

# OREGON CASCADES WEST COUNCIL OF GOVERNMENTS

## AREA PLAN 2021-2025



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



**OREGON CASCADES WEST COUNCIL OF  
GOVERNMENTS  
2021-2025 AREA PLAN**

**TABLE OF CONTENTS**

<b>Section A Area Agency Planning and Priorities</b>	<b>Page</b>
A-1 Introduction	1
A-2 Mission, Vision, Values	3
A-3 Planning and Review Process	4
A-4 Prioritization of Discretionary Funding	8
 <b>Section B Planning and Service Area Profile</b>	
B-1 Population Profile	9
B-2 Target Populations	14
B-3 AAA Services and Administration	20
B-4 Non-AAA Services, Services Not Provided by the AAA	25
 <b>Section C Focus Areas, Goals and Objectives</b>	
C-1 Information and Referral Services and Aging and Disability Resource Connection	26
C-2 Nutrition Service	33
C-3 Health Promotion	39
C-4 Family Caregivers	48
C-5 Legal Assistance and Elder Rights Protection	54
C-6 Older Native Americans	60
C-7 Financial Wellness	65
C-8 Transportation	70

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

D-1	Administration of Oregon Project Independence (OPI)	77
D-2	Services provided to OAA and/or OPI consumers - Attachment C	80

**Section E Area Plan Budget** 91**Appendices**

A	Organizational Chart	98
B	OCWCOG Board of Directors and Advisory Councils	99
C	Public Process	103
D	Final Update on Accomplishments from 2017-2020 Area Plan	104
E	Emergency Preparedness Plan	107
F	List of Designated Focal Points	139
G	Partner Memorandums of Understanding	140
H	Statement of Assurances and Verification of Intent	141
I	OPI Waitlist Policy	144

**Attachments**

A	Community Surveys	145
B	Non-OAA Services	148
C	OAA/OPI Services	80
D	Medicaid Consumer Survey	149
E	OPI Survey	151
F	Public Hearing Ad – Linn and Benton County	154
G	Public Hearing Ad – Lincoln City	155
H	Public Hearing Ad – Newport	156

## **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. While the RideLine program directly supports clients the Area Plan addresses, the CED Department staffs a number of additional programs that can offer support to seniors and people with disabilities and have a particular emphasis on insuring people of all ages

and abilities can safely travel through the region to access jobs, goods, and services. Relating to this plan, CED has a focus on training older adults and people with disabilities on how to use transit and supporting regional transit initiatives that support this population.

In order to ensure that OCWCOG meets the needs of the entire region effectively, OCWCOG has three offices, one in each, 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

**Benton County**

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

**Lincoln County**

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

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](http://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](mailto: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 culture.
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.

### DEVELOPING A PLAN THAT IS INCLUSIVE

Staff at OCWCOG work to ensure that our services are inclusive of all residents in our region and partner with multiple community partners across the three counties to ensure we maintain a focus on how to support consumers from minority groups and with limited English proficiency. Groups and committees that include OCWCOG staff representation are: The District 4 Equity and Inclusion Coalition, The Lincoln County Equity and Inclusion Coalition, Casa Latinos Unidos, The Hispanic Advisory Committee, The Confederated Tribe of the Siletz Indians Elders Group, The Disability Equity Center, and The OSU Pride Center. By representing and presenting information to these groups we hear of the specific barriers faced by aging adults and people with disabilities from minority populations. Program outreach materials are shared (in Spanish when appropriate). Input gained from being involved is brought back to the agency for service planning discussions. Additionally, OCWCOG has several bilingual staff who are deployed to support Spanish speaking consumers who are accessing benefits and services through our agency.

### 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 Naucner. ADRC members included Dawn Rustrum and Sandy Potter. Topics discussed: Identifying service gaps, tracking trends, behavioral health, financial abuse and scams, and utilizing opportunities to educate the elderly on their rights. Outcome: Follow up meetings to be scheduled with Long-Term Care Ombudsman about future ways to partner.

- 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 with 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.

See Attachment D and E for survey text.

“HOW ARE WE DOING?” CARDS Consumer satisfaction cards are provided to all consumers who receive a visit from one of our workers at their home and are displayed in our office lobbies. These cards are available in Spanish and English Languages.

## 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.

## **Section B: Area Agency Planning and Service Area Profile**

### **B. 1 – POPULATION PROFILE**

As an Area Agency on Aging (AAA), OCWCOG needs to bear in mind current demographics and emerging trends in order to serve the region's population in an effective and efficient manner over the next four years. The following information is intended to create a profile of the region, the demographics, and potential needs.

#### **OVERVIEW**

The service area for Oregon Cascades West Council of Governments spans approximately 3,946 square miles. The region is primarily rural, with the majority (83.5%) of its 269,170 residents concentrated in small and mid-sized towns and cities. The rural nature of the communities in the service area magnifies the issues older adults and people with disabilities face when trying to age in place or remain independent, such as a lack of transportation options, access to nutrition, healthcare, social services, and affordable and accessible housing.

Three very diverse and distinct counties each with their own unique strengths and challenges are represented in the area.

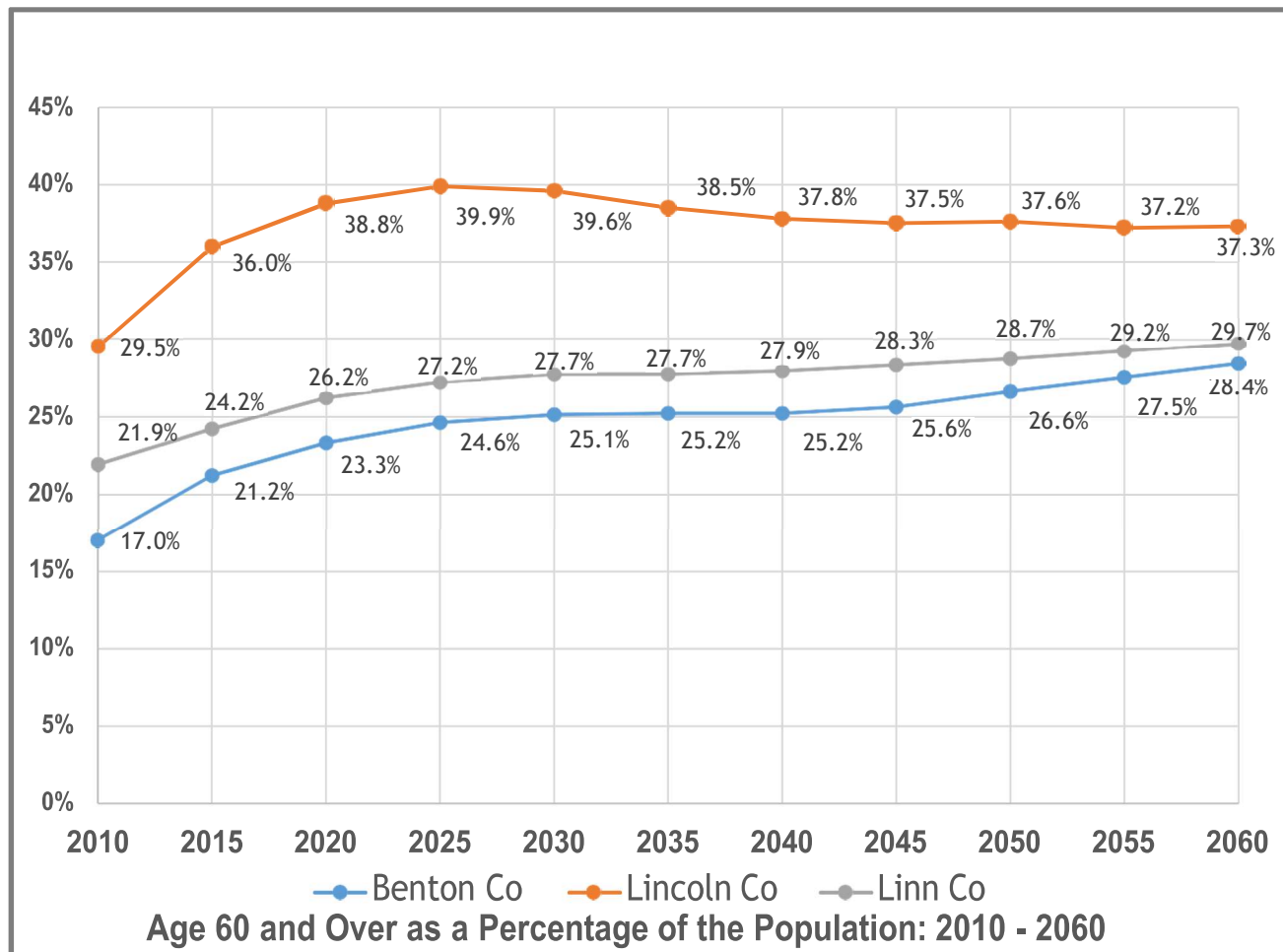
LINN	BENTON	LINCOLN
Population 127,320	Population 94,665	Population 48,305
Area 2,292 Sq. Miles	Area 676 Sq. Miles	Area 980 Sq. Miles
People over age 65 22,859, 18.3%	People over age 65 14,145, 15.5%	People over age 65 13,534, 27.9%
31.3% Live in Rural Areas	22% Live in Rural Areas	41.7% Live in Rural Areas
Median Household Income \$55,893	Median Household Income \$62,077	Median Household Income \$47,882

Approximately 11% of Oregonians are between 138% and 200% of the Federal Poverty Level. NW Portland and Lake Oswego have the lowest rates in the State at between 5 and 6%. The highest rate, with over a quarter of the population living in

poverty is in OCWCOG's services area, Blodgett-Eddyville. In fact, other than the exception of the areas of Benton County surrounding Corvallis, Adair Village, and North Albany the majority of the cities in OCWCOG's service area fall at a higher rate than the State average.

### AGE OF THE REGION

Approximately 20.5% of OCWCOG's population is age 65 and over. This is slightly higher than Oregon's 18.1%. According to long-range population forecasts prepared in 2017 by the Population Research Center at Portland State University (PSU), the 60 and older population in the OCWCOG tri-county region is forecast to grow from about 74,769 in 2020 (27.4% of the total population) to 81,828 (28.5% of total) by 2025 – a growth rate of over 9%. Across the region, the age distribution looks quite different from county to county. As expected, Benton County, home of Oregon State University (OSU), has a large college-age population. In Lincoln County, almost the reverse is true, and baby boomers are the largest segment of the population.



## GENDER AND SEXUAL IDENTITY OF THE REGION

In all three counties, 60+ females outnumber their male counterparts by at least 10%. The number of residents in the region who identify as Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) is approximately 15,000 assuming the national average of 5.6% (LGBT Demographic Data (January 2019); The Williams Institute, UCLA School of Law) of the population holds as a constant.

## RACE AND ETHNICITY

The U.S. Census Bureau categorizes “minority” as any person who identifies as African American, Hispanic or Latino, Asian American, Native Hawaiian or Pacific Islander, American Indian or Native Alaskan, Some Other Race, or Two or More Races. According to this definition, the 2010-2014 American Community Survey reported that 5.6% of our tri-county area’s 65+ population is categorized as minority. Of those, the largest percentage by a significant amount (8.4%) identify as Hispanic or Latino.

### **Race and Hispanic Origin of the Region’s Population**

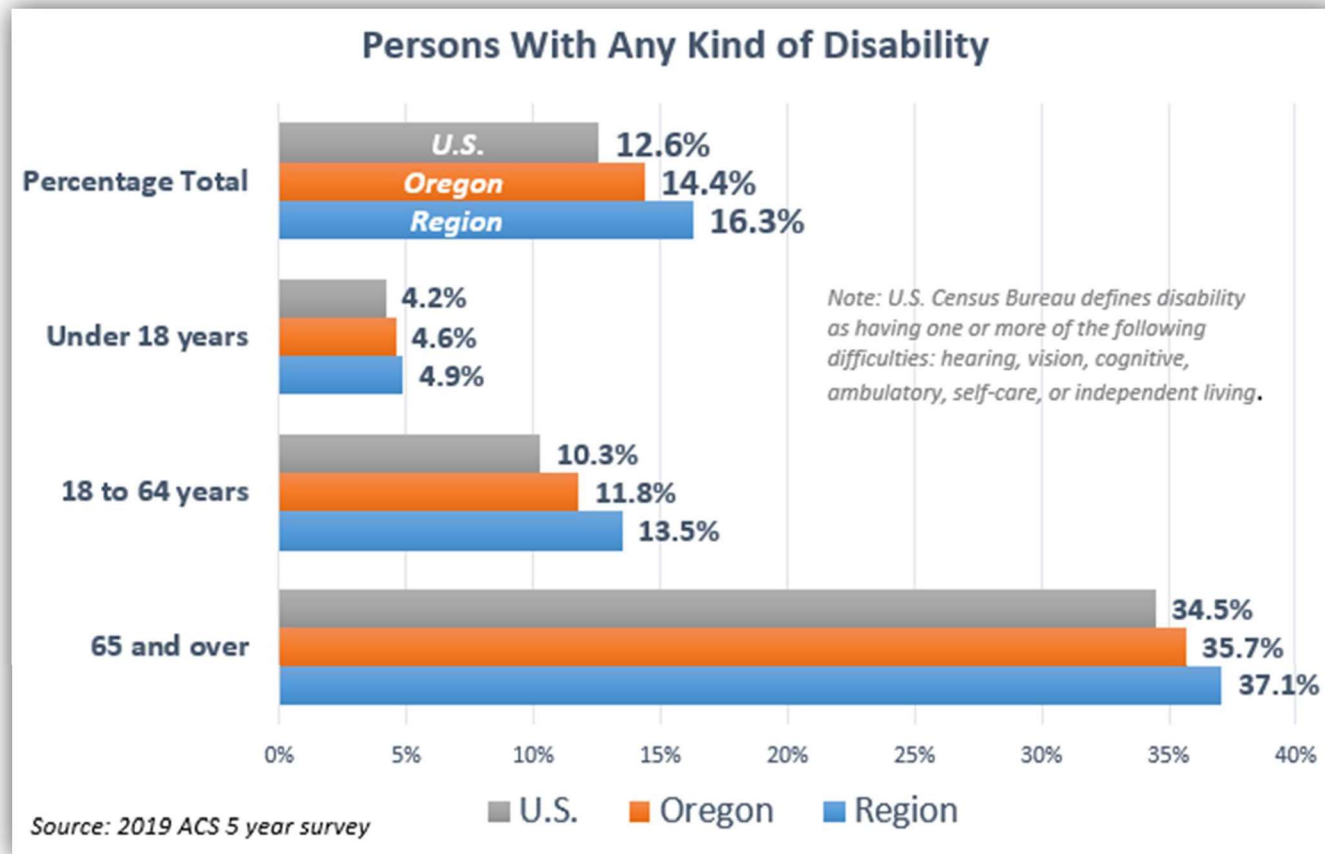


*Source: U.S. Census Bureau, 2018 Estimates; Race Estimates are for non-Hispanic ethnicity*

The Confederated Tribes of Siletz Indians are an important presence in the area and possess a rich history. The Confederated Tribes of the Siletz Indians is headquartered in Siletz in Lincoln County. The Tribe lists 5,547 members in its registry. This includes 1,231 members living on the reservation and elsewhere in Lincoln County. Approximately 67% of the Siletz Tribal members live in Oregon.

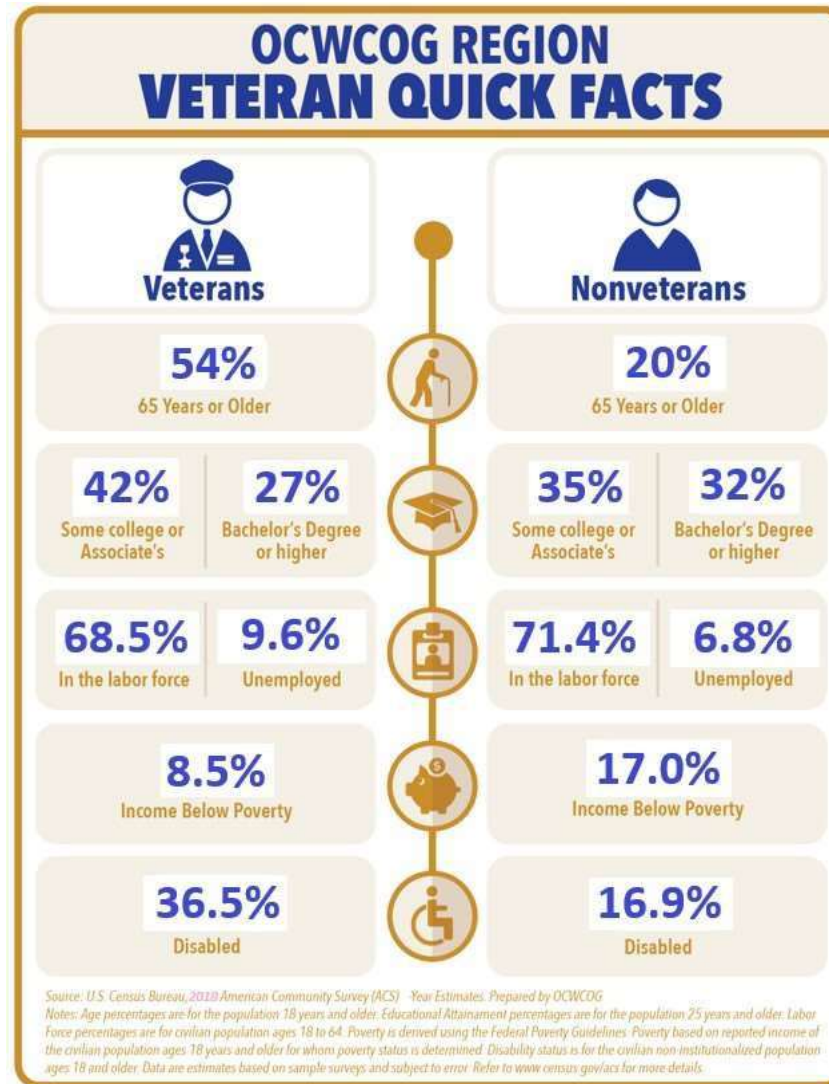
## PEOPLE WITH DISABILITIES

According to U.S. Census Bureau estimates on disability, the OCWCOG region has 42,989 residents with a disability, a higher percentage of total residents (16.3%) than the State (14.4%) and the nation overall (12.6%). People over the age of 65 have a much higher rate of disability than their younger counterparts with 27.4% of 65-74 year olds and 52.6% of people 75 years old and older being affected.



## VETERANS

OCWCOG is proud and thankful for the service of the 21,869 (10.5% of adult population) Veterans who call Linn, Benton, and Lincoln Counties home. Though Veterans are better off financially than their non-veteran counterparts with only 8.5% living in poverty, their higher average age (over 45% are age 65 and older) and higher percentage of members experiencing disability (36.5%) make them a population group that OCWCOG considers when assessing LTSS delivery.





## 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.

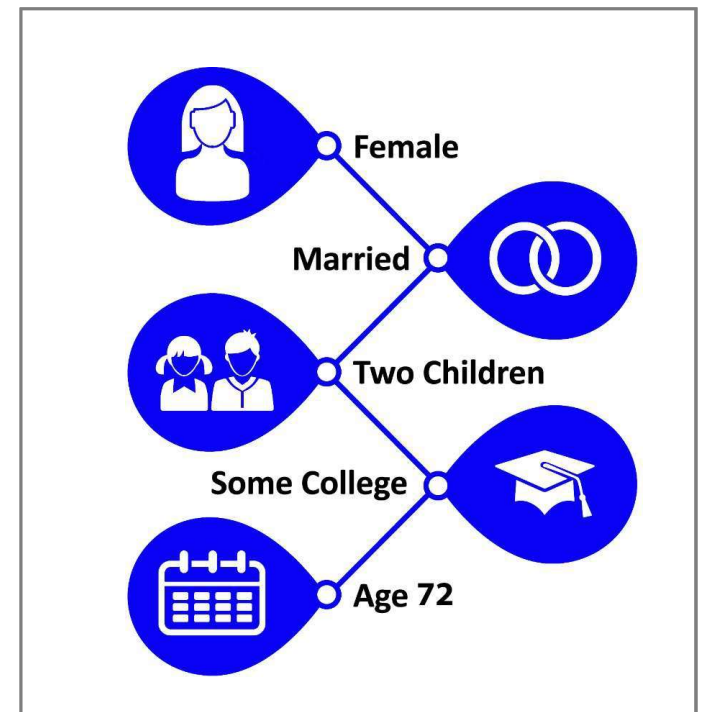
A region's diversity cannot be summed up in any one person, but averages can tell us a story.

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 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 will 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 Departments 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 Veterans 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 and attended by OCWCOG staff 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 service 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. Additionally, the relationships we have developed with the university because of our proximity to the main campus has allowed us to collaborate more with university cultural resource centers like the Pride Center and the Centro Cultural César Chávez.

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, newspapers, 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 position, 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 Veterans 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 which provide services beyond those provided by OCWCOG.

Despite the work of OCWCOG and our community partners there are three high profile service gaps that impact the consumers we serve in Linn, Benton, and Lincoln Counties – 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.

See Attachment C.

## **Section C: Focus Areas, Goals and Objectives**

### **C.1 - 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 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”, easily accessible entry point to the complicated world of Long-Term Services and Supports many individuals and families would struggle to find the resources 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. There are a 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, the OCWCOG Board, 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 collaboration and partnership.

Continuing to staff ADRC functions without dedicated funding to support the work continues to be a challenge, especially during high stress times such as during the COVID pandemic or during wildfire season when calls increased dramatically. OCWCOG works with ADRC core partners and other entities with the hope of decreasing duplication of efforts, leveraging community resources, and identifying and capturing additional funding streams to maintain and expand ADRC services. OCWCOG leverages existing Medicaid funding for the ADRC which has helped augment ADRC call staff. We continue to review work flow for efficiencies and process improvements to maximize resources and staff availability and provide information and data supporting the value of the ADRC to local elected officials.

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

<b>Goal #1: Improve “No Wrong Door” entry point access.</b>			
<b>MEASURABLE OBJECTIVES</b>	<b>KEY TASKS</b>	<b>LEAD POSITION &amp; ENTITY</b>	<b>TIMEFRAME FOR 2021-2025 START DATE / END DATE</b>
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.	A. 7/1/2021 – 9/30/21
	B. Develop a work group for each community partner to discuss warm handoffs.		B. 7/1/2021 – 9/30/21
	C. Develop a process.		C. 7/1/2021 – 11/30/2021
	D. Revisit quarterly in the beginning to address any issues.		D. 10/30/2021, 1/30/2021, 4/30/2021, 7/31,2021
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 and 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 11/15/2021.
<b>Goal #2: Provide Information and Referral and Options Counseling staff with the tools and resources they need to do their job.</b>			

1. Regular training will be provided on topics that are especially relevant to Information and Referral specialists.	A. Training on Person Centered Planning will be offered once every two years.	Training unit, Professional Development Committee, and ADRC Supervisor.	Staff will have an opportunity to attend training on all four topics by 6/30/2025.  B. – E. 7/1/2021 – 6/30/2023 and 7/1/2021 – 6/30/2025
	B. Training on the meaning of Service Equity and how to be inclusive and culturally competent will be offered every two years.		
	C. Training on De-escalation tactics will be offered every two years.		
	D. Training on how to be Trauma Informed will happen every two years.		
	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.		
2. Information about regional resources will be up to date and accurate.	A. 100% of the resources in the RTZ database will be updated annually.	ADRC Supervisor and Data Committee Representative from the call center.	Annually rolling timeframe with QA done every December. 12/2021, 12/2022, 12/2023 & 12/2024
3. OCWCOG will encourage staff's professional development.	A. All Staff of Information and Referral workers at COG will be Association of Information and Referral Specialists	ADRC Supervisor.	50% trained by 6/30/2023. 100% trained by 6/30/2025.



	(AIRS) certified.		
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Goal #3: Provide exceptional customer service to Information and Referral consumers.			
<b>1. Answer calls live.</b> <b>Respond to referrals, emails and voicemails within 1 work day during a normal work week.</b>	<b>A. Monitor average wait, call back timeframe and abandonment of calls weekly for staff problem solving and triage.</b>	<b>ADRC Supervisor.</b>	<b>A. Start monitoring quarterly 7/1/2021 – 6/30/2025</b>
	<b>B. Implement corrective action by agent and/or unit when timely call backs or live answered calls drop below 90% for 60 days.</b>		<b>B. – D. 7/1/2021 &amp; Ongoing through 6/30/2025.</b>
	<b>C. Monitor call volume data to determine peak call times.</b>		
	<b>D. Fully staff call center during peak times.</b>		
<b>2. Conduct annual ADRC SecretShopping for phone and resource directoryfeedback.</b>	<b>A. Recruit council members for Secret Shopper study.</b>	<b>Program Director and Advisory Councils.</b>	<b>2/1/2022 2/28/2022</b>
	<b>B. Develop script and rating tool.</b>		<b>B. 2/1/2022 – 2/28/2022</b>
	<b>C. Compile data.</b>		<b>C. – D. compile annually and share annually. 2/1/2023, 2024 &amp; 2025.</b>
	<b>D. Share data with Councils and staff.</b>		

	<b>E. Complete corrective action for any issues.</b>		<b>E. Annually 3/1/2022 – 4/30/2022, 3/1/2023-4/30/2023, 3/1/2024-4/30/2024 &amp; 3/1/2025-4/30/2025</b>
<b>Goal #4: Promote awareness of the ADRC and its purpose.</b>			
<b>1. Quarterly outreach to underserved populations, including outreach to Tribal and Spanish speaking populations as well as LGBTQ consumers.</b>	<b>A. Assign completing quarterly outreach to ADRC Supervisor.</b>	<b>ADRC Supervisor and Program Director.</b>	<b>A. – E. Starting 7/1/2021 and ongoing quarterly.</b>
	<b>B. Identify target audiences, locations, events.</b>		
	<b>C. Utilize culturally appropriate materials.</b>		
	<b>D. Conduct outreach quarterly.</b>		
	<b>E. Report out to Councils quarterly about outreach activities.</b>		
<b>2. Outreach to local businesses.</b>	<b>A. Outreach quarterly will be to at least one local business.</b>	<b>ADRC Supervisor.</b>	<b>Starting 7/1/2021 and ongoing quarterly.</b>  <b>B. 10/2021, 1/2022, 4/2022, 7/2022</b>
	<b>B. Report out to Councils quarterly about outreach activities.</b>		
<b>Goal #5: Expand and strengthen ADRC partnerships.</b>			

1. Improve communication and working relationships between core partners.	A. Provide training to key community partners about the work information and referral staff perform.	Program Directors, Program Managers, and ADRC Supervisor.	Twice annually starting in fall of 2021 and ongoing.
	B. Streamline referral process for community partners.		10/2021 – 6/30/2022
	C. Conduct semi-annual check-ins with key partners and improve referral forms and pathways.		C. 10/2021 & 4/2022
ACCOMPLISHMENTS-UPDATES			

## C. 2 - 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. Nutrition Services and supports provided by OCWCOG are well coordinated with other programs provided by the agency such as Family Caregiver, Senior Companion, Adult Protective Services, and Oregon Project Independence. The connections made as the lead agency for the ADRC regionally allows us to help link external nutrition services providers such as CSC and tie them together with other community partners which are complimentary, such as health promotion classes provided by the regional health education hub around healthy eating.

### 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 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. Factors that may contribute to low participation rates of seniors and people with disabilities include: issues related to restricted mobility and technology access, misunderstanding about how the program works, lack of clarity about who can qualify, and the stigma of not wanting to be seen as someone who is “needy”.

**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 pandemic, either delivering groceries or food boxes to the client’s front door. Volunteers receive a tax-exempt stipend at \$3/hour, drive their own vehicles and are provided liability insurance, ongoing drivers training, and are reimbursed .40/mile.

**Meals on Wheels** - The 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 throughout 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. 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.

MOW contracts with TRIO Community Health as a foodservice vendor. Fresh, 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.

Meals on Wheels consumers who would benefit from additional supports and services are referred to the Aging and Disability Resource Connection (ADRC) to ensure they 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, all meal site locations deliver hot meals based on the service schedule below:

<b><u>Linn County Meal Site Locations</u></b>	<b><u>Average Monthly Dining Room Participants</u></b>	<b><u>Average Monthly HDM's</u></b>	<b><u>Service Schedule</u></b>
Albany Senior Center 489 Water Ave NW, Albany, 97321	248	4615	Monday – Friday @ 11:30 AM
Lebanon Senior Center 80 Tangent St., Lebanon, 97355	347	3256	Monday – Friday @ 12:00 PM
Mill City First Presbyterian Church 236 West Broadway, Mill City, 97360	136	114	Tuesday & Thursday @ 12:00 PM
Sweet Home Community Center 880 18 <sup>th</sup> St., Sweet Home, 97386	277	2169	Monday, Tuesday, Friday @ 12:00 PM
Brownsville Christian Church 117 N. Main St., Brownsville, 97327	210	451	Tuesday & Thursday @ 12:00 PM
<b><u>Benton County Meal Site Location</u></b>	<b><u>Average Monthly Dining Room Participants</u></b>	<b><u>Average Monthly HDM's</u></b>	<b><u>Service Schedule</u></b>
Corvallis Elks Lodge 489 Water Ave NW, Albany, 97321	148	3129	Monday – Friday @ 11:50 AM
<b><u>Lincoln County Meal Site Locations</u></b>	<b><u>Average Monthly Dining Room Participants</u></b>	<b><u>Average Monthly HDM's</u></b>	<b><u>Service Schedule</u></b>
Lincoln City Community Center 2150 NE Oar Place, Lincoln City, 97367	189	1385	Monday, Wednesday, Friday @ 12:00 PM
Newport Senior Activity Center 20 SE 2 <sup>nd</sup> St., Newport, 97365	271	1041	Monday, Wednesday, Friday @ 12:00 PM
Siletz Tribal Community Center 402 Park Way, Siletz, 97380	184	648	Monday and Wednesday @ 12:00 PM
Toledo Trinity Methodist Church 383 NE Beech St., Toledo, 97391	Included in Siletz #'s	Included in Siletz #'s	Friday @ 12:00 PM
Waldport South County Community Ctr. 265 West Hemlock St., Waldport, 97394	208	1082	Monday, Wednesday, Friday @ 12:00 PM

## Goals and Objectives: Nutrition Services

<b>Goal #1: Reduce hunger and food insecurity for seniors and people with disabilities.</b>			
<b>MEASURABLE OBJECTIVES</b>	<b>KEY TASKS</b>	<b>LEAD POSITION &amp; ENTITY</b>	<b>TIMEFRAME FOR 2021-2025 START DATE / END DATE</b>
<b>1. Increase the number of older adults utilizing SNAP in our region.</b>	<b>A. Partner with the OSU Extension Service who are also working on this issue.</b>	<b>Eligibility and CSP Supervisors.</b>	<b>Meet with OSU Extension by 9/30/2021.</b>
	<b>B. Develop a corps of senior volunteers for peer to peer outreach.</b>	<b>Program Manager and CSP Supervisor.</b>	<b>In place by 7/1/2022.</b>
	<b>C. Provide more hands-on assistance for older adults completing the application.</b>	<b>Eligibility Supervisor and CSP Supervisor.</b>	<b>Start 7/1/2021 – 6/30/2025</b>
	<b>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.</b>	<b>Program Managers ES Supervisor and CSP Supervisor.</b>	<b>D. – E. Start by 10/1/2021 with quarterly assessment of the data end date 6/30/2025</b>
	<b>E. Assess data quarterly to see if we can address barriers or if calls are helping.</b>		

<b>Goal #2: Improve the sustainability of the Meals on Wheels program.</b>			
<b>1. Develop and implement a robust volunteer recruitment and retention strategy.</b>	<b>A. Commit 5% of CSP Program Manager time to volunteer recruitment and retention efforts.</b>	<b>Program Director and Program Manager.</b>	<b>Strategy Developed by 12/31/2021 and implemented 1/1/2022. Quarterly assessment of the gains starting 3/31/2022 end 6/30/2022.</b>
	<b>B. Assess quarterly to see what is working, what isn't, and where best to concentrate our efforts.</b>		
<b>2. Annual assessment of MOW budget to look for cost savings and revenue earning opportunities.</b>	<b>A. Use the MOW Advisory Committee for this effort.</b>	<b>MOW Supervisor and Program Director.</b>	<b>A. –B. Each year in December, 2021, 2022, 2023, 2024.</b>
	<b>B. Implement action of suggestions provided.</b>		
<b>3. Increase meals revenue by 5% through fundraising and grant writing.</b>	<b>A. Increase corporate sponsorships.</b>	<b>Program Director Program Manager Council Members.</b>	<b>Start work immediately 7/1/2021 and assess annually in March through 2025.</b>
	<b>B. Track all efforts and outcomes.</b>		
	<b>C. Distribute 4 direct mail distributions annually.</b>	<b>Program Director and Program Managers.</b>	<b>Four annually from November – October, 2021, 2022, 2023, end November 2024.</b>
	<b>D. Create a Meals on Wheels newsletter and distribute twice annually to donors, community partners, corporate sponsors, and local elected officials.</b>	<b>Program Director and Program Managers.</b>	<b>March 2022 then September and March ongoing, end 6/30/2025</b>



Goal #3: Create program efficiencies by collaborating with other nutrition providers.			
1. Bring local stakeholders invested in food security to the table quarterly.	A. Assess places where we are duplicating efforts and work to reduce duplication.	Program Director, Program Manager, and MOW supervisor.	A. – C. Start quarterly meetings September 2021 – assess impact August 2022. End 6/30/2025
	B. Identify ways we can leverage resources such as volunteers or delivery systems so resources spread further.		
	C. Create MOUs or systems for supporting each other in program delivery.		
ACCOMPLISHMENTS-UPDATES			

### C.3 - 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 (IHNCCO) that outlines how IHNCCO and OCWCOG will work to support joint members across the continuum of care. Monthly Intensive Care Team meetings held by IHNCCO 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 Agencies:** OCWCOG is an integral part of the Regional Health Education Hub (ReHUB). ReHUB is a partnership between multiple community organizations working to streamline health education programming across the Linn, Benton, and Lincoln County region. Its purpose is to provide easy access to a range of health education programming options. The ReHUB 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. ReHUB partners meet quarterly to discuss health promotion programming in the region and have participated in the Sustainable Relationships in Community Health (SRCH) Institutes. ReHUB 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. Some of the contracts we support include:**

Fall prevention – Willamette Valley YMCA offers Better Bones and Balance classes, an evidence-based program shown to improve balance and reduce fall risks. Newport Senior Center offers the “Walk with Ease” program, developed by the Arthritis Foundation and proven to help reduce pain and stiffness.

Diabetes Prevention Programs – Education offered one on one, in a classroom and online dedicated to teaching individuals through healthy eating, exercising and lifestyle changes to help with the delay, prevention, and management of diabetes.

Transitions – A non-medical community program of Lumina Hospice and Palliative Care designed to help individuals and families live well with a serious, life-limiting illness.

Living Well with Chronic Conditions – Samaritan Health offers The Living Well Virtual Workshop for people living with on-going physical and/or mental health conditions. Classes are interactive and provide support with action planning, decision-making, problem-solving and learning to break the cycle and deal with frustration, pain, fatigue, isolation, sadness, and poor sleep.

Regional Health Education Hub – Samaritan Health Services is an active provider in offering regional health education. Monthly health-related classes provide skills in managing chronic health conditions, disease prevention, and improving quality of life resulting in lower health care costs.

Powerful Tools for Caregivers – An evidence-based health promotion program developed to support caregivers. Class participants receive resources and tools to help manage time, reduce stress and communicate feelings, making a positive impact on caregiver health.

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

Though volunteer class leaders do much of the heavy lifting for community health promotion class series, having access to reliable trainers who can lead class sessions is an important aspect in making classes sustainable. Because of this, OCWCOG, as a ReHUB partner, invested in training staff to be leaders for the Freedom from Smoking program. Freedom from Smoking was initiated by the American Lung Association and is ranked as one of the most effective cessation programs in the country. Clinics are led by facilitators and conducted in community settings, workplaces, and public venues. If a volunteer class leader is unable to teach a session for some reason OCWCOG staff are able to stand in so classes don’t need to be cancelled.

Through the transportation brokerage RideLine, housed in the CED department, consumers who want to attend in-person classes are able to get rides to classes offered in the region. This benefit is open to all class participants, even those who are not normally eligible for RideLine transportation services.

The ADRC call center agents at OCWCOG will have access to info about class offerings across the three counties and be able to refer consumers who call and would benefit from health promotion classes.

**Gaps that OCWCOG hopes to address to support health promotion in our service area:**

Many Medicare and Medicaid recipients have little to no access to mental health services. Rural community members especially face barriers in finding qualified mental health practitioners. Additionally, the mental health system and the medical care health systems are very disjointed and accessing benefits in both systems is almost impossible. Those with dementia-related diseases find it particularly difficult to navigate these systems effectively. Physical health providers are often not trained to adequately understand those that struggle with dementia diseases. OCWCOG will work over the next four years, with the support of the coordinators of the Older Adult Behavioral Health Initiative team, to try to address the gaps in service for those who are aging and also have a behavioral health diagnosis and break down the silos between the two systems in the region.

Social isolation and loneliness in older adults are substantial public health problems resulting in increased health care utilization. Recent studies reflect one in five Americans report feeling socially isolated or lonely. This statistic has likely increased due to the “stay at home” orders during the COVID pandemic. OCWCOG is committed to launching an evidence based program aimed at reducing isolation and loneliness for the consumers we serve.

## Goals and Objectives: Health Promotion

<b>Goal #1: Support seniors and people with disabilities that face isolation and loneliness.</b>			
<b>MEASURABLE OBJECTIVES</b>	<b>KEY TASKS</b>	<b>LEAD POSITION &amp; ENTITY</b>	<b>TIMEFRAME FOR 2021-2025 START DATE / END DATE</b>
<b>1. Launch an evidence based program that reduces isolation and loneliness.</b>	<b>A. Use Councils to help identify evidence based programs that best meet the needs of the region.</b>	<b>Councils and Council Staff.</b>	<b>7/1/2021 – 9/30/2021</b>
	<b>B. Develop contract with agency/ agencies that would like to pilot program.</b>	<b>Program Director and Contracts.</b>	<b>7/1/2021 -12/31/2021</b>
	<b>C. Support outreach and launch program with first participants being served.</b>	<b>Contracted Agency.</b>	<b>C. – D. 1/1/2022 – Ongoing Through 6/30/2025</b>
	<b>D. Partner with CWTO to develop and provide informational materials on using transit to access community destinations.</b>	<b>CED Program Manager and CSP Program Manager.</b>	
<b>2. Use Senior Companions to provide peer to peer support to most rural and vulnerable.</b>	<b>A. Develop a process for APS, Case Managers, MOW, and OAA staff to refer to SCP for peer to peer support.</b>	<b>Community Services Program Staff.</b>	<b>10/1/2021 – 9/30/2022</b>

	<p><b>B. SCP will work with those referred for at least four months.</b></p> <p><b>C. A post four month survey will be completed with at least 80% of participants reporting that they feel more socially connected.</b></p>		<p><b>B. 10/1/2021-9/30/2022</b></p> <p><b>C. 10/1/2021-9/30/2022</b></p>
<b>Goal #2: Work with the aging network across Oregon to allow statewide access to virtual classes.</b>			
<p><b>1. Utilize virtual class sessions to better serve remote and underserved populations.</b></p>	<p><b>A. Work with O4AD and Oregon Wellness Network to discuss how virtual programming can benefit class participants across the State.</b></p> <p><b>B. Develop agreements allowing residents in our service area to use other agency resources.</b></p> <p><b>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.</b></p>	<p><b>Program Director.</b></p>	<p><b>A. – C. 9/30/2021 initiate: Agreements in place in Linn, Benton, and Lincoln Counties with participants accessing virtual classes in other service areas by 12/31/2021.</b></p>

<b>Goal #3: Use ADRC resources and partners to develop a streamlined referral process for class sessions across the region.</b>			
<b>1. Use ADRC resources and partners to have one accurate and up to date repository of class information, class cost, and schedules.</b>	<b>A. Work with the Regional Health Education Hub (ReHUB) to bring all agencies who provide health promotion classes in the communities together.</b>	<b>Program Director, Councils, ADRC Supervisor.</b>	<b>3/1/2022 – 6/30/2022</b>
	<b>B. Include ReHUB in annual team building with local community/ 60+ centers.</b>	<b>Councils and Council Staff.</b>	<b>2/1/2022 – 6/30/2025</b>
	<b>C. All ADRC call agents will know how to access this information.</b>	<b>ADRC Supervisor.</b>	<b>12/31/2021 – 6/30/2025</b>
<b>2. Develop a streamlined referral process for class sessions across the region.</b>	<b>A. Agree on how referrals are made between all partner agencies.</b>	<b>Community partners and Program Director.</b>	<b>9/30/2021 - 12/31/2021</b>
	<b>B. All ADRC call agents will use the agreed upon referral process to refer participants to programs.</b>	<b>ADRC Supervisor.</b>	<b>12/31/2021 – 6/30/2025</b>
<b>Goal #4: Collaborate with local partners to increase the breadth of class offerings regionally.</b>			

1. Utilize the departments at OCWCOG to support health education program regionally.	A. Rideline services will be provided to consumers who lack transportation to attend in person health promotion classes.	Program Directors.	A. – D. 7/1/2021 – 6/30/2025 Ongoing.
	B. Staff will be trained to be class leaders for programs where finding leaders has been a barrier to offering classes in the community.		
	C. Provide technology through grants that support virtual programming in the time of COVID.		
	D. Continue to expand travel training offered through the CED Department and work with SDS to specifically market the program.	Cascades West Transportation Options Staff (within CED).	
2. Increase contracts with community organizations.	A. Complete RFQ process to initiate contracts that support health promotion classes.	Program Director and Councils.	Assess availability of discretionary funds annually and complete RFP process. A. – C. 7/1/2021 – 6/30/2025
	B. Priority will be given to programs that support minority and underserved populations including ethnic and		



	racial minorities, rural residents, and LGBTQ community members.		
	C. Priority will be given to new programs that are not offered regionally and focus on addressing the Social Determinant of Health (SDoH).		
Goal #5: Provide better support to local Veterans who struggle with issues related to behavioral health.			
1. Veterans Services staff will better understand and respond to Veterans struggling with behavioral health issues.	A. Veterans Services staff will complete Mental Health First Aid – Veterans training.	Program Manager and Program Supervisor.	A. 7/1/2025 Completed by 7/30/2021.
	B. Veterans Services staff will be aware of resources and supports they can use when working with Veterans in crisis.		B. 7/1/2021 – 6/30/2025
2. Launch a Veterans specific depression reduction program in Benton County.	A. A depression reduction program will be identified.	Program Director.	7/1/2021 – 9/30/2021
	B. Staff will be trained in the intervention.	Program Manager and Program Supervisor.	By December 2021.
	C. Veterans who are working with the Veterans Services Office and report	Program Supervisor.	1/1/2022 – 6/30/2025 & Ongoing.

	having depression will be referred to the program.		D. 1/1/2022 – 6/30/2025 & ongoing
	D. Data will be tracked about success in reducing depression for Veterans.		
ACCOMPLISHMENTS-UPDATES			

## C.4 - 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 the 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. Included in OCWCOG's FCSP policies and procedures is directive to prioritize serving consumers at the greatest risk, including racial minorities, non-English speakers, Native Americans, people in rural areas or with low income, and care providers who are providing care to people suffering from Alzheimer's and other related disorders. Though OCWCOG has never had a wait list for FCSP services and therefore does not have to prioritize service recipients, these priority populations guide the work we do in outreach about the program.

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 and 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 OCWCOG 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. 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, the Lifeline emergency system, medical equipment and supplies, and minor home repair and adaptations.

Though this section of the Area Plan is specifically designed as a place to address the needs of the unpaid caregiver, it felt important to address another important issue in this section, the ongoing lack of available paid, trained, and professional Home Care Workers (HCW) in our region. This lack of paid caregivers creates stress and worry for our consumers who are dependent on this workforce for meeting their daily needs. Additionally, it can be a burden for unpaid natural supports like family members who might provide the majority of care, but rely on a paid caregiver for respite care or providing skilled tasks such as bathing assistance.

The Oregon Home Care Commission who are responsible for defining the qualifications of homecare workers, creating a statewide directory of workers, and providing training opportunities to workers and consumers, does little in the way of recruitment and retention, especially on the local level.

## Goals and Objectives: Family Caregiver Support Program

Goal #1: Increase awareness and access to the Family Caregiver Support Program (FCSP).			
MEASURABLE OBJECTIVES	KEY TASKS	LEAD POSITION & ENTITY	TIMEFRAME FOR 2021-2025 START DATE / END DATE
1. FCSP staff will perform annual outreach to community partners developed through the \$BM program 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.	A. – B. Training completed by 9/1/2021.   <

<b>Goal #3: Provide at least one Savvy Caregiver training class series annually in each county.</b>			
<b>1. Work with a local contractor to provide Savvy Caregiver training locally.</b>	<b>A. Complete and RFP for contracting for Savvy Caregiver class series across the three county area.</b>	<b>Contract team.</b>	<b>Classes offered in the region by 9/30/2021- 6/30/2022</b>
	<b>B. Award contract.</b>	<b>Contracts team.</b>	<b>B. – C. 8/31-2021 – 6/30/2022</b>
	<b>C. Arrange one class series per county.</b>	<b>Program Manager.</b>	
	<b>D. Provide outreach about the Savvy Caregiver classes to the FCSP participants and the community at large.</b>	<b>FCSP workers and admin staff for social media.</b>	<b>D. 9/30/2021 – 4/30/2022</b>
	<b>E. Assess impact vs. cost of class series and report to Councils.</b>	<b>Program Director.</b>	<b>E. Assessment of success by 4/30/2022.</b>
<b>Goal #4: Recruit and retain a quality HCW workforce to meet the needs of the consumer employers in OCWCOG's region.</b>			
<b>1. Perform annual outreach to increase the number of registered HCWs regionally.</b>	<b>A. Advertise on the radio, in the newspaper, and on Facebook and other social media to recruit HCWs.</b>	<b>Program Manager and Program Director.</b>	<b>A. – C. Starting 7/1/2021 – 6/30/2025 &amp; Ongoing</b>

	<p><b>B. Hold local recruiting events and provide info about the employment opportunity, including the perks of employment.</b></p> <p><b>C. Attend job fairs held by colleges, universities, and other community partners.</b></p>		
<p><b>2. Every six months assess HCW and IHA data to ensure success of administrative customer service to HCWs in the region.</b></p>	<p><b>A. Payments for vouchers submitted correctly will be made accurately 95% of the time.</b></p>	<p><b>Voucher Supervisor.</b></p>	<p><b>A. – B. Starting 7/1/2021 – 6/30/2025 &amp; Ongoing</b></p>
	<p><b>B. Calls from HCWs with questions about pay will be returned by the end of the same working day.</b></p>		
<p><b>3. Every six months assess HCW and IHA data to ensure success of local recruitment and retention efforts.</b></p>	<p><b>A. Survey new HCWs on the training they received and if they felt it was adequate.</b></p>	<p><b>Program Director and Program Manager.</b></p>	<p><b>A. – C. Starting 7/1/2021 - 6/30/2025 &amp; Ongoing</b></p>
	<p><b>B. Send “how are we doing cards” out randomly to HCWs to assess our customer service.</b></p>		
	<p><b>C. Survey In-Home consumers to ask if they have been able to find adequate HCW coverage.</b></p>		

<b>ACCOMPLISHMENTS- UPDATES</b>	
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## C.5 - 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 (APS) 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. MDT meetings provide opportunity to support law enforcement and partners in the criminal justice system so they better understand the special needs of the populations we serve, reinforce the need for investigation and prosecution of crimes against older adults and people with disabilities, and 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.

As seen below, complaints and investigation numbers have increased dramatically since 2017, in some cases increasing by 100% over the four year period which the 2017-2020 Area Plan covered.

<b>2017-2020 Adult Protective Services Data by County</b>						
<b>County - Year</b>	<b>Complaints</b>	<b>Community Investigations</b>	<b>Facility Investigations</b>	<b>Community Non-Abuse</b>	<b>Facility Non-Abuse</b>	<b>Courtesy</b>
Linn 2017	1062	413	248	350	51	
Linn 2018	1398	431	294	552	121	
Linn 2019	1656	479	343	674	158	2
Linn 2020	1531	428	219	775	186	
Increase/decrease from 2017 to 2020	<b>44.2%</b>	<b>3.6%</b>	<b>-11.7%</b>	<b>121.4%</b>	<b>264.7%</b>	
Benton 2017	346	118	104	96	28	
Benton 2018	350	68	120	106	56	
Benton 2019	495	106	151	143	95	
Benton 2020	698	142	182	230	175	
Increase from 2017 to 2020	<b>101.7%</b>	<b>20.3%</b>	<b>75.0%</b>	<b>139.6%</b>	<b>525.0%</b>	
Lincoln 2017	299	156	26	108	9	
Lincoln 2018	328	129	21	166	12	
Lincoln 2019	404	135	49	188	31	1
Lincoln 2020	537	180	55	314	27	
Increase from 2017 to 2020	<b>79.6%</b>	<b>15.4%</b>	<b>111.5%</b>	<b>190.7%</b>	<b>200.0%</b>	

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.

Most exciting in planning for the next four years is engaging community partners such as Legal Aid, the Disability Equity Center, local senior centers, the Long-Term Care Ombudsman office, and staff of long-term care communities in supporting the launch of an Elder Justice Team. This team will be aimed at reducing the risk of abuse and exploitation of older adults and people with disabilities, increasing public awareness about the abuse of vulnerable populations, and providing intervention to those at risk as quickly as possible.

## Goals and Objectives: Legal Assistance and Elder Rights Protection

<b>Goal #1: Use the power of peer to peer support to help older adults become more aware of scams and financial exploitation.</b>			
<b>MEASURABLE OBJECTIVES</b>	<b>KEY TASKS</b>	<b>LEAD POSITION &amp; ENTITY</b>	<b>TIMEFRAME FOR 2021-2025 START DATE / END DATE</b>
<b>1. Launch a scam awareness program that uses peer support.</b>	<b>A. Develop a list of program options.</b>	<b>Older Americans Program Supervisor and Program Director.</b>	<b>7/1/2021 - 9/30/2021.</b>
	<b>B. Choose a program to implement.</b>		<b>10/1/2021 - 12/31/2021.</b>
	<b>C. Address needs of program development.</b>		<b>12/31/2021 – 6/30/2022</b>
	<b>D. Launch program regionally.</b>		<b>Launched by 6/30/2022.</b>
<b>Goal #2: Be more aware of the issues of Elder Justice as an agency.</b>			
<b>1. Create an Elder Justice team housed in the CSP department at OWCOG.</b>	<b>A. Change agency organization and realign teams.</b>	<b>Program Director and Program Managers.</b>	<b>7/1/2021 - 6/1/2022.</b>
<b>2. OCWCOG will hire an Equity and inclusion officer to support service equity across the programs.</b>	<b>A. Complete agency recruitment.</b>	<b>OCWCOG Executive Director and Human Resources.</b>	<b>10/1/2021 - 12/31/2021.</b>
	<b>B. Fill position.</b>		<b>B. Hired by 3/1/2022</b>
	<b>C. DEI will assess all programmatic elements for equity and bias.</b>		<b>C. 3/1/2022 – 6/30/2025</b>

<b>Goal #3: Work more closely with State and local Long Term Care Ombudsman teams.</b>			
<b>1. Interface with the State Long Term Care Ombudsman and local Ombudsman Representative at least annually.</b>	<b>A. Invite these representatives to meet with Advisory Councils annually.</b>	<b>Program Director and APS Supervisors.</b>	<b>A. – D. First meeting will be scheduled June 2021 to recognize World Elder Abuse Awareness Day and annually every June through 2025.</b>
	<b>B. Invite APS leadership to attend these meetings as well as Legal Aid contacts.</b>		
	<b>C. Problem solve with Councils and Ombudsman representatives' in ways that we can better serve our communities.</b>		

	<b>D. Implement any mutually agreed upon ideas created.</b>		
<b>ACCOMPLISHMENTS- UPDATES</b>			

## C. 6 - 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 5,547 enrolled Tribal members. They occupy and manage a 3,666 acre reservation located in Lincoln County. Only 494 of the Siletz Tribe live on the reservation. An additional 700 live in the Siletz area with 1,231 elsewhere in Lincoln County. About 27% live within our three county service area and approximately 66% of Siletz Tribal members live in 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. OCWCOG 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) 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 reoccurring 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.



## 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 an 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 Options Counselor to the Tribal partners.		B. – C. Outreach done 9/1/2021 – 12/31/2021.
	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 – 6/30/2025 and ongoing.
Goal #2: Allow Tribal elders utilizing Oregon Project Independence (OPI) more flexibility in hiring who they want as care providers.			
1. Launch OPI Pilot Program that provides cash benefit to pay for services.	A. Identify strategy and gain approval of Tribal CareProvider Cash Benefitprogram.	Program Manager.	Start 10/1/2021 – 2/28/2022.

	<b>B. Develop processes and procedures based on approved plan for program.</b>		<b>B. 3/1/2022 – 6/30/2022</b>
	<b>C. A annual program analysis with Councils, Tribal Navigator and Tribal Elders.</b>		<b>C. Check in and assessment of program metrics in 6/2023, 6/2024 and 6/2025.</b>
<b>Goal #3: Continue to build and strengthen relationships with the Tribes.</b>			
<b>1. Provide staff and advocates from the Tribes and OCWCOG more time to interface and build relationships.</b>	<b>A. Have a Tribal representative on the SSAC or DSAC.</b>	<b>Program Manager.</b>	<b>Member approved by 9/1/2021</b>
	<b>B. Have 50% of OAA staff attend Tribal Meet and Greet Events hosted by the State.</b>		<b>B. Whenever events are organized.</b>
	<b>C. Attend one Elder Event annually.</b>		<b>C. Annually, 2021 and ongoing.</b>
<b>Goal #4: Identify ways that OCWCOG programs feel more welcoming to the Tribal Community.</b>			

<b>1. Work with Tribal staff and Elders to develop marketing materials that feel inclusive of the Native community.</b>	<b>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.</b>	<b>Program Director and Equity and Inclusion Officer.</b>	<b>A. Attend 9/1/2021  B. 10/1/2021 – 2/28/2022  C. 3/1/2022 – 5/31/2022  D. Quarterly delivery of materials starting 6/1/2022 and ongoing.</b>
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<b>ACCOMPLISHMENTS- UPDATES</b>			

## C. 7 - 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 (MMP) and Stand By Me (\$BM) 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.			
1. MMP Bill Pay Service to increase the number of consumers served to at least 45 people.	A. Recruit volunteers.	MMP staff.	Meet this goal by 6/30/2022.
	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 streamlined 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.	A. – B. Initiate 7/1/2021, ongoing through 6/30/2025.

	<b>B. Develop and implement plan to receive Legal Aid assistance with complex applications and issues.</b>		
<b>Goal #4: Develop relationships with regional housing agencies to support seniors and consumers with disabilities experiencing housing Issues.</b>			
<b>1. Have representation from a regional housing agency on the Senior Services or Disability Services Advisory Council.</b>	<b>A. Outreach to housing agencies for a potential representative.</b>	<b>Councils and Program Director.</b>	<b>A. – B. Meet these goals by 12/31/2021.</b>
	<b>B. Have representative complete application and attend Council meetings providing input on housing issues.</b>		
<b>2. OCWCOG staff will attend events supporting the homeless in our region.</b>	<b>A. Get a calendar of events across the region and arrange coverage of outreach tables.</b>	<b>ADRC Supervisor.</b>	<b>All events starting 12/1/2022.</b>
<b>ACCOMPLISHMENTS-UPDATES</b>			



## C. 8 - 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 2021-2025 Area Plan.

### **General Public Transit Services**

Larger urban-based fixed route transit systems are relatively robust in OCWCOG's three county area, especially in the larger communities of Corvallis, Albany, Lincoln City, and Newport. Transit services are more limited but serviceable in Waldport, Philomath, Lebanon, Adair Village, 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. Transportation services in the three county area include:

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

**Albany Transit System** - Buses provide fare transit services Monday – Friday.

**Lebanon LINX Loop** - Buses provide fare trips Monday through Saturday in Lebanon.

**Linn - Benton Loop** - Recently expanded service along the Sweet Home-Lebanon-Albany-Corvallis corridor, connecting with the Albany Multi-Modal/AMTRAK Station, Linn-Benton Community College, and OSU. Other outlying rural areas of Linn County are not well connected.

**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. Also serves the Siletz Tribal community along the Siletz River to some extent.

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

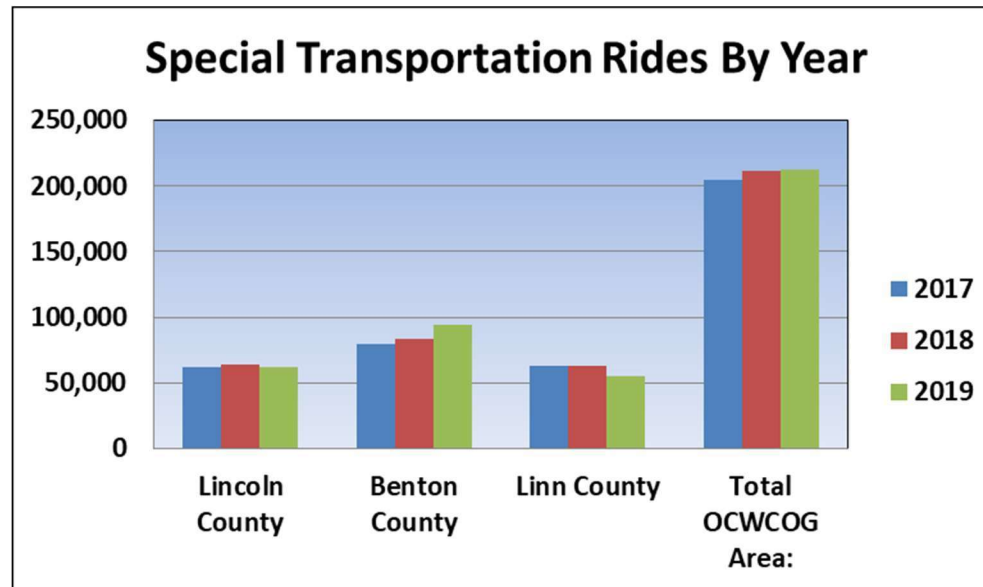
**Coast to Valley Express** - Recently expanded service from the Albany Multi-Modal Station, through Corvallis to Newport and back – otherwise travel to/from coast is limited.

**99 Express** - Monday – Friday commuter service connects Corvallis and Adair Village.

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 transportation options must be found. Additionally, bus routes which tie consumers to a standardized schedule of service that doesn't always sync with getting to personal appointments, or do not operate at the times when they want to travel, leave many consumers looking for other resources.

### **Special Transportation Services**

State and Federal Special Transportation funding (State of Oregon STF funding; Federal 5310 funds) have been earmarked for filling transportation service gaps, with stakeholders and leadership working closely with Special Transportation Coordinators in each county to meet the needs of seniors and people with disabilities. The Coordinators administer special transportation programs, collaborate with existing transit systems, 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, the frail elderly, 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 and life-sustaining services is obvious (missed appointments, emergency hospital visits, lack of food, shopping, and other continual care), social isolation due to lack of transportation, can have an equally negative effect on health and mental health.

One option available for income-qualified medical transportation is the Cascades West RideLine, which contracts with IHNCCO to coordinate non-emergency 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 fewer approved providers such as in Lincoln County, and arranging rides across county lines or to Portland. The RideLine Transportation Reimbursement Program offers an allowance to eligible Oregon Health Plan Plus (OHP+) clients to cover costs of travel 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. While RideLine offers a great service, the benefits are restricted to Medicaid consumers and thus are not available to people who have Medicare only. This unfortunately limits services to a large group of seniors and persons with disabilities.

On-demand “dial-a-ride” services provide a resource for those who are unable to use the fixed route services, and may be ineligible for the RideLine service. Technically known as Demand Response Service, this transportation option provides curb to curb, wheelchair accessible transportation. Demand Response Services operates in Lincoln County (transit district area boundary), Corvallis, greater Benton County (with restriction), Albany, Lebanon, and Sweet Home. However, all of these programs have had State STF funding reductions which 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, or use of multiple on-demand services.

Smaller community-based programs are trying to fill the gaps in the regional transportation options. Many of these programs rely on volunteers, which can be 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 coordination in how they serve consumers. For example, on any given day there may be three different service organizations driving to Alsea to provide rides to consumers. Ongoing stakeholder meetings to try to work more collaboratively and efficiently is something we hope will continue.

## Goals and Objectives: Transportation

Goal #1: Continue to operate and expand 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.	CSP Program Manager.	A. – B. 7/1/2021 – 6/30/25 ongoing.
	B. Complete one rural outreach event per county each year.		
	C. Increase mileage caps for volunteers residing in these areas during the SCP Federal 2021-2024 grant cycle.		C. Meet this goal with volunteers during SCP Federal 2021-2024 grant cycle.
	D. Complete data collection and report out through Federal grant reporting.		D. Completion based on Federal cycle before 6/30/2025.
Goal #2: OCWCOG will take the lead in bringing smaller community-based organizations which provide transportation for seniors together to support greater collaboration and efficiency, through development of a virtual forum.			

1. Convene a quarterly meeting of stakeholders invested in transportation which supports older adults and people with disabilities.	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 duplicating efforts and work to reduce duplication.		B. – D. 2/2022 – 6/30/2025
	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 and the transit providers involved.	A. CED staff will regularly attend staff meetings providing other programs about the Travel Training Program.	CED, SDS, and CSP Program Managers.	Provide education to the teams 11/30/2021 . Track referral numbers starting and place follow up calls beginning 1/1/2022.

	<b>B. The number of referrals made to the Travel Training program by SDS and CSP staff will be tracked.</b>		<b>B. – C. 1/1/2022 – 6/30/2025</b>
	<b>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.</b>		
<b>1. Support the rollout of the “Without a License” project which CED is launching, so that it can become more “older adult friendly”.</b>	<b>A. Work with CED staff to develop tools that are appropriate for older adults and people with disabilities.</b>	<b>CED Program Manager/ CSP Program Manager.</b>	<b>A. By 11/30/2021.</b>  <b>B. 12/1/2021 – 6/30/2025.</b>
	<b>B. Use program to support consumers who lose their licenses.</b>		

Goal #4: OCWCOG will use special transportation funds to provide transportation to those in need.			
1. OCWCOG will apply for STF funds and STIF funds.	A. Staff will complete annual or biannual STF and STIF applications from Linn and Benton Counties.	Director or Program Manager.	A. – C. Annually and ongoing.
	B. Staff will distribute STF funds to consumers from Linn and Benton and Counties when needed. C. Staff will complete all tracking and reporting necessary for contract requirements.		
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). OCWCOG has a documented Conflict of Interest Policy and provides annual training to all staff on Conflict of Interest and Maintaining Professional Boundaries.

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 Activities of Daily Living (ADL). 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 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 an in-home care agency (Addus Health Care, Inc.) are discussed as well as the benefits and costs of each option. OCWCOG, 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. The OPI program at OCWCOG has not had a waitlist for many years, but does have an OPI Waitlist Policy in place. The policy is included in the Appendices section of this document. See Appendix I.

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. (Following State process guidelines, during COVID no adverse actions such as reducing care plans or closing services have been taken.)

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 incomes 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 administrative staff who enter the fee

percentage(s) into the OA billing system. All fees collected are submitted to OCWCOG 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 Inc., 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

## Attachment C

### 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):

Addus Health Care Inc., 2300 Warrenville Rd., Ste. 100, Downers Grove, IL 60515

☒ **#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

Trio Community Health, PO Box 7153, Salem, OR 97303 "for profit"  
OCWCOG operates meal sites.

Note if contractor is a "for profit agency"

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

Funding Source: ☐ OAA ☒ OPI ☐ Other Cash Funds

☒ Contracted ☐ Self-provided

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

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

Note if contractor is a "for profit agency"

☒ **#6 Case Management**

Funding Source: ☒ OAA ☒ OPI ☐ Other Cash Funds

☐ Contracted ☒ Self-provided

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

Note if contractor is a "for profit agency"

☒ **#7 Congregate Meal**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☒ Contracted ☒ Self-provided

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

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

Meals Sites managed by OCWCOG

Note if contractor is a "for profit agency"

☐ **#8 Nutrition Counseling**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

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

Note if contractor is a "for profit agency"

☐ **#9 Assisted Transportation**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

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

☐ **#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 4<sup>th</sup> 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 OOPi Other Cash Funds

☐contracted Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source: OAA OOPi ☐Other Cash Funds

☐Contracted Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source: OAA OOPi ☐Other Cash Funds

☐contracted Self-provided

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

Note if contractor is a "for profit agency"

## **#20-2 Advocacy**

Funding Source: OAA OOPi ☐Other Cash Funds

☐contracted Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source: OAA OOPi ☐Other Cash Funds

☐contracted ☐Self-provided

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

Note if contractor is a "for profit agency"

☐ **#30-1 Home Repair/Modification**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

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

☒ **#30-4 Respite Care (IIIB/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 4<sup>th</sup> 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 2<sup>nd</sup> 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 4<sup>th</sup> 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 / Lifeline, 815 NW 9th St., Ste. 200, Corvallis, 97330 / Assured Independence, 3125 Colby Ave. Ste. B, Everett, WA 98201

☐ **#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

Note if contractor is a "for profit agency"

☐ **#60-3 Reassurance**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

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

Note if contractor is a "for profit agency"

☐ **#60-4 Volunteer Recruitment**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

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

Note if contractor is a "for profit agency"

☒ **#60-5 Interpreting/Translation**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☒ Contracted ☐ Self-provided

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

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"

Note if contractor is a "for profit agency"

☒ **#70-2 Options Counseling**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☒ Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

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

☐ **#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 4<sup>th</sup> 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

Area Plan Budget, Worksheet 1  
Oregon Cascades West Council of Governments Senior & Disabled Srvcs (OCWCOG)  
BUDGET PERIOD: 7.1.2021 - 6.30.2022 Area Plan Year 1

(3)	(4)					(9)							(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	
						OAA															
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		
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									\$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	3041	1 hour	341	\$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	7890	1 contact	5167	\$139,492						\$139,492					\$139,492	#DIV/0!			
14	Outreach			1 contact								\$0					\$0	#DIV/0!			
40-3	Preventive Screening, Counseling, and Referral			1 session								\$0					\$0	#DIV/0!			
40-4	Mental Health Screening & Referral			1 hour								\$0					\$0	#DIV/0!			
60-5	Interpreting/Translation			1 hour								\$0					\$0	#DIV/0!			
70-2	Options Counseling			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	24	1 activity	288	\$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	1328	1 hour	28							\$0		\$47,735			\$47,735	#DIV/0!			
1a	Personal Care - HCW			1 hour								\$0					\$0	#DIV/0!			
2	Homemaker/Home Care	C	920	1 hour	30							\$0		\$53,382			\$53,382	#DIV/0!			
2a	Homemaker/Home Care - HCW	C	28144	1 hour	199							\$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	300	1 hour	3							\$0		\$19,256			\$19,256	#DIV/0!			
30-1	Home Repair/Modification			1 payment								\$0					\$0	#DIV/0!			
30-4	Respite (IIIB or OPI funded)	C	68	1 hour	5	\$3,425						\$3,425					\$3,425	#DIV/0!			
40-5	Health, Medical & Technical Assistance Equip.	C	15	1 loan/payment	90	\$18,082						\$18,082		\$37,050			\$55,132	#DIV/0!			
40-8	Registered Nurse Services			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	480	1 hour	65	\$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	195000	1 meal	1222			\$175,913				\$175,913		\$247,816			\$423,729	#DIV/0!			
7	Congregate Meals	D	10960	1 meal	197		\$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	5	1 activity	93					\$859		\$859					\$859	#DIV/0!	
15a	Information for CGs serving Children			1 activity								\$0					\$0	#DIV/0!	
16	Caregiver Access Assistance	D	402	1 contact	108					\$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	D	2170	1 hour	57					\$37,655		\$37,655					\$37,655	#DIV/0!	
30-5a	Caregiver Respite for Caregivers Serving Children	D	61	1 hour	10					\$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	1107	1 payment	96					\$9,275		\$9,275					\$9,275	#DIV/0!	
30-7a	Caregiver Supplemental Services-Serving Children	D	25	1 payment	20					\$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	18	1 session	36					\$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	\$21,000	\$0	\$0	\$26,970	\$0	\$0	\$0	\$0	\$26,970		
40-2	Physical Activity & Falls Prevention	C	150	1 session	30				\$12,000			\$12,000					\$12,000	#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			1 activity								\$0					\$0	#DIV/0!	
50-4	Crime Pervation/Home Safety			1 activity								\$0					\$0	#DIV/0!	
50-5	LTC Ombudsman			1 payment								\$0					\$0	#DIV/0!	
60-4	Volunteer Recruitment			1 placement								\$0					\$0	#DIV/0!	
60-10	Recreation			1 hour								\$0					\$0	#DIV/0!	
71	Chronic Disease Prevention, Management & Ed	C	180	1 session	42				\$9,000			\$9,000					\$9,000	#DIV/0!	
72	Self-Directed Care			1 client served								\$0					\$0	#DIV/0!	
80-1	Senior Center Assistance			1 center served								\$0					\$0	#DIV/0!	
80-4	Financial Assistance			1 contact								\$0					\$0	#DIV/0!	
80-5	Money Management			1 hour								\$0					\$0	#DIV/0!	
80-6	Center Renovation/Acquisition			1 center acqrd/renovated								\$0					\$0	#DIV/0!	
900	Other - Computer Repair & IT		3			\$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	\$21,000	\$120,922	\$2,750	\$929,500	\$0	\$812,512	\$0	\$15,000	\$1,757,012		



Area Plan Budget, Worksheet 2

Oregon Cascades West Council of Governments Senior & Disabled Svcs (OCWCOG)

BUDGET PERIOD: 7.1.2021 - 6.30.2022 Area Plan Year 1

## Cash Match/In-kind Match

(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
SOURCE OF OAA CASH & INKIND MATCH FUNDS Be descriptive (e.g. Donated dining space @ SC)	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 IIIE

# 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
<b>ADMINISTRATIVE TOTAL</b>	<b>14.65</b>	<b>\$1,086,635</b>	<b>\$698,630</b>	<b>\$1,785,265</b>	<b>\$64,731</b>	<b>\$32,429</b>	<b>\$297,978</b>	<b>\$1,390,127</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,785,265</b>

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

<b>Veterans Services Eligibility</b>	<b>1.81</b>	<b>\$46,546</b>	<b>\$26,560</b>	<b>\$73,106</b>			<b>\$73,106</b>				<b>\$73,106</b>
<b>Extra Hire</b>	<b>3.75</b>	<b>\$164,978</b>	<b>\$54,726</b>	<b>\$219,704</b>			<b>\$28,750</b>	<b>\$190,954</b>			<b>\$219,704</b>

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
Tech Support Spec	1	\$42,790	\$24,549	\$67,339	\$18,615	\$14,775	\$33,949				\$67,339
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**Area Plan Budget, Worksheet 4**

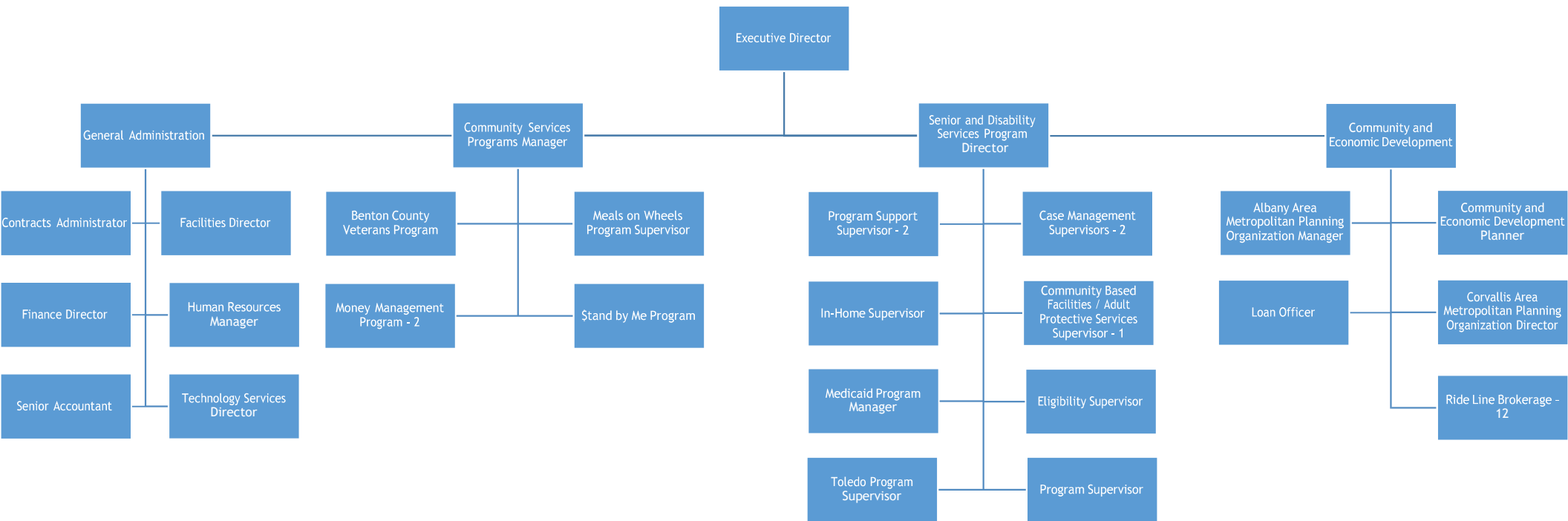
Oregon Cascades West Council of Governments Senior &amp; Disabled Svcs (OCWCOG)

BUDGET PERIOD: 7.1.2021 - 6.30.2022 Area Pla

	(3)	(4)
<b>APD Position Titles</b>	<b>Number of FTE Employed</b>	<b>Area Agency on Aging Position Title (if applicable)</b>
Admin Specialist 1	5.00	Administrative Assistant
Adult Protective Services Specialist	10.00	APS Case Manager
Compliance Specialist 2 (AFH Licens.)	2.00	AFH Licenser
Diversion Case Manager	3.00	Diversion Transition Case Manager
Human Services Assistant 2	3.00	In Home Assistant
Human Services Case Manager	47.65	Case Manager
Human Services Specialist 3	24.00	Eligibility Specialailist
Office Specialist 2	10.50	Clerical Specialist
Pre-Admission Screening		
Principal Executive Manager C	10.00	Program Supervisors
Principal Executive Manager D		
Principal Executive Manager E	1.00	Program Manager
Principal Executive Manager F	1.00	Program Director
Transition Case Manager		

(5)	(6)
<b>Medicaid Positions and Title (in addition to APD allocated positions)</b>	<b>Number of FTE Employed</b>
Trainer	4.00
Clerical Supervisor	0.00
ADRC Specialist	5.00
Contract Coordinator	0.65
Council Liaison	
Case Aide	9.00
Lead Eligibility	1.00
Executive Assistant	1.00

# Appendix A: Oregon Cascades West Council of Governments Organization Chart



# 2021 OCWCOG Board of Directors

## LINN COUNTY

\*Sherrie Sprenger  
Commissioner, Linn County  
Term Ends: 12/31/2024

Alex Johnson, II  
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

Angelita Sanchez  
Councilor-Elect, 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)

## APPENDIX B

# 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		

## 2021 OCWCOG Disability Services Advisory Council (DSAC)

### LINN COUNTY

Vacant		
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### BENTON COUNTY

Mike Volpe	Lee Lazaro, Vice Chair	Allison Hobgood
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### LINCOLN COUNTY

Jan Molnar-Fitzgerald, Chair		
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## 2021 OCWCOG Senior Services Advisory Council (SSAC)

### LINN COUNTY

Mitzi Naucner	Richard Montgomery	
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### BENTON COUNTY

Saleem Noorani, Chair	Lee Strandberg	Suzanne Lazaro
Carolyn Mendez-Luck	Robynn Pease	Mark McNabb

### LINCOLN COUNTY

Doris Lamb OCWCOG 21-25	Bill Turner	
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## APPENDIX B

OCWCOG - SSAC / DSAC Demographics:

**SSAC:**

Total number age 60 or over = 6

Total number minority = 2

Total number rural = 2

Total number self-indicating having a disability = 0

**DSAC:**

Total number age 60 or over = 2

Total number minority = 0

Total number rural = 2

Total number self-indicating having a disability = 2

## **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 4<sup>th</sup>, 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 24<sup>th</sup>, 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 5<sup>th</sup>, 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 meeting were cancelled.

Public Hearing: Senior and Disability Services conducted an online Zoom, Public Hearing on January 14<sup>th</sup>, 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.

See Attachments F, G, and H for public hearing publications.



## Senior and Disability Services

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

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



### **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	<b>Randi Moore</b>	Amy Peer	Rachel Nowak
CED	<b>Ryan Vogt</b>	Nick Meltzer	Danny Magana
Tech Services	<b>John Haytas</b>	Laura South	Jacob Blinn
Human Resources	<b>Ryan Schulze</b>	Rebecca Gibbons-Yardley	Tiffani Baker
Finance	<b>Sue Forty</b>	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.

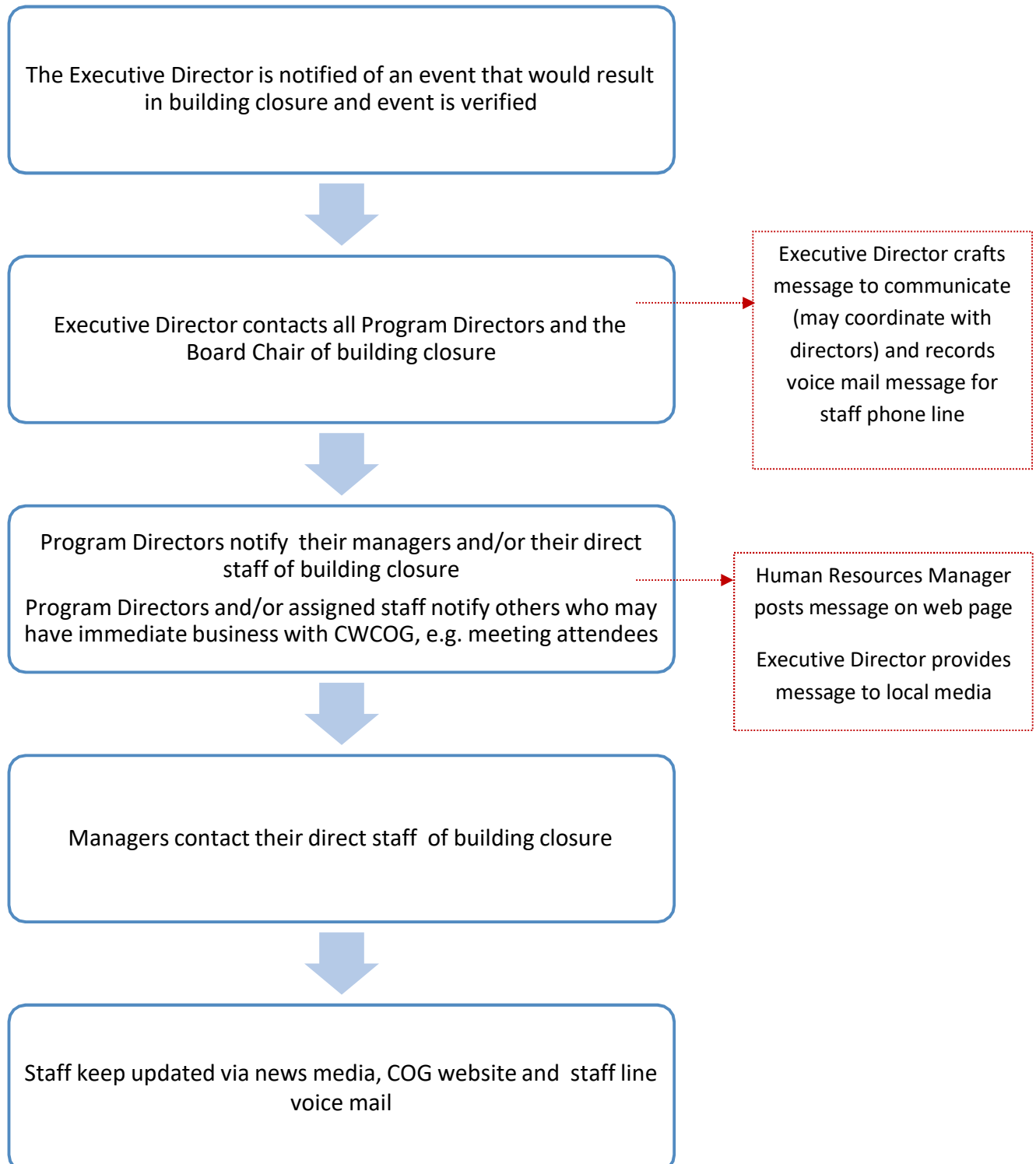
External internet based communications will be posted by HR or Technology Services staff. OCWCOG is registered with FlashAlert News Wire, which notifies all television, radio stations, and newspapers within the Albany/Corvallis, Eugene/Roseburg, and Portland/Salem (includes Lincoln City and Newport) 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:

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

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.

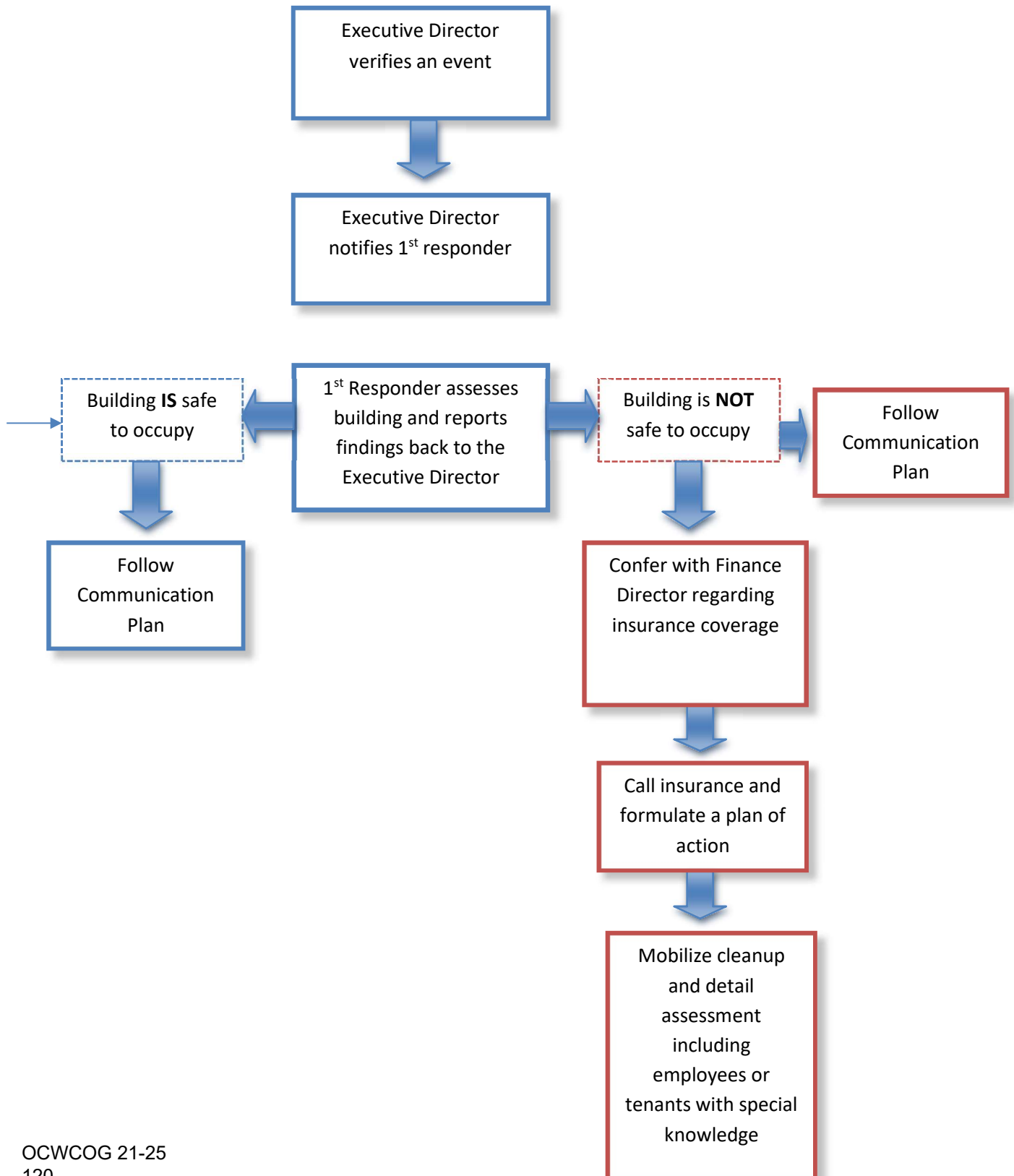
If the building is found safe to occupy, staff will follow the Communication Plan outlined in Section 1 of this manual.

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***

### **Electrical 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 extension 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 circuits 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 not 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**

<b>Vital File, Record or Database</b>	<b>Form of Record (e.g., hardcopy, electronic)</b>	<b>Pre- positioned at Alternate Location</b>	<b>Hand Carried to Alternate Location</b>	<b>Backed up at Third Location</b>
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

<b>Vital File, Record or Database</b>	<b>Form of Record (e.g., hardcopy, electronic)</b>	<b>Pre-positioned at Alternate Location</b>	<b>Hand Carried to Alternate Location</b>	<b>Backed up at Third Location</b>
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

<b>Vital File, Record or Database</b>	<b>Form of Record (e.g., hardcopy, electronic)</b>	<b>Pre- positioned at Alternate Location</b>	<b>Hand Carried to Alternate Location</b>	<b>Backed up at Third Location</b>
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		

<b>Vital File, Record or Database</b>	<b>Form of Record (e.g., hardcopy, electronic)</b>	<b>Pre- positioned at Alternate Location</b>	<b>Hand Carried to Alternate Location</b>	<b>Backed up at Third Location</b>
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:

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

### *Lincoln County*

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

### *State of Oregon*

	CONTACT PERSON
--	----------------

AGENCY	
OHA Public Health Division	971-673-1222

## Radio Stations

STATION	PHONE NUMBER	CITY	RADIO DIAL
KRKT	<b>541-917-0212 early am</b> <b>541-926-8628 office</b> FAX 541-928-1261	Albany	990AM/1240AM 1340AM 106.3FM/99.9FM
KSHO KGAL	<b>541-926-8683</b> FAX 541-451-5429	Albany	920AM 1580AM
KHPE KWIL	<b>541-926-2431</b> FAX 541-926-3925	Albany	107.9FM 790AM
KLCC	<b>800-922-3682</b> <b>541-463-6000</b>	Eugene	89.7FM
KBCH	<b>541-994-2181</b>	Lincoln City	1400 AM
KNPT KYTE	<b>541-265-2266</b>	South Lincoln Co.	1310 AM 102.7 FM
KFIR	<b>541-367-5115</b> —Steve (after 4:30am)	Sweet Home	720 AM
KORC	<b>541-563-5100</b> FAX 541-563-5116 Email: <a href="mailto:bet8@korcam820.com">bet8@korcam820.com</a>	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 18<sup>th</sup> Avenue, Sweet Home, OR 97386
- Brownsville Community Church, 198 Washburn Street, Brownsville, OR 97327

### **Benton County Meal Site Locations**

- Corvallis Elks Lodge, 1400 NW 9<sup>th</sup> 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 2<sup>nd</sup> 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.

Apr 1, 2021

\_\_\_\_\_  
Date

Randi Moore

\_\_\_\_\_  
Director, OCWCOG, SDS

04/19/2021

\_\_\_\_\_  
Date



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

Executive Director OCWCOG

\_\_\_\_\_  
Title

Signature: Randi Moore  
Randi Moore (Apr 1, 2021 09:03 PDT)

Email: [rmoore@ocwcog.org](mailto:rmoore@ocwcog.org)

## Appendix I

### OCWCOG Procedure for OPI Client Waitlist

In the event of the OPI Program being waitlisted:

- ADRC call center staff will identify callers who are potentially eligible for the OPI program.
- Call center staff will explain there is a waiting list, BUT...
- Refer to Options Counseling (OC) and enter client on OPI waitlist spreadsheet.
- Case Manager will call and offer home visit (on hold during COVID) and some level of OC, offering other resources and supports that will meet client need.
- Case Managers will complete an OPI Risk Assessment.
- Case Manager will enter Risk Assessment score in OPI waitlist spreadsheet.
- Case Manager will consider urgent needs, high risk scores, natural supports, other resources, OPI openings, etc.
- Case managers will triage waitlist participants based on risk assessment results.
- When client is opened on OPI, Case Manager will delete client off OPI waitlist spreadsheet.

OPI WAITLIST POLICY - RM 9/2013

## Attachment A



# Oregon Cascades West Council of Governments Community Partner Survey (ELDER LATINO COMMUNITY)

1. Do the Latino community members you work with know about programs and supports provided by Senior and Disability Services?

**Yes, no, other fill in**

2. What would be the most effective way to outreach to the aging and disabled Latino community that don't know about our services?

**Community events, radio, printed advertising, brochures, other fill in**

3. What are the biggest unmet needs faced by the aging and disabled Latino people you work with? **Fill in**

4. How can Senior and Disability Services change the way we do business that would make the experience of applying for assistance more culturally comfortable for Latino community members? **Fill in**

5. Senior and Disability Services hopes to be a resource for Latinos in our communities. If Latinos are not coming to our agency for support, why is that? **Fill in**

6. Is there a way that Senior and Disability Services can partner with your organization to better meet the needs of the people you serve? **Fill in**

**This survey was administered through Survey Monkey to community partner agencies that work with LATINO individuals and families.**

## Attachment A



# Oregon Cascades West Council of Governments Community Partner Survey (Tribal Community)

1. Do Tribal families you work with know about programs and supports provided by Senior and Disability Services? **Yes, no, other fill in**
2. What would be the most effective way to outreach to the aging and disabled Tribal community that don't know about our services? **Community events, radio, printed advertising, brochures, other fill in**
3. In your opinion, what are the biggest unmet needs faced by aging and disabled Tribal members in your community? **Fill in**
4. Do you feel that Tribal families applying for assistance from Senior and Disability Services find our processes culturally and linguistically competent? Why or why not? **Fill in**
5. How might Senior and Disability Services be better viewed as a trusted resource for the local Tribal community?
6. Is there a way that Senior and Disability Services can partner with your organization to better meet the needs of the Tribal community you serve? **Fill in**

**This survey was administered through Survey Monkey to community partner agencies that work with Native American Elders.**

## Attachment A



# Oregon Cascades West Council of Governments Community Partner Survey

(LGBTQ Community)

1. Do LGBTQ individuals and/or families you work with know about programs and supports provided by Senior and Disability Services? **Yes, No, other fill in**
2. What would be the most effective way to outreach to the aging and disabled LGBTQ community that don't know about our services? **Community events, radio, printed advertising, brochures, other fill in**
3. In your opinion, what are the biggest unmet needs faced by aging and disabled LGBTQ's in our community? **Fill in**
4. Do you feel that LGBTQ individuals or families applying for assistance from Senior and Disability Services find our processes culturally and linguistically competent? Why or why not? **Fill in**
5. How might Senior and Disability Services be better viewed as a trusted resource for the local LGBTQ community? **Fill in**
6. Is there a way that Senior and Disability Services can partner with your organization to better meet the needs of the people you serve? **Fill in**

**This survey was administered through Survey Monkey to community partner agencies that work with LGBTQ individuals and families.**

**Attachment B**

<b>Service</b>	<b>Linn County</b>	<b>Benton County</b>	<b>Lincoln County</b>
<b>Hospitals</b>	<b>1</b>	<b>1</b>	<b>2</b>
<b>Clinics</b>	<b>5</b>	<b>6</b>	<b>5</b>
<b>Tribal Clinics</b>			<b>1</b>
<b>Housing Authority</b>	<b>2</b>	<b>2</b>	<b>1</b>
<b>Food Banks</b>	<b>12</b>	<b>9</b>	<b>8</b>
<b>Title VI Nutrition Sites</b>	<b>5 Emergency Meal Sites</b>	<b>4 Emergency Meal Sites</b>	<b>9 Emergency Meal Sites</b>



## Attachment D

### 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](http://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.**

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**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 bars, 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?**

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**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.		

<b>14.The staff you work with:</b>	<b>Agree</b>	<b>Disagree</b>
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		

<b>15.When you applied for benefits:</b>	<b>Agree</b>	<b>Disagree</b>
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.**

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**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: \_\_\_\_\_

## Attachment F – Public Process

**B8** Sunday, January 10, 2021

**Midvalley Marketplace**

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### NOTICE OF ONLINE PUBLIC HEARING

Senior and Disability Services will conduct an online public hearing on Thursday, January 14th from 4 to 5 pm to introduce the 2021-2025 Area Plan service areas and receive public feedback or recommendations. To receive an access link to participate, provide your email at 541-812-1917 or email [kcooper@ocwcog.org](mailto:kcooper@ocwcog.org).

#131701

PUBLISH: 01/10/2021

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## Attachment G

Attachment G

# PUBLIC ANNOUNCEMENT:

Oregon Cascades West Council of Governments, Senior and Disability Services will conduct an online public hearing on Thursday, January 14th from 4 to 5 pm to introduce the 2021-2025 Area Plan service areas and receive public feedback or recommendations. To receive an access link to participate, provide your email at:



541-812-1917

or

email [kcooper@ocwcog.org](mailto:kcooper@ocwcog.org)

## Attachment H

Attachment H

# Public Announcement

Senior and Disability Services will conduct an online public hearing on Thursday, January 14th from 4 to 5 pm to introduce the 2021-2025 Area Plan service areas and receive public feedback or recommendations. To receive an access link to participate, provide your email at 541-812-1917 or email [kcooper@ocwcog.org](mailto:kcooper@ocwcog.org).