



# Oregon

John A. Kitzhaber, MD, Governor

## Department of Human Services

*Aging and People with Disabilities*

*State Unit on Aging*

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December 28, 2012

Jeff Hill  
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Dear Jeff:

I am pleased to inform you that Washington County's Area Plan on Aging for 2013 – 2016 has been approved for the period January 1, 2013 through December 31, 2016.

The State Unit on Aging staff looks forward to working with you in the implementation of the Area Plan. If you have questions or concerns, please do not hesitate to contact us.

I appreciate your dedication and commitment toward improving the lives of older Oregonians.

Sincerely,

Elaine Young  
Manager, State Unit on Aging

Cc: Jan Karlen, SUA

**[Washington County Disability, Aging and Veteran Services]  
2013-2016 AREA PLAN**

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## **SECTION A – AREA AGENCY PLANNING AND PRIORITIES**

### **A – 1 Introduction:**

Washington County is a suburban County located on the western edge of Portland. Its boundaries extend from the City of Portland to the coast range. The County occupies an area of 727 square miles and has a 2010 population of 537,318. Generally speaking, Washington County is a mix of urban, suburban, and rural areas. 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 has experienced substantial growth over the last several years principally in the electronic and high tech industries.

The County seat is located in Hillsboro and is a home rule county, governed by five elected commissioners who appoint a County Administrator as the chief executive officer. Washington County Disability, Aging and Veteran Services (WCDAVS), a division of the County's Health and Human Services Department, is the designated Area Agency on Aging for the Planning Service Area made up of Washington County and charged with providing leadership in planning and developing services to meet the needs of the county's most vulnerable elderly and disabled citizens.

The Board of Commissioners Provides oversight and appoints the 13 member citizen Senior Advisory Committee to advise the Director of the Area Agency on Aging in the planning process and provision of services for Seniors.

WCDAVS coordinates and provides its services with partner agencies and organizations through Memorandums of Understanding, Intergovernmental Agreements and contracts with community providers.

In addition to services to seniors WCDAVS provides services to veterans and their dependents to assist in filing benefit claims and provide representation in the appeal process. WCDAVS provides case management and service planning for the Veterans Medical Center for their Home and Community Based Care program. WCDAVS partners with Ride Connection to provide Veteran to Veteran transportation through the Ride Together program which recruits veterans to drive veterans to medical appointments, pick up medications or trips to the grocery store.

Questions regarding the Area Plan: Contact Washington County Disability, Aging & Veteran Services at (503) 846-3060 or by e-mail at [DAVSINFO@co.washington.or.us](mailto:DAVSINFO@co.washington.or.us)

## **A – 2 Mission, Vision, Values:**

### **MISSION**

To create options to maintain the quality of life. We perform these functions to enable persons to live as independently as they can for as long as possible. We are especially concerned about the risk of persons losing their independence. Often this means helping families and caregivers.

### **VISION**

To be a prototype community for the elderly, persons with disabilities, veterans and their families reflecting the communities' achievements, diversity, values and pioneering spirit.

### **VALUES**

- Honor Client Independence
- Informed Choice
- Person-Centered & Directed
- Dignity of Individual
- Personal Responsibility & Engagement
- Culturally Responsive
- Based on Collaboration
- Commitment to Quality

## **A – 3 Planning and Review Process:**

In July, 2011, Washington County Disability, Aging and Veteran Services (DAVS) began a three-year strategic planning process. Planning for tomorrow's large population of older adults, people with disabilities, and veterans and the challenges each group presents.

We live in a time of shrinking public resources and increasing demand. This makes it all the more important that we plan carefully to assure best use of scarce resources. To create a plan that will best serve Washington County's older adults, people with disabilities, and veterans, we asked for public opinion through a survey, titled "Your Retirement Years." We also sought input through five focus groups held in locations throughout the county. We completed a review of the demographic profile of Washington County as well as key trends and issues, conducted an internal Strengths, Weaknesses, Opportunities, and Threats analysis, and together with our advisory council, developed goals and an action plan to guide and focus our services for the next three years starting January 2012.

### **Planning Assumptions:**

1. This planning process will focus on the future, preparing for the aging of the baby boomers. The programs and work that DAVS is currently doing will not be reviewed during this process.
2. During our last planning process, we solicited broad input from the community about unmet needs for seniors. Housing and transportation were identified as top unmet needs. We acknowledge there is still great need in these areas and while DAVS can advocate for change and additional services, we cannot address these needs as part of our strategic plan.
3. Aging and Disability Resource Centers (ADRCs) will be implemented by the State over the next year or two. This will be incorporated as a goal in our strategic plan as we will be required to participate in establishing an ADRC to serve Washington County.
4. As part of planning for the future, we need to explore options for services that will appeal to baby boomers through community (senior) centers and meal programs as well as take into consideration health issues such as management and support for chronic conditions.
5. There are two million veterans returning from service in wars in Iraq and Afghanistan. Some in this group are returning with disabilities and will require services.

### **Planning Process and Timeline**

July – August 15, 2011

1. Appoint steering committee to oversee the process.
2. Identify stakeholders and partners who should participate in process.
3. Review the mission, vision, value of DAVS.
4. Develop survey which will be posted online, in the *Advisory*, through the cities, senior centers, and as a public service announcement.
5. Identify individuals to participate in focus groups.

August 15 – September 30, 2011

1. Prepare background materials and consider key points from past planning efforts that should be incorporated in this plan.
2. Conduct up to four focus groups comprised of staff, contracted and community partners, and senior volunteers.
3. Publish survey tools and begin to collect data.
4. Conduct a SWOT (strengths, weaknesses, opportunities, and threats) analysis.

October – November, 2011

1. Collect data from surveys, focus groups, SWOT analysis and begin to identify trends and issues; identify 3-4 goals.
2. Complete draft strategic plan for review by staff.
3. Prepare the draft plan for review by staff and steering committee.

December, 2011 – January, 2012

1. Complete the plan including goals, objectives and action plan.
2. Present final plan for approval and publication.

### **AVSAC Role in Planning Process**

- Assign individual members to serve on the steering committee (CHAIR is contacting people for this role)
- Complete the survey and help get word out that the survey is available; encourage people in your communities to take it.
- Participate in a focus group.
- Assist in identifying partners, stakeholders to participate in focus groups and to be solicited to take survey.
- Provide input to the process....what information we'd like to gather through the survey, what background information we need to develop to provide to AVSAC and the community.
- Review and provide input in development of the strategic plan goals.

### **Key Trends and Issues Identified**

The demographic, social, and economic trends that will impact the aging of the population now and in the future are unlike any experienced in previous generations. Baby Boomers, those individuals born between 1946 and 1964, number 77 million and started turning 65 on January 1, 2011. The vast size of this generation and the large proportion of the population that Baby Boomers comprise will create a "silver tsunami" that impacts nearly every aspect of our society, especially our health care and social service system. Tomorrow's large population of older adults will differ from previous generations in multiple ways. *Baby Boomer Facts* we considered in planning effective services for the future:

- Tomorrow's older adults are likely to be more educated, more ethnically and racially diverse, and women will have spent more years in the labor force compared to women of past generations.
- Baby Boomers will redefine how we think of work and retirement. Many believe that they will work longer than planned or never retire. They are definitely more likely to work at least part time into their 70's.
- The wealth of the Baby Boomer generation is greater than past generations but the majority of wealth is in the form of home equity. The recent recession and plunging home values has had a negative impact on the overall wealth of Baby Boomers.
- While Baby Boomers are more likely to own their own homes and less likely to be below the Federal poverty level, many are worried about finances in the face of low savings rates, skyrocketing health care costs and uncertainty about Social

Security. In a national poll conducted in March, 2011 (AP LifeGoesStrong.com), forty four percent (44%) indicated they were worried about finances and did not feel they would have enough money to live comfortably at the end of their career. Sixty four percent (64%) said Social Security was the keystone of their retirement.

- More Baby Boomers are likely to be single/divorced and live alone and have fewer or no children. They are more likely to live in suburban areas and much more likely to “age in place.” If they do migrate, they are more likely to move from a city to a suburb rather than the opposite.
- They are less likely to be disabled in ways that limit independence but more likely to have chronic diseases such as obesity or diabetes.
- Baby Boomers are more likely to use the Internet and other forms of technology and are likely to have high standards for quality of service.

More individuals will drive longer resulting in greater numbers of elderly drivers. At the same time, older adults are more likely to use public transportation. Increased usage of public transportation by older adults is already in evidence as indicated by a 2009 study conducted by AARP showing that the use of public transportation among individuals 65 and older increased 40% between 2001 and 2009.

For social service agencies engaged in planning for the next generation of older adults, key points to consider in planning include:

- People will be living longer and healthier and there is a need to capitalize on the skills, interests, talents, strengths and assets of Baby Boomers. Planning services and programs will need to be adapted to this new group of seniors, many of whom do not consider themselves to be “seniors” at all and will likely have different expectations and standards than previous generations.
- **Healthy Aging:** The growing number of older adults will place increasing demands on the public health, medical and social service systems. As people age, disabilities, chronic disease, and the need for health care and services increase. It is also important to consider that the oldest age group, those 85 plus, is also the fastest growing segment of the U.S. population. By, 2050, the oldest old will account for one out of every four persons. This group is most likely to be frail and in need of services. These factors, coupled with a caregiver shortage and lack of physicians and other health care professionals pose major challenges to the health of older adults. Effective strategies and programs to prevent chronic disease and disability and to maintain optimal health and independence are needed.
- Community reinvestment is an important issue for Baby Boomers. This group wants to give back to their communities. Volunteer opportunities that take advantage of the skills and talents of the Baby Boomers will be needed.

## **Strategic Planning Process**

In addition to a review of demographics, trends, and issues, the strategic planning process included the following:

1. Between August and December, 2011, a survey titled “Your Retirement Years” was available online as well as in hard copy. A total of 293 people took the survey. In addition, the survey was available in Spanish and 17 individuals completed that survey.
2. Five focus groups were held including community groups in Forest Grove, Hillsboro, Tualatin, and Beaverton and an all-staff group within the county’s Health and Human Services Department.
3. A Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis was completed by DAVS staff and advisory council members.
4. Interviews with three key leaders in the Hispanic/Latino community were conducted during the process.
5. Copies of the survey with a complete report including comments, individual focus group reports, and the SWOT analysis results are all available through the DAVS office.

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

Consistent with past practice, and integrating the data gained through the strategic planning process and agency policy on use of discretionary funding, DAVS staff developed and recommended to the Senior Advisory Council, 11 service priorities for the 2012-2013 planning period. This list of service priorities will help guide the service planning for seniors in the planning and service area of Washington County.

The Senior Advisory Council is regularly provided with state and federal policy and budget updates, along with agency reports, statistical studies on demographic changes, and media investigations of relevant issues. They will often bring other source material to their meetings for discussion of local impacts, as well. This input became part of the framework around the determination of Service Priorities for DAVS. As a result, the agency is well-positioned to identify the trends, challenges, and opportunities that will continue to shape the planning, development and coordination of essential services at the core of our mission

Longer term planning continues to focus on the future impact of retiring baby boomers as well as the increasing number of seniors age 85 and over. This segment of seniors is expected to experience tremendous growth. These frailest of seniors will substantially increase the need for long term care services, as well as agency case management.

Opportunities such as the CLP grant allowed us to reorganize I&A and develop program enhancements such as Options Counseling to serve the needs of people with disabilities;

improvements and expansion of OAA programs, and expansion of SHIBA into Columbia County; gaining outreach to this area. Award of the STEPS program increased our abilities to interact with Medicaid in coordination of services. Expansion of community partnership with Community Action, Vision Action Network and the Washington County Housing Authority have initialized activities around benefits access and expansion of services through funding partnerships. BEC dollars have allowed us to conduct further outreach for benefits to low income seniors and people with disabilities who would otherwise not access benefits to which they are eligible.

### **SERVICE PRIORITIES**

1. **Home Care** (w/Case Management)
2. **Information & Assistance** (emphasizing I&A related to ADRC functions)
3. **Personal Care** (w/Case Management)
4. **Home-Delivered Meals**
5. **Congregate Meals**
6. **In-Home Volunteers** (Project REACH)
7. **Money Management**
8. **Options Counseling**
9. **Benefits Access (BEC)**
10. **Home Repair**
11. **Legal Services**

Oregon has had a long history of serving elders in their homes. Our Advisory Committee and DAVS supports this goal and have determined to base prioritization of funding if reduced or increased to serve seniors in accordance with the primary goals of the OAA to serve the most frail and vulnerable elders, preventing self-neglect and elder abuse, to serve isolated and minority seniors, to meet the needs of frail elders around health, safety and independence, who are lacking or have limited access to other long-term care services, and also lack natural supports who are at the greatest risk for nursing facility placement if services are reduced or eliminated and preserve services for those clients as appropriate.

### **Program Development & Coordination**

DAVS has consistently designated a portion of its annual Older Americans Act Title III-B allocation to be used to carry out its responsibilities as an Area Agency on Aging for development of new programs and coordination of existing programs and services for persons age 60 and older within its service area. Examples of program development and coordination activities include, but are not limited to:

- Gather and analyze data to determine older persons' needs for programs and services within the DAVS service area;
- Utilize needs assessment information to establish goals for program modification, enhancement and/or development;
- Work with communities and groups within the Agency's service area to

- encourage local responses to senior needs;
- Serve on committees, advisory councils, boards, etc., of organizations providing services which have an impact on the lives of older persons (e.g. transportation, health care, education, volunteer programs, etc.);
  - Strategic and long-range planning to ensure DAVS' ability to respond to issues which have an impact on programs, services and the quality of life for older persons.
  - Development of an Emergency Preparedness Plan in coordination with community emergency planners, and in cooperation with statewide emergency planning efforts.
  - Facilitation of long-term care system development in participation with CCO's and healthcare transformation
  - Conduct new outreach for the SHIBA program, including scheduled classes at Portland Community College and other areas in the county.
  - QA to provide opportunities for additional program enhancements through monitoring of service contracts and programs. The goal of the QA is to provide staff support tailored to maximize the strengths of the organization staff through continuous improvement in our service delivery model. Designed to achieve excellence in customer service, and gain program efficiencies, focus is on evaluating organizational policies and staff processes as a training tool for improvement and consistency. The objective is to ensure that service delivery is meeting federal, state and agency requirements, with particular emphasis in the areas of eligibility determination, financial accountability and care/service planning.

In the fall of 2011, DAVS initiated a review of its current I&A staffing structure to determine ways to gain efficiencies with existing staff, anticipating significant future service demands with the aging of the "baby boomers." The planning model that emerged sought to restructure and consolidate our front-end services and position the agency to provide earlier intervention to more people through enhanced I&A, outreach and education. This approach would connect people to the most cost effective and appropriate services maximizing their choice, independence and resources. Initial steps were taken to implement this model, when DAVS was awarded the AoA Community Living Project grant. DAVS and its Multnomah ADS who was a partner in this grant took advantage of a grant opportunity for development of a regional Aging and Disability Resource Center (ADRC). Development of the ADRC is in its final stages, and is responsible for internal staff realignment and development of a new supervisory position to handle all agency direct services to position the agency to better meet future challenges brought about by the "Baby Boomers" as they leave the work force and move into retirement.

## SECTION B – PLANNING AND SERVICE AREA PROFILE

### B-1 Population Profile:

- Approximately 84,080 adults over age 60 reside in Washington County, representing approximately 13% of the total population.
- That number is expected to rise significantly over the next 20 years with the aging of the baby boomers, who began turning 60 in 2006.
- Currently, individuals over age 50 represent 26% of the total Washington County population.
- The three areas in the County with the highest concentration of elders age 65 plus, are King City and the southern part of Tigard, parts of Beaverton (north and west) and southwest Portland, and Forest Grove.
- Ethnic minority groups make up approximately 30% of the total population in Washington County.
- According to the 2008 American Community Survey, veterans of all ages make up 9.7% of the total population.

### WASHINGTON COUNTY DEMOGRAPHICS

Characteristic	Washington County
Number of persons 60 and over	84,080
Number of minority persons 60 and over	10,191
Number of low income, persons 60 and over	46,262
Number of low income, minority persons 60 and over	868
Number of persons 60 and over living in rural areas	7,473
Number of adults with disabilities	7,903
Number of persons with limited English proficiency	5,801
Number of Native American Elders	237
Number of veterans	37,336

*Demographic data provided by the 2010 US Census and the AOA data resources.*

**Ethnic Diversity:** Ethnic breakdown for Washington County is illustrated in the chart below (2010 U.S. Census). According to the 2010 U.S. Census, Washington County is now, for the first time, the most diverse county in the Portland metropolitan area. **“People of color account for three out of every ten people.” (Oregonian, 2/24/10)**

#### Racial/Ethnic Group

#### Percent of Total Population

White	70%
Hispanic or Latino	16%
Asian American	9%
Black/African American	2%
American Indian/Alaskan Native	0.5%
Multiracial	3%

## **B-2 Target Population:**

### **Hispanic Elders:**

All Americans are living longer and the same is true for the Hispanic population. The Hispanic older population was 2.8 million in 2009 and is projected to grow to over 17 million by 2050. In 2009, Hispanic persons made up 7.0 percent of the older population. By 2050, the percentage of the older population that is Hispanic is projected to account for 19.8 percent of the older population. By 2019, the Hispanic population aged 65 and older is projected to be the largest racial/ethnic minority in this age group. As stated in the preceding section Washington Counties Hispanic population is at 16% and we are already seeing projected trends occurring at a faster rate than the national average.

### **Living Arrangements**

In 2008, 67 percent of Hispanic older men lived with their spouses, 15 percent lived with other relatives, 5 percent lived with non-relatives, and 13 percent lived alone. For older Hispanic older women, 41 percent lived with their spouses, 32 percent lived with other relatives, 1 percent lived with non-relatives, and 27 percent lived alone. Although older women are more likely to live alone than are older men, the percent of Hispanic elderly men and women living alone is about one third lower than that of the general population. Also, the percent of Hispanic older persons living with other relatives is about twice that of the total older population.

### **Income**

Households containing families headed by Hispanic persons 65+ reported a median income in 2010 of \$32,930 (as compared to \$47,800 for non-Hispanic Whites). Among such Hispanic households, 15% had an income of less than \$15,000 (compared to 4% for non-Hispanic Whites family households) and 48% had incomes of \$35,000 or more (compared to 67% for non-Hispanic Whites).

### **Poverty**

The poverty rate in 2010 for Hispanic older persons (65 and older) was 18.0 percent. This was more than twice the percent for non-Hispanic Whites (6.8 percent).

### **Access to Medical Care**

In 2007-2009, about 7.0 percent of Hispanic older persons reported that they had no usual source of medical care. In 2000, 6.5 percent reported delays in obtaining health care due to cost, and, in 2001, 20.7 percent reported that they were not satisfied with the quality of the health care which they received. The comparable figures for the total population aged 65 or older show that 3.7 percent reported that they had no usual source of medical care, 4.8 percent reported delays in obtaining health care due to cost, and, in 2001, 15.6 percent reported that they were not satisfied with the quality of the health care which they received.

### **Participation in Older Americans Act (OAA) Programs**

In 2009, State and Area Agencies on Aging provided services to a total of 11.4 million persons aged 60 and older. Consistent with the targeting requirements of the OAA, state and area agencies on aging placed considerable emphasis on services to persons with the greatest social and economic need, including members of racial and ethnic minority groups, especially those who are poor. Of the older persons who received OAA home and community-based registered services, 8.5 percent were Hispanic.

*A Statistical Profile of Hispanic Older Americans Aged 65+*

*U.S. Department of Health and Human Services Administration on Aging, 9/16/2011*

DAVS had 3 interviews with ethnic Latino leaders in the community: Jose Rivera of Centro Cultural, Ruth Garcia of Loaves and Fishes in downtown Hillsboro, and Father David Shiferl of St. Alexander parish in Cornelius. Mr. Rivera operates Centro Cultural, an ethnic Latino community center that serves a population that is 57% Latino. Ruth Garcia's Loaves and Fishes site is well established and primarily attended by Latinos. Father David's parish in Cornelius has a membership of 1500 to 2000 parishioners, of which 99% are Latino.

#### ***Common characteristics and needs of the communities discussed were:***

The community is multigenerational and as a result seniors can be homebound due to their taking care of children.

Fear of not having sufficient funds during aging. Many people cannot work due to immigration or health status, and are too young to apply for Medicare.

Lower education levels are common and illiteracy is high among the senior population. Communication styles are very relational and printed material is not affective.

Games and recreation programs are enjoyed, but transportation, the need to bring children, and the lack of bilingual assistance limits attendance.

Immigration and legal needs were strong, as much of the community needs information on immigration, and assistance in communicating with government agencies.

Due to immigration concerns, there was an expressed need for anonymity in attending programs and a lack of understanding regarding registration processes.

Health care benefits often not available because of age (too young for Medicare), inability to work, and immigration status. For those who could qualify or who already have benefits, there is a great need for Spanish speaking or bilingual benefits assistance.

#### ***What DAVS can do:***

All interviewed stressed the need to more effectively serve limited English proficiency clients, and several recommendations were offered for doing that.

First, participants suggested cultivating relationships in ethnic communities as a way to establish trust and connections with key individuals who can be important allies in promoting aging and disability programs and services.

Second, they noted that DAVS staff, service providers and community partners need to deepen their understanding of how different cultures care for their elders and view receiving assistance from the aging network, which highlights the importance of sustained education and training.

Third, participants emphasized that senior centers, meal sites, and other places where elders gather must be welcoming to all and provide opportunities for ethnic elders to develop, lead, and fully participate in activities.

Fourth, focus group members commented on the critical role that bilingual staff plays in serving clients with limited proficiency in English, and recommended that a sufficient number be employed to address the needs of those for whom language is a barrier.

During the Strategic planning process, DAVS used a variety of methods to survey and learn about the needs of older adults and people with disabilities and its success in meeting those needs. This information-gathering process revealed that racial and ethnic minority elders were faring more poorly than white, non-Hispanic seniors on a number of measures, and although no local data were collected on lesbian, gay, bisexual, transgender elders, a host of studies and anecdotal evidence make a convincing case that they are underserved and face significant barriers to getting assistance through mainstream organizations. The strategic planning process, which was made up of community partners from agencies that serve racial, ethnic, and sexual minority elders, shared these disparities which helped to guide DAVS in developing a plan to look at developing services to help bring equity to its policies, plans, and strategies; target resources and efforts to reach minority elders; and seek new partnerships that support these goals and objectives. As a result of its work, DAVS will increase funding to serve these populations—by re-directing a portion of funding previously allocated to other contracted services that can now support their programs and begin to identify services and programs to fund to address these new priorities starting in 2012 through 2014.

### **Veterans:**

Veteran Services mission is to provide assistance to veterans and their dependents in obtaining federal, state, and local benefits. This is accomplished through active outreach within local communities, at health care facilities, and through in-home visitations. Veteran Service Coordinators provide assistance in filing claims for benefits with the Federal and State Veterans' Affairs Departments and acting as representative for veterans in appeals concerning claims with the U.S. Department of Veterans' Affairs. Veteran Service Coordinators link potentially eligible veterans with OAA, OPI, Medicaid and Food Stamps programs as well as take referrals of Medicaid clients to establish VA eligibility and file claims as required by Medicaid.

Ongoing services to educate and assist veterans, their dependents, and other veteran representatives, groups and organizations. An example of an ongoing service is the program developed with Pacific University is the PTSD (Post Traumatic Stress Disorder) Counseling Service, offered in partnership with Pacific University's psychology department. Intern counselors provide individual and group counseling to veterans suffering from PTSD and their families. This is a one-of-a-kind service not offered elsewhere and has been very successful in developing the evidence to establish a diagnosis for the claims process. It has been recognized that additional funding to serve more veterans and their families is needed.

The demographic breakdown for this target population is shown below.

### **Washington County, Oregon**

Veterans 18 years and over: 37,336

#### **PERIOD OF SERVICE:**

Gulf War (9/2001 or later) veterans: 2,688 or 7.2%  
Gulf War (8/1990 to 8/2001) veterans: 6,795 or 18.2%  
Vietnam era veterans: 12,955 or 34.7%  
Korean War veterans: 3,733 or 10%  
WWII veterans: 4,218 or 11.3%

#### **SEX:**

Male: 34,909 or 93.5%  
Female: 2,427 or 6.5%

#### **AGE:**

18 to 34: 4,069 or 10.9%  
35 to 54: 10,752 or 28.8%  
55 to 64: 10,080 or 27%  
65 to 74: 6,123 or 16.4%  
75 years and over: 6,309 or 16.9%

#### **Source:**

Data Set: **2005-2009 American Community Survey 5-Year Estimates**  
Survey: **American Community Survey**  
Note: **Updated census data expected December 2011**

### **B – 3 AAA Administration and Services:**

The numbers identifying each service correspond to the listing found in the Service Matrix. (Section E of this document). Services marked by ( \* ) are those we plan to establish during this Area Plan period.

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

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

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

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

**\* Chore #3 (Contracted) #3a (HCW) (1 unit = 1 hour)**

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

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

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

Home-delivered meal eligibility assessment is reported as Matrix #40-3 Preventive Screening, Counseling and Referral.

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

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

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

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

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

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

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

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

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

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

**\* Transportation #10** (1 unit = 1 One Way Trip)

Transportation from one location to another. Does not include any other activity. (AoA Title III/VII Reporting Requirements Appendix – [www.aoa.gov](http://www.aoa.gov))

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

Legal advice or representation provided by an attorney to older individuals with economic or social needs, including counseling or other appropriate assistance by a paralegal or law student acting under the direct supervision of an attorney, or counseling or representation by a non-lawyer where permitted by law. 10AA 102(a)(33); 20AA 307(a)(11)(E), 3321(a)(6)

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

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

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

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

**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. (AoA Title III/VII Reporting Requirements Appendix – [www.aoa.gov](http://www.aoa.gov))

**Information to Caregivers #15** (serving elderly) and **15a** (serving children) (1 activity)  
A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities. (AoA Title III/VII Reporting Requirements Appendix – [www.aoa.gov](http://www.aoa.gov))

**Caregiver Access Assistance #16** (serving elderly) **16a** (serving children) (1 unit = 1 contact)  
A service that assists caregivers in obtaining access to the available services and resources within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. (AoA Title III/VII Reporting Requirements Appendix – [www.aoa.gov](http://www.aoa.gov))

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

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

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

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

**Program Coordination and Development #20-3** Activities include AAA liaison with other agencies and organizations serving elderly; services development; and mobilization of non-OAA funds to enhance delivery of services to the elderly ( Condensed from AoA Pl-83-4)

#### **Home Repair / Modification #30-1** (1 unit = 1 payment)

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

#### **\*Respite Care #30-4** (OPI) **#30-5** (serving elderly) **30-5a** (serving children) (1 unit = 1 hour see notes)

Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite Care includes: (1) In-home respite (personal care, homemaker, and other in-home respite); (2) respite at a senior center or other nonresidential program; (3) respite provided by placing

the care recipient in an institutional setting such as a nursing home for a period of time; (4) and for grandparents/relatives caring for children – day or overnight summer camps. (AoA Title III/VII Reporting Requirements Appendix – [www.aoa.gov](http://www.aoa.gov) & SPR Q&A #28, 2008)

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

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

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

Note: Supplemental service priority should always be given to caregivers providing services to individuals meeting the definition of ‘frail’. (See General Terms and Definitions)

Home-delivered meals and transportation to caregivers serving elderly or caregivers serving children are to be reported under this matrix.

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

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

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

**\*Physical Activity and Falls Prevention #40-2 (1 unit = 1 session per participant)**

Programs for older adults that provide physical fitness, group exercise, and dance-movement therapy, including programs for multi-generational participation that are provided through local educational institutions or community-based organizations. Programs that include a focus on strength, balance, and flexibility exercise to promote physical activity and/or prevent falls; that are based on best practices; and that have been shown to be safe and effective with older populations are highly recommended. (OAA 102(a)(14) D, E, F)

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

Assistive devices such as durable medical equipment, mechanical apparatuses, electrical appliances, or instruments of technology used to assist and enhance an individual's in performing any activity of daily living. (OAR 411-027-0005)

**Medication Management #40-9** (1 unit = 1 session per participant)

Screening and education to prevent incorrect medication and adverse drug reactions, including individual medication reviews or group-based programs that contain information on medication management (including Stanford's Chronic Disease Self-Management program (Living Well)). (OAA 102(a)(14) I) & (H.R. 2764; P.L. 110-161)

Note: Assistance in completing no-cost and/or low-cost prescription medication applications does not qualify as a unit of Medication Management unless education to prevent adverse drug reactions is provided.

**Elder Abuse Awareness #50-3** (1 unit = 1 Activity)

Public Education and outreach for individuals, including caregivers, professionals, and para-professionals on the identification, prevention, and treatment of elder abuse, neglect and exploitation of older individuals.

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

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

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

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

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

**Interpreting/Translating Services #60-5** (1 unit = 1 hour)

Providing assistance to clients with limited English speaking ability to access needed services. (Definition developed by AAA/SUA workgroup)

**\*Fee-based Case Management #70-8** (1 unit = 1 hour)

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

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

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

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

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

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

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

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

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

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

Training provided to caregivers and their families that supports and enhances the care giving role. For example: Powerful Tools training; Communicating Effectively with Health Care Professionals; conferences, etc. (A session for conferences would be equal to one day's attendance at the conference). (DHS/SPD/SUA definition)

Note: This does not include training to paid providers.

**Public Outreach/Education #70-10** Services or activities targeted to provide information to groups of current or potential clients and/or to aging network partners and other community partners regarding available services for the elderly. Examples of this type of services 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 AAA/SUA workgroup)

**Senior Center Assistance #80-1** (1 unit = 1 Center Served)

Financial support for use in the general operation costs of a senior center. (i.e., administrative expense)

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

Assistance with financial tasks for seniors who are unable to handle their personal finances. (Definition developed by AAA/SUA workgroup)

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

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

**Changes Planned for the Service System Expansion of Evidence-Based Health Promotion Programs:**

Falls Prevention. See section \_\_\_\_\_

**ADRC Development:** The goal of DAVS is to develop a fully functioning Aging and Disability Resource Center (ADRC) and implement customer service enhancements that also streamline workloads. This work will establish a single entry point for consumers where they can avail themselves of counseling that helps them understand all of their available options regardless of income.

DAVS will implement changes in phases, concentrating initially on refining the details of the ADRC model after which modifications to the current information and assistance system will be made.

**Improving Service to Racial, Ethnic, and Sexual Minority Elders:**

DAVS has begun to send staff to training to learn more about this issues and ways to address the service needs. DAVS will develop employed a variety of methods—a needs assessment survey, community meetings—to learn about the needs of older adults and people with disabilities and its success in meeting those needs. This information-gathering process revealed that racial and ethnic minority elders were faring more poorly than white, non-Hispanic seniors on a number of measures, and although no local data were collected on lesbian, gay, bisexual, transgender elders, a host of studies and anecdotal evidence make a convincing case that they are underserved and face significant barriers to getting assistance through mainstream organizations. Services to address these disparities and help DAVS make equity the foundation of its policies, plans, and strategies; target resources and efforts to reach minority elders; and seek new partnerships that support these transformative aims. DAVS will focus increased funding to serve these populations by directing a portion of Title IIIB & E funding to develop services and new contracts with qualified providers.

**Senior Center Reorganization:**

**B – 4 Community Services Not Provided by AAA:**

DAVS partners with a variety of providers throughout the PSA and participates in coordinated planning efforts to address the needs of the populations we serve.

Examples of planning Aging Summit in partnership with Vision Action Network, Kaiser Permanente, United Way. Community presentation with AARP, OSU Extension and local hospital systems.

**Section B-4 Community Services Not Provided by the AAA:**

<b>Service</b>	<b>Provider</b>	<b>AAA Role</b>
Mental Health	County Mental Health	Participate in Advisory Meeting
Transportation	Tri-Met, Ride Connection	Participate in Advisory Meeting Advocacy
Housing	County Housing Department	Participate in Advisory Meeting Advocacy
Elder Abuse Awareness/Prevention	Sheriff's Office	Contract Elder Safe
Employment Services	Employment Department	Member of SAC, Vets Commi
Energy Assistance Programs	Community Action	Grant Partnership, Referral So Advocacy
Disability Services and Programs	Independent Living Resources, State Independent Living Council	Partner on various grants, cons around advocacy
Community Healthy Aging	County Public Health	Partner on various grants
Care Transitions		
Senior Centers	7 Throughout PSA	Partner through grants, advoca
Information & Referral/Assistance	211	Participate in regional network
Services Targeted to Minorities	Centro Cultural, Asian Health Services Center, Virginia Garcia	Contractual and partnership agreements to target minority
Alzheimer's/Dementia	Alzheimer's Association, Portland State University	Partnership with organizations

Services provided by APD Local Offices include: Medicaid services, SNAP, OHP.

Services are coordinated between AAA/APD Offices through quarterly manager meetings including 8 APD managers and 4 AAA Managers to ensure coordination of services is seamless to the population we serve. In addition, an MOU highlighting agreed upon coordination of services is included in Appendix G



## **SECTION C – ISSUE AREAS, GOALS, AND OBJECTIVES**

### **C – 1 Local Issue Areas, Older Americans Act and Statewide Issue Areas:**

These are challenging times to be a provider of services for older adults. On one hand, community need is great and there is an ever-increasing demand for services. With the aging of the Baby Boomers, the vast increase in sheer numbers of older adults and the rapid increase in the population age 85-plus, the age group most likely to need services, the demand and need are not likely to decrease anytime soon. On the other hand, the largest threat to the provision of adequate, quality services is unstable funding. Reductions and restrictions on state, county, and federal funding sources make it difficult, if not impossible to assure adequate program funding. Agencies are expected to do more with less at a time of increased demand for services and increased expectations. Despite the challenges facing organizations like DAVS, there is a wealth of creativity, talent, and desire to help within the community. Baby Boomers themselves have a desire to give back, to volunteer in meaningful ways. Those who responded to the survey are involved in their community as volunteers in a myriad of ways. It was clear from survey comments and focus group participation that community members have creative, useful ideas that will no doubt be an asset as DAVS moves forward in implementing this strategic plan.

Key areas of need identified consistently through surveys, focus groups, and the SWOT analysis are discussed below.

#### **Health Care:**

- The number one worry/concern for survey respondents is health care costs. Nearly 70% of online survey respondents and more than 80% of those who took the Spanish survey are worried about spiraling health care costs. This was also a top concern among focus group participants. Rising costs for care threaten to impact the health and well-being of many older Americans. In a new census measure (2010 census) that takes into account rising medical costs and other expenses, Americans 65 and older experienced the largest increase in poverty among all groups nearly doubling to 15.9% or 1 in six because of medical expenses (Oregon Live; 11/7/11).
- Obtaining affordable, accessible health care and health insurance are issues for many. This was identified as the number two concern (62%) for online survey respondents. Older people may delay retirement because they need health insurance
- It is becoming increasingly difficult to find providers who will accept Medicare, limiting access to health care for older adults.

- Affordable, low-cost dental care was frequently mentioned in the survey as being an unmet need.
- Healthy aging, maintaining one’s health and dealing with disability and chronic disease are of major concern. Approximately half of all survey respondents ranked this as a top concern or worry.

### **Transportation and Housing:**

Access to transportation and adequate housing are two key indicators of one’s ability to maintain independence during the aging process. Concerns raised during the strategic planning process include:

- There is a lack of sufficient transportation resources now and demand will only increase. This was most frequently mentioned as being a service likely to be needed by survey respondents. Some of the comments spoke to the importance of transportation:
  - \**“If my husband should become disabled or die, I’d not have transportation (to medical appointments) at all.”*
  - \**“Transportation to doctor, grocery, etc. If you cannot drive yourself, it’s hard to get around the county.”*
  - \*Another respondent noted that there is no bus transportation within one mile of his/her home.
- **Accessible housing:** Home modifications for aging in place are needed. Focus group participants in several of the groups expressed concern about lack of one-level housing in Washington County. The need for home remodeling to create an environment allowing one to age in place was mentioned by survey respondents.
- The ability to afford home mortgages; the values of homes (and nest eggs) have been shrinking during the recent recession.
- General home maintenance, including handyman services, landscaping, and housekeeping was frequently mentioned as being a top need as one ages.

### **Financial:**

- Lack of funds...there is general worry about having enough money to live on in retirement, uncertainty about Social Security and reductions in investments. More than 43% of survey respondents are concerned about maintaining lifestyles, having enough to participate in desired activities in retirement. Finances was the number two concern for Spanish survey respondents with 75% worried about having enough money to meet basic monthly needs.
- **Employment** is an issue for older adults. For those over 55 who are unemployed, it is difficult to get rehired and there is pressure on older adults from younger

generations to retire so younger persons can have the jobs. Approximately one-third of all survey respondents indicated they intended to supplement their retirement with part-time employment. As one responder put it, “I’m 68 years old, unemployed, but I can’t retire.”

- There is need for financial counseling, making transitions to and assessing options for living in retirement, and evaluating what services one may be able to afford.

#### **Lack of Information:**

- Sixty-three percent (63%) of online survey respondents indicated they did not know if community services to meet their needs are available.
- There is a general lack of knowledge about existing services, where to call for help, and how to apply for programs for which one may be eligible. In addition, survey comments indicated the need for counseling, help comparing types of living arrangements available, evaluating finances, choosing health care and prescription coverage, and evaluating when the time is right to make a change in living arrangements.

#### **Caregiving:**

- Nearly every focus group participant indicated they have been, currently are, or expect to be a caregiver at some point. It is interesting to note that nationally the average caregiver age is 46; but in Washington County, average is 65-67. This reflects a large number of spouses caring for each other and grandparents caring for grandchildren. (Washington County Family Caregiver Support Program).
- The overwhelming need for family caregivers is respite services.

#### **Community Planning:**

- Today’s current senior center model is outdated. Throughout the planning process, it became clear that the need now is for multi-generational planning. Partnerships with multiple organizations are needed and the focus needs to be community-based rather than targeting a single age group.
- Top desired services and activities according to survey respondents include:
  - Physical exercise opportunities...biking, swimming, aerobics, yoga; walking trails and walking groups (72+% of online survey respondents checked this activity).
  - Socialization...recreational, entertainment and travel opportunities.
  - Educational opportunities on a wide range of topics.
- Programs to promote healthy aging and prevent disease are needed. Survey respondents and focus group participants identified nutrition as the top program need and included cooking classes, support, counseling, community gardens as suggested activities. Peer support, community nursing programs and preventive

health services such as health fairs and screenings were also top needs. The need for health education and support groups was listed as top priority for more than 92% of the Spanish survey respondents.

- Technology needs to be a major priority in all service planning activities and technology training and education in community centers is needed. Among survey respondents:
  - 86% said they had access to a computer and the Internet.
  - 85% said they use or plan to use email in retirement.
  - 53% use or plan to use social networking sites.
  - 46% said they plan to use online tools to manage health care needs.
- **Community Reinvestment:** With people living longer and healthier lives than ever before, there is a sense of wanting to give back to the community. Finding meaningful volunteer activities was in the top five desired activities among online survey respondents. Many of these individuals are already volunteering in a wide range of service areas. Comments such as “I currently volunteer and plan to continue as long as possible” and “I’d love to volunteer for an organization that could benefit from my (previous) experience” reflected the commitment the survey participants have to give back to their community. Suggestions from focus groups centered on the fact that Baby Boomers themselves could be assets and resources in developing new centers/models for service and in supporting services.

### **Multi-Ethnic Groups:**

- Language is a major barrier in addressing needs of the various groups. Within the Latino population, few elders speak English and are not literate in Spanish.
- Many Latino elders are homebound due to disability, lack of transportation, caregiving responsibilities for grandchildren.
- There is fear about having sufficient income during the aging years. Many people within the Latino community cannot work due to immigration or health status and are too young to apply for Medicare.
- Outreach within all groups is needed, with an intergenerational approach. In the Latino community the preferable form of communication is in person and in Spanish.
- There is a need for information on immigration, legal assistance and assistance communicating with government agencies.
- Cultural sensitivity is essential. Working with faith communities would be a good goal in establishing relationships with ethnic communities.

## **Veterans:**

- The needs of veterans, especially those returning from war, cannot be understated. There are between 40-50,000 veterans in Washington County; about 150 per quarter are returning from wars in Iraq and Afghanistan. According to estimates, about 25% of those have injuries and various disabilities. However, recent statistics are showing that the true number of American service members who have returned from Iraq and Afghanistan with injuries has been understated. The actual number of military personnel who have sustained some form of injury during deployment could number in the hundreds of thousands. According to the Iraq and Afghanistan Veterans of America, it is estimated that nearly one in three of those deployed in those wars suffer from post-traumatic stress disorder, depression, or traumatic brain injury. Additional injuries include hearing loss, breathing disorders, diseases, and other long-term health problems (NiemanWatchdog.org; 12/30/11).
- Medical care and outreach (so that veterans know what they are eligible for) are top needs as well as additional reintegration services that include employment, transportation, education, mental health services including post-traumatic stress disorder and substance abuse treatment, and assistance rebuilding relationships.

## **GOALS AND OBJECTIVES**

### **GOAL 1 – Outreach, Information and Assistance**

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

**Objective 1:** Increase number of volunteers and strengthen Volunteers Program as an outreach strategy.

**Objective 2:** Increase special outreach efforts to ethnic and isolated communities.

**Objective 3:** Develop a Memorandum of Understanding within the four-county Portland metropolitan area to develop an Aging and Disability Resource Center (ADRC) to provide expertise and trusted leadership on aging and disability services in Washington County.

### **GOAL 2 – Healthy Living**

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

**Objective 1:** Develop partnerships to increase access and numbers of programs available in the community that promote healthy living.

**Objective 2:** Develop and implement health education programs.

**Objective 3:** Promote health and well-being through a focus on improved nutrition.

### **GOAL 3 – Community Centers/Focal Points**

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

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

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

**Key considerations in implementing activities for this goal:**

- Need to bring resources together to remake the traditional senior center into a multi-generational community center that serves a broad cross section of the population.
- Communication with the public is key to this task; there needs to be a well-developed public relations component for each activity.
- Baby Boomers need to be involved in the planning stages.

### **GOAL 4 – Veterans**

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

**Objective 1:** Develop an outreach plan to educate veterans in Washington County and empower them in addressing their unmet needs.

**Objective 2:** Network with community organizations to identify ways to raise community awareness and support for veteran issues.

1. Family Caregivers:

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

The Family Caregiver Support Program partners annually with the Pacific University College of Health Professions to conduct its annual client satisfaction survey. A team of five students form the interdisciplinary team representing occupational therapy, physical therapy, pharmacy, physician assistance, and the counseling psychology program (see

**attached MOU).** During one Saturday in the spring, the student team congregates at WCDAMS to survey by telephone all FCGSP participants served during the year. For those unavailable to the phone, the students mail a survey. Additionally, evaluations and feedback are collected after all FCG trainings, Powerful Tools for Caregiver (PTC) classes, and the annual conference. Consistently the highest identified area of need for family caregivers is the need for paid respite.

**Specify how AAA and service partners will conduct outreach and public awareness as well as culturally-relevant services to the following caregiver populations:**

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

As openings become available, WCDAMS is committed to enhancing the number of bilingual support and case management staff by working with Human Resources to increase the opportunities for bilingual candidates to apply to positions serving seniors and their caregivers.

The Family Caregiver Support Program has long held a contract with Asian Health and Service Center to provide services to Asian family caregivers who speak primarily Chinese, Japanese, Korean and Vietnamese languages.

Efforts are on-going to create pathways into the Hispanic community. The grandparents raising grandchildren (GRG) 2012 Presentation Series features one of the back- to-school presentations at Centro Cultural for Latino grandparents, and we will continue to build on this in subsequent years. In 2011 our program hosted the first dual-language GRG event in the state, where every breakout session was also offered in Spanish for Latino grandparents.

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

Our program prioritizes those with the higher acuity of caregiving responsibility and with the greatest economic need for paid respite. Paid respite funds are very limited and each request is carefully considered after the initial home visit during weekly staffing of cases. During the intake interview and home visit the program gauges the profile of the family caregiver: i.e. how long have has the caregiver been providing care, and with what, if any, supports? What kind of financial resources does the caregiver have available to support a respite plan? How acute are the care needs of the person in care? Knowing that caregivers managing the needs of a family member with Alzheimer's disease or related dementias are at greater risk for depression is also a consideration.

**-- Non-traditional family caregivers:**

Our 15-hour family caregiver trainings offered several times a year have served a number of non-traditional family caregivers.

## **--Grandparents raising grandchildren:**

Since 2009 we have greatly expanded services to grandparents raising grandchildren: our contract for support groups and individual counseling services was expanded to include this population. As a result, Washington County has a specific group for grandparents who can also access individual counseling services. Grandparents can also access paid respite for relief breaks from caregiving, and annual events which address specific issues of concern (annual conference/presentation series).

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

Our partnership with Washington Co. Developmental Disabilities continues after the demise of the Lifespan Respite Program, and referrals who meet the OAA criteria continue to be served through the FCGSP.

## **Summarize how the seven core elements of the Family Caregiver Support Program are organized in your service area—describe separately from relatives raising children:**

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

FCGSP Coordinator and WCDAVS Program Educator participate in numerous events and fairs throughout the year to share information about FCGSP.

The county website section on FCGSP has been updated to include helpful links to upcoming events for FCG's and self-help tools and websites relevant for caregivers. The agency's Facebook page posts FCG events and information.

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

Intake by phone to share service information and set up initial home visit with case manager;

Home visit for one-on-one whenever client is indicating a need for an in-person visit to discuss their challenges and find support services as well as requesting paid respite

### **Counseling**

Offered through a contract with Misty Mountain Family Counseling Services wherein the program will pay for up to five one-on-one counseling visits during the fiscal year

### **Training**

Fifteen hours of FCG training are offered in a five- week series of sessions, three times per year, in partnership with No Worries In Home Services (see attached MOU)\*.

Powerful Tools for Caregivers is taught twice per year by the FCGSP Coordinator in partnership with the Parish Nurse Coordinator at Tuality Hospital.

The annual Washington Co. Family Caregiver Conference occurs every November during National Family Caregiver Month, in partnership with OSU Extension, and Tuality Healthcare.

### **Support Groups**

Offered throughout Washington Co. at five different locations to enable FCG's to more easily access this service; one group is offered in the evening. All are provided through a contract with Misty Mt. Family Counseling Services.

**Respite Care Services** (both in home and out of home)

Provided through a contract with Home Instead Senior Care for in-home respite, and through our stipend program which provides \$300 for a family caregiver to purchase respite services of an agency, an adult day program, an assisted living facility or adult foster care home. For those care recipients who will not accept the respite services provided by someone unknown to them the stipend can also cover the cost to pay for a trusted friend or relative to provide respite.

**Supplemental Services**

Durable medical equipment, adaptive aids and/or incontinency supplies up to \$200 per fiscal year are paid for through several purchase orders with medical suppliers (Active for Life, McCann's Medical Supply and Tuality Medical) located throughout the county.

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

AAAs with current or previous ADRC grant funding should identify opportunities for how the current ADRC can evolve to be full-functioning and/or to fine or implement a Continuous Quality Improvement (CQI) plan.

- Washington County is a partner in the ADRC grant and we have begun the implementation of the ADRC into our agency by adding resources to the state's Aging and Disability Resource Connection database. When we go live in the Fall of 2012, we will be able to deliver warm transfers from one county to another which allows seamless connection to the agency that can assist the client. We will have an active call center where the client will always access a live person during our normal operational hours. We will begin taking Medicaid calls and assist the client in coordinating their care through our programs as well as local resources and partners in the local community.

AAAs will identify potential ADRC partnerships and explore strategies for partnering with other AAAs, SPD district offices, local disability and older adult organizations.

- Washington County has become part of a quad-consortium establishing an ADRC in the Portland Metro area, see attached MOU, which includes Multnomah County, Clackamas County, Columbia County, Washington County Area Agencies on Aging as well as the State District offices for Aging and People with Disability (APD) located in Columbia, Clackamas and Washington Counties and the Independent Living Resource Center covering the Portland Metro area. The counties have all agreed to work together to pool the resources and access to information so the client experiences an advanced level of care coordination. All resources are shared both positive and negative so that everyone can operate on the same level. The counties will take advantage of each others assets, while one

county may be closed due to compressed work week, another county will take the calls and refer, another County is open until 6pm and also has a 24 hour call center. This allows the greatest impact and flexibility in assisting our clients. Washington County (WCDAVS) also has in place agreements with Providence St. Vincent Hospital and Clinics and Tuality Hospital a referral process to our Options Counseling program. We are also in conversations with the two local CCO's and developing MOU's to provide services to their organizations.

AAAs will identify challenges in realigning both their funding and I&A services into an ADRC(s) to meet community needs, including those of the ADRC target populations. This issue area should identify how those challenges will begin to be addressed and what assistance would be needed.

- We are anticipating an increase in call volume once we convert to the ADRC, at the same time with the slumped economy more people are looking for resources. Due to these issues, we will be hiring another I&A staff member to our team to help with the increased volume. We will be using Medicaid match dollars to help fund the position since we will also be taking Medicaid calls and screening them for DHS.

AAAs will describe how they each plan to use the ADRC statewide information system and contribute to the statewide resource directory.

- Our I&A staff have been trained locally on the resources and have begun to enter resources into the database. The state is working on an inclusion/exclusion policy for the ADRC grantee and partners. This state database will give our staff the support of state-wide assistance that will be available to our clients. Using the state-wide database allows our clients the opportunity to review areas other than their own. If a client's relative lives outside of the area, we are able to look into resources in whatever area they are located within the state.

AAAs will describe ADRC key service components and identify potential service delivery partners.

All Metro ADRC Consortium partners agree to:

- 1) Develop an operational plan for regional ADRC program expansion
- 2) Provide streamlined access to public benefits and services
  - a) Partners will establish a process for facilitated transfer of individuals across Counties, organizations and services
- 3) Provide basic information, referral and assistance functions
  - a) Utilize ADRCofOregon resource data base and call module to capture call contact information
  - b) Partners will participate in regional and state-wide coordination of data resource management to ensure that resource data in the ADRCofOregon is accurate, up-to-date, and presented in a consistent format.

- 4) Assist older adults and people with disabilities to avoid institutional care and unnecessary utilization of health care resources by implementing such services as:
  - a) Options counseling
  - b) Care coordination/management
  - c) Care transitions
    - i) Nursing facility transition/diversion
    - ii) Partnering with regional Coordinated Care Organizations
  - d) Evidence-based health promotion and chronic disease self-management
  - e) Protection for vulnerable adults – through education and referral/reporting to Adult Protective Services
- 5) Ensure consumer involvement and satisfaction
  - a) Regional ADRC Advisory Committee will meet at least quarterly. Each agency will provide 1 staff representative to sit on the committee and recruit 1-2 consumers/community members. At least 51% of advisory committee members will be consumers. Consumers may be older adults, people with disabilities (physical, mental/behavioral health, and intellectual/developmental), veterans, family caregivers or professionals representing the aging/disability network or healthcare.
  - b) Consumer satisfaction surveys – partners providing core ADRC services agree to conduct standardized consumer satisfaction surveys and share summary results with the quality improvement workgroup and advisory committee.
  - c) The Consortium, in consultation with the Advisory Committee, will annually develop additional opportunities for consumer feedback, such as focus groups, etc.
- 6) Participate in continuous quality improvement
  - a) Partners to participate in developing and implementing regional quality improvement plan to implement State quality/performance protocols
  - b) Coordinate and share training resources, including:
    - i) Coordinate annual CIRS-A training, testing, and recertification for I&A staff
    - ii) Create developmental opportunities for staff to become resource specialists in our consortium with training that support CRS certification;
    - iii) Develop Options Counseling Train-the-Trainer resources to be shared in the region
    - iv) Establish an annual plan for ADRC core training topics, such as:
      - (1) Medicaid Eligibility Basics
      - (2) Medicare Basics
      - (3) Options Counseling 101
      - (4) Serving Veterans
      - (5) Consumer Self-Direction
      - (6) Motivational Interviewing
      - (7) Inclusive programs that address the needs/preferences of people with disabilities
      - (8) ADRCofOregon – web-site search, resource database, call module & care tool
      - (9) Sharing of I&A best practices

- c) Partner with Coordinated Care Organizations in the region to ensure collaboration across health, long-term care and social service systems for older adults and individuals with disabilities.

### 3. Elder Rights and Legal Assistance

Elder Safe Program: WCDAVS funds through OAA Title VII dollars the Elder Safe Program, in collaboration with the Washington County Sheriff's Office. The project identifies over 1,000 elder (65+) crime victims each year through the Portland Police Data System(PPDS), and through police reports submitted by Tigard, Hillsboro, Beaverton, Banks, Cornelius, Gaston, King City, North Plains, Tualatin, Forest Grove and Sherwood Police Departments and the Washington County Sheriff's Office. Other crime victims are identified through the Washington County District Attorney's Office and referred to Elder Safe.

Crime victims are contacted to inform them of the availability of crime victims' services, information relating to the criminal justice system, OAA, OPI, services and other community services that can meet medical needs and assist them through their trauma.

In addition, Elder Safe provides these services:

- Home visits and/or phone contact to provide personalized assistance to crime victims negotiating the criminal justice system.
- Expediting cross referral of of elder abuse and crime reports between Adult Protective Services and Washington County law enforcement.
- Coordinating monthly meetings of the Washington County Elder Abuse Multi-disciplinary Team.
- Identifying and coordinating educational opportunities for law enforcement, prosecutors, adult protective services, Community partners and the community-at-large on elder abuse issues and other crimes.
- Manage the Project Lifesaver radio transmitter bracelet program for seniors and people with disabilities at risk for wandering.
  - Provides Gatekeeper training to employees who in their jobs, may have contact with elderly or those with disabilities in need of assistance.

WCDAVS contract with Oregon Law Center to provide legal services targeted to the most vulnerable older individuals to protect their health, welfare, independence, security and dignity. Services are intended for those which are most needed by those individuals and least available from other sources. Among those older individuals who are most vulnerable may be residents of all types of long-term care facilities, persons with chronic health problems, persons with particular problems of access to health care; homeless persons; institutionalized mentally ill or mentally retarded persons; persons with language

barriers; persons proposed for or under guardianship; victims of elder abuse, neglect or exploitation (including fraudulent and deceptive financial and consumer practices); physically isolated persons; etc. 42 USC 3026(a)(4)(B); 42 USC 3027(a)(11)(E).

Oregon Law Center prioritizes representation of clients based on targeting factors listed below. WCDAVS target areas are older individuals with the greatest economic or social need, with particular attention to low-income minority (non-English speaking elders, e.g. Hispanic, Korean, Vietnamese, Chinese, Russian, and Philippine heritage) individuals and older individuals residing in rural areas.

Our target services are:

- Housing
- Defense of guardianship
- Prevention and rectification of abuse, neglect and exploitation (including consumer scams targeting seniors)
- Health care (including Medicaid and Medicare)
- Long-term care
- Social Security
- Age discrimination in employment
- Utilities
- Grandparents raising grandchildren

Oregon Legal Center also assists in coordination of the Senior Law Project in Washington County Senior Centers and provides quarterly detailed activity reports to WCDAVS.

In addition, Oregon Legal Center conducts community legal education; providing information for elders about their legal rights through speeches, presentations, and other appropriate media to equip seniors, caregivers, and family members with knowledge to help them avoid costly legal problems later.

Oregon Law Center developed and operates an advocacy program in coordination with the Long Term Care Ombudsman (LTCO), Senior Health Insurance Benefits Assistance Program (SHIBA), etc.

Finally, WCDAVS works with Adult Protective Services, Washington County Sheriff's Office, Washington County Courts, Elder Safe and citizens of Washington County to identify and intervene on behalf of elders at risk of abuse, neglect or financial exploitation. Case management staff work in collaboration with partner agencies to move guardianship and conservatorship cases through the legal system by assisting in investigations and providing testimony..

Through a contract with Impact Northwest, money management services are provided to vulnerable seniors who are at risk of or are experiencing financial abuse or exploitation. At risk clients are identified by adult protective services and WCDAVS case management staff for clients enrolled in our various programs such as OPI, OAA Case Management, Project REACH and Options Counseling.

#### **4. Health Promotion:**

**The AAA must, at minimum identify how its Title III D Disease Prevention and Health Promotion, and if applicable, Title III B funds will be used to address the implementation of evidence-based health promotion/disease prevention programs such as, but not limited to: ... falls prevention; social marketing for healthy aging and fall prevention activities,**

**The AAA should also identify how, through involvement of partnerships with public health, health systems, county or regional planning groups, or other efforts, the AAA is helping advocate for and address issues that impact the health of older adults and people with disabilities. This may include work on walkable/livable communities, access to healthy foods, access to preventive services and healthcare, and aging and disability services involvement in healthcare reform efforts, or other similar efforts.**

In Washington County several CDSMP licenses are held by our community partners: Tuality Healthcare (multi-program), Northwest Parish Nurse Ministries (Living Well), Providence Health and Services (multi-program), and Pacific University (Tomando Control). Washington County Disability, Aging and Veteran Services (DAVS) meets regularly with Tuality Healthcare and Washington County Public Health and has developed small pilot agreements around Living Well with goals to enhance referrals to their existing program. DAVS has been involved in CDSMP efforts to increase exposure and availability of Living Well in the County. Through IIID funding and other recent projects, DAVS will be assisting in the formation of a CDSMP Steering Committee in Washington County; bringing together all licensees, DAVS and Washington County Public Health to better coordinate Living Well in Washington County.

DAVS will assist in the development of a Living Well Steering Committee comprised of Tuality Healthcare, Northwest Parish Nurse Ministries, Washington County Public Health and Pacific University in an effort to better coordinate workshop planning, implementation and sharing of referrals for both Living Well and Tomando Control. CDSMP programming has been moderately successful in Washington County, however, coordination has not occurred across licensees and community partners. Through IIID funding, CDSMP partners are committed to cross referrals which will maximize workshop capacity and ongoing steering committee meetings to discuss barriers to wider spread implementation. In addition, Washington County DAVS and Public Health were identified as funded partners in a recent CDC grant award to support implementation of a community health initiative. Through this grant and IIID funding, Washington County

DAVS and Public Health will modify intake and referral processes within our division to enhance screening at intake identifying chronic diseases and unhealthy behaviors in our clients. Once identified, an appropriate referral will be facilitated to a smoking cessation program or CDSMP providing a valid source of consistent referrals. Through the developed Steering Committee, we will also engage community partners who work with the Latino community to ensure access to Tomando Control for Spanish-speaking participants. These community partners include Virginia Garcia, Bienstar, El Centro Cultural and Adelante Mujeres.

Through CDC grant funding and IIID, DAVS will hire a Program Specialist to oversee program implementation of the identified performance measures. DAVS will ensure the Program Specialist receives training as a Living Well leader and the position facilitates workshops throughout the year. The Program Specialist will also assist in recruiting and retaining volunteer leaders to meet the benchmarks of funding.

DAVS also continues to fund Contract RN Services in the area of Medication Management for older adults and participants of Oregon Project Independence to understand and manage their medication regimens.

#### 5. Older Native Americans:

The Elder Native American population in Washington County is 237. There is no community focal point for these individuals. The population is dispersed throughout the County. Unless they self identify when contacting DAVS there is not an efficient method to determine additional service needs. Native Americans are provided the same level of services as the general elder population. To attempt to target this population with the current level of funding would not be an efficient use of limited funds or staff.

#### 6. Nutrition Services:

**The AAA must, at minimum, identify its Title III C funds will be used to implement nutrition services.**

Washington County DAVS will continue its contract with nutrition services provider, Loaves and Fishes, at minimum through the current contract period. With 100,517 congregate meals and 172,750 home delivered meals provided from seven meal centers in the county during FY 2011-12, the nutrition services contractor is monitored for adherence to the “State Standards for Nutrition Services”. Standards include food safety and handling, requirements for nutritional standards, requirements for nutrition education, and more. As the AAA, Washington County DAVS will continue to work with our nutrition services contractor to recommend, support, and promote nutrition education topics and content, and will track monthly nutrition education units from each meal center and submit data to the state. The contractor is monitored for nutrition education and nutrition services to ensure food delivery and client experience are meeting expectations. A client’s experience pertaining to nutrition education can take many delivery methods but will include a level of verbal instruction with every nutrition education offering. Home delivered clients will receive annual assessments and nutrition

education specific to their needs during the home visit. Education can be in the form of a group workshop in a meal site or an introduction to the highlights of a brochure or other handout materials.

7. Other Issue Areas – any other issue area of the AAA’s choosing

SECTION D - AREA PLAN BUDGET

Area Agencies on Aging Area Plan Budget		Budget by Service Category																																																																																																															
AAA: Washington County Disability Aging & Veteran Serv		(1)																																																																																																															
BUDGET PERIOD: 07/01/2012 - 06/30/2013 - Year 1		(2)																																																																																																															
		(9) OAA														(10)														(11)														(12)														(13)														(14)														(15)														(16)													
Matrix #	SERVICE NAME	Contract or Direct	Estimated Units	Service Unit Definitions	Estimated Persons Served	T III B	T III C-1	T III C-2	T III D	T III E	T VII	OAA Total	NSIP	OPI	Other Cash Funds	Total Funds	Estimated Cost Per Unit	Explanation																																																																																															
<b>ADMINISTRATION</b>																			\$319,284	\$23,783	\$41,285	\$0	\$16,931	\$0	\$401,283	\$0	\$39,698	\$0	\$440,981																																																																																				
20-1	Area Plan Administration					\$71,165	\$23,783	\$41,285		\$16,931		\$153,164		\$39,698		\$192,862																																																																																																	
20-2	AAA Advocacy					\$57,017						\$57,017				\$57,017																																																																																																	
20-3	Program Coordination & Development					\$191,102						\$191,102				\$191,102																																																																																																	
<b>ACCESS SERVICES</b>																			\$284,469	\$0	\$0	\$18,516	\$0	\$0	\$302,985	\$0	\$168,292	\$245	\$471,522																																																																																				
6	Case Management	D	3000	1 hour	126							\$53,727		\$151,451	\$245	\$205,423	\$68.47																																																																																																
9	Assisted Transportation			1 one-way trip								\$0				\$0	#DIV/0!																																																																																																
10	Transportation			1 one-way trip								\$0				\$0	#DIV/0!																																																																																																
13	Information & Assistance	D	4000	1 contact		\$124,976						\$124,976		\$16,841		\$141,817	\$35.45																																																																																																
14	Outreach			1 contact								\$0				\$0	#DIV/0!																																																																																																
40-3	Preventive Screening, Counseling, and Referral	D	1000	1 session per participant	1000				\$18,516			\$18,516				\$18,516	\$18.52																																																																																																
40-4	Mental Health Screening & Referral			1 hour								\$0				\$0	#DIV/0!																																																																																																
60-5	Interpreting/Translation			1 hour								\$0				\$0	#DIV/0!																																																																																																
70-2	Options Counseling	D	74	1 hour	50	\$56,123						\$56,123				\$56,123	\$758.42																																																																																																
70-5	Newsletter	D	6	1 activity	4500	\$28,448						\$28,448				\$28,448	\$4,741.33																																																																																																
70-8	Fee-Based Case Management			1 hour								\$0				\$0	#DIV/0!																																																																																																
70-10	Public Outreach/Education	D	775	1 activity	775	\$21,195						\$21,195				\$21,195	\$27.35																																																																																																
<b>IN-HOME SERVICES</b>																			\$35,999	\$0	\$0	\$0	\$0	\$0	\$35,999	\$0	\$94,224	\$10,739	\$140,962																																																																																				
1	Personal Care	C	4800	1 hour	80							\$0		\$26,978	\$3,612	\$30,590	\$6.37																																																																																																
01a	Personal Care - HCW			1 hour								\$0				\$0	#DIV/0!																																																																																																
2	Homemaker/Home Care	C	8700	1 hour	130							\$0		\$58,246	\$7,127	\$65,373	\$7.51																																																																																																
02a	Homemaker/Home Care - HCW			1 hour								\$0				\$0	#DIV/0!																																																																																																
3	Chore			1 hour								\$0				\$0	#DIV/0!																																																																																																
03a	Chore - HCW			1 hour								\$0				\$0	#DIV/0!																																																																																																
5	Adult Day Care/Adult Day Health			1 hour								\$0				\$0	#DIV/0!																																																																																																
30-1	Home Repair/Modification	C	75	1 payment	64	\$30,000						\$30,000				\$30,000	\$400.00																																																																																																
30-4	Respite (IllB or OPI funded)			1 hour								\$0				\$0	#DIV/0!																																																																																																
40-5	Health and Medical Equipment	C	24	1 loan or payment	13	\$1,000						\$1,000		\$4,000		\$5,000	\$208.33																																																																																																
40-8	Registered Nurse Services	C	240	1 hour	80							\$0		\$5,000		\$5,000	\$20.83																																																																																																
60-3	Reassurance	C	1779	1 contact	67	\$4,999						\$4,999				\$4,999	\$2.81																																																																																																
90-1	Volunteer Services			1 hour								\$0				\$0	#DIV/0!																																																																																																
<b>LEGAL SERVICES</b>																			\$20,288	\$0	\$0	\$0	\$0	\$0	\$20,288	\$0	\$0	\$0	\$20,288																																																																																				
11	Legal Assistance	C	350	1 hour		\$20,288						\$20,288				\$20,288	\$57.97																																																																																																
<b>NUTRITION SERVICES</b>																			\$0	\$214,044	\$371,568	\$0	\$0	\$0	\$585,612	\$184,803	\$0	\$0	\$770,415																																																																																				
4	Home Delivered Meals		163000	1 meal	1329							\$0				\$0	#DIV/0!																																																																																																
7	Congregate Meals	C	87000	1 meal	2110		\$214,044	\$371,568				\$371,568	\$111,770			\$483,338	\$2.97																																																																																																
8	Nutrition Counseling		2700	1 session per participant	1763							\$0	\$73,033			\$287,077	\$3.30																																																																																																
12	Nutrition Education		25000	1 session per participant								\$0				\$0	\$0.00																																																																																																
<b>FAMILY CAREGIVER SUPPORT</b>																			\$0	\$0	\$0	\$0	\$152,379	\$0	\$152,379	\$0	\$0	\$0	\$152,379																																																																																				
15	Information for Caregivers	C	1	1 activity	1							\$2,463				\$2,463	\$2,463.00																																																																																																
15a	Information for CGs serving Children	C	1	1 activity	1							\$150				\$150	\$150.00																																																																																																
16	Caregiver Access Assistance	C/D	1722	1 contact	354							\$47,934				\$47,934	\$27.84																																																																																																
16-a	Caregiver Access Assistance-Serving Children			1 contact								\$0				\$0	#DIV/0!																																																																																																
30-5	Caregiver Respite	C	695	1 hour	47							\$20,610				\$20,610	\$29.65																																																																																																
30-5a	Caregiver Respite for Caregivers Serving Children			1 hour								\$0				\$0	#DIV/0!																																																																																																
30-6	Caregiver Support Groups	C	246	1 session per participant	80							\$22,360				\$22,360	\$90.89																																																																																																
30-6a	Caregiver Support Groups Serving Children	C	100	1 session per participant	20							\$3,400				\$3,400	\$34.00																																																																																																
30-7	Caregiver Supplemental Services	C	101	1 payment	48							\$10,000				\$10,000	\$99.01																																																																																																
30-7a	Caregiver Supplemental Services-Serving Children			1 payment								\$0				\$0	#DIV/0!																																																																																																
70-2a	Caregiver Counseling	C	300	1 session per participant	100							\$17,950				\$17,950	\$59.83																																																																																																
70-2b	Caregiver Counseling-Serving Children	C	16	1 session per participant	9							\$200				\$200	\$12.50																																																																																																
70-9	Caregiver Training	C/D	100	1 session per participant	15							\$27,312				\$27,312	\$273.12																																																																																																
70-9a	Caregiver Training - Serving Children			1 session per participant								\$0				\$0	#DIV/0!																																																																																																
73	Caregiver Cash & Counseling			1 client served								\$0				\$0	#DIV/0!																																																																																																
73a	Caregiver Cash & Counseling-Serving Children			1 client served								\$0				\$0	#DIV/0!																																																																																																
<b>SOCIAL &amp; HEALTH SERVICES</b>																			\$16,199	\$0	\$0	\$16,894	\$0	\$5,203	\$38,296	\$0	\$1,200	\$0	\$39,496																																																																																				
40-2	Physical Activity & Falls Prevention			1 session per participant								\$0				\$0	#DIV/0!																																																																																																
40-9	Medication Management	D		1 session per participant					\$16,894			\$16,894				\$16,894	#DIV/0!																																																																																																
50-1	Guardianship/Conservatorship			1 hour								\$0				\$0	#DIV/0!																																																																																																
50-3	Elder Abuse Awareness and Prevention	C		1 activity								\$5,203				\$5,203	#DIV/0!																																																																																																
50-4	Crime Prevention/Home Safety			1 activity								\$0				\$0	#DIV/0!																																																																																																
50-5	LTC Ombudsman			1 payment								\$0				\$0	#DIV/0!																																																																																																
60-4	Volunteer Recruitment	D	20	1 placement	20	\$10,199						\$10,199				\$10,199	\$509.95																																																																																																
60-10	Recreation			1 hour								\$0				\$0	#DIV/0!																																																																																																
71	Chronic Disease Prevention, Management & Ed			1 session per participant								\$0				\$0	#DIV/0!																																																																																																
72	Cash & Counseling			1 client served								\$0				\$0	#DIV/0!																																																																																																
80-1	Senior Center Assistance			1 center served								\$0				\$0	#DIV/0!																																																																																																
80-4	Financial Assistance			1 contact								\$0				\$0	#DIV/0!																																																																																																
80-5	Money Management	C	75	1 hour	10	\$6,000						\$6,000		\$1,200		\$7,200	\$96.00																																																																																																
80-6	Center Renovation/Acquisition			1 center acquired/renovated								\$0				\$0	#DIV/0!																																																																																																
90-1	Other (specify)											\$0				\$0	#DIV/0!																																																																																																
90-1	Other (specify)											\$0				\$0	#DIV/0!																																																																																																
90-1	Other (specify)											\$0				\$0	#DIV/0!																																																																																																
90-1	Other (specify)											\$0				\$0	#DIV/0!																																																																																																
<b>GRAND TOTAL</b>						\$676,239	\$237,827	\$412,853	\$35,410	\$169,310	\$5,203	\$1,536,842	\$184,803	\$303,414	\$10,984	\$2,036,043																																																																																																	

<b>Area Agencies on Aging Area Plan Budget</b>	<b>Cash Match</b>
AAA: Washington County Disability Aging & Veteran Ser	(1)
<b>BUDGET PERIOD: 07/01/2012 - 06/30/2013 - Year 1</b>	(2)

**SOURCE OF LOCAL MATCH FOR FY: 07/01/2012 - 06/30/2013 - Year 1**

(3)	(4)	(5)	(4)	(5)	(4)	(5)	(6)	(7)
<b>OAA CASH &amp; INKIND MATCH</b>								
SOURCE	Admin. Cash Match	Admin. Inkind	III B & C Cash Match	III B & C Inkind	OAA III E Cash Match	III E Inkind Match	TOTAL Cash Match	TOTAL Inkind
County Funds	\$51,055.00		\$78,824.00		\$113,800.00		\$243,679.00	\$0.00
Contractors				\$76,486.00		\$18,730.00	\$0.00	\$95,216.00
Volunteers				\$25,000.00			\$0.00	\$25,000.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
<b>Column Totals:</b>	<b>51,055</b>	<b>0</b>	<b>78,824</b>	<b>101,486</b>	<b>113,800</b>	<b>18,730</b>	<b>243,679</b>	<b>120,216</b>

(8)	(9)
<b>MEDICAID LOCAL MATCH</b>	
SOURCE	TOTAL
2013-2016 AREA PLAN	
Section D	
<b>Column Totals:</b>	<b>\$0.00</b>

<b>Area Agencies on Aging Area Plan Budget</b>	<b>Staffing Plan</b>
<b>AAA: Washington County Disability Aging &amp; Veteran Services</b>	(1)
<b>BUDGET PERIOD: 07/01/2012 - 06/30/2013 - Year 1</b>	(2)

Position Title (3)	FTE Worked (4)	Annual Salary (excludes OPE) (5)	Annual OPE (6)	Total Salary + OPE (7)	Medicaid Funds Regular Allocation (8)	Medicaid Funds Local Match (9)	Medicaid Matched by Local Funds (10)	OAA Funds (11)
<b>ADMINISTRATION:</b>								
11948.Program Coordinator	0.20	14,912.00	6,592.00	21,504.00				16,128.00
11951.Senior Program Coordinator	0.15	11,201.00	4,947.00	16,148.00				9,618.00
11952.Administrative Specialist II	0.90	41,605.00	23,617.00	65,222.00				38,847.00
11955.Program Coordinator	0.30	18,410.00	8,962.00	27,372.00				16,303.00
12637.Administrative Specialist II	0.20	9,246.00	5,249.00	14,495.00				8,633.00
12638.Administrative Specialist II	0.20	7,609.00	4,865.00	12,474.00				7,429.00
12641.Disability, Aging & Veteran Services Superv	0.30	27,938.00	11,188.00	39,126.00				23,304.00
12670.Administrative Specialist II	0.20	9,244.00	5,248.00	14,492.00				8,632.00
12982.Program Coordinator	0.25	16,915.00	7,834.00	24,749.00				18,562.00
				0.00				
<b>SUBTOTAL: ADMINISTRATION</b>	<b>2.70</b>	<b>157,080.00</b>	<b>78,502.00</b>	<b>235,582.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>147,456.00</b>

<b>DIRECT SERVICES</b>								
11948.Program Coordinator	0.80	59,649.00	26,366.00	86,015.00				86,015.00
11951.Senior Program Coordinator	0.85	63,472.00	28,034.00	91,506.00				48,443.00
11952.Administrative Specialist II	0.10	4,623.00	2,625.00	7,248.00				7,248.00
11955.Program Coordinator	0.70	42,958.00	20,910.00	63,868.00				9,124.00
11957.Disability and Aging Services Coordinator	1.00	59,716.00	29,374.00	89,090.00				
12637.Administrative Specialist II	0.80	36,983.00	20,994.00	57,977.00				50,729.00
12638.Administrative Specialist II	0.80	30,434.00	19,457.00	49,891.00				43,653.00
12640.Disability & Aging Services Coordinator	1.00	59,716.00	29,371.00	89,087.00				89,087.00
12641.Disability Aging & Veteran Services Supervisor	0.55	51,220.00	20,512.00	71,732.00				71,732.00
12670.Administrative Specialist II	0.80	36,974.00	20,994.00	57,968.00				57,968.00
12982.Program Coordinator	0.75	50,746.00	23,507.00	74,253.00				74,253.00
13091.Disability and Aging Services Coordinator	1.00	51,178.00	27,398.00	78,576.00				
13108.Disability and Aging Services Coordinator	0.40	20,333.00	2,010.00	22,343.00				22,343.00
13140.Program Educator	1.00	57,385.00	28,832.00	86,217.00				64,664.00
13202.Disability and Aging Services Coordinator	0.50	25,416.00	21,039.00	46,455.00				46,455.00
13202.Disability and Aging Services Coordinator	1.00	50,831.00	27,319.00	78,150.00				
13216.Program Specialist	0.75	39,137.00	24,412.00	63,549.00			39	
				0.00				
				0.00				
				0.00				
<b>SUBTOTAL: DIRECT SERVICES</b>	<b>12.80</b>	<b>740,771.00</b>	<b>373,154.00</b>	<b>1,113,925.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>671,718.00</b>

SECTION E – SERVICES AND METHOD OF SERVICE DELIVERY

E – 1 Services provided to OAA and/or OPI clients:

**SERVICE MATRIX AND DELIVERY METHOD**

**Instruction:** Indicate all services provided, method of service delivery and funding source. (The list below is sorted numerically by service matrix number.)

<input checked="" type="checkbox"/> <b>#1 Personal Care</b> (by agency) Funding Source: <input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds <input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Self-provided Contractor name and address (List all if multiple contractors): Marquis At Home, 7644 SW Mohawk St., Bldg. J Ste. A, Tualatin, OR 97062 "for profit agency" Comfort Keepers, 19365 SW 65 <sup>th</sup> Ave. #205, Tualatin, OR 97062 "for profit agency" Note if contractor is a "for profit agency"
<input checked="" type="checkbox"/> <b>#1a Personal Care</b> (by HCW) Funding Source: <input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds

<input checked="" type="checkbox"/> <b>#2 Homemaker</b> (by agency) Funding Source: <input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds <input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Self-provided Contractor name and address (List all if multiple contractors): Marquis At Home, 7644 SW Mohawk St., Bldg. J Ste. A, Tualatin, OR 97062 "for profit agency" Comfort Keepers, 19365 SW 65th Ave. #205, Tualatin, OR 97062 "for profit agency" Note if contractor is a "for profit agency"
<input checked="" type="checkbox"/> <b>#2a Homemaker</b> (by HCW)      Funding Source: <input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds
<input type="checkbox"/> <b>#3 Chore</b> (by agency) Funding Source: <input type="checkbox"/> OAA <input type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds <input type="checkbox"/> Contracted <input type="checkbox"/> Self-provided Contractor name and address (List all if multiple contractors):  Note if contractor is a "for profit agency"
<input type="checkbox"/> <b>#3a Chore</b> (by HCW)      Funding Source: <input type="checkbox"/> OAA <input type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds
<input checked="" type="checkbox"/> <b>#4 Home-Delivered Meal</b> Funding Source: <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds <input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Self-provided Contractor name and address (List all if multiple contractors): Loaves and Fishes, PO Box 19477, Portland, OR 97280 Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#6 Case Management**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#7 Congregate Meal**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Loaves and Fishes, PO Box 19477, Portland, OR 97280

Note if contractor is a "for profit agency"

**#8 Nutrition Counseling**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Loaves and Fishes, PO Box 19477, Portland, OR 97280

Note if contractor is a "for profit agency"

**#9 Assisted Transportation**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#10 Transportation**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#11 Legal Assistance**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Legal Aid Services/Oregon Law Center, 230 NE 2<sup>nd</sup> Ave., Suite A, Hillsboro, OR 97124

Note if contractor is a "for profit agency"

**#12 Nutrition Education**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Loaves and Fishes, PO Box 19477, Portland, OR 97280

Note if contractor is a "for profit agency"

**#13 Information & Assistance**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#14 Outreach**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors)

Asian Health and Service Center, 3430 SE Powell Blvd. Portland, OR 97202

Note if contractor is a "for profit agency"

**#20-2 Advocacy**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Rebuilding Together, 12555 SW 4<sup>th</sup> St., Beaverton, OR 97005

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Home Instead Senior Care, 328 West Main, Suite B, Hillsboro, OR 97123

"for profit"

Asian Health & Service Center, 3430 SE Powell Blvd., Portland, OR 97202 "for profit"

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Misty Mountain, 14833 SW 72<sup>nd</sup> Ave., Tigard, OR 97224

"for profit"

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Active For Life, 448 S. 1<sup>st</sup> Ave., Hillsboro, OR 97123 \*For Profit

Tuality Healthcare, 333 SE 7<sup>th</sup> Ave., #1200, Hillsboro, OR 97123 \*For Profit

McCann's Pharmacy, 15685 SW 116<sup>th</sup> Ave., King City, OR 97224 \*For Profit

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#40-4 Mental Health Screening and Referral**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Active For Life, 448 S. 1st Ave., Hillsboro, OR 97123 \*For Profit

Tuality Healthcare, 333 SE 7th Ave., #1200, Hillsboro, OR 97123 \*For Profit

McCann's Pharmacy, 15685 SW 116th Ave., King City, OR 97224 \*For Profit

Note if contractor is a "for profit agency"

**#40-8 Registered Nurse Services**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Corina Drambarean, RN 15675 SW Hart Rd., Beaverton, OR 97007 \*For Profit

Nancy Hamilton, RN 580 NW Silverado Dr., Beaverton, OR 97006 \*For Profit

Judy Robinson, RN 7640 NE Dog Ridge Rd., Newberg, OR 97132 \*For Profit

Charles Taneous, RN PO Box 1607, Beaverton, OR 97075 \*For Profit

Note if contractor is a "for profit agency"

**#40-9 Medication Management**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Corina Drambarean, RN 15675 SW Hart Rd., Beaverton, OR 97007 \*For Profit

Nancy Hamilton, RN 580 NW Silverado Dr., Beaverton, OR 97006 \*For Profit

Judy Robinson, RN 7640 NE Dog Ridge Rd., Newberg, OR 97132 \*For Profit

Charles Taneous, RN PO Box 1607, Beaverton, OR 97075 \*For Profit

Note if contractor is a "for profit agency"

**#50-1 Guardianship/Conservatorship**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Washington County Elder Abuse Program, 215 SW Adams St, Hillsboro

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#50-5 Long Term Care Ombudsman**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#60-1 Recreation**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#60-3 Reassurance**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

RSVP Washington County, 18865 SW Johnson St., Aloha, OR 97006

Note if contractor is a "for profit agency"

**#60-4 Volunteer Recruitment**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#60-5 Interpreting/Translation**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Linguava Interpreters, Inc. 2239 NE Broadway, Portland, OR 97232 "for profit"

Note if contractor is a "for profit agency"

**#70-2 Options Counseling**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#70-2a/70-2b Caregiver Counseling**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Misty Mountain, 14833 SW 72nd Ave., Tigard, OR 97224; Asian Health and Service Center 3430 SE Powell Blvd.  
Portland, OR 97202

Asian Health and Service Center, 3430 SE Powell Blvd. Portland , OR 97202

Note if contractor is a "for profit agency"

**#70-5 Newsletter**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Oregon Lithoprint, Inc. PO Box 299, McMinnville, OR 97129 \*For Profit

Note if contractor is a "for profit agency"

**#70-8 Fee-based Case Management**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#70-9/70-9a Caregiver Training**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#71 Chronic Disease Prevention, Management/Education**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#72 Cash and Counseling**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#73/73a Caregiver Cash and Counseling**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#80-1 Senior Center Assistance**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#80-4 Financial Assistance**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#80-5 Money Management**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Impact NW, PO Box 33530, Portland, OR 97292

Note if contractor is a "for profit agency"

**#90-1 Volunteer Services**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

E – 2 Administration of Oregon Project Independence:

**a. Describe how the agency will ensure timely response to inquiries for service.**

**Upon receipt of the referral:**

1. The client will be contacted within 5 business days.
2. Further preliminary information will be gathered from the applicant over the phone and the sliding fee scale will be discussed.
3. Client will be added to the OPI priority list and told that they will be contacted when they are able to begin services.
4. When client is able to begin services, an assessment appointment will be set-up
5. Once eligibility is determined, Service Plans will be sent to the appropriate provider within five (5) working days after the provider has been determined.
6. After the Service Plan has been sent to a provider, the Case Manager or support staff will follow-up with the client within two (2) weeks to make sure services are in place.

**b. Explain how clients will receive initial and ongoing periodic screening for other community services, including Medicaid.**

OPI clients are fully assessed on an annual basis but regular check-ins (via telephone or home visits) occurs at least every 6 months. OPI/OAA staff is trained in strength based case management and options counseling and provide these services as part of their role. During these assessments or check-ins, information is provided on other resources in the community. If the OPI clients desire other services, the OPI Case Manager will coordinate the referrals. Community Resource directories are given to each client

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

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

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

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

Regular OPI Authorized Services include: Case Management, I&A, Options Counseling, Training, Counseling, Health Promotion, Homemaker, Personal Care, Respite, Contract RN, Adult Day Services, Home Repair, Chore, Money Management, Durable Medical Equipment, Home Delivered Meals, Assisted Transportation, Home Health, Medical Alert, Planning for long term care services, and public education on long term care planning and resources. Many of these services are provided only as budget allows.

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

Eligible clients receive authorized services on a priority basis, with the highest priorities receiving services first. The priorities will also maintain clients already receiving authorized services as long as their condition indicates. Services are to be prioritized following the OPI goals as listed in OAR 411-032-0001.

Those clients with high financial resources will be assessed lower on the priority list to receive OPI services than those with minimal financial resources. For the purpose of prioritization for services those individual clients with \$50,000 or more in resources and couples with \$75,000 or more are marked lower on the priority list. Resources include checking, savings, stocks, bonds, CDs, etc.

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

WCDAVS has a written policy for denial, reduction or termination of services. WCDAVS policy requires a written notice be sent to the client for denial, reduction or termination of services. The notice will include the reason for such action and the client's right to grieve the decision.

Policy for denial: Unwilling to provide information to open case, exceed service priority level, receipt of Medicaid benefits, inability to create or maintain a safe care plan.

Policy for reduction: Client reassessment indicates service needs have been reduced; notification by State of reduction of program funding.

Policy for termination: Reassessment determines client no longer meets service eligibility level; client refuses to pay fee for service; loss or reduction of program funding; inappropriate behavior in regard to treatment of care provider; moves out of service area; approved for Medicaid funding for long term care services.

**g. Describe the agency policy for informing clients of their right to grieve adverse eligibility and/or service determination decisions or consumer complaints.**

Clients are notified by letter that they have the right to appeal agency eligibility decisions. At that point they are entitled to another 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 supervisor or WCDAVS Director for final review and determination.

Consumer complaints are generally handled by the OPI supervisor or WCDAVS Director.

**h. Explain how fees for services will be implemented, billed, collected and utilized.**

Fees for service will be based on a sliding fee scale to all eligible individuals whose annual income exceeds the minimum, as established by the DHS. 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.

Clients whose income is assessed on the sliding fee scale to have no hourly fee for service will be charged an annual \$5.00 Case Management fee.

How fees are billed and collected: In-home service contract agencies invoice the client directly for all fees for which the client is responsible. Fees are collected by the contract agencies. DAVS Contractor invoices are reduced by fees due from clients. Fees due from clients served by Home Care Workers are invoiced and collected by WCDAVS monthly.

How fees are utilized: All fees collected for service are used to expand and maintain services to clients. They are utilized to maintain service hours when State allotted OPI funding is reduced.

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

OPI clients who have been assessed a fee for service will be billed monthly after Home Care Worker vouchers have been processed. If a client is more than 60 days past due, the appropriate OPI Case Manager is notified for follow up. The OPI Case Manager 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, the Case Manager will discontinue the client's OPI services and send a closure letter to the client.

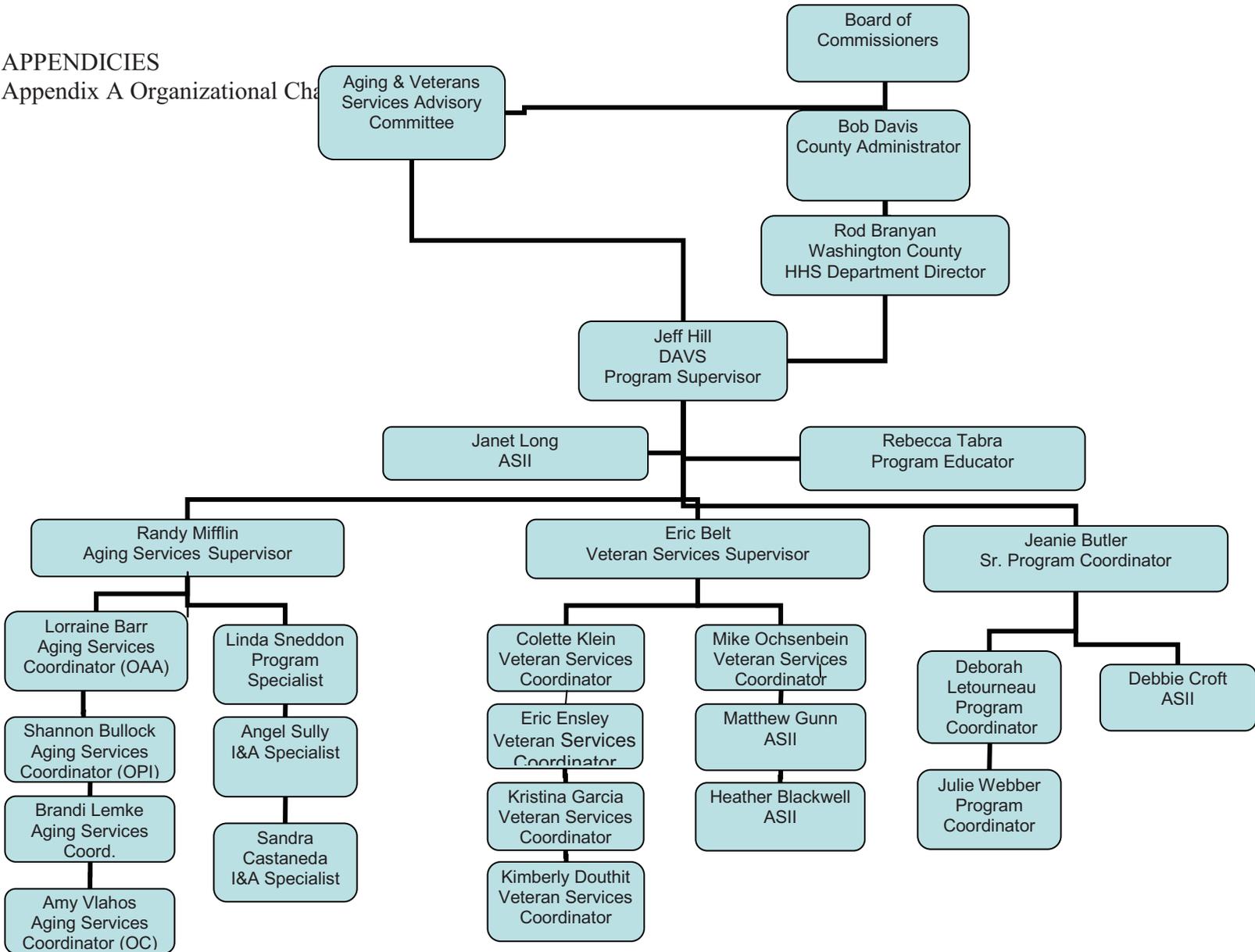
For clients who receive services from a contract care agency, it is the responsibility of the contract care agency to notify the OPI Case Manager of client non-payments. The same procedure as above applies.

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.

# DAVS

APPENDICIES  
Appendix A Organizational Chart



Appendix B Advisory Council(s) and Governing Body

**2012-13 Aging and Veteran Service Advisory Council Roster**

Kurt Carlsen  
[kurt.j.carlsen@state.or.us](mailto:kurt.j.carlsen@state.or.us)  
Rep: Veterans Provider  
Term Expires: 6/30/14

Charmaine Hardy  
Rep: General Public  
Term Expires: 6/30/14

Ian Johnson  
[ian.johnson@va.gov](mailto:ian.johnson@va.gov)  
Rep: Veterans Healthcare Provider  
Term Expires: 6/30/14

Betty Pomeroy  
[bettpom@aol.com](mailto:bettpom@aol.com)  
Rep: 60+ DAVS client  
Term expires: 6/30/2013  
**Chair**

Roger B. Fields  
[roger\\_fields@msn.com](mailto:roger_fields@msn.com)  
Rep: 60+ Veterans  
Term Expires: 6/30/2014  
**Vice-Chair**

John Hartner  
[hartner3@gmail.com](mailto:hartner3@gmail.com)  
Rep: General Public  
Term Expires: 6/30/2014

Patricia L. Maberry  
Rep: General Public  
Term expires: 6/30/14  
**Past Chair**

Glenna Wilder  
[avsac@compuhelpservices.com](mailto:avsac@compuhelpservices.com)  
Rep: Rural  
Term Expires: 6/30/2013

Agency's Governing Representative Name & Contact Information	Date Term Expires (if applicable)	Title/Office (if applicable)
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Andy Duyck  
 155 N First Avenue, MS 22  
 Hillsboro, OR 97124-3072

12/2014

At-Large Chair  
 Commissioner

Dick Schouten  
 155 N. First Avenue, MS 22  
 Hillsboro, OR 97124-3072

12/2012

District 1  
 Commissioner  
 Vice Chair

Greg Malinowski  
 155 N. First Avenue, MS 22  
 Hillsboro, OR 97124-3072

12/2014

District 2  
 Commissioner

Roy Rogers  
155 N. First Avenue, MS 22  
Hillsboro, OR 97124-3072

12/2012

District 3  
Commissioner  
Vice-Chair

Bob Terry  
155 N. First Avenue, MS 22  
Hillsboro, OR 97124-3072

12/2014

District 4  
Commissioner

Appendix C Public Process

City and Hearing Location: Beaverton, Oregon  
Beaverton City Library, Conference Room- 12375 SW 5<sup>th</sup> Street

Date: 9/19/2012

Number in Attendance: 8

Number of 60 + y/o: 3

City and Hearing Location: Hillsboro, Oregon  
Washington County Public Services Building  
155 N. 1<sup>st</sup> Avenue Room 140

Date: 9/24/12

Number in Attendance: 10

Number of 60 + y/o: 2

Appendix D Report on Accomplishments from 2111-2012 Area Plan Update

**Administration on Aging (AoA) Community Living Program Grant**

**(CLP):** The State of Oregon Department of Human Services, Aging and People with Disabilities (APD) received a two-year grant to enhance efforts at diverting individuals from nursing home placement and spend-down to Medicaid, in conjunction with empowering them to be well-informed long-term care consumers. Washington County Disability, Aging, & Veterans Services (DAVS) and Multnomah County Aging and Disability Services (ADS) were selected as sites to implement the grant project, and in late 2009, The two agencies began 1) Revising the intake screening process to identify and respond quickly to those at imminent risk of nursing facility placement and spend-down to Medicaid; 2) Implementing long-term care options counseling to help targeted individuals and their families make informed decisions about available services; 3) Expanding existing programs that promote self-directed care and developing new Web based tools that enable consumers to research benefits and service options; 4) Increasing knowledge, skills, and abilities of case management staff and community partners to equip them to provide consumer-directed care; 5) Developing an evaluation process to track client outcomes and cost avoidance attributable to nursing facility diversion activities. This grant ended in March of 2012 but the programs and services have been continued with funding from both OAAIIB and local County general funds. This grant also served as the springboard of the formation of a regional ADRC that has expanded to encompass a four County area, Clackamas, Columbia, Multnomah and Washington Counties. The plan is to have the ADRC go live in early fall 2012

## Appendix E Emergency Preparedness Plan

**Potential hazards** – Natural disasters, fire, power outages and terrorist attacks

**Chain of Command** – The Board of Commissioners (BOC) at the recommendation of the County Administrator will order the Emergency Operation Center Manager to initiate emergency operations through the Department Directors based upon the communications plan outlined in the Emergency Preparedness Plan. DAVS will then send personnel to the EOC depending on the nature of the emergency.

**Communication Plan** – The BOC through the chain of command will initiate the contact list in support of emergency operations as prescribed by the Continuity of Operations Plan (COOP) based upon the nature of the emergency.

**Continuity of Operations** – The COOP plan is initiated based upon the Disability, Aging and Veteran Services Essential Functions Plan and the County’s matrix annex for responding to emergencies. Within 24 to 72 hrs this includes but is not limited to:

- Continued coordination of home delivered meals/track emergency plans and maintain contact with contractor and

- Communications with Providers/Contractors of critical functions. Pull contracts and Home Care Worker records. Contact contractors and providers for status and ability to provide services. Set up process to receive invoices and make payments. Track all expenditures.

- Support Housing Services to assess vulnerable population sheltering options.

- Provide an EOC liaison in support of Community Organization Active upon Disasters Liaison.

**Agreements** – The County directs DAVS to perform the duties listed above as required by the Emergency Preparedness Plan.

**Vulnerable Populations** - Washington County has identified the vulnerable population as frail elderly, homebound and Meals-on-Wheels People clients. DAVS maintains the contact information, names, addresses, etc. on each of these vulnerable populations that we serve. This information is included as part of DAVS Emergency Preparedness Plan as directed by County Administrative Operations.

Washington County is in the process of using a database for their COOP plans

Washington County Disability, Aging and Veteran Services is part of Washington County’ Office of Consolidated Emergency Management Plan which is located at the following website

<http://www.ocem.org/training.cfm>



Appendix F List of Designated Focal Points (OAA Section 306 (A)(3)(B))

North Plains Senior Center  
31450 NW Commercial  
North Plains, OR 97133

Sherwood Senior Center  
21907 SW Sherwood Blvd.  
Sherwood, OR 97140

Forest Grove Senior and Community Center  
2037 Douglas St  
Forest Grove, OR 97116

Elsie Stuhr Center  
5550 SW Hall Blvd.  
Beaverton, OR 97005

Tigard Senior Center  
8815 SW O'mara Street  
Tigard, OR 97223

Juanita Pohl Center  
8513 SW Tualatin Rd.  
Tualatin, OR 97062

All Saints Church  
372 NE Lincoln St  
Hillsboro, OR 97123

Hillsboro Senior and Community Center  
750 SE Eighth Avenue  
Hillsboro, OR 97123

Appendix G Partner Memorandums of Understanding

**Memorandum of Understanding  
Between  
Washington County Disability, Aging & Veteran's Services  
Area Agency on Aging  
And  
Washington County Assessment and Taxation**

**Purpose**

The Washington County Disability, Aging & Veteran's Services Area Agency on Aging (hereinafter WCDAVS) and Washington County Assessment and Taxation (hereinafter WC A&T) agree that veterans, seniors and the disabled should:

- Have access to an unbiased assessment of their service needs.
- Be informed of available service options to address their needs.
- Have their eligibility for services determined as expeditiously as possible.
- Have maximum choice with regard to method(s) of service delivery and direction of service provider(s).
- Have access to high quality services.
- Be served in the most effective manner in the least restrictive setting possible.

**Scope of Agreement**

**WC A&T agrees to:**

- Provide training to WCDAVS personnel and volunteers in order to have basic programmatic knowledge for eligibility in property tax relief programs.
- Include information in property tax statements (excluding the Annual November billing) regarding the Benefits Enrollment Center (BEC) and how it relates to property tax relief programs.
- Agree to have informational materials regarding the Benefits Enrollment Center available to the public at the service counter.
- Provide a knowledgeable representative who will attend the WCDAVS monthly BEC Steering Committee Meeting to provide an update of the current BEC/WC A&T partnership.
- Consult and provide data to WCDAVS to address system(s) quality and effectiveness.

- Partner with WCDAVS in annual/biannual Employee Orientation to facilitate education of new State and County staff.
- Provide monthly reporting data which includes number of mailings/marketing materials distributed.

**WCDAVS agrees to:**

- Coordinate training for staff and volunteers regarding services and eligibility criteria established and/or administered by WC A&T on an on-going basis.
- Provide training to WC A&T personnel regarding services and programs administered by WCDAVS on an as needed basis.
- Provide funding to WC A&T for postage that goes above and beyond the normal cost of WC A&T mailings to account for the additional weight of the BEC enclosure.
- Provide assistance to those who have identified by Benefits Checkup as eligible for property tax relief programs by providing necessary WC A&T forms and working with the client to complete and provide any necessary verification that may be needed by WC A&T in order to determine final eligibility.
- Consult with WC A&T personnel and administration to address system(s) quality and effectiveness.
- Communicate receipt and ongoing status of referrals from WC A&T programs at least monthly.

This memorandum of understanding may be modified at any time upon the written agreement of the parties. This memorandum of understanding shall be considered in force unless terminated by either of the parties giving thirty (30) days written notice and specifying the date thereof.

In witness whereof, the Parties have caused this Memorandum of Understanding to be signed by their duly authorized representatives on the dates indicated below.

\_\_\_\_\_  
For WC HHS/DAVS

\_\_\_\_\_  
Date

\_\_\_\_\_  
For WC A&T

\_\_\_\_\_  
Date

\_\_\_\_\_  
For WC CAO

\_\_\_\_\_  
Date

CA 12-0653

GA MEMORANDUM OF UNDERSTANDING



\*16-86421\*

**Vendor Name: Washington County Disability, Aging and  
Veterans Service**

**Contract Number: GA-MOU-1206-00060**

**Contract Start Date: 06/21/2012**

**Contract End Date: 12/31/2013**

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Page 1 of 4

Contract Start Date: 06/21/2012  
Contract End Date: 12/31/2013

GA MEMORANDUM OF UNDERSTANDING  
Contract Number: GA-MOU-1206-00060  
Case Ref Number: 16-86421

GA MEMORANDUM OF UNDERSTANDING



Event/Sponsorship Memorandum of Understanding

June 21, 2011

Rod Branyan / Sia Lindstrom  
Washington County Disability, Aging and Veterans Services (DAVS)  
180 E Main Street  
Hillsboro, OR 97214  
Email: Jeffrey\_Hill@co.washington.or.us

Dear Rod Branyan / Sia Lindstrom:

This letter will serve as an Agreement between **AARP and Washington County Disability, Aging and Veterans Services (DAVS)** (hereinafter "the Organization"), in connection with the **Outreach, Education, and Engagement of Older Adults and Caregivers collaboration** (hereinafter "Effort"). The Parties will each provide the resources and/or services specified in Exhibit A, which is attached and incorporated by reference under the following terms:

1. The AARP contact person for this Agreement is **Bandana Shrestha, Oregon Associate Director of Community Outreach**. The Organization contact person for this Agreement is **Deborah Letourneau, Family Caregiver Program Coordinator, Washington County Disability, Aging and Veterans Services**.
2. The effective date of this Agreement shall be the date of execution. This Agreement shall automatically terminate **December 31, 2013**. This Agreement may be terminated by either party at any time and for any reason with 10 (ten) days prior written notice to the other. In the event of early termination when this Agreement provides for an exchange of money, the accepting party must return to the providing party all monies that have not been spent by the date notice of early termination is received. The accepting party must substantiate the returned amount with receipts and other applicable documentation.
3. The Parties agree that their participation in the Effort does not indicate or imply any approval or endorsement of the other or their respective affiliated entities. No such endorsement shall be expressed or implied in any way.
4. The Organization agrees that it will not promote any product, for-profit service or company nor support or oppose any political candidate in connection with the Effort.
5. The Parties agree to indemnify and hold each other harmless including their respective directors, and agents from and against all liability, suits, penalties or actions of every name and description, including without limitation actions for violation of third party rights, including all costs and expenses related thereto, including the cost of the defense thereof, reasonable attorneys fees and court costs arising out of or resulting from the act or omission of the other party, its directors, officers and employees, and/or in connection with the performance of this Agreement except to the extent caused by the negligence or willful misconduct of the complaining party. The termination or expiration of this Agreement shall not affect the continuing obligations under this provision.

Page 2 of 4

Contract Start Date: 06/21/2012  
Contract End Date: 12/31/2013

GA MEMORANDUM OF UNDERSTANDING  
Contract Number: GA-MOU-1206-00060  
Case Ref Number: 16-86421

**GA MEMORANDUM OF UNDERSTANDING**

6. Neither Party shall be liable for any delay or default in performing if the delay or default is due to conditions beyond their control, including without limitation acts of God and government restrictions
7. The Organization grants AARP a royalty-free nonexclusive license to use its trademarks, including its corporate logo and name in connection with the Effort for the entire term of this Agreement.
8. The Organization may use the AARP trademark only when displayed with all other sponsors of the Effort. Any other use of the AARP trademark is only permitted with the advance written permission of AARP. All licenses granted under this Agreement to use the AARP trademark shall automatically terminate at the expiration or termination of this Agreement.
9. Organization shall not at any time collect or maintain any information from visitors or participants of the Effort that shall directly or indirectly identify such visitors or participants as AARP members, prospects, or individuals interested in AARP.
10. This Agreement, including Exhibit A, represents the entire agreement between Parties and replaces any prior agreement or proposed variation. Should there be any conflict between any forms or documents exchanged by the Parties, the terms and conditions of this Agreement shall govern. This Agreement shall be amended only by mutual written agreement executed by all Parties or their respective designees. Nothing in this Agreement shall create an agency, partnership, or joint venture between the Parties. The Parties agree that this Agreement will be governed by the Laws of the District of Columbia without regard to District of Columbia conflict of laws statutes/rules. If any portion of this Agreement shall be declared illegal, void or otherwise unenforceable, the remaining provisions will not be affected, but will remain in full force and effect.

GA MEMORANDUM OF UNDERSTANDING

Exhibit A

1. The Organization agrees to provide the following resources and/or services:

- 1.1 Co-sponsor caregiving/long term care planning forums - including Women to Women forum Sept 15, 2012, and mutually agreed upon dates and times in the Spring and Fall of 2013
- 1.2 Engage AARP members as SHIBA volunteers
- 1.3 Provide at least 3 mutually agreed upon speaking opportunities for AARP Staff and appointed volunteers for the Effort
- 1.4 Cross promote Effort events using mutually agreed upon channels during the duration of the Effort for the purpose of promoting caregiving, outreach and education to older adults on aging issues
- 1.5 Organization to exhibit at mutually events for the Effort

2. AARP agrees to provide the following resources and/or services:

- 2.1 Co-sponsor caregiving/long term care planning forums - including Women to Women forum Sept 15, 2012, Spring and Fall of 2013
- 2.2 Recruitment mailing of AARP members to serve as SHIBA volunteers, Summer 2012 and 2013
- 2.3 Provide opportunities for Organization's staff to speak at AARP events
- 2.4 Cross promote Effort events using mutually agreed upon channels during the duration of the Effort for the purpose of promoting caregiving, outreach and education to older adults on aging issues
- 2.5 AARP Staff to exhibit at mutually agreed upon events for the Effort

IN WITNESS WHEREOF, the parties have caused this agreement to be executed by their duly authorized representatives effective as of the date first specified above.

For AARP:

By: Mary E. White

Mary E. White

Title: Mgr, Procuremnt & Contracts

Date: 06/22/2012

For Washington County Disability, Aging and Veterans Services (DAVS):

By: Sia Lindstrom

Name: Sia Lindstrom

Title: Sr. Deputy County Admin

Date: 6/26/2012

**Memorandum of Understanding  
Between  
Washington County Disability, Aging & Veteran's Services  
Area Agency on Aging  
And  
Community Action Organization**

**Purpose**

The Washington County Disability, Aging & Veteran's Services Area Agency on Aging, hereinafter WCDAVS, and Community Action Organization hereinafter CAO agree that veterans, seniors and the disabled should:

- Have access to an unbiased assessment of their service needs.
- Be informed of available service options to address their needs.
- Have their eligibility for services determined as expeditiously as possible.
- Have maximum choice with regard to method(s) of service delivery and direction of service provider(s).
- Have access to high quality services.
- Be served in the most effective manner in the least restrictive setting possible.

**Scope of Agreement:**

**CAO agrees to:**

- Provide training to WCDAVS personnel and Volunteers in order to have basic programmatic knowledge for eligibility in the LIHEAP program.
- Agree to have informational materials regarding the Benefits Enrollment Center available to the public at CAO offices.
- Include Benefits Enrollment Center informational materials in CAO mailings monthly/quarterly?
- Provide energy assistance application forms for volunteers in order to assist community members in the application process.
- Provide a knowledgeable representative who will attend the WCDAVS monthly BEC Steering Committee Meeting to provide an update of the current BEC/CAO partnership.
- Provide monthly reporting data which includes number of mailings/marketing materials distributed.

- Consult and provide data to WCDAVS to address system(s) quality and effectiveness.

**WCDAVS agrees to:**

- Coordinate training for staff and volunteers regarding services and eligibility criteria established and/or administered by CAO on an on-going basis.
- Provide training to CAO personnel regarding services and programs administered by WCDAVS on an as needed basis.
- Provide assistance to those who have been identified by Benefits Check-up as eligible for energy assistance by providing necessary CAO forms and working with the client to complete and provide any necessary verification that may be needed by CAO in order to determine eligibility.
- Consult with CAO personnel and administration to address system(s) quality and effectiveness.
- Communicate receipt and ongoing status of referrals CAO programs at least monthly.

This memorandum of understanding may be modified at any time upon the written agreement of the parties. This memorandum of understanding shall be considered in force unless terminated by either of the parties giving thirty (30) days written notice and specifying the date thereof.

In witness whereof, the Parties have caused this Memorandum of Understanding to be signed by their duly authorized representatives on the dates indicated below.

\_\_\_\_\_  
For WCDAVS

\_\_\_\_\_  
For CAO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## **Attachment A**

### **Washington County Home Repair Program**

#### **AGREEMENT**

This intergovernmental Agreement is entered into by and between City of Beaverton and Washington County Health & Human Services/Disability, Aging, and Veteran Services (DAVS). The purpose of this agreement is to facilitate the payment of home repair projects for pre-approved eligible seniors residing within the City of Beaverton who are eligible for CDBG Housing Rehabilitation Grant Programs, titled, “Mend-A-Home” or “Adapt-A-Home” in conjunction with funding under the Older Americans Act (OAA). Under this Intergovernmental Agreement, home repair projects initiated by the City of Beaverton that have exceeded the dollar limit of the CDBG Housing Rehabilitation grant may be eligible to receive additional funding through OAA, not to exceed \$5,000 per fiscal year.

#### **Term**

The term of this agreement shall be from the date of signed agreement, through June 30, 2014, based on availability of OAA allocated funds.

#### **Responsibilities of the parties**

1. City of Beaverton and/or its designated representative (herein referred to as City of Beaverton) will identify projects, screen applicants, enter into contracts, issue contractor payments, and inspect all projects under the CDBG Housing Rehabilitation Grant program standard terms and conditions.
2. City of Beaverton will complete the “Home Repair Referral to WCDAVS” form and return it to DAVS Home Repair Coordinator, for potentially eligible OAA clients, when it appears the CDBG Housing Rehabilitation grant funding will be insufficient to complete the work as bid by the contractor.
3. DAVS Home Repair Coordinator will review the request and return the form to City of Beaverton noting eligibility. Eligible requests are funded under OAA account code 198-752.7501250.
4. City of Beaverton will make payments to contractors for all eligible labor and materials supplied pursuant to OAA.

#### **Eligibility and Funding Limits**

The Older Americans Act allows up to \$500 within a 12 month period for low-income clients, over the age of 60, for minor safety home repairs and adaptations. Home repair adaptation services also include muck outs and pest control. A Home Repair Request Form shall be used to refer eligible clients for any of these services. This program is for non-Medicaid eligible clients, but may include SNAP and

Medicare Savings Program (MSP) clients. A 12 month period is defined by the date the client receives initial services.

### **Reporting**

City of Beaverton will provide the DAVS Home Repair Coordinator with a copy of the contractor's request for funding for all invoices eligible for payment with OAA dollars. The request for funding and other City of Beaverton project documentation will clearly indicate the amount of the OAA funds expended on the project, and the amount requested for qualified reimbursement.

### **Payment**

City of Beaverton will submit an invoice to DAVS Home Repair Coordinator for the amount requested for qualified reimbursement. The invoice must be included when submitting the contractor's project documentation.

### **Consideration**

DAVS will:

- Support the City of Beaverton CDBG Housing Rehabilitation Grant Programs for OAA-eligible clients.
- Provide program maximum funding of up to \$5,000 per fiscal year. The total amount payable under this agreement will not exceed \$15,000.

In the event funding for OAA Programs is reduced, changed, eliminated, or otherwise modified, or if funding from federal, state, or other sources is not obtained, then DAVS may terminate this Intergovernmental Agreement in whole or in part, effective upon delivery of written notice to City of Beaverton, or at such later date as agreed upon by both parties, and City of Beaverton agrees to abide by any such decision.

MEMORANDUM OF UNDERSTANDING  
**WASHINGTON COUNTY SHERIFF'S OFFICE  
AND  
WASHINGTON COUNTY HEALTH & HUMAN SERVICES  
DISABILITY, AGING & VETERAN SERVICES**

July 1, 2011 through June 30, 2013

**Washington County Gatekeeper Program**

**AGREEMENT**

The purpose of this MOU is to clarify the duties and responsibilities of the Washington County Sheriff's Office (WCSO) and Washington County Health & Human Services (HHS) Disability Aging & Veteran Services (DAVS) related to the Gatekeeper Program.

**MISSION STATEMENT**

The Gatekeeper Program is an outreach effort to identify, refer and respond to at-risk older adults living in our community. The Gatekeeper Program trains employees of businesses and organizations that have regular contact with the public to watch for warning signs that an older adult may be at risk. Because of their regular contact with people in the community, Gatekeepers are uniquely positioned to observe such warning signs and refer the at-risk person to Disability, Aging and Veteran Services for a follow-up contact to check on the individual's safety and well-being.

**TERM**

The term of this MOU shall be from July 1, 2011 through June 30, 2013, unless otherwise amended. This MOU may be extended by mutual written agreement signed by the Department Directors for WCSO and HHS.

**Roles and Responsibilities**

The Washington County Sheriff's Office agrees to:

- Deliver three (3) trainings per quarter to community groups and individuals who may have contact with the elderly in the normal course of their jobs to recognize certain danger signals and to appropriately report their concerns to DAVS.
- Provide 10% in-kind match for the Older American Act funds.
- Submit quarterly reports to DAVS identifying expenditures, match, number of presentations delivered, and the names of the organizations receiving the trainings.

The Washington County Disability Aging & Veteran Services Division agrees to:

- Reimburse the Sheriff's Office quarterly after receipt and approval of quarterly reports up to a maximum of \$5, 270 the first year, and \$5,269 the second year not to exceed \$10, 539 for the biennium.

**CONSIDERATION**

In the event funding for the OAA Programs is reduced, changed, eliminated, or otherwise modified, or if funding from federal, state, or other sources is not obtained, then DAVS may terminate this Memorandum of Understanding, in whole or in part, effective upon delivery of written notice to WCSO, or at such later date as agreed upon by both parties, and WCSO agrees to abide by any such decision.

The undersigned agencies agree to all terms and conditions set forth in this Memorandum of Understanding.

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Signed  
Rob Gordon  
Washington County Sheriff's Office

Date

---

Signed  
Rod Brayan  
Washington County Health & Human Services- Disability, Aging & Veteran Services

Date

---

Signed  
Washington County CAO

Date

MEMORANDUM OF UNDERSTANDING  
**WASHINGTON COUNTY OFFICE OF COMMUNITY DEVELOPMENT AND  
WASHINGTON COUNTY HEALTH & HUMAN SERVICES/  
DISABILITY, AGING & VETERAN SERVICES**

July 1, 2012 to June 30, 2017

**Washington County Home Repair Program**

**AGREEMENT**

This Memorandum of Understanding (MOU) is entered into by and between the Washington County Office of Community Development (OCD) and Washington County Health & Human Services/Disability Aging & Veteran Services (DAVS). The purpose of this MOU is to facilitate the payment of Home Repair projects for pre-approved eligible seniors residing within Washington County using Home Access & Repair for Disabled and Elderly (HARDE) grant program funds in conjunction with funding under the Older Americans Act (OAA). Under this MOU, home repair projects initiated by OCD that have exceeded the dollar limit of the HARDE Program grant may be eligible to receive additional funding through OAA, not to exceed \$6,000 per fiscal year for a total of \$30,000 over the term of this agreement.

**TERM**

The term of this MOU shall be from July 1, 2012 through June 30, 2017, unless otherwise amended, and based on availability of OAA allocated funds. This MOU may be extended by mutual written agreement signed by the Department Directors for OCD and DAVS.

**RESPONSIBILITIES OF THE PARTIES**

1. OCD will identify projects, screen applicants, enter into contracts, issue contractor payments and inspect all projects under HARDE Program standard terms and conditions.
2. OCD will complete the “*OCD Home Repair Referral Form to WCDAVS*” and return it to the OAA Home Repair Coordinator at DAVS, for potentially eligible OAA clients, when it appears the HARDE grant funding will be insufficient to complete the work as bid by the contractor.
3. DAVS OAA Home Repair Coordinator approves the request and returns the form to OCD as written authorization for work to begin. OCD will identify the portion of the work that is eligible to receive OAA funds by entering the dollar amount eligible for OAA account coding:  
**198.752005.51280.7501250**
4. OCD will make payments to contractors for all eligible labor and materials supplied pursuant to HARDE and OAA. OCD will notify DAVS when there is no need for OAA funding.

**ELIGIBILITY AND FUNDING LIMITS**

**OLDER AMERICANS ACT:** Allows up to \$500 within a 12-month period for low-income clients, aged 60 and over, for minor safety home repairs and adaptations. Home repair and adaptation services also include muck outs and pest control. A Home Repair Request Form shall be used to refer eligible clients for any of these services. This program is for non-Medicaid eligible clients only. Non-Medicaid eligible HSS clients (Food Stamps only or QMB) shall follow OAA procedures.

**REPORTING**

OCD will provide the DAVS Home Repair Coordinator with a copy of the request for funding for all invoices paid with OAA dollars. The requests for funding and other OCD project documentation will clearly indicate the amount of OAA funds expended on the project.

**CONSIDERATION**

DAVS agrees to maintain its support of the OCD HARDE Program for OAA eligible clients up to a maximum amount of \$500 for each pre-approved client per calendar year. In the event funding for the OAA Program is reduced, changed, eliminated, or otherwise modified, or if funding from federal, state, or other sources is not obtained, then DAVS may terminate this Memorandum of Understanding, in whole or in part, effective upon delivery of written notice to OCD, or at such later date as agreed upon by both parties, and OCD agrees to abide by any such decision.

The undersigned agencies agree to all terms and conditions set forth in this Memorandum of Understanding.

---

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Jennie Proctor, Program Manager  
Washington County Office of Community Development

---

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Rod Branyan, Director  
Washington County Health & Human Services/Disability, Aging & Veteran Services

**PACIFIC UNIVERSITY  
OCCUPATIONAL THERAPY EDUCATIONAL AGREEMENT**

This agreement is entered into by and between, WASHINGTON COUNTY DEPARTMENT OF AGING AND VETERAN SERVICES ("Facility") and PACIFIC UNIVERSITY, an Oregon Corporation (hereinafter "University").

In order to establish their respective rights, covenants, and obligations in connection with University's use of Facility as an educational facility for its occupational therapy students, the parties agree as follows:

**I. RESPONSIBILITY OF THE UNIVERSITY**

- A. The University will designate a coordinator for the students' educational experience who shall maintain on-going communication with the Facility.
- B. The University will establish objectives for the experience, responsibilities of the students, and provide this and other information regarding the curriculum to the Facility.
- C. The University will schedule students for these experiences in collaboration with the Facility and shall follow accepted nondiscriminatory practices. The University shall schedule only those students who have successfully completed all pre-requisites.

**II. RESPONSIBILITY OF THE STUDENT (All students must assume the following responsibilities in order to participate in the designated Facility educational experience.)**

- A. University students will abide by all rules and regulations of the Facility during their educational experiences.
- B. University students will ensure that they have completed any health screening and/or immunization required by the Facility and will provide, upon request, appropriate documentation.
- C. University students will assume full responsibility for their health status and will assume costs for any emergency health care incurred while performing her/his duties.
- D. University students will ensure current status for CPR certification, First Aid, Criminal History Check and any other requirements of the Facility. Students will provide appropriate documentation, upon request, to the Facility.

### III. RESPONSIBILITY OF THE FACILITY

- A. The Facility will provide a planned, supervised program by qualified and competent personnel ("on-site supervisors"). Facility supervisors agree to assess the students' performance and complete any evaluation reports provided by the University.
- B. The Facility will provide the University and the student with documentation regarding the educational experience requirements, site specific objectives, expectations, and general information regarding the Facility.
- C. The Facility will notify the University in the event of difficulties in resolving issues related to the student's educational experiences.
- D. The Facility reserves for itself the right to remove immediately any University student unethical behavior, endangers a patient, or refuses to comply with requests of the facility supervisory staff. Facility will immediately notify University of such action.
- E. The Facility will in all cases have responsibility for the services provided by the facility. Student participation at the Facility is regarded primarily as an educational experience; therefore, students may not be an employee of the Facility during their educational experience.

### IV. COMPENSATION

Neither party shall compensate the other nor demand compensation from the other for the performance of its obligations under this Agreement, nor shall the Facility be required to compensate the students or the University for any benefits it may receive from the students participation in the program.

### V. INDEMNITY AND INSURANCE

A. Each party shall obtain and provide its own insurance, including but not limited to professional liability, and general liability insurance. The University has obtained liability insurance, including general, professional and auto in amounts of at least \$1,000,000 per occurrence, and \$3,000,000 aggregate. This insurance will cover the students for professional liability resulting from their acts and/or omissions while engaged in their campus community partnership placement.

### VI. TERM

This Agreement shall be effective from September 30, 2011 through September 30, 2014  
(date) (date)

VII. NOTICES

A. In accordance with the University policy, "Privacy Rights of Students", the School of Occupational Therapy may not release any information regarding a student without written consent of the student. (See Addendum)

B. Any notices to be given by either party shall be in writing, and shall be deemed given when placed in the United States Mail, postage prepaid, registered or certified mail, return receipt requested.

VIII. MISCELLANEOUS

A. This agreement constitutes the entire agreement between the parties, and supersedes any other agreements, whether written, oral or otherwise, between them regarding the same subject matter. This Agreement may not be modified nor may any of its terms be waived, including this paragraph, except in writing executed by both parties.

B. This Agreement may not be assigned, except with the written consent of the other party.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

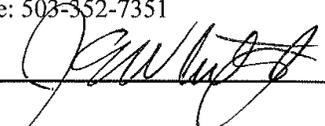
WASHINGTON COUNTY  
DEPT OF AGING AND VETERAN SERVICES  
Hillsboro, OR

PACIFIC UNIVERSITY  
an Oregon Corporation  
222 Se 8<sup>th</sup> Ave  
Hillsboro, OR 97123

Phone:

phone: 503-352-7351

BY: \_\_\_\_\_

BY:  \_\_\_\_\_

TITLE: \_\_\_\_\_

TITLE: John White, PhD, OTR/L  
Program Director  
School of Occupational Therapy

Notice of Nondiscrimination Policy

It is the policy of Pacific University not to discriminate on the basis of sex, disability, race, color, national origin, sexual orientation, age, or disabled veteran or Vietnam Era status, in admission and access to, or treatment in employment, educational programs or activities as required by Title IX of the Educational Amendments of 1972, section 504 of the Rehabilitation Act of 1973, Title VI of the Civil Rights Act of 1964, the Age Discrimination Act, the Americans with Disabilities Act of 1990, and their implementing regulations. Questions or complaints may be directed to the Vice President of Academic Affairs or Provost, 2043 College Way, Forest Grove, Oregon 97116. (503) 357-6151

## ADDENDUM TO AFFILIATION AGREEMENT

**University and Facility agree that this Addendum is incorporated into and hereby made a part of the attached Affiliation Agreement as though set forth therein in its entirety.**

### **Protection of Confidential Data**

Facility agrees to abide by the limitations on re-disclosure of personally identifiable information from education records set forth in The Family Educational Rights and Privacy Act (34 CFR § 99.33 (a)(2) ) and with the terms set forth below. 34 CFR 99.33 (a)(2) states that the officers, employees and agents of a party that receives education record information from the Institution may use the information, but only for the purposes for which the disclosure was made.

**Definition: Covered data and information (CDI)** includes paper and electronic student education record information supplied by Institution, as well as any data provided by Institution's students to the Service Provider.

**Acknowledgment of Access to CDI:** Facility acknowledges that the Agreement allows the Facility access to CDI.

**Prohibition on Unauthorized Use or Disclosure of CDI:** Facility agrees to hold CDI in strict confidence. Facility shall not use or disclose CDI received from or on behalf of University (or its students) except as permitted or required by the Agreement, as required by law, or as otherwise authorized in writing by University. Facility agrees not to use CDI for any purpose other than the purpose for which the disclosure was made.

**Return or Destruction of CDI:** Upon termination, cancellation, expiration or other conclusion of the Agreement, Facility shall return all CDI to Institution or, if return is not feasible, destroy any and all CDI. If the Facility destroys the information, the Facility shall provide University with a certificate confirming the date of destruction of the data.

**Remedies:** If Institution reasonably determines in good faith that Facility has materially breached any of its obligations under this contract, University, in its sole discretion, shall have the right to require Facility to submit to a plan of monitoring and reporting; provide Facility with a fifteen (15) day period to cure the breach; or terminate the Agreement immediately if cure is not possible. Before exercising any of these options, University shall provide written notice to Facility describing the violation and the action it intends to take. If the Family Policy Compliance Office of the U.S. Department of Education determines that the Facility improperly disclosed personally identifiable information obtained from University's education records, University may not allow the Facility access to education records for at least five years.

**Maintenance of the Security of Electronic Information:** Facility shall develop, implement, maintain and use appropriate administrative, technical and physical security measures to preserve the confidentiality, integrity and availability of all electronically maintained or transmitted CDI received from, or on behalf of University or its students. These measures will be extended by contract to all subcontractors used by Facility.

**Reporting of Unauthorized Disclosures or Misuse of Covered Data and Information:** Facility shall, within one day of discovery, report to University any use or disclosure of CDI not authorized by this agreement or in writing by University. Facility's report shall identify: (i) the nature of the unauthorized use or disclosure, (ii) the CDI used or disclosed, (iii) who made the unauthorized use or received the

unauthorized disclosure, (iv) what Facility has done or shall do to mitigate any deleterious effect of the unauthorized use or disclosure, and (v) what corrective action Facility has taken or shall take to prevent future similar unauthorized use or disclosure. Service Provider shall provide such other information, including a written report, as reasonably requested by Institution.

**Indemnity:** Facility shall defend and hold University harmless from all claims, liabilities, damages, or judgments involving a third party, including University's costs and attorney fees, which arise as a result of Facility's failure to meet any of its obligations under this agreement.

FACILITY  
Washington Department of Aging  
and Veteran Services  
Hillsboro, OR 97123

UNIVERSITY  
Pacific University

Phone:

By \_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

By  \_\_\_\_\_  
Signature

Dr. John White PhD.  
Name

OT Program Director  
Title

080585 1-21-09

**MEMORANDUM OF UNDERSTANDING**  
**RETIREMENT CONNECTION &**  
**WASHINGTON COUNTY HEALTH & HUMAN SERVICES**  
**DISABILITY, AGING & VETERAN SERVICES**

*January 1, 2012 through December 31, 2015*

**Retirement Connection Guide**

**AGREEMENT**

This Memorandum of Understanding (MOU) is entered into by and between Retirement Connection and Washington County Health & Human Services/Disability, Aging & Veteran Services (HHS/DAVS). The purpose of this MOU is to clarify responsibilities of the aforementioned parties as they relate to the collaboration of the Retirement Connection Guide. HHS/DAVS agrees to partner with Retirement Connection to provide the community with up-to-date information, services and resources. The directories are distributed through hospitals, senior centers, housing facilities, pharmacies, medical offices and many other locations in the community.

**TERM**

The term of this MOU shall be from January 1, 2012 through December 31, 2015, unless otherwise amended. This MOU may be extended by mutual written agreement.

**RESPONSIBILITIES OF THE PARTIES**

*Retirement Connection:*

1. Provide HHS/DAVS a timeline of important steps for guide production. Communicate regularly for additions as needed.
2. Provide printing of dedicated customized Retirement Connection Guide cover to include Washington County logo.
3. Deliver and stack 5,000 copies per edition of the guide with Washington County logo to HHS/DAVS office (quantity may increase as needed).
4. Provide one dedicated page for Washington County article and/or ad to display HHS/DAVS services and contact information.
5. Include HHS/DAVS fifty word description with e-mail and web links on [www.RetirementConnection.com](http://www.RetirementConnection.com) under Area Agencies on Aging and other related topics.
6. Add link to order guide through Retirement Connection website.
7. Distribution to professional and civic locations, other “non-county” offices.
8. Ongoing refills to inter-county offices with each edition.
9. Special thanks and recognition given at each Retirement Connection Release Party.

*Washington County Disability, Aging Veteran Services:*

1. Coordinate distribution of 5,000 copies, or as agreed upon amount, for each release to contacts and services to agreed upon locations.
2. Use of term official print guide for HHS/DAVS in PR materials for Retirement Connection.
3. Interlink to Retirement Connection and HHS/DAVS websites.
4. Refer potential advertisers to Retirement Connection to help offset the cost of printing and cover plate change.
5. Provide on-going input and corrections regarding additional topic areas, resources and definitions of services.
6. With each edition, verify and provide a complete distribution list to Retirement Connection.
7. Distribution to inter-county offices.

**ELIGIBILITY AND FUNDING LIMITS**

There is no payment for the above project. Retirement Connection will pay for all printing and continued distribution of guides, and will continue to sell advertising to support the guide financially through their normal policies and procedures regarding ad sales and distribution.

**REPORTING**

Retirement Connection will provide a detailed report summarizing distribution of guides; locations delivered to, organization names and quantities to HHS/DAVS.

The undersigned agencies agree to all terms and conditions set forth in this Memorandum of Understanding.

---

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 Amy Schmidt, Retirement Connection  
 Managing Partner

---

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 County

**Memorandum of Understanding  
Between  
Washington County Disability, Aging & Veteran's Services  
Area Agency on Aging  
And  
Department of Human Services  
Senior & People with Disabilities, Washington County**

**Purpose**

The Washington County Disability, Aging & Veteran's Services Area Agency on Aging, hereinafter WCDAVS, and Oregon Department of Human Services, Division of Seniors and People with Disabilities in Washington County, hereinafter SPD, agree that adults with chronic illnesses, who may be served by the Oregon Medicaid program should:

- Have access to an unbiased assessment of their service needs.
- Be informed of available service options to address their needs.
- Have their eligibility for services determined as expeditiously as possible.
- Have maximum choice with regard to method(s) of service delivery and direction of service provider(s).
- Have access to high quality services.
- Be served in the most effective manner in the least restrictive setting possible.

**Scope of Agreement**

**SPD agrees to:**

- Provide training to WCDAVS personnel and volunteers regarding services and eligibility criteria established and/or administered by SPD on an as needed basis to ensure WCDAVS staff have basic programmatic knowledge for Information and Referral.
- Refer individuals to WCDAVS for assessment, case management, veteran benefits and/or service delivery as deemed mutually appropriate by SPD and WCDAVS personnel via denial/withdrawn spreadsheets developed during the intake process.
- HSS1 SNAP Outreach individual will coordinate efforts with the BEC in order to include all core benefits.
- Refer non-Medicaid clients requiring Medicare benefits assistance to WCDAVS SHIBA program. For Medicaid clients requiring Medicare benefits assistance, refer to SPD MMA specialists who will consult with SHIBA as needed.
- Provide a knowledgeable representative who will attend the WCDAVS monthly Advisory Council Meeting to provide an update of the current SPD operations and policies.

- Provide a knowledgeable representative who will attend the BEC Steering Committee meetings and provide information for the improvement of the BEC.
- Create monthly report for re-determination for follow up as of June 1, 2011.
- Provide data if necessary indicating application/enrollment rates for clients of the BEC.????????.
- Work with WCDAVS Aging Services Coordinators and Veteran Services Coordinators to determine medical and financial eligibility for Medicaid waiver services for adults as quickly as possible.
- Consult with WCDAVS personnel and administration to address system(s) quality and effectiveness.
- Receive Universal Referral Form and Oregon ACCESS screenings from WCDAVS by fax, e-mail and through Oregon ACCESS and register them in the appropriate Medicaid category.
- Coordinate monthly meeting of State and County Managers to support information sharing and programmatic updates in each respective agency.
- Partner with WCDAVS in annual/biannual Employee Orientation to facilitate education of new State and County staff.

**WCDAVS agrees to:**

- Participate in training regarding services and eligibility criteria established and/or administered by SPD on an on-going basis.
- Provide training to SPD personnel regarding services and programs administered by WCDAVS on an as needed basis to ensure SPD staff has basic program knowledge for Information and Referral.
- Accept referrals of adult individuals made by SPD for the purposes of needs assessment and qualification for case management, veteran benefits and/or service delivery consistent with WCDAVS capacity to do so.
- Work with the SPD personnel and administration to expedite medical and financial eligibility determination for Medicaid waiver services for adults by assisting the applicant in providing all necessary information required by SPD.
- Consult with SPD personnel and administration to address system(s) quality and effectiveness.
- Refer all potential Medicaid clients identified by the SHIBA program, Aging Services Coordinators, Veteran Services Coordinators or REACH to SPD for an eligibility assessment.
- Communicate receipt and ongoing status of referrals for all programs administered by WCDAVS upon receipts and at least monthly.

This memorandum of understanding may be modified at any time upon the written agreement of the parties. This memorandum of understanding shall be considered in force unless terminated by either of the parties giving thirty (30) days written notice and specifying the date thereof.

In witness whereof, the Parties have caused this Memorandum of Understanding to be signed by their duly authorized representatives on the dates indicated below.

\_\_\_\_\_  
For WCDAVS

\_\_\_\_\_  
For SPD

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# **WASHINGTON COUNTY MULTI-DISCIPLINARY TEAM VULNERABLE ADULT ABUSE PROTOCOL**

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## **MEMBER AGENCIES**

This protocol represents the partnership and agreement to support these policies among the following agencies:

WASHINGTON COUNTY SHERIFF'S OFFICE  
BEAVERTON POLICE DEPARTMENT  
CORNELIUS POLICE DEPARTMENT  
FOREST GROVE POLICE DEPARTMENT  
HILLSBORO POLICE DEPARTMENT  
KING CITY POLICE DEPARTMENT  
NORTH PLAINS POLICE DEPARTMENT  
SHERWOOD POLICE DEPARTMENT  
TIGARD POLICE DEPARTMENT  
TUALATIN POLICE DEPARTMENT  
FRAUD, IDENTITY THEFT ENFORCEMENT TEAM

ELDER SAFE

WASHINGTON COUNTY COMMUNITY CORRECTIONS

- WASHINGTON COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES:
- DEVELOPMENTAL DISABILITIES, ADULT PROTECTIVE SERVICES
    - DISABILITY, AGING & VETERAN SERVICES
      - MENTAL HEALTH

WASHINGTON COUNTY DISTRICT ATTORNEY'S OFFICE

WASHINGTON COUNTY DISTRICT ATTORNEY VICTIM ASSISTANCE

OREGON DEPARTMENT OF HUMAN SERVICES: SENIORS AND PEOPLE WITH DISABILITIES, ADULT PROTECTIVE SERVICES

OREGON DEPARTMENT OF HUMAN SERVICES & OREGON HEALTH AUTHORITY, OFFICE OF INVESTIGATIONS & TRAINING

# Washington County Multi-Disciplinary Team

## I. Protocol Statement

### A. Washington County MDT Mission Statement

The mission of the Washington County Vulnerable Adult Multi-Disciplinary Team (MDT) is to develop a professional team committed to protecting elders and adults with disabilities, herein collectively referred to as “vulnerable adults.”

### B. Purpose Statement

Multidisciplinary Teams are a team approach to the assessment, investigation and prosecution of abuse cases involving vulnerable adults. MDT members work in collaboration to address the abuse of vulnerable adults served in Washington County, and to facilitate a process in which professionals from diverse disciplines are able to work together more effectively and efficiently.

The MDT has a written protocol signed by representatives of all Team agencies. The purpose of this protocol is to clarify each agency’s duties and responsibilities and to improve agency coordination. The goals are to provide services:

- that are in the best interest of the vulnerable adult;
- to conduct abuse investigations in an expedited and effective manner;
- to prevent the abuse of other potential victims;
- to increase the effectiveness of the prosecution of criminal cases,
- to provide increased safety through victim advocacy, and
- to provide information to all involved agencies in a coordinated and efficient manner.

Each agency’s participation shall be consistent with its commitment to the interests of vulnerable adults within the context of the agency’s statutory, administrative and policy obligations.

### C. Composition of the Multidisciplinary Team

The MDT includes, but is not limited to, representatives from: law enforcement, social service agencies, prosecution, mental health, and victim advocacy. See Member Agencies on Page 4.

### D. Responsibilities

- Provide a forum for education and discussion, assessment and review of cases.
- Provide a forum for identifying, discussing and resolving interagency issues.

- Overseeing the implementation of the interagency vulnerable adult abuse protocol. This includes review and update of the protocol as needed.
- Minimize trauma to victims.
- Review the progress of the working team.
- Assist in the development of education/training for MDT agency members with an emphasis on consistency and quality.
- Review and address system issues and evaluate system response.
- Build and maintain effective working relations.
- Strengthen county wide communication.
- Understand each other's roles and barriers.
- Staff difficult and/or high risk cases.
- Ensure compliance with these protocol guidelines and with statutory mandates.
- Identify and pursue resources.
- Identify needed legislation.
- Maintain clear focus on mission/purpose.
- Address other relevant matters relating to vulnerable adult abuse cases.

The District Attorney shall designate a member of his or her staff to chair the MDT. The MDT Chair shall have the responsibility and authority for setting up subcommittees to review and make recommendations to the MDT.

#### **E. Records & Minutes**

All information and records acquired by the MDT in the exercise of its duties are confidential. They may only be disclosed in the course of vulnerable adult abuse case review.

Minutes will be kept by the MDT Coordinator and will be distributed to the members either before or at the next meeting.

The Washington County Vulnerable Adult MDT meets on the 3rd Monday of the month at 1:30 pm at the Washington County Sheriff's Office, upstairs training room, located at 215 SW Adams Ave. in Hillsboro, Oregon. The Washington County MDT meeting will be co-chaired by Bob Hull, Senior Deputy District Attorney and Marcia Langer, Elder Safe.

## **Washington County Multi-Disciplinary Team Vulnerable Adult Abuse Protocol**

### **II. DEFINITIONS**

- A. Elderly Person: Any person 65 years of age or older.
- B. Abuse
  - 1. Any physical injury to a vulnerable adult caused by other than accidental means, or which appears to be at variance with the explanation given of the injury.
  - 2. Neglect.
    - A) Failure to provide the care, supervision or services necessary to maintain the physical and mental health of a vulnerable adult that may result in physical harm or significant emotional harm to the person;
    - B) The failure of a caregiver to make a reasonable effort to protect a vulnerable adult from abuse; or
    - C) Withholding of services necessary to maintain the health and well-being of a vulnerable adult which leads to physical harm of that person.
  - 3. Abandonment, including desertion or willful forsaking of a vulnerable adult or the withdrawal or neglect of duties and obligations owed a vulnerable adult by a caretaker or other person.
  - 4. Willful infliction of physical pain or injury upon a vulnerable adult.
  - 5. An act that constitutes the crime of:
    - A) Rape in the First Degree;
    - B) Sodomy in the First Degree;
    - C) Unlawful Sexual Penetration in the First Degree;
    - D) Sexual Abuse in any degree;
    - E) Public Indecency; or
    - F) Private Indecency.
  - 6. Verbal abuse of a vulnerable adult.
  - 7. Financial exploitation of a vulnerable adult.
  - 8. Involuntary seclusion of a vulnerable adult for the convenience of a caregiver or to discipline the person.

9. A wrongful use of a physical or chemical restraint of a vulnerable adult, excluding an act of restraint prescribed by a licensed physician and any treatment activities that are consistent with an approved treatment plan or in connection with a court order.
  10. Any death of a vulnerable adult caused by other than accidental or natural means.
- C. Adults with Disabilities: A person 18 years of age or older with:
1. A developmental disability who is currently receiving services from a community program or facility or who was previously determined eligible for services as an adult by a community program or facility;
  2. A mental illness who is receiving services from a community program or facility; or
  3. A physical disability.
- D. Caregiver: An individual, whether paid or unpaid, or a facility that has assumed responsibility for all or a portion of the care of an adult as a result of a contract or agreement.
- E. Community program: A community mental health and developmental disabilities program as established in ORS 430.610 to 430.695.
- F. Facility
1. **A long term care facility**, that is, a facility with permanent facilities that include inpatient beds, providing medical services, including nursing services but excluding surgical procedures except as may be permitted by the rules of the Director of Human Services, to provide treatment for two or more unrelated patients. "Long term care facility" includes skilled nursing facilities and intermediate care facilities but may not be construed to include facilities licensed and operated pursuant to ORS 443.400 to 443.455.
  2. **A residential facility**, that is, a residential care facility, residential training facility, residential treatment facility, residential training home, residential treatment home, or an assisted living facility as those terms are defined in ORS 443.400.

3. **An adult foster home**, that is, a family home or facility in which residential care is provided in a homelike environment for five or fewer adults who are not related to the provider by blood or marriage.

G. Financial Exploitation

1. Wrongfully taking the assets, funds or property belonging to or intended for the use of a vulnerable adult;
2. Alarming a vulnerable adult by conveying a threat to wrongfully take or appropriate money or property of the person if the person would reasonably believe that the threat conveyed would be carried out;
3. Misappropriating, misusing or transferring without authorization any money from any account held jointly or singly by a vulnerable adult; or
4. Failing to use the income or assets of a vulnerable adult effectively for the support and maintenance of the person.

H. Intimidation: Compelling or deterring by threat.

I. Law enforcement agency (LEA):

1. Any city or municipal police department;
2. Any county sheriff's office;
3. The Oregon State Police;
4. Oregon Department of Justice; or
5. Any district attorney.

J. Public or private official:

1. Physician, naturopathic physician, osteopathic physician, chiropractor or podiatric physician and surgeon, including any intern or resident, psychologist (adult abuse only);
2. Licensed practical nurse, registered nurse, nurse's aide, home health aide or employee of an in-home health service;
3. Employee of the Department of Human Services, county health department or community mental health and developmental disabilities program;
4. Peace officer;
5. Member of the clergy;

6. Licensed clinical social worker;
  7. Physical, speech or occupational therapists;
  8. Senior center employee;
  9. Information and referral, outreach or crisis worker;
  10. Attorney (adult abuse only);
  11. Licensed professional counselor or licensed marriage and family therapist;
  12. Any public official who comes in contact with elderly persons or adults in the performance of the official's official duties; or
  13. Firefighter or emergency medical technician.
- K. Services: Includes but is not limited to the provision of food, clothing, medicine, housing, medical services, assistance with bathing or personal hygiene or any other service essential to the well-being of an elderly person or adult.
- L. Sexual abuse:
1. Sexual contact with a vulnerable adult who does not consent or is considered incapable of consenting to a sexual act due to mental defect, mental incapacitation or physical helplessness;
  2. Sexual harassment, sexual exploitation or inappropriate exposure to sexually explicit material or language;
  3. Any sexual contact between an employee of a facility or paid caregiver and a vulnerable adult served by the facility or caregiver;
  4. Any sexual contact between a vulnerable adult and a relative of the vulnerable adult other than a spouse; or
  5. Any sexual contact that is achieved through force, trickery, threat or coercion.

Note: Sexual abuse does not mean consensual sexual contact between a vulnerable adult and a paid caregiver who is the spouse or partner of the vulnerable adult.

- M. Sexual contact: Any touching of the sexual or other intimate parts of a person or causing such person to touch the sexual or other intimate parts of the actor for the purpose of arousing or gratifying the sexual desire of either party.
  
- N. Social Service Agency: Includes, but is not limited to:
  - 1. Seniors and People with Disabilities Services; Adult Protective Services;
  - 2. Oregon Department of Human Services, Adult Protective Services;
  - 3. Washington County Developmental Disabilities Services, Adult Protective Services
  
- O. Verbal abuse: To threaten significant physical or emotional harm to a vulnerable adult through the use of:
  - 1. Derogatory or inappropriate names, insults, verbal assaults, profanity or ridicule; or
  - 2. Harassment, coercion, threats, intimidation, humiliation, mental cruelty or inappropriate sexual comments.
  
- P. Vulnerable Adult:
  - 1. Any person 65 years of age or older; or
  - 2. A person 18 years of age or older with:
    - a. A developmental disability who is currently receiving services from a community program or facility or who was previously determined eligible for services as an adult by a community program or facility;
    - b. A mental illness who is receiving services from a community program or facility; or
    - c. A physical disability.

### III. REPORTING ALLEGATIONS OF ABUSE

- A. Reporting Parties:

1. Voluntary reporters (*e.g.*, victim, family, friends, neighbors, others);
2. Mandatory reporters (*e.g.*, medical providers, law enforcement, clergy, psychologists, and firefighters (*See Appendix A: ORS 124.060; 430.765: Duty of Officials to Report*)).
  - a. Any mandatory reporter who has reasonable cause to believe that any vulnerable adult with whom the official comes in contact, while acting in an official capacity, has suffered abuse shall report or cause a report to be made by following the procedure set forth in section B. (*See Appendix A and B: ORS 124.065; 430.737*).
  - b. Any mandatory reporter who has reasonable cause to believe that any person with whom the official comes in contact while acting in an official capacity has abused a vulnerable adult, shall report or cause a report to be made by following the procedure set forth in section B. (*See Appendix A and B: ORS 124.065; 430.737*).
  - c. NOTE: A psychiatrists, psychologists, members of the clergy and attorneys are not required to report such information communicated by a person if the communication is privileged under ORS 40.225 to 40.295.

B. Who to Call: Allegations of abuse against vulnerable adults must be reported immediately to the appropriate agency as listed below, or to a law enforcement agency.

1. Adults 65 years or older and/or adults with physical disabilities: DHS/Adult Protective Services – **503-640-3489**.
2. Adults with Developmental Disabilities: Washington County Developmental Disabilities – **503-846-3150**.
3. Adults with Mental Illness: Washington County Mental Health – **503-846-4554** or Washington County Crisis Line-503-291-9111.

C. Required Information: Reports of abuse must include the following information, if known:

1. The name and address of the elderly person or abused adult;

2. The name and address of any person(s) responsible for the care of the vulnerable adult;
3. The nature and extent of the abuse including any evidence of previous abuse;
4. The explanation given for the abuse;
5. Any information that led the person making the report to suspect that abuse has occurred;
6. Any other information which the person making the report believes might be helpful in establishing the cause of the abuse and the identity of the perpetrator;
7. The date of the incident; and
8. The venue where the abuse occurred.

#### **IV. REPORT RECEIVED**

##### **A. Social Service Report to Law Enforcement**

1. When a report of a possible crime is received by the social service agency, the agency shall notify by fax the LEA having jurisdiction within the county where the report is made.
2. If the social service agency determines there is reason to believe a crime of abuse has been committed, the social service agency shall immediately notify by fax the LEA having jurisdiction within the county where the report is made. The LEA must confirm to the social service agency by fax its receipt of the notification within 2 business days.
3. When a report is received by a LEA, the agency must immediately notify by fax the LEA having jurisdiction if the receiving agency does not. The receiving agency must also immediately notify by fax the appropriate social service agency in the county where the report was made.

##### **B. Investigating Abuse Allegations**

1. Upon receipt of an allegation of abuse of a vulnerable adult, an appropriate social service agency or LEA shall cause an investigation to be commenced promptly to determine the nature and cause of the abuse.

NOTE: When practical, the social service agency and LEA should investigate the allegations together. This will satisfy both agencies requirements while avoiding the duplication of interviews.

1. Investigations shall be conducted in a manner set forth by the policies of the respective agencies and must include:
  - A) A visit to the named vulnerable adult, and
  - B) Communication with those individuals having knowledge of the facts of the particular case.
  - C) NOTE: If the alleged abuse occurs in a residential facility, the social service agency must conduct an investigation regardless of whether the suspected abuser continues to be employed by the facility.
3. If the social service agency finds reasonable cause to believe that a crime of abuse has occurred, the agency must promptly notify the appropriate law enforcement agency in writing by fax.
  - A) Within 3 business days of receiving this notification, the LEA shall notify the department by fax:
    - 1) That there will be no criminal investigation, including an explanation of why there will be no criminal investigation;
    - 2) That the investigative findings have been given to the district attorney's office for review; or
    - 3) That a criminal investigation will take place and the assigned case number.
4. If the law enforcement agency conducting the investigation finds reasonable cause to believe that abuse has occurred, the agency shall notify the appropriate social service agency in writing by fax.
5. Upon completion of the evaluation of each case, the social service agency shall prepare written findings that include recommended action and a determination of whether protective services are needed.

- C. Investigations of Abuse in Care Facility:** Such investigations shall be carried out in compliance with the applicable Oregon Revised Statutes, administrative rules and this Protocol.

**V. Criminal Prosecution**

**A. Pre-Charge Investigation**

1. Investigators are encouraged to consult with the Deputy District Attorney (DDA) regarding any legal issues that arise during or from the investigation.
2. If a LEA gives the findings of the social service agency to the District Attorney's Office for review, within 5 business days the assigned DDA shall notify the social service agency that the DDA has received the findings and shall inform the social service agency whether the findings have been received for review or for filing charges. A DDA shall make the determination of whether to file charges within 6 months of receiving the findings of DHS.

**B. Initiation of Legal Proceedings by the Deputy District Attorney:**

1. The DDA has discretion and responsibility for initiating legal proceedings.
2. The DDA reviews reports submitted by police and social service agency to determine appropriate charge(s) to file.
  - Incomplete reports are returned to the LEA for completion of documentation or evidence analysis.
  - When further investigation is required, the case is returned to the LEA for follow up.
  - The DDA may consult with police, victim, witnesses, attorneys, victim advocate, social service agency, family, or friends as necessary.
  - Investigating officers may resubmit cases to the DDA with the additional information that will assist in the prosecution.
3. The case will be assigned to a victim advocate with the District Attorney's Office.
4. Procedures when prosecution is declined.

- The DDA sends a written notice to the police agency and social service agency.
- The DDA directs victim advocates to inform the victim(s).
- The DDA informs other interested parties of the decision.
- The decision to decline may be subject to reevaluation depending on new information received in the investigation.

#### C. Pre- Trial

1. If requested, the DDA will consult with the victim(s) before completing negotiations on a case.
2. Each case involving a Measure 11 charge will be staffed by the Measure 11 committee before an offer is made.
3. Measure 11 committee consists of a combination of the District Attorney, the Chief Deputy District Attorneys, and the Senior Deputy District Attorneys. At any Measure 11 committee meeting it is required to have the District Attorney or one of the Chief Deputy District Attorneys involved in the meeting. The committee will consider all appropriate factors in making plea offers.
4. If the DDA files charges stemming from the findings of the social service agency and makes a determination not to proceed to trial, the district attorney shall notify the social service agency of the determination within 5 business days and shall include information explaining the basis for the determination.

#### D. Trial

1. The DDA must decide whether or not to proceed to trial and makes all the decisions during the course of the trial.
2. Both DDA and the victim advocate are available to support the victim during the course of the trial.
3. The defendant has the right to elect to have the case decided either by a jury or a judge.
4. Depending on the victim's mental ability and necessity for successful prosecution, a pre-trial competency hearing may be required to determine whether the witness is competent to testify in court.

5. A jury in a jury trial or a judge in a court trial decides the defendant's guilt or innocence and renders a verdict on each charge.

**VI. Data Collection and Reporting**

- A. At the December meeting of the MDT, each member agency shall submit information regarding the preceding 12 months in Washington County; specifically, the number of:
  1. Substantiated allegations of abuse of adults;
  2. Substantiated allegations of abuse referred to law enforcement because there was reasonable cause found that a crime had been committed;
  3. Allegations of abuse that were not investigated by law enforcement;
  4. Allegations of abuse that led to criminal charges;
  5. Allegations of abuse that led to prosecution;
  6. Allegations of abuse that led to conviction.
- B. By January 30 of each year, the MDT shall report this information to the Department of Justice and the Oregon Criminal Justice Commission.

## Appendix H Statement of Assurances and Verification of Intent

For the period of January 1, 2013 through December 31, 2016, the Washington County Disability, Aging and Veteran Services accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) (P.L. 106-510) and related state law and policy. Through the Area Plan, Washington County Disability, Aging and Veteran Services shall promote the development of a comprehensive and coordinated system of services to meet the needs of older individuals and individuals with disabilities and serve as the advocacy and focal point for these groups in the Planning and Service Area. The Washington County Disability, Aging and Veteran Services assures that it will:

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

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

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

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

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

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

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

Sept 26, 2012  
Date

JM Hill  
Director, Washington County  
Disability, Aging and Veteran Services

26 Sep 2012  
Date

Ann E. Downey  
Advisory Council Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Contractor Authority

\_\_\_\_\_  
Title

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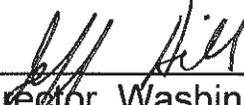
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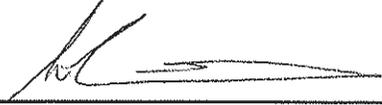
Sept. 26, 2012  
Date

  
Director, Washington County  
Disability, Aging and Veteran Services

Sept. 26, 2012  
Date

  
Advisory Council Chair

1/24/2013  
Date

  
Legal Contractor Authority  
Sia Lindstrom

\_\_\_\_\_  
Title

Sr. Deputy County Admin