

**Oregon Cascades West Council of
Governments**

**DISTRICT 4 SERVING LINN, BENTON
AND LINCOLN COUNTIES**

AREA PLAN

For Period of

JANUARY 1, 2017

to

DECEMBER 31, 2020

A-4 Prioritization of Discretionary Funding

A small amount of Senior and Disability Services' (SDS) budget is considered flexible spending or discretionary. Title III-B discretionary funds refer to money available after meeting the minimum Title III-B expenditure requirements.

SDS engages in fundraising and grant writing, along with collaborating in community partnerships, to maximize discretionary funds. Due to continuous declines in federal funding for programs it is paramount that SDS develop strong partnerships in the region to make these limited resources go as far as possible toward serving those in need of assistance.

Prioritization of discretionary funding and fundraising is led by a basic philosophy held by SDS that we emphasize services for those most vulnerable in our communities. In addition, input from Advisory Councils, consumers, and staff in our region is also critical to determining this prioritization. Current priorities include:

- Meals on Wheels (MOW) continuation at current service level along with restoration of frozen meals on weekends
- Family Caregiver Support Program (FCSP): respite, supplemental services, and training for caregivers
- Behavioral health supports
- Expansion of the Money Management Program
- Care Transitions: Hospital to Home Program (H2H) - A complete description of this program has been included in Section C-4.
- Options Counseling

Title III-B: Support Services and AAA Administration

The list below illustrates areas in which Title IIIB funding is currently allocated and the percentage of the funding allocated to each area.

- Administration and Program Coordination - 10%
- Advocacy – 3%
- Legal services - 10%
- In Home services - 3%
 - Personal care and chore services
 - Respite
 - Adult Day Care
 - Home repair and modification
 - Case monitoring

- Coordination of in-home volunteers
- Access services- 68%
 - Information and assistance
 - Screening
 - Case Management
 - Interpreting/translation services
 - Newsletter
 - Information for caregivers of elderly and those serving children
 - Assistance in gaining access to caregiver services
 - Public outreach/education
 - Transportation and assisted transportation
 - Geriatric assessment
 - Telephone reassurance
 - Friendly visiting

Other III-B Services

- Counseling
- Options Counseling
- Registered Nurse services
- Money Management *
- Public Outreach

*SDS has a Money Management Program that serves our three county region offering a free Bill Pay Assistance Program which matches trained volunteers with residents to assist with the organization of bills, bank statements, and reconciling accounts and a rep payee program where Money Management staff pay bills, balance checkbooks, and provide and manage personal incidental funds. We can also complete paperwork for residents and submit the annual Rep Payee reports required by the SSA.

Title III-C: Nutrition Services

Required services: Provision of both home-delivered meals and congregate dining opportunities throughout the entire region. Expertise of a dietician, compliance with dietary guidelines and nutrition education.

C-1: AAA Administration and Congregate Meals

C-2: AAA Administration and MOW

The Meals On Wheels program is a high priority for the region, especially the home-delivered meals. Historically, the primary funding source for MOWs has been the Older Americans Act. However, given that this has been a relatively flat or declining funding source for more than 10 years, the program must attract other funding sources in order to sustain at its current level into the future.

Currently these local funds include grants and donations from the community. A resource development plan has been developed with the goal of closing an historical budget gap by July 1, 2018. The plan includes expansion of individual donations, greatly expanding business sponsorships, and increasing support from governmental jurisdictions across the region.

Title III-D: Health Promotion and Disease Prevention- 23.6%

- Prescription medication education
- Information and counseling related to Medicare Part D
- Evidence based programs:
 - Care Transitions Intervention, Hospital to Home (H2H)
 - Powerful Tools
 - PEARLS – mental health program

Care Transitions, Hospital to Home, is a priority for OCWCOG. The program is funded by III-D funds in cooperation with a grant from Samaritan Health Services Foundation.

Title III-E-Family Caregiver Support Services and AAA Administration

- Information and assistance to family caregivers (including grandparents raising grandchildren)
- Counseling and organization of support groups
- Respite
- Supplemental services

SDS prioritizes these services and works collaboratively with community partners to co-sponsor training and workshops for caregivers. SDS has secured grant funds to expand respite services for family caregivers in all three counties over the last year and will continue to seek additional funds.

Title VII-A: Elder Abuse Prevention

- Co-organizer of local Multidisciplinary Teams (MDT) and Vulnerable Adult Services Teams (VAST), which meet monthly in all three counties
- Media campaign on elder abuse awareness
- Co-sponsorship of events with community partners about elder abuse prevention

In cooperation with the Senior Services Advisory Council and Disability Services Advisory Council, SDS will develop media outreach with a theme toward increased community awareness of adult abuse in our communities.

B-2 Target Population

The following list of priority target populations within our three county service area has been developed by combining state required focal populations and those identified by the needs assessment process. Each of the groups identified below represent a group of people with unique needs and barriers that may prevent them from accessing services, are at higher risk for health issues, are at a higher risk to be isolated, and will require focused efforts by our AAA to assist in having their needs met. The target populations include:

- Individuals who are low-income and/or members of a minority group
 - Older adults and adults with disabilities with language barriers
 - Older adults and adults with disabilities who live in rural areas and are at-risk for isolation
 - Adults, age 18 and older with disabilities
 - Older adults who identify as Lesbian, Gay, Bisexual and Transgender (LGBT)
 - Older adults living alone over the age of 80
 - Grandparents raising grandchildren
 - Native Americans
- Individuals with behavioral health challenges including dementia-related diseases

Oregon's poverty rate averages 8% overall. In the rural areas of all three counties we serve, the poverty rate is anywhere from 8-14%. All agency brochures are available in our offices and at presentations in both English and Spanish. The agency is evaluating the need for information in Russian, due to the presence of Russian speaking individuals in Linn County. Currently, we have interpreter services available for Russian speakers.

Oregon Cascades West Council of Governments (OCWCOG) participates in planning efforts, workgroups, community forums and coalitions that represent and develop programs and policy for target populations. Through these partnerships we identify individuals in our service area who are vulnerable, isolated, and financially in need. Some of these groups include the Multi-Disciplinary Teams (MDT), the Vulnerable Abuse Service Team (VAST), Self-sufficiency, local Senior Centers, the Linn-Benton Senior Resource Network, the Homeless Connect program and the Heart-to-Heart Homeless Coalition. The Heart-to-Heart Homeless Coalition plans a homeless fair annually with community service groups, which is cosponsored by OCWCOG to provide information and assistance.

Through our Memorandums of Understanding, contracts with partner agencies and volunteer organizations (Appendix G), we agree that they will refer consumers who are identified as low income, minority, at-risk for isolation, or whom are generally underserved due to their socio economic status to our ADRC for information and assistance.

Because the majority of our three county service area is categorized as rural by the United States Census, rural citizens have always been a major target population for SDS. Our Meals Program has 11 meal sites throughout the counties, the majority of which are located in rural areas to meet the growing needs of seniors who are homebound and at risk for isolation. By working with health clinics, churches and an array of volunteer programs, we strive to identify and serve older adults and individuals with disabilities living in rural areas. One way OCWCOG combats the challenges associated with living in rural areas is by providing medical and non-medical transportation for low-income seniors and younger disabled clients who are served in any program that does not provide transportation through Special Transportation Grant Funding in Linn, Benton and Lincoln Counties.

A growing population of Hispanic and limited-English speaking individuals reside in our service area. These are vulnerable populations which Information & Assistance staff, including Options Counselors, will focus on while planning outreach and services. One goal of this nature is to expand outreach in Newport to Centro de Ayuda, a cultural “help center” for the Hispanic population in our coastal service area. The Options Counselor has taken Spanish translated ADRC and Options Counseling information to the center and makes regular contact with the Executive Director. We conduct outreach activities through our staff in all three counties to: schools, businesses, healthcare clinics, partner agencies, churches and volunteer organizations. Many local churches have staff and/or volunteers providing advocacy and support for minority parishioners, with whom our agency can provide information and coordinate services for minorities.

As a Type B Transfer Agency serving both seniors and people with disabilities, we have offices in Albany and Toledo, and to meet the needs of a large, younger disabled population in Benton County, we have an office in Corvallis. Our staff, as part of the Corvallis office, includes our Benton County Veterans Service Officer. Our Corvallis office, which is near Oregon State University, increases our visibility to engage younger disabled adults. Because of their work with this young disabled population, our Medicaid and ADRC staff has familiarized themselves with the needs of younger citizens, which connects our agency to community resources with which we would not otherwise interact.

In 2009, Benton County Health Department sponsored transgender training for medical professionals on the heels of a 2009 Benton County survey that identified health risks such as depression, PTSD and anxiety in LGBT individuals. The Friendly House, a LGBT focused Portland organization reports:

LGBT older adults face challenges that their heterosexual counterparts do not. For example, the effect of historical and present-day social stigma and prejudice often cause LGBT older adults to not seek care or services when needed. This stigma can also leave LGBT older adults and seniors isolated or having to face the impossible decision to go back into the closet to seek care, services, or housing. Whereas many older adults and seniors turn to families for care or support, LGBT older adults are more likely to live alone or have inadequate family support networks. Lastly, LGBT older adults and seniors face unequal treatment under laws, programs and services. All together these challenges make it more difficult for LGBT older adults to achieve three key aspects of successful aging; financial security, good health and health care, and community support and engagement.

The organization, Services and Advocacy for Gay, Lesbian, Bisexual & Transgender Elders (SAGE) asserts in their Strategic Plan 2008-2012, that older adults who identify as LGBT may be five times less likely to access needed health and social services because of their fear of discrimination. This illustrates the importance of developing outreach and service delivery methods that alleviate such fear and are culturally sensitive to this growing population.

In the summer of 2016, OCWCOG SDS hosted a focus group comprised of local members of the LGBT community. The focus group highlighted issues that the LGBT felt are important for SDS to consider. Many in the LGBT community are unaware of the variety of services that may be available to them through their local ADRC. Secondly, it is important that facilities and home caregivers have the training they need to ensure that they are sensitive to the needs of the LGBT community. Finally, it was mutually agree that SDS would strengthen its ties to the LGBT community by sponsoring more events that target the LGBT community.

Along with population priorities designated by the Older American Act, we focus on additional groups, Native Americans who are a part of the Confederated Tribes of Siletz, the high percentage of widowed senior women living alone over the age of 80 and grandparents raising grandchildren.

The Confederated Tribes of Siletz has a major presence in Lincoln County, and has tribal members living in Benton and Linn Counties. Lincoln County is also home to tribal members of the Coos, Lower Umpqua & Siuslaw tribes. A primary focus of our agency is to partner in activities with the Confederated Tribes of Siletz through the ADRC, Senior Meals Program and Family Caregiver Support Program. We currently provide congregate meals in Siletz.

Through the development of our ADRC, we are preparing to provide information, assistance and Options Counseling to a growing number of Baby Boomers over the next four years. It is imperative that we organize our services to accommodate the older adult population increase expected over the next 30 years. By 2040, the population of individuals 75+ in our three county area is expected to grow to 233% of what it was in the year 2000.

Older adults and adults with disabilities who are facing mental health challenges are also a high priority population for OCWCOG. Perhaps one of the most consistent messages that came out of the surveys and focus groups was the need to address a growing mental health epidemic in the region, including dementia-related diseases.

Dementia-related diseases are the fastest growing chronic diseases in the nation and yet the health care system is woefully inadequate to address this crisis. While dementia-related diseases are listed in the DSM, generally mental health providers reject treating these conditions. Meanwhile, on the physical health side, few providers are trained on these diseases and refer to them as more behavioral health issues and refer people to mental health providers.

In 2016, OCWCOG received a contract for the area's Older Adult Behavioral Health Specialist positions funded by Oregon Health Authority. The primary objective of these positions is to facilitate a more coordinated health care system for older adults and people with disabilities who need mental health services.

The systemic problems that clients confront in seeking mental health services are multiple including the lack of providers for Medicare insured people, lack of coverage for Medicare and Medicaid recipients, a delivery system that is culturally insensitive to this population, and a social stigma that is exacerbated in the older generations.

Through our Senior Advisory and Disability Advisory Councils, SDS is making this issue an important priority for advocacy.