DRAFT

**–May 16, 2022–**

**Executive Summary/Purpose**

*(Why are we developing a plan? What is the issue?)*

* *Future draft will reference the area plan and Area Plan Needs Assessment*
* *Data will further inform problem statement*
* *Social determinants of health framework for service population will be added*

Multnomah County’s Aging, Disability and Veterans Services Division (ADVSD) must be a leader in the work toward racial justice both in the county and in our systems. We recognize that multiple systems of oppression are reinforced in ADVSD policies, practices, and processes. In our Service Equity Plan, as in our Area Plan, we are called to be humble, brave, and committed to addressing these systems and the inequities they reinforce.

Multnomah County is home to 151,827 people 60 years and older, along with 48,767 people 18 - 59 living with a disability, and 37,495 people who are Veterans and many more who have served in the military.

Multnomah County’s aging population is more ethnically and racially diverse than ever and continues to grow. It is estimated that for 2020 that residents that identify as Black, African American, Asian, Pacific Islander, Native Hawaiian, Native American, Native Alaskan, Latino, Hispanic, Middle Eastern, and African make up 20% of the aging population in the county.

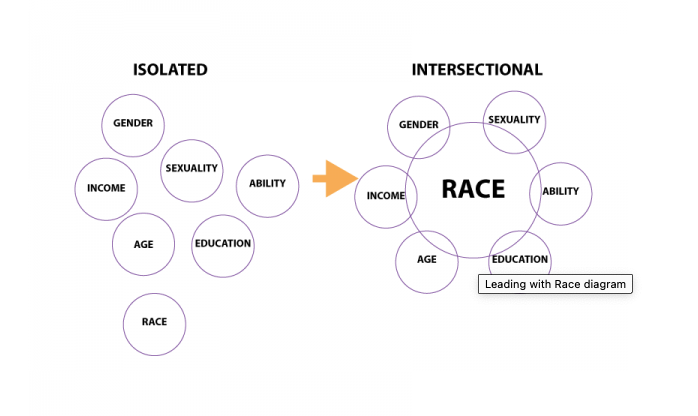
Along with racialized identity, other aspects of identity, community, and circumstance further impact and inform the life course, heath and financial stability of the people potentially served by ADVSD. The service area includes [XXXX] older adults who identify as LGBTQAI+, 14,057 people whose primary language is not English, and 5,255 who are linguistically isolated, meaning that everyone in the household over the age of 14 speaks English.

[Pull from Area Plan information about coming significant population increase]

Across our Departments, Divisions, Programs and day to day tasks, Multnomah County and its workers recognize that racial inequity is baked into our culture, systems, and structure. It is from this recognition that Multnomah County has committed to center race or racialized identity in our intersectional analysis of how systems of oppression impact us as individuals, impact our consumers, and our communities, which intern impacts the need for, access to and provision of programs, services, and systems of support. Our commitment is to an intersectional analysis that names the role and impact of race in a people’s experience and lifecourse.

From Multnomah Count’s Statement [Why We Lead With Race](https://www.multco.us/safety-trust-and-belonging-workforce-equity-initiative/why-we-lead-race):

Leading with race is important because:

* To have maximum impact, focus and specificity are necessary. Strategies to achieve racial equity differ from those to achieve equity in other areas. “One-size-fits all” strategies are rarely successful.
* A racial equity framework that is clear about the differences between individual, institutional and structural racism, as well as the history and current reality of inequities, has applications for other marginalized groups.
* Race can be an issue that keeps other marginalized communities from effectively coming together. An approach that recognizes the interconnected ways in which marginalization takes place will help to achieve greater unity across communities.

The Leading with Race framework, along with an as yet to be articulated analysis of the social determinants of health for ADVSD’ expansive service population and a robust analysis of who we serve will set the stage for ADVSD’ Service Equity Plan.

**Draft Problem Statement Framework**

Information to be added regarding problem statements to potentially include the following and a frame that will outline our employment of a social determinants of health lens in the approach/framework.

Disproportionate impact of racism in programs, policies and systems on older adults and people with disabilities who are people of color and with other marginalized or intersecting identities in the areas of:

* Work access: Systemic exclusion from education, work, promotional opportunities, on the job training (digital divide), adequate health insurance, age-based workplace descrimination, and retirement savings.
* Wealth accumulation: Home ownership and wealth preservation, private retirement savings, child care, college access for children.
* Health care, health supports and wellbeing: Systems designed for white/dominant culture approach to healthcare and health supports, financial and geographic barriers to food access, access to culturally specific mental health care, health clinics, health supports and wellbeing programs.
* Family caregiving: Paid family leave, child care cost, grandparents and family members raising children, and older adults supporting family members with chronic conditions or persistent illness.
* Service access: Unserved and underserved communities, Government distrust, explicit and inflexible financial eligibility for certain programs, and availability of community and culturally competent and specific services and programs. [Further information to be added from Area Plan about Culturally Specific/Culturally responsive models, approaches]
* Community and Consumer Voice: Continuing to shift and evolve our approaches in planning, policy, data, research and advocacy to center the voice of community and those most impacted by systems of oppression and whose voices are systematically excluded from decision making, planning, and advocacy tables.

**Mission:**

*(What do we want to do about it?)*

ADVSD’s Service Equity Plan will be a community-driven and co-designed plan. The plan will serve to increase:

* the equitable access to and delivery of programs and services provided and funded by ADVSD and those provided by the network of community-based providers that partner with ADVDS;
* workforce representation reflective of the communities served and languages access in ADVSD branch offices,
* understanding of the strengths and weaknesses of our data systems to provide consistent and reliable understanding of community, people we serve, and our workforce; and
* alignment with Multnomah County’s Workforce Equity Strategic Plan, including the evolved lens of Inclusively Leading with Race, and utilization of the Equity and Empowerment Lens, ODHS Equity North Star, and Equity-informed outcomes process in ADVSD budget development.

The Service Equity Plan process will, over time, assess, plan and continue to realign ADVSD services, programs, contracts, workforce and approach to focus on equitable representation, equitable access and equitable provision of services to older adults, people with disabilities, and those who care for them.

**Goal:**

*(How do we want to approach the work?)*

ADVSD as a part of the Department of County Human Services and a Type B Transfer Area Agency on Aging will utilize and draw inspiration from existing plans such as the ODHS Equity North Start, the DCHS North Star, the 2021-2024 Area Plan, the Workforce Equity Strategic Plan, and previous departmental and divisional equity work including the work of the Inclusively Leading with Race Design Team and the ADVSD Equity Assessment.

At the writing of this draft, ADVSD will focus on laying the foundation for this work with our division and networks.

The Service Equity Advisory Workgroup will be a space in which ADVSD will hold conversations with staff, community members, consumers and stakeholders related to this work. The suggested make-up of the group is intended to be reflective of our community and workforce with intentional overrepresentation of people most impacted by systems of oppression as a means to amplify their voices in decision making spaces.

We anticipate that within these meetings we will use a human and equity-centered approach to develop a shared understanding of service equity in our Division. We intend to prioritize relationship building to support self-awareness and reflection, understanding of shared history, and elevating Multnomah County’s values of Trust, Safety, and Belonging. This foundational work will allow the Service Equity Advisory Workgroup to select a facilitation approach, meeting structure, decision making model and restorative practice that supports the stated priorities.

**Scope:**

*(Where do we have influence?)*

* Designing an a process that is appropriately resourced,
* Designing a process that centers the voice of community members, stakeholders and partners.
* Current Area Plan priorities
* Budget analysis, impact and development
* Position development with community and identity specific KSAs (Knowledge, Skills and Abilities)
* Budget recommendations

**Out of Scope:**

*(Where don’t we have influence?)*

* Contractor staff selection
* Final budgeting decisions

**Roles and Responsibilities:**

*(Who wants to commit to actions? Who has capacity? Where are our skills and strengths?)*

*Subsequent draft to include power sharing, decision making and reporting structure.*

Multnomah County Aging, Disability and Veterans Services Division's Service Equity Workgroup will contribute to the development of the division’s approach to the service equity plan. Its formation will happen in two phases:

* Phase 1 (through September 2022) – Service Equity Planning Group. This group will consult with the Aging Services Advisory Council (ASAC), and the Disability Services Advisory Council (DSAC) on internal readiness analysis, engagement approach, required data elements, and identifying year one goals related readiness to embark on defining Service Equity and potential benchmarks. The workgroup will also work with division leadership to provide feedback and input on workforce-related goals.
* Phase 2 - Service Equity Advisory Workgroup (Beginning October 2022) will expand on the work of the internal workgroup and will be comprised of consumers, contractors, and community partners to make up the 19 member group. The group will include a leadership representative and a representative of the state’s Aging and People with Disabilities Community Services and Support Unit. This group will make recommendations to the Aging Services Advisory Council and the Disability Services Advisory Council who will review the recommendations and advance to ADVSD leadership.

Core Project Team

Planner - Robyn Johnson

Project Manager - Alex Garcia Lugo

Office Assistant - TBD

Consultant/Project Support - Michael Anderson-Nathe

Project Sponsor - Irma Jimenez

Equity Workgroup Member - TBD

Data Project Team

Planner - Robyn Johnson

Project Manager - Alex Garcia Lugo

Data team led by QBS - Jacob Mestman, Katie Boldensmith, Nathan Maranan

Data stewards (one from each work unit) - TBD

PSU Population Research Center

Human Resources - Vanessa Mujcic

Planning Workgroup (Pending ASAC/DSAC Approval

|  |  |  |
| --- | --- | --- |
| Work Unit | Member Type | Name |
| APS | Work unit rep | TBD |
| APS | Work unit rep | TBD |
| ACHP | Work unit rep | TBD |
| ACHP | Work unit rep | TBD |
| CS | Work unit rep | TBD |
| CS | Work unit rep | TBD |
| LTSS | Work unit rep | Lesley DeLaPaz |
| LTSS | Work unit rep | Isabelle Lopez |
| QBS | Work unit rep | Nathan Maranan |
| QBS | Work unit rep | Jeremy Nguyen |
| PG | Work unit rep | TBD |
| PG | Work unit rep | TBD |
| TBD | At-large Supervisor LTSS | Sarah Mazzi |
|  | Manager | TBD |
|  | Leadership Team Member | Irma Jimenez |

Service Equity Advisory Workgroup (TBD established October 2022)

1. Consumer - Long Term Services and Supports -
2. Consumer - DSAC Rep -
3. Consumer - Community Services -
4. Consumer - ASAC Rep -
5. Consumer - Veterans -
6. Consumer - Enhancing Equity Programs
7. Consumer - Enhancing Equity Programs
8. Consumer - Enhancing Equity Programs
9. Community Partner - Community Services
10. Community Partner - Culturally Specific
11. Community Partner - Culturally Specific
12. Community Partner - Long Term Services and Supports
13. ADVSD Staff - Long Term Services and Supports
14. ADVSD Staff - Adult Care Home Program
15. ADVSD Staff - Public Guardian
16. ADVSD Staff - Community Services
17. ADVSD Staff - Quality and Business Services
18. At-Large Member - TBD
19. At- Large Member - TBD

Non-voting members

1. ADVSD Leadership Rep - Irma Jimenez
2. CSSU Liaison - Brandi Truitt

Data Team Representative - TBD

ADVSD OA Support - TBD

Service Equity Staff - Robyn Johnson, Planner

Meeting structure

Service Equity Advisory Workgroup (nest with ASAC and DSAC)

* Meet Quarterly - starting October 2022
  + Jan, April, July, October
* Two-year terms

Leadership

* Co-facilitation - two co-facilitators (one community member or partner, one ADVSD staff)
* Consensus model
* Service Equity Workgroup is staffed by Robyn Johnson, Planning and Development Specialist

**Internal Stakeholders:**

*(Who within the organization should be informed of or involved in our work?)*

* Aging Services Advisory Council (ASAC)
* Disabilities Services Advisory Council (DSAC)
* All ADVSD Staff
* ADVSD Leadership
* Service Equity Planning Workgroup members (internal)

**External Stakeholders:**

*(Who outside of the organization should be informed of or involved in our work?)*

* Consumers
* Culturally specific and culturally Responsive Community Based Organizations
* Native American Youth and Family Center (NAYA)
* Native American Rehabilitation Association (NARA)
* [Confederated Tribes of Warm Springs](https://warmsprings-nsn.gov/), Confederated Tribes of Siletz Indians, Confederated Tribes of Grand Ronde
* Community Partners
* Contractors
* Service Equity Advisory Workgroup members
* Board of County Commissioners
* DCHS Director and Leadership Team
* Office of Diversity and Equity
* ODHS D2 Partners
* Oregon Association of Area Agencies on Aging and Disabilities (O4AD)

**The goal(s) are most closely aligned with the APD Service Equity Goal of:** (Circle all that apply)

* Increasing outreach efforts targeted to culturally specific populations. (See definition of culture on pages 3 and 4 of Service Equity Toolkit).
* Increasing utilization of policy impact statements related to underserved communities in new or revised policies, OARs, and other APD rules.
* Engaging and increasing staff that are engaged in service equity efforts to foster empathy and strive for social justice in all their work.

**Possible/Draft Year One Goals:**

* Establish Service Equity Advisory Workgroup (Full Division/Planner) - Notes/Decisions
* Develop language access guidance for ADVSD translation and interpretation (CS/LTSS/DCHS) - Reportable
* Accessibility Guidelines Testing Pilot (CS) - Measureable
* Develop and implement Equity and Empowerment Lens Application for use in project and initiative planning (Project Manager/Planner) - Measurable
* Conduct Data Source Inventory to understand availability of reliable and consistent demographic data across programs and services (QBS) - Report
* Define service equity within ADVSD, Advisory Councils, and with Advisory Workgroup (Planner) - Measureable
* Select equity-related Area Plan goals (CS/Full Division) - Measurable
* Redesign and resource community engagement approach, ASAC, and DSAC (Planner/SEAW) - Reportable
* Conduct research on policy, program, and practice related to Older Adult Economic Stability and Older Adult Workforce (Director/Planner), leveraging existing state resources. - Reportable (sustainable business plan)

**Below, please include a milestone chart**

*(Milestones and Actions can be tracked in the plan or with supplemental project management tools)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Action | Assigned to | Accountability | Outcome | Progress |
|  |  |  |  |  |

**Please indicate what category this action falls under:**

☐Staff Preparedness ☐Provider Engagement and Preparedness

☐Awareness ☐Policies ☐Access ☐Services

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
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|  |  |  |  |  |

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☐Staff Preparedness ☐Provider Engagement and Preparedness

☐Awareness ☐Policies ☐Access ☐Services

**Trackable Measures:**

*(What can we put numbers to? What data can we produce? What will help keep us motivated)*

**Risks, Assumptions and Issues:**

*(What are the potential barriers?)*

**Departmental Approval** 

**District Manager Approval** 

**Responsible Parties** 