



# Oregon

Kate Brown, Governor

## Department of Human Services

*Aging and People with Disabilities*

*State Unit on Aging*

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December 21, 2018

Ms. Tara Bishop  
Community Action Program East Central Oregon  
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Pendleton, Oregon 97801

Dear Tara:

Aging and People with Disabilities, Community Services and Supports Unit, is pleased to inform you that the Community Action Program East Central Oregon's Area Agency on Aging **revised** (submitted 12/19/2018) Area Plan for 2017 to 2020 has been approved for the period of January 1, 2017 through December 31, 2020. The final approved Area Plan will be posted to the Community Supports and Services website.

The Community Services and Support staff looks forward to working with you and your team in the implementation of the Area Plan. If you have questions or concerns, please contact us. Monica Sandgren continues to be your SUA Liaison.

We appreciate the dedication and commitment of you and your staff toward improving the lives of older Oregonians.

Sincerely,

Kristi Murphy  
Manager

# CAPECO AREA PLAN

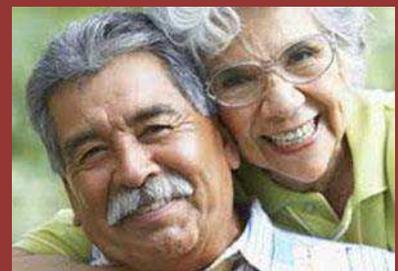
For the period of  
**October 1, 2018 – December 31, 2020**

*Serving Gilliam, Hood River, Morrow, Sherman,  
Umatilla, Wasco, and Wheeler Counties*

CAPECO Administrative Office  
721 SE Third Street, Suite D  
Pendleton, OR 97801



***“ASSISTING PEOPLE TO BECOME  
INDEPENDENT, HEALTHY AND SAFE”***



**COMMUNITY ACTION PROGRAM  
OF EAST CENTRAL OREGON**

**2018-2020  
AREA PLAN**

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## **Section A: Area Agency Planning and Priorities**

### **A-1 Introduction and Overview**

Community Action Program of East Central Oregon (CAPECO) is a private non-profit, 501(c)(3) organization established in October 1987 with the Internal Revenue Service, to serve low income persons in Umatilla, Morrow, Gilliam and Wheeler Counties. In October 2018, the counties of Hood River, Sherman and Wasco were added for the purpose of serving seniors. CAPECO is governed by a tri-partite nine-member board comprised of three elected officials, three representatives from the business sector and three low income representatives.

As a community action agency, CAPECO is charged with carrying out the programs founded by the 1964 Economic Opportunity Act to fight poverty by empowering the poor as part of the War on Poverty. As such; CAPECO is designated by the State of Oregon as the Area Agency on Aging (AAA) and the Aging and Disability Resource Connection (ADRC) for its newly formed seven- county service area.

The CAPECO AAA is designated as Region 9 and 12 and is a Type “A” AAA. As a Type “A” AAA, it administers Older Americans Act (OAA) programs, Oregon Project Independence (OPI), Options Counseling and Health Promotion in Gilliam, Hood River, Morrow, Sherman, Umatilla, Wasco, and Wheeler Counties. Transportation programs are offered in Umatilla and Morrow Counties.

Title XIX Medicaid programs, Supplemental Nutrition Assistance Program, and other entitlement programs are administered by local offices of the State of Oregon’s Aging and People with Disabilities (APD) division of the Department of Human Services.

The CAPECO Board of Directors is assisted by two Advisory Councils: the East Senior Advisory Council (SAC) and the West Senior Advisory Council (SAC). The functions of the Advisory Councils are to advise the Board and Executive staff on the needs of consumers served by CAPECO, the general well-being of older adults and persons with disabilities in its service area, and on important matters affecting the operations of the organization.

CAPECO maintains three offices to provide senior services in the 7-county service area. The administrative office is located in Pendleton, with satellite offices in Hermiston and The Dalles. Due to the remoteness of our service area staff, volunteers and other agency personnel are available on a regular basis in the service area to ensure the elderly are able to gain access to services and obtain information. CAPECO provides a toll free number to expedite connecting seniors with services. Although initial contacts may be made through email or by phone, all intake procedures are conducted by appointments in the client's home.

The Area Plan serves as an agreement between the State of Oregon's Community Services and Supports Unit and CAPECO to provide needed services and supports to older adults and adults with physical disabilities living in CAPECO's 7-county service area. The Area Plan serves as a roadmap for program services for the next two years. The Plan does not encompass all of the activities of CAPECO. It is designed to include a vision for the future and articulate priorities and strategies that will position its program services to meet the changing demographics and needs of the communities CAPECO serves.

## **A-2 Mission, Vision, Values**

CAPECO's mission is "Assisting people to become independent, healthy and safe." CAPECO "Envisions the success of every youth, adult and senior to eliminate poverty and promote independence through education, employment, and the sharing of resources that move individuals from surviving to thriving."

CAPECO's core values include: *Image* - We serve our community in a positive, innovative, accountable and fiscally responsible manner in an inviting atmosphere which upholds the public trust and fulfills our mission. *Integrity* - A personal commitment to do what is right morally, ethically and professionally. *Attitude* - We exhibit positive, respectful, confident and non-judgmental behavior towards others. Our success is a reflection of our attitude. *Customer Service* - We aspire to provide our customers with prompt, courteous, consistent and resourceful services. We treat each individual with dignity, fairness and respect. Customer service is not a department, it is an attitude. *Professionalism* - We exemplify the highest standard of professionalism. We strive to set an example by maintaining a

high level of knowledge in our respective fields and conduct ourselves in a manner that reflects positively on the company.

The AAA department's mission is: To coordinate, develop and maintain services that promote opportunities for aging community members to maintain their independence, dignity and choice. In pursuing this mission, the AAA is committed to the additional core values of stewardship, responsibility, and respect.

To accomplish this mission, CAPECO AAA envisions working as an agency and with community partners to create a complete and responsive system of services, plan and develop new programs, improve the delivery of existing programs, educate community members, advocate with lawmakers, and provide direct services in a manner that involves the aging community to ensure their point of view is fairly represented.

In fulfilling our mission, we place a high value on dignity, choice, and independence. These are defined as:

*DIGNITY* - Respect for the individual, their family and caregivers.

*CHOICE* - Individuals should have the opportunity to make informed choices about their care situations.

*INDEPENDENCE* - Individuals benefit from service approaches that empower them, their family members and their communities to live full and independent lives, to the greatest extent possible.

It is also imperative that the aging community has access to services. CAPECO AAA strives to overcome barriers to access ( such as language, social, geographical, or cultural/lifestyle isolation), respect individual differences and cultural diversity, provide individuals with opportunities for healthy aging, provide opportunities for aging people to remain active in their communities, and finally, help individuals to be safe (physically, financially, emotionally) from neglect and exploitation.

### **A-3 Planning and Review Process**

The planning process for this Area Plan began in 2016 for Umatilla and Morrow Counties and in 2018 for Gilliam, Hood River, Sherman, Wasco, and Wheeler Counties. CAPECO contracted with Eastern Oregon Business Solutions (EOBS) in 2018 to conduct a Comprehensive Needs Assessment in

Umatilla, Morrow, Gilliam and Wheeler Counties and a more simplified Senior Needs Assessment in Hood River, Sherman and Wasco Counties. Both assessments were provided to seniors and service providers in both written form and an on-line service through CAPECO's website and Facebook page and EOBS' website. In addition to surveys, "listening sessions" were conducted throughout the 7-county service area to glean more information on community and senior needs. Although the assessments were broadly distributed and provided in Spanish, it is recognized that the responses from Spanish speaking communities were under-represented. CAPECO will conduct a more robust assessment in 2020 to ensure individual responses are adequately represented.

An Area Plan work group was created in October 2018 to review the needs assessment findings and to set goals and objectives for 1) Information and Assistance Services and Aging & Disability (ADRC), 2) Nutrition Services, 3) Health Promotion, 4) Family Caregivers, 5) Elder Rights and Legal Assistance, 6) Older Native Americans, 7) Oregon Project Independence (OPI), 8) Oregon Project Independence Pilot Project and 9) Discretionary Funds.

The eight-member work group, with three agency staff, developed a Needs Statement and determined how each Needs Statement addresses 1) Partnerships to support outreach and effectiveness of the focus area, 2) Staffing and/or contracts to support services in the focus area, and 3) Potential challenges and how CAPECO anticipates addressing these challenges.

The Area Plan was made available for comment at a public hearing in The Dalles and was presented to the East and West Senior Advisory Councils for approval. It was provided to CAPECO's Board of Director for final review, discussion and approval at the November 2018 board meeting.

#### **A-4 Prioritization of Discretionary Funding**

Once CAPECO has met its minimum service requirements and continuing contractual obligations, we have the discretion to allocate any remaining funds (that may be available) to further enhance existing services or initiate new programs. How these discretionary funds are expended is based on a

prioritized list of services recommended by the advisory councils and adopted by the board of directors.

The prioritized list of services recommended by the advisory councils is developed in conformance to a set of guiding principles, also approved by the councils:

- OAA/OPI services/programs funded by CAPECO should meet the overall goals of the Agency mission statement and strategic plan, as these are the documents which establish priorities, goals and objectives.
- OAA/OPI services/programs funded by CAPECO should be prioritized according to the basic necessities of life (e.g., food, shelter, etc.).
- OAA/OPI services/programs for which funding is sought must have an identifiable outcome and meet an identifiable need that cannot otherwise be adequately met by other community resources.
- Costs for OAA/OPI services/programs should be in line with average costs of areas with similar demographics. Reasonable costs should meet the “prudent person” test.
- An auxiliary service should not exceed the cost per unit of the primary service (e.g., meal site transportation unit cost compared to meal unit cost).
- Input and involvement from potential OAA/OPI service/program participants should be a part of the planning process and, when feasible, part of the recommendation process. Involvement of participants/consumers in the evaluation and monitoring of programs and services is essential.
- Whenever feasible and allowable, discretionary funds used to develop “new” OAA/OPI services/programs should be used as seed money and will be time limited.
- Emphasis should be placed on building and/or replicating partnerships which control costs, yet maintain the quality necessary to serve people well.

CAPECO Senior Advisory Council members, in cooperation with CAPECO staff and volunteers, will educate the public about CAPECO services and programs. When applicable, such education will include information

regarding funding cuts or proposed cuts that affect the seniors and people with disabilities we serve in our 7-county service area.

In the event of available discretionary funding, the list of services will be accomplished through developing a threshold for greatest need (considering factors such as income; physical and mental disabilities; language barriers; and cultural, social and geographical isolation) and a process to identify and cost-effectively serve as large of a population as possible. CAPECO will seek to ensure sustainability through partnerships with other service providers, coordinating the process with their input, and will monitor effectiveness and making changes as needed.

## Section B: Planning and Service Area Profile

### B-1 Population and Service Area Profile

The following is the result from the surveys, listening sessions and data collection conducted by EOBS:

#### Information and Definitions:

##### ***Survey/Community Meeting Methodology***

Community meetings were held in Sherman, Wasco, and Hood River Counties at senior centers during congregate meals. The surveyors arrived early at each meal and spoke with the staff and seniors as they arrived. They handed out surveys, and then conducted the community meeting that involved asking a set list of questions to the assembled group. At this event, they handed out paper versions of the survey. We advertised the community meetings in the *East Oregonian*, *The Dalles Chronicle* and more local newspapers where available.

Paper versions were made available to partner organizations and other direct-service providers. Outreach was also done to gain input from each county commissioner, school district superintendents, and the pastors of each church in all of the communities.

##### ***Dependency Ratios***

A dependency ratio is created using the total number of people in a population under the age of 18 and over the age of 65 divided by the number of people in a population between the age of 18 and 64. A high dependency ratio means that there is more economic stress on those who are working age to produce in order to provide for those who are older and younger (not of working age).<sup>1</sup>

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<sup>1</sup> A common criticism of the old-age dependency ratio is that people are often counted who are still working after they turn 65. This may be a problem in certain contexts, however in this report the focus is not on economic output per se, and is instead more on the age ratio and what this means for the county.

A dependency ratio of 100 means that for every person between the age of 18 and 64, there is one person either under 18 or over 64. Another way to think of the dependency ratio is that it gives you a number of people in a population under the age of 18 and over the age of 64 per 100 people between 18 and 64. So, for example, a dependency ratio of 68 means that for every 100 people between the age of 18 and 64, there are 68 people either under 18 or over 65.

### ***Median Age***

Another related metric is median age. Median age helps summarize the age distribution of a population. Median age splits the population into two numerically equal groups—half is above the median age and half is below. A higher median age means indicates an older population.

### ***Census Designated Place (CDP)***

A census designated place is a concentration of population defined by the US Census Bureau for statistical purposes only. CDPs are the counterparts of incorporated places. Since 2010, the names used for CDPs have been required to be a name that is recognizable in daily communication by the people who live in or near a CDP, rather than a name developed only for planning purposes. CDPs are included in this report because they are often more populous than many small towns.

### ***Demographic Data and Margin of Error (MOE)***

All of the demographic data for this report comes from the American Community Survey Estimates for 2012-2016. Unlike the US Census, the American Community Survey is only estimation, not a complete count of the population. Because of this—especially in small communities—there is a margin of error associated with all data. In most cases, this margin of error does not significantly change the interpretation of the data. However, in the report for Sherman County, Margin of Error Data is included in the footnotes. This is included to provide a more complete picture, and does not significantly change the way that the data needs to be interpreted.

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Dependency Ratios can be further broken down into old-age dependency ratio and child dependency ratio. The old-age dependency ratio is the number of people 65 or over related to the number of people between 18 and 64. Similarly, the child dependency ratio represents the number of children under the age of 18 related to the number of people between 18 and 64.

## Gilliam County



Gilliam County is located in north-central Oregon and covers an area of 1,223 square miles. Its northern border is the Columbia River and Interstate 84. The John Day River and Wasco and Sherman counties make up Gilliam County's western border. Morrow and Grant counties form the eastern border, with Wheeler County to the south. State Route 19 runs north to south through the middle of the county.

### Population

According to the American Community Survey population estimation, Gilliam County has a population of 1,913. The city of Condon has a population of 556, the city of Arlington has a population of 571, and Lonerock, which is sometimes also

included as a city, has a population of 15.<sup>2</sup> Condon is the county seat. As mentioned in the introduction, unlike Umatilla and Morrow Counties, the overall population of Gilliam County has been trending downward since 2000.

<b><i>Population since 1950</i></b>	
1950	2,817
1960	3,069
1970	2,342
1980	2,057
1990	1,717
2000	1,915
2010	1,871

### **Racial Demographics**

Like many rural counties in Oregon, Gilliam County is not racially or ethnically diverse. Gilliam County is 86.6% White. The next largest racial group, Hispanic/Latino, makes up 9.7% of the population.<sup>3</sup> Other races of people are of course present in Gilliam County in small numbers, but nothing significant enough to report.

### **Poverty**

The American Community Survey reports that 11.2% of the population of Gilliam County lives at or below the poverty line. The MOE for this figure is +/- 4.5%, so the confidence interval is between 6.7% and 15.7%. From this we can say that in Gilliam County, there are very likely less people in poverty than in the State of Oregon by percent of the population. In Oregon, 15.7% of the population is at or below the poverty line.

### **Health Insurance**

In Gilliam County, 85.1% of the population has health insurance. This leaves 14.9% of the population without insurance. Taking into account the MOE, this means that in Gilliam County it is very likely that there are more people by percentage of

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<sup>2</sup> For example on the Gilliam County website <http://www.co.gilliam.or.us/recreation/communities/index.php>

<sup>3</sup> It should be noted that because the confidence interval for the Hispanic Community in Gilliam County is between 12.9 and 6.5%. To put this number in perspective, this is between 253 and 119 people.

the population uninsured than in the state of Oregon, which has an uninsured population of 10.4%.<sup>4</sup>

### Dependency Ratios

The median age in Gilliam County is 46.5. Even when taking the MOE into account, which gives us a confidence interval between 43.9 and 49.1, the population of Gilliam County is older than the population of both Oregon and the United States. This is reflected in the old-age dependency ratio of 45.3. The confidence interval here is between 37.8 and 52.8, which although large, doesn't ease the reality that the population of Gilliam County will continue to get older and require more resources.

	<i>Gilliam County</i>	<i>Oregon</i>	<i>United States</i>
Median Age	46.5	39.1	37.7
Dependency Ratio	90.7	60.2	60.3
Old-Age (65+)	45.3	25.5	23.2
Child (0-18)	45.5	34.6	37.0

### Veterans

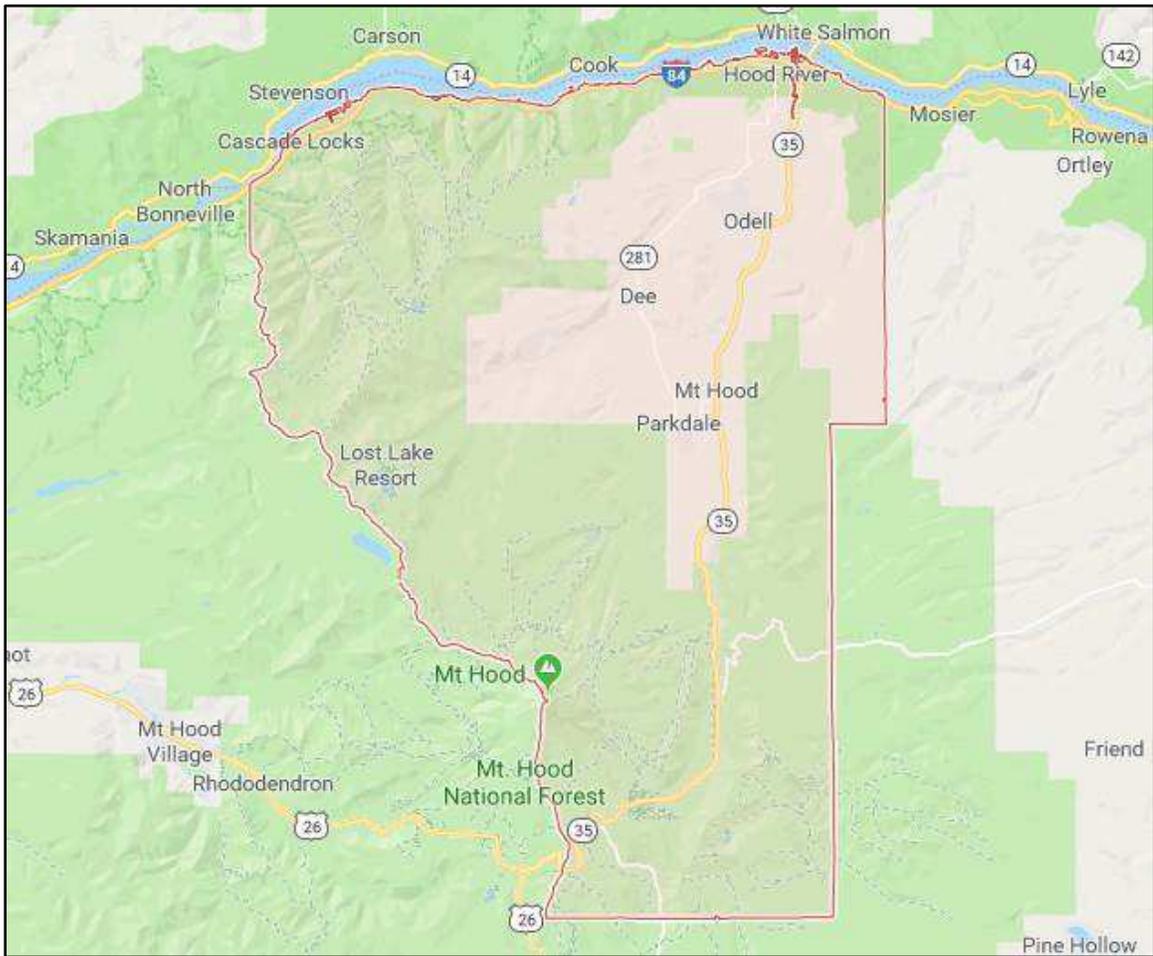
In 2016, it was estimated that there were 233 veterans in Gilliam County. This represents 16% of the adult population. Of these veterans, 63.5% are over the age of 65 and 38.6% are over the age of 75. This compares to 9.66% of the population in Oregon and 8% in the United States. Of the veterans in Gilliam County, 84.1% are male, and 15.9% are female.<sup>5</sup> The data on era of military service is not dependable. However, 80% or more of veterans in Gilliam County are 55 or older.

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<sup>4</sup> The MOE is +/- 4.9% for the uninsured rate in Gilliam County, so the confidence interval on the uninsured is between 10% and 19.8%.

<sup>5</sup> The margin of error here is 8.3%. Given this, it is perhaps better to know that there are significantly more male veterans in Gilliam County.

## Hood River County



Hood River County is bordered by Interstate 84 and the Columbia River to the north. State Route 35 runs north and south across the county.

### Population

Hood River County has a population of 22,842 with two cities, Hood River in the northeast, and Cascade Locks in the northwest part of the county. It has three CDPs: Odell (about 8 miles south of Hood River), and Mount Hood and Parkdale located in the center of the county.

Hood River County 22,842			
<i>Cities</i>		<i>CDPs</i>	
Hood River	7,476	Parkdale	528
Cascade Locks	1,134	Mount Hood	238
		Odell	2,478

## Racial Demographics

Hood River County is 64.5% White and 30.8% Hispanic.

## Poverty

The median household income in Hood River County is \$56,581, while the mean or average household income is \$75,848. The percentage of people living below the poverty line is 13.3%. People over the age of 65 are doing better than the average population, with only 4.1% below the poverty line.

## Health Insurance

64.2% have private health insurance, 34.6% have public health insurance, and 13.1% are uninsured.

## Dependency Ratios

The median age in Hood River County is 37.7, which is lower than the State of Oregon. The dependency ratios are similar to those found in the United States. For every 100 people between the age of 18 and 64, one would expect to find 60 people either under 18 or 65 or older living in Hood River County.

	<i>Hood River County</i>	<i>Oregon</i>	<i>United States</i>
Median Age	37.7	39.1	37.7
Dependency Ratio	60.3	60.2	60.3
Old-Age (65+)	23.2	25.5	23.2
Child (0-18)	37.0	34.6	37.0

## Veterans

In Hood River County, Veterans make up 7.5% of the population and are 94.4% male and 5.6% female. Their veteran era is:

<i>War</i>	<i>% vet-population</i>
Gulf War II (9/2001 to present)	6.5%
Gulf War I (8/1990-8/2001)	22.4%
Vietnam era	35.4%
Korean War era	7.1%
World War II era	10.9%

## **Community Meeting and Surveys**

The community meeting in Hood River was very spirited. People noted that the City of Hood River was growing, that the healthcare system was good, that the food system is strong, and that the schools are good. However, as the city grows, the cost of housing has increased, and because the primary driver for the City of Hood River is tourism, this often leaves locals in a position where they have trouble finding regular everyday items because most of the businesses sell specialty items aimed at tourists. It was mentioned that there needs to be more help enrolling people in Medicare, especially Spanish-speaking help.

Forty citizen surveys were returned from Hood River County. Most people who returned surveys lived in the City of Hood River, 2 lived in Parkdale, and one lived at Mt. Hood. 97% of the respondents were over the age of 55 with 75% over the age of 65. 87.5% were White. 40% were veterans 60% were not. 62.5% married 27.5% widowed.

82.5% owned their home, while 15% rented. 82.5% had not moved in the last 12 months. Over 56% had a Bachelor's Degree or higher and 87% had volunteered in the last 12 months.

The preferred communication methods were email, printed publication, then TV and face to face. 27.5% felt better off this year than last with 5% feeling worse off. 67.5% felt about the same.

Social Security and Pensions were the primary sources of income. 77.5% were retired. 100% had bank accounts, 73% had over \$1000 in their account, 23% had between \$100-\$1000, and 3% having under \$100. Those who receive less than \$15K per year were 6.24%, 12.5% receive \$15K-\$30K, 28% receive \$30K-\$50K, 18.75% receive \$50K-\$75K, and 34% receive more than \$75K. When facing an unexpected expense people reported that they would turn to their family or children.

The greatest concern among this group was affordable prescription medication. The top ten concerns are listed below in ranked order, along with the percentage of respondents reporting "always or often a concern".

<b>Concern</b>	<b>Always or often a concern</b>
Affordable prescription medication	33% always or often a concern
Local, quality dental care	28% always or often a concern
Long-term elderly care	19% always or often a concern
Affordable quality dental care	24% always or often a concern
Health insurance for adults	24% always or often a concern
Affordable quality health care	21% always or often a concern
Local quality health care	24% always or often a concern
Programs and services for seniors	21% always or often a concern
Services for disabled people	21% always or often a concern
Price of gas	23% always or often a concern

When asked what they hoped to accomplish in the next year, most of the responses focused around maintaining their ability to take care of themselves and to keep healthy. A lot of people also mentioned wanting to exercise more.

The Community Partner Survey showed a somewhat different picture. These are the top 10 concerns in that survey:

<b>Concern</b>	<b>Always or often a concern</b>
Finding affordable quality housing	100% always or often a concern
Long-term elderly care	91% always or often a concern
Programs and services for seniors	91% always or often a concern
Immigration and citizenship issues	93% always or often a concern
Finding a job with benefits	83% always or often a concern
Health insurance for adults	83% always or often a concern
Affordable prescriptions medication	83% always or often a concern
Finding a job that pays enough	83% always or often a concern
Support and access to information about aging relatives	75% always or often a concern
Affordable quality mental health	72% always or often a concern

## Morrow County



Morrow County is bordered by the Columbia River and Interstate 84 to the north. State Routes 206, 207, and 74 crisscross the southern part of the county.

### Population

Morrow County has a population of 11,207. The two most populous cities are Boardman with a population of 3,347, and Irrigon with a population of 2,249. Both of these cities are located in the northern part of the county. Heppner, the third most populous city, and county seat, has a population of 1,186. Morrow County has no CDPs.

Morrow County 11,207		
<b>Cities</b>		<b>CDPs</b>
Boardman	3,347	None
Irrigon	2,249	
Heppner	1,186	
lone	276	
Lexington	188	

**Racial Demographics**

In Morrow County, 61.2% of the population is White alone, with 34.7% of the population being Hispanic or Latino. It should be noted that the Hispanic population is not spread evenly across the county. Most of the Hispanic population is located in the northern cities of Boardman and Irrigon. Boardman, for example, is 66.3% Hispanic or Latino, while Heppner is 5.6%.<sup>6</sup> 3.1% of the population identifies as two or more races, and 3.1% of the population identifies as three or more races.

**Poverty**

The median household income in Morrow County is \$54,441, and the mean household income being \$61,375. 15.2% of the population in Morrow County lives at or below the poverty line.

<b>Age</b>	<b>% Below Poverty Line</b>	<b>MOE</b>
Under 18	22.9%	+/- 4.8%
18-64	13.6%	+/- 2.6%
65+	6.5%	+/- 3.2%

**Health Insurance**

In Morrow County, 87.1% of the population has insurance, while 12.9% does not. This is similar to the State of Oregon where 89.6% are insured and 10.4% are not. Of those insured in Morrow County, 64.5% have private insurance, while 34.7% have public coverage.

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<sup>6</sup> Here the MOE only makes this point stronger. For Boardman the MOE is +/- 6.3%, For Heppner it is +/- 5.5%.

## Dependency Ratios

The median age in Morrow County is similar to the median age in the United States. However, the dependency ratio is 13 points higher. This interestingly comes from a high child-dependency ratio of 49.1. This means that in Morrow County, for every two people between 18 and 64 there is one person under the age of 18. This will be considered more closely later in this report, but the median age of Boardman is 27.4. This is 10 years lower than the median age of the United States.

	<b><i>Morrow County</i></b>	<b><i>Oregon</i></b>	<b><i>United States</i></b>
Median Age	37.4	39.1	37.7
Dependency Ratio	73.1	60.2	60.3
Old-Age (65+)	24.1	25.5	23.2
Child (0-18)	49.1	34.6	37.0

## Veterans

In Morrow County, 11.6% of the populations are veterans. Of this 95.8% are male and 4.2% are female. Their veteran era is:

<b><i>War</i></b>	<b><i>% vet-population</i></b>
Gulf War II (9/2001 to present)	8.7%
Gulf War I (8/1990-8/2001)	19.1%
Vietnam era	35.8%
Korean War era	7.0%
World War II era	7.8%

## Sherman County



Sherman County is bordered by Interstate 84 and the Columbia River to the north. US Highway 97 runs north and south across the county.

### Population

The population of Sherman County is 1,705. It is one of Oregon's three counties with less than 2,000 people (along with Gilliam and Wheeler). Sherman County has 4 cities, from north to south across the county they are Rufus, Wasco, Moro, and Grass Valley. Sherman County has one CDP, Biggs Junction.

Sherman County 1,705			
<i>Cities</i>		<i>CDPs</i>	
Rufus	212	Biggs Junction	22
Moro	380		
Wasco	381		
Grass Valley	149		

### Racial Demographics

Sherman County is not diverse. It is 88.3% White and 5.1% Hispanic.<sup>7</sup> Percentage of people who identify as two races is 3.5%, and those who identify as three or more races is 3.5%.

### Poverty

The median household income in Sherman County is \$41,389.<sup>8</sup> The percent of the population at or below the poverty line is 17.7%.<sup>9</sup> People over the age of 65 are doing better than the average population, however, with only 5.3% at or below the poverty line.<sup>10</sup>

### Health Insurance

62.7% of people have private health insurance, 39.1% have public health insurance, and 17.3% of the population is uninsured.

### Dependency Ratios

The median age of Sherman County is 50.1. This means that half of the population is under 50.1, while half is over 50.1. This is remarkably high.<sup>11</sup> Following from this, the Old-Age dependency ratio is 40.7,<sup>12</sup> this means that in Sherman County, for every 100 people between the ages of 18-14 there are 40 people 65 or older.

<sup>7</sup> Taking into account the MOE, the Hispanic population is likely between 1.6% and 8.6%.

<sup>8</sup> MOE +/- \$6,767

<sup>9</sup> MOE +/- 3.8%

<sup>10</sup> MOE +/- 3.4%

<sup>11</sup> The MOE for this figure is +/- 1.8-years giving us a range of 48.3-51.9. Even on the low end of this spectrum, this is remarkably high.

<sup>12</sup> The MOE for this figure is +/- 6.3. This gives a range of 34.4 to 47. Again, even on the low end of this range, this number is 10-points higher than the rest of Oregon.

	<b><i>Sherman County</i></b>	<b><i>Oregon</i></b>	<b><i>United States</i></b>
Median Age	50.1	39.1	37.7
Dependency Ratio	67.8	60.2	60.3
Old-Age (65+)	40.7	25.5	23.2
Child (0-18)	27.1	34.6	37.0

Given how low the population is in this county, this number is noteworthy. To make matters worse, the child dependency ratio is 27.1.<sup>13</sup>, which means that for every person between 18-64, there are 27 people under 18. As the population continues to age, there are not young people around to help support them.

### **Veterans**

In Sherman County, veterans make up 11% of the population. Of these, 94.4% are male and 5.6% female. Their veteran era is:

<b><i>War</i></b>	<b><i>% vet-population</i></b>
Gulf War II (9/2001 to present)	10.2%
Gulf War I (8/1990-8/2001)	9.6%
Vietnam era	36.9%
Korean War era	8.4%
World War II era	5.7%

### **Community Meeting and Surveys**

The community meeting was held at the senior center in Moro. Participants were for the most part friendly; however, they were not particularly interested in providing much information. People spoke very highly of the senior meal program, and the senior center was very up to date and very nice. People living there generally enjoyed the quiet and low crime of the rural area. They also spoke very highly of their county transportation system which transports seniors from their homes to various medical and personal appointments. There is a senior living complex next door to the senior center. It was mentioned that strict land use laws are stifling growth in the county and in the city of Moro.

We had 8 surveys returned, although very few questions were answered on the completed surveys. Many people were very clear that this information was none

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<sup>13</sup> The MOE for this figure is +/- 5.7, providing a range of 21.4 to 32.8.

of our business. Of those who responded, most owned their home (75%), while 25% rented. 62% served in the military, and 37% did not. In this community, 57% reported having an Associate's degree, and 14% had a Bachelor's degree. The preferred methods of communication were radio, mail, and face to face.

43% felt they were better off than 1 year ago, and 43% felt they were about the same. Only 14% felt that they were worse off than one year ago. Social Security and Pensions were the primary source of income.

Only two people completed the matrix questions. As a result, very little information can be drawn from this. For these two people, health insurance for children, and health insurance for adults, and home repairs were listed as always a concern.

Of the partner surveys, 7 included Sherman County. Of these, 6 also included Wasco and Hood River and were covered more in-depth in those overviews. The one survey that focused only on Moro listed affordable housing, affordable meals, and obtaining local resources at the top three issues facing the community. The top three accomplishments were wind power income, the togetherness of the community, and the safety of the community. Finding affordable, quality housing was listed as always being a concern in the community. This point was also echoed in the community meeting where it was mentioned that the stock of available housing is very low.

## Umatilla County



The northern border of Umatilla County is the State of Washington, with the western corner of this border formed by the Columbia River. Interstate 84 runs through the center of the county from northwest to southeast. US Highway 395 and State Route 11 run north to south.

### Population

Umatilla County has a population of 76,582. It is the most populous county in eastern Oregon. Its two most populous cities are Hermiston with a population of 17,150 and Pendleton with a population of 16,861. The Hermiston-Umatilla-

Stanfield area on the west side of the county has a sizable population base. Umatilla County has a variety of CDPs. The largest, and perhaps demographically most important, is Mission with a population of 932.

Umatilla County 76,582			
<i>Cities</i>		<i>CDPs</i>	
Hermiston	17,150	Mission	932
Pendleton	16,861	Tutuilla	461
Milton-Freewater	7,059	Gopher Flats	351
Umatilla	6,986	Umapine	347
Stanfield	2,395	Riverside	152
Pilot Rock	1,336	Kirkpatrick	136
Athena	1,134	Cayuse	64
Echo	751		
Weston	751		
Adams	353		
Ukiah	243		
Helix	177		

### **Racial Demographics**

In Umatilla County, 67.4% of the population is White alone, 25.6% of the population is Hispanic or Latino, 2.1% is American Indian or Alaska Native, while 3.3% identify as two or more races, and 3.3% identify as three or more races. As is also the case in Morrow County, the Hispanic population is not spread evenly across the county. It is concentrated in the western part of the county (Hermiston-Umatilla-Stanfield) and in the northeastern part of the county (Milton-Freewater). More will be said about this later in the report.

### **Poverty**

The median household income in Umatilla County is \$49,287, while the mean household income is \$60,327. In Umatilla County; 18% of the population lives at or below the poverty line. The percentage of males living at or below the poverty line is 15.1%, while the percentage of females is 20.8%. This means that in Umatilla County 1 in 5 women live at or below the poverty line.

<b>Age</b>	<b>% Below Poverty Line</b>	<b>MOE</b>
Under 18	24.3%	+/- 4.1%
18-64	16.6%	+/- 1.6%
65+	9.6%	+/- 2.3%

<b>Household Income</b>	<b>Percent of Population</b>
Less than \$10,000	6.6%
\$10,000 – \$14,999	6.8%
\$15,000 – \$24,999	11.2%
\$25,000 - \$34,999	11.8%
\$35,000 - \$49,999	14.5%
\$50,000 – \$74,999	22.2%
\$75,000 – \$99,000	12.5%
\$100,000 – \$149,000	10.5%
\$150,000 - \$199,000	2.2%
\$200,000 or more	1.8%

### **Health Insurance**

In Umatilla County, 86.9% of the population has health insurance, while 13.1% of the population is uninsured. Of the insured, 59.4% have private health insurance, while 40.9% have public coverage.

### **Dependency Ratios**

The median age in Umatilla County is about 3 years lower than the State of Oregon, and about 2 years lower than the United States. Umatilla County has the second lowest median age in the state behind only Benton County. The dependency ratio is about 6-points higher than the state and the nation. This comes from a child-dependency ratio that is nearly nine points higher than the ratio in Oregon as a whole. This means that for every 100 adults between the age of 18-64, there are about 9 more people 18 or under in Umatilla County, than in the State of Oregon.

	<b>Umatilla County</b>	<b>Oregon</b>	<b>United States</b>
Median Age	35.9	39.1	37.7
Dependency Ratio	66.7	60.2	60.3
Old-Age (65+)	23.5	25.5	23.2
Child (0-18)	43.3	34.6	37.0

## Veterans

In Umatilla County, 10.2% of the population is a veteran. Of this, 94.5% are male, and 5.5% are female. Their veteran era is:

<b><i>War</i></b>	<b><i>% vet-population</i></b>
Gulf War II (9/2001 to present)	11.2%
Gulf War I (8/1990-8/2001)	16.3%
Vietnam era	42.7%
Korean War era	8.2%
World War II era	5.8%

## Wasco County



Wasco County's northern border is Interstate 84 and the Columbia River. US Highway 197 runs north and south through the center of the county and meets with US Highway 97 in the southeastern corner. US Highway 26 crosses the southwest corner. Part of the Warm Springs Indian Reservation is also in the southwestern part of the county.

### Population

Wasco County has 26,657 people. Its most populous city is The Dalles. The northern part of the county also includes the city of Mosier and CDPs Rowena and Chenoweth. The city of Dufur is 15 miles south on US Highway 197. The CDPs of Pine Hollow, Wamic, Tygh Valley, Pine Grove and the city of Maupin are located mid-county. The very sparsely populated cities Shaniko and Antelope are in the southeast corner of the county.

Wasco County 26,657			
<i>Cities</i>		<i>CDPs</i>	
The Dalles	15,276	Chenoweth	1,811
Mosier	596	Pine Hollow	486
Antelope	55	Tygh Valley	254
Dufur	625	Rowena	153
Maupin	628	Wamic	58
Shaniko	7	Pine Grove	105

### **Racial Demographics**

Wasco County is 76% White, 16.7% Hispanic, 3.6% Native American or Alaskan Native, 1.8% identifies as two or more races, and 1.8% identify as three or more races.

### **Poverty**

The median household income in Wasco County is \$53,602 while the mean or average household income is \$66,058. The percentage of people living below the poverty line is 16.2%. People over the age of 65 are doing better than the average population, with only 8.8% below the poverty line.

### **Health Insurance**

64.4% have private health insurance, 42.3% have public health insurance, and 10.8% are uninsured.

### **Dependency Ratios**

The median age in Wasco County is 41.6. This is higher than the median age of Oregon, and about 4-years higher than the median age of the United States. The dependency ratio of the county is 13-points higher than the same ratio in the state of Oregon. This increase comes from an 8-point higher old-age dependency, and a 5- point higher child dependency. This means that per 100 people, you would expect to find 8 more people 65 or over in Wasco County, and 5 more people younger than 18.

	<i>Wasco County</i>	<i>Oregon</i>	<i>United States</i>
Median Age	41.6	39.1	37.7
Dependency Ratio	73.0	60.2	60.3
Old-Age (65+)	33.9	25.5	23.2
Child (0-18)	39.1	34.6	37.0

### **Veterans**

Veterans make up 11.9% of the population of Wasco county. They are mostly male with 89.5% of total veterans being male, and 10.5% being female. Their veteran era is:

<i>War</i>	<i>% vet-population</i>
Gulf War II (9/2001 to present)	12.6%
Gulf War I (8/1990-8/2001)	9.2%
Vietnam era	43.8%
Korean War era	13.2%
World War II era	7.1%

### **Community Meeting and Surveys**

Twenty-eight (28) citizen surveys returned from Wasco County. Of these, 22 of the respondents were over 65, 2 were between 55 and 64, and 4 were under 55. 84% were white, while 15% preferred not to answer. 50% were veterans 50% were not. Nearly 80% have a computer and access to the internet. Of those who do not have access to the internet, they all reported that they did not use the internet. 90% had volunteered in the last 12 months. 68% owned their own home, 29% rented, and 82% had not moved in the last 12 months.

100% had a bank account, 55% had over \$1,000 in their account, 31% had between \$100-\$1000, and 14% had less than \$100. 71% receive Social Security, 42% receive pensions, 25% work full time, and 14% work part time. 24% receive less than \$15K annually, 33% receive \$15K-\$30K, and 33% receive \$30K-\$50K. When facing an unexpected expense, people reported that they would turn to their family or children.

The preferred communication methods, in order of preference from high to low, were email, printed publication, TV, and face to face. 15% felt better off this year than last, with 18% feeling worse off. Two-thirds felt about the same.

The greatest concern among this group was affordable quality dental care. The top ten concerns are listed below in ranked order, along with the number of respondents reporting “always or often a concern”. It should be noted that the highest weighted average score was 1.31. A score of 3 indicates that the item was always a concern for 100% of the respondents; a score of 0, that it is never a concern for 100% of the respondents. A score of 1.3 means that for the average senior in the room, affordable quality dental care was between “sometime” and “often a concern”.

<b><i>Concern</i></b>	<b><i>Always or often concern</i></b>
Affordable quality dental care	10 always or often a concern
Price of gas	9 always or often a concern
Programs and services for seniors	6 always or often a concern
Local quality health care	8 always or often a concern
Health insurance for adults	8 always or often a concern
Affordable prescription medicine	7 always or often a concern
Being able to afford nutritious foods	8 always or often a concern
Affordable quality health care	7 always or often a concern
Home repairs	7 always or often a concern
Paying utility bills	7 always or often a concern

When asked what they hoped to accomplish in the next year, most of the responses focused around maintaining their ability to take care of themselves and to keep healthy, with four people mentioning that they wanted to either sell their house or find a better place to live.

When asked what other issues were very important to them, affordable dentures was mentioned, as was the lack of regular public transportation around and between The Dalles, Mosier and Hood River. It was noted that the “area needs regularly scheduled public transportation between these areas.”

**Community Partner Surveys** (13 respondents, 15% of total)

The surveys from community partners showed a somewhat different picture than the surveys from the seniors themselves. Their top concerns included:

<b>Concern</b>	<b>Always or often a concern</b>
Finding affordable quality housing	90% always or often a concern
Long term elderly care	83% always or often a concern
Programs and services for seniors	91% always or often a concern
Being able to afford nutritious food	82% always or often a concern
Services for disabled people	75% always or often a concern
Drug or alcohol abuse	91% always or often a concern
Being homeless	91% always or often a concern
Being able to afford groceries	82% always or often a concern
Finding a job that pays enough	81% always or often a concern
Veterans' services	75% always or often a concern
Paying the rent or mortgage	75% always or often a concern

When asked what their top three concerns for their community were, the issue of housing came up repeatedly. This included both the availability and cost of housing. Services for the elderly were also a focus, including the need for local caregivers, and the need for people to be able to help with basic repairs and everyday tasks.

## Wheeler County



Wheeler County is bordered by Gilliam and Morrow Counties to the north; Grant county to the east; Crook County to the south; and Wasco, Jefferson, and Crook Counties to the west. State Route 19 cuts through the northeastern part of the county. US Highway 26 runs east to west across the southern part of the county.

### Population

The population of Wheeler County is 1,369. It is the least populous county in the State of Oregon. There are three cities in Wheeler County. Fossil, the county seat, has 403 people; Spray has 165 people; and Mitchell has 108 people.

### Racial Demographics

Wheeler County is 94.3% White alone. There are people in Wheeler County who identify as other races, but their numbers are so small that, after considering the MOE, no reasonable estimation can be made.

## Poverty

The median household income in Wheeler County is estimated at \$33,400, with the mean income estimated to be \$46,147.<sup>14</sup> In Wheeler County, 20.2% of the population lives at or below the poverty line. This number is not dependable. The MOE is +/-4.5% so the confidence interval is between 15.7% and 24.7%. This does mean that it is very likely that more people by percentage of the population in Wheeler County live at or below the poverty line than in the State of Oregon, where the percentage is 15.7. When you look at poverty by age group—even with the wide MOE—something is alarming. The data shows that there is likely a significant amount of people under 18 in poverty in Wheeler County.

<i>Age Group</i>	<i>% of Population</i>	<i>MOE</i>	<i>Confidence Interval</i>
Under 18	44.8%	+/-17.7	27.1%-62.5%
18-64	20.0%	+/-5.5	14.5%-25.5%
65+	12.7%	+/-4.2	8.5-16.9%

## Health Insurance

In Wheeler Count, 92.1% of the population is insured, while 7.9% is not.

## Dependency Ratios

The median age in Wheeler County is 59.2. This is stunningly high. This is the highest median age in the state of Oregon (Curry County is next with a median age of 55.1). The dependency ratios numbers in Wheeler County are also very alarming—even taking into account the high margin of error.<sup>15</sup> If we consider the numbers as they are in the table, for every 100 people between the age of 18 and 64, there are nearly 68 people 65 or older. To make matters worse, the low child dependency ratio suggests that there are very few people under the age of 18 living in the county.

	<i>Wheeler County</i>	<i>Oregon</i>	<i>United States</i>
Median Age	59.2	39.1	37.7
Dependency Ratio	89.6	60.2	60.3
Old-Age (65+)	67.9	25.5	23.2
Child (0-18)	21.7	34.6	37.0

<sup>14</sup> MOE for median is +/- \$3,639; MOE for mean is +/- \$4,783.

<sup>15</sup> MOE for Age Dependency is +/- 10.4; Old-age +/- 9.1; child +/- 6.2

## **Veterans**

The percentage of the population that is veterans in Wheeler County is 13.5%. This number has a MOE of +/- 3.0%. To put this in perspective, 13.5% of the population is 164 people with a margin of error of +/- 37 people. Of these 95.1% are male and 4.9% are female.

## **B-2 Target Populations**

In an effort to identify consumers who meet the OAA criteria for targeted populations of older adults who have the greatest economic and social needs, CAPECO contracted with EOBS to sort census data by county. By analyzing county data, we identified where individuals meeting these characteristics live within the service area. The result of the demographic data analysis and the focus groups informed planning in particular for the Nutrition, Family Caregiver and ADRC programs.

The CAPECO AAA 7-county service area is entirely rural or frontier in nature with a substantial low to moderate income population. Therefore, all of the 7-county service area meets the “greatest economic need” and older individuals living in rural areas criteria. It is imperative that we partner with other organizations and agencies serving seniors throughout the service areas including partner agencies, senior centers, food pantries, hospitals, nursing homes, libraries, and through participation of various community events.

The largest population of Limited English Proficiency individuals is the Hispanic community, with the largest concentrations in Hood River County, North Morrow County (Boardman and Irrigon) and Umatilla County (Hermiston and Milton-Freewater). CAPECO has a full complement of staff that can fluently speak Spanish, read Spanish, can translate from English to Spanish (and vice versa) and are available to provide these services as needed. CAPECO also utilizes Language Line to assist with any interpretive services.

## **B-3 AAA Administration and Services**

CAPECO is designated by the State of Oregon as the AAA and ADRC for the 7-county service delivery area of Region 9 and 12. The expectation and end goal of CAPECO is to meet and exceed the ORS General Policy 410.050 which states:

- That the needs of the elderly population can be best served and planned for at the local community level;
- That a longer life expectancy and a growing elderly population demands services be provided in a coordinated manner and a single local agency system for such services instituted;

- That local resources and volunteer help will augment state funds and needed personnel;
- That local flexibility in providing services should be encouraged; and
- That a single state agency should regulate and provide leadership to ensure that the elderly citizens of Oregon will receive the necessary care and services at the least cost and in the least confining situation.

All AAAs, including CAPECO, plan and coordinate an array of community services for older adults, regardless of income or resources, through OAA funding and OPI awards.

CAPECO AAA has been providing, and will continue to provide, a range of services to seniors so that they can tailor the services that best suit themselves and their situations. These services assist both the frail older person who can remain at home if they receive the right services, as well as the seniors who are healthy and can benefit from activities and social opportunities provided by community-based programs such as local senior centers. The majority of AAA services are provided at no cost to the client or their family members. However, voluntary contributions are accepted and used to expand AAA program services. Services include:

***Information and Assistance Services***

These include Information and Referral through ADRC, Advocacy, Legal Assistance, Options Counseling, Money Management Services and Transportation Services (Umatilla & Morrow County only). See [Section C](#) for more information.

***Nutrition Services***

Congregate meals served in group settings with nutrition education and health screenings available. Home-Delivered Meals (HDM) provided to frail and elderly individuals who are unable to leave their homes or prepare their own meals. See [Section C](#) for more information.

***Health Promotion***

Evidenced-based education, training and activities to assist with the management of chronic health conditions and fall prevention. See [Section C](#) for more information.

### ***Family Caregiver***

Individual and group options for training and respite care for family members and friends who are primary caregivers. See [Section C](#) for more information.

### ***Elder Rights and Legal Assistance***

Education and training regarding signs and prevention of elder abuse. Training for individuals and groups on how to identify and report suspected abuse. See [Section C](#) for more information.

### ***Older Native Americans***

CAPECO has a proven work history with the Confederated Tribes of the Umatilla Indian Reservation, but has little insight into the Confederated Tribes of Warm Springs, which serves the three counties new to CAPECO's service area: Hood River, Sherman and Wasco Counties.

CAPECO will conduct outreach and mentoring with the Confederated Tribes of Warm Springs, including meetings with key officials to determine best practices in serving aging Native Americans. Additional efforts will include membership on the Senior Advisory Council and the provision of informational items for distribution through Tribal Health Clinics, health fairs, etc. CAPECO will invite tribal leaders to meetings concerning regional issues affecting elder Native Americans. CAPECO will continue to support the Native Caring Conference, and will ensure cultural competencies are addressed with agency staff. See [Section C](#) for more information.

### ***OPI and OPI Pilot Project***

CAPECO administers both OPI programs: 60+ and the Pilot Project for individuals who are ages 19-59 years. OPI funds are provided by the State of Oregon's General Fund. The purpose of the program is to promote independent living among those who might not otherwise be able to stay in their homes, by providing needed in-home care services and supports. Services include personal and home care, chore services, home-delivered meals and service coordination assistance. See [Section C](#) for more information.

Program development and coordination is an ongoing effort to incorporate emerging needs with best practices. It primarily involves working with community partners to develop programs that meet the objectives of the

OAA. CAPECO will seek new partnerships to expand the offerings of activities in health promotion and management of chronic health conditions. CAPECO will also invest resources in building relationships and services to the two Native American tribes in the service area; Confederated Tribes of the Umatilla Indian Reservation and Confederated Tribes of Warm Springs.

Because CAPECO is a Community Action Program additional services exist with the counties of Umatilla, Morrow, Gilliam and Wheeler. These include:

***Energy and Weatherization Assistance***

CAPECO provides a variety of energy services including payment assistance, education and home weatherization services.

***Housing and Homeless Services***

CAPECO provides a variety of homeless and rental assistance using a Housing-First approach with wrap-around services. CAPECO is a member of the Rural Oregon Continuum of Care and serves as the leading homeless provider and advocate for homeless issues.

***Homeowner Services***

CAPECO is registered as a Regional Housing Center through Oregon Housing and Community Services. Services include all aspects of homeownership including pre and post purchase education, financial literacy and foreclosure prevention and mediation services.

***Emergency and Supplemental Food Assistance***

CAPECO has served as a Regional Food Bank through the Oregon Food Bank Network since 1987. As such, CAPECO serves over 20 different feeding organizations in the four-county Community Action Agency service area. Other programs include a food rescue program and a rural produce program delivering healthy options to the most frontier communities.

CAPECO currently holds a contract with the Confederated Tribes of Umatilla Indian Reservation to deliver the Food Distribution Program on Indian Reservations to those persons either living within the boundaries of the Umatilla Indian Reservation or those residing in Umatilla or Morrow Counties and who are enrolled in a federally recognized tribe.

CAPECO also administers the Senior Commodity Program; a program designated for the nutritional well-being of seniors. This program is offered to 300 pre-qualified individuals on a monthly basis using multiple distribution sites.

### ***Employment and Training Services***

CAPECO serves as a service provider of the Eastern Oregon Workforce Board. CAPECO personnel are co-housed at local WorkSource offices in Pendleton and Hermiston providing employment related skill building, job search and response to major job closures.

## **B-4 Non-CAPECO Services, Gaps and Partnerships**

As a Type “A” AAA, CAPECO has a Memorandum of Understanding (MOU) with both Region 9 and 12 APD offices. The MOU serves as a commitment to provide seamless services including “warm transfers” between our agencies when clients call for Medicaid screening, risk assessment and other joint services. The APD District Manager for Region 9 and 12 serves on the Senior Advisory Council to advance collaborative efforts between the agencies.

As an example of collaboration and with APD; CAPECO’s The Dalles office is housed within the APD office. This unique partnership allows for services in the expanded areas of Hood River, Sherman and Wasco Counties to be streamlined to ensure a most cohesive level of service.

The Region 9 AAA has experienced much change in the last year with some interruption or stagnation of services. In August 2017 the current contractor of AAA made a decision to dissolve the council of government’s organization. In January 2018, the organization ended their contract with the State of Oregon. While a new designated AAA was being sought, services were transferred to the local APD office. APD personnel worked diligently to build programs back up, recruit personnel and stabilize services.

On October 1, 2018, CAPECO took over as the administrator of both Region 9 and 12 AAAs. With this change come challenges with understanding both the local need and availability of services. Because of this, CAPECO has worked with local individuals and like organizations to understand the

uniqueness of Hood River, Sherman and Wasco Counties. The next two years will serve as a learning opportunity to build partnerships, enter into new collaborations and identify needs in a more concise and well-organized manner. To that, the services listed below are representative of some services that are available or lacking in the 7-county service area now being served by CAPECO.

***Mental Health***

County and local mental health departments are most directly involved in providing mental health and substance abuse services to individuals. Mental health departments at the county or local level often provide assessments, screenings, and triage services. Many agencies make referrals to other mental health and substance abuse service providers in the community based on their initial assessment. In some cases, the agency may have in-house resources to provide psychiatric services, counseling, therapy, medication, or recovery services. Most mental health departments provide a 24-hour crisis access point, such as a hotline or walk-in facility that offers immediate evaluation and crisis stabilization.

- Umatilla County: Umatilla County Mental Health Department and Lifeways
- Morrow County: Morrow County Health Department and Community Counseling Services
- Gilliam County: Community Counseling Services and Greater Oregon Behavioral Health, Inc.
- Wheeler County: Asher Community Health Center and Community Counseling Services
- Hood River County: Mid-Columbia Center for Living
- Sherman County: Greater Oregon Behavioral Health, Inc.
- Wasco County: Mid-Columbia Center for Living and Greater Oregon Behavioral Health, Inc.

***Transportation***

Each county that receives the state’s Special Transportation Fund must engage in a coordinated planning process. The purpose is to broaden the dialogue and support coordination between public transportation and human services transportation supporting key target populations: older adults, people with disabilities, and people with low incomes. A

coordinated plan is intended to focus regional resources on strategies with the greatest benefit to the target populations and the transportation service providers. Identifying critical needs, available resources and strategies are all steps intended to create efficiencies, reduce redundancy and enable high-quality public transportation services.

Umatilla County:	CAPECO, Clearview, Safe-T Transportation, CTUIR
Morrow County:	The Loop
Gilliam County:	Gilliam County Transportation Services
Wheeler County:	Wheeler County Community Transportation
Hood River County:	Gorge TransLink, Columbia Area Transit
Sherman County:	Sherman County Community Transit
Wasco County:	Gorge TransLink and Columbia Area Transit, Tygh School Community Center

### ***Housing***

CAPECO provides a variety of homeless, rental and homeowner services through the Housing Stability Department. These services are limited to Umatilla, Morrow, Gilliam, and Wheeler Counties. The counties of Hood River, Sherman and Wasco are served by Mid-Columbia Community Action and Columbia Cascade Housing Corp. All counties are served by a Housing Authority.

### ***Energy Assistance Programs***

CAPECO provides a variety of energy services, including payment assistance, education and home weatherization services. These services are limited to Umatilla, Morrow, Gilliam and Wheeler Counties. The counties of Hood River, Sherman and Wasco are served by Mid-Columbia Community Action. *Some areas may have localized funds to provide limited emergency payment assistance.*

### ***Senior Centers***

Regions 9 and 12 have senior centers that offer an opportunity to keep seniors active with their program and activities. Programs include activities, educational opportunities, counseling and support groups, volunteer opportunities, and wellness programs. Each senior center offers a

congregate meal, with some offering home-delivered meals. Each center is unique to their specific community and budget limitations.

- Umatilla County: Active Senior Center of Pendleton, Milton-Freewater Neighborhood Senior Center, Stanfield Senior Center, Weston Memorial Hall, Ukiah Senior Center. Hermiston Senior Center is an active senior center, but not part of CAPECO's network. Umatilla Senior Center is operated by Umatilla School District.
- Morrow County: Stokes Landing Senior Center in Irrigon, St. Patrick's Senior Center in Heppner. Boardman Senior Citizen Inc. is an active senior center, but not part of CAPECO's network.
- Gilliam County: Arlington Senior Center, Condon Senior Center
- Wheeler County: Fossil Senior Meal Site, Spray Grange
- Hood River County: Hood River Valley Adult Center
- Sherman County: Sherman County Senior and Community Center in Moro
- Wasco County: Mid-Columbia Senior Center

***Information and Referral***

Many social service organizations and providers offer information and referrals on a daily basis. CAPECO serves as the entry way to information, assistance and services in its 7-county service area. It will be imperative to its success as the local ADRC to consistently update information within the ADRC system. To accomplish this, CAPECO is designating a full-time position to serve as the information and referral specialist for the 7-county service area. This position will be housed in The Dalles office (co-located) with the local APD.

***Education and Counseling Programs***

Each senior center and various organizations provide education and counseling services in the 7-county service area. In the next two years, it will be imperative for the leadership staff and front-line staff at CAPECO to learn, understand and build partnerships and to create new collaborations

especially within the counties of Hood River, Sherman and Wasco Counties. We do know the Aging in the Gorge Alliance will be instrumental in serving as a steward to CAPECO in health-based initiatives and services.

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

### **C-1.1 Information and Assistance Services and Aging & Disability Resource Connection (ADRC)**

CAPECO ADRC serves as the entry way to information, assistance, and services in CAPECO's 7-county service area. CAPECO's centralized delivery has proven to be crucial to the success of serving as an ADRC, contributing to the consistent and up-to-date delivery of information and assistance to seniors, people with physical disabilities, families, and caregivers inside and outside the CAPECO service area. The ADRC provides people of all incomes and ages with information on the full range of long-term support options. ADRC staff attempt to review all the consumer's needs allowing the consumer to make the decision on next steps. Trained Options Counselors provide one-on-one intensive referral consultation, primarily in the person's home.

Key elements of an ADRC include Information and Referral, Intake and Assessment, Options Counseling, Health Promotion/Healthy Aging, and continuous Quality Improvement. Access to the internet and maintaining the database is key to an effective and efficient ADRC as this allows service providers who use it to find information about both resources and the latest changes in law and policy trends. Full participation in the ADRC has enhanced the process of seeking information for both consumers and providers because complete and detailed resources are assembled in one place and trained staff are available to direct consumers and their families to the programs that would suit them best.

The ADRC is staffed Monday through Friday, 8am to 5pm. Referral sources include family members, friends, neighbors, social service agencies, medical professionals, hospitals and self-referrals.

Partnerships will include the local APD office, Mental Health, hospitals, local Community Care Organizations, Veterans Administration and the local tribes.

**Goals and Objectives**

**Goal:** Increased consumer awareness of ADRC and purpose

**Objective:** Increase in consumer contact

- Provide quarterly outreach to underserved populations, including Spanish and Native Americans
- Market ADRC to consumers through radio, resource fairs, community events and community partners
- Attend regular community meetings to share information on ADRC services and expand outreach

**Goal:** Accurate resource information for every customer

**Objective:** Highly trained staff and up-to-date quality information

- Develop training plan for all ADRC I/R staff that includes person-centered approach and service equity training
- Engage staff in continuing education, including AIRS certification
- Review database semi-annually to ensure accuracy of information

**C-1.2 Nutrition Services**

Nutrition programs funded by Title IIIC of the OAA seek to promote better health and well-being, reduce hunger and food insecurity, promote socialization, and delay adverse health conditions for older individuals.

At the senior meal sites, people 60 and over and their spouses, regardless of age, are eligible to receive meals with no eligibility determination other than age. Meals are provided at a suggested donation rate; however, no one is refused due to an inability to donate.

CAPECO AAA provides nutrition services through 18 congregate meal sites in our seven-county service area.

County	Meal Site Location	Mon	Tue	Wed	Thu	Fri
Gilliam*	Arlington 50 Shane Dr, Arlington		12-1			
	Condon 110 S Church St, Condon				12-1	

<b>County</b>	<b>Meal Site Location</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>
Hood River*	Hood River Valley Adult Center 2010 Sterling Pl, Hood River	12-1	12-1	12-1	12-1	12-1
	Mt. Hood Towne Hall 6575 Hwy 35, Hood River				12-1	
Morrow	Stokes Landing Senior Center E Main St, Irrigon	12-1				
	St. Patrick's Senior Center 190 N Main St, Heppner			11:30		
Sherman*	Senior and Community Center 300 Dewey St, Moro	11:30	11:30	11:30	11:30	11:30
Umatilla	Active Senior Center of Pendleton 510 SW 10th St, Pendleton	12-1	12-1	12-1	12-1	
	Milton-Freewater Neighborhood Senior Center 311 N Main St, Milton-Freewater		12-1			12-1
	Stanfield Senior Center 225 W Roosevelt, Stanfield			12-1		
	Weston Memorial Hall E Main St, Weston			12-1		
	Ukiah Senior Center 100 W Despain, Ukiah					11:30
Wasco*	Dufur Methodist Church 320 NE 2 <sup>nd</sup> St, Dufer			12-1		
	The Dalles Meals on Wheels 1112 W 9 <sup>th</sup> St, The Dalles	12-1	12-1	12-1	12-1	12-1
	Seniors of Mosier Valley 500 E 2 <sup>nd</sup> St, Mosier	12-1		12-1		
	Tygh Valley Community Church, 57594 Tygh Valley Rd, Tygh Valley				12-1	

County	Meal Site Location	Mon	Tue	Wed	Thu	Fri
Wheeler*	Fossil Senior Meal Site 702 3 <sup>rd</sup> St, Fossil			12-1		
	Spray Grange 37138 Hwy 19 207, Spray				12-1	

\*Nutrition services provided through a contract

The seven meal sites in Umatilla and Morrow County are operated by CAPECO staff, along with volunteers. Rent is paid to the centers for use of the facilities. To help support the program, entrée sponsorships are provided by area businesses within each of the communities where meals are served. Meals are prepared at the meal sites by cooks who also develop the menus. All menus are reviewed and approved through a partnership with St. Anthony Hospital by a Registered Dietician before meals are prepared and served.

CAPECO plans to issue a Request for Proposals for the meal services in Umatilla and Morrow County in 2019.

CAPECO contracts the nutrition services in Gilliam, Hood River, Sherman, Wasco and Wheeler Counties and they are delivered through a network of community partners that include the senior centers.

### ***Home Delivered Meals (HDMs)***

To qualify for home-delivered meals, a person must be 60 years of age or older and homebound. Referrals are made from physicians, hospitals, rehabilitation centers, APD employees, friends, and family, among others. AAA staff must meet with a potential client within three business days of the referral to assess their eligibility for HDMs. AAA staff work to ensure that only those who are unable to attend a senior meal site are eligible, as it is our preference to have people attend a senior meal site for purposes of socialization and access to classes and programs. Intake includes basic questions of eligibility and completion of a NAPIS form.

In Umatilla and Morrow Counties, HDMs are prepared at four of the senior meal sites and are delivered hot and/or frozen. In Pendleton, on Monday through Wednesday, eligible seniors receive hot meals delivered by staff and volunteers. On Thursdays, meal recipients in Pendleton receive a hot

meal and three frozen meals for the weekend. Staff and volunteers transport and distribute home-delivered meals and schedule reassurance and check-ins for each recipient.

Hood River, Sherman and Wasco counties provide HDMs to those unable to come to the congregate meal sites.

Both Congregate and HDMs comply with the current *Dietary Guidelines for Americans* and provide at least 33 1/3 of the current Dietary Reference Intakes as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences.

### ***Nutrition Education***

Nutrition Education is another component of Nutrition Services. Evidence-based nutrition education programs effectively improve diets and nutrition-related behaviors in older adults, when combined with a caring staff, and are relevant to the needs of the aging population. CAPECO's AAA's nutrition programs promote better health by providing accurate and culturally sensitive nutrition, physical fitness opportunities, and/or health information. These are provided quarterly at congregate meal sites and annually for home-delivered meal recipients.

The Nutrition Coordinator will provide nutrition education and activities to all meal sites in the service area by utilizing information provided by the Community Services and Supports Unit which has vetted all materials. Nutrition education topics will be chosen and based on the needs of the participants and will be culturally appropriate.

Nutrition Counseling will be provided upon request in coordination with a Registered Dietician.

CAPECO's Case Managers, Nutrition Coordinator and Health Promotion Coordinator will be available at sites throughout the service area on a regular basis to answer questions and provide linkages to other available programs and services within CAPECO and with area partners.

**Goals and Objectives:**

**Goal:** Maintain and expand consumer meal service

**Objective:** Increase program revenues through fund raising

- Develop a social media plan for additional fund raising
- Direct mail solicitations monthly
- Expand meal sponsorship program
- Expand volunteer base

**Objective:** Move from direct service provider to contractor provider system in Umatilla and Morrow counties.

- Issue RFP for contractor
- Increase volunteer participation

**Objective:** Provide nutrition service information to underserved groups

- Provide outreach program materials to Spanish speaking and Native American consumers via local community partners and agencies
- Provide cultural competency and equity training to contractors and senior meal site staff

**Goal:** Promote health and prevent disease through nutrition

**Objective:** Ensure consumers have opportunities to increase their health and prevent disease through better nutrition

- Provide nutrition education to senior meal site participants a minimum of per quarter
- Provide nutrition education to home delivered meal consumers a minimum of once per year
- Partner with meal sites to provide classes/workshops that promote nutritional wellbeing

**Goal:** Quality improvement

**Objective:** Ensure customer satisfaction with services received

- Conduct a Senior Meals Participant Satisfaction and Program Evaluation Survey
- Conduct a HDMs Participant Satisfaction Survey

### **C-1.3 Health Promotion**

CAPECO has made a concerted effort to move towards offering only evidence-based programs of the highest level of evidence. The programs we plan to provide over the next two years will focus on the following:

developing the self-management skills of seniors and people with disabilities as it relates to managing their chronic health conditions, maintaining older adults in their homes and community-based settings as much as possible by offering in-home and in-community fall prevention programs, expanding programs that focus on common mental health conditions such as anxiety and depression, and offering health promotion and wellness programs to prevent the development of disease.

The following is a list of the evidence-based health promotion/disease prevention programs that we have been offering or intend to offer:

- A Matter of Balance (MOB)
- Chronic Disease Self-Management Program (CDSMP)
- Chronic Pain Self-Management Program (CPSMP)
- Diabetes Prevention Program (DPP)
- Diabetes Self-Management Program (DSMP)
- Strong Women
- Tai Chi: Moving for Better Balance (TCMBB)
- Walk with Ease (WWE)
- Wellness Initiative for Senior Education (WISE)

Programs will be made accessible to at-risk older adult populations throughout our service area by contracting, whenever possible, with local providers or training CAPECO staff to provide the service. CAPECO AAA will continue to work with interested and involved persons from within and outside of the agency to address coordination with other health promotion/disease prevention programs. CAPECO AAA will utilize IIIB funds to augment these and other health promotion/disease prevention programs, as well as seeking funding from other sources. In addition, CAPECO AAA will work with partnering agencies to coordinate and/or provide vaccination of seniors for pneumonia and influenza (offered annually), chronic disease self-management workshops, active healthy life-style programming that promotes physical activity and prevents falls, social marketing for healthy aging and falls prevention activities, and healthy nutrition access and education.

Quality assurance will be provided via short feedback questionnaires from all participants at the close of each program, which will be submitted to the Program Manager/Director at least quarterly.

**Goal:** Support improved health outcomes in the 7-county service area.

**Objective:** Ensure participants have opportunities to increase their health and prevent disease through education and trainings

- Support evidence based health promotion programming
- Use technology to increase participation
- Provide outreach to underserved populations
- Utilize health fairs and advocacy groups to determine community needs

#### **C-1.4 Family Caregiver**

Because of progress in medicine and nutrition resulting in healthier lifestyles, people are living longer than ever before. As people age, they become more susceptible to chronic disease and debilitating conditions leading to functional disabilities. Because of these, they may require help to carry on their daily lives. This is where caregivers come in. As adults advance in age, those in both caregiver and care receiver roles may require a range of support services such as home health care, home maker services, transportation, respite and HDMs. Given the projected increase in the number of older adults in the next 20 years, the call for family caregivers and the services needed to support them will continue to become significantly greater. CAPECO understands partnerships are critical to the success of the FCSP program and will foster partnerships with local tribes, Aging in the Gorge Alliance, hospitals, hospice, Alzheimer's Association and local community colleges.

Reaching out to family caregivers has been and continues to be a top priority of the local AAA. Currently, CAPECO AAA offers information and assistance for unpaid caregivers, referring them to resources such as the FCSP. We provide individual counseling, support groups, trainings, and HDMs as needed. AAA Case Managers perform assessments and refer eligible individuals to services. They, along with the Health Promotion Coordinator and community volunteers, are instructors for the evidence-

based Powerful Tools for Caregivers program, which is offered throughout our service area. The FCSP offers paid respite care to family caregivers up to \$750 per year.

We also offer supplemental services to caregivers including assistance with activities of daily living on a limited basis to complement services of the caregiver. These services include home repair/modification, assistive technologies (such as grab bars, walkers, wheel chairs and other devices needed for activities of daily living), and incontinence supplies.

It can be difficult to assess an immediate impact of outreach efforts, since people generally do not begin to look for support services until they need them. Nonetheless, outreach is important because when the public is aware of available resources, they will know where to look when they need them. This plan includes goals and specific objectives to speak to public service groups and employers about the FCSP and outreach to particular targeted populations. We will pay particular attention to these target groups identified by state and federal law: Limited English Proficiency and ethnic caregivers, including Native Americans and the LGBTQ community. The area's largest limited English-speaking population is Hispanic. The CAPECO agency brochure summarizing all services (including senior services) has been translated into Spanish. There are currently six staff members who speak Spanish and are willing to help with translation and interpretive services. CAPECO utilizes Language Line to provide translation services to those speaking languages other than English. We will explore ways to improve our ability to communicate with Spanish speakers.

CAPECO AAA works with caregivers who provide care to persons with Alzheimer's disease and people with other dementias. AAA employees provide Alzheimer's support groups and set up trainings by the Alzheimer's Association and will continue to provide information about our services through this outlet. AAA Case Managers facilitate an Alzheimer's support group providing information about Alzheimer's disease and also information about coping and living with Alzheimer's. The AAA provides support services to family caregivers who are caring for someone with Alzheimer's disease through our Family Caregiver Support Program (FCSP). Services include respite care, Powerful Tools for the Caregiver classes,

counseling, information and referral, etc. In-home care is also provided to Alzheimer patients through the OPI program. HDMs are available to Alzheimer's patients and their spouses.

**Goal:** Increase community engagement for older adults and people with disabilities especially in the frontier communities and the underserved population

**Objective:** Provide outreach to desired audience

- Attend community events to promote services
- Market to Hispanic, Native American and LGBTQ communities
- Explore availability of online tools and resources

**Goal:** Outreach to grandparents raising grandchildren

**Objective:** Provide outreach to reach desired audience

- Develop working relationship with school counselors and administrations to assist with referrals
- Attend community events to promote services available
- Market to Hispanic and Native American population

**Goal:** Increase resource capacity for unpaid family caregiver programs in 7-county service area

**Objective:** Increase collaborative partnerships with community agencies/partners

- Identify key partners (i.e. Aging in the Gorge Alliance)
- Explore methods of collaboration and support with key partners
- Increase in-kind donations of family caregiver services
- Identify providers and list in the ADRC database
- Host/Co-host Caregiver Appreciation event

### **C-1.5 Elder Rights and Legal Assistance**

CAPECO AAA endeavors to ensure the rights of older people and to prevent their abuse, neglect and exploitation. Elder abuse is an under-recognized, sometimes hidden, problem that can take many forms, from outright physical abuse to financial exploitation. AAA staff will educate both seniors and the general public about issues of abuse and exploitation and will work with those who are advocating for abused seniors to raise awareness.

At present, the CAPECO AAA stocks pamphlets that address elder abuse and exploitation and distributes them at senior centers and other sites. All AAA staff work on a one-on-one basis with clients to educate them about financial exploitation, identify theft, and other scams. AAA staffs work with the local Adult Protective Services (APS) staff to address complaints of abuse.

AAA staffs recognize the importance of supporting family caregivers and offering them respite services, to reduce their stress levels so that they don't become perpetrators of abuse. AAA staffs are currently involved in educating clients, potential clients, caregivers, family members, and community members about abuse and what it entails. This includes physical abuse, scams, fraud, financial exploitation, and verbal abuse. Consumers are furnished with copies of brochures and apprised of the issues.

CAPECO AAA works to make people aware of legal aid services available in the region by integrating elder rights issues into our service delivery system. Legal Services are included in the CAPECO agency brochure in the senior services section. AAA staffs will ensure that Legal Service information is posted at all senior centers, aging and independent service sites in the service area in order to facilitate connecting seniors with legal issues to appropriate resources.

CAPECO AAA contracts with the regional office of Legal Aid Services of Oregon (LASO) and refers to LASO anyone 60+ who has a question that would best be served by a conversation with an attorney or paralegal. Aging persons do not have to present to the AAA for referral but may seek services through LASO directly. LASO will complete the eligibility screening and will determine whether the individual fits the scope of the contract for services. LASO provides monthly reports to the AAA on clients, number of hours and type of services provided.

AAA employees are mandatory reporters of elder abuse by State and Federal mandate. Therefore any instances of abuse, neglect, or exploitation must be reported immediately to APS. State law protects the confidentiality of all people reporting abuse whether or not they are mandatory reporters.

AAA employees make referrals to the local representative of the Ombudsman's office for individuals residing in long-term care facilities as soon as they become aware of possible elder abuse, neglect, or exploitation occurring at the facility.

**Goal:** Prevent elder abuse

**Objective:** Increase opportunities for people to access services that reduce the likelihood of abuse

- Attend community events, provide trainings and informational sessions about abuse
- Ensure staffs are properly trained to recognize abuse and report it properly
- Participate in multidisciplinary team (MDT) meetings to identify barriers to services and individuals who need specialized services

**Goal:** Increase outreach and access for the prevention of elder abuse and financial exploitation

**Objective:** Advertise and promote the program throughout the 7-county service area.

- Attend community events promoting access to legal services
- Assure outreach and education efforts are planned and scheduled that identify focal points in accordance with OAA recommendations
- Support the Long Term Care Ombudsman program volunteers with resources for training, education, and mileage reimbursement

### **C-1.6 Older Native Americans**

CAPECO's AAA service area includes Native American populations from the Confederated Tribes of the Umatilla Indian Reservation, Confederated Tribes of Warm Springs, Confederated Tribes and Bands of Yakama Nation, and Nez Perce Tribe, including local consumers from other tribes across the nation.

CAPECO currently coordinates efforts with the Confederated Tribes of the Umatilla Indian Reservation Department of Child and Family Services (CTUIR DCFS) which has elder services programs and with Yellowhawk

Tribal Health Center (YTHC) that operates the elder meal site. Both serve local members from the Cayuse, Umatilla, and Walla Walla tribes.

Efforts to build relationships with the Confederated Tribes of Warm Springs Reservation and the Confederated Tribes and Bands of Yakama Nation will be a priority. The primary goal of this partnership is to provide accurate information on available services as a partner within the elder community. The AAA Department is an active participant in the annual Native Caregiving Conferences. This event lends itself to networking amongst Case Managers and service providers and allows for familiarity with tribal members, which breaks down barriers to service.

Community outreach will take place at Tribal Elder Fairs to inform tribal members about services available to them and wellness meetings including the Diabetes Prevention Program, Powerful Tools for the Caregiver Classes, and other health related awareness workshops.

As CTUIR and Confederated Tribes of Warm Springs are self-governed tribes, CAPECO AAA will offer services as a partner rather than a primary service provider. Outreach will include Money Management Services, wellness checks on homebound individuals, Options Counseling, and providing information on available long-term services and supports to allow the elder to remain at home as long as possible.

**Goal:** Increase coordination with Native Americans in 7-county service area

**Objective:** Establish relationships with Native Americans in the 7-county service area

- Partner with Confederated Tribes of the Umatilla Indian Reservation and Confederated Tribes of Warm Springs to provide health related workshops/trainings
- Have tribal representative on SAC East and West
- Establish quarterly meetings with tribal members/elders

## **Section D: Services and Method of Service Delivery**

### **D-1 Administration of Oregon Project Independence (OPI)**

Initial calls from interested persons will be screened to determine what their perceived needs are and will be recorded in the ADRC Call Module. The intake will then be forwarded to the next appropriate source for follow up.

As referrals are made to the OPI program, Case Managers will make contact with the potential client within 3 working days. All applicants will be carefully screened to determine whether their needs can be met through other resources before placing them into the OPI program. To accomplish this, the Case Manager will complete a Risk Assessment and screen for Medicaid eligibility, which is considered as a prior resource to OPI. The Risk Assessment will determine the client's level of need. If the client appears to be eligible for Medicaid, they will be referred with a warm transfer to the local APD office. Persons currently receiving Medicaid are not eligible for OPI services and the Case Manager will discuss other available programs and services that may assist them with maintaining their independence.

The Veteran's Administration will make referrals to the OPI program. All referrals will be processed according to OPI rules and regulations.

Once the client is receiving services, Case Managers will reassess the household on an annual basis. Case Managers will maintain monthly contact by telephone and quarterly via an in-person visit, unless the client's condition has changed substantially. The Case Managers may determine that the individual needs to be reevaluated sooner and will complete a reassessment.

If a waitlist has been implemented, individuals will be placed on the waiting list. Individuals will be pulled from the list as space on caseloads becomes available, with the individuals having the greatest need being served first. As an opening becomes available and as soon as possible within 5 working days, the Case Manager will make a home-visit to complete the full Client Assessment and Planning System (CAPS) Assessment.

Case Managers will conduct an in-home assessment using the approved CAPS assessment tool. Information will be gathered through the applicant and/or family member(s), and through observation. This interview will provide information on the mental, physical, and medical condition (including diagnosis) of the person to determine the person's eligibility level.

Direct in-home services and respite will be provided through the Client Employed Provider program. Home Care Services will be authorized by Case Managers after they complete an assessment in Oregon ACCESS. Case Managers will work diligently with the client to ensure that the services being provided are what the client desires and are necessary to assist the client in remaining independent. All CAPECO interaction and services will be provided with the client's dignity and choice being paramount in the decision-making process.

Clients will be responsible for hiring their own Home Care Worker (HCW) from eligible workers as indicated on the Home Care Commission registry. Case Managers will work with the client and their family members to assist them with any information or lists needed for the individual and their family member to make an informed decision. All clients eligible for a HCW have the option to work with the Employer Resource Connection.

Other services and programs will be provided to eligible households as determined through an interview of the client and their family member(s) by the Case Managers. Case Managers will also provide other supports such as helping in locating medical aids such as walkers, installing grab bars, etc. and linking the client to other community resources such as transportation, recreational, support groups, etc.

Individuals must meet a Service Priority Level of 18 or less. If a client rates above this level, the assessment will be reviewed for accuracy and in questionable circumstances will be revisited.

When an individual meets a Service Priority Level of 18 or less, the Case Manager will utilize the SPL/HCW Service Hours Chart to determine the appropriate number of hours the client will receive and will communicate

the In-home Service Plan, which includes the number of hours authorized per month to the client and to the HCW. The client will be supported by the Case Manager to assume responsibility to ensure that the client is receiving the agreed upon services and number of hours, and that they will inform the Case Manager of any deviations from the agreed upon Service Plan. The Veteran's Administration approves the number of hours that the client receives based on the recommendation of the Case Manager. Lower scoring SPLs will be given preference.

If funding is unavailable to add additional clients to OPI, the Case Manager will complete a Risk Assessment either in-person or over-the-phone with the referred client. The client is then placed onto a waiting list until funding becomes available. Case Managers will update list semi-annually. Case Managers will collect the following from referred clients and this information will be included on the waitlist:

- Full name
- Address and phone number
- Birthdate
- Last 4 of Social Security Number
- Completed Risk Assessment with score
- Date consumer placed on waitlist

#### ***Selecting Client's from OPI Waiting List***

Clients are to be selected from the OPI waiting list based on highest risk level. If two or more clients have the same Risk Level, the person with the most need will be selected first. This will be based on:

- The client is a person with Alzheimer's or related disorder, such as Dementia.
- The client has a chronic medical condition.
- Client's income
- Does the client have a support network currently assisting him/her?

If two or more clients have the same Risk Level, but do not have any distinguishing needs listed on the Risk Assessment, the client who was put on the waiting list first is to be selected.

An In-home CAPS Assessment must be completed within one (1) week of selecting a client from the waiting list. If the client is no longer interested,

or is found to be ineligible for OPI, the Case Manager will select another client following the above steps.

At the time they are placed on the list, Case Managers will offer Options Counseling and other programs the client may be eligible for to all clients placed on the OPI Waiting List.

HDMs are provided to clients 60 years of age and older who have been properly assessed and determined to be eligible. Eligible clients will receive frozen and hot meals when and where available. HDMs reassessments are completed annually. OPI will fund HDMs provided to OPI enrolled clients where deemed appropriate.

All clients will be denied services when they do not meet the established priority level or are receiving Medicaid services. Cases will be closed when they no longer have a need for OPI services, become eligible for and enrolls in Medicaid, move to a Long Term Care facility, or pass away. Services may be reduced or terminated when funding levels decrease. If reduction is necessary, the AAA will retain current service level for those who are at an SPL 1 through 6. For those who are level 7 and above, the AAA will determine the amount of reduction necessary to meet budget needs by applying an equal percentage cut. VA OPI clients will be included in this reduction and the Veteran's Administration will be notified immediately of the need to reduce hours and/or services.

All clients, including VA OPI clients, will be given a written notice on all adverse actions and are provided a copy of their right to grieve the action. Upon receipt of a written notice of grievance, the AAA shall schedule a meeting for review of the grievance. The client and/or representative will be notified by mail of the date, time and location of the meeting. This meeting shall be scheduled within 10 days of the receipt of the grievance. Within 5 working days of the conclusion of this meeting, the AAA Director shall inform the client or their representative of the decision.

### ***Billing for OPI Services***

Clients with a monthly fee for service will be charged a percent of the hourly HCW's wages. Dependent of the HCW's level of certification, this

hourly wage can range from \$18.47 to \$19.47 per hour. Client fees are based on the household's Adjusted Gross Income (AGI) and number of people living in the household. The client's AGI is determined by utilizing the "Oregon Project Independence (OPI) Income/Fee Determination Record" by subtracting all eligible medical deductions from the household's total gross income. The AGI is then compared to the "OPI Fee Schedule" to determine the client's monthly fee of service. Each client's AGI and fee for services is reviewed annually.

Clients not charged an hourly fee will be billed a \$25.00 one-time fee at the time of initial eligibility. The cost per HDMs is figured at the Title XIX rate of \$9.54 per meal. The cost of services per unit for HCW services is \$18.47. CAPECO AAA bills the client monthly for any amount owed. The billings will be sent out by the 10th of the month following the service month. Fees collected will be used to expand service. They will be recorded and used in the month received.

A synopsis of the billing process follows:

- OPI Income/Fee Determination form 0287K must be completed on each OPI client before the initiation of service and must also be reviewed and updated at least annually. The information recorded on this form is based on Administrative Rule 411-032-0020 (5) Fee for Services.
- When an OPI case is opened, client will be sent a letter confirming the start of the OPI service and notifying him/her of the fee for each unit of service.
- The fee and an estimate of total monthly cost to the client for services are to be recorded in the Service tab of the Benefits section in Oregon ACCESS.
- If a fee has been assessed, client will be invoiced monthly for actual hours of service received. The invoice and tracking of payments are completed by the Voucher Clerk at CAPECO.
- Invoices for a given month will be generated late the following month after the provider billing has been received and verified.

The Veteran's Administration will provide payment for all veterans referred to OPI through their program. VA billing will be completed monthly and will

be according to VA rules and requirements. Funds received from the Veteran's Administration for OPI clients will be used for expenses incurred by the OPI program. Checks may be issued to the State for coverage of HCW expenses should they exceed the OPI annual allotment.

Client will be invoiced regardless of how small an amount is owed.

After an invoice is sent:

- If client pays in-full or makes a partial payment, whatever is received will be accepted as payment in full for that month.
- If client makes no attempt to pay or make arrangements to pay, the unpaid amount will show as past due on following month's invoice. If there is no response to the second invoice, the client will be contacted by the case manager to discuss his/her willingness or ability to pay the fee. If client refuses to pay or feels unable to pay, he/she will be informed that monthly invoices will continue to be sent and even partial payment is appreciated. *The client will be assured that services will continue regardless of non-payment.* After the case manager has discussed payment (non-payment) with the client, past-due amounts will not carry forward to subsequent invoices.
- Clients who pay more than the billed amount or who make a voluntary contribution when nothing is owed will be sent notes of appreciation.

Clients who are not assessed a fee because their net income is too low will be sent a letter periodically offering them the opportunity to make contributions to the OPI program.

At time of annual review and re-determination of fee, client will be sent letter advising him/her of new fee amounts and effective date.

CAPECO will work with the Veteran's Administration for any discrepancy in billings and monthly payments.

Since the services are provided through the Client-Employed Provider Program, no OPI services are contracted. CAPECO does not monitor the HCWs performance directly, but service satisfaction is monitored through

contact with the client to determine if the services as authorized are being provided. If the client is unable to resolve a problem with their HCW, they are given the option of 1) finding another HCW; or 2) asking their Case Manager to assist them in reviewing the HCW's performance. Clients who are struggling with their HCW once again have the option to work with the Employer Resource Connection. CAPECO will immediately report any suspected neglect or abuse by a HCW to Adult Protective Services.

## D-2 Services Provided to OAA and/or OPI Consumers

### Service Matrix and Delivery Method

<input type="checkbox"/> <b>#1 Personal Care</b> (by agency) Funding Source: <input type="checkbox"/> OAA <input type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds <input type="checkbox"/> Contracted <input type="checkbox"/> Self-provided Contractor name and address (List all if multiple contractors):  Note if contractor is a "for profit agency"
<input checked="" type="checkbox"/> <b>#1a Personal Care</b> (by HCW) Funding Source: <input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds
<input type="checkbox"/> <b>#2 Homemaker</b> (by agency) Funding Source: <input type="checkbox"/> OAA <input type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds <input type="checkbox"/> Contracted <input type="checkbox"/> Self-provided Contractor name and address (List all if multiple contractors):  Note if contractor is a "for profit agency"
<input checked="" type="checkbox"/> <b>#2a Homemaker</b> (by HCW) Funding Source: <input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI <input checked="" type="checkbox"/> Other Cash Funds
<input type="checkbox"/> <b>#3 Chore</b> (by agency) Funding Source: <input type="checkbox"/> OAA <input type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds <input type="checkbox"/> Contracted <input type="checkbox"/> Self-provided Contractor name and address (List all if multiple contractors):  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):

Note if contractor is a "for profit agency"

**#10 Transportation**

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"

**#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

Legal Aid Services of Oregon

PO Box 1327

921 SW Washington St, Suite 570

Pendleton, OR 97801

Portland, OR 97205

Note if contractor is a "for profit agency"

**#12 Nutrition Education**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

See table on page 50

Note if contractor is a "for profit agency"

**#13 Information & Assistance**

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"

**#14 Outreach**

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"

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

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"

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

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"

**#20-2 Advocacy**

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"

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

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"

**#30-1 Home Repair/Modification**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Varies depending on repair/modification

Note if contractor is a "for profit agency"

**#30-4 Respite Care (IIB/OPI)**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#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):

Note if contractor is a "for profit agency"

**#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):

Note if contractor is a "for profit agency"

**#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):

Note if contractor is a "for profit agency"

**#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):

Note if contractor is a "for profit agency"

**#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):

Note if contractor is a "for profit agency"

**#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):

Note if contractor is a "for profit agency"

**#40-5 Health & Medical Equipment**

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"

**#40-8 Registered Nurse Services**

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"

**#40-9 Medication 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"

**#50-1 Guardianship/Conservatorship**

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"

**#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):

Note if contractor is a "for profit agency"

**#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):

Note if contractor is a "for profit agency"

<input checked="" type="checkbox"/> <b>#50-5 Long Term Care Ombudsman</b> Funding Source: <input checked="" type="checkbox"/> OAA <input type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds <input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Self-provided Contractor name and address (List all if multiple contractors): Agreement with the State to provide assistance through the Oregon State Ombudsman Note if contractor is a “for profit agency”
<input type="checkbox"/> <b>#60-1 Recreation</b> Funding Source: <input type="checkbox"/> OAA <input type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds <input type="checkbox"/> Contracted <input type="checkbox"/> Self-provided Contractor name and address (List all if multiple contractors):  Note if contractor is a “for profit agency”
<input checked="" type="checkbox"/> <b>#60-3 Reassurance</b> Funding Source: <input checked="" type="checkbox"/> OAA <input type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds <input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Self-provided Contractor name and address (List all if multiple contractors):  Note if contractor is a “for profit agency”
<input type="checkbox"/> <b>#60-4 Volunteer Recruitment</b> Funding Source: <input type="checkbox"/> OAA <input type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds <input type="checkbox"/> Contracted <input type="checkbox"/> Self-provided Contractor name and address (List all if multiple contractors):  Note if contractor is a “for profit agency”
<input type="checkbox"/> <b>#60-5 Interpreting/Translation</b> Funding Source: <input type="checkbox"/> OAA <input type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds <input type="checkbox"/> Contracted <input type="checkbox"/> Self-provided Contractor name and address (List all if multiple contractors):  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):

Note if contractor is a "for profit agency"

**#70-5 Newsletter**

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"

**#70-8 Fee-based 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"

**#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):

Note if contractor is a "for profit agency"

**#70-10 Public Outreach/Education**

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"

**#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):

Note if contractor is a "for profit agency"

**#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):

Note if contractor is a "for profit agency"

**#80-1 Senior Center Assistance**

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"

**#80-4 Financial Assistance**

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"

**#80-5 Money 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"

**#90-1 Volunteer Services**

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"

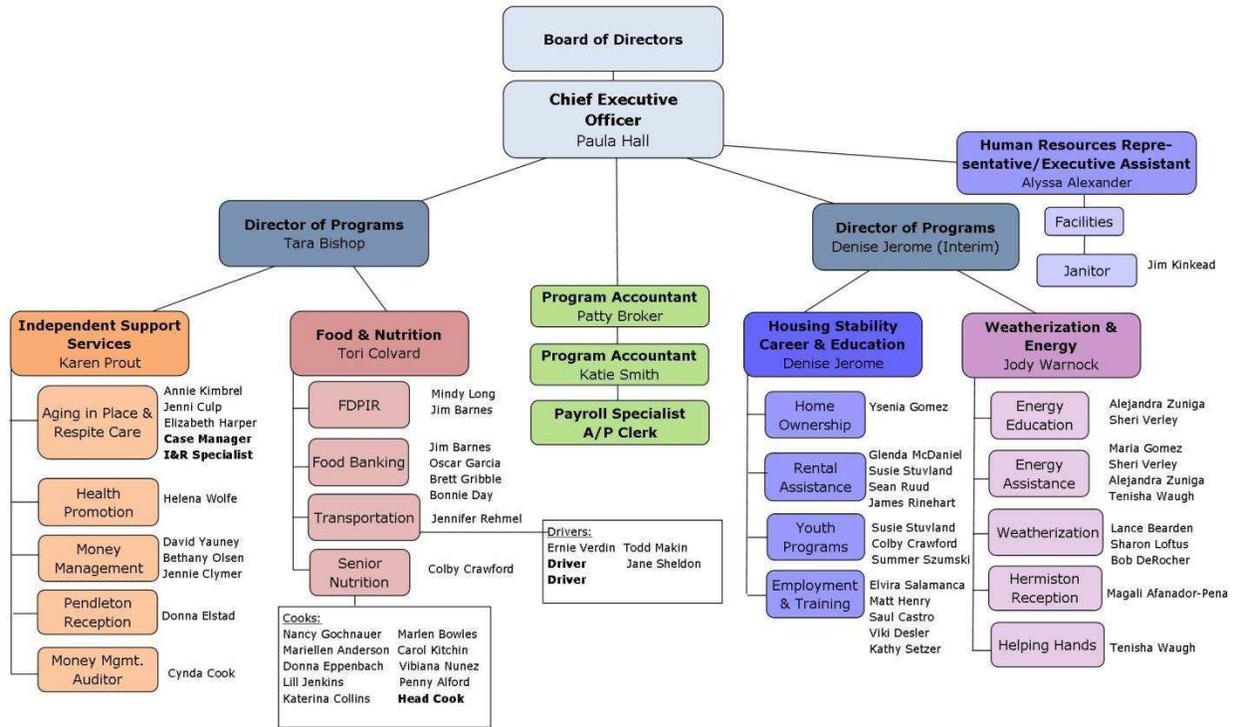
## **Section E: Area Plan Budget**

See separate Excel document for CAPECO AAA Area Budget 2018-2019

# Appendices

# Appendix A: Organizational Chart

As of 11/1/2018



## Appendix B: Advisory Council and Governing Body

### CAPECO SENIOR ADVISORY COUNCIL ROSTER

22 Members

Position	Name
Gilliam County Position 1	Sabrina Wagenaar PO Box 427, Condon, OR 541-384-2114 <a href="mailto:sabrina.wagenaar@co.gilliam.us">sabrina.wagenaar@co.gilliam.us</a>
Gilliam County Position 2	
Hood River County Position 1	Amy Mallett
Hood River County Position 2	Paul Zastrow
Morrow County Position 1	
Morrow County Position 2	
Sherman County Position 1	Mike McArthur
Sherman County Position 2	Donna Birtwistle
Umatilla County Position 1	
Umatilla County Position 2	
Wasco County Position 1	Scott McKay
Wasco County Position 2	Louise Sargent 1916 E 14 <sup>th</sup> St, The Dalles, OR 97058 541-296-2227 <a href="mailto:louise@wolfrundardis.com">louise@wolfrundardis.com</a>
Wheeler County Position 1	Sherion Asher 340 1 <sup>st</sup> St Fossil, OR 97830 541-763-4121 roldfossil@aol.com
Wheeler County Position 2	Ted Molinari PO Box 505 Fossil, OR 97830 541-763-2007 no email
Member at Large Position 1	
Member at Large Position 2	
Health Services Representative Position 1	Britta Wilson

Position	Name
Health Services Representative Position 2	
Minority Representative Position 1	Karen Jim Whitford
Minority Representative Position 2	
Disabled Representative Position 1	Darrin Umbarger Pendleton
Disabled Representative Position 2	David Brehaut APD District 9 & 12

## CAPECO BOARD OF DIRECTORS

Updated 11.11.2018

Sector	County Served	Original Appt.	Term Exp.	Name
Low Income	Umatilla	10/11	6/30/19	Aaron Treadwell, Chair (elected 1/27/17) 110 NE 4 <sup>th</sup> St Hermiston, OR 97838 541-564-6878 Phone atreadwe@umchs.org or atreadwell70@gmail.com
Private	Morrow	4/10	6/30/20	George Koffler, Vice Chair (elected 1/27/17) 698 W Joseph Ave/PO Box 270 Hermiston, OR 97838 541-215-9247 georgekoffler@yahoo.com
Public	Umatilla	1/07	6/30/22	George Murdock, Secretary / Treasurer (elected 1/27/17) Chair Umatilla County Board of Commissioners Umatilla County Courthouse 216 SE Fourth St Pendleton, OR 97801 541-278-6202 Phone 541-310-0989 Cell george.murdock@umatillacounty.net
Public	Morrow	1/17	6/30/20	Melissa Lindsay Morrow County Commissioner 110 N Court St Heppner, OR 97836 541-676-5613 Phone mlindsay@co.morrow.or.us

Sector	County Served	Original Appt.	Term Exp.	Name
Low Income	Morrow	1/09	6/30/22	Mike Pearson PO Box 801 Boardman, OR 97818 541-481-2456 Phone 541-490-6628 Cell pearsonmike@yahoo.com
Private	Umatilla	1/18	6/30/19	Cindy Timmons OSU Extension Service 418 N Main Milton-Freewater, OR 97862 541-938-5597 Work cindy.timmons@oregonstate.edu
Private	Umatilla	2/99	6/30/22	Jue-Jue Withers-Lyons Nixyaawii Governance Center 46411 Timine Way Pendleton, OR 97801 541-429-7180 Phone juejuewithers@ctuir.org
Public	Gilliam	2/13	6/30/19	Mike Weimar Gilliam County Commissioner PO Box 427 Condon, OR 97823 541-384-4231 Phone mike.weimar@co.gilliam.or.us
Low Income	Wheeler	10/18	6/30/20	Sherion Asher 340 1 <sup>st</sup> Street Fossil, OR 97830 541-763-4121 Phone roldfossil@aol.com

\***Board Members Term**– 4 years, newly election 6/30. **Officers Term** – 2 years, election 6/30 of odd years.

## Appendix C: Public Process



### Assisting People To Become Independent, Healthy, And Safe

In order to live up to that goal, CAPECO's employees work hard to develop and deliver programs that will address the issues faced by the low-income citizens in our service area. Although CAPECO cannot possibly deal with all of the problems, we want to use the funds we have in the most effective way. We cannot do that without your help. You are the only person who can tell us if the programs we deliver are still effective, or need to be changed in order to deal with more current issues.

**Representatives will be at the following locations and will host a small group discussion and a survey. See you there!**

### TAKE OUR ONLINE SURVEY TODAY!

**The Dalles**  
August 23  
Senior Center  
1112 W 9th St,  
The Dalles,  
OR 97058  
11:30 am - 1 pm

**Pendleton**  
August 27  
Senior Center  
510 SW 10th St,  
Pendleton,  
OR 97801  
11 am - 1 pm

**Pendleton**  
August 28  
City Hall Community Room  
500 SW Dorion Ave,  
Pendleton, OR 97801  
1 pm - 3 pm

**Athena/Weston/Adams/Helix**  
August 29  
Senior Luncheon at  
Memorial Hall in Weston  
210 E. Main St., Weston,  
OR 97886  
11 am - 1 pm

**Moro**  
August 30  
Senior Center  
300 Dewey St,  
Moro,  
OR 97039  
11:30 am - 1 pm

**Hood River**  
September 11  
Hood River Valley  
Adult Center  
2010 Sterling Place  
Hood River, OR 97031  
12 noon

**Fossil**  
September 12  
Senior Center  
714 Main Street,  
Fossil,  
OR 97830  
12 noon

**Heppner**  
September 13  
City Hall Conference Room  
111 N Main St, Heppner, OR 97836  
10 am to 12 noon, Lunch to Follow

**Hermiston**  
September 18  
Community Center  
415 S Hwy 395, Hermiston, OR 97838  
3 pm - 5 pm

**Arlington**  
September 25  
Senior Center  
50 Shane Drive, Arlington, OR 97812  
11:30 am - 1 pm

**Citizens visit: <https://www.surveymonkey.com/r/CAPECOneedsassessment> to take the survey!**

**Partners/service providers visit: <https://www.surveymonkey.com/r/CAPECOpartners> to take the survey!**



## Area Agency on Aging Area Plan Public Meeting

Tuesday, November 27, 2018  
9:00 am - 10:00 am



### CAPECO

721 S.E. Third St., Suite D  
Pendleton, OR  
[Directions](#)

Price: Free



CAPECO will accept comments on the AAA Area Plan for older adults, adults with disabilities and their caregivers. Everyone welcome.

### Contact Info

Tara Bishop  
CAPECO  
[tbishop@capeco-works.org](mailto:tbishop@capeco-works.org)  
541-278-5688

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## Area Agency on Aging Area Plan Public Meeting

**When:** Monday, November 19, 9 a.m. to 10 a.m.

**Where:** DHS Aging and People with Disabilities, Klickitat Conference Room, 3641 Klindt Drive, The Dalles

**Cost:** Not available

**Age limit:** Not available

**Categories:** Community meeting, Government

Sign in to favorite this

Discuss  
Comment, Blog about

Share this  
Email, Facebook, Twitter

Remind me  
Email, SMS, iCal

Community Action Program of East Central Oregon (CAPECO) will be hosting public meetings to accept comments on the Area Agency on Aging (AAA) Area Plan.&nbsp; The Area Plan describes the activities of the AAA and its efforts to identify the needs of older adults, adults with disabilities, and their caregivers. Residents are encouraged to attend and provide feedback to help CAPECO improve senior programs in Gilliam, Hood River, Morrow, Sherman, Umatilla, Wasco and Wheeler counties.

An additional meeting will be held November 27, 9am-10am, CAPECO, 721 SE Third Street, Suite D, Pendleton.

### Comments

Comments are subject to moderator review and may not appear immediately on the site. A user's first several comments must be manually approved by a moderator. Please read our [commenting policy](#) before posting.

Use the comment form below to begin a discussion about this content.

Sign in to comment

## **Appendix D: Final Updates on Accomplishments from 2013-2016 Area Plan**

Not required in this 2-year plan.

## Appendix E: Emergency Preparedness Plan



# Community Action Program of East Central Oregon

Serving Umatilla • Morrow • Gilliam • Wheeler Counties

**Disaster Recovery Plan**

**August 2017**

**Updated October 2018**

## **Statement of Intent**

Community Action Program of East Central Oregon (CAPECO) provides services to the communities of Umatilla, Morrow, Gilliam and Wheeler Counties. As such, CAPECO recognizes the importance of planning for emergencies in order to protect and support agency employees and clients. It is the sole purpose of this recovery plan to quickly resume critical functions following a disaster.

This plan is an intentional approach for responding to emergencies and unplanned incidents, both natural and manmade, which may threaten business continuity.

CAPECO's goals are to:

- Minimize interruptions to normal operations
- Limit the extent of disruption and damage
- Minimize the economic impact of the interruption
- Establish alternative means of operation, in advance where possible

Ultimately, CAPECO intends to continue operations to the greatest degree possible in spite of an emergency or unplanned incident or quickly resume critical functions, ideally within three days.

## **Information Technology (IT)**

Computers and servers at all CAPECO locations are backed up daily to “the cloud” via Gemdu servers. Back up is done both on-site and off-site. Off-site backup is held with the CAPECO contract IT company; Dynamic Computer Consulting in Pendleton.

Approved staff is able to access client information from anywhere, via internet access to systems such as CounselorMax, Service Point, OPUS, OACCESS and (add other systems the agency uses). Accounting and human resources staff, and any other approved users, can access AccuFund software remotely. All remote access is secure and highly protected and is monitored by CAPECO IT Contractor.

Should it become necessary, CAPECO staff that normally work at one location can move to one of the agency's other locations to conduct business. From these locations, staff can access client information software and meet with clients. Staff

can also work from home when necessary and access their desktop computers via SonicWall vpn. All remote access is secure and highly protected.

### **Paper Documents**

The most important documents and funder requested material are stored in fireproof file cabinets which could be moved to another location if necessary.

### **Housing Counseling Center**

Following an emergency or unplanned incident, CAPECO will continue housing counseling activities to the fullest extent possible or, should some functions be interrupted, will resume operations as soon as possible. All Housing Counseling Center client records are electronically scanned to the housing manager's computer and are backed up to the cloud daily. Based in Pendleton, the housing manager serves our entire four-county region and frequently travels to each county to meet with clients. In the event of an emergency event, this will not change unless roads are impassable in which case the housing counselor and support staff will continue to be available for clients via phone and email.

Oregon Project Independence (OPI) and VA Home Health Home Aide (H/HHA)  
Following an emergency event CAPECO will resume OPI and H/HHA services to the fullest extent possible. Under the guide of the Program Director, Manager and Case Workers will work with local, state and/or federal authorities to ensure there is someone who is able to physically check on all OPI and H/HHA clients at least once per week, or more often, in the case their HCWs (HCW) are unable to continue providing services.

The CAPECO Case Workers will make weekly, or more often, phone calls to clients who are able to utilize a phone. For clients who are not able to utilize a phone the Case Worker will physically check in on them weekly. These weekly checks will be to ensure the needs of our clients are being met during the response and recovery phase of an emergency event. If the Case Worker discovers the safety or health of any client has declined significantly in result of or during the emergency event, the Case Worker will advocate for the client, to the extent of their power, to get the client the help they require through working with Aging and People with Disabilities, local hospitals/clinics, Red Cross, other partner agencies, and local, state and/or federal authorities.

### **Meals on Wheels (MOW)**

Following an emergency event CAPECO will resume MOW services to the fullest extent possible. CAPECO will coordinate with volunteer drivers, Red Cross, and the County to establish a volunteer base which will be able to deliver meals to home bound individuals on MOW's. For many of our MOW's clients this will be the only way to ensure their health and safety during an emergency event. CAPECO will utilize a fleet of owned-vehicles to provide the deliveries.

### **Food Bank – Emergency Food Distribution Site**

The Emergency Preparedness Committee will work with local groceries and water distribution companies to create agreements that during the response and recovery phase of an emergency event CAPECO would be given priority when purchasing food and water for local Food Banks. CAPECO will continue all normal functions of being the main food distribution site for local food banks throughout Umatilla, Morrow, Gilliam and Wheeler Counties. In addition to this in:

**Umatilla County** – The CAPECO Food and Nutrition Manager will work with local, state and/or federal authorities to establish the CAPECO Warehouse location as an emergency food distribution center during the response and recovery phase of an emergency event. The Logistics Team Leader will work with the CAPECO Food and Nutrition Manager to obtain supplies, food and water to sustain the Food Distribution Site. The Operations Team Leader will work with the CAPECO Food and Nutrition Manager to develop protocols for distribution of emergency food boxes. The Planning Team leader will work with the CAPECO Food and Nutrition Manager to develop a plan to sustain the Food Distribution Site, as needed during the recovery phase, while resuming normal CAPECO services.

**Morrow County** – The CAPECO Food and Nutrition Manager will work with local, state and/or federal authorities to establish the Irrigon Senior Center and the Heppner Senior Center as emergency food distribution centers during the response and recovery phases of an emergency event. The Logistics Team Leader will work with the CAPECO Food and Nutrition Manager to obtain supplies, food and water to sustain the Food Distribution Site. The Operations Team Leader will work with the CAPECO Food and Nutrition Manager to develop protocols for distribution of emergency food boxes. The Planning Team leader will work with the CAPECO Food and Nutrition Manager to develop a plan to sustain the Food

Distribution Site, as needed during the recovery phase, while resuming normal CAPECO services.

**Gilliam County** – The CAPECO Food and Nutrition Manager will work with local, state and/or federal authorities to establish the Condon Senior Center as an emergency food distribution center during the response and recovery phases of an emergency event. The Logistics Team Leader will work with the CAPECO Food and Nutrition Manager to obtain supplies, food and water to sustain the Food Distribution Site. The Operations Team Leader will work with the CAPECO Food and Nutrition Manager to develop protocols for distribution of emergency food boxes. The Planning Team leader will work with the CAPECO Food and Nutrition Manager to develop a plan to sustain the Food Distribution Site, as needed during the recovery phase, while resuming normal CAPECO services.

**Wheeler County** – The CAPECO Food and Nutrition Manager will work with local, state and/or federal authorities to establish the Fossil Food Pantry as an emergency food distribution center during the response and recovery phases of an emergency event. The Logistics Team Leader will work with the CAPECO Food and Nutrition Manager to obtain supplies, food and water to sustain the Food Distribution Site. The Operations Team Leader will work with the CAPECO Food and Nutrition Manager to develop protocols for distribution of emergency food boxes. The Planning Team leader will work with the CAPECO Food and Nutrition Manager to develop a plan to sustain the Food Distribution Site, as needed during the recovery phase, while resuming normal CAPECO services.

**Hood River, Sherman and Wasco Counties** – Because these counties are covered by a separate Regional Food Bank; CAPECO will coordinate and support *Columbia Gorge Food Bank* emergency plan.

### **Emergency Transportation**

During the response phase and as needed during the recovery phase of an emergency event:

**Umatilla County** – Normal transportation services will be suspended during the response phase of an emergency event. CAPECO’S Logistics Team Leader will coordinate with the CAPECO Transportation Coordinator and CAPECO Warehouse Coordinator to provide vehicles for the purpose of evacuation of community members and transportation of goods needed during the response and recovery

phases of the emergency event. Requests to utilize CAPECO vehicles must go through the Food and Nutrition Manager. The CAPECO Food and Nutrition Manager will then let CAPECO's Logistics Team Leader know how many vehicles will need to be utilized and by what agency. The CAPECO Food and Nutrition Manager will work with the Logistics Team Leader to prioritize the requests for use of CAPECO's vehicles. CAPECO has the right to hold back as many vehicles as required to continue MOW's for clients.

**Morrow County** – Normal transportation services will be suspended during the response phase of an emergency event. CAPECO'S Logistics Team Leader will coordinate with the CAPECO Transportation Coordinator and CAPECO Warehouse Coordinator to provide vehicles for the purpose of evacuation of community members and transportation of goods needed during the response and recovery phases of the emergency event. Requests to utilize CAPECO vehicles must go through the Food and Nutrition Manager. The CAPECO Food and Nutrition Manager will then let CAPECO's Logistics Team Leader know how many vehicles will need to be utilized and by what agency. The CAPECO Food and Nutrition Manager will work with the Logistics Team Leader to prioritize the requests for use of CAPECO's vehicles. CAPECO has the right to hold back as many vehicles as required to continue MOW's for clients.

**Gilliam County** – Normal transportation services will be suspended during the response phase of an emergency event. CAPECO'S Logistics Team Leader will coordinate with the CAPECO Transportation Coordinator and CAPECO Warehouse Coordinator to provide vehicles for the purpose of evacuation of community members and transportation of goods needed during the response and recovery phases of the emergency event. Requests to utilize CAPECO vehicles must go through the Food and Nutrition Manager. The CAPECO Food and Nutrition Manager will then let CAPECO's Logistics Team Leader know how many vehicles will need to be utilized and by what agency. The CAPECO Food and Nutrition Manager will work with the Logistics Team Leader to prioritize the requests for use of CAPECO's vehicles. In addition, CAPECO will also coordinate and support *Gilliam County Special Transportation* in the event of an emergency.

**Wheeler County** – Normal transportation services will be suspended during the response phase of an emergency event. CAPECO'S Logistics Team Leader will coordinate with the CAPECO Transportation Coordinator and CAPECO Warehouse

Coordinator to provide vehicles for the purpose of evacuation of community members and transportation of goods needed during the response and recovery phases of the emergency event. Requests to utilize CAPECO vehicles must go through the Food and Nutrition Manager. The CAPECO Food and Nutrition Manager will then let CAPECO's Logistics Team Leader know how many vehicles will need to be utilized and by what agency. The CAPECO Food and Nutrition Manager will work with the Logistics Team Leader to prioritize the requests for use of CAPECO's vehicles. CAPECO will also coordinate and support *Wheeler County Community Transportation* in the event of an emergency.

**Hood River, Sherman and Wasco Counties** – Because these counties are covered by a separate transportation provider; CAPECO will coordinate and support *Columbia Area Transit, LINK, and Sherman County Transit* emergency plan(s).

### **Emergency Meal Sites**

During the response phase and as needed during the recovery phase of an emergency event:

**Umatilla County** – Whenever possible the senior centers in Pendleton, Hermiston and Milton-Freewater will be designated Emergency Meal Sites where the community can come to eat a hot meal. With additional local efforts and based on the emergency larger facilities such as Pendleton Convention Center, Hermiston Convention Center and the Milton-Freewater Community Facility may be accessed. The Logistics Team Leader will work with the CAPECO Food and Nutrition Manager to obtain supplies, food and water to sustain the Emergency Meal Site. The Planning Team leader will work with the CAPECO Food and Nutrition Manager to develop a plan to sustain the Emergency Meal Site, as needed during the recovery phase, while resuming normal CAPECO services.

**Morrow County** – The Irrigon Senior Center and the Heppner Senior Center will be a designated Food Distribution and Meal Site where the community can come to eat and pick up emergency food boxes. The Logistics Team Leader will work with the CAPECO Food and Nutrition Manager to obtain supplies, food and water to sustain the Emergency Meal Site. The Planning Team leader will work with the CAPECO Food and Nutrition Manager to develop a plan to sustain the Emergency Meal Site, as needed during the recovery phase, while resuming normal CAPECO services.

**Gilliam County** – The Condon Senior will be a designated Emergency Meal Site where the community can come to eat and pick up emergency food boxes. The Logistics Team Leader will work with the CAPECO Food and Nutrition Manager to obtain supplies, food and water to sustain the Emergency Meal Site. The Planning Team leader will work with the CAPECO Food and Nutrition Manager to develop a plan to sustain the Emergency Meal Site, as needed during the recovery phase, while resuming normal CAPECO services.

**Wheeler County** – The Fossil Community Center will be a designated Emergency Meal Site where the community can come to eat and pick up emergency food boxes. The Logistics Team Leader will work with the CAPECO Food and Nutrition Manager to obtain supplies, food and water to sustain the Emergency Meal Site. The Planning Team leader will work with the CAPECO Food and Nutrition Manager to develop a plan to sustain the Emergency Meal Site, as needed during the recovery phase, while resuming normal CAPECO services.

**Hood River County** – The Hood River Valley Adult Center will be a designated Emergency Meal Site where the community can come to eat and pick up emergency food boxes. The Logistics Team Leader will work with the CAPECO Food and Nutrition Manager to obtain supplies, food and water to sustain the Emergency Meal Site. The Planning Team leader will work with the CAPECO Food and Nutrition Manager to develop a plan to sustain the Emergency Meal Site, as needed during the recovery phase, while resuming normal CAPECO services.

**Sherman County** – The Senior & Community Center will be a designated Emergency Meal Site where the community can come to eat and pick up emergency food boxes. The Logistics Team Leader will work with the CAPECO Food and Nutrition Manager to obtain supplies, food and water to sustain the Emergency Meal Site. The Planning Team leader will work with the CAPECO Food and Nutrition Manager to develop a plan to sustain the Emergency Meal Site, as needed during the recovery phase, while resuming normal CAPECO services.

**Wasco County** – The Mid-Columbia Senior Center will be a designated Emergency Meal Site where the community can come to eat and pick up emergency food boxes. The Logistics Team Leader will work with the CAPECO Food and Nutrition Manager to obtain supplies, food and water to sustain the Emergency Meal Site.

The Planning Team leader will work with the CAPECO Food and Nutrition Manager to develop a plan to sustain the Emergency Meal Site, as needed during the recovery phase, while resuming normal CAPECO services.

### **Shelter Sites**

During the response phase and as needed during the recovery phase of an emergency event:

**Umatilla County** – The Pendleton Warming Station and the Hermiston Warming Stations will be a designated Shelter Sites. With additional local efforts and based on the emergency larger facilities such as Pendleton Convention Center, Hermiston Convention Center and the Milton-Freewater Community Facility may be accessed. The Logistics Team Leader and Red Cross will provide CAPECO with all the necessary items needed to utilize these locations as a shelter site, such as exterior accommodations where people will be able to shower and additional restrooms. The Logistics Team Leader, will ensure goods are received and ordered as needed and will work with staff to ensure quality of CAPECO’s services while the various locations are being utilized as a shelter.

**Morrow County** – The Logistics Team Leader will work with Red Cross to identify alternate sites in both North and South Morrow County for shelter sites. The Logistics Team Leader, will ensure goods are received and ordered as needed and will work with staff to ensure quality of CAPECO’s services while the various locations are being utilized as a shelter.

**Gilliam County** - The Logistics Team Leader will work with Red Cross to identify alternate sites Condon and Arlington for shelter sites. The Logistics Team Leader, will ensure goods are received and ordered as needed and will work with staff to ensure quality of CAPECO’s services while the various locations are being utilized as a shelter.

**Wheeler County** – The Logistics Team Leader will work with Red Cross to identify alternate sites in Fossil, Spray and Mitchell for shelter sites. The Logistics Team Leader, will ensure goods are received and ordered as needed and will work with staff to ensure quality of CAPECO’s services while the various locations are being utilized as a shelter.

**Hood River County** – The Logistics Team Leader will work with local partners and service providers to establish pre-designated shelter sites. The Logistics Team Leader, will ensure goods are received and ordered as needed and will work with staff to ensure quality of CAPECO’s services while the various locations are being utilized as a shelter.

**Sherman County** – The Logistics Team Leader will work with Red Cross to identify alternate shelter sites. The Logistics Team Leader, will ensure goods are received and ordered as needed and will work with staff to ensure quality of CAPECO’s services while the various locations are being utilized as a shelter.

**Wasco County** – The Logistics Team Leader will work with local partners and service providers to establish pre-designated shelter sites. The Logistics Team Leader, will ensure goods are received and ordered as needed and will work with staff to ensure quality of CAPECO’s services while the various locations are being utilized as a shelter.

## About CAPECO

<b>Primary Nonprofit Location</b>	<b>Second Nonprofit Location</b>
Nonprofit Name CAPECO-ADMINISTRATION	Nonprofit Name CAPECO - WAREHOUSE
Street Address 721 SE 3 <sup>rd</sup> Suite D	Street Address 1605 NW 50 <sup>th</sup> Drive
City, State, Zip Code Pendleton, OR 97801	City, State, Zip Code Pendleton, OR 97801
Telephone Number 541-276-1926	Telephone Number 541-276-5073
<b>Primary Point of Contact</b>	<b>Alternate Point of Contact</b>
Primary Emergency Contact Paula Hall	Alternate Emergency Contact Alyssa Alexander
Telephone Number 541-278-5671	Telephone Number 541-278-5666
Alternate Telephone Number 541-377-6204	Alternate Telephone Number 541-760-8325
Email Address phall@capeco-works.org	Email Address aalexander@capeco-works.org

## Business Continuity and Recovery Planning Team

<b>Name</b>	<b>Position</b>	<b>email</b>
Paula Hall	Chief Executive Officer	phall@capeco-works.org
Alyssa Alexander	Human Resources	aalexander@capeco-works.org
Tara Bishop	Program Director	tbishop@capeco-works.org
Denise Jerome	Program Director	djerome@capeco-works.org
Tori Bowman	Food & Nutrition Manager	tbowman@capeco-works.org
Brad Allen	IT Contractor	ballen@dynamiccc.com
Patty Broker	Program Accountant/ IT Support	pbroker@capeco-works.org

## Appendix F: List of Designated Focal Points

<b>CAPECO Offices</b>	
<b>CAPECO – Main Office</b> 721 SE Third St, Ste D Pendleton, OR 97801 541-279-1926 1-800-752-1139	<b>CAPECO – Hermiston</b> 1565 N First St, Space #1 Hermiston, OR 97838 541-289-7755 1-800-214-4776
<b>CAPECO – Airport Location</b> 1605 NW 50 <sup>th</sup> St Pendleton, OR 97801 541-276-5073	<b>CAPECO</b> DHS-APD 3641 Klindt Dr The Dalles, OR 97058 541-506-3517

### Meal Sites

Gilliam*	<ul style="list-style-type: none"> <li>• Arlington, 50 Shane Dr, Arlington</li> <li>• Condon, 110 S Church St, Condon</li> </ul>
Hood River*	<ul style="list-style-type: none"> <li>• Hood River Valley Adult Center, 2010 Sterling Pl, Hood River</li> <li>• Mt. Hood Towne Hall, 6575 Hwy 35, Hood River</li> </ul>
Morrow	<ul style="list-style-type: none"> <li>• Stokes Landing Senior Center, E Main St, Irrigon</li> <li>• St. Patrick’s Senior Center, 190 N Main St, Heppner</li> </ul>
Sherman*	<ul style="list-style-type: none"> <li>• Senior and Community Center, 300 Dewey St, Moro</li> </ul>
Umatilla	<ul style="list-style-type: none"> <li>• Active Senior Center of Pendleton, 510 SW 10th St, Pendleton</li> <li>• Milton-Freewater Neighborhood Senior Center, 311 N Main St, Milton-Freewater</li> <li>• Stanfield Senior Center, 225 W Roosevelt, Stanfield</li> <li>• Weston Memorial Hall, E Main St, Weston</li> <li>• Ukiah Senior Center, 100 W Despain, Ukiah</li> </ul>
Wasco*	<ul style="list-style-type: none"> <li>• Dufur Methodist Church, 320 NE 2nd St, Dufer</li> <li>• The Dalles Meals on Wheels, 1112 W 9th St, The Dalles</li> <li>• Seniors of Mosier Valley, 500 E 2nd St, Mosier</li> <li>• Tygh Valley Community Church, 57594 Tygh Valley Rd, Tygh Valley</li> </ul>
Wheeler*	<ul style="list-style-type: none"> <li>• Fossil Senior Meal Site, 702 3rd St, Fossil</li> <li>• Spray Grange, 37138 Hwy 19 207, Spray</li> </ul>

\*Nutrition services provided through a contract

## **Appendix G: OPI Policies and Procedures**

### **Community Action Program of East Central Oregon CAPECO Oregon Project Independence (OPI) Policy and Procedures**

#### **Initial Contact/Referrals**

Initial calls from interested persons will be screened to determine what their perceived needs are and will be recorded in the ADRC Call Module. The intake will then be forwarded to the next appropriate source for follow-up. All potential OPI clients will be forwarded to a Case Manager who will screen potential clients for eligibility and referral to Medicaid as a prior resource to OPI within three working days of the initial intake. If the client appears to be eligible, they will be referred with a warm transfer to the local APD office. Persons currently receiving Medicaid are not eligible for OPI services and the Case Manager will discuss other available programs and services that may assist them with maintaining their independence. The Veteran's Administration may make direct referrals to the program for veterans who fit into the OPI program.

As referrals are made to the OPI program, Case Managers will make contact with the potential client within 3 working days and will complete a Risk Assessment. All applicants will be carefully screened to determine whether their needs can be met through other resources before placing them into the OPI program. The Risk Assessment will determine the client's level of need.

Once the client is receiving services, Case Managers will reassess the household on an annual basis. Case Managers will maintain monthly contact with the household by telephone and an in-person visit quarterly unless the client's condition has changed substantially. The Case Managers may determine that the individual needs to be reevaluated sooner and will complete a reassessment.

If a waitlist has been implemented, they will be placed on the waiting list. Individuals will be pulled from the list as space on caseloads becomes available with the individuals with the greatest need being served first.

As an opening becomes available, the Case Manager will make a home-visit to complete the full CAPS assessment which will be made as soon as possible within 5 working days.

### **Oregon Project Independence (OPI) Program Waitlist Protocol**

If funding is unavailable to add additional clients to OPI, the Case Manager will complete a Risk Assessment either in-person or over-the-phone with the referred client. The client is then placed onto a waiting list until funding becomes available. Case Managers will update list semi-annually.

Case Managers will collect the following from referred clients and this information will be included on the Wait List:

- Full Name
- Address and phone number
- Birthdate
- Last 4 of Social Security Number
- Completed Risk Assessment with score
- Date consumer placed on waitlist

### Selecting Client's from OPI Waiting List

- Clients are to be selected from the OPI waiting list based on highest risk level.
- If two or more clients have the same Risk Level, the person with the most Need will be selected first. This is based on:
  1. The client is a person with Alzheimer's or related disorder, such as Dementia.
  2. The client has a Chronic Medical Condition.
  3. Client's Income
  4. Does the client have Support Network currently assisting him/her?
- If two or more clients have the same Risk Level, but do not have any distinguishing Needs listed on the Risk Assessment, the client who was put on the waiting list first is to be selected.

An In-home CA/PS Assessment must be completed within one (1) week of selecting a client from the waiting list. If the client is no longer interested, or is

found to be ineligible for OPI the Case Manager will select another client following the above steps.

Case Managers will offer Options Counseling and other programs the client may be eligible for to all clients placed on the OPI Waiting List at the time they are placed on the list.

### **Eligibility**

Case Managers will conduct an in-home assessment using the approved CAPS assessment tool. Information will be gathered through the applicant and/or family member(s), and through observation. This interview will provide information on the mental, physical, and medical condition (including diagnosis) of the person to determine the person's eligibility level.

### **Provision of Services**

Direct in-home services and respite will be provided through the Client Employed Provider program. Home Care services will be authorized by Case Managers after they complete an assessment in Oregon ACCESS. Case Managers will work diligently with the client to ensure that the services being provided are what are desired and necessary to assist the client in remaining independent. All interaction and services will be provided with the client's dignity and choice being paramount in the decision-making process.

Clients will be responsible for hiring their own Home Care Worker from eligible workers as indicated on the Home Care Commission registry. Case Managers will work with the client and their family members to assist them with any information or lists needed for the individual and their family member to make an informed decision. All clients eligible for a Home Care Worker have the option to work with the Employer Resource Connection.

Other services and programs will be provided to eligible households as determined through an interview of the client and their family member(s) by the Case Managers. Case Managers will also provide other supports such as helping in locating medical aids such as walkers, installing grab bars, etc. and linking the client to other community resources such as transportation, recreational, support groups, etc.

## **OPI Service Delivery**

Individuals must meet a Service Priority Level of 18 or less. If a client rates above this level, the assessment will be reviewed for accuracy and in questionable circumstances will be revisited.

When an individual meets a Service Priority Level of 18 or less, the Case Manager will utilize the SPL/HCW Service Hours Chart to determine the appropriate number of hours the client will receive and will communicate the In-home Service Plan which includes the number of hours authorized per month to the client and to the Home Care Worker. The client will be supported by the Case Manager to assume responsibility to ensure that the client is receiving the agreed upon services and number of hours, and that they will inform the Case Manager of any deviations from the agreed upon Service Plan.

Home Delivered Meals are provided to clients 60 years of age and older who have been properly assessed and determined to be eligible. Eligible clients will receive frozen and hot meals when and where available. Home Delivered Meal reassessments are completed annually. OPI will fund home-delivered meals provided to OPI enrolled clients where deemed appropriate.

## **OPI Service Guideline**

OPI allows authorized chore services. Chore Service means assistance with heavy housework, yard work or sidewalk maintenance for persons who need assistance with activities to assure safety. Chore services can be a one-time option. Consumers do not need to accept ongoing OPI services to be eligible for chore services. This service must have pre-approval from AAA Manager or AAA Director.

1. To be eligible for chore services, a consumer must meet all OPI eligibility guidelines as described in OAR 411-032-0020
2. An eligible consumer may receive chore services under any of the following circumstances.
  - a. The consumer is the owner, buyer, or renter of premises in which the consumer lives.
  - b. The consumer needs garbage pick-up and removal in order to continue or resume receiving services to ensure the home is safe for the consumer and their service provider. This includes dumpster rentals.

- c. Heavy housecleaning to ensure the consumer and care providers can safely navigate in the home. This may include removal of hazardous debris or dirt from the home.
  - d. Removal of yard hazards or storm debris to ensure the outside of the home is safe for the consumer to enter and exit safely (for example: trees, leaves, clutter).
3. If the service is done in a rental location the service must be a service that is not required of the landlord under applicable landlord-tenant law.
4. Chore services are not part of the consumer's ongoing service plan. Once the chore service is complete, HCW's may begin or continue ongoing housekeeping.
5. Chore services must be appropriate and cost effective to meet the service need of the consumer.
  - a. CAPECO currently does not have a contract with a specific agency to provide the chore services.
  - b. If feasible, three bids are required from companies or vendors who provide chores services.
6. The consumer must sign a written agreement to:
  - a. Have a vendor clean their home
  - b. Remove hazardous debris
  - c. Haul off agreed upon items that may pose a health and safety risk to the consumer or others.
7. Once bids are secured, the Case Managers sign off on the lowest reasonable bid with AAA Manager's approval.
8. Case Managers ensure the chore service is completed as authorized.
9. Vendor submits invoice to CAPECO AAA Department.
10. Case Manager completes Check Request with backup documentation attached and signs as "Requisitioner". AAA Manager or Director reviews form and documentation for accuracy and signs "Approved by". Form is then submitted to Finance Department for payment.

**Denial, Reduction or Termination of Services/ Grievance Procedures:**

Clients will be denied when they do not meet the established priority level or are receiving Medicaid services. Cases will be closed when they no longer have a need for OPI services, become eligible for Medicaid, move to a Long Term Care facility, or pass away. Services may be reduced or terminated when funding levels decrease. If reduction is necessary the AAA will retain current service level for

those who are at an SPL 1 through 6. For those who are level 7 and above, the AAA will determine the amount of reduction necessary to meet budget needs by applying an equal percentage cut.

Clients will be given a written notice on all adverse actions and are provided a copy of their right to grieve the action. Upon receipt of a written notice of grievance, the AAA shall schedule a meeting for review of the grievance. The client and/or representative will be notified by mail of the date, time and location of the meeting. This meeting shall be scheduled within 10 days of the receipt of the grievance. Within 5 working days of the conclusion of this meeting, the AAA Director shall inform the client or their representative of the decision.

### **Closing an OPI Case**

- A. Close Service Plan give copy to OPI Administrative Support Staff (if consumer has HCW) to enter into the voucher system.
- B. Inform HCW of closure, use 4105
- C. End Benefits and Services under Service Planning.
- D. Email appropriate agencies to end additional services through OPI – Assisted transportation, Home Delivered Meals, Home Repair, Assistive technology device, Money Management
- E. Narrate reason for closure
- F. For any reason other than death, mail consumer closure letter.
- G. Close tabs in Oregon Access
- H. Benefits Section (unless tabs are being used by Medicaid or Eligibility workers follow guidelines A&B)
  - a. Med Tab – indicate close and the date
  - b. SVC Tab – indicate close and the date
  - c. Case Overview - remove the Case manager's name and uncheck OPI box
- I. OAA Svc/FCSP tab – close date should always be last day of the month of closure.
- J. If no other workers on the case, inactivate case and screening.

### **Service Fees Implementation, billing, collection and utilization**

Case Managers determine net income through the assessment process, taking into account any medical expenses paid out. The monthly net income is used to determine the fee, using the fee schedule established by the state. Clients not charged an hourly fee will be billed a \$25.00 one-time fee at the time of initial

eligibility. CAPECO AAA bills the client monthly for amount owed. The billings will be sent out by the 10th of the month following the service month. Fees collected will be used to expand service. They will be recorded and used in the month received.

1. OPI Income/Fee Determination form 0287K must be completed on each OPI client before the initiation of service and must also be reviewed and updated at least annually. The information recorded on this form is based on Administrative Rule 411-032-0020 (5) Fee for Services.
2. When an OPI case is opened, client will be sent a letter confirming the start of the OPI service and notifying him/her of the fee for each unit of service.
3. The fee and an estimate of total monthly cost to the client for services are to be recorded in the Service tab of the Benefits section in Oregon ACCESS.
4. If a fee has been assessed, client will be invoiced monthly for actual hours of service received. The invoice and tracking of payments are completed by Case Managers at CAPECO.
5. Invoices for a given month will be generated late the following month after the provider billing has been received and verified.

The cost per Home Delivered Meals is figured at the Title XIX rate of \$9.54 per meal. The cost of services per unit for Home Care Worker services is \$18.47.

The Veteran's Administration will provide payment for all veterans referred to OPI through their program. VA billing will be completed monthly and will be according to VA rules and requirements. Funds received from the Veteran's Administration for OPI clients will be used for expenses incurred by the OPI program. Checks may be issued to the State for coverage of Home Care Worker expenses should they exceed the OPI annual allotment.

### **OPI FEE COLLECTION**

1. OPI Income/Fee Determination form 0287K must be completed on each OPI client before the initiation of service and must also be reviewed and updated at least annually. The information recorded on this form is based on Administrative Rule 411-032-0020 (5) Fee for Services.
2. When an OPI case is opened, client will be sent a letter confirming the start of the OPI service and notifying him/her of the fee for each unit of service.

3. The fee and an estimate of total monthly cost to the client for services are to be recorded in the Service tab of the Benefits section in Oregon ACCESS.
4. If a fee has been assessed, client will be invoiced monthly for actual hours of service received. The invoice and tracking of payments are completed by Case Managers at CAPECO.
5. Invoices for a given month will be generated late the following month after the provider billing has been received and verified.
6. Client will be invoiced regardless of how small an amount is owed.
7. After the invoice is sent:
  - a. If client pays in-full or makes a partial payment, whatever is received will be accepted as payment in full for that month.
  - b. If client makes no attempt to pay or make arrangements to pay, the unpaid amount will show as past due on following month's invoice. If there is no response to the second invoice, the client will be contacted by the case manager to discuss his/her willingness or ability to pay the fee. If client refuses to pay or feels unable to pay, he/she will be informed that monthly invoices will continue to be sent and even partial payment is appreciated. The client will be assured that services will continue regardless of non-payment. After the case manager has discussed payment (non-payment) with the client, past-due amounts will not carry forward to subsequent invoices.
  - c. Clients who pay more than the billed amount or who make a voluntary contribution when nothing is owed should be sent notes of appreciation at intervals.
8. Clients who are not assessed a fee because their net income is too low will be sent a letter periodically offering them the opportunity to make contributions to the OPI program.
9. At time of annual review and re-determination of fee, client will be sent letter advising him/her of new fee amounts and effective date.

### **Home Care Worker Monitoring and Evaluation**

Since the services are provided through the Client-Employed Provider Program, no OPI services are contracted. CAPECO does not monitor the Home Care Workers performance directly, but service satisfaction is monitored through contact with the client to determine if the services as authorized are being provided. If the client is unable to resolve a problem with their Home Care Worker they are given the option of 1) finding another Home Care Worker; or 2)

ask their case manager to assist them in reviewing the Home Care Workers performance. Clients who are struggling with their Home Care Worker once again have the option to work with the Employer Resource Connection. CAPECO will immediately report any suspected neglect or abuse by a Home Care Worker to Adult Protective Services.

**Appendix H: Partner Memorandums of Understanding**

**MEMORANDUM OF UNDERSTANDING**  
Between  
**Community Action Program of East Central Oregon**  
And  
**Oregon Department of Human Services Aging and People with Disabilities**

**PURPOSE**

Community Action Program of East Central Oregon Area Agency on Aging, hereinafter referred to as CAPECO, and the Oregon Department of Human Services, Division of Aging and People with Disabilities, hereinafter referred to as APD, serving Umatilla, Morrow, Gilliam Wheeler, Sherman, Wasco and Hood River counties, mutually agree that adults with chronic illnesses served by the Oregon Medicaid program should:

- Have access to an unbiased assessment of their service needs.
- Be informed of available service options to address their needs.
- Have their eligibility for services determined as expeditiously as possible.
- Have maximum choice with regard to method(s) of service delivery and direction of service provider(s).
- Have access to high quality services.
- Be served in the most effective manner in the least restrictive setting possible.

**SCOPE OF AGREEMENT**

APD agrees to:

- Provide training to CAPECO personnel regarding services and eligibility criteria established and/or administered by APD on an as needed basis to ensure CAPECO staffs have basic programmatic knowledge for Information and Referral.
- Refer individuals to CAPECO for assessment, case management, and/or service delivery as deemed mutually appropriate by APD and CAPECO personnel.
- Provide a knowledgeable representative who will attend the CAPECO advisory council meetings to provide an update of the current APD operations and policies, as APD staffing levels allow.
- Consult with CAPECO personnel and administration to address system(s) quality and effectiveness.
- Coordinate meetings of APD and CAPECO staff and/or management to support information sharing and programmatic updates in each respective agency.

Page 1 of 2  
MOU between CAPECO/AAA & DHS-APD  
10/2018

CAPECO agrees to:

- Participate in training regarding services and eligibility criteria established and/or administered by APD on an ongoing basis.
- Collaborate with APD personnel on an on-going basis regarding services and eligibility criteria of programs administered by CAPECO.
- Accept referrals of adult individuals made by APD for the purposes of needs assessment and qualification for case management and/or service delivery consistent with CAPECO's capacity to do so.
- Work with APD personnel and administration to expedite medical and financial eligibility determination for Medicaid waiver services for adults by assisting the applicant in providing all necessary information required by APD.
- Consult with APD personnel and administration to address system(s) quality and effectiveness.

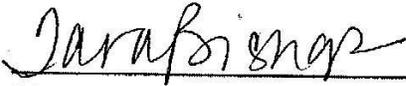
TERM AND DURATION

The term of this MOU shall continue until terminated by the parties. This MOU shall commence on the date executed by and shall continue in duration until terminated. Any party may terminate by giving thirty (30) days written notice and specifying the date thereof.

MODIFICATION

This MOU may be modified only by written agreement signed by both parties.

IN WITNESS WHEREOF, the parties have executed this MOU on the date indicated below their signatures.

  
\_\_\_\_\_  
CAPECO  
11/15/2018  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Department of Human Services, APD  
11/13/18  
\_\_\_\_\_  
Date

## **Appendix I : Statement of Assurances and Verification of Intent**

Program of East Central Oregon (CAPECO) accepts the responsibility to administer this Area Plan in accordance with all requirements of the OAA (OAA) (P.L. 109-365) and related state law and policy. Through the Area Plan, CAPECO 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. CAPECO 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 CAPECO 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 OAA; 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. CAPECO 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.

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Paula Hall, CAPECO CEO  
 Legal Contractor Authority

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Date

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Scott McKay, Advisory Council Chai

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Date