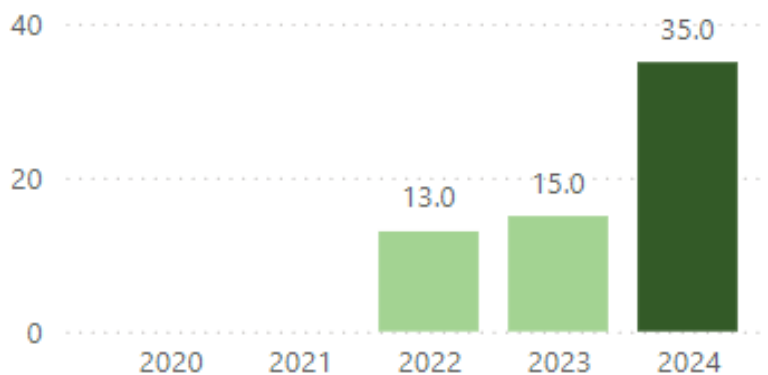


Figure 4: Number of I&R contacts with individuals identifying as American Indian or Alaska Native over last five years.

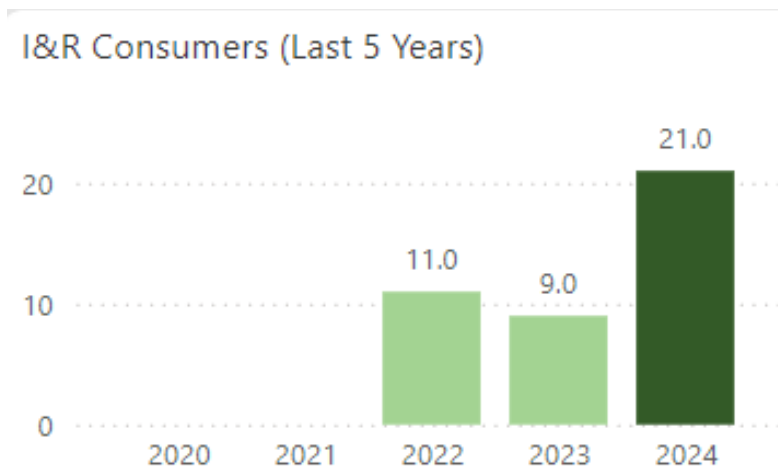


Figure 5: Number of I&R Consumers identifying as American Indian or Alaska Native over last five years.

Problem/Need Statement

Many tribal members travel to Grand Ronde for Plank House events and Powwows, relying on close family and friends to get there. The Portland area office on Barbur Blvd provides social services and food distribution, but it is a challenging location to drive to, and even more difficult to get to by public transit. There are 32 Grand Ronde Tribal Elders residing in Washington County.

Siletz offers social activities in their Portland office and despite some limited on-call transport for individuals in the tri-county area, transportation access remains a significant barrier. There are 18 number of enrolled Siletz members age 60+ living in Washington County.

Less than 1% of residents 60+ in Washington County are American Indian and Alaska Native (See table 5 in section B-1), and nearly three percent (19) of DAVS 2024 Community Survey identified as American Indian and Alaska Native. Priority services identified by those participants were:

- Navigating & accessing community resources (10.7%),
- Help with Medicare (10.7%),
- Making my home safe & accessible (9.3%),
- Accessible transportation (8%),
- Keeping older adults safe from fraud and abuse (8%), and
- Participating in social and recreational activities (8%).

This and other data from DAVS 2024 Community Needs Assessment was shared during a small meeting with Tribal Navigators and managers from CTSI and CTGR in fall of 2024. In addition to the needs identified through the survey, the group noted that needs of elders at home may be hidden, when there are limited social supports due to choice or their environment. Many elders have a cell phone but don't feel comfortable using it. They often need support with voice mail, accessing online classes, and paying for utilities but are reluctant to seek help. As identified in the survey, transportation support is needed to help elders participate more actively in Tribal activities. While some members drive, many rely on close family or friends, or simply go without.

The Tribal Navigators cited challenges they face in reaching members who reside in Washington County and the desire to develop effective and targeted outreach in partnership with DAVS, including regular mail campaigns to enrolled members and in-person events in Washington County with provision for transportation. Additionally, DAVS will continue to convene regular meetings with key staff members from both Grand Ronde and Siletz Tribes and as needed, with other key partners, to improve client referral and support to OPI, OAA, to keep current on relevant funding, advocacy, and educational opportunities, and to coordinate before, during and after emergencies.

We follow Washington County Health and Human Services Trauma-Informed Approach Policy and strive for continuous improvement and just-in-time learning. Disability, Aging and Veteran Services staff have access to a number of self-paced online training resources to increase their cultural competence and their knowledge of trauma-informed service delivery. We also provide a lending library with books that help us to develop these skills. Staff members do use each other and their supervisors to staff specific cases, identify resources and ensure best practices are being followed.

We work in partnership with the Tribal Navigators, Community Programs and Health Programs leadership at the two Tribes to help members navigate and connect to services. We intend to develop a written referral workflow and other tools to standardize and promote easier referrals between our organizations, as outlined in Goal 1.

Focus Area: Older Native Americans

GOAL 1: Increase access to and use of DAVS services by Grand Ronde and Siletz Tribal Elders residing in Washington County

OBJECTIVE 1.1. Coordinate regular outreach and education activities to Tribal Elders residing in Washington County.

STRATEGIES/ACTION STEPS (Including Responsible Person and Timeline):

1. Co-host a public-facing mini-resource fair or educational event in Washington County on at least an annual basis. **(Title VI Providers, DAVS outreach staff, July 2025-June 2029)**
2. Provide written information about DAVS services and opportunities to serve on advisory councils and workgroups directly to enrolled Tribal members residing in Washington County. **(Senior Program Coordinators, July 2025-June 2026)**
3. Include articles and information, including opportunities to serve on advisory councils and workgroups, in communications such as The Advisory, Tribal newsletters and on social media. **(OAA Senior Program Coordinator, July 2025-June 2029)**
4. Train DAVS staff to enhance their effectiveness in providing culturally responsive services to Tribal Elders. **(Title VI Providers, DAVS Supervisor, July 2026-June 2029)**

OBJECTIVE 1.2: Staff and leadership from DAVS, Grand Ronde and Siletz have coordinated systems and processes for staying current, serving Tribal Elders and monitoring progress toward goal.

STRATEGIES/ACTION STEPS (Including Responsible Person and Timeline):

1. Develop, document and train relevant staff on a referral workflow to support and track client referrals between DAVS and Tribal partners. **(Senior Program Coordinators, July 2025-June 2026)**
2. Designate a single point of contact (with back up) at DAVS office to support service navigation by Tribal staff assisting community members. **(DAVS Supervisor, July 2025-June 2026)**
3. Include relevant staff on organizations' respective online newsletter distributions, advisory council meetings, partner events and funding opportunities. **(DAVS Supervisor, July 2025-June 2029)**
4. Staff from each organization will have training at least once per year on the services offered by one another's organization. **(DAVS Supervisor, July 2025-June 2029)**
5. Convene a meeting at least three times per year with DAVS leadership, key staff and Grand Ronde and Siletz Title VI Coordinators, Tribal Navigators and other key staff to monitor progress on plan, coordinate activities, identify gaps and strategize solutions. **(DAVS Supervisor, July 2025-June 2029)**

GOAL 2: Roles, responsibilities and processes for coordinating during an emergency are mutually agreed upon by Washington County DAVS, Washington County Emergency Management, and Grand Ronde and Siletz Tribal staff.

OBJECTIVE 2.1. Create a document that outlines roles, responsibilities and processes for emergency coordination between Washington County and both Grand Ronde and Siletz Tribes.

STRATEGIES/ACTION STEPS (Including Responsible Person and Timeline):

1. Coordinate one or more meetings between DAVS, Washington County Emergency Management and Grand Ronde and Siletz Tribal Emergency Managers to document roles, responsibilities and processes for emergency coordination. **(DAVS Supervisor, July 2026-June 2028)**
2. Implement use of coordination plan during an emergency as needed. **(Senior Program Coordinators, WashCo Emergency Management, July 2026-June 2029)**
3. Complete an after-action review as needed post-emergency and update document based on findings. **(DAVS Supervisor, WashCo Emergency Management, July 2026-June 2029)**

7. Veterans Services

Brief Profile

DAVS Veteran's program plays a pivotal role in aiding veterans and their family members understand and access a full range of benefits that may be available to them. While these benefits can be a vital resource for veterans and their families, many veterans remain unaware of the various State and Federal benefits they are entitled to. Additionally, due to recent legislation that has expanded eligibility criteria, some veterans that have been denied benefits previously may now be eligible. Of the 29,000 veterans in Washington County, DAVS has assisted roughly one third of these veterans or their family members access benefits⁷.

DAVS has seven full time specially trained and accredited veteran services officers (VSOs) that assist veterans by providing them with information about the benefits they may be eligible for because of their service, as well as any additional benefits they may be eligible for after becoming service connected for a disability. DAVS VSOs assist veterans and their families to understand the process for applying for benefits, as well as assist with completing Veteran's Administration (VA) forms and gathering the necessary information to file a successful VA claim. In cases where a claim is denied by the VA, DAVS staff can represent the veteran in the hearings process. In addition, DAVS provides information and referral to other resources and programs that may be available in the community.

Problem/Need Statement

196 veterans and their spouses participated in the DAVS 2024 Community Needs Assessment with broad representation across age and gender. The survey sample is considered a representative sample of the veteran population in Washington County. Within the veteran demographic, assistance navigating and accessing community resources was rated the highest need. Forty four percent of survey respondents indicated that they did not know where to get help navigating VA benefits. While our VSOs cover a wide array of benefits and community resources when meet with Veteran's and their families, data from the Community Needs assessment highlights the need for increased opportunities for veterans to receive information and resources in a variety of forums. The top five priority services identified by the veteran demographic were: 1) Navigating &

⁷"Geographic Distribution of VA Expenditures (GDX) Report." National Center for Veterans Analysis and Statistics. <https://www.va.gov/vetdata/expenditures.asp>.

accessing community resources, 2) Understanding long term care options, 3) Veteran's Benefits, 4) Accessible transportation, 5) Managing chronic pain and illness.

Suicide prevention continues to be a priority need within the veteran community. According to the Veterans Administrations current suicide data rates (2020), Oregon's veteran suicide rate is consistent with the veteran's National average, but significantly higher than the national general populations suicide rate⁸.

⁸ "Oregon Veteran Suicide Fact Sheet." U.S. Department of Veteran Affairs. 2020.
<https://www.mentalhealth.va.gov/docs/data-sheets/2020/2020-State-Data-Sheet-Oregon-508.pdf>

Focus Area: Veteran Services

GOAL 1: Veterans will have increased access to information and resources to address unmet needs.

OBJECTIVE 1.1: Increase opportunities for veterans to receive information and resources on accessing and navigating veteran benefits and other community resources in a way that meets their needs.

STRATEGIES/ACTION STEPS (Including Responsible Person and Timeline):

1. Develop six presentations that address top five needs identified in area plan, to include information about both VA and community resources. **(Senior Program Coordinator, Veteran Program Specialist, July 2025 – June 2026)**
2. Deliver above presentations at community partner facilities across the county, including partners that serve marginalized or underserved communities at least once per quarter. **(Senior Program Coordinator, Veteran Program Specialist, July 2025 – June 2029)**
3. Continue monthly newsletter, “Stronger Together” with information about community events, tips for accessing benefits, and other relevant resources. **(Senior Program Coordinator, Veteran Program Specialist, July 2025 - June 2029)**
4. Continue monthly “Ask a VSO” virtual call (previously called a Town Hall.) with guest from service providers and a veteran service officer to answer questions about programs, eligibility, and benefit access. **(Senior Program Coordinator, Veteran Service Officer, July 2025 – June 2029)**

GOAL 2: Provide education and resources for veteran suicide and prevention and a path to connect in the community.

OBJECTIVE 2.1: Provide regular QPR/CALM training and suicide prevention resources to veterans.

STRATEGIES/ACTION STEPS (Including Responsible Person and Timeline):

1. Provide QPR/CALM every other month online and/or in person. **(Senior Program Coordinator, Veteran Work Study, July 2025-June 2029)**

OBJECTIVE 2.2: Plan and host at least two veteran events or activities per year, providing creative social and educational events and activities for veterans and their families with funding from the Veteran Suicide Prevention grant.

STRATEGIES/ACTION STEPS (Including Responsible Person and Timeline):

1. Engage with local groups to assist/develop a variety of activities for veterans to connect in their community. **(Senior Program Coordinator, Program Specialist, July 2025-June 2029)**
2. Plan at least two veteran events or activities per year. **(Senior Program Coordinator, Veteran Program Specialist, July 2025 – June 2029)**

8. Social Isolation and Loneliness

Brief Profile

According to the CDC, more than a third of older adults report feeling lonely and up to a quarter of older adults are considered to be socially isolated. Loneliness is the subjective feeling of a person's sense of belonging and connectedness while social isolation is the objective measurement of social contact a person has. Loneliness can be felt even when surrounded by other people, though social isolation is a risk for loneliness. Both the state of loneliness and social isolation are linked to a higher risk for negative health consequences like depression, substance use, cognitive impairment, and functional decline. Social connection, on the other hand, improves an individual's ability to remain an active and engaged member of one's community in late life and reduces the need for formal services and support. Effective strategies against loneliness, social isolation, and social disconnection are necessary for overall health and wellbeing in late life. In alignment with the US Surgeon's 2023 Advisory on Loneliness, Washington County is committed to 1) improving awareness and education on loneliness, 2) improving connection to resources that foster social connection, 3) improving identification of people experiencing loneliness through screening and assessment, and 4) improving our community's social infrastructure. For the past 6 years, the Older Adult Behavioral Health Initiative has worked to bridge Washington County Disability, Aging and Veteran Services, Behavioral Health and Public Health divisions to promote social connection as a community health priority and engage community partners in supporting greater awareness and resources to address loneliness and isolation.

Problem/Need Statement

The findings from the 2024 OABHI Key Informant Survey revealed that older adults preferred classes where they can engage with their peers and they desired support in repairing family relationships. In this report isolation and loneliness were top identified training topics throughout the Aging network. Additionally, according to the 2024 DAVS Community Needs Assessment, 38% of respondents scored positive for feelings of loneliness overall, with higher reports of loneliness identified in non-veterans, family and unpaid caregivers, people with disabilities, LGBTQIA+ individuals, women and not a person of color. Further, lessons learned from the COVID-19 Pandemic have further revealed the importance of the need for a strong social infrastructure to support community health.

Focus area: Social Isolation and Loneliness

GOAL 1: Advance older adult social connection in Washington County.

OBJECTIVE 1.1: Improve community identification and referral of older adults experiencing loneliness through community training and education.

STRATEGIES/ACTION STEPS (Including Responsible Person and Timeline):

1. Include 3-item UCLA Loneliness scale training four times per year during DAVS outreach presentations to aging network community partners. **(Older Adult Behavioral Health Program, Aging and Disability Resource Connection, July 2025-June 2029)**
2. Create an internal social connection resource area for DAVS information and referral. **(Older Adult Behavioral Health Program, Aging and Disability Resource Connection, July 2025-June 2026)**

OBJECTIVE 1.2: Improve client engagement in social connection resources and programs.

STRATEGIES/ACTION STEPS (Including Responsible Person and Timeline):

1. Provide annual Motivational Interviewing or Connections Planning training to DAVS staff or aging network providers to improve client engagement and increase person-centered referrals to programs and services that support social connection. **(Older Adult Behavioral Health Program, Aging and Disability Resource Connection, July 2025-June 2029)**
2. Continue to screen new DAVS clients for loneliness and isolation using the 3-item UCLA loneliness scale and continue referrals of DAVS clients to social connection resources. **(Older Adult Behavioral Health Program, Aging and Disability Resource Connection, Family Caregiver Support Program, July 2025-June 2029)**

OBJECTIVE 1.3: Improve awareness and education about social isolation and loneliness through focused communication efforts.

STRATEGIES/ACTION STEPS (Including Responsible Person and Timeline):

1. Increase awareness of loneliness and social connection resources through television (Age Well Washington County) and radio public service announcements. **(Older Adult Behavioral Health Program, July 2025-June 2029)**
2. Include loneliness and isolation information and resources within DAVS program area communications to current clients. **(Older Adult Behavioral Health Program, Family Caregiver Program, Oregon Project Independence, Nutrition, July 2025-June 2029)**
3. Collaborate with behavioral health and public health to deliver community education on older adult loneliness, isolation, social disconnection, mental health, ageism and suicide four times a year. **(Older Adult Behavioral Health Program, July 2025-June 2029)**

OBJECTIVE 1.4: Invest in the social infrastructure.

STRATEGIES/ACTION STEPS (Including Responsible Person and Timeline):

1. Invest in the development of community-based programs that focus on creating meaningful and reciprocal social connection for DAVS highest needs clients. **(Older Adult Behavioral Health Program, Family Caregiver Program, July 2025-June 2029)**
2. Develop a plan for a community-based “virtual senior center” in coordination with Washington County senior centers and older adult-serving community-based organizations. **(Older Adult Behavioral Health Program, July 2025-June 2028)**

9. Emergency Preparedness

Brief Profile

Washington County is susceptible to many hazards that can have significant and widespread impacts on local services, resources, and infrastructure. In the region, wildfires, floods, and severe weather account for the majority of disasters, with other possible hazards including earthquakes, landslides, volcanic eruptions, and disease outbreaks. Proactive emergency planning can reduce the impact of disasters and emergencies for individuals and communities, however older adults often face unique barriers to preparing for, responding to, and recovering from disasters and emergencies. The COVID-19 Public Health Emergency, wildfires, and ice storms impacting Washington County in recent years have highlighted opportunities to engage in more robust and system wide emergency planning and preparedness.

When emergencies occur, national trends show that older adults are impacted at disproportionate rates. Many older adults lack the financial resources needed to prepare to shelter in place or relocate during an evacuation. Older adults without a cell phone or access to the internet may lack the information and resources to proactively prepare for emergencies, or to receive just in time information about local conditions. Evacuation planning can be complicated by factors such as impaired mobility, limited access to transportation, or reliance on home medical equipment. Additionally, many older adults may be more vulnerable to wildfire smoke, extreme heat or cold, and may experience more severe illness during disease outbreaks.⁹

Currently DAVS engages with Washinton County Emergency Management per our Emergency Operations Plan (EOP) and Continuity of Operations Plan (COOP) to organize and respond to emergencies or disasters in the community, as well as ensure continuity of essential services (Attachment F). During emergencies, DAVS plays a critical role in checking in on older adults, disseminating vital information, and connecting older adults to resources and services. During recent wildfire and severe weather events, DAVS aided in communicating information out about emergency shelters and in identifying individuals that may need extra assistance evacuating. Likewise, during the COVID-19 pandemic, DAVS worked with the

⁹ "Disaster Preparedness Tool Kit." AARP. 2022. <https://www.aarp.org/content/dam/aarp/livable-communities/tool-kits-resources/2022/AARP%20Disaster%20Resilience%20Tool%20Kit-singles-060122-.pdf>

Washington County Emergency Operations Center to coordinate housing and shelter, disseminate information to community members and partner agencies, and distribute personal protective equipment to senior and community centers and home care agencies and home care workers, as well as assist older adults in acquiring vaccinations and in-home test kits. In any emergency, DAVS will work closely with contractors and community partners to ensure continuation of essential services, such as aiding congregate meal site in pivoting to grab and go meals to mitigate disease spread during the COVID-19 pandemic.

Problem/Need Statement

Access to information and resources to adequately prepare for and respond to an emergency can aid in reducing the risk and impact of public emergencies for older adults and people with disabilities. When asked subjective questions about preparedness in the DAVS 2024 Community Needs Assessment, 51% percent of respondents said they are somewhat prepared for an emergency and 57% of respondents said they have no difficulty evacuating. However, while most respondents reported having back up heat, a fan or air conditioning, and a three-day supply of food, most reported that they do not have a three-day supply of water, a generator, or a way to filter out wildfire smoke. Responses from the community needs assessment reveal a potential disparity between community members perceived preparedness and actual preparedness. This data indicates additional opportunities to increase preparedness among older adults, people with disabilities and caregivers in Washington County, both through increased opportunities to receive information and education about emergency preparedness, as well as increased availability of emergency preparedness supplies.

While DAVS has several existing partnerships to support emergency preparedness and response work, there are additional opportunities to establish, strengthen or build upon partnership to ensure the needs of older adults are met before, during, and after emergencies. In the next planning cycle, DAVS plans to clarify roles and responsibilities with existing partners, including establishing formal agreements through MOUs as appropriate in order to improve coordination and communication during emergencies.

Focus Area: Emergency Preparedness

GOAL 1: Increase emergency preparedness among older adults, people with disabilities, and caregivers in Washington County.

OBJECTIVE 1.1: Develop and implement a plan to outreach to and educate older adults, people with disabilities, and caregivers about Emergency Preparedness.

STRATEGIES/ACTION STEPS (Including Responsible Person and Timeline):

1. Compile toolkit of emergency preparedness resources for older adults. **(OAA Senior Program Coordinator, July 2025 – June 2026)**
2. Identify opportunities to provide emergency preparedness education to existing DAVS clients. **(DAVS Supervisor, OAA Senior Program Coordinator, July 2025- June 2026)**
3. Create Emergency Preparedness page on DAVS website. **(DAVS Supervisor, OAA Senior Program Coordinator, January 2026-July 2026).**
4. Facilitate connections between medical Reserve Corp (MRC) and community-based organizations to provide emergency preparedness education to community members. **(DAVS Supervisor, OAA Senior Program Coordinator, January 2026-December 2026)**
5. Identify training needs of DAVS staff. **(DAVS Supervisor, Senior Program Coordinators, July 2026 – June 2028)**

OBJECTIVE 1.2: Develop and implement a plan to make emergency preparedness supplies available to older adults and people with disabilities in Washington County.

STRATEGIES/ACTION STEPS (Including Responsible Person and Timeline):

1. Identify organizations and agencies to partner with that are already engaged in distribution of emergency preparedness supplies to expand reach. **(OAA Senior Program Coordinator, July 2025-June 2026)**
2. Explore additional funding sources to support purchase and distribution of emergency preparedness supplies. **(DAVS Supervisor, OAA Senior Program Coordinator, July 2026-June 2027)**
3. Acquire and distribute go bags and other emergency preparedness equipment to DAVS clients as funding allows. **(DAVS Supervisor, Senior Program Coordinators, July 2025-June 2029)**

GOAL 2: Enhance partnerships to meet the needs of older adults, people with disabilities, and caregivers before, during, and after emergencies.

OBJECTIVE 2.1: Establish and strengthen partnerships to improve communication and coordination to support older adults in Washington County before, during, and after emergencies.

STRATEGIES/ACTION STEPS (Including Responsible Person and Timeline):

1. Initiate MOUs with existing partners to clarify roles, responsibilities, and processes for coordination during an emergency. **(DAVS Supervisor, July 2025-June 2027)**
2. Develop written procedure for identifying clients and sharing information with emergency managers in Washington County **(DAVS Safety Committee, July 2025-June 2026)**
3. Two of DAVS staff members will become CERT trained. **(DAVS Safety Committee, July 2026-June 2028)**

Section D - OPI Services and Method of Service Delivery

Administration of Oregon Project Independence (OPI)

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

See b. below.

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

Home care supportive services limited to the following:

1. Home care: 16 hours/month (up to 40 hours/month with exception and reviewed every three months) at \$20.0-38.08/hour
2. Chore: \$500/year or more with exception
3. Assistive Technology: \$500/year or more with exception
4. Personal Care: 16 hours/month and up to 40 hours/month with exception at \$20.0-38.08/hour
5. Adult day services: Up to 40 hours/month at \$25.00/hour
6. Registered nurse services: As needed at \$80/hour
7. Home delivered meals: 1 meal/day at approximately \$13.00/meal.
8. Service Coordination: \$82.61/hour
9. Assisted Transportation: Up to 10 round-trip rides/year at actual cost of the ride plus \$14.26 for ride coordination for shuttle services
10. Money Management: Allowed to charge client \$124/month, but this fee is currently waived to all clients
11. Options Counseling: \$74.88/hour

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

DAVS will respond to email, phone or walk-in inquiries for OPI services 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 wait list with information given to them about expected wait times and referrals made for other appropriate services. When it is time for them to be served off

the waitlist, an assessment appointment will be arranged to determine eligibility and service level. Service Plans will be sent to the appropriate provider within five working days after the provider has been determined. After the Service Plan has been sent to a provider, staff will follow-up with the client within two weeks to make sure services are in place.

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

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

e. Specifically explain how eligibility will be determined and by whom. (OAR 411-032-0005 2 b E)

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). Currently, Service Priority Levels (SPL) 1-18 are served. Service hours are determined according to the current OPI Service Level Matrix.

f. Plainly state and illustrate how the services will be provided. (OAR 411-032-

Aging and Disability Care 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. Person-centered 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, adult day services and

registered nursing services. DAVS has an exception from Aging and People with Disabilities Community Services Support Unit to also provide Options Counseling, assisted transportation and home delivered meals. Representative payee services may also be available to OPI clients using OAA and grant funding. Many of these services are limited by the availability of funding.

g. Describe the agency policy for prioritizing OPI service delivery for both the waiting list and hours/types of services for the individual. (OAR 411-032-0005 2 b G)

DAVS will maintain consumers already receiving OPI services with an ongoing need. Currently, clients receive in-home personal care services starting at up to 16 hours per month. If OPI budget constraints or in-home service availability do not allow for the immediate start of in-home services, then consumers will be placed on a priority list. Prioritization of services will be based on the state standardized Oregon Project Independence Waitlist Tool (MSC 2549B) that measures the risk for out of home placement. Consumers with the highest risk of out of home placement are given priority. At present, the Waitlist Tool does not contain a mechanism for prioritization by race, geography, income or other identity that may help DAVS address barriers to services for underserved populations. As such, consumers from DAVS prioritized populations are considered for additional prioritization on a case-by-case basis. Individuals who identify themselves as members of Grande Ronde or Siletz Tribes (Title VI entities), are eligible for immediate prioritization.

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

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

The policy for denial is initiated when the client is unwilling to provide information to open a case, the client exceeds or falls below the service

priority level, receives Medicaid benefits, or there is an inability to create or maintain a safe care plan. The policy for reduction is initiated when the client reassessment indicates service needs have been reduced or there is a notification by the state of a reduction of program funding. The policy for termination occurs when a reassessment determines the client no longer meets service eligibility level, the client refuses to pay fees for services, there is a loss or reduction of program funding, there is inappropriate behavior in regard to treatment of a care provider that cannot be modified with a behavior plan, the client moves out of service area and if the client is approved for Medicaid funding for long-term care services.

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

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

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 OPI Senior Program Coordinator or AAA Director for final review and determination.

Consumer complaints can be submitted via phone, email or in person. Complaints are generally handled by the OPI Senior Program Coordinator in consultation with the AAA Director.

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

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 Oregon Department of Human Services (ODHS) to the AAAs annually. OPI fees are assessed at the federal poverty level net monthly income and increase by approximately \$25 income increments up to 200% of the federal poverty level. Clients with a net income over 200% of the federal poverty level pay the full hourly rate of the services provided. Currently the cost of services ranges from \$20.00-38.50 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 OPI Senior Program Coordinator 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 OPI Senior Program Coordinator before approval. Fees due from clients are invoiced and collected by DAVS monthly. All fees collected for service are used to expand and maintain services to clients. They are utilized to maintain service hours when funding is reduced.

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

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

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

DAVS monitors contracts as required at least annually. In-home service providers who serve OPI are monitored quarterly. All providers must meet county, state and federal guidelines and regulations. These

requirements and regulations are incorporated into their contracts and monitoring tools and templates used during on-site monitoring visits each year. These templates help measure compliance with the statement of work, privacy and HIPPA regulations and federal regulations for disbarment and suspension of federal funds.

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

For ethical standards that guide employees and services, please see attached link to Washington County Personnel Rules and Regulations, adopted 11/8/14 and revised November 2021, Article 13 Ethical Standards, sections 13.2-13.9.

<https://www.washingtoncountyor.gov/cao/documents/personnel-rules-and-regulations/download?inline>

Explain if the AAA will make any changes to the above policies with the implementation of Oregon Project Independence-Medicaid (OPI-M.)

In accordance with OAR 411-016-0010, DAVS reorganized staff and supervisors' duties to ensure conflict-free case management for all OPI-M-related work. With the projected decrease in the OPI budget, allowances for chore, assistive technology and exceptional in-home service hours will decrease.

Describe if the AAA prioritizes the following populations when a waitlist is not in effect: older adults in rural areas, those who speak languages other than English, LGBTQIA2S+ older adults, Tribal elders and older adults living with HIV/AIDS.

As noted above, a waitlist is in effect and consumers who meet DAVS prioritized populations outlined above will be considered for additional prioritization on a case-by-case basis. DAVS will evaluate the need for an additional prioritization tool beginning July 2026, or when the OPI-M program is fully implemented, whichever is sooner.

Section E – Area Plan Budget

July 1, 2025 – June 30, 2026 Area Plan Budget attached separately.

Appendices

Appendix A Organizational Chart

Appendix B Advisory Council and Governing Body

Appendix C Public Process

Appendix D Final Update on Accomplishments of 2021-2025 Area Plan

Appendix E Final Updates on Service Equity Plan Accomplishments

Appendix F Emergency Preparedness

Appendix G Conflict of Interest Policies

Appendix H Partner Memorandums of Understanding

Appendix I Statement of Assurances and Verification of Intent