

OREGON CASCADES WEST COUNCIL OF GOVERNMENTS

AREA PLAN 2021-2025



SERVING LINN, BENTON, AND LINCOLN COUNTIES



Section A: Area Agency Planning and Priorities

A. 1 - INTRODUCTION

Oregon Cascades West Council of Governments (OCWCOG) is designated by the Oregon Department of Human Services (ODHS) as the Area Agency on Aging (AAA) and Aging and Disability Resource Connection (ADRC) lead for Linn, Benton, and Lincoln Counties.

OCWCOG is a voluntary intergovernmental entity which on behalf of its member governments, carries out a variety of local, State, and Federal Long-Term Services and Support (LTSS) programs which help older adults, people with disabilities, Veterans, and caregivers in our region. OCWCOG is led by a Board of Directors (BOD) which consists of local elected officials who represent the associated member governments. The Senior Services Advisory Council (SSAC) and Disability Services Advisory Council (DSAC) consists of a representative from the OCWCOG Board and stakeholders from the community that advise and advocate regarding policies, quality of services, program delivery, budget, and spending. The Advisory Councils were integral in developing the 2021-2025 Area Plan and outlining the priorities the agency will work on over the next four years.

OCWCOG houses three outward facing programs which serve seniors and people with disabilities:

Senior and Disability Services (SDS) –issues and administers medical, prescription, nutrition, and cash benefits that are provided to Oregonians through the Medicaid program. Case managers coordinate the Long-Term Services and Supports provided by Medicaid that people over 65 and adults with physical disabilities receive in their homes or care facilities. In addition, OCWCOG Adult Protective Services Specialists (APSS) screen and investigate reports of abuse of people over 65 and adults with disabilities (18 to 64 years).

Community Services Programs (CSP) –facilitates the coordinated operation of programs serving older adults, individuals with long-term physical disabilities, and Veteran populations. CSP uses Older Americans Act (OAA), State general funds, and other non-Medicaid funds to assist residents and program participants to maintain their health, wellness, independence and dignity, and reduce social isolation by maintaining connection to the community. Several CSP programs offer volunteer and advocacy opportunities to area residents.

Community and Economic Development (CED) –engages in a variety of programs that support the region and member communities to improve overall economic health, mobility, access, and resiliency. Cascades West RideLine, which is housed in CED, coordinates Non Emergent Medical Transportation (NEMT) services, providing much needed transportation options for Medicaid consumers including older adults and people with disabilities.

In order to ensure that OCWCOG meets the needs of the entire region effectively, OCWCOG has three offices, one in Linn, Benton, and Lincoln Counties. All offices provide full access for persons with disabilities.

Linn County

1400 Queen Avenue SE, Suite 206
Albany, OR 97322
541-967-8630 Voice and ADRC
800-638-0510 Toll free
541-924-8402 TTY
541-812-2581 Fax

Benton County

777 NW 9th Street, Suite 202 C
Corvallis, OR 97330
541-758-1595 Voice
800-508-1698 Toll free
541-758-3126 TTY
541-758-3127 Fax

Lincoln County

203 North Main Street Toledo, OR 97391
541-336-2289 Voice and ADRC
800-282-6194 Toll free
541-336-8103 TTY
541-336-1447 Fax

Our offices provide information and/or services to all adults aged 60 and older, and people with disabilities under the age of 65. Consumers and potential consumers, can access all of the information and resources via a phone call to the Aging and Disability Resource Connection (ADRC), which serves as the front door for resources in the region.

To reach the ADRC call 541-967-8630 (for Benton and Linn Counties) and 541-336-2289 (for Lincoln County).

Copies of the Area Plan, in its entirety, may be found on our website at www.ocwcog.org. Questions and comments on the Area Plan may be addressed to Randi Moore, Senior, Disability, and Community Services Director, 541-967-8630, or rmoore@ocwcog.org.

A. 2 – MISSION AND VALUES

Oregon Cascades West Council of Governments strives to enhance the independence, dignity, choice, and individual well-being of all aging people and people with disabilities. To serve and protect individuals and families, and to expand consumers' opportunities for self-sufficiency, health, and wellness.

OCWCOG embraces these key values:

1. **Service Equity:** Providing fair and unbiased support to all people regardless of race, gender, sexual orientation, or cultural lifestyle.
2. **Customer Service:** To treat consumers with courtesy, respect, and dignity while providing exceptional customer service.
3. **Innovation:** To embrace an ever changing culture which creates and cultivates new programs, opportunities, and resources.
4. **Community Collaboration:** To build strong alliances with community partners in order to better leverage resources and increase impact.
5. **Rewarding Work Environment:** To encourage a work space where creativity, critical thinking, and innovation are valued and where staff feel their contribution and performance are recognized and appreciated.

These key values are operationalized in our region by providing stakeholders such as consumers, caregivers, community partners, and staff with quality and up to date information, listening to each person's unique perspective, and encouraging the advocacy and involvement of all.

A. 3 – PLANNING AND REVIEW

The needs assessment for this Area Plan, conducted over the last four years, is based on a combination of community outreach, input from direct services staff, OCWCOG management, advisory councils, and a statistical analysis of our region's demographic and population data. A multi-faceted approach was used to gain input from the community.

PARTNER AND STAKEHOLDER FORUMS

Stakeholder forums were organized to solicit opinions from selected community partners. SSAC and DSAC members also participated. Attendees were asked to help provide specific ideas and suggestions related to service equity, working with underserved populations, and services for older adults and people with disabilities.

- Nutrition Forum: Community agency participants included, Meals on Wheels Advisory Council, Community Services Consortium, Gleaners, Linn-Benton Food Share, Community Outreach, Philomath Community Services, South Corvallis Food Program, and Food Share of Lincoln County. Topics discussed: community nutrition service gaps, developing greater collaboration to reduce overlap of services, ADRC and 211 utilization. Outcome: Develop a stakeholder group to meet regularly to continue the conversation.
- Transportation Forum: Community agency participants included, Samaritan Health, OCWCOG Community and Economic Development, and staff from the City of Albany, City of Lebanon, City of Philomath, City of Corvallis, and Linn and Benton County offices. Topics discussed: Duplication of services and how to streamline processes to be more effective as a community. Outcome: Form a workgroup to meet quarterly and collectively strategize how to utilize current agency services and serving rural areas.
- Elder Justice Forum: Stakeholders at the table included, Adult Protective Services (APS), Long-Term Care Ombudsman Fred Steele, Legal Aid representatives Tomas Hernandez, Richard Montgomery, Blair Bobier, and retired Legal Aid representative Mitzi Naucler. ADRC members included Dawn Rustrum and Sandy Potter. Topics discussed: Identifying service gaps, tracking trends, behavior health, financial abuse and scams, and utilizing opportunities to educate the elderly on their rights. Outcome: Follow up meetings to be scheduled.
- Senior/Community Center Staff Forum: For the first time, SSAC and DSAC members hosted a forum with directors and staff of regional senior centers/60 plus centers. Topics discussed: The future of aging in our communities, what the “new normal” in aging looks like, barriers and gaps that must be addressed, and how to work together to better leverage resources. Outcome: We plan on this being a biennial event.

SURVEYS

In order to develop goals and objectives for this Area Plan, four individual surveys were completed.

Family Caregiver Support Program (FCSP) Consumer Survey: Completed telephonically in 2019 the FCSP surveys purpose was to find out from participants if services they receive are beneficial and increases their success as a family caregiver. Of 152 FCSP open case consumers, 13% of the program participants completed the phone interview.

Medicaid Consumer Survey: Developed by SSAC and DSAC and distributed to 6009 Medicaid Service and Non-Service consumers. The purpose of the Medicaid Consumer Survey was to receive feedback on consumers' experiences and identify areas in which the programs can improve its service delivery. There was a 20% return rate of surveys with overall responses being positive. Trends identified consumers experiencing an improved quality of life, and maintaining the ability to live in their own home. For the first time, the option of completing the survey online was available. Only a handful of participants took advantage of this option. The vast majority returned the handwritten survey in a provided pre-paid postage envelope. Consumers who identified urgent issues in the comment section of the survey were called back by agency staff to problem solve or support.

Oregon Project Independence (OPI) Consumer Survey: An OPI Consumer Survey was mailed to 201 consumers with 53 participants completing the survey, a return rate of 25%. Participants included consumers of the more traditional age 60+ group as well as younger people with disabilities. Respondents were asked to provide input about their benefits, staff communication, and additional services or equipment needed.

Community Partners Cluster Surveys: Sent to organizations in the region which serve aging LGBTQ, Native American Elders and their families, and Latino populations. The purpose of this survey was to identify unmet needs and the most effective way for OCWCOG to outreach to these populations to promote service equity and inclusion. Though return rates were small, trends identified were a need to create a greater awareness of programs available through advertising, printed brochures, and online presence.

All consumer surveys included representation of individuals who are low income, living in rural areas, and/or ethnic and cultural minorities. Survey text and response information is included in the appendix.

REGIONAL DATA

Using a GIS Specialist housed at OCWCOG, staff reviewed and analyzed multiple data sets in order to identify need, highlight specific areas of concern, and ascertain ways that funds used to support the community would be most impactful over the next four years. Data about the region is contained throughout this document.

A. 4 – PRIORITIZATION OF DISCRETIONARY FUNDING

A small amount of funding provided to OCWCOG through its allocation from ODHS is considered discretionary. This means that once minimal service and contractual requirements are met, OCWCOG has the discretion to use any remaining funds to pilot new programs or enhance existing services.

SSAC and DSAC members, staff, consumers, and other stakeholders provided critical input on prioritizing how discretionary funds are to be spent in our region, and chose to support programs that have a focus on:

1. Serving populations that have been underserved, disadvantaged, and lacked equity in accessing services.
2. Positively impacting the Social Determinants of Health (SDoH) for our consumers and communities, specifically focusing on food security, housing, financial empowerment, and transportation.
3. Maintaining current service levels for Meals on Wheels (MOW), and assuring long-term program sustainability.
4. Leveraging resources and reducing program duplication in our communities so regional funds stretch as far as possible.
5. Supporting family caregivers by providing respite, supplemental services, training, and recognition.
6. Reducing social isolation for older adults and people with disabilities in Linn, Benton, and Lincoln Counties.
7. Breaking down barriers between Behavioral Health and Long-Term Service and Support programs allowing us to support physical care needs and mental health needs simultaneously.
8. Providing inclusive and equitable support to all of our community members, but especially working with those at the greatest social and economic risk.

OCWCOG has not changed service priority levels or implemented a waiting list for any services provided to older adults and people with disabilities. If a future decrease in funding requires altering program models, prioritization will be given to keeping services to current consumers as stable as possible. In the event of a waitlist – a risk tool will be used to identify and prioritize consumers most in need. ADRC call center and Options Counseling staff will work with waitlisted consumers to access other benefits and resources.

B. 2 – TARGET POPULATION

While our region celebrates diversity, understanding our most common traits is helpful to making long-lasting and impactful decisions that strengthen our communities and the individuals living in them.

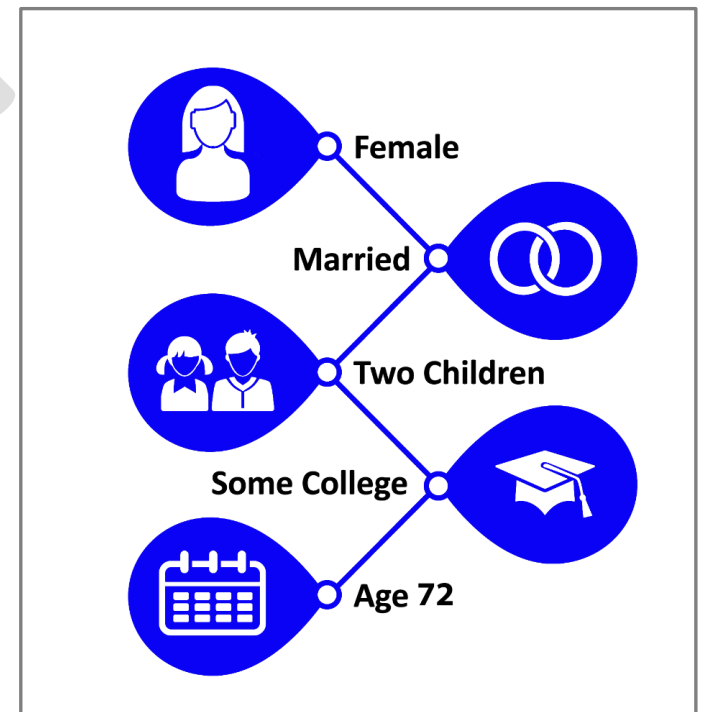
A region's diversity cannot be summed up in any one person, but averages can tell us a story.

Our region's "typical" senior citizen resident is named Linda. She is 72.5 years old, white, is married, has two children (but not in the household), and has some college education. Her husband "James" is a veteran. She lives in a house built in 1975 (valued at \$261,692), and (with a mortgage) has average monthly housing costs of \$1,376 (if no mortgage then monthly housing costs of \$497). Nearly one in five of her neighbors is also elderly. She likely has no disability of any kind, although one in three of her age group friends does. She is not in the labor force, and has an annual household Social Security income of \$22,104, and possibly an additional household retirement income of \$30,790.

How did we go about determining the traits of this *typical* senior person?

Data about the economic and demographic makeup of a region can provide a broad overview of the commonalities among our region's residents. Taking several factors into consideration, and using the U.S. Census American Community Survey (2015-2019 5-year) data for our region, the profile of an "average" senior resident emerges. For example, we know that over 50% of our region's residents age 65 and over are married. We also know from the U.S. Social Security Administration that "Linda" was the most common name given to females born in Oregon in 1948 (as was "James" for men), since 72.5 is the average age of senior residents in our Region, 1948 is her birth year. Why a female and not a male? Because there are more senior women than men in the region (54% of the 65+ age group is female).

Thirty-seven percent of the senior age group in the region have a disability. Of the 75+ age group nearly 53% are disabled in some way.



Again, according to U.S. Census (ACS 2015-2019 5-year) 80% of regional seniors live in owner-occupied housing that, as a regional average, was built about 45 years ago and has a median value of \$261,692 (contrasted with the Oregon median value of \$312,200). Although 31% of the 65-69 age group is in the labor force, the overall 65+ age group drops to 18% participation.

Why is Linda important?

By understanding similar attributes, OCWCOG can use this information, and similar data to make decisions regarding funding priorities and program focus. This information assists in answering questions about OCWCOG's consumers and our region's residents.

Though it's important to understand who OCWCOG's *typical* older consumer is, as an Area Agency on Aging our services must prioritize those in the greatest social and economic needs. This list of priority target populations has been developed by combining State required focal populations and those identified by the needs assessment process. Each of the groups identified below represent individuals 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 to assist them in getting their needs met. This list is not intended to provide a ranking priority. The target populations include:

1. Individuals who are low-income
2. Older adults and adults with disabilities who live in rural areas and are at-risk for isolation
3. Hispanic and limited English speaking
4. Adults, age 18 and older, with disabilities
5. Older adults who identify as LGBTQ
6. Native Americans
7. Individuals with behavioral health challenges, including dementia-related diseases
8. Older and disabled Veterans
9. Those at risk for meeting basic needs such as food and housing

In order to meet the needs of the target populations in our service area OCWCOG will employ three strategies: focusing outreach efforts, developing relationships with community partners, and being present in the communities we serve.

FOCUSED OUTREACH

OCWCOG will provide outreach materials such as brochures and posters outlining services and programs to community partners that serve targeted populations to be posted where consumers and the public can freely access the information. In order to adapt to the lack of people visiting agency and office locations due to COVID, program information will also be created in electronic formats to be shared and posted on community partner web and Facebook pages. Outreach materials will be developed that embrace and are representative of the culture and language, including art and pictures, of the populations we are working to serve. Hiring a Diversity, Equity, and Inclusion Officer is one of OCWCOG’s top priorities in 2021. The role of this position would be to help assure materials are culturally appropriate. The following graph shows organization and agencies where we will focus our outreach efforts.

Agencies For Targeted Outreach	
Latino, Hispanic, Spanish Speaking	Centro de Ayuda - a cultural help center for the Hispanic population in the region’s coastal service area Casa Latinos Unidos
Rural Consumers	Strengthening Rural Families Rural clinics and doctor offices Coastal Range Food Bank - Blodgett
Low Income	County Health Department Food Pantries Community Services Consortium – Community Action Agency
Tribal Community	Tribal Health Centers

LGBTQ	Local Parents and Families of Lesbians and Gays (PFLAG) groups OSU Pride Center Basic Rights Oregon Valley AIDS Information Network (VAIN) Lavender Womyn Mid-Willamette Trans Support Network Aging Wisely with Heartfelt Hands - Newport
Veterans	County Veteran Services Offices Samaritan Health Services Veteran Coordinator Community Services Consortium Veteran of Foreign Wars (VFW) American Legion Vets Helping Vets OSU Veterans Services Oregon Veterans Home - Lebanon
General	Faith Based Organizations Other Social Services Offices Self Sufficiency Offices Disability Equity Center Samaritan Health Services

RELATIONSHIPS WITH COMMUNITY PARTNERS

OCWCOG participates in planning efforts, workgroups, community forums, and coalitions that represent and develop programs and policy for target populations. Through these partnerships, staff identify individuals in our region who are vulnerable, isolated, and financially in need. Some of these groups include the local county Multi-Disciplinary Teams (MDT), the Vulnerable Adult Services Team (VAST), self-sufficiency, local senior centers, the Linn-Benton Senior Resource

Network, the Homeless Connect program, and the Heart-to-Heart Homeless Coalition, which plans a homeless fair annually with community service groups. This homeless fair is cosponsored by OCWCOG to provide information and assistance.

Cross training and making connections with partner agencies, attending meetings, and providing programmatic information so staff at these agencies know about the resources and services we can provide will allow them to share the info with their clients. A focus will be placed on attending staff meetings at organizations who work with the identified underserved populations we hope to reach.

Through Memorandums of Understanding (MOU) and contracts with partner and volunteer agencies, these organizations agree to 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.

A PRESENCE IN THE COMMUNITY

Staff will attend speaking engagements at local clubs, churches, business and civic organizations and share information about the services we provide. Identifying groups that have ties to the underserved populations we want to focus on will be a priority. In addition, while out in the community, Older Americans Act (OAA) staff (Case Managers and Options Counselors) will stop at local businesses such as rural stores and introduce themselves and provide information about the agency and programs. Both strategies are necessary for meeting people where they are at in their communities.

OCWCOG staff regularly man tables at events and festivals geared toward specific populations such as local Latino and Pride Celebrations, Veterans Stand Down, the annual Elder Native Caring Conference, and the Senior Fair at the Chinook Winds Casino.

OCWCOG's Corvallis office functions as the Benton County Veterans Service Office. Due to the proximity to Oregon State University, the Corvallis SDS staff is able to engage and increase its visibility with younger disabled adults. As a result, our Medicaid and ADRC staff has familiarized themselves with the needs of younger citizens, which connects our organization to community resources with which we would not otherwise interact.

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, and Siuslaw Tribes. A primary focus of our organization is to partner in activities with the Confederated Tribes of Siletz through the ADRC, Family Caregiver Support Program, and the Meals on Wheels Program.

Additionally, OCWCOG will advertise its services and programs through press releases, newspaper, and radio advertising including ones that reach rural and Spanish speaking communities.

INTERNAL FOCUS ON EQUITY AND INCLUSION

As an agency, OCWCOG is engaged and dedicated to completing our work with a social justice, equity, and inclusion lens. Besides the creation of a Diversity, Equity and Inclusion Officer, this involves ramping up efforts to hire a more diverse work force that is representative of the communities we serve, and providing meaningful and regular training to our staff.

B. 3 - AAA SERVICES AND ADMINISTRATION

OCWCOG's SDS, CSP, and CED Programs ensure access to a wide spectrum of Long-Term Services and Supports (LTSS) provided through a variety of funding streams. The following identifies the individual services, or service components, that our AAA provides.

NON-MEDICAID SUPPORT SERVICES, INCLUDING OLDER AMERICANS ACT

Information and Assistance/Referral – Call Center Agents are the doorway to connect individuals, families, and community members to needed services that are housed at OCWCOG. These Call Center Agents, who are an integral part of the Aging and Disability Resource Connection (ADRC), also provide information and referral to external programs and supports provided by community partners across the region. More Information about OCWCOG's call center and the ADRC can be found in Section C of this document.

Options Counseling – Options Counselors help to facilitate planning for individuals and families so they are aware of all service options available to meet their unique situation. This program focuses on those at risk for having to leave their home related to a healthcare crisis or on-going care needs. The Options Counselors complete an assessment of need, provide resource education and counseling, and facilitate client-centered action planning with consumers and their families during a face-to-face visit, usually in the home. Options Counselors provide short-term assistance and follow-up with individuals and families. During the COVID-19 pandemic options counseling appointments are being completed telephonically.

Meals on Wheels (MOW) - Offers hot, nutritious meals to homebound, aging adults, and adults with disabilities who often live alone, and have limited resources or ability to care for themselves. A volunteer base of 350 serve in meal site kitchens and as delivery drivers—providing a daily well-check for homebound clients, opportunity for socialization, and reducing isolation. More information about MOW can be found in Section C – Nutrition Services.

Elder Abuse Prevention – Preventing and raising awareness about abuse and neglect before it occurs allows information to be distributed widely and reach even the most remote and isolated community members.

Adult protective service staff participate in a monthly Multidisciplinary Team (MDT) meeting in each of the respective counties. This team consists of each counties District Attorney's Office, local law enforcement agencies, legal aid attorneys, and other critical community partners. Time is spent staffing critical individual cases, reviewing adult protective service referrals for prosecution, discussing community concerns, and strategizing abuse prevention options.

Advocacy – OCWCOG provides opportunities for consumer advocates to work with staff, and local and State policymakers, on public policy and program issues. The AAA also works with policy issues and represents the interests of older adults and people with disabilities, as well as their caregivers at local, State, and national levels.

Stand By Me – A duplication of a financial empowerment program started in the State of Delaware. Stand By Me (\$BM) uses coaches embedded in community programs to work with participants on financial goals such as creating a budget, reducing debt, improving credit, and increasing savings. Stand By Me – Oregon is a pilot program started with seed money provided by Benton County.

AmeriCorps Seniors Programs (formally Senior Corps Programs) -- OCWCOG serves as the region’s sponsor to the cost-effective AmeriCorps Seniors Programs, whose national mission is to utilize seniors 55+ to “improve lives, strengthen communities, and foster civic engagement through service and volunteering.” The Programs expand a simple volunteer assignment into credentialed National Service activities, which span across the entire OCWCOG region and include:

The Retired and Senior Volunteer Program (RSVP): Medicare counseling, tax preparations, and friendly visiting programs;

Foster Grandparent Program (FGP): Tutor and mentoring of youth ages 3-18; and

Senior Companion Program (SCP): Helping homebound seniors age in place by assisting with daily living tasks, transportation, and companionship.

Transportation – The AAA provides access to medical and non-emergency medical transportation for low-income seniors and consumers with disabilities. Special Transportation Grant Funding in Linn and Benton Counties is applied for on an annual basis to offer bus tickets to use for those without access to a car and vouchers for gasoline to travel to medical appointments. Rideline provides safe and timely rides to medical appointments through approved transportation providers.

Family Caregiver Support Program (FCSP) – assists unpaid family caregivers by providing supports to ease family caregiver stress and increase coping skills stabilizing care given within the home through continued support, while forestalling placement in a higher level of community care. More information about the FCSP can be found in Section C of this document in the area focusing on “Family Caregivers”.

Employer Resource Connection (ERC) – is free for individuals who have been approved to receive in-home services through Medicaid or Oregon Project Independence. Consultants guide and provide a variety of services and tools that allow consumers (who are the employers) with the skills needed to be successful. These include helping to create interview questions, holding mock interviews to build interviewer skills, helping to create a back-up plan in case a worker is unable to come to work, and understanding how to keep professional boundaries with a worker.

Oregon Project Independence (OPI) - provides case management and in-home care services for individuals who are not Medicaid eligible (except for food stamps and the Qualified Medicare Beneficiary program), and are 60 years or older, or younger adults with a physical disability. Services are authorized based on individual consumer needs and may include in-home care, adult day care services, respite, and nursing services. More information about how OPI is administered at OCWCOG can be found in Section D.

Benton County Veteran Services – is staffed by the Oregon Cascades West Council of Governments in partnership with Benton County Commissioners. Veterans Services Officers are accredited by the Oregon Department of Veterans Affairs (ODVA) and the National Association of County Veterans Services Officers (NACVSO) and provide guidance and information to assist Veterans, ensuring the maximum payment of claims and providing other resources and supports to meet each family's specific needs.

Money Management Program (MMP) - provides free assistance to eligible individuals, with personal money management tasks through specially trained volunteers to people over age 60 and adults with a disability. Service is personalized, confidential, and safe. Services provided by the MMP include assistance with budgeting, organizing financial papers, paying bills, banking, and help filling out forms. MMP staff can also provide Rep Payee services, assisting individuals who do not have the capacity to manage their Federal benefits, such as Social Security.

SUPPORT SERVICES PROVIDED BY OCWCOG USING MEDICAID FUNDS

The following services are provided to residents of Linn, Benton, and Lincoln Counties. A variety of factors such as age, income, resource levels, and type and amount of assistance required to accomplish Activities of Daily Living (ADL) are factors that can affect program eligibility.

Program Coordination and Development – OCWCOG staff provides the administrative function support required to implement planned services, negotiate and maintain required contracts, and maintains records for all agency contracts and funding obligations.

Adult Protective Services (APS) – investigates complaints of abuse, neglect, and exploitation of older adults and people with disabilities in the community and in long-term care facilities. APS screeners triage calls and refer to other resources and supports when a complaint does not rise to the level of being investigated. If a complaint does rise to the level of being referred to the APS team, the assigned worker determines what occurred, if there was wrong doing, and takes action to provide protection if needed. A report is completed for all investigations. The APS team works closely with law enforcement, district attorney offices, and other groups such as hospital social workers to keep vulnerable community members safe.

Pre-admission Screening and Diversion/Transition – Trained professionals work across the region to assess the needs of older adults and people with disabilities determining if there is a need for nursing facility care. These workers take an active role in identifying options and resources needed to divert and transition older adults and people with disabilities from nursing facility placement to lower levels of care. Individuals and their families are assisted in obtaining the service level that is most appropriate while taking into account each consumers wishes, goals, and personal supports and needs.

Case Management – Using person centered planning, OCWCOG provides assistance to Medicaid eligible consumers in obtaining services, assessing need, and developing a service plan. These services can be provided in a consumer's own home with the support of a Home Care Worker (HCW) or in a community based facility such as an Assisted Living Facility, Residential Care Facility, or Adult Foster Home. Case managers connect and check in with service clients regularly, monitor change of condition, and support consumers and families in making sure the care meets the individuals need.

Eligibility Services – Eligibility Specialists determine eligibility for enrollment for multiple State and Federal programs that provide consumers with nutrition, medical, and/or cash assistance. Previously, OCWCOG Eligibility Specialist's managed these benefits only for older adults and people with disabilities, but since the roll out of the Integrated Eligibility (IE) System in 2020, workers are now able to support any Oregonian who meets qualifying income and resource requirements.

Adult Foster Home (AFH) Licensing – OCWCOG is responsible for the licensing and oversight of AFHs operated in Linn, Benton, and Lincoln Counties. Licensors monitor these small (less than 5 resident) home-like settings frequently, making sure they are following all rules and guidelines of the State. ODHS has overarching authority of AFH licensure and are responsible for imposing penalties and terminating licenses if a home is not compliant with State rule.

Consumer Employed Provider Support – Consumers in Oregon can use Home Care Workers (HCW) to provide the assistance with daily living tasks that they need to remain independent. Though these HCWs are hired, fired, and trained by the consumer OCWCOG provides administrative support in the form of collecting and processing the application, completing a criminal history check, providing a HCW number, and managing payroll for these workers.

SUPPORT SERVICES PROVIDED BY OCWCOG MANAGED BY CONTRACTS

Health Promotion – OCWCOG contracts with community partners to provide Evidence-Based Programs in our area. Classes help to improve quality of life and reduce healthcare expenditures.

Legal Assistance – Utilizing OAA funding, OCWCOG contracts to provide up to 539 hours of legal aid services to persons 60 years of age and older. Consumers call Legal Aid Services of Oregon to make appointments with an attorney. These legal services are provided to the most vulnerable persons to protect their health, welfare, independence, and security. Service priorities include persons who reside in facilities, Medicaid and SSI recipients, and defense of guardianship or conservatorship. Additionally, Legal Aid provides support to Senior and Disability Services staff, Ombudsman Outreach Specialists, and Case Managers participating on the Multi-Disciplinary Elder Abuse Task Force and performs community education and public outreach activities to bring awareness of services available to the public.

Adult Day Services – Family Caregivers and OPI consumers can receive respite services because of contracts OCWCOG has with two adult day services providers - the Grace Center located in Corvallis and the North End Senior Solutions (NESS Club) in Lincoln County.

B. 4 – NON-AAA SERVICES, SERVICE GAPS AND PARTNERSHIPS TO ENSURE AVAILABILITY OF SERVICES NOT PROVIDED BY AAA

As an AAA it is impossible for OCWCOG to fill the diverse and complex needs of every consumer in the three county area. Instead, our role as the Aging and Disability Resource Connection lead is to assess the resources in our communities that serve older adults and people with disabilities, support and partner with other agencies that are providing programs and resources, bring community groups together to collaborate and create efficiencies, improve awareness about the resources available to consumers, and if possible to fill any service gaps. We do not look to compete, but supplement, support, and round out the Long-Term Services and Support network in our region.

The ADRC call center assisted consumers by making over 6,600 referrals to services during the 2019-2020 fiscal year. Of the referrals made, about half were to services provided by OCWCOG and the other half to services provided by other social services agencies. The list below shows the type of referrals that were made for services not provided by OCWCOG and the types of agencies referred to:

Housing: Housing Authority offices, low income housing communities, DevNW, and Community Services Consortium

Energy Assistance: Community Services Consortium and faith based organizations which provide cash support for utility payments

Legal Assistance: Legal Aid of Linn, Benton, and Lincoln Counties, and private Elder Law attorneys

Transportation: Dial-a-Bus and community organizations

Because of OCWCOG's dedication to maintaining and updating the resources for our service area in the ADRC database, it remains up-to-date for use by consumers and ADRC specialists. We strive to have over 95% of resources updated at any point in time and a plan to make sure all resources are updated annually. Searching the database allows anyone to access the community organizations in our region who provide services beyond those provided by OCWCOG.

Despite our work to develop strong coalitions of community partners there are three high profile areas which should be considered as having service gaps that are impactful to the consumers we serve – housing,

transportation, and the intersection of behavioral health and long term care systems. Because of the gaps that still exist in these areas they are subjects that are addressed more in the goals and objectives section of this plan.

DRAFT

Information and Referral Services: Aging and Disability Resource Connection (ADRC)

The Aging and Disability Resource Connection (ADRC) is a hub of information and support provided by a collaboration of community agencies. Through the ADRC, trained professional staff help individuals and families connect to programs, services, and community resources that address aging and/or disability needs. OCWCOG Senior and Disability Services oversees the ADRC work for the tri-county area and houses call center staff which provide free information and referral services. Community members can access this service regardless of income.

Information and Referral staff are certified by the Assistance and Information Resources System (AIRS), the nationally recognized accreditation for Information and Assistance work. ADRC staff help assess level of need and provide eligible program options that can include support for health and wellness, nutrition, legal services, transportation, counseling, family caregivers, and needs related to performing activities of daily living such as bathing or dressing.

Often consumers who receive information and assistance may need a more in-depth exploration into their specific situation. In this case, they are referred to an Options Counselor. Options Counselors are knowledgeable individuals available for face-to-face sessions, either in a community member's home or in one of our offices. These qualified professionals use person centered planning to help individuals and family members identify and determine what care options best fit to meet their goals, needs, and desires.

OCWCOG has an interagency agreement with the 211 info program. The 211 info program refers callers from Linn, Benton, and Lincoln Counties who call 211 and are looking for resources or services related to aging or disability services to local Information and Referral call center agents at OCWCOG for expert help and in-depth assistance.

Without a No Wrong Door policy, easily accessible entry points to the complicated world of Long -Term Services and Supports many individuals and families would struggle to find the resources and supports necessary to meet the unique challenges they may be facing. OCWCOG is dedicated to and recognizes the importance of providing comprehensive information and assistance when a consumer first makes contact with our agency.

One of OCWCOG's most integral regional partners is Community Services Consortium (CSC), a State-designated Community Action Agency. The close partnership of the two agencies is a natural fit given the shared service areas of Linn, Benton, and Lincoln Counties, the large number of residents that utilize programs in both agencies, and that each agency is equally invested in working to overcome poverty and helping community members live better lives. Specifically, at the program level both agencies support our region in the areas of food security, providing safe and accessible housing, improving financial wellness, and serving veterans. Given this, in 2019 local elected officials, the CSC and OCWCOG Boards, and leadership of the two organizations started considering ways the two agencies could be better aligned in order to reduce duplication, be more efficient, and break down barriers for residents accessing support. Ongoing joint team meetings are being held on multiple levels to assess the future of this future collaboration and partnership.

Goals and Objectives: Information and Referral Services: Aging and Disability Resource Connection (ADRC)

Goal #1: Improve “No Wrong Door” Entry Point Access			
MEASURABLE OBJECTIVES	KEY TASKS	LEAD POSITION & ENTITY	TIMEFRAME FOR 2021-2025 START DATE / END DATE
1. Create a “warm handoff” process between OCWCOG and community partners which serve a large cross section of the same consumer base	A. Develop a list of partners that serve a large number of the same consumers	Program Director and Program Manager	7/1/2021 – 6/30/2022
	B. Develop a work group for each community partner to discuss warm handoffs		
	C. Develop a process		
	D. Revisit quarterly in the beginning to address any issues		
2. Reduce barriers and simplify the process for consumers that utilize both CSC and OCWCOG program	A. Develop a streamlined application process for consumers that utilize OCWCOG and CSC programs	Program Director Eligibility Supervisor	1/1/2022 – 6/30/2022
	B. Work with CSC leadership to make sure both agencies have up to date and accurate information about programs	ADRC Supervisor	Annual team meetings beginning fall 2021
Goal #2: Provide Information and Referral and Options Counseling Staff with the Tools and Resources They Need to Do Their Job			

<p>1. Regular training will be provided on topics that are especially relevant to Information and referral specialists</p>	<p>A. Training on Person Centered Planning will be offered once every two years</p>	<p>Training unit, Professional Development Committee, and ADRC Supervisor</p>	<p>Staff will have an opportunity to attend training on all four topics by 6/30/2025</p>
	<p>B. Training on the meaning Service Equity and how to be inclusive and culturally competent will be offered every two years</p>		
	<p>C. Training on De-escalation tactics will be offered every two years</p>		
	<p>D. Training on how to be Trauma Informed will happen every two years</p>		
	<p>E. Staff from key partners such as CSC will be invited to participate allowing the agencies to share the cost of training resources and build relationships</p>		
<p>2. Information about regional resources will be up to date and accurate</p>	<p>A. 95% of the resources in the RTZ database will be updated annually</p>	<p>ADRC supervisor and Data Committee Representative from the call center</p>	<p>Annually rolling timeframe with QA done every December</p>
<p>3. OCWCOG will encourage staff's professional development</p>	<p>A. 75% of Information and Referral workers at COG will be (Association of</p>	<p>ADRC supervisor</p>	<p>50% trained by 6/30/2023 75% trained by 6/30/2025</p>

	Information and Referral Specialists (AIRS) certified		
Goal #3: Provide Exceptional Customer Service Information and Referral Consumers			
1. Answer calls live. Respond to referrals, emails and voicemails within 2 business days	A. Monitor average wait, call back timeframe and abandonment of calls weekly for staff problem solving and triage	ADRC Supervisor	Start monitoring quarterly 6/1/2021 and ongoing
	B. Implement corrective action by agent and/or unit when timely call backs or live answered calls drop below 90% for 60 days		
	C. Monitor call volume data to determine peak call times		
	D. Fully staff call center during peak times		
2. Conduct ADRC Secret Shopping for phone and resource directory feedback	A. Recruit Council members for Secret Shopper study	Program Director and Advisory Councils	Sometime 2022
	B. Develop script and rating tool		
	C. Compile data		
	D. Share data with Councils and staff		

	E. Complete corrective action for any issues		
Goal #4: Promote Awareness of the ADRC and Its Purpose			
Increase in calls by 10% annually			
1. Quarterly outreach to underserved populations, including outreach to Tribal and Spanish speaking populations as well as LGBTQ consumers	A. Assign completing quarterly outreach to ADRC Supervisor	ADRC Supervisor and Program Director	Starting 6/1/2021 and ongoing quarterly
	B. Identify target audiences, locations, events		
	C. Utilize culturally appropriate materials		
	D. Conduct outreach quarterly		
	E. Report out to Councils Quarterly about outreach activities		
2. Outreach to local businesses	A. Outreach quarterly will be to at least one local business	ADRC Supervisor	Starting 6/1/2021 and ongoing quarterly
	B. Report out to Councils quarterly about outreach activities		
Goal #5: Expand and Strengthen ADRC Partnerships			
1. Improve communication and working relationships between core partners	A. Provide training to key community partners about the work information	Program Directors, Program Managers, and ADRC Supervisor	

	and referral staff perform		
	B. Streamline referral process for community partners		
	C. Conduct semi-annual check-ins with key partners and improve referral forms and pathways		
ACCOMPLISHMENTS-UPDATES			

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Nutrition Services

Hunger and securing enough food to meet their nutritional needs is a struggle that many older adults and people with disabilities face in our region. This problem is only magnified for residents living in rural communities, people who are a racial minority, and those who have failing health or live alone. Food insecure older adults suffer a wide array of negative health outcomes including diabetes, depression, limitations in activities of daily living (ADLs), high blood pressure, congestive heart failure, heart attacks, gum disease, and asthma. OCWCOG is committed to improving food security for seniors and people with disabilities and manages programs to support this work internally as well as working with community partners who have the same focus.

PROGRAMS THAT SUPPORT FOOD SECURITY AT OCWCOG

Supplemental Nutrition Assistance Program (SNAP) – The SNAP program, formerly known as “food stamps”, is a Federal program that provides nutrition benefits to supplement the budget of needy families so they can purchase healthy food. OCWCOG eligibility workers process SNAP applications and determine and issue benefits. SNAP benefits are delivered monthly through electronic debit (EBT) cards.

Unfortunately, the SNAP participation rate for seniors is low. According to the National Council on Aging, three out of five seniors who qualify for SNAP do not participate. The factors that may contribute to low participation rates of seniors and people with disabilities may be the barriers they face related to mobility and technology. Misunderstanding about how the program works and who can qualify may also be an issue.

Food Box and Grocery delivery by the Senior Companion Program – The AmeriCorps *Senior Companion Program* (SCP), sponsored and operated by OCWCOG since 2018, uses National Service volunteers 55+ to help seniors 65+ age in place. A true gaps Program, SCP receives internal referrals from OCWCOG (e.g. Money Management, Meals on Wheels, Options Counselors) when a client is identified as needing 1-2 more hours of volunteer assistance each week. A chief component of the Program is taking the client grocery shopping; or, during the COVID-19 pandemic, either delivering groceries or food boxes to the client’s front door. Volunteers receive a tax-exempt stipend \$3/hour, drive their own vehicles and are provided liability insurance, ongoing driver’s training, and are reimbursed .40/mile.

Meals on Wheels -- The Community Services Program (CSP), *Meal on Wheels (MOW)* program serves residents across Linn, Benton, and Lincoln Counties. Our mission is to provide fresh, hot meals as well as a connection for local seniors and people with disabilities, supporting independent living at home. Older adults age 60 and over, Native Americans/Alaskans age 55+, and people with disabilities can receive a hot meal delivered to their home or at a dining room location.

There are 11 meal site locations though out our region. For mobile residents, meals are offered in a dining room setting providing an opportunity to reduce isolation and loneliness by connecting them with other community members. During COVID restrictions, all dining rooms were suspended and take-out meals were provided to dining room participants.

Home-bound recipients can receive hot nutritious meals delivered to their doorstep by a *MOW* volunteer. Delivery days vary depending on the meal site location. To meet the needs of the diverse and rural population of Lincoln County with limited resources, hot meals are delivered Monday, Wednesday and Friday's with frozen meals provided for Tuesday and Thursday's. Home delivered meals offer more than just a meal, each delivery serves as a well-check by a dedicated trained volunteer. For some participants, this may be the only contact they have throughout a day.

CSP, *MOW* contracts with TRIO Community Health as a foodservice vendor. Fresh and hot meals are planned by the vendor's dietician then prepared at a central kitchen in Salem and delivered to each meal site location in our region. Nutrition education articles are provided monthly with each menu and covers a variety of nutrition topics that relate to healthy nutrition for older adults. Quarterly nutrition education seminars are also presented to our dining room recipients. In addition, Older Americans Act (OAA) homebound *MOW* recipients receive nutrition education information during their initial and annual in-home reassessments.

Additional supports and services identified by trained staff and volunteers are referred to the Aging and Disability Resource Connection (ADRC) to ensure *MOW* recipients receive appropriate needed resources.

The *MOW* program pursues and receives fundraising and grant funds allowing our program to operate without a waitlist.

In March of 2020, Senior and Disability Services held a roundtable forum with community stakeholders to help identify gaps and barriers our communities experience around nutrition.

Utilizing Title III-C funding, *MOW* meal sites are located in the following locations:

Linn County Meal Site Locations

Albany Senior Center
Lebanon Senior Center
Mill City First Presbyterian Church
Sweet Home Community Center
Brownsville Christian Church

Service Schedule

Monday – Friday @ 11:30 AM
Monday – Friday @ 12:00 PM
Tuesday & Thursday @ 12:00 PM
Monday, Tuesday, Friday @ 12:00 PM
Tuesday & Thursday @ 12:00 PM

Benton County Meal Site Location

Corvallis Elks Lodge

Service Schedule

Monday – Friday @ 11:50 AM

Lincoln County Meal Sites

Lincoln City Community Center
Newport Senior Activity Center
Siletz Tribal Community Center
Toledo Trinity Methodist Church
Waldport South County Community Center

Service Schedule

Monday, Wednesday, Friday @ 12:00 PM
Monday, Wednesday, Friday @ 12:00 PM
Monday and Wednesday @ 12:00 PM
Friday @ 12:00 PM
Monday, Wednesday, Friday @ 12:00 PM

Goals and Objectives: Nutrition Services

Goal #1: Reduce Hunger and Food Insecurity for Seniors and People with Disabilities			
MEASURABLE OBJECTIVES	KEY TASKS	LEAD POSITION & ENTITY	TIMEFRAME FOR 2021-2025 START DATE / END DATE
1. Increase the Number of Older Adults Utilizing SNAP in our Region	A. Partner with the OSU extension service who are also working on this issue	Eligibility and CSP Supervisors	Meet with OSU Extension by 9/30/2021
	B. Develop a corps of senior volunteers for peer to peer outreach	Program Manager and CSP Supervisor	In place by 7/1/2022
	C. Provide more hands-on assistance for older adults completing the application	Eligibility Supervisor and CSP Supervisor	Start 7/1/2021
	D. Start completing monthly follow up phone calls with older adults who drop off of program during renewal process to see why they are not continuing	Program Managers ES Supervisor and CSP supervisor	Start by 10/1/2021 with quarterly assessment of the data
	E. Assess data quarterly to see if we can address barriers		

	or if calls are helping		
Goal #2: Improve the Sustainability of the Meals on Wheels Program			
1. Develop and Implement a Robust Volunteer Recruitment and Retention Strategy	A. Commit 5% of CSP Program Manager time to volunteer recruitment and retention efforts	Program Director and Program Manager	Strategy Developed by 12/31/2021 and implemented 1/1/2022. Quarterly assessment of the gains starting 3/31/2022
	B. Assess quarterly to see what is working, what isn't, and where best to concentrate our efforts		
2. Annual assessment of MOW budget to look for cost savings and revenue earning opportunities	A. Use the MOW Advisory Committee for this effort	MOW Supervisor and Program Director	Each year in December
	B. Implement action of suggestions provided		
3. Increase meals revenue by 5% through fundraising and grant writing	A. Increase corporate sponsorships	Program Director Program Manager Council Members	Start work immediately and assess annually in March
	B. Track all efforts and Outcomes		
	C. Distribute 4 direct mail distributions annually	Program Director and Program Managers	Four annually from November - October
	D. Create a Meals on Wheels Newsletter and distribute twice annually to donors, community partners,	Program Director and Program Managers	First in March 2022 Then September and March ongoing

	<p>corporate sponsors, and local elected officials</p>		
<p>Goal #3: Create Program Efficiencies by Collaborating with other Nutrition Providers</p>			
<p>1. Bring local stakeholders invested in food security to the table quarterly</p>	<p>A. Assess places where we are duplicating efforts and work to reduce duplication</p>	<p>Program Director, Program Manager, and MOW supervisor</p>	<p>Start quarterly meetings September 2021 – assess impact August 2022</p>
	<p>B. Identify ways we can leverage resources such as volunteers or delivery systems so resources spread further</p>		
	<p>C. Create MOUs or systems for supporting each other in program delivery</p>		
<p>ACCOMPLISHMENTS-UPDATES</p>			

Health Promotion

An important outcome of many of the services provided or administered by OCWCOG is stabilizing or improving health for older adults and younger adults with disabilities across the region. Knowing that these populations experience higher risk of chronic disease and often are at greater risk for health problems that can be prevented, OCWCOG supports programs and works in tandem with health care providers as well as non-clinical community partners across the three county area to stabilize and improve health. Through better health, individuals retain their independence, choice, and dignity.

Partnerships with Health Care Systems: OCWCOG has a strong and ongoing relationship with Intercommunity Health Network Continuing Care Organization (IHNCCO), the largest Continuing Care Organization in the region. OCWCOG staff represent on the IHNCCO Regional Planning Council (RPC) as well as the RPC's Management Group. The RPC is a group of invested stakeholders that advises on the work the CCO does in the Region. Additionally, OCWCOG manages and administers the contract the RPC has with Community Advisory Council Coordinator.

An MOU exists between OCWCOG and Intercommunity Health Network (IHN CCO) that outlines how IHN CCO and OCWCOG will work to support joint members across the continuum of care. Monthly Intensive Care Team meetings held by IHN CCO and OCWCOG brings community partners to the table to discuss consumers who may need more support and quarterly "coffee breaks" are an opportunity for the staff of IHN and OCWCOG to discuss our shared work, exam processes, and build relationships.

Strong relationships with Samaritan Health Services discharge planners and Samaritan and Corvallis Clinic Care Coordinators allows OCWCOG to problem solve and support when a community member is working through the health systems and needs long term services and supports to be successful.

Partnerships with Community Partners: OCWCOG is an integral part of the Regional Health Education Hub (The Hub). The Hub is a partnership between multiple community organizations working to streamline health education programming across the Benton, Lincoln and Linn County Region. Its purpose is to provide easy access to a range of health education programming options. The Hub can be relied on to support community members, clinicians, and community partners by providing relevant evidence-based health education programming by meeting community needs and connecting participants with appropriate workshops and community trainings. Hub partners meet quarterly to discuss health promotion programming in the region and have participated in the Sustainable Relationships in Community Health (SRCH) Institutes. Hub partners used the SRCH grant provided through the Oregon Health Authority to work to make health promotion programs sustainable moving forward.

OCWCOG provides funding through contracts to community partners to support healthy aging:

Fall prevention – YMCA and Newport Senior Center

Diabetes Prevention Programs

Transitions program - Lumina Hospice

Regional Health Education Hub

Powerful Tools for Caregivers

Including culturally appropriate for underserved

 Wisdom Warriors

 Tomando Control

In addition to financial support OCWCOG supports community health promotion programs in other ways:

Trainers in CED for the Freedom from Smoking

Free transportation to classes

The power of the ADRC

Many Medicare recipients have little to no access to mental health services. Services for Medicaid recipients can also be limited. Those with dementia-related diseases find it particularly difficult to access effective services. Most mental health providers will not treat for dementia diseases and often lack the training necessary to provide effective treatment. In addition, physical health providers are often also not trained for dementia diseases.

Goals and Objectives: Health Promotion

Goal #1: Support Seniors and People with Disabilities that Face Isolation and Loneliness			
MEASURABLE OBJECTIVES	KEY TASKS	LEAD POSITION & ENTITY	TIMEFRAME FOR 2021-2025 START DATE / END DATE
1. Launch an evidence based program that reduces isolation and loneliness	A. Use Councils to help identify evidence based program that best meets the needs of the region	Councils and Council Staff	3/1/2021 – 6/30/2021
	B. Develop contract with agency/ agencies that would like to pilot program	Program Director and Contracts	6/30/2021 -12/31/2021
	C. Support outreach and launch if program with first participants being served	Contracted Agency	1/1/2022 - Ongoing
2. Use Senior Companions to provide peer to peer support to most rural and vulnerable	A. Develop a process APS, Case Managers, MOW, and OAA staff to refer to SCP for peer to peer support	Community Services Program Staff	10/1/2021 – 9/30/2022
	B. SCP will work with those referred for at least four months		

	C. A post four month survey will be completed with at least 80% of participants reporting that they feel more socially connected		
Goal #2: Work with the Aging Network across Oregon to Allow Statewide Access to Virtual Classes			
1. Utilize virtual class sessions to better serve remote and underserved populations	A. Work with O4AD and OWN to discuss how virtual programming can benefit class participants across the State.	Program Director	Agreements in place and Linn, Benton, Lincoln County participants accessing virtual classes in other service areas by 12/31/2021
	B. Develop agreements allowing residents in our service area to use other agency resources		
	C. Focus on programs that we do not offer locally and/or offer curriculum that serves minority groups such as Native, Ethnic Minorities, and LGBTQ populations		
Goal #3: Use ADRC Resources and Partners to Develop a Streamlined Referral Process for Class Sessions Across the Region			

1. Use ADRC resources and partners to have one accurate and up to date repository of class information, class cost, and schedules	A. Work with the Regional Health Education Hub (ReHUB) to bring all agencies who provide health promotion classes in the communities together	Program Director, Councils, ADRC Supervisor	
	B. Include ReHUB in annual team building with local community/ 60+ Centers	Councils and Council Staff	
	C. All ADRC call agents will know how to access this information	ADRC Supervisor	
2. Develop a Streamlined Referral Process for Class Sessions across the Region	A. Agree to how referrals are made between all partner agencies	Community partners and Program Director	
	B. All ADRC call agents will use the agreed upon referral process to refer participants to programs	ADRC Supervisor	
Goal #4: Collaborate with Local Partners to Increase the Breadth of Class Offerings Regionally			
1. Utilize the departments at OCWCOG to support health	A. Rideline services will be provided to consumers who lack transportation to	Program Directors	7/1/2021 - ongoing

<p>education program regionally</p>	<p>attend in person health promotion classes</p>		
	<p>B. Staff will be trained to be class leaders for programs where finding leaders has been a barrier to offering classes in the community</p>		
	<p>C. Provide technology through grants that support virtual programming in the time of COVID</p>		
<p>2. Increase contracts with community organizations</p>	<p>A. Complete RFQ process to initiate contracts that support health promotion classes</p>	<p>Program Director and Councils</p>	<p>Assess availability of discretionary funds annually and complete RFP process</p>
	<p>B. Priority will be given to programs that support minority and underserved populations including ethnic and racial minorities, rural residents, and LGBTQ community members</p>		
	<p>C. Priority will be given to new programs that are not offered regionally and focus on addressing the</p>		

	Social Determinant of Health (SDoH)		
Goal #5: Provide Better Support to local Veterans who Struggle with Issues Related to Behavioral Health			
1. Veteran Services staff will better understand and respond to Veterans struggling with behavioral health issues	A. Veteran Services Staff will complete Mental Health First Aid – Veterans training		Completed by 7/1/2021
	B. Veteran Services staff will be aware of resources and supports they can use when working with Veterans in crisis		
2. Launch a Veteran specific depression reduction program in Benton County	A. A depression reduction program will be identified	Program Director	6/1/2021 – 9/30/2021
	B. Staff will be trained in the intervention	Program Manager and Supervisor	By December 2021
	C. Veteran who are working with the Veteran Services Office and report having depression will be referred to the program	Program Supervisor	1/1/2022 - Ongoing
	D. Data will be tracked about success in reducing depression for Veterans		

ACCOMPLISHMENTS- UPDATES	
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Family Caregivers

Non-paid family caregivers are the cornerstone of the long term services and supports system. “Caregiving” may include assistance with everyday household chores, such as cleaning and meal preparation, as well as assistance with personal care activities such as eating, bathing and mobility. Unpaid caregivers provide the critical support many older adults and people with disabilities rely on to stay safe and healthy and can prevent the need for more costly nursing facility or hospital care.

The continued aging of the population and demographic shifts due to the aging of the baby boomers is likely to increase the caregiving burden on a smaller number of caregivers over the next few decades. Many family caregivers are not paid for the support they provide, which is helpful for the care recipient, but puts a tremendous burden on the caregiver. Additionally, being available to provide care causes many family caregivers to lack full time employment outside of providing care creating more financial stress. In addition to the economic stress many caregivers face, there is also emotional stress and negative impact on caregiver’s physical health to be considered. Many caregivers report feeling guilty for taking time to recharge, admit to not eating healthy, or exercising regularly and face serious stress related health risks.

OCWCOG Family Caregiver Support Program serves unpaid caregivers who support aging or disabled spouses, parents, grandparents, or friends, along with older adult caregivers caring for related children, or adult children with developmental or intellectual disabilities.

Core elements of the FCG program include: Caregiver training, support groups, counseling, supplemental services, and Options Counseling, as well as respite care. OCWCOG provides respite services through stipend payments as well as contracts to adult day service providers.

Those inquiring of caregiver services and resources are screened through the Aging and Disability Resource Connection (ADRC) call center staff who are trained on agency programs, as well as other resources available in the community that may be of interest to the caregiver. Potential consumers who need more support are then referred to an Options Counselor, who helps facilitate decision making regarding long term care options dependent on what is important to and for the care recipient and caregiver.

After the caregiver is determined appropriate to receive FCSP services, a holistic assessment of the need and level of risk of the caregiver and care recipient is completed to develop a plan that fosters supportive services and creates a healthy caring environment. This plan can also include referrals to appropriate community support groups provided by partner agencies, evidence-based programming and training for caregivers. An explanation of benefits is given to the caregiver in writing as well as agreed upon “next steps” to assist the caregiver in achieving stated goals. Telephone follow-up is initiated by the FCSP Specialist within one month of enrollment to answer any additional questions and check in on progress toward tasks identified in the action plan. Status of other referrals made by the FCSP Specialist will be addressed at that time as well.

Currently, caregivers continue to receive FCSP services through NWSDS as long as they meet eligibility criteria and funding is available. FCSP Specialists reach out to each participant annually for a check in, and to provide continuing support.

The OCWCOG FCG program contracts and partners with multiple agencies across the three county service area to support caregivers in the areas of respite care, counseling, support groups, caregiver training, and providing medical equipment such as emergency response buttons in case of a fall. These community partners are integral in meeting the needs of unpaid caregivers in our region.

Applauding the family caregivers in our region is important to OCWCOG and our community partners and caregiver "Celebration" events are held in all three counties and though the flavor of these events varies the underlying hope is to bring caregivers together, make them feel valued, and provide them with some time for self-care. Celebration events are open to all unpaid caregivers and advertised to the larger community and respite funds are provided to attendees. In 2020, because of COVID family caregiver participants were all provided a thank you note and gift card in lieu of being able to attend caregiver events.

OCWCOG will continue to strive to improve unpaid caregivers' quality of life over the next four years by bringing awareness to the communities about SDS Family Caregiver Program, highlighting services and agency partner programs like Lumina Hospice, Powerful Tools for Caregiving, Grace Adult Day Center, Caregiver Respite Program, and support groups. Supplemental services include, home delivered meals, Lifeline emergency system, medical equipment and supplies, and minor home repair and adaptations.

Goals and Objectives: Family Caregiver Support Program

Goal #1: Increase Awareness and Access to the FCSP			
MEASURABLE OBJECTIVES	KEY TASKS	LEAD POSITION & ENTITY	TIMEFRAME FOR 2021-2025 START DATE / END DATE
1. FCSP staff will utilize relationships developed through the \$BM program with programs such as Strengthening Rural Families and Kidco Headstart to reach families in need	A. Provide training to \$BM Coaches on program supports for families supporting older family members	FCSP Supervisor and \$BM team	Training completed by 9/1/2021
	B. Provide training to \$BM Coaches on program supports for grandparents raising grandchildren		
2. Culturally appropriate outreach will be provide to caregivers who are non-English speaking	A. Use relationships developed by \$BM to Latino caregivers who need support accessing FCSP assistance		
Goal #2: All FCSP participants will receive Person Centered Options Counseling So They Understand the Resources and Supports that are Available			
1. All Family Caregiver Support Program (FCSP) Specialists will discuss Veterans, Medicaid and Private Pay options for Long-Term Services and Supports with FCSP caregivers	A. FCSP workers will be trained on all of these benefits	FCSP Supervisor	Starting 1/1/2022 and ongoing
	B. FCSP workers will have expert area touch point to ask questions about any		

	of these service options		
Goal #3: Provide At Least One Savvy Caregiver Training Class Series Annually in each County			
1. Work with a local contractor to provide Savvy Caregiver training locally	A. Complete and RFP for contracting for Savvy Caregiver class series across the three county area	Contract team	Classes offered in the region by 6/30/2021. Assessment of success by 9/31/2021
	B. Award contract	Contracts team	
	C. Arrange one class series per county	Program Manager	
	D. Provide outreach about the Savvy Caregiver classes to the FCSP participants and the community at large	FCPS Workers and Admin Staff for Social Media	
	E. Assess impact vs. cost of class series and report to Councils	Program Director	
ACCOMPLISHMENTS-UPDATES			

LEGAL ASSISTANCE AND ELDER RIGHTS PROTECTION

Oregon Cascades West Council of Governments (OCWCOG) works with community partners on many elder justice issues, with the primary focus of preventing the abuse, neglect, and exploitation of older adults. As an Area Agency on Aging (AAA) we recognize the critical need for protecting the rights of older adults and people with disabilities.

Adult Protective Services screens and triages reports of abuse and neglect of seniors and adults with disabilities that come into the agency. Calls that do not rise to the level of investigation receive consultation and referral to other programs. Complaints that rise to the threshold of potential abuse and fit within OCWCOG's regulatory scope are referred to an APS investigator. In an APS investigation, the Investigator interviews the alleged victim, the alleged perpetrator, and any other pertinent witnesses. The Investigator makes a determination as to whether the event actually occurred and if the allegation or wrongdoing is substantiated. In the event of substantiated allegations, APS staff work to intervene and support the safety of the victim, but sometimes are limited in ways they can support given the victim's personal choice and level of competency. Risk intervention can be provided for persons who are reported "at risk" and continue to be vulnerable. Risk intervention includes continued contact, reassessment, intervention, and the implementation of an individualized plan to reduce the risk of harm.

When screening a complaint APS workers are aware of anything that is said that indicates that a crime might have occurred. APS reports any referral that involves criminal wrongdoing to law enforcement who is the lead agency in moving forward. Police and sheriff departments regularly work collaboratively and rely on the support of the APS team in working with this vulnerable segment of the population.

Staff from OCWCOG's Adult Protective Services team participate in monthly Multidisciplinary Teams (MDT) in each of OCWCOG's three counties. MDTs which are organized and facilitated by the District Attorney's office for their jurisdiction and bring together community partners such as law enforcement, fire department and EMTs, and mental health providers to discuss criminal cases which are going through the judicial system as well as problem solve issues regarding older adults in the community, such as a senior living in a home that has become unsafe to live in or no longer meets city building standards.

OCWCOG contracts with Legal Aid Services of Oregon to provide legal information and free civil legal services for low-income persons and seniors in Oregon. Legal Aid Service of Oregon seeks to achieve justice for low income communities in Oregon in areas of elder abuse, landlord-tenant or housing discrimination, government benefits, disability health benefits and more.

Goals and Objectives: Legal Assistance and Elder Rights Protection

Goal #1: Use the Power of Peer to Peer Support to Help Older Adults Become More Aware of Scams and Financial Exploitation			
MEASURABLE OBJECTIVES	KEY TASKS	LEAD POSITION & ENTITY	TIMEFRAME FOR 2021-2025 START DATE / END DATE
1. Launch a scam awareness program that uses peer support	A. Develop a list of program options	Older Americans Program Supervisor and Program Director	By 9/30/2021
	B. Choose a program to implement		By 12/31/2021
	C. Address needs of program development		12/31/2021 – 6/30/2022
	D. Launch program regionally		Launched by 6/30/2022
Goal #2: Be more aware of the issues of Elder Justice as an agency			
1. Create an Elder Justice Team Housed in the CSP Department at OWCOG	A. Realign programs to meet this need	Program Director and Program Managers	Team will be in place by 6/1/2022
2. OCWCOG will hire and Equity and inclusion officer to support service equity across the programs	A. Complete agency recruitment	OCWCOG Executive Director and Human Resources	Position filled by 12/31/2021
	B. Fill position		
	C. Start assessing all programmatic elements for equity and bias		
Goal #3: Complete Protective Services Work in a Timely Way			

1. Screeners will take action on all reports of abuse or neglect within 4 hours during regular office screening time	A. Monitor average screening response timeframes for staff problem solving and triage	APS Supervisors and Team	7/1/2021 – Monitor weekly for three months
	B. Assign staff daily duties based on coverage needs		
	C. Implement corrective action by screener and/or unit when response to calls of abuse 4 hours for more than one week		
	D. Monitor call volume data to determine peak call times and assign more screeners during those time periods		
2. Meet mandated response timeframes for investigations 90% of the time	A. Pull data monthly		
	B. Implement corrective action by investigator and/or unit when response timeframes are not met 90% of the time for more than 1 month		
3. Meet mandated report competition	A. Pull data quarterly		
	B. Implement corrective action by		

timeframes 90% of the time	investigator when report completion timeframes are not met for more than 2 reports per quarter		
	C. Work with each investigator to increase the buffer between report submissions and mandated timelines		
Goal #4: Work more closely with State and Local Long Term Care Ombudsman Teams			
1. Interface with the State Long Term Care Ombudsman and local Ombudsman Representative at least annually	A. Invite these representatives to meet with Advisory Councils	Program Director and APS Supervisors	First meeting will be scheduled June 2021 to recognize World Elder Abuse Awareness Day
	B. Invite APS leadership to attend these meetings as well as Legal Aid contacts		
	C. Problem solve with Councils and Ombudsman representatives ways that we can better serve our communities		
	D. Implement any mutually agreed upon ideas created		

ACCOMPLISHMENTS- UPDATES	
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Native American Elders

According to US Census Data there are approximately 3,280 Native Americans living in OCWCOG's service area, with the largest numbers living in Lincoln and Linn Counties. Though both of those counties have around 1300 residents who identify as Native American, Lincoln County's smaller overall population size means that a larger percentage of its residents fall in that category. Additionally, a significantly larger percentage (1.5%) of tribal members in Lincoln County are over the age of 65, compared to .3% and .4% in Benton and Linn Counties respectively.

OCWCOG has been working over the last four years to establish stronger relationships with the Tribal Communities, small gains have been made but communication and developing strong entry points for Native Elders to access benefits are areas that could still be improved. Over the next four years, we will continue to work toward having better relationships and collaboration with the Tribes to improve the coordination of services, share information, and provide services in more culturally appropriate ways.

The Confederated Tribe of the Siletz Indians has approximately 4,804 enrolled tribal members. They occupy and manage a 3,666 acre reservation located in Lincoln County. Only 8% of the Siletz tribe live on the reservation. An additional 6% live in the town of Siletz and 22.6% live in Lincoln County. About 30% of Siletz Tribal members live out of Oregon. Given that the Siletz Reservation is within OCWCOG's services area, working with its leadership, staff, and members has been where we have focused the majority of our outreach and relationship building efforts. OCWCOG is fortunate to have representatives from the Siletz Tribe on its Board of Directors and on its Senior Services Advisory Council. Additionally, OCWCOG operates a *Meals on Wheels* site out of the Siletz Tribal Community Center and has participated in multiple health fairs and other events sponsored by the Tribe to continue building the relationship.

Over the next four years we would like to develop and improve relationships with the Tribes that have members living in our communities but do not have outstations in the region. In particular, we would like to expand our agency's relationship and collaboration with the Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians which has two outstations located in Lane County and have members in Lincoln County. S&DS plans on developing relationships with these outstations that involve regular communication and information sharing and supporting the Tribes and Tribal members who need to access the services and supports OCWCOG provides.

Our relationship with Tribal communities across Oregon have been enhanced over the last three years by our staff's involvement in "Meet and Greet" events created by the State Aging and People with Disabilities office. These events brought AAA staff and the staff that run similar programs for Tribal Elders (Title IV) these same programs for tribes together to share food, discuss topics of interest, and build camaraderie and trust. OCWCOG hosted one of the first events in our Albany building, and another was held at the Tribal Community Center in Siletz. All of our Older Americans Act Case Managers have attended these events.

A recurring theme discussed at the Meet and Greet table is that Native Elders, who prefer to use trusted family or friends for assistance with care, face barriers in getting these family members approved through the Oregon Home Care Worker application process. OCWCOG is excited that in 2021 we will be launching an OPI Demonstration project to help address this issue which will entail providing Native Elders with a monthly cash benefit with which they can hire whomever they want to provide care. Additionally, upon hearing themes related to a distrust of government and frustration at navigating complex application processes, OCWCOG is putting in place a Tribal Navigator staff person who can be a trusted touch point and support for Native Elders and people with disabilities from the Tribal Community. SDS looks to Tribal members to guide any partnerships and services that may develop over the next four years and will be seeking input in the form of stakeholder groups, surveys, and other outreach.

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Goals and Objectives: Native American Elders

Goal #1: Create a Consistent and Trusted Agency Point of Contact for Tribal Members Accessing New Services			
MEASURABLE OBJECTIVES	KEY TASKS	LEAD POSITION & ENTITY	TIMEFRAME FOR 2021-2025 START DATE / END DATE
1. Create a OCWCOG based Tribal Liaison	A. Assign an Options Counselor to be the Tribal Navigator	Program Manager	Staff assigned by 9/1/2021
	B. Do outreach to introduce this person to the Tribal Partners		Outreach done September through December 2021
	C. Provide direct contact information to Navigator who helps support and answer questions for Tribal Members applying for benefits		
	D. Track data about how many Tribal Members apply for benefits and the outcome monthly		Starting 9/1/2021 and ongoing
Goal #2: Allow Tribal Elders Utilizing OPI More Flexibility in Hiring Who they Want as Care Providers			
1. Launch OPI Pilot Program the Provides Cash Benefit to Pay for Services	A. Identify strategy and approve of Tribal Care Provider Cash Benefit program	Program Manager	Start 10/1/2021, implement February 2022.
	B. Develop processes and procedures based on approved plan for program		

	C. Bi-annual program analysis with Tribal Navigator and Tribal Elders		
Goal #3: Continue to Build and Strengthen Relationships with the Tribes			
1. Provide staff and advocates from the Tribes and OCWCOG more time to interface and build relationships	A. Have a Tribal Representative on the SSAC or DSAC	Program Manager	7/1/2021
	B. Have 50% of OAA staff attend Meet and Greet Events		
	C. Attend one Elder Event Annually		
Goal #4: Identify ways that OCWCOG programs feel more welcoming to the Tribal Community			
1. Work with Tribal staff and Elders to develop marketing materials that feel inclusive of the Native community	A. Attend Elder meetings and ask for input B. Develop marketing tools based on input C. Ask for feedback D. Provide appropriate materials into community where Native Elders will have access to them	Program Director and Equity and Inclusion Officer	9/1/2021

ACCOMPLISHMENTS- UPDATES	
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Financial Wellness

Economic Stability is a Social Determinant of Health (SDOH), meaning it is one of the many conditions in which people are born, grow up, live and work that affect their health and quality of life. In fact, financial wellness including having steady and reliable income is the strongest predictor of health among all social determinants of health. It is necessary for obtaining all goods and services needed in a healthy life, including education, nutrition, and housing. Said differently, poverty can compound other social determinants of health, such as food insecurity.

According to the National Council on Aging, over 25 million Americans aged 60+ are economically insecure—living at or below 250% of the Federal Poverty Level (FPL) (\$29,425 per year for a single person) and the National Council on Disability states that people with disabilities live in poverty at more than twice the rate of people without disabilities. Because of this these populations struggle with rising housing costs, health care bills, inadequate nutrition, lack of access to transportation, diminished savings, and job loss. For older adults and people with disabilities who are above the poverty level, one major adverse life event can change today's realities into tomorrow's troubles.

Approximately 11% of Oregonians are between 138% and 200% of the Federal Poverty Level (Oregon Health Authority). Northwest Portland has the lowest percentage with only 5%, while 26% of residents in Blodgett-Eddyville (cities in OCWCOG's service area) fall in this category. Sadly, the majority of the cities in OCWCOG's region have higher rates of poverty than the State average. Rural communities, which have the greatest disparity, require more support to meet their needs and to create service equity. They will be a focus of our outreach over the next four years.

OCWCOG, through a variety of programs such as Medicaid, SNAP, and Medicare Savings Programs (MSP) works to support financial wellness and stability on an individual basis by supporting low income people and families in meeting their basic health and nutrition needs and improving their financial health. A goal is to help break down barriers that keep people from accessing these programs which can be difficult to navigate.

Other programs OCWCOG sponsors are the Money Management Program and Stand By Me which supports financial literacy and empowerment, helping individuals and families learn how to reach financial wellness at every stage of life. Senior Corps has a focus on the support of low income older adults, providing counseling on insurance benefits so they choose the most cost effective option, and providing a stipend to low income seniors for the valuable services they provide through volunteerism in the communities.

Our goals for financial wellness over the next four years is to expand and improve these programs so they continue to be more impactful year after year in the communities we serve. This might be by improving the quality of service by decreasing

wait times for SNAP applications to be completed or by expanding the number of consumers we hope to serve with the Money Management Program or Stand By Me.

Knowing financial wellness of its individual residents is tied closely to the economic health of the region as a whole. OCWCOG's Community and Economic Development Department works collaboratively with stakeholders and OCWCOG's member governments to improve the financial wellness of the communities within its boundaries through several programs and initiatives such as the Business Lending program. More information can be found in the Comprehensive Economic Development Strategy (CEDS) which can be found on the OCWCOG Community and Economic Development web page.

Finally, discussing financial wellness in our communities without highlighting the lack of affordable housing available would be impossible. Lincoln County specifically, faces a housing shortage that was only magnified by the devastating wildfires in 2020 which burned down 293 homes in north Lincoln County. Lack of affordable housing affects older people and people with disabilities, many of whom live on fixed incomes, more than their neighbors. Not only do they struggle to find accessible affordable housing themselves, but the work force they depend on for long-term services and supports is unable to stay in the area because of a lack of housing they can afford, leading to a lack of care providers and support workers to provide in-home care and to staff long-term care communities. Solving the housing crisis in Linn, Benton, and Lincoln Counties is something no agency can do independently. Knowing this, the Councils have set forth goals in this Area Plan to continue to work with agencies for which housing related issues is a focus: Community Services Consortium, DevNW, the Linn, Benton, and Lincoln Housing Authorities, and NW Coastal Housing. Specifically, we are focused on having a housing representative serve on the Councils before the end of 2021.

Goals and Objectives: Financial Wellness

Goal #1: Expand the Stand By Me Program Across the Region			
MEASURABLE OBJECTIVES	KEY TASKS	LEAD POSITION & ENTITY	TIMEFRAME FOR 2021-2025 START DATE / END DATE
1. Financial coaching will be provided to 80 unduplicated clients/ 240 coaching hours	A. Outreach will be provided to the community about \$BM	Community Services Program Manager	7/1/2021 – 6/30/2022
2. Six partner agencies will house eight embedded coaches in the region	A. Outreach will be done to find partner agencies to embed coaches	Community Services Program Manager	7/1/2021 – 6/30/2022
	B. Contracts or MOUs will be developed with agencies		
	C. Identify coaches	Community Services Program Manager	7/1/2021 – 6/30/2022
	D. Arrange training with Delaware		
3. A Veteran Specific \$BM Coach will serve the region's Veterans	A. Acquire funding for position	Community Services Program Manager	7/1/2021 – 6/30/2022
	B. Find embedded organization and create contract		
	C. Hire and train coach		
Goal #2: Increase Utilization of Money Management Program (MMP) Bill Pay and Rep Payee Services			
	A. Recruit volunteers	MMP staff	Meet this goal by 6/30/2022

1. MMP Bill Pay Service to increase the number of consumers served to at least 45 people.	B. Outreach for the program in the Community		
2. MMP Rep Payee Service to increase the number of participants to at least 70 people.	A. Solidify processes	MMP staff and Supervisor	Meet this goal by 12/31/2021
	B. Outreach for the program in the Community		
	C. Outreach to Community Based Facilities		
3. Money Management services will be offered as a resource to <u>all</u> consumers who have suffered financial exploitation.	A. Develop a streamline referral process	APS and MMP Supervisors	Start immediately and assess quarterly
	B. Track numbers and set data sets for weighing success of impact		
Goal #3: Support Seniors and People with Disabilities in Accessing Benefits which Improve Economic Security			
1. Create a program which utilizes volunteers to help consumers complete applications for benefit programs	A. Define the program	Program Supervisor	Initiate 1/1/2022, evaluate quarterly through 6/30/2025
	B. Develop a process and implement		
	C. Data tracking to measure outcomes		
2. Partner with Legal Aid and the Disability Equity Center to help resolve complex application issues	A. Collaborate, identify complex/critical issues	Program Manager	Initiate 7/1/2021, ongoing through 6/30/2025
	B. Develop and implement plan to receive Legal Aid assistance with complex applications and issues		

Goal #4: Develop Relationships with Regional Housing Agencies to Support Seniors and Consumers with Disabilities Experiencing Housing Issues

<p>1. Have representation from a regional housing agency on the Senior or Disability Services Advisory Committee</p>	<p>A. Outreach to housing agencies for a potential representative</p>	<p>Councils and Program Director</p>	<p>12/31/2021</p>
<p>2. OCWCOG staff will attend events supporting the homeless in our region</p>	<p>B. Have representative complete application and attend Council meetings providing input on housing issues</p>	<p>ADRC Supervisor</p>	<p>All events starting 12/1/2022</p>
<p>ACCOMPLISHMENTS-UPDATES</p>			

Transportation

Access to transportation contributes to the economic development, health, and quality of life of all communities and their residents. Reliable transportation is needed to access healthcare services, nutrition needs, employment and educational opportunities, and social services. It is also important for accessing recreation and other activities of daily life, which can reduce isolation and loneliness, and yet, for many older adults and people with disabilities in Linn, Benton, and Lincoln Counties access to adequate transportation does not exist. Because of this the OCWCOG's Senior and Disability Services Advisory Councils wanted to focus on this important issue in the 2021-2024 Area Plan.

Larger fixed route transit systems are relatively robust in OCWCOG's three county area, especially in the larger communities of Corvallis, Albany, Lebanon, Lincoln City, and Newport. The services are more limited but serviceable in Waldport, Lebanon, and Sweet Home. Many of these systems provide free or low cost service and because of local efforts to link the counties even provide cross-region travel options which meet the needs of many residents. They include:

Corvallis Transit System - Fareless public transit service for the City of Corvallis

Albany Transit System – Buses provide fared transit services Monday - Friday

Lebanon LINX Loop – Buses provide fared trips Monday through Saturday in Lebanon

Linn - Benton Loop - Recently expanded service along the Sweet Home-Lebanon-Albany-Corvallis corridor, but other areas of Linn County not well served

Philomath Connection - Provides service in and between the Cities of Philomath and Corvallis Monday - Saturday

Lincoln County Transit – Provides bus service in the cities of Newport and Lincoln City as well as operates the Intercity bus that links the coastal communities together all the way from Lincoln City to Yachats

Linn Shuttle - Recently expanded service along the Sweet Home-Lebanon-Albany-Corvallis corridor, but other areas of Linn County not well served

Coast to Valley Express - Recently expanded service from the Albany Multi-Modal Station, through Corvallis to Newport and back – otherwise travel to/from coast is limited

However, for rural residents who live where buses do not operate, those who can't get to terminals but need more door to door service, and others who have barriers in navigating larger transit systems, other options must be found. Additionally, bus routes which tie consumers to a schedule of service that doesn't always sync with getting to scheduled appointments or do not operate at the times when they want to travel leave many consumers looking for other resources.

State and Federal Special Transportation funding has been earmarked for filling transportation service gaps, with county stakeholders and leadership working closely with Special Transportation Coordinators to meet the needs of seniors and people with disabilities. The Coordinators not only collaborate with transit systems, but work to make sure that those systems are integrated with health and human services agencies and oversee and distribute Federal and State funding into the communities.

Accessible transportation services are critical for enabling older adults and people with disabilities to live independently. Successful community living requires access to medical and other essential services. While the health impact of reduced access to needed medical services is obvious (missed appointments, emergency hospital visits, lack of continual care), social isolation due to lack of transportation can have an equally negative effect on health and mental health.

One option available is the Cascades West Ride Line which contracts with IHNCCO to coordinate non-emergent medical transportation to OHP eligible clients living in Linn, Benton, and Lincoln Counties who have no other way to get to their medical services. Transportation is arranged through locally contracted transportation providers, which can make scheduling last minute rides a problem in areas where there are less approved providers such as Lincoln County, and arranging rides across county lines or to Portland is difficult to accomplish. The RideLine Transportation Reimbursement Program offers a travel allowance to eligible Oregon Health Plan Plus (OHP+) clients for certain travel expenses while traveling to and from a covered Medicaid medical service. Clients requesting transportation reimbursement typically have access to a working vehicle or know a friend or family member that is available to drive them to their medical appointment. A great service, RideLine benefits are only available to Medicaid consumers and thus cannot be used by people who have Medicare only.

On-demand “dial-a-ride” services try to fill the gap for older adults and those with disabilities that are unable to use the fixed route service. Demand Response Service provides curb to curb, wheelchair accessible transportation, and operate in each of the three counties in the region. However these programs have had funding reductions that have caused them to decrease service bandwidth making rides from these well used resources difficult to schedule especially on short notice. On-demand services are area-specific and generally do not cross jurisdictional boundaries, so medical appointments in other counties require other options.

Smaller community based programs are trying to fill the gaps that exist for older adults and people with disabilities that don’t qualify and/or can’t use other transportation options. Many of these programs rely on volunteers which are difficult to recruit and retain even in the easiest of times, and extraordinarily difficult in the time of COVID. Additionally, there is a constant struggle for reliable, ongoing, and sustainable funding.

The community based transportation providers fill a critical role in our communities, and yet from the stakeholder group on Transportation one thing we learned is that there is a general lack of efficiency in how they serve consumers. For example, on any given day there may be three different service organizations driving out to Alsea to provide rides to consumers in that area. Ongoing stakeholder meetings to try to work more collaboratively and efficiently is something we hope will continue.

Goals and Objectives: Transportation

Goal #1: Utilize the Senior Companion Program (SCP) to Provide Transportation to Those Living in the Most Rural Communities			
MEASURABLE OBJECTIVES	KEY TASKS	LEAD POSITION & ENTITY	TIMEFRAME FOR 2021-2025 START DATE / END DATE
1. 70% of volunteers and 85% clients in OCWCOG’s Senior Companion Program will reside in one of the following rural areas: Benton: Alsea, Monroe, Philomath; Linn: Sweet Home, Halsey, Brownsville, Lebanon; Lincoln County	A. Complete outreach via rural radio and/or print media at least once a quarter 2021-2025	CSP Program Manager	7/1/2021 - ongoing
	B. Complete one rural outreach event per county each year 2021-2025		
	C. Increase mileage caps for volunteers residing in these areas during the SCP Federal 2021-2024 grant cycle		
	D. Complete data collection and report out through federal grant reporting		
Goal #2: Increase Collaboration Between Community Based Organizations That Provide Transportation to Create Efficiencies			
1. Convene a quarterly meeting of stakeholders invested in transportation which supports older adults	A. Identify and invite stakeholder who need to be at the table	Program Director and CSP Program Manager	First meeting in February 2022
	B. Assess places where we are		

and people with disabilities	duplicating efforts and work to reduce duplication		
	C. Identify ways we can leverage resources such as volunteers or combined routes so resources spread further		
	D. Create MOUs or systems for supporting each other in program delivery		
Goal #3: Combine the Efforts of all OCWCOG Departments in Supporting People Who Are Unable to Drive			
1. Increase the number of SDS and CSP consumers referred to the Travel Training Program in CED	A. CED staff will regularly attend staff meetings providing other program about the Travel Training Program	CED, SDS, and CSP Program Managers	Provide education to the teams in fall of 2021. Track referral numbers starting and place follow up calls starting 1/1/2022
	B. The number of referrals made to the Travel Training program by SDS and CSP staff will be tracked		
	C. Follow up calls will be made to SDS and CSP consumers who were referred to the Travel Training Program to assess if the referral was helpful		

ACCOMPLISHMENTS- UPDATES			

Section D: OAA/OPI Services and Method of Service Delivery

D. 1 – ADMINISTRATION OF OREGON PROJECT INDEPENDENCE (OPI)

The Oregon Project Independence program provides services and assistance to residents who are between the ages of 19 and 59 with a disability, 60 years or older, or under 60 years and diagnosed as having Alzheimer's disease. People receiving OPI cannot be receiving Medicaid except for SNAP benefits, Qualified Medicare Beneficiary, or Supplemental Low Income Medicare Beneficiary. Demographic information about all OPI consumers is entered into Oregon ACCESS (OA).

OPI participants can utilize a suite of services and supports aimed at allowing them to live in their home as independently and safely for as long as possible. These services may include case management, personal care, home care, adult day care services, home delivered meals, assistive technology, and chore services.

Initial screenings are conducted by a Resource Specialist in the ADRC call center who gathers information about the individual or family's needs and provides referral to internal OCWCOG programs as well as external community resources. Consumers and their families who are not able to or do not want to apply for Medicaid but require more information about resources, benefits, and long term care services are referred to Option Counselors.

Options Counselors make phone contact with potential consumers and/or family members within 5-10 business days of receiving a referral to schedule a home visit and assessment. During the visit Options Counselors take a deeper dive into the needs and desires of the person they are working with and share a wide breadth of programs and resources. If OPI is decided to be the best fit for the individual's specific needs the case managers perform a functional assessment to determine the participant's ability to perform Instrumental Activities of Daily Living (IADL). The assessment is based on observation and a consumer interview. The assessment tool then generates a Service Priority Level (SPL) which is the basis of program eligibility. Consumers with priority levels 1-15 are currently served under OPI in OCWCOG's service area. (Note: during the COVID-19 pandemic, assessments for services have been done telephonically.)

Once eligible, the consumer plays an active role in determining how many hours per week/month they will need in the areas of personal care, home maker, and chore services to remain independent in their own home. Options of using a home care worker through the Client Employed Provider (CEP) program versus the option of using the in-home care agency (Addus) are discussed as well as the benefits and costs of each option. OCWCOG's SDS, Northwest Senior and Disability Services (NWSDS), and Lane Council of Governments (LCOG) have a tri-agency (nine-county) In-Home Services Contract with Addus HealthCare Inc. that began July 1, 1999. Other community resources and supports that will augment the service hours are provided to develop a comprehensive support system. The Case Manager will complete a service plan in OA and process the plan through the appropriate channels for referral and payment of services.

Case Managers follow up with consumers within three to six months of the initial needs assessment to make sure that the plan is working or adjust as needed and a reassessment is done annually to review and reevaluate current services. In addition, consumers can always ask for a reassessment because of a change in condition.

Many consumers enter the long term services and supports system through referrals from partner agencies and the local healthcare system when they have experienced a healthcare crisis or their current supports are no longer adequate. Individuals with the greatest risk factors often enter the system through APS. APS workers refer at-risk consumers to the ADRC Call Center and Options Counselors to assess for community resources and services. These cases are often a priority and OPI is regularly used to stabilize the situation.

All other consumers are assessed on a first come, first served basis. Case Managers complete a risk assessment on all consumers in order to survey them for priority of need at the initial assessment. Funding is used to assist as many high-risk consumers as possible.

When consumers are determined ineligible at their initial assessment or during their annual review, or if they are going to experience a reduction or closure, the Case Manager will have a conversation to inform the consumer of the action prior to sending out any paperwork. After the conversation the Case Manager will send a written notice to the consumer along with a copy of the formal complaint process and information on a consumer's right to grieve adverse eligibility or service determinations. The Program Manager will be made aware of any denials, reduction, or terminations of services prior to the notice(s) being sent, as the complaint process directs consumers to the local Program Manager with questions or concerns. The OPI Case Manager will provide the consumer with information about other available community resources that may meet their ongoing need for assistance.

At initial enrollment, the Case Manager informs the consumer of the grievance procedure, they are provided a copy of the Reduction/Closure Grievance Policy. In addition, OPI brochures are given to all new consumers, which provides them of their right to file a complaint and the office contact information.

OPI participants with higher income may be required to pay a sliding scale fee which is set based on their income level minus any household medical costs. The sliding scale fees are explained at the screening level, but full explanation and calculation are determined by the Case Manager. This is done by completing an OPI Income/Fee Determination form. The fees are calculated based on the State issued fee schedule and applied for the cost of the OPI service hours.

When the case is opened, the consumer is sent the Service Agreement form confirming the start of the OPI service and confirming the proportion of service cost which the consumer is to pay and the estimated monthly cost. Consumers receiving home care worker services and paying a portion of OPI service costs are billed by SDS staff who enter the fee percentage(s)

into the OA billing system. All fees collected are submitted to SDS on a monthly basis and are applied to the overall budget and billing of OPI services submitted to the State. If housekeeping or personal care services are provided through an in-home care agency, the Case Manager sends a copy of the consumer service plan to the agency contractor to begin service and to inform them of the percentage to be billed to the consumer. The OPI Income/Fee Determination form is reviewed and updated annually at the service assessment review date.

A one-time \$25 fee will be applied to all individuals receiving OPI services who have adjusted income levels at, or below, the Federal Poverty Level and have no fee for OPI services. This is billed to the participant when the services are opened.

Administrative Support staff notifies Case Managers of any unpaid fees accumulated by people receiving services provided by home care workers. In-home care agencies notify case managers of any unpaid fees accrued by participants using their services. If non-payment occurs, the Case Manager contacts the consumer and discusses the reasons for non-payment, and evaluates the hardship and/or reason, reminding them they must pay the fee within 10 days or risk closure.

Fees are mandatory, no matter how small. However, a Case Manager may request a fee be waived in a situation of undue financial hardship or APS involvement. This would be rare and circumstances would be extenuating. The Program Manager is consulted in each case where a waived payment is requested.

Service providers are monitored through reporting requirements determined in the contracts scope of work. Contract agencies for adult day services and home-delivered meals are monitored annually through site visits. Site visits may entail the review of case files, employee records and practices, fiscal practices, and discussion of any findings or issues that may occur. All contract agencies are monitored through monthly fiscal audits of billings and unit reporting. Additionally, contract agencies administered by a third party, such as Addus Health Care, receive additional monitoring by the administering agency, NWSDS.

Cost of Authorized Services Per Unit for OPI as of July 2021:

Personal Care	\$ 19.29 per hour
Home Care	\$ 19.01 - \$ 22.80 per hour
Adult Day Care	\$ 92.00 full day, \$ 70.40 ½ day
Home Delivered Meals	\$ 9.54 per meal
Assistive Technology	\$ 68.39 average , price per unit varies
Chore Services	\$ 17.15 per hour
Case Management	\$ 44.43 average

Unit cost per service is as follows (as of December 1, 2017): Agency Personal Care: \$19.29 per hour, Agency Homecare: \$17.15 per hour, Agency Chore: \$17.15 per hour, Home-Delivered Meals: \$9.54 per meal, Health & Medical Equipment: price per unit varies, with an average cost of \$68.39 in Fiscal Year 2015, Case Management: \$44.43, average based on staff salary, benefit and associated costs.

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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.)

#1 Personal Care (by agency)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Addus Healthcare, 2300 Warrenville Rd, Ste. 100, Downers Grove, IL 60515-1765 "for profit"

#1a Personal Care (by HCW) Funding Source: OAA OPI Other Cash

Funds

#2 Homemaker (by agency)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#2a Homemaker (by HCW) Funding Source: OAA OPI Other Cash

Funds

#3 Chore (by agency)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#3a Chore (by HCW) Funding Source: OAA OPI Other Cash

Funds

#4 Home-Delivered Meal

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Trio Community Health, PO Box 7153, Salem, OR 97303 "for profit"

#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):

Grace Center for Adult Day Services, 980 NW Spruce Avenue, Corvallis OR 97330

#6 Case Management

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#7 Congregate Meal

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Trio Community Health, PO Box 7153, Salem, OR 97303 "for profit"

#8 Nutrition Counseling

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#9 Assisted Transportation

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#10 Transportation

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#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 of Oregon, 433 4th Ave SW, Albany, OR 97321

#12 Nutrition Education

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#13 Information & Assistance

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#14 Outreach

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#15/15a Information for Caregivers

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#16/16a Caregiver Access Assistance

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#20-2 Advocacy

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#20-3 Program Coordination & Development

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#30-1 Home Repair/Modification

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#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):

Grace Center for Adult Day Services, 980 NW Spruce Avenue, Corvallis OR 97330

#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):

#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):

Lumina Hospice & Palliative Care, 720 SW 4th St., Corvallis, OR 97330

#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):

#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):

Newport 60+ Activity Center, 20 SE 2nd St., Newport, OR 97365

Mid-Willamette Family YMCA, 3201 Pacific Blvd SW, Albany, OR 97321

#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):

Lumina Hospice & Palliative Care, 720 SW 4th St., Corvallis, OR 97330

#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):

#40-5 Health & Medical Equipment

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

North End Senior Solutions, PO Box 148, Otis, OR 97368

#40-8 Registered Nurse Services

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#40-9 Medication Management

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#50-1 Guardianship/Conservatorship

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#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):

#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):

#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):

#60-1 Recreation

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Albany Senior Center, 489 Water Avenue NW, Albany, OR 97321

#60-3 Reassurance

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#60-4 Volunteer Recruitment

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#60-5 Interpreting/Translation

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Certified Languages, 4800 S Macadam, Ste. 400, Portland, OR 97239 "for profit"

JSF Sign Language Interpreting, 1822 NW Whitecliff Dr., Albany, OR 97321 "for profit"

#70-2 Options Counseling

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#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):

#70-5 Newsletter

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#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):

#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):

Lumina Hospice & Palliative Care, 720 SW 4th St., Corvallis, OR 97330

#70-10 Public Outreach/Education

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#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):

Mid-Willamette Family YMCA, 3201 Pacific Blvd SW, Albany, OR 97321

Samaritan Health Services-Health Ed, 3600 NW Samaritan Dr., Corvallis, OR 97330 "for profit"

#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):

#80-1 Senior Center Assistance

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Grace Center for Adult Day Services, 980 NW Spruce Avenue, Corvallis OR 97330

#80-4 Financial Assistance

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#80-5 Money Management

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#Volunteer Services

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Budget by Service Category

(3) Matrix	(4) SERVICE NAME	(5) C = Contract D = Direct Provision	(6) Estimated Units	(7) Unit Definition	(8) Estimated Clients	(9) OAA						(10) OAA Total	(11) NSIP	(12) OPI	(13) Other State-provided Funds	(14) Other Cash Funds	(15) Total Funds	(16) Estimated Cost Per Unit	(17) Comments Explanation
						T III B	T III C-1	T III C-2	T III D	T III E	T VII								
ADMINISTRATION						\$40,530	\$0	\$0	\$0	\$11,439	\$0	\$51,969	\$0	\$75,482	\$0	\$0	\$127,451		
20-1	Area Plan Administration	C = Contract				\$30,998				\$11,439		\$42,437		\$75,482			\$117,919		
20-2	AAA Advocacy	D = Direct Provision				\$9,532						\$9,532					\$9,532		
20-3	Program Coordination & Development											\$0					\$0		
ACCESS SERVICES -						\$162,740	\$0	\$0	\$0	\$0	\$2,750	\$165,490	\$0	\$323,829	\$0	\$15,000	\$504,319		
6	Case Management	D		1 hour		\$18,082						\$18,082		\$323,829		\$15,000	\$356,911	#DIV/0!	
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		1 contact		\$139,492						\$139,492					\$139,492	#DIV/0!	
14	Outreach	D		1 contact								\$0					\$0	#DIV/0!	
40-3	Preventive Screening, Counseling, and Referral	C		1 session								\$0					\$0	#DIV/0!	
40-4	Mental Health Screening & Referral			1 hour								\$0					\$0	#DIV/0!	
60-5	Interpreting/Translation	C		1 hour								\$0					\$0	#DIV/0!	
70-2	Options Counseling	D		1 hour								\$0					\$0	#DIV/0!	
70-5	Newsletter			1 activity								\$0					\$0	#DIV/0!	
70-8	Fee-Based Case Management			1 hour								\$0					\$0	#DIV/0!	
70-10	Public Outreach/Education	D		1 activity		\$5,166				\$2,750		\$7,916					\$7,916	#DIV/0!	
IN-HOME SERVICES						\$21,507	\$0	\$0	\$0	\$0	\$0	\$21,507	\$0	\$165,385	\$0	\$0	\$186,892		
1	Personal Care	C		1 hour								\$0		\$47,735			\$47,735	#DIV/0!	
1a	Personal Care - HCW	C		1 hour								\$0					\$0	#DIV/0!	
2	Homemaker/Home Care	C		1 hour								\$0		\$53,382			\$53,382	#DIV/0!	
2a	Homemaker/Home Care - HCW	C		1 hour								\$0					\$0	#DIV/0!	
3	Chore			1 hour								\$0		\$7,962			\$7,962	#DIV/0!	
3a	Chore - HCW			1 hour								\$0					\$0	#DIV/0!	
5	Adult Day Care/Adult Day Health	C		1 hour		\$3,425						\$3,425		\$19,256			\$22,681	#DIV/0!	
30-1	Home Repair/Modification			1 payment								\$0					\$0	#DIV/0!	
30-4	Respite (IIB or OPI funded)	C		1 hour								\$0					\$0	#DIV/0!	
40-5	Health, Medical & Technical Assistance Equip.	C		1 loan/payment		\$18,082						\$18,082		\$37,050			\$55,132	#DIV/0!	
40-8	Registered Nurse Services	C		1 hour								\$0					\$0	#DIV/0!	
60-3	Reassurance			1 contact								\$0					\$0	#DIV/0!	
90-1	Volunteer Services			1 hour								\$0					\$0	#DIV/0!	
LEGAL SERVICES						\$30,998	\$0	\$0	\$0	\$0	\$0	\$30,998	\$0	\$0	\$0	\$0	\$30,998		
11	Legal Assistance	C		1 hour		\$30,998						\$30,998					\$30,998	#DIV/0!	
NUTRITION SERVICES						\$0	\$346,870	\$176,213	\$0	\$0	\$0	\$523,083	\$0	\$247,816	\$0	\$0	\$770,899		
4	Home Delivered Meals	D		1 meal				\$175,913				\$175,913		\$247,816			\$423,729	#DIV/0!	
7	Congregate Meals	D		1 meal				\$344,870				\$344,870					\$344,870	#DIV/0!	
8	Nutrition Counseling			1 session								\$0					\$0	#DIV/0!	
12	Nutrition Education	D		1 session				\$2,000	\$300			\$2,300					\$2,300	#DIV/0!	

(3)	(4)	OAA					(11)	(12)	(13)	(14)	(15)	(16)	(17)						
Matrix	SERVICE NAME	(5)	(6)	(7)	(8)	T III B	T III C-1	T III C-2	T III D	T III E	T VII	OAA Total	NSIP	OPI	Other State-provided Funds	Other Cash Funds	Total Funds	Estimated Cost Per Unit	Comments Explanation
		Contract or Direct Provide	Estimated Units	Unit Definition	Estimated Clients														
FAMILY CAREGIVER SUPPORT						\$0	\$0	\$0	\$0	\$109,483	\$0	\$109,483	\$0	\$0	\$0	\$0	\$109,483		
15	Information for Caregivers	D		1 activity						\$859		\$859					\$859	#DIV/0!	
15a	Information for CGs serving Children	D		1 activity								\$0					\$0	#DIV/0!	
16	Caregiver Access Assistance	D		1 contact						\$46,857		\$46,857					\$46,857	#DIV/0!	
16-a	Caregiver Access Assistance-Serving Children	D		1 contact								\$0					\$0	#DIV/0!	
30-5	Caregiver Respite	C		1 hour						\$37,655		\$37,655					\$37,655	#DIV/0!	
30-5a	Caregiver Respite for Caregivers Serving Children			1 hour						\$1,524		\$1,524					\$1,524	#DIV/0!	
30-6	Caregiver Support Groups	C		1 session								\$0					\$0	#DIV/0!	
30-6a	Caregiver Support Groups Serving Children	C		1 session								\$0					\$0	#DIV/0!	
30-7	Caregiver Supplemental Services	D		1 payment						\$9,275		\$9,275					\$9,275	#DIV/0!	
30-7a	Caregiver Supplemental Services-Serving Children	D		1 payment						\$5,030		\$5,030					\$5,030	#DIV/0!	
70-2a	Caregiver Counseling			1 session								\$0					\$0	#DIV/0!	
70-2b	Caregiver Counseling-Serving Children			1 session								\$0					\$0	#DIV/0!	
70-9	Caregiver Training	D/C		1 session						\$8,283		\$8,283					\$8,283	#DIV/0!	
70-9a	Caregiver Training - Serving Children			1 session								\$0					\$0	#DIV/0!	
73	Caregiver Self-Directed Care			1 client served								\$0					\$0	#DIV/0!	
73a	Caregiver Self-Directed Care-Serving Children			1 client served								\$0					\$0	#DIV/0!	
SOCIAL & HEALTH SERVICES						\$5,970	\$0	\$0	\$0	\$0	\$0	\$5,970	\$0	\$0	\$0	\$0	\$5,970		
40-2	Physical Activity & Falls Prevention	C		1 session								\$0					\$0	#DIV/0!	
40-9	Medication Management			1 session								\$0					\$0	#DIV/0!	
50-1	Guardianship/Conservatorship			1 hour								\$0					\$0	#DIV/0!	
50-3	Elder Abuse Awareness and Prevention	D		1 activity								\$0					\$0	#DIV/0!	
50-4	Crime Pervention/Home Safety			1 activity								\$0					\$0	#DIV/0!	
50-5	LTC Ombudsman			1 payment								\$0					\$0	#DIV/0!	
60-4	Volunteer Recruitment	D		1 placement								\$0					\$0	#DIV/0!	
60-10	Recreation			1 hour								\$0					\$0	#DIV/0!	
71	Chronic Disease Prevention, Management & Ed	C		1 session								\$0					\$0	#DIV/0!	
72	Self-Directed Care			1 client served								\$0					\$0	#DIV/0!	
80-1	Senior Center Assistance	C		1 center served								\$0					\$0	#DIV/0!	
80-4	Financial Assistance			1 contact								\$0					\$0	#DIV/0!	
80-5	Money Management	D		1 hour								\$0					\$0	#DIV/0!	
80-6	Center Renovation/Acquisition			1 center acqrd/renovated								\$0					\$0	#DIV/0!	
900	Other - Computer Repair & IT					\$5,970						\$5,970					\$5,970	#DIV/0!	
900	Other (specify)											\$0					\$0	#DIV/0!	
900	Other (specify)											\$0					\$0	#DIV/0!	
900	Other (specify)											\$0					\$0	#DIV/0!	
GRAND TOTAL						\$261,745	\$346,870	\$176,213	\$0	\$120,922	\$2,750	\$908,500	\$0	\$812,512	\$0	\$15,000	\$1,736,012		

Cash Match/In-kind Match

(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
SOURCE OF OAA CASH & INKIND MATCH FUNDS <i>Be descriptive (e.g. Donated dining space @ SC)</i>	Admin. Cash Match	Admin. Inkind Match	III B & C Cash Match	III B & C Inkind Match	OAA III E Cash Match	III E Inkind Match	TOTAL Cash Match	TOTAL Inkind Match
Money Management Contract			\$96,000				\$96,000	\$0
OPI Pay In	\$15,000						\$15,000	\$0
MOW Volunteer Hours				\$100,000			\$0	\$100,000
Legal Aid Contract Match				\$8,600			\$0	\$8,600
Powerful Tools Community Trainers Hours						\$15,000	\$0	\$15,000
Meals on Wheels Volunteer Mileage Donation							\$0	\$0
Donated Space, Door Prizes and Food for FCSP Celebration							\$0	\$0
SSAC and DSAC Volunteer Hours		\$11,700					\$0	\$11,700
Older Adult Behavioral Health Contract w/ Linn County			\$15,000				\$15,000	\$0
Donated Grace Center Attendance for FCG Participants						\$20,000	\$0	\$20,000
							\$0	\$0
							\$0	\$0
Column Totals:	\$15,000	\$11,700	\$111,000	\$108,600	\$0	\$35,000	\$126,000	\$155,300

135160

(12)	(13)
SOURCE OF MEDICAID LOCAL MATCH FUNDS	TOTAL
Dues, Donations, Fees	\$187,000
Benton County Veterans Contract	\$190,000
Contract with Lincoln County Hospitals	\$57,600
Column Totals:	\$434,600

Notes/Comments

min of 25% of total Admin expenditures IIIB, C1 & C2
=SSAC/DSAC Vol hours
min of 15% of program expenditures IIIB, C1 & C2
=MOW volunteer hours (C1&C2)
=IIIB \$15k OPI, \$8600 Legal Aid, \$15k Older Adult
min match of 25% for Administration and program expenditures III E

Medicaid/OAA/OPI Staffing Plan

ADMINISTRATIVE POSITIONS				Breakout of funding sources							
(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Position Title	FTE Worked	Annual Salary (excludes OPE)	Annual OPE	Total Salary + OPE	OAA Funds	OPI Funds	Other Funds	Medicaid Funds Regular Allocation	Medicaid Funds Local Match	Medicaid Matched by Local Funds	Total
Program Director	1.00	\$105,938	\$71,348	\$177,286	\$17,747	\$12,320	\$43,868	\$103,351			\$177,286
Contracts Coordinator	0.65	\$34,745	\$18,850	\$53,595	\$7,789	\$7,789	\$8,605	\$29,412			\$53,595
Program Manager	1.00	\$75,938	\$59,665	\$135,603	\$6,531	\$12,320		\$116,752			\$135,603
Program Supervisor	10.00	\$731,706	\$441,570	\$1,173,276	\$32,664			\$1,140,612			\$1,173,276
Program Supervisor RSVP	1.00	\$76,825	\$56,386	\$133,211			\$133,211				\$133,211
Veterans Service Officer	1.00	\$61,483	\$50,811	\$112,294			\$112,294				\$112,294
				\$0							\$0
				\$0							\$0
				\$0							\$0
				\$0							\$0
				\$0							\$0
				\$0							\$0
				\$0							\$0
				\$0							\$0
ADMINISTRATIVE TOTAL	14.65	\$1,086,635	\$698,630	\$1,785,265	\$64,731	\$32,429	\$297,978	\$1,390,127	\$0	\$0	\$1,785,265

DIRECT SERVICES POSITIONS				Breakout of funding sources							
Position Title	FTE Worked	Annual Salary (excludes OPE)	Annual OPE	Total Salary + OPE	OAA Funds	OPI Funds	Other Funds	Medicaid Funds Regular Allocation	Medicaid Funds Local Match	Medicaid Matched by Local Funds	Total
Administrative Assistant	5	\$215,217	\$156,581	\$371,798			\$23,433	\$348,365			\$371,798
ADRC Specialist	5	\$236,917	\$171,241	\$408,158	\$136,723			\$271,435			\$408,158
AFH Licensors	2	\$113,907	\$85,002	\$198,909				\$198,909			\$198,909
APS Case Managers	10	\$648,119	\$443,129	\$1,091,248				\$1,091,248			\$1,091,248
Case Aide	9	\$330,820	\$257,722	\$588,542				\$588,542			\$588,542
Case Manager	47.65	\$2,753,297	\$1,849,303	\$4,602,600	\$160,808	\$127,618		\$4,314,174			\$4,602,600
Clerical Specialist	10.5	\$377,325	\$257,550	\$634,875			\$39,047	\$595,828			\$634,875
Diversion Transition	3	\$207,251	\$140,602	\$347,853				\$347,853			\$347,853
Eligibility Specialist	24	\$1,200,141	\$921,456	\$2,121,597				\$2,121,597			\$2,121,597
ERC Coordinator (STEPS)	1	\$53,209	\$45,713	\$98,922				\$98,922			\$98,922
Executive Assistant	1	\$49,702	\$45,164	\$94,866	\$47,433			\$47,433			\$94,866
In Home Assistants	3	\$132,968	\$98,815	\$231,783				\$231,783			\$231,783
Meal Site Managers	5.25	\$201,954	\$138,328	\$340,282			\$340,282				\$340,282
Meals Coordinator	1.5	\$47,916	\$38,255	\$86,171			\$86,171				\$86,171
Money Management Program	1	\$47,146	\$46,150	\$93,296			\$93,296				\$93,296
Senior Corp - Admin Assistants	2	\$80,927	\$54,931	\$135,858			\$135,858				\$135,858
Trainer	4	\$248,942	\$140,617	\$389,559			\$389,559				\$389,559
Veterans Services Eligibility	1.81	\$46,546	\$26,560	\$73,106			\$73,106				\$73,106
Extra Hire	3.75	\$164,978	\$54,726	\$219,704			\$28,750	\$190,954			\$219,704

Executive Director

General Administration

Community Services Programs

Senior and Disability Services Program Director

Community and Economic Development

Contracts Administrator

Facilities Supervisor

Benton County Veterans Program

Senior Corps Supervisor

Program Support Supervisor

Case Management Supervisors

Albany Area Metropolitan Planning Organization Manager

Community and Economic Development Planner

Finance Director

Human Resources Manager

Money Management Program

Stand by Me Program

In-Home Supervisor

Community Based Facilities / Adult Protective Services Supervisor

Loan Officer

Corvallis Area Metropolitan Planning Organization Director

Senior Accountant

Technology Services

Meals on Wheels Program Supervisor

Medicaid Program Manager

Eligibility Supervisor

Ride Line Brokerage

Toledo Program Supervisor

Program Supervisor

Program Supervisor

Oregon Cascades West Council of Governments Organization Chart

2021 OCWCOG Board of Directors

LINN COUNTY

**Sherrie Sprenger*
Commissioner, Linn County
Term Ends:

Alex Johnson
Mayor, Albany
Term Ends: 12/31/2024

Don Ware
Mayor, Brownsville
Term Ends: 12/31/2022

Jerry Gillson
Councilor, City of Halsey
Term Ends: 12/31/2020

Mike Caughey
Councilor, City of Harrisburg
Term Ends: 12/31/2024

Wayne Rieskamp
Councilor, City of Lebanon
Term Ends: 12/31/2022

**Jim Lepin (VICE-CHAIR)*
Mayor, Millersburg
Term Ends: 12/31/2021

Debbie Nuber
Councilor, Scio
Term Ends: 12/31/2022

Greg Mahler
Mayor, Sweet Home
Term Ends: 12/31/2022

Carol Korn
Councilor, Tangent
Term Ends: 12/31/2024

BENTON COUNTY

**Pat Malone (Treasurer)*
Commissioner, Benton County
Term Ends: 12/31/2022

**Alan Rowe*
Councilor, Adair Village
Term Ends: 12/31/2022

Biff Traber
Mayor, Corvallis
Term Ends: 12/31/2022

Vacant
City of Monroe

Chas Jones
Mayor, Philomath
Term Ends: 12/31/2024

(*indicates Executive Committee)

LINCOLN COUNTY

**Claire Hall (CHAIR)*
Commissioner, Lincoln County
Term Ends: 12/31/2024

Robert Kentta
Treasurer, Confederated Tribes of
Siletz Indians
Term Ends: 12/31/2022

Joyce King
Councilor
City of Depoe Bay
Term Ends:

Riley Hoagland
Councilor, Lincoln City
Term Ends: 12/31/2024

**Dean Sawyer*
Mayor, Newport
Term Ends: 12/31/2022

Gil Sylvia
Commissioner, Port of Newport
Term Ends: 06/30/2023

Vacant
City of Siletz

Rod Cross
Mayor, Toledo
Term Ends: 12/31/2022

Greg Holland
Mayor, City of Waldport
Term Ends: 12/31/2024

Leslie Vaaler
Mayor, City of Yachats
Term Ends: 12/31/2023

OCWCOG SENIOR AND DISABILITY SERVICES 2021 DISABILITY SERVICES ADVISORY COUNCIL



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Lee Lazaro, Vice Chair

Allison Hobgood

Lincoln County

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Linn County

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Carolyn Mendez-Luck

Robynn Pease

Richard Montgomery

Lincoln County

Doris Lamb

Bill Turner

Linn County

Mitzi Naucler

Appendix C – Public Planning Process

Area Plan Committee: Our Area Plan review committee consisted of staff and advisory council members. Planning, development and review meetings were held monthly. Community needs assessments included, surveys, forums, and a public hearing.

Elder Rights Protection Roundtable: Senior and Disability Services conducted a roundtable discussion held on February 4th, 2020 with advisory council members, Adult Protective Services and community partners. Service gaps and issues identified were used in structuring the Area Plan goals and objectives.

Transportation Roundtable: A roundtable listening session was held on February 24th, 2020 to discuss deficiencies consumers experience around transportation. Representatives at the table included Community and Economic Development (CED), Samaritan Health Services, Senior Corps Program, City of Albany, City of Corvallis, Linn County, and Lebanon, Albany and Newport Senior Centers. Priorities identified were servicing rural clients, program funding, RideLine transportation, and utilization of volunteer programs. Goals and objectives identified are included in the 2021-2025 Area Plan.

Nutrition Roundtable: On March 5th, 2020, SDS held a roundtable discussion at the Meals on Wheels meal site in Corvallis. Community partners from around the region gathered to collaborate and identify gaps around nutrition within our communities. Priorities identified are included in the Nutrition goals and objectives. Stakeholders agreed to a continuum of quarterly meetings addressing the goals, objectives and future needs. Due to COVID these in-person meetings were cancelled.

Public Hearing: Senior and Disability Services conducted an online Zoom, Public Hearing on January 14th, 2021 to introduce the 2021-2025 Area Plan recommendations to the community. Public announcements were published in four newspapers across the tri-county area along with Facebook announcements and e-invites to community partners and surrounding agencies. Five committee members attended.



Senior and Disability Services

1400 Queen Ave SE • Suite 206 • Albany, OR 97322
(541) 967-8630 TTY/Voice • 1-800-638-0510 TTY/Voice

203 N Main St • Toledo, OR 97391
(541) 336-2289 • (541) 336-8103 TTY/Voice • (800) 282-6194



Area Agency on Aging

Appendix D Final Update from 2017-2020 Area Plan

With the support of the Oregon Cascades West Senior and Disability Services Advisory Councils, the Senior and Disability Services (SDS) department was successful in meeting many of the goals and objectives outlined in its 2017-2020 Area Plan. As part of our preparation for the 2021-2025 Area Plan, SDS is reflecting back on those accomplishments as well as identifying areas where improvement could have been made or we fell short of our goals.

Family Caregiver

Family Caregiver Program recipient numbers continue to grow in all three counties with funding provided toward caregiver support and recognition increasing as well. The goal of increasing the number of family caregivers that are raising grandkids who access supports has increased slightly, with hopes that trend will continue as we build relationships with school systems. Harder, has been increasing the number of caregivers for LGBTQ people who are accessing support. This is an area we would like to continue to focus on.

Elder Rights and Legal Assistance

Despite a 28% increase in the number of investigations assigned to the Adult Protective Services (APS) team over the last four years, investigations continue to happen in a thorough and timely way, with 99% of reports being submitted within State required timelines. The increased number of calls received by the APS screeners is a sign of the success of the team in meeting the goal of increasing outreach and bringing more awareness about abuse and neglect to our communities.

Health Promotion

Over the last four years we have continued to provide financial support for several Evidence Based Health Promotion Programs operated by a variety of community partners across the three county region. These include the addition of Wisdom Warriors, provided through a contract with the Confederated Tribes of the Siletz Indians, and the Better Bones and Balance Class through the Mid-Willamette Valley YMCA.

Launching Evidence Based programs related to isolation and loneliness or dementia related diseases did not happen, but other courses of action took place in the form of increased referrals to other resources such as the Senior Loneliness Line and the Alzheimer Association.

Native American Elders

Much progress has been made in more fully developing our relationships with the Tribes and supporting Native American Elders. Highlights of this work over the last year include:

- SDS involvement and attendance at quarterly Meet and Greet events between Area Agency on Aging and Title VII staff.
- Regular participation of two Siletz staff members in our Advisory Council meetings.
- Financial support provided for Tribal Elder events such as the Elder Days conference.
- Supporting staff from the Coos, Lower Umpqua, and Siuslaw Tribes in Lane County in providing food for homebound Elders during the COVID 19 pandemic.

Gaining a more frequent audience with tribal Elders remains difficult, but continues to be something we strive for.

Nutrition Services

We have exceeded the goal of maintaining current service levels for the Meals on Wheels program over the last four years and actually are serving larger numbers every year. Most significant is the jump in numbers this spring because of COVID 19. We do not have a waiting list for receiving meals. Ongoing sustainable funding of the program is always a concern, but more importantly the aging out of our volunteer base will need to be addressed in the next Area Plan.

Areas Outside of the identified Goals and Objectives

A media campaign for Older Americans Month was completed with ads placed in local newspapers highlighting the Older Americans Act and the programs it supports in the community. These ads will be put into poster form for posting in locations around the region such as doctor offices and senior centers.

We continue to gather data and input for the next Area Plan, including info collected through these four surveys:

- Medicaid Participant Survey – developed by the Care Planning Committee
- Consumer Survey - Oregon Project Independence
- Survey of Family Caregivers
- Survey to community partners who work with underserved minorities, specifically, Tribal members, Latino, and LGBTQ populations.

Three well attended roundtable discussions were hosted by SDS, inviting community partners and stakeholders to discuss the topics of food security, transportation, and Elder Justice as they relate to the creation of the next Area Plan.

Advocates attended events at the Capitol and appealed to Legislators resulting in significant funding increases (\$5 million locally) aimed at reducing caseloads.

The first ever summit bringing SSAC and DSAC members together was held with representatives of all regional Senior/60+ facilities attending. We plan on this being an annual event where we can have conversations on how to work more collaboratively and adapt programs so to better align with the needs of today's aging adult.

Continuity of Operations (COOP) and Emergency Protocols



Oregon Cascades West Council of Governments
1400 Queen Ave., SE
Albany, OR 97322

Updated: 11/2020

Introduction

This document contains the Continuity of Operations (COOP) plan for Oregon Cascades West Council of Governments (OCWCOG). It is the document containing the information needed to post-interruption decision-making and the agency's response to any disruptive or extended interruption of the organization's normal operations and services. This plan outlines an action plan appropriate for our clients, employees, and visitors in the event of an emergency. This plan identifies natural and man-made emergencies that may impact our operations as well as the community. It details the response procedures that should be followed in case of an emergency.

Purpose

The COOP plan is to be used as a guide whenever an event results in prolonged disruption of services provided by OCWCOG. Some examples include but are not limited to:

- Fire or other damage to the building
- Natural disasters such as earthquakes, flood or volcano
- Chemical Event
- Temporary loss of significant number of staff
- Damage or interruption to utilities, computer or telephone systems

Applicability and Scope

This Plan is based on a short-term (less than five business days) closure. If closure is for an extended period of time, all functions will resume operation as quickly as possible at a new and previously identified temporary long term location.

A copy of this Plan is to be maintained by all OCWCOG managers and at each worksite. A backup copy of this Plan will be kept offsite by the Executive Director, the Deputy Director, and the Program Directors.

All OCWCOG employees have received a copy of the OCWCOG Employee Office Safety and Protection Guide. This guide is to assist employees in dealing with the emergency at-hand and the safety of building occupants. If the building cannot be used, the OCWCOG Business Continuity Plan will be used.

The succession of events in an emergency are not predictable, hence, published support of operational plans will serve only as a guide and checklist, and will require modification during an event to meet the requirements of the emergency. Flexibility and rationality are keys to successfully managing and emergency. Our organization stresses human safety above material loss at all times.

The following people have been designation as the OCWCOG Continuity Planning Team.

Continuity Planning Team	
TBD	Toledo
Curtis Nelson	Corvallis
Ryan Schulze	Albany
Randi Moore	Albany
John Haytas	Albany
Sue Forty	Albany
Ryan Vogt	Albany

Guiding Principles and Assumptions

- Every incident will be different, both in severity and in length of impact. The response needs to be flexible and meet the needs of the incident.

- Safety of staff and clients is the first goal, though efforts will be made to minimize damage to property.
- Responses will be made in cooperation with local emergency authorities and organizations according to the Linn-Benton Vulnerable Populations Emergency Plan. Assistance will be available from outside our tri-county area through mutual aid agreements with County, State and Federal emergency services.
- Documentation of the event and all steps taken, decisions made, and funds expended are very important.
- Every event is stressful on all employees. If the response is likely to last more than a couple of days, plans should be made to rotate staff to allow for periods of rest.
- A major disaster event will likely affect the lives of many Linn, Benton and Lincoln County agency employees limiting, or preventing, them from performing shelter and care activities.
- A major disaster will likely result in loss of utilities, communication systems, and transportation systems making evacuation to mass care facilities difficult and may limit which mass care facilities can be used.
- Experience has shown that a high percentage of evacuees will seek lodging from friends or relatives rather than go to facilities during minor events or localized conditions.
- Additional services, including the care of special needs groups and crisis counseling, will be required from our agency.
- Many residents, especially those with special medical needs, may assume there will be local resources available to rescue them. Medically-fragile clients may not have access or transportation to regular services such as dialysis, oxygen or chemotherapy.
- Patients who normally receive home healthcare services may need to be accompanied by a caregiver to a shelter. In such cases, the

caregiver should be transferred with the evacuee and permitted to remain with that person as the caregiver is able.

Activation of Plan

Decision Process

The Executive Director, or successor if the Executive Director is not available, will make the decision whether or not to implement the COOP. Communication of decisions will flow from the Executive Director to the Program Directors. Program Directors will be responsible for communicating to their unit Managers or designated staff and on down to their assigned staff. Section 2 of this Plan further describes the agency communication protocol.

Orders of Succession

Succession for the Agency will take place in the event the Executive Director is unavailable, debilitated, or incapable of performing their legally authorized duties, roles, and responsibilities.

Successors
Sue Forty, Finance Director
Randi Moore, Senior and Disability Services Director
Ryan Schulze, Human Resources

Succession of each Department for the purpose of continuing operations is as follows:

PROGRAM	PRIMARY STAFF PERSON	FIRST BACK UP PERSON	SECOND BACK UP PERSON
Senior & Disability Service	Randi Moore	Amy Peer	Rachel Nowak
CED	Ryan Vogt	Nick Meltzer	Danny Magana
Tech Services	John Haytas	Laura South	Jacob Blinn
Human Resources	Ryan Schulze	Rebecca Gibbons-Yardley	Tiffani Baker
Finance	Sue Forty	Janet Cline	Kristi Nofziger

Each Program Director will also have a succession plan for each office. The Program Directors will communicate this plan with their Unit Management Team.

Employees are encouraged to have individual and family emergency plans. Being prepared themselves will keep them better equipped to help others in the event of an emergency. It is recommended to keep a five-day kit, stocked with food, water, blankets and other supplies.

Communications

Oregon Cascades West Council of Governments is registered with the Linn-Benton ALERT Emergency Notification System and with the Reverse 9-1-1 alert system in Lincoln County. If an event has been reported, the Executive Director will contact the appropriate county's Emergency Management program through the Sheriff's office to verify. A list of Emergency Resources can be found in the Appendices of this document.

Once the event has been verified, the following communications plan will be used:

Employees

During an event, we will assess which means of communication are still available to us, and use the means closest in speed and form to the means that we have used in the past to communicate with the staff.

All OCWCOG managers, including the Facilities Maintenance Coordinator and the Network Operations Specialist, are required to maintain a cell phone for emergency contact purposes. Human Resources (HR) provides an updated emergency after-hours contact list to each person required to maintain a cell phone.

The Human Resources Manager will also provide an updated employee contact list to unit managers on a monthly basis.

Communication decisions will flow from the Executive Director to the Program Directors. Program Directors will be responsible for communicating to their unit Managers or designated staff and on down to their assigned staff.

The Executive Director will serve as the Public Relations Officer at an emergency scene. Only the Public Relations Officer (or a representative designated by the Executive Director) will provide statement to media

personnel. Not all employees will have all of the pertinent information; therefore, employees will be instructed not to release any information to media personnel, and to provide “no comment” when approached for information by any member of the media.

The on-site Supervisors have been designated as Building Evacuation Supervisors. The Evacuation Supervisors will assist employees as needed during an evacuation, and will take a head count of all employees in the building at the time.

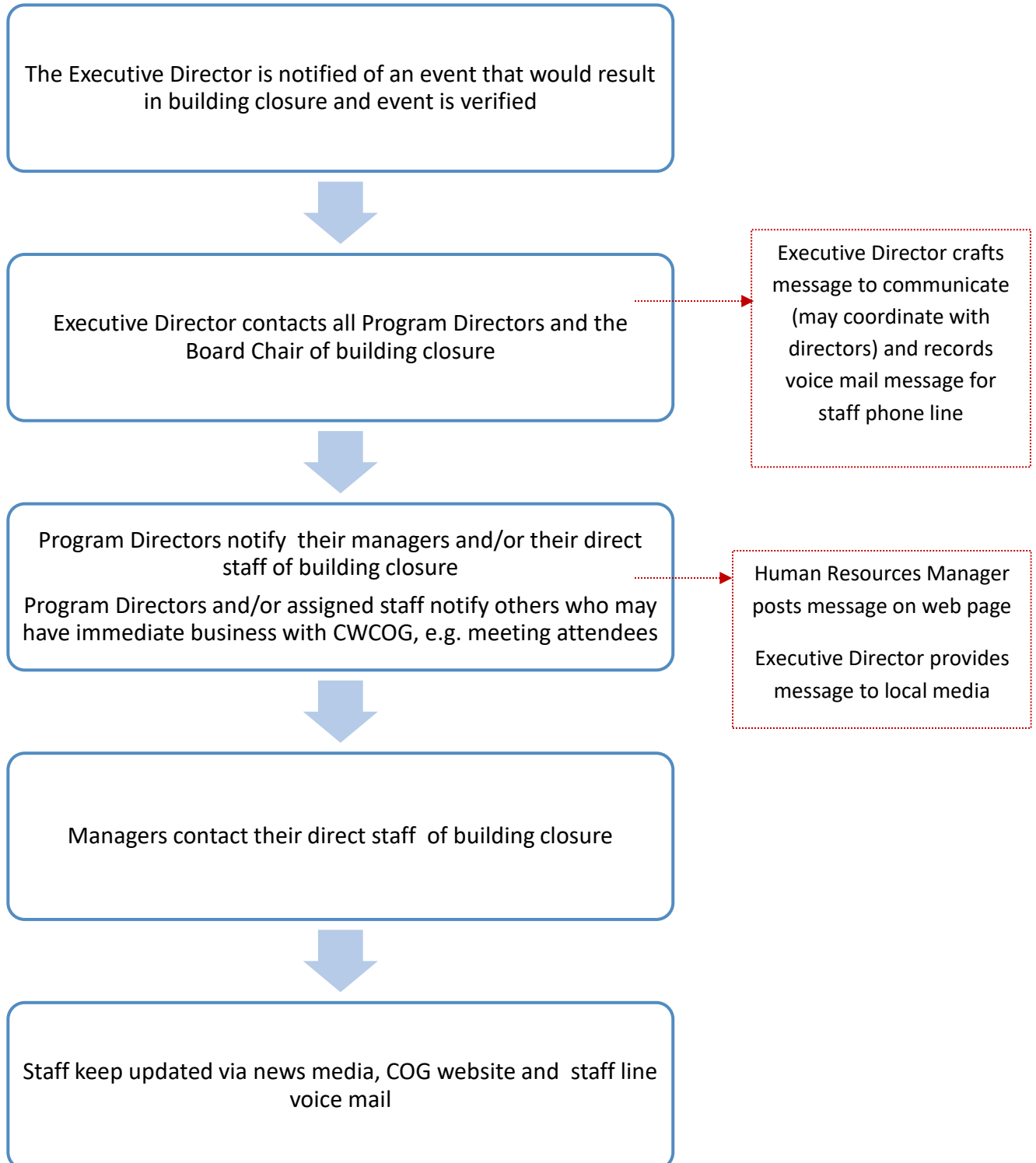
External internet based communications will be posted by HR or Technology Services staff. OCWCOG is registered with FlashAlert News Wire, which notifies all television, radio stations, and newspapers within the Albany/Corvallis, Eugene/Roseburg, and Portland/Salem (includes Lincoln City and Newport) of any business continuity information that needs to be communicated to OCWCOG employees. The HR Manager is responsible for providing the necessary information to FlashAlert News Wire. If the HR Manager is not available, another assigned OCWCOG Continuity Planning Team member will contact FlashAlert.

If phone service to the affected worksite has not been obstructed, voicemail instructions will be recorded on the following Staff Information Lines:

Albany/Corvallis Staff Line	541-924-8434
	1-888-777-5960
Toledo Staff Line	541-336-2289
	1-800-354-1095

If an event should result in a building closure, the following chart illustrates the agency flow of communication.

Agency Flow of Communication



Communications to OCWCOG clients/customers and other people we do business with is as follows:

Clients/Customers

In the event that any of the OCWCOG buildings are closed to the public, information will be posted on the external website by HR or Technology Services staff. Information will also be communicated to the public via FlashAlert News Wire, which notifies all television, radio stations, and newspapers within the OCWCOG service areas. The HR Manager, in coordination with appropriate department Directors will be responsible for posting information on FlashAlert News Wire.

If feasible, information and instructions for our consumers will be posted by the OCWCOG Primary Responders on the outside doors of each affected worksite.

Shared Resource Organizations

In the event that any of the OCWCOG buildings are closed to the public and/or business services suffer interruption, other agencies should be notified and kept informed. The appropriate Program Directors, or assigned staff, will be responsible for communicating the status of OCWCOG operations with them. Shared resource organizations are found in the Appendices of this document.

Disaster Detection and Determination

Should there be an event that would potentially cause any of the COG buildings to be inaccessible, a primary responder will be responsible for assessing the building and reporting to the Executive Director. Designated Primary Responders are as follows:

Albany Building: **Facilities Maintenance Coordinator** and/or assigned back-up

Toledo Building: **Senior & Disability Services Program Manager** and/or assigned back-up

Corvallis Building: **Senior and Disability Services Director** and/or assigned back-up

Each Primary Responder will have an assigned backup should they be unavailable to assess their assigned building.

Each building has a Vendor Reference Manual that will provide contact information of building contractors. A list of primary vendor contacts is provided in the Appendices of this document.

Should an event happen that could potentially compromise any of the OCWCOG facilities, the Executive Director will verify the event and then contact the appropriate Primary Responder for that building. The Primary Responder will assess the building using an assessment check-off list to determine damage and/or safety concerns and report back to the Executive Director.

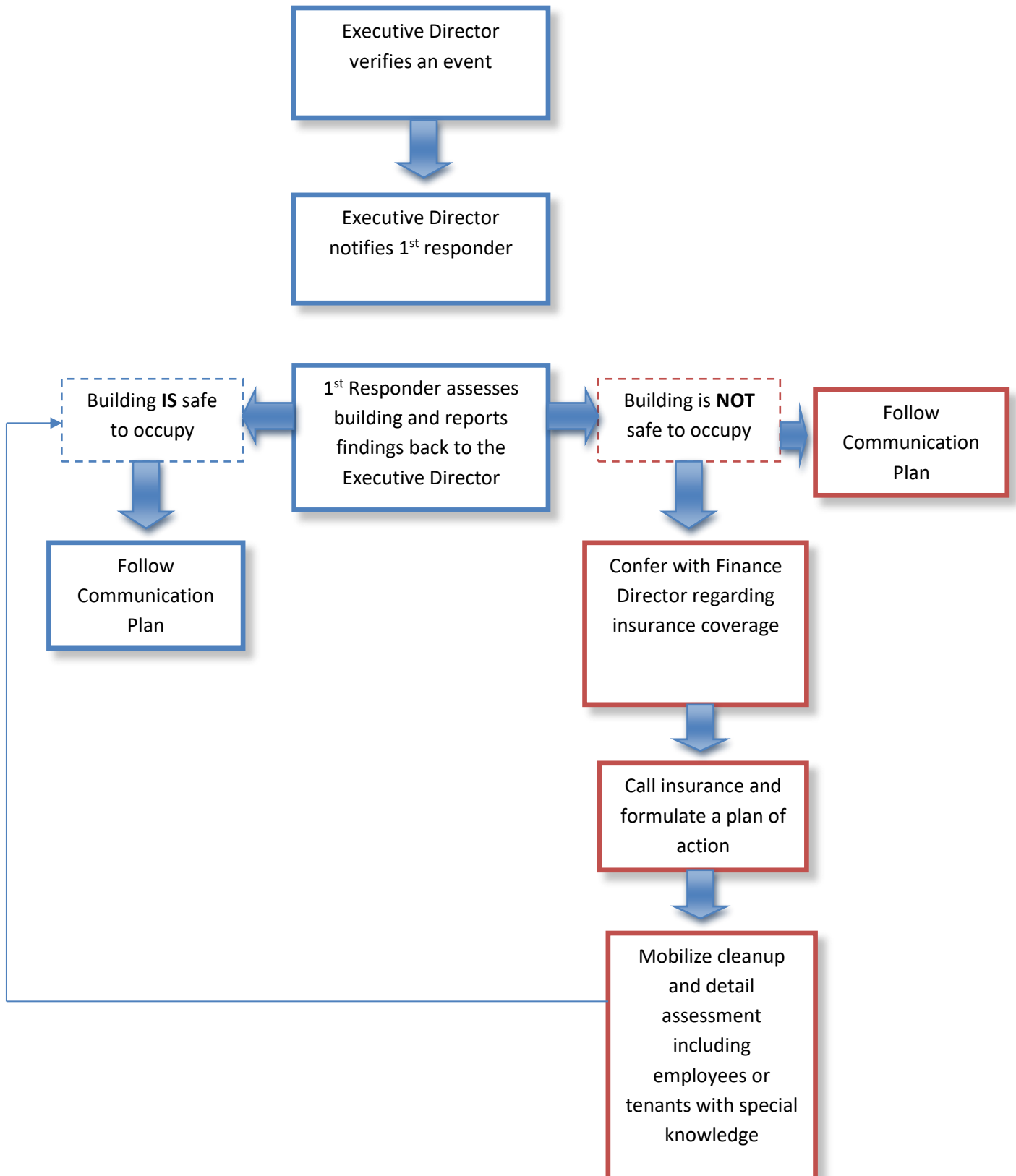
If the building is found safe to occupy, staff will follow the Communication Plan outlined in Section 1 of this manual.

If the building is not safe to occupy, staff and tenants will be notified per the Communication Plan. The Primary Responder and/or the Facilities Maintenance Coordinator will confer with the Finance Director regarding

insurance coverage. The Facilities Maintenance Coordinator will contact the insurance company to formulate a plan of action to mobilize cleanup and detail. A copy of City County Insurance Services' Claim Procedure can be found in the Appendices of this document. The Facilities Maintenance Coordinator will notify the appropriate vendors, and employees and building tenants who have the expertise needed to regain building operations.

The following flow chart illustrates detection and determination.

DISASTER DETECTION AND DETERMINATION FLOW CHART



Types of Hazards

Electrial Fire Hazards

Electrical system failures and the misuse of electrical equipment are the leading causes of workplace fires. Fires can result from loose ground connections, wiring with frayed insulation, or overloaded fuses, circuits, motors or outlets.

To prevent electrical fires, employees should:

- Replace worn wires.
- Use appropriately rated fuses.
- Do not use extension cords as substitute for wiring improvements.
- Use only approved esxtension cords.
- Check wiring in hazardous locations where the risk of fire is especially high.
- Check electrical equipment to ensure it is properly grounded or double insulated.
- Ensure adequate spacing while performing maintenance.
- Do not overload curcuits with office equipment.
- Turn off nonessential electrical equipment at the end of each workday.
- Keep storage areas and walkways clear.
- Do not let trash and recycling accumulate.

General Fire Prevention and Procedures

Fire prevention is everyone's responsibility. Unsafe practices shall not be tolerated. The following safe practices are required of all staff members.

- Flammables and combustibles will not be stored near heaters, electrical appliances or other potential sources of ignition.
- Smoking is prohibited in public places and places of employment, which means smoking is prohibited in all OCWCOG buildings and within fifty (50) feet of a service line that extends out of doors.
- Do not block potential escape routes.
- Any gasoline, kerosene or cleaning solvents which must be stored inside, must be stored in an approved container with identifying information readily visible.

Administrators shall present basic fire prevention training to all employees upon employment, and shall maintain documentation of the training. Portable extinguishers shall be maintained in fully charged and operable condition. Maintenance staff will provide upkeep of fire alarms and sprinkler systems throughout our facilities. All persons in their respective buildings need to know how to get out of the building in the event of a fire or other emergency. Fire exits should be clearly marked, identifiable and continually up kept by maintenance staff. In the event of an emergency, stairs should be used as preference to elevators.

Medical Emergencies

Major medical emergencies can include an array of conditions such as a fall, burns, choking, heart attack, poisoning, severe bleeding or stroke.

How to respond:

- Quickly assess emergency situation.
- Check for any additional immediate danger.
- Seek professional medical help as soon as possible.
- Avoid moving an injured person unless absolutely necessary.
- Wait until medical help arrives.

- Do not provide first aid or CPR unless you have been trained.

Natural Disasters

Hurricane

High winds, flooding and flying debris resulting from hurricanes can be extremely dangerous. Hurricanes typically affect coastal areas such as Lincoln County, but can also inflict damage far inland. A hurricane watch is issued when threat hurricane conditions are expected within 24-36 hours. A hurricane warning is issued when hurricane conditions are expected within 24 hours or less. The hurricane season typically lasts from July through November.

How to Respond:

1. It is essential that all employees stay indoors throughout the entire hurricane. During the peak of the storm for maximum protection, it is suggested that employees close doors and remain in hallways and/or spaces farthest from windows.
2. Employees should remain away from dangerous areas, such as glass windows.
3. Do not attempt to open windows or doors to see what is happening outside.
4. Employees should report all accidents, injuries, broken windows, or excessive water to a supervisor.
5. Telephone calls should be made only in case of emergency.
6. Keep in mind that everything is calm when the eye of the storm passes overhead. Do not venture outside, as the second half of the storm will follow shortly.
7. Do not use fire stairs to go to an adjacent floor where the elevator will be shut off. Do not go outside.

Tsunami

A tsunami can cause major damage and loss of life along coastal areas, such as Lincoln County. Traveling at speeds of up to 500 miles per hour, a tsunami wave can be among the most powerful destructive forces on Earth. These waves typically occur as a result of earthquakes giving little or no warning for nearby shorelines.

How to Respond:

1. Listen to broadcasts that keep citizens up to date of potential tsunami situations. National Oceanic and Atmospheric Administration weather radios are especially helpful in sending out immediate warnings and instructions. Local news stations are typically quick to respond and get the message out to the people in their listening area.
2. Listen carefully to instructions and follow them in order to remain as safe as possible until the all clear has been issued for your area.
3. Move away from the shoreline and seek higher ground and stay there. Tsunamis are not a single wave, but are instead a series of waves that are unpredictable. Do not return to low ground until the all clear signal has been given.

Earthquake

One of the most destructive phenomena of nature is an earthquake. An earthquake is a sudden, rapid shaking of the Earth, caused by the breaking and shifting of subterranean rock as it releases strain that has accumulated over a long period. This is followed by aftershocks.

How to Respond:

1. React quickly, but stay calm.
2. Move away from windows. Duck and cover or stand securely in a doorway to avoid falling debris.
3. Do not use elevators or stairs until identified as safe.

4. Expect fire alarms and sprinklers to activate.

Flood

Floods are the most common hazard for our tri-county area. Flooding can happen gradually or in an instant. Flash floods usually occur within a few minutes or hours of excessive rainfall or sudden rush of water held by an ice jam. Flash floods often have a dangerous wall of roaring water carrying rocks, mud and other debris. Overland flooding, the most common type of flooding, typically occurs when waterways such as rivers or streams overflow their banks as a result of rainwater. It can also occur when rainfall or snowmelt exceeds the capacity of underground pipes, or the capacity of streets and drains designed to carry flood water away from urban areas.

How to Respond:

1. Turn off main switches or valves if instructed to do so. Disconnect electrical appliances. Do not touch electrical equipment if you are wet or standing in water.
2. Keep a safe distance from flooded water. Avoid walking through moving water. Any amount of flooded water can cause a fall. If you have to walk through water, walk where the water is not moving. Use a stick to check the firmness of the ground in front of you.
3. Do not drive into flooded areas. If floodwaters rise around your car, abandon the car and move to higher ground if you can do so safely. You and the vehicle can be swept away quickly.
4. Do not camp or park your vehicle along streams, rivers, or creeks, particularly during threatening conditions.

Severe Winter Storm

A winter storm watch means severe weather is possible. A winter storm warning signals that severe winter weather is expected. A blizzard warning signals severe weather with substantial winds is expected. A Traveler's Advisory means that conditions may make driving unsafe. In some instances during extreme weather or other emergency conditions

OCWCOG may close operations. SDS will notify employees if evacuation is necessary.

Bomb Threat

Anyone who receives a bomb threat should adhere to the following procedures in the order shown.

1. The person receiving the threat should remain calm and attempt to obtain as much information as possible from the caller.
2. Call 911. Give your name, location and telephone number. Inform the responder of the situation, reporting the exact words of the threat including information you may have as to the location of the threat, time of the threat and time you received the call. Emergency personnel will handle the evacuation if necessary upon their arrival.
3. Do not evacuate the building and do not sound the alarm, but wait for further instruction. Authorities will be responsible for necessary evacuation of buildings.
4. If you should spot something out of the normal that appears suspicious, report it to your supervisor. Under no circumstances should you touch, tamper with, or move objects that look out of place or confront persons acting suspicious.
5. Immediately cease the use of all wireless transmission equipment.
6. Record conversation if at all possible.
7. If the building is evacuated, move as far from the building as possible.
8. Keep the street, fire landings, hydrants and walkways clear to emergency vehicles and crews.
9. Do not return to the building until told to do so by emergency personnel.

Essential functions

Essential functions are those organizational functions and activities that must be continued under any and all circumstances.

OCWCOG has identified the following functions as essential and are those that cannot suffer interruption for more than 12 hours.

Priority	Essential Functions
1	Case Management
2	Meals on Wheels
3	In-home client health and safety check
4	Medical transportation through RideLine
5	Adult Protective Services

Each program has established protocols for emergency situations.

Technology Services

In the event the network has been compromised, the following protocol will be used in order to retain network services as quickly as possible:

- If the Albany building is not accessible, Technology personnel are to report to the Corvallis office in order to carry out their assigned functions to get the network operational.
- Should the Corvallis office also be inaccessible, the Technology Services Director will contact the Philomath Police Department in order to set up an offsite office. The Network Operations Specialist will report to the Toledo office.

- The first priority for Technology Services is to establish phone communications followed by remote access to the agency network through an operational office. Secondary tasks will involve restoring agency data and critical services such as the Transportation Brokerage, Springbrook, and Oregon Access.
- Photos of the server room equipment and its location are included as a part of this Plan. Should emergency personnel be able to access the building, the Technology Services Director, or designee, will remove critical equipment, such as hard drives and backup tapes, if feasible.
- The State Department of Human Services (DHS) will be contacted to allow staff to access Oregon Access and other State programs from alternate locations.

A list of pertinent Technology Services Vendor information is provided in the Appendices of this document.

Telephones/Voice Mail

All phone and fax lines can be forwarded to locations where a telephone line exists. This includes forwarding to cell phone numbers. Phone lines can be forwarded immediately through an Internet control interface that Technology Services staff has access to or by calling the phone provider. In the event the Internet is no functioning and a phone provider has to be called, expect up to 72 hours before the forwarding takes effect, although the published agency numbers can typically be forwarded within 4 hours. The published numbers are:

Albany: 541-967-8720 (GA), 541-967-8630 (SDS), 541-967-8551 (CED)

Corvallis: 541-758-1595

Toledo: 541-336-2289

In addition, toll-free numbers can be forwarded to different phone numbers by calling the phone provider. Agency voicemail is provided by one server located in the Albany office. In the event this server is inoperable, the phone provider can provide voicemail service on the published phone lines within 72 hours.

Computer and Remote Access

The majority of the OCWCOG management team has been set up through Technology Services with remote access to the agency network. In the event the building(s) is not accessible, and the network has not been compromised, the Program Directors and Managers with remote access, can access emails and critical files and information stored on the network from their home or another location.

Computer connectivity priorities have been established as follows:

Priority	Program
1	OBBS (Brokerage)
2	Senior and Disability Services
3	ADRC
4	Veteran's Services
5	General Administration
6	LMS (Lending)

VITAL RECORDS MANAGEMENT

Critical records of the agency have been identified in order for the continuation of business. Records required for business success, legal reasons, regulatory agency, and/or to support recovery efforts are listed to the extent possible. How records are stored and how they may be accessed are as follows:

Federal Records

Vital File, Record or Database	Form of Record (e.g., hardcopy, electronic)	Pre-positioned at Alternate Location	Hand Carried to Alternate Location	Backed up at Third Location
Program Management				
Receipt of Fed Funds				
Federal Grants	Electronic	Feds		
CFDA Numbers	Electronic			
SBA Loans		CWFS		
USDA/RDF 133&4				
EDA/RLF		LMS & Auditors		
EEOC Reports	Electronic	Department of Labor		
I-9's	Hard copy			

Emergency Operations Records

Vital File, Record or Database	Form of Record (e.g., hardcopy, electronic)	Pre-positioned at Alternate Location	Hand Carried to Alternate Location	Backed up at Third Location
Emergency Continuity of Operations Plan (COOP)	Hard copy and electronic	All Program Directors		
Staff contact and assignment information	Hard copy and electronic	Program Directors and Management Team		X
Orders of succession and delegations of authority	Hard copy and electronic	Included in COOP		
Agency Insurance Information	Hard copy	Barker Uerlings & CIS		
Policy, procedural and systems manuals	Hard copy and electronic			
List of credit card holders to purchase needed supplies	Electronic	US Bank		

Rights and Interest Records

Vital File, Record or Database	Form of Record (e.g., hardcopy, electronic)	Pre-positioned at Alternate Location	Hand Carried to Alternate Location	Backed up at Third Location
Agency Bylaws	Hard copy & electronic			
Articles of Agreement	Hard copy and electronic			
Articles of Incorporation	Hard copy in fire proof file cabinet			
Board Resolutions	Hard copy and electronic			
State & Federal Employer Identification Number Authorization	Hard copy in fireproof safe			
Audit Reports	Hard copy and DVD in fire proof safe			
Adopted Budgets	Electronic			
Payroll and Accounts Receivable	Electronic	Springbrook		

Vital File, Record or Database	Form of Record (e.g., hardcopy, electronic)	Pre-positioned at Alternate Location	Hand Carried to Alternate Location	Backed up at Third Location
Personnel Files	Hard Copies			
Client Records	Electronic	State of Oregon DHS		
COG Inventory	Hard copy and electronic			
Titles, deeds, and contracts	Hard copies in fire proof safe			

COOP Planning Responsibilities

All OCWCOG managers are designated as Emergency Relocation Team (ERT) personnel. The team members are responsible for ensuring that the elements of this Plan are activated and followed by providing leadership in a calm manner to enable the continuation of mission critical functions.

OCWCOG recognizes the importance of taking care of family first in order to be available to then serve the agency. Employees must be sure that their family is safe and secure prior to reporting to work. Employees should develop a personal “go kit” that includes the items their families will need if they have to evacuate or shelter in place. As well, employees should have an office “go kit” that includes the employee’s contact information.

The following table reflects COOP responsibilities for the agency:

Responsibility	Position
Update COOP plan annually.	Executive Director, Program Directors, and HR Manager
Update telephone rosters monthly.	HR Manager
Review status of vital files, records, and databases.	Tech Services and Operations Director, Finance Director, other Program Directors as appropriate
Conduct alert and notification tests.	HR Manager in coordination with the Program Directors
Develop and lead COOP training.	HR Manager
Plan COOP exercises.	HR Manager in coordination with the Program Directors

Test, Training, and Exercises

Training will be provided to all OCWCOG managers, and key personnel, in order to ensure consistent application of the Plan, when a crisis occurs, for continuity of operations.

- The Continuity Planning Team and key personnel will test the Plan to confirm whether or not procedures, processes, and systems function as intended.
- Managers will train their staff to ensure that all personnel know what to do, how to do it, and when it should be done during an emergency.

Designated managers will complete an After-Action Report regarding any emergency incidents. The Continuity Planning Team will review and analyze the data from the After-Action Reports to determine if there are any areas of improvement needed for the OCWCOG Business Continuity Plan.

COOP Plan Maintenance

Our Continuity Planning Team will meet annually to review this document, Continuity of Operations and Emergency Protocol, for necessary updates and revisions. Key evacuation routes, roster and telephone information, as well as maps and room/building designations of alternate locations will be updated as changes occur.

EMERGENCY RESOURCES

Linn and Benton County

AGENCY	PHONE
Linn Co. Sheriff <i>Emergency Management</i>	541-967-3901
Benton C. Sheriff <i>Emergency Management</i>	541-766-6864
Linn County Public Health <i>Albany</i> <i>Lebanon</i> <i>Sweet Home</i>	541-967-3888 541-451-5932 541-367-3888
American Red Cross	541-926-1543

Lincoln County

AGENCY	CONTACT PERSON
Lincoln Co. Sheriff <i>Emergency Management</i>	541-265-0651
American Red Cross	541-265-7182
Reverse 9-1-1	9-1-1

State of Oregon

	CONTACT PERSON
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AGENCY	
OHA Public Health Division	971-673-1222

Radio Stations

STATION	PHONE NUMBER	CITY	RADIO DIAL
KRKT	541-917-0212 early am 541-926-8628 office FAX 541-928-1261	Albany	990AM/1240AM 1340AM 106.3FM/99.9FM
KSHO KGAL	541-926-8683 FAX 541-451-5429	Albany	920AM 1580AM
KHPE KWIL	541-926-2431 FAX 541-926-3925	Albany	107.9FM 790AM
KLCC	800-922-3682 541-463-6000	Eugene	89.7FM
KBCH	541-994-2181	Lincoln City	1400 AM
KNPT KYTE	541-265-2266	South Lincoln Co.	1310 AM 102.7 FM
KFIR	541-367-5115 –Steve (after 4:30am)	Sweet Home	720 AM
KORC	541-563-5100 FAX 541-563-5116 Email: bet8@korcam820.com	Waldport	820 AM

Appendix F List of Designated Focal Points

Serving Linn and Benton Counties

Senior and Disability Services
1400 Queen Avenue SE, Suite 206
Albany, OR 97322
Phone: 541-967-8630
Toll Free: 800-638-0510

Serving Lincoln County

Senior and Disability Services
203 N Main Street
Toledo, OR 97391
Phone: 541-336-2289
Toll Free: 800-282-6194

Linn County Meal Site Locations

- Albany Senior Center, 489 Water Avenue NW, Albany, OR 97321
- Lebanon Senior Center, 80 Tangent Street, Lebanon, OR 97355
- Mill City First Presbyterian Church, 236 SW Broadway Street, Mill City OR 97360
- Sweet Home Community Center, 880 18th Avenue, Sweet Home, OR 97386
- Brownsville Community Church, 198 Washburn Street, Brownsville, OR 97327

Benton County Meal Site Locations

- Corvallis Elks Lodge, 1400 NW 9th Street, Corvallis, OR 97330

Lincoln County Meal Site Locations

- Lincoln City Community Center, 2150 NE Oar Place, Lincoln City, OR 97367
- Newport Senior Activity Center, 20 SE 2nd Street, Newport, OR 97365
- Siletz Tribal Community Center, 201 SE Swan Avenue, Siletz, OR 97380
- Toledo Trinity Methodist Church, 383 NE Beech Street, Toledo, OR 97391
- Waldport South County Community Center, NW Hemlock Street, Waldport, OR 97394

Appendix G

Oregon Cascades West Council of Governments is a type B Medicaid Transfer Agency foregoing appendix G, Partner Memorandum of Understanding.

Appendix H Statement of Assurances and Verification of Intent

For the period of July 1, 2021 through June 30, 2025, Oregon Cascades West Council of Governments (OCWCOG), Senior and Disability Services (SDS) accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) (P.L. 114-144) and related state law and policy. Through the Area Plan, OCWCOG, Senior and Disability 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. OCWCOG, Senior and Disability 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 and 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 individuals at risk for institutional placement; d) older Native Americans; and e) older individuals with limited English proficiency.
- 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 OCWCOG, Senior and Disability 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.

Provide assurances that the Area Agency on Aging, in funding the State Long Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of Title III funds expended by the agency in fiscal year 2000 on the State Long Term Care Ombudsman Program.

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. OCWCOG, Senior and Disability 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.

Date

Director, OCWCOG, SDS

Date

Advisory Council Chair

Date

Legal Contractor Authority

Title



We want to hear from you!

Senior and Disability Services (SDS) manages services and programs that help older adults and people with disabilities in Linn, Benton, and Lincoln counties. Our goal is to provide exceptional customer service while working to help people stay healthy, safe, and independent. As one of our consumers, this is an opportunity for you to tell us how we are doing. Providing your feedback is voluntary and your responses will be kept confidential. Surveys can be completed and returned in the enclosed postage paid envelope OR electronically by visiting our website at: www.ocwcog.org and click the button "SDS Consumer Survey".

Please know that questions regarding staff apply to your SDS case manager, eligibility worker or support staff. We are not seeking feedback on your homecare worker, facility staff or anyone else that provides assistance in your home.

Please begin the survey by selecting the answer that best meets your experience. If you have any questions about the survey, please contact xxx.

- 1. How long have you been a consumer with Senior and Disability Services?**
 - a. Less than 6 months
 - b. Six months, up to 1 year
 - c. More than 1 year, but less than 5 years
 - d. Five years or more

- 2. Which of the following statements best describes your relationship with us?**
 - a. Receive medical and/or food benefits and work with an eligibility worker.
 - b. Receive services for physical care needs and have a case manager.
 - c. Both a. and b.
 - d. None of the above

- 3. What type of residence do you live in?**
 - a. House or Apartment
 - b. Assisted Living Facility
 - c. Adult Foster Home
 - d. Skilled Nursing Facility
 - e. Other: _____

- 4. How would you like to communicate with us? Select all that apply. Please note that not all of the options are available but may be offered, based on your feedback.**
 - a. Phone
 - b. Email
 - c. Text
 - d. In-person
 - e. Other: _____

- 5. In your experience, what is the hardest part about applying or reapplying for benefits? Select all that apply.**
 - a. Understanding the paperwork.
 - b. Gathering the documentation.
 - c. The process taking too long.
 - d. Sharing personal information and details.
 - e. None of the above.
 - f. Other: _____

6. The office locations that you have visited are:	Agree	Disagree
Conveniently located.		
Open the hours needed for your schedule.		
Safe and comfortable.		
Physically accessible.		
Have never been to any of the office locations.		

7. Do you find the staff you work with:	Agree	Disagree
Understand the programs.		
Are able to explain the programs to me in a way I understand.		
Take the time to listen.		
Respond to questions and concerns within 24 hours.		
Allow you to feel in control of the services received.		
Maintain confidentiality.		
Are friendly, courteous and respectful.		

8. When you need help:	Agree	Disagree
Staff are available and easy to contact.		
If staff are not able to help, they provide an explanation as to why they cannot.		
Staff provide suggestions for other agencies and services that provide assistance, if staff are not able to help you.		

9. Have you experienced any of the frustrations listed below? Select all that apply.

- Not clear what you're eligible for.
- Programs don't meet your needs.
- Staff take too long to get back to you.
- It's hard to understand the process.
- None of the above.

10. Have the services you received from Senior and Disability Services: Select all that apply.

- Allowed you to continue living in your home.
- Improved your quality of life.
- Given you the opportunity to better your health and well-being.
- None of the above.
- Other: _____

11. Please share any additional information or concerns that were not addressed in the survey.

Thank you for your feedback!

**Please return the completed survey in the enclosed postage paid envelope to:
 c/o Senior and Disability Services, Oregon Cascades West Council of Governments,
 1400 Queen Ave SE #201, Albany, OR 97322**

If you would like to be contacted to share your experience working with Senior and Disability Services, please provide your contact information below.

Name: _____ Phone: _____ Email: _____



We want to hear from you!

Oregon Project Independence (OPI) provides in-home assistance to older adults and people with physical disabilities in Linn, Benton, and Lincoln Counties as an alternative to Medicaid. Our goal is to provide exceptional customer service while working to help you stay in your home. As a valued consumer, we want to hear from you on how we are doing. Your feedback is voluntary and confidential. Surveys can be completed and returned in the enclosed postage paid envelope.

The following questions ask about your experiences with Oregon Project Independence (OPI) and your Case Manager. These questions are not about your Homecare Worker.

Please select the answers that best matches your experience with OPI. If you have any questions about the survey, please contact Kim Cooper at 541-812-1917.

1. How long have you been a consumer with OPI?

- Less than 6 months
- Six months, up to 1 year
- More than 1 year, but less than 5 years
- Five years or more

2. Which of the following statements best describes your relationship with us?

- Consumer receiving services.
- Family member of consumer receiving services.
- None of the above.

3. What is the age of the consumer that receives OPI services?

- Sixty years of age or older
- Less than 60 years of age

4. How would you like to communicate with us? Select all that apply. Not all of the options are available currently, but may be offered, based on consumer feedback.

- Phone
- Email
- Text
- In-person
- Mail
- Other: _____

5. How many hours of in-home assistance do you receive each week through OPI?

- Less than 4 hours per week
- Four hours, up to 8 hours per week
- More than 8 hours per week

6. Does the amount of in-home assistance provided by OPI meet your care needs?

- Yes
- No
- Other: _____

7. The services you receive from OPI include in-home assistance with: (Select all that apply.)

- Personal care, such as dressing, toileting, showering or grooming.

- Transfer to bed, chair, toilet, or wheelchair.
- Light housekeeping, such as dusting, vacuuming or laundry.
- Transportation to and from medical appointments, shopping or errands.
- Meal preparation and/or eating.
- Respite care.
- Other: _____

8. What equipment has OPI provided to meet your care needs? Select all that apply.

- Emergency pendant, such as Lifeline.
- Meal delivery service, such as Meals on Wheels.
- Medication management.
- Home modifications, such as grab bags, shower chairs or raised toilet seats.
- None of the above.
- Other: _____

9. What services or equipment do you need to meet your care needs that has not been provided?

10. In your experience, what is the hardest part about applying or reapplying for benefits? Select all that apply.

- Understanding the paperwork
- Gathering the documentation
- The process taking too long
- Sharing personal information and details
- None of the above
- Other: _____

11. Are you eligible to apply for Medicaid?

- Yes
- No
- Don't Know
- Other: _____

12. Have you chosen not to apply for Medicaid because:	Agree	Disagree
Application process is too complicated.		
The stigma of receiving government assistance.		
I don't think my care needs qualify for Medicaid.		
I want to leave my estate to my family.		

13. The office locations that you have visited are:	Agree	Disagree
Conveniently located.		
Open the hours needed for your schedule.		
Safe and comfortable.		
Physically accessible.		
Have never been to any of the office locations.		

14. The staff you work with:	Agree	Disagree
Take the time to listen.		
Respond to questions and concerns within 48 hours.		

Allow you to feel in control of the services received.		
Maintain confidentiality.		
Are friendly, courteous, and respectful		

15. When you applied for benefits:	Agree	Disagree
They were explained in a way that you understood.		
You were not eligible, but understood why.		
You were eligible, but the benefit was not enough.		
You were given other ideas and suggestions to meet your needs.		

16. Have you experienced any of the frustrations listed below? Select all that apply.

- Not clear what you're eligible for
- Programs don't meet your needs
- Staff take too long to get back to you
- The process is hard to understand
- None of the above

17. The services you received from OPI have: (Select all that apply.)

- Allowed you to continue living in your home
- Improved your quality of life
- Given you the opportunity to better your health and well-being
- None of the above
- Other: _____

18. Please share any additional information or concerns that were not addressed in the survey.

Thank you for your feedback!

**Please return the completed survey in the enclosed postage paid envelope to:
c/o Oregon Project Independence, Oregon Cascades West Council of Governments,
1400 Queen Ave SE, Suite 206, Albany, OR 97322**

Please provide your contact information below, if you would like to share more of your experiences with Oregon Project Independence.

Name: _____

Phone: _____

Email: _____