

# **Aging, Disability, and Veterans Services Division 2017-2020 Area Agency on Aging Area Plan**

## **Planning**

### **Information and data gathering**

- Consumer Satisfaction Survey (2014)
- ADRC – reports, unmet needs (2015)
- 18 Community Listening Sessions (April-June 2016)
- Focus Area Integration Workgroup (July 2016)

### **Resources**

- 2014 (5-year estimate) – U.S. Census
- “Communities of Color in Multnomah County: An Unsettling Profile” – Population Specific
- PSU Population Projections
- Multnomah County Age-Friendly Action Plan & supporting documents

## **Issue Areas, Goals, and Objectives**

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

Decrease isolation and barriers to access experienced by physically, emotionally, culturally or linguistically isolated older adults.

- Build capacity to provide inclusive and culturally specific services.
- Utilize a targeted outreach approach that builds on existing relationships, trusted cultural centers, and leverages the strengths of community.

ADRC is recognized by the community as a valuable resource for older adults and people with disabilities.

- Utilize a multimodal approach to promote ADRC as front door/coordinated entry to all ADVSD/ Enhancing Equity services.
- 75% of consumers at District Senior Centers and agencies that specifically service racial, ethnic, and sexual minority elders, will express satisfaction (excellent or good) with services and activities provided at these community access points.

### **Nutrition Services**

Older adults will have ready access to healthy food that is affordable and supports a healthy diet.

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

Be a leader in equity around food security.

- Programming is targeted to the highest need populations.

## **Health Promotion**

Improve county-wide access to and utilization of services by racial, ethnic, cultural minority and other underserved groups of elders that address the social determinants of health and/or forge links between health systems and community services.

- Increase access and utilization of culturally and linguistically diverse evidenced-based workshops and activity offerings throughout the region.
- Older adults and people with disabilities and chronic conditions will learn disease specific information through regional efforts to improve coordination, leverage resources and build capacity of evidence-based health promotion and self-management education programs.
- Participate with and explore opportunities through the Portland and Multnomah County Age-Friendly Health Services, Equity, and Prevention Committee.

Involvement in health promotion programs will reduce social isolation by providing older adults and people with disabilities support through social networks and direct linkages to community resources offered by our contracted partners.

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

## **Family Caregivers**

Support quality services for family caregivers.

- Provide culturally relevant caregiver training.

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

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

## **Elders Rights and Legal Assistance**

Ensure that older adults and people with disabilities have access to protection against abuse, financial exploitation, and neglect, with particular attention focused on resources, access, and financial stability.

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

- 1,500 Multnomah County Medicare/Medicaid beneficiaries will receive personalized counseling by skilled volunteers, with special attention devoted to increasing the number of Hispanic/Latino and urban American Indian/Alaskan Native beneficiaries.
- Enter into a regional partnership to develop a Benefits Enrollment Center (BEC) model that may serve up to 1000 older adults who need additional assistance with applications for various benefit programs, including Medicare Savings programs.

Ensure adequate and equitable access to legal support, peer support, and advocacy for older adults.

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

### **Older Native Americans**

Increase accessibility to culturally specific services and support the needs identified by Native American Elders.

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

Enhance services for urban Native American elders by promoting capacity-building in agencies that serve them.

- Provide technical assistance to culturally specific providers.

### **Health System Transformation**

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

- Work with health plans, hospitals, primary care clinics, and community organizations to map, analyze and improve coordination in transitions across settings for older adults and adults with disabilities.
- Plan and develop ongoing cross-system learning and networking opportunities for health system, aging and disability, and community partners.
- Expand member engagement and health system partner participation in interdisciplinary care coordination conferences.

## **Behavioral Health**

People who need services know where to go and feel comfortable seeking out services.

- Have extended and far-reaching outreach for current services.
- Strengthen partnerships with culturally-specific agencies to promote the development of resources and to engage community members in existing services.
- Service providers are training to navigate systems to access services for clients with complex needs.
- Work with ADRC staff to increase their skill in recognizing behavioral health needs in community members calling the ADRC Helpline.

Develop a system that provides services and supports to people with multiple needs who do not fit into one system.

- Best practices will be incorporated in to existing care coordination models in order to better serve client with complex needs.
- Workforce development - service providers will have training readily available to increase their skill working with clients who are facing a myriad of physical, mental and social health issues.
- Advocate for the development of older adult-specific behavioral health services that are needed such as: home-based services, geriatric-competent therapy, services in languages other than English and peer services.

## **Veterans**

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

- Provide targeted community outreach and engagement to older adults that previously served in the military or are the surviving spouse of someone who served in the military.
- Collaborate with Veterans Health Administration (VHA) and community-based agencies to engage residents and providers in the long-term service and support system and in their home to reach veterans and/ or their surviving spouse to gain access to less known benefits through the federal VA and so that they may stay in their homes as the age.
- Identify and narrow the gaps between community-based partners who may serve veterans and their surviving spouses to increase awareness and referrals to the Veterans Service Office.