Health, Housing & Human Services
CLACKAMAS COUNTY

SOCIAL SERVICES DIVISION

OLDER AMERICANS ACT AREA PLAN

2017-2020

Clackamas County Social Services

2017-2020 AREA PLAN

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A – 1 Introduction:

Clackamas County Social Services is a division within the larger Clackamas County Health, Housing and Human Services Department that includes Behavioral Health, Public Health, Health Centers, Community Development, the Housing Authority, Community Solutions (workforce programs) and Children Youth and Families.

Clackamas County Social Services (CCSS) was created through the merger of the Area Agency on Aging and the Community Action Agency in the spring of 1982. The Area Agency on Aging (AAA) and the Community Action Agency (CAA) combine advocacy, program coordination and development activities with social programs to provide opportunities and services for the elderly, people with disabilities, low-income persons, rural residents, and communities of color in Clackamas County. In addition to being an AAA and a Community Action Agency, CCSS includes the County Developmental Disability Program, the County Veterans Service Office, and the Volunteer Connection.

The goal of the Area Agency on Aging is to provide services, supports and information that allow older adults (and in some cases depending on program guidelines, younger persons with disabilities) to live independently in the community of their choosing. This is done through direct programming, contracting with other organizations, engaging in regional collaboration, and planning efforts. The primary planning document that is used by the AAA to guide its work is the Area Plan.

The Area Plan describes how CCSS will meet the needs of older adults and persons with disabilities living in Clackamas County, and includes demographic information, a needs assessment, and specific goals and activities for a number of areas that are critical to the population, including Caregiver Services, Transportation and Legal Services. One area of focused attention for the agency and the Aging Services Advisory Council is the creation of Age Friendly Communities.

The Board of County Commissioners appoints the Aging Services Advisory Council (ASAC). ASAC consists of representatives of the general public who reside, work or serve those who live within the boundaries of Clackamas County. Over 50 percent of ASAC members are aged 60 and over.

Purpose of the ASAC is to:

- Serve as an advisory body to the Director of the Clackamas County Area Agency on Aging
- Advise the Clackamas County Area Agency on Aging on all matters relating to the development and administration of the Clackamas County Area Plan and advise the AAA on Area Plan operations conducted under the Plan and provide input on other areas of importance to the older adult population
- Review all requests for Clackamas County Area Agency on Aging Older Americans Act funding and make the findings of the AAA Advisory Council known to the applicant, the County and the State
- Evaluate the effectiveness of programs funded under the Clackamas County Area Plan and seek the advice of service recipients, the general public and service providers on services needed and how to improve existing services
- Advocate for maintenance and improvement of existing services and for the creation of additional needed services for older adults living in Clackamas County

Service Delivery Network

Clackamas County is a large and diverse county, covering 1,879 square miles with 17 incorporated cities and towns, as well numerous unincorporated communities. The more urbanized northern section of the county contrasts sharply with the rural and frontier nature of the southern and eastern portions of the county. In order to serve older adults residing in all areas of the county, Clackamas County Social Services (CCSS) utilizes a single entry approach, working with a comprehensive network of ten Senior, Adult or Community Centers, to ensure that every older adult in Clackamas County has easy access to information and services. (Please note, for ease of reading each Center will be referred to as a Senior Center even if its actual title is Adult Center or Community Center). In 2010, Clackamas County launched the Clackamas Resource Connection, an Aging and Disability Resource Center (ADRC), to provide additional services for all residents of Clackamas County. In 2013 the Clackamas Resource Connection became part of the regional Metro Aging and Disability Resource Connection and was renamed the Clackamas Aging and Disability Resource Connection.

In addition to the services and programs offered by CCSS, the service delivery system in Clackamas County includes a number of organizations including ten Senior Centers, Senior Citizens Council, Clackamas County Behavioral Health, four branch offices of DHS/APD (State Department of Human Services/Aging and Persons with Disabilities), the Senior Community Service Employment Program (Title V) and Legal Aid Services of Oregon. CCSS has contractual relationships or active MOUs with all of these organizations.

Focal Points

Nine of the ten Senior Centers are classified as Focal Points. Focal Points operate five days a week for a minimum of 32 hours per week, and adhere to the Clackamas County Policy on Aging (available in Attachment K). Focal Points combine people, services and activities. The typical Focal Point offers meals three to five times a week, information and assistance, community outreach, client assessment, transportation, social services, legal counseling, health promotion activities, recreation and social programs. The Focal Points in Clackamas County are:

* Canby Adult Center
* Estacada Community Center
* Gladstone Senior Center
* Lake Oswego Adult Community Center
* Milwaukie Center
* Molalla Adult Community Center
* Pioneer Community Center
* Sandy Senior and Community Center
* Wilsonville Senior Center

The Hoodland Senior Center does not have the capacity to fulfill the Focal Point criteria so is considered an Access Point.

Clackamas County Social Services Programs operating under the auspices of the Area Agency on Aging

- Clackamas Aging and Disability Resource Connection – connecting older adults, persons with disabilities, their families and caregivers, with information about needed services and supports
- Oregon Project Independence (OPI) - a state funded program for those not financially eligible for Medicaid and who need assistance to remain living independently in their homes
- Options Counseling – supporting individuals, families and support networks in developing informed long-term care plans.

- Care Transitions – reducing the number of preventable hospital readmissions by providing evidenced-based transitions for persons being discharged from hospitals

Volunteer Connection Programs

- Family Caregiver Support (FCSP) – helping unpaid family caregivers with information, support and respite
- Transportation Reaching People (TRP) – providing transportation to older adults and persons with disabilities to medical, shopping, work, and other vital appointments
- Retired Senior Volunteer Program (RSVP) – helping older adults stay active and engaged in their communities through volunteer services
- Senior Companion Program (SCP) – providing stipends to low-income older adults so they can stay independent while providing companionship and support to other older adults
- Senior Health Insurance Benefits Assistance (SHIBA) – helping Medicare beneficiaries understand their health insurance benefits
- Money Management – assisting older adults and adults with disabilities who need help with budgeting, balancing checkbooks, and bill paying

Community Action Programs

- Energy Assistance – seniors and persons with disabilities are prioritized populations for this program, which assists low-income households to pay their utility bills. In FY 14/15, 15 percent of all individuals served in the program were over the age of 60, and 19 percent of program participants had a disability.
- Housing Programs – Seven programs that provide housing assistance and case management for individuals and families experiencing homelessness
- Housing Rights and Resources – a partnership between CCSS, Legal Aid Services of Oregon, and the Fair Housing Council of Oregon regarding fair housing and landlord tenant issues as well as general and low-income housing resources.

Regional Programs

- Older Adult Behavioral Health Initiative - In early 2015, the Oregon Health Authority launched the Older Adult Behavioral Health Initiative. This initiative examines the current systems for delivering behavioral health services to older adults and people with disabilities. The goal of the initiative is to increase access to care and services through more effective multi-system collaboration and coordination through a well trained workforce with competencies in older adult behavioral health.
- Older Adult Behavioral Health Interventions - In mid-2015, Clackamas County Social Services, in partnership with our regional Aging and Disability Resource Connection (ADRC) established capacity to provide older adult behavioral health services throughout the region. Evidence-based services provided to older adults include PEARLS (Program to Encourage Active Rewarding Lives for Seniors), and an outreach program specifically for older adults and persons with disabilities.
- Dementia Capable Training – Providing person-centered training for ADRC staff and partner agencies who work with individuals experiencing dementia, their family members and caregivers

Senior Programs Operating in Clackamas County Not Provided by CCSS

- DHS/APD – providing Medicaid Long Term Care services and Adult Protective Services
- Senior Citizens Council – providing guardianship and guardianship diversion services, and case management

- Legal Aid Services of Oregon – providing legal services to low-income seniors
- Senior Community Service Employment Program – assisting low-income people over the age of 55 with skill training and job search activities

Services to Younger Persons with Disabilities
Several of the programs operated by CCSS serve younger persons with disabilities. These include the ADRC and Housing Rights and Resources Information and Referral lines, TRP (Transportation Reaching People), SHIBA and Money Management.

Coordination and Planning

Coordination and planning among all providers of services to older adults in Clackamas County occurs in a number of venues, both ongoing and ad hoc.

The Transportation Consortium convenes all Clackamas County providers of special needs transportation three times a year to coordinate services, share best practices, and meet with representatives from Ride Connection. CCSS prepares annual Special Transportation Fund (STF) funding requests for Consortium members. In the funding cycle covering the year 2014 to 2016, grant awards totaled $901,509. For the 2016-2018 period, the amount increased to $940,392. CCSS also participates in regional Special Needs Transportation coordination by participating in the RTCC (Regional Transportation Coordinating Council) and staff, as well as ASAC members, sit on the Special Transportation Fund Advisory Committee (STFAC).

The CCSS Administrative Services Manager and the Aging and Disability Services Contract Specialist meet quarterly with all aging services contractors to review changes to program requirements, coordination of services, and to share best practices.

The Client Service Coordinators at all Senior Centers are required to attend at least four of the bi-monthly Information and Referral Networking meetings and meet as a group after the I&R meetings two or three times a year to share best practices and staff cases.

CCSS maintains a strong working relationship with the local DHS/APD office. The APD District Manager regularly attends ASAC meetings. Staff new to the APD office are invited to meetings that orient them to the services offered by the county. To further coordination of services and referrals, the two agencies have a Memorandum of Understanding for Gatekeeper Referrals and Adult Protective Service calls.

CCSS and APD participate in a regional forum that brings together staff from the two Coordinated Care Organizations that operate in the region (Health Share and Family Care), the Area Agencies on Aging serving the region, the four DHS/APD offices serving the region, and the Behavioral Health agencies that serve the region. Memorandums of Understanding are in place with Coordinated Care Organizations.

The Metro ADRC Operations Committee is staffed by CCSS staff, and meets every other month to provide direction and support for the Metro ADRC. The group recently completed a comprehensive Strategic Plan which will assist in guiding and prioritizing regional ADRC activities over the next three years. In months when the Operations Committee does not meet, directors from the Area Agencies on Aging, Independent Living Resources, and the APD district managers meet to discuss issues of regional importance.

The Adult Center Liaison sub-committee of the Clackamas County ASAC regularly reviews and comments on nutrition services provided by contractors and reports its findings to the full council at the annual council training.

Any person seeking additional information on the Area Plan, or with any questions related to the programs and services operated by Clackamas County Social Services, can contact the agency director, Brenda Durbin, at 503-655-8640.

A – 2 Mission, Vision, Values:

Clackamas County Social Services Mission Statement

The Social Services Division seeks to provide quality services and meaningful opportunities for elderly, disabled, and low-income residents of Clackamas County. Through citizen participation and the efforts of the boards, staff, and volunteers, we recognize the importance of planning and coordinating with other agencies and organizations, and the importance of developing new programs and approaches to effectively meet identified needs. Finally, we recognize the vital role of advocacy. Individual advocacy helps to guarantee rights and ensure access. System-wide advocacy--on the local, state, and federal level--helps to ensure a broad focus on the important issues affecting the populations we are committed to serve.

Clackamas County Social Services Values Statement

All participants (clients; board, committee and task force members; volunteers and paid staff; contract agencies and other organizations; the general public) shall be treated with dignity and respect.

Anticipation, responsiveness, and innovation are expected in working with each other on the needs of the elderly, disabled, and low-income people of Clackamas County. An open environment, one that is non-bureaucratic and accessible is expected; participants will have every opportunity to be involved in decision making (except as relates to legitimate confidential matters).

The Mission Statement was approved by the Clackamas County Board of Commissioners more than 25 years ago. Each new employee is invited to attend a meeting with the agency director where the Mission and Values statements are reviewed and discussed. It is expected that every member of the staff adheres to these values at all times. A piece of the Values Statement has been memorialized in the agency's office by a painting, painted by a former staff member, with the words "Everyone will be treated with dignity and respect" in three languages; English, Spanish and Russian.

More recently, the agency has posted "Safe Space" signs in all public areas, indicating that people from all backgrounds, all gender identifications, and all sexual orientations are welcome in the agency.

A – 3 Planning and Review Process:

Clackamas County Social Services (CCSS) conducted a needs assessment for older adults and persons with disabilities from the fall of 2014 through winter 2016. In partnership with other social service agencies, advisory committees, and adult community centers, CCSS documented individual needs and identified ways to make communities more age-friendly.

Components of the needs assessment include:

- Focus groups with older adults who utilize Senior Center services, both in rural and urban settings
- Older adults with low-incomes
- Surveys documenting the experiences of older adults and persons with disabilities, caregivers, and social service staff (offered in Spanish and English)
- Surveys and focus groups to understand the transportation challenges of older adults
- Surveys to learn about how older adults use technology
- Focus groups with organizations addressing food security
- A review of annual agency program reports
- US Census data
- Oregon Department of Human Services data
- 2015 Clackamas County Poverty Report
- 2015 Food Security Roundtable

- 211 Info data
- Feeding America data
- Oregon Food Bank data
- 2015 Point in Time Homeless Count
- Targeted outreach to organizations serving gay, lesbian, bisexual and transgender older adults
- ADRC call data

Scope of Need

The community assessment found common challenges for older adults and persons with disabilities in both urban and rural communities in the areas of transportation, housing, warmth, social inclusion and food security. Poverty is an underlying cause of housing and food insecurity, and under-funded public transportation programs are creating challenges for many to access the services and supports they need to remain living independently in the community of their choosing.

Transportation

Survey and focus group participants described the need for greater transportation options, both in rural and urban communities. This was especially true for non-medical transportation such as running errands, attending cultural events or visiting friends. Evenings and weekends were the times of greatest need. Many participants reported relying on friends or family, or Senior Center shuttles for transportation. However, many said there were places they wanted to go but simply couldn't for lack of public transportation.

For those respondents who still drive, many said that in addition to friends or family, they would depend on public transportation when they can no longer drive. However, almost half said there is not adequate public transportation and another 8 percent said they didn't know if there was adequate public transportation. Almost 30 percent said there is not adequate special needs transportation and an additional 20 percent said they do not know whether there is or not adequate special needs transportation. These figures show that while people expect they will depend on public transportation at some point, they don't believe the resources will be there to help them when they need it.

Housing Affordability

Affordable housing is a serious concern for many survey and focus group respondents. The 2015 *County Report on Poverty* found that 6.2 percent of older adults are living in poverty. The report adds that disproportionately higher healthcare costs may exacerbate challenges that lower income older adults and persons with disabilities have in meeting their basic needs.

Clackamas County has the third highest property taxes in the state, and rental prices have been steadily rising. Adding to this is an increase in no-cause evictions associated with properties being sold or rented at a higher cost. Of the survey respondents, more than 30 percent said they disagreed or strongly disagreed that their rent or mortgage was affordable and would remain so. The issues raised in the survey are echoed by callers to 211info. Among callers in 2015, almost 20 percent were over age 50. The vast majority of callers live at or below the poverty line, and more than 2,000 housing assistance calls were made to 211info during the first three quarters of 2015. Housing affordability is especially challenging for people of color. The 2013 US Census data shows that African Americans comprise about 1 percent of the county's population, yet 22.4 percent are living in poverty. American Indians/Alaska Natives comprise 1.1 percent of the county's population but approximately 25 percent are living in poverty. Among the people surveyed in the 2015 Homeless Count, two percent were over age 65.

Warmth

Energy costs can fluctuate throughout the year, which is especially burdensome for people on fixed incomes such as older adults and persons with disabilities. The county's energy assistance program receives over 17,000 calls annually from people who cannot afford to pay their heating bills. The program offers assistance with paying bills as well as home weatherization and works on a priority basis, serving older adults, persons with disabilities, families with children six and under first, and then all others. During fiscal year 2014/15, 3,936 individuals over the age of 60 or persons with a disability received assistance paying their home energy bills.

Social Inclusion

A 2015 Clackamas County survey of older adults found that older adults with lower incomes are unable to afford computers or smart phones, and of those who do have them, there is great interest in technology training. The lack of digital access can contribute to isolation for those who are home bound or prevented from accessing social and cultural opportunities due to lack of transportation. This may be especially challenging for communities of color seeking to connect with people who have shared experiences. For example, a rural focus group participant lamented the lack of easy access to regional gatherings of SAGE, a peer support organization dedicated to gay and lesbian older adults.

Among survey respondents, about 12 percent said they feel isolated in their home, and about 17 percent said they do not feel actively engaged in their community. A majority said that they do not know if home visitors are available for homebound people, but about an equal number feel this is an important service to have.

Food Security

Like energy and rental costs, food prices can present a disproportionately high cost for low-income people. Many older adults rely on home delivered meals, as well as congregate meals, of which 237,932 were served in fiscal year 2014/2015. The Oregon Department of Human Services data shows that in 2014, only 8.4 percent of the total older adult population living below the poverty line in Clackamas County received help from the Supplemental Nutrition Assistance Program.

Persons with disabilities are also at risk of food insecurity and are more likely to suffer from chronic conditions that are made worse by poor nutrition. The US Census Bureau reports that 11.52 percent of Clackamas County residents, 43,647 people, have a disability. 34 percent individuals with a disability are over the age of 65.

As in other areas, people of color are hardest hit by food insecurity due to income disparities.

There are more than 50 food pantries throughout the county, however, many have limited hours and transportation to them can be a barrier for individuals without access to reliable transportation.

Review Process

The Aging Services Advisory Council provided feedback throughout the development of the Area Plan and the Needs Assessment. The Board of County Commissioners will be responsible for adopting the Area Plan in the fall of 2016.

Efforts to ensure that the needs of Latino community members are reflected in the Plan included offering the survey in Spanish and reaching out to Latino service organizations. The response rate for the survey among this population was small (about 3 percent). Additional population data from a recent health department survey that engaged larger numbers of Latino community members will be reviewed when it becomes available. Survey respondents included about 13 percent people of color. Additional outreach was made toward the LGBTQ community, including a focus group. Again, response was small but valuable information was shared.

The focus groups, and emphasis on working with Senior Center staff to implement the surveys, helped garner responses from people with no computer access, limited vision or other disabilities, as well as people with limited English proficiency, which could make the online survey difficult to complete.

This plan aligns with the work of the county's Community Action Board (CAB). The board is currently updating its Action Plan, which includes a needs assessment and gap analysis. One area of overlap between the needs of older adults, as defined in the Area Plan, and the needs of lower income residents, as defined in the Community Action Plan, is the need to ensure easy access to nutritious food.

A – 4 Prioritization of Discretionary Funding:

Clackamas County Social Services prioritizes discretionary OAA and non-OAA funding for programs and services that help people remain living in the community of their choice with safety and dignity. OAA IIIB dollars are sometimes used to fill the gap between what funding for a designated program, like Special Needs Transportation programs, can support and what the program actually costs to operate. The actual support for each program can change from year to year depending on the funding level for the core program. For example, a decrease in state funding for Options Counseling resulted in a need to support that program with OAA funds in FY 15/16, where in FY 14/15, state funds covered the entire cost of the program. The flexibility of OAA title IIIB funds allows the agency to smooth out the ups and downs of other funding and create a more consistent service delivery system.

Non-OAA Discretionary Funding

County General Funds

One of the goals of the Clackamas County Board of Commissioners is to ensure that communities are safe, healthy and secure. In response to the needs of vulnerable older adults and persons with disabilities, the county's Abuse Prevention Initiative includes funding for the Senior Citizens Council to serve an additional 25 people in their guardianship program. Funds have also been allocated for forensic accountant services to aid in the prosecution of those who financially take advantage of vulnerable residents.

Community Services Block Grant

The Community Services Block Grant (CSBG) is one of the core funding sources for Community Action Agencies. CSBG can be used to support any program that serves individuals whose income is less than 125 percent of the Federal Poverty Level. CCSS uses CSBG funds in the following program:

- ADRC Information and Referral
- Transportation Reaching People
- SHIBA
- Senior Companion Program
- Housing Programs

Agency Fund Balance

CCSS utilizes undesignated fund balance to support a variety of programs. The primary use of fund balance is to help cover increases in personnel costs. The fund balance available for this purpose has diminished over time. In FY 16/17 the agency will work with advisory council members and other stakeholders to determine how fund balance will be used in the future.

OAA Discretionary Funding

Programs funded by OAA IIIB discretionary dollars that are administered directly by CCSS include ADRC Information and Referral, Options Counseling, Transportation Reaching People, SHIBA, and Senior Companion.

OAAIIIB dollars are also subcontracted to ten Senior Centers operating in Clackamas County. Services offered by our contractors include: Case Management, Reassurance, Information & Assistance, Transportation, Guardianship, Legal Assistance, Public/Community Outreach,

Waitlists
Currently CCSS operates one AAA program that maintains waiting lists; Oregon Project Independence.

Oregon Project Independence (OPI)– Current clients will be prioritized for OPI services when these services are needed in order for the recipient to maintain their independence and safety. New clients are added to the program as capacity and budget allows.

When OPI budget constraints do not allow for the immediate start of in-home services consumers will be placed on a waiting list. Prioritization of services is based on the state standardized OPI Risk Tool (SDS 287J) that measures the risk for out-of-home placement. Consumers with the highest risk scores are given priority on the waiting list. In June of 2016, there were 279 individuals on the OPI waiting list.

All consumers placed on the OPI waiting list are offered Options Counseling services to assist them in exploring alternative options to meet their stated needs and preferences.

Potential Changes in Service Levels
The Clackamas County 2017-2020 Area Plan does not include any specific program reductions. However, over the course of the four year period covered by the Plan, program reductions may need to occur. Oregon is facing a billion dollar budget shortfall for the 2017/19 biennium. If new funds are not secured, it is likely that programs receiving state general funds will see reductions in funding. One of the issues that is causing the anticipated state budget deficit is the Public Employees Retirement System (PERS) issue. As a public entity, Clackamas County will also see its PERS costs rise. The County has a contingency plan to cover some of these increases, but the ultimate costs to programs is not yet known. An additional challenge to maintaining the current level of programing is the agency's historic reliance on fund balance and the fact that this is a diminishing resource.

In the face of these challenges, the agency will continue its ongoing efforts to secure new funding. At the same time, in FY 16/17, the agency will embark on a comprehensive analysis of the impact of each of its program so that, if program reductions are necessary, they will be done in a way that will minimized impact to vulnerable people.

Process for Determining Priority Services
<u>Criteria</u>
Programs that serve older adults who:

- Have incomes under 185 percent of Federal Poverty Level
- Have a physical or mental disability
- Are culturally, geographically or socially isolated
- Are members of a community of color or other underserved community
- Encounter language barriers; and
- Programs that support independent living

These criteria are based on the priority populations as described in the Older Americans Act and reflect the rural nature of Clackamas County. The overall goal of all OAA funded programs is to help people live independent, socially connected lives.

Factors influencing the prioritization of services include the need to maintain existing, high functioning programs and those that leverage other funding sources including Community Services Block Grant (CSBG) and Corporation for National and Community Service (CNCS).

SECTION B – PLANNING AND SERVICE AREA PROFILE

Demographic Information

Since the last Area Plan, Clackamas County's overall population has grown, and there has been a significant increase in the number of older adults residing in the County. According to US Census Bureau estimates, Clackamas County's population of seniors ages 62 and older has grown since the last Area Plan, from 60,400 (16.3 percent) to 73,452 (19.1 percent.)

As a whole, Clackamas County residents are mainly white (89.6 percent) and thirty-one percent of all county residents reside in rural areas. For those 60 and older, only 5.4 percent identify as non-white or multiple races. According to the 2010 Census, the over 60 population in the rural parts of Clackamas County is 28,036, or 36 percent of the 60+ population.

Since the last Area Plan the percentage of Hispanic and Latino residents aged 60 and older has increased from 1.7 percent to 2.2 percent. The overall Hispanic population has also increased, from 7.3 percent to 8 percent.

The overall number of people living below the poverty line is slightly higher in 2016 than it was in the 2010 census, as is the number of people aged 60 and older living in poverty, which has increased from 4,139 to 5,603. This means that 6.6 percent of the people 60 and older in Clackamas County live below the poverty level.

The number of people with a disability has declined since the last Area Plan in all age groups except for those aged 65 and older, which increased from 18, 717 to 19,692.

Transportation

More than 8,000 households in the county do not have a motor vehicle and an estimated 14 percent of the county's population is without public transportation. Lack of access to a personal vehicle, combined with a fragmented and incomplete public transportation system, means that many older adults and adults with disabilities living in the county do not have reliable transportation. Seniors living in rural areas are isolated if they do not drive, however, focus group participants in urban areas also reported feeling isolated because of little or no public transportation options. Among survey respondents, nearly 50 percent disagree or strongly disagree that there is adequate public transportation in their community.

Older Adults in the Workforce

The percentage of people aged 65 and older in the workforce has remained steady since the last Area Plan, at about 38 percent.

Health

The county has slightly more favorable or comparable health outcomes with neighboring counties in several key areas such as types of cancers, heart disease deaths and adults engaging in physical activities, according to the *2013 Health Status Assessment.* The report does, however, point to areas of concern, some of which are associated with low-income, under-served populations. For example, Clackamas County adults report eating fewer fruits and vegetables, and have higher rates of smoking and obesity than in neighboring counties. Poverty is strongly correlated with poor nutrition and food insecurity. Both of these are risk factors for diminished emotional health, and greater risk for chronic disease. A particular challenge is the lack of comprehensive affordable dental care. While Medicare may help seniors get occasional cleanings, more complicated dental care must be paid for out-of-pocket.

Housing

Older adults and adults with disabilities face many challenges finding affordable housing throughout Clackamas County. Of the more than 1000 people who called the Clackamas County Coordinated Housing Access program in 2015, more than 600 either had a disabling condition or a member of their household did. This program helps individuals and families experiencing a housing crisis find a place to live. However, for each of the 15 housing providers operating in the County, an average of 76 people are on a waiting list. For some programs the waiting list is as high as 162.

Similarly, 211Info reports that, of the 2,245 calls received in 2015 from Clackamas County residents seeking housing assistance, nearly 20 percent of callers were over 50 years old.

The Aging and Disability Resource Connection assists community members with a variety of social service concerns. Between November 2014 and October 2015, 17 percent of the callers with housing needs such as finding a homeless shelter, rent assistance, or home repairs, were over age 70.

Food Insecurity

It is difficult to obtain data showing the food insecurity for seniors and people with disabilities, but there is ample research indicating food insecurity is greatest among those with lower incomes and less access to grocery stores. The rural nature of much of Clackamas County, combined with a less than adequate public transportation system, means that many older adults and adults with disabilities struggle to get enough nutritious food. From poverty data and demographics of participants in the Supplemental Nutrition Assistance Program (SNAP), food insecurity rates can be inferred. In 2014, only 8.4 percent of the senior population living below the poverty line in Clackamas County received SNAP, according to the Oregon Department of Health and Human Services. The Food Research & Action Center reports that, nationally, half of food insecure households that include adults with disabilities experience "very low food security," compared to one-third of all food insecure households.

Survey Results and Information from Focus Groups

A survey was administered, and focus groups conducted in order to obtain information about the current state of older adults and adults with disabilities in Clackamas County. 171 people responded to the survey, 19 people participated in focus groups held in senior centers around the county. Certain concerns were expressed by nearly all participants, including the rising cost of housing, lack of dental care, and inadequate public transportation which leads to isolation, difficulty running basic errands, and challenges getting to medical appointments.

Survey respondents who indicated the highest level of need are those who have a disability, are living below the poverty line, and live in rural areas. Areas where they indicated the greatest need include walkable communities, adequate public transportation, and feeling engaged in their community.

Of the 171 respondents, many expressed a lack of awareness about social services, pointing to areas where additional outreach is needed. The number of people who answered "I do not know" is shown in parentheses next to the related statement.

- Home visitors are available for those who cannot leave their home (72)
- There is a driver network to assist people who cannot drive themselves (56)
- Assistance is available for home repairs and maintenance (54)
- There is adequate Special Needs Transportation (37)

Minority Populations

Fourteen individuals who identified as non-white completed the survey that was administered as part of the development of the Area Plan. While there were many areas of overlapping responses between people of color and white respondents, there were some critical differences.

Non-white respondents were more likely to **disagree, strongly disagree, or mark "do not know**" in response to the following the statements:

- *My rent/mortgage is affordable now and in the foreseeable future (nearly twice as likely)*
- *Long-term care options are available in my community (twenty percent more likely)*
- R*espect, kindness, and courtesy are shown to older adults and people with disabilities (more than twice as likely)*
- I always know who to call in an emergency *(thirty-three percent more likely)*
- I have an emergency plan *(almost 10 percent more likely)*

And, 40 percent seldom or never participate in physical activities to improve strength and balance, as compared with 27.9 percent of white respondents.

Caregivers

Those caring for an older adult or a person with a disability have certain areas of concern that aren't reflected as strongly among non-caregivers.

Caregiver respondents were more likely to **disagree, strongly disagree, or mark "do not know"** in response to the following the statements:

- My community is walkable *(about 20 percent more likely)*
- Public buildings are accessible to people with different abilities *(around 10 percent more likely)*
- There is adequate public transportation (*almost 20 percent more likely)*
- There is adequate special needs transportation *(about 14 percent more likely)*
- There is a driver network who will provide rides for people who cannot drive themselves *(about twice as likely)*
- My rent/mortgage is affordable now and in the foreseeable future *(just over 14 percent more likely)*
- There are long-term care options available in my community *(almost 12 percent more likely, however, a higher percentage of non-caregivers marked "I don't know")*
- Respect, kindness, and courtesy are shown by the community towards older adults and people with disabilities *(about nine percent more likely)*
- Home visitors are available for those who do not or cannot leave their homes *(more than twice as likely, although 50 percent of non-caregivers said they do not know)*
- I can access healthcare professionals *(nearly 10 percent more likely)*
- I can access mental health professionals *(close to six percent, although a significantly higher percentage of non-caregivers marked "I don't know")*

And, 28 percent said they seldom get the help they need for caregiving.

LGBTQ Community

A focus group attended by a small number of LGBTQ seniors living in Clackamas County elicited the following insights.

The primary concerns for older LGBTQ community members were expressed by two members of SAGE, a regional advocacy and community-building group for LGBTQ people ages 60+. Participants shared many of the same concerns heard by other seniors in the county. These include the rising cost of housing which is forcing seniors to move, limited public transportation which leads to isolation, and a need for help with housekeeping. Concerns specific to the LGBTQ population include a lack of gay-friendly housing. Many LGBTQ seniors may feel they have to keep their sexual orientation secret in order to get along in senior housing and in smaller communities in the county. It was noted that some members of this population move to Multnomah County which is perceived to be more welcoming. Suggestions for improving conditions include:

- Political leaders openly welcoming LGBTQ community members so they feel safe
- Specific welcoming outreach by housing and medical facilities, and a higher profile at community events
- More support groups throughout the county, including Behavioral Health support groups
- A county-sponsored group that meets regularly to address issues important to this population
- LGBTQ-friendly doctors; this is especially needed for transgender people.

Hispanic Community

Several attempts were made to pull together a focus group of Hispanic elders but were not successful, even though Department has a full time Minority Outreach worker. The lack of success indicates a need for the agency to make more efforts to connect with the Hispanic community. A very comprehensive study done on Hispanic elders for the 2013 Area Plan showed that this community tends to rely heavily on family members for support.

Rural Residents

Overall rural residents gave a wide range of responses, but those in a Small Rural Town (population under 25,000) expressed the greatest number of concerns. Fifty percent earn $21,999 or less annually, whereas a majority of those in rural cities or remote rural agricultural or woodlands earn at least $41,000

A majority of Small Town Rural respondents were more likely to **disagree, strongly disagree, or mark "do not know"** in response to the following the statements:

- My community is walkable
- Street signage is adequate and easy to see
- Home maintenance help is available
- There is adequate public transportation

And a near even split agree or disagree with the following statements:

- My rent/mortgage is affordable and will stay so in the future
- I can access information of interest
- I can access mental health professionals

The areas of highest concern among all rural residents differed in certain areas as compared with urban and suburban respondents.

Rural respondents were more likely **disagree or strongly disagree** with the following statements:

- My community is walkable *(more than 15 percent more likely)*
- Street signage is adequate and easy to see *(almost 17 percent more likely)*
- There are long-term care options available in my community *(slightly more likely)*

This demographic was also about twice as likely to say they seldom or never know who to call when help is needed. And among those caring for a friend or relative, almost twice as many said they seldom or never get the support they need

The few differences between the responses of those 71 and older and those younger are shown below.

Respondents who are 71 or older were:

- almost eight percent more likely agree or strongly agree that they feel isolated in their home
- nearly five percent more said they seldom or never walk around their neighborhood
- almost five percent more seldom or never engage in physical activities or exercises to improve strength and balance
- about 10 percent more earn $21,999 or less annually

An open ended question asked, "If you could no longer drive, how would you get around?" Across all categories, the top three responses were the same:

- Friends/Family
- Public Transportation
- Senior Center Shuttle

Other responses included, "I would have to move" and "I would be stuck at home." It is clear that residents are counting on public transportation of some kind to help them stay at home and meet their normal daily needs. However, the survey shows that many don't think the current transportation system is adequate.

The other open ended question was, "*Please add any additional comments or insights that you would like to tell us."* Answers ranged from a request for better survey outreach to people with disabilities, to a call for more social service assistance in mobile home parks. The complete responses are available as an appendix.

<u>In Summary</u>

The analysis of demographic trends, survey results, focus group input and a review of a variety of reports and studies support the strategies that have been used by Clackamas County Social Services in the past; namely, focusing on low income rural residents though a strong Information and Referral presence and a vibrant network of Senior Centers . The results also support the focus that the agency has on meeting transportation needs, and the emerging focus on affordable, accessible housing. The lack of minority participation in the survey and focus groups highlights the need to continue to work on increasing access to the services provided by the agency and its contractors.

Total Population (Source: U.S. Census American Community Survey, 2006-2010 and 2010-2014)

Report Year	Total Population
2013	370,479
2016	384,697

Senior Population by Age in Clackamas County (Source: U.S. Census American Community Survey, 2006-2010 and 2010-2014)

Report Year	*Population (Total all ages)	Ages 60 to 64	Ages 65 to 74	Ages 75 to 84	Ages 85 years and over
2013 Area Plan	370,479	22,177(6%)	25,358 (6.8%)	15,312 (4.1%)	7,310 (2%)
2016 Area Plan	384,697	27,473 (7.1%)	33,516 (8.7%)	16,193 (4.2%)	7,725 (2%)

Population (all ages) by Race Alone

The number of those identifying as Black or African American, Asian or some other race increased, the number of those who identify as white decreased slightly**.** (Source: U.S. Census American Community Survey, 2006-2010 and 2010-2014)

Report Year	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or other Pacific Islander	White	Some Other Race	Two or More Races
2013 Area Plan	0.7%	0.6%	3.4%	0.3%	89.6%	1.8%	3.5%
2016 Area Plan	1.0%	0.6%	4.1%	0.3%	88.6%	2.4%	3.1%

Population Age 60+ by Race Alone, Percent (Source: U.S. Census American Community Survey, 2006-2010 and 2010-2014) *Note: The 2013 Area Plan used Census, which showed race data that was broken differently than more recent data, for example "white alone or in combination" is no longer presented as such. For comparison's sake, the 2016 Area Plan uses only 60+ by one race.*

Report Year	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
2013 Area Plan	95.1%	0.5%	0.4%	2.4%	0.1%	0.4%	1.0%
2016 Area Plan	94.6%	0.5%	0.6%	2.9%	0.0%	0.5%	0.9%

Population Age 60+ by Ethnicity Alone, Percent (Source: U.S. Census American Community Survey, 2006-2010 and 2010-2014, Portland State University Population Research Center) Hispanics may be of any race, so also are included in applicable race categories

Report Year	60+ White Alone, Not Hispanic or Latino	Percent Hispanic / Latino (60+)
2013 Area Plan	93.9%	1.7%
2016 Area Plan	93.0%	2.2%

Population Aged 60+ in the Workforce (Source: U.S. Census American Community Survey, 2006-2010 and 2010-2014)

Report Year	Aged 60 and Older
2013 Area Plan	28.7%
2016 Area Plan	30.4%

Population with Any Disability by Age Group (Source: U.S. Census American Community Survey, 2010-2014)

Report Year	Under Age 18	Age 18 - 64	Age 65 +
2013 Area Plan	5,200	23,249	18,717
2016 Area Plan	3,874	22,211	19,692

Over 60 population in the rural parts of Clackamas County (Source: US Census Bureau, 2010)

Report Year	Age 60+
2013 Area Plan	28,036 (36%)
2016 Area Plan	Current data not available

Estimated Percent of People Who Speak a Language other than English at Home (Source: U.S. Census American Community Survey, 2006-2010 and 2010-2014)

Report Year	Non-English Speakers over 5 years of age	Age 65 and Older Spanish or Sp. Creole	Age 65 and Older Indo-European languages	Age 65 and Older Asian or Pacific Island languages	Age 65 and Older Other Languages
2013 Area Plan	11.2%	724	1275	879	152
2016 Area Plan	11.9%	915	1388	1,063	182

Population Below 100% Federal Poverty Level – Total and 60 and Older (Source: U.S. Census American Community Survey, 2006-2010 and 2010-2014, percentage of Population for whom poverty status is determined)

Report Year	Percent Population **(all ages)** in Poverty	Percent Population **60 and olde**r in Poverty
2013 Area Plan	33,187 (9.0%)	4,139 (5.9%)
2016 Area Plan	37,031 (9.7%)	5,603 (6.6%)

Food Insecurity Rate (Source: Community Commons)

Report Area	Total Population	Food Insecure Population, Total	Food Insecurity Rate
Clackamas County, OR	384,697	47,990	12.47%

Households with No Motor Vehicles (Source: Community Commons, US Census Bureau American Community Survey 2010-2014 estimate)

Report Area	Households with No Motor Vehicle	Percentage of Households with No Motor Vehicle
Clackamas County, OR	8,106	5.49%

Self-Sufficiency Income. The Self-Sufficiency Standard was developed at the University of Washington to address the shortcomings of

Federal Poverty Level and Average Median Income by establishing incomes based on the cost of basic services and needs in a given area. Self-sufficiency Income takes into account:

- Housing costs
- Child Care costs
- Food
- Transportation
- Health Care
- Taxes and Tax credits
- Age ranges of children

Self Sufficiency for Clackamas County 2014								
Monthly Costs	Adult	Adult + Preschooler	Adult + Infant Preschooler	Adult + Preschooler School-age	Adult + School Age Teenager	Adult + Infant Preschooler School-age Infant	2 Adults + Infant Preschooler	2 Adults + Preschooler School-age
Housing	$807	$961	$961	$961	$961	$1,417	$961	$961
Child Care	$0	$880	$1,977	$1,377	$498	$2,474	$1,977	$1,377
Food	$257	$389	$510	$585	$678	$689	$732	$803
Transportation	$279	$287	$287	$287	$287	$287	$547	$547
Health Care	$125	$383	$395	$401	$430	$414	$451	$457
Miscellaneous	$147	$290	$413	$361	$285	$528	$467	$415
Taxes	$425	$878	$1,343	$1,087	$614	$1,951	$1,422	$1,163
OR Working Family Child Care Credit (-)	$0	$0	$0	$0	($179)	$0	$0	$0
Earned Income Tax Credit (-)	$0	$0	$0	$0	($85)	$0	$0	$0
Child Care Tax Credit (-)	$0	($50)	($100)	($100)	($55)	($100)	($100)	($100)
Child Tax Credit (-)	$0	($83)	($167)	($167)	($167)	($250)	($167)	($167)
Self Sufficiency Income								
Hourly	$11.59	$22.35	$31.93	$27.23	$18.56	$42.10	$17.87 (per adult)	$14.51 (per adult)
Monthly	$2,039	$3,934	$5,620	$4,793	$3,267	$7,410	$6,290	$5,458
Annual	$24,469	$47,211	$67,442	$57,515	$39,208	$88,924	$75,485	$65,490

Between 2008 and 2014 (the most recent data available) the salary needed to be self-sufficient in Clackamas County increased by 16 percent The Federal Poverty Level (FPL) was established in 1964 as a way to measure if a family's income was adequate to cover basic needs. FPL assumes that a family of three will spend one third of its income on food. This is no longer correct, but the formula has not been revised.

The FPL does not take into account costs of living such as housing, transportation, taxes, or medical care. The FPL is not adjusted for differences in cost of living by area of the country.

2015 Federal Poverty Level

Persons in Family/Household	Poverty Guideline
1	$11,770
2	$15,930
3	$20,090
4	$24,250
5	$28,410
6	$32,570
7	$36,730
8	$40,890

B – 2 Target Population:

In Clackamas County, regular outreach about available services, coupled with the provision of high quality Information and Referral services, helps to ensure that all interested seniors, persons with disabilities, and their caregiving networks are aware of available services. A network of ten senior centers provide services throughout the PSA including residents living in rural areas. The Metro Aging and Disability Resource Connection (ADRC) coordinates ADRC activities throughout the Portland Metro region, including Clackamas County. Calls from Clackamas County residents average 142 per month. In addition, ADRC staff regularly attend health and information fairs where information on services to seniors is made available. Examples include Senior Market Days at local Farmers Markets, Gay and Gray Expo, Portland Pride, the Clackamas County Latino Festival, and Clackamas County Compassion Events. ADRC staff also host a bi-monthly Information and Referral networking meeting, where community members and partners can learn about programs and services available in the community. Data from RTZ, the call tracking software used by ADRCs in Oregon, indicate that 47 percent of all callers identified as being over the age of 60, 7 percent identified as being Hispanic or Latino, 6 percent identified as being a race other than white, and 15 percent identified as being a veteran or spouse of a veteran.

Seniors and persons with disabilities who are at risk of institutionalization are served by the ADRC, Oregon Project Independence (OPI), the Family Caregiving Support Program, Senior Companion Program and the Money Management Program. Home delivered meals provided by senior centers, and guardianship services provided by the Senior Citizens Council, also serve seniors who are at risk of institutionalization. These services are funded in part by CCSS.

Nearly 4,000 senior and disabled households were served by the Clackamas County Energy Assistance Program in 14/15. In 2015, Social Services homeless housing programs housed 51 adults with disabilities, which equals 39 percent of all adults housed. During 2015, 31(5 percent) of homeless callers assessed through the Coordinated Housing Access system were 62 or older, and 330 or 51 percent of adults reported having a disabling condition. Ongoing training on current issues in aging and disability is provided to ADRC staff. Topics include Options Counseling, Assertive Engagement, Trauma Informed Stewardship, Medicaid, Dementia-Capable Training, and abuse prevention. All ADRC Information and Referral staff are AIRS certified. CCSS is committed to service equity. One ongoing activity is active, regular participation in the Health, Housing and Human Services (H3S) Department's Welcoming Environments Committee. This committee includes representatives from all Divisions within the Department: Social Services, Behavioral Health, Health Centers, Public Health, Children, Youth and Families, Housing Authority, Community Development and Community Solutions (employment and training). The H3S Welcoming environments initiative ensures that H3S public spaces and work areas are welcoming to the public we serve as well as to fellow staff. Recent initiatives include:

- A full assessment of each division using a number of domains, resulting in substantial environmental and procedural improvements
- Initiating a Department-wide client feedback process, which includes data on race and ethnicity that will be analyzed to check for disparities. If disparities are discovered, multiple strategies will be tested until the disparities are completely eliminated.
- Training 50 hiring supervisors and managers on equity, implicit bias and continuing to build a racially and ethnically diverse workforce.
- Providing all 56 hiring supervisors and managers with updated interview question examples that focus on equity.

- Training staff on how to utilize language interpreters in a culturally and linguistically appropriate manner.
- Funding an outside equity expert to help the Committee and Department significantly advance equity, inclusion and diversity work.

In 2012 the Board of County Commissioners adopted a Valuing Diversity in Clackamas County resolution that reads in part "The Board of County Commissioners establishes as a key priority the goals of striving for high quality customer service and equal access opportunities to people of all backgrounds who live in or do business in Clackamas County, including but not limited to people who live in rural areas, people from historically disadvantaged groups, English Language Learners, senior, youth and veterans. The following goals have been adopted:

- By 2019, 100 percent of county departments will set targets for providing equitable access to services for diverse populations; and
- By 2019 there will be an 80 percent reduction of job classifications where women and minorities are underrepresented.

Clackamas County Social Services has established a goal that all of our programs will serve minority populations at a level that these groups are represented in the population of individuals living below the federal poverty line. This decision reflects the fact that the percentage of minority residents is higher in the lower income population, as compared to the overall population. While not all programs serve only low income individuals, this goal sets a high standard for all programs to strive for. Of the overall poverty level population, 17 percent are non-white, and 27 percent are Hispanic. Due to the small number of non-white older adults, agency programs that primarily serve older adults may not be able to meet these goals but instead will strive to serve clients in relation to their numbers in the over-65 population.

Accurate and comprehensive data is one way to confirm that ethnic minorities, people living with low incomes, and other underserved populations are receiving the support that they need. Information on programs for which data is available on the number of low-income and minority clients served is included below (current as of June 2016).

Program	**Number of low-income participants**	**Number of minority participants** [c]
OPI [a]	51 (15.89%)	7 (2.12%)
Congregate Meals [a]	77 (9.40%) [b]	20 (1.69%)
Home Delivered Meals [a]	211 (18.28%) [b]	29 (2.34%)
Case Management [a]	221 (20.29%) [b]	27 (2.29%)
Family Caregiver Support Program	114 (23%)	6 (5.2%)
Senior Companion Program	27 (100%) e	1 (4%)
SHIBA	794 (33%)	282 (11.8%)
Money Management	241 (84%) [d]	79 (28%)
Transportation Reaching People	unknown	129 (4%)

[a] Data from the 2014-15 SPR (State Progress Report)

[b] Number of Unduplicated Clients that provided Income information

[c] Number of Unduplicated Clients that provided Race information

[d] = 150 percent% of poverty

[e] = 200 percernt of poverty

Summary

Almost 10 percent of county residents are living below the Federal Poverty Level, as are almost seven percent of those who are aged 60 or older. Each of the programs listed above serve low-income populations, with Senior Companion (100 percent) and Money Management (84 percent) reaching the most people with low-incomes, and Congregate Meals including the fewest (9.4 percent).

In comparison to the white population of 88.6 percent, minorities represent a small percentage of the county's population (6 percent). Including those who identify as some other race or two or more races, this figure increases to 11.5 percent. Those who are 60 and older and identify as non-white, some other race, or two or more races, comprise 5.4 percent of the total 60 and older population. These relatively low ratios are reflected in the referenced programs. The Congregate Meals program serve the fewest minorities (1.69 percent), while Money Management and SHIBA include the most (28 percent and 11.8 percent respectively).

B – 3 AAA Administration and Services:

Clackamas County Social Services (CCSS), as the designated Area Agency on Aging for the Clackamas Planning and Service Area (PSA), administers federal, state and locally funded programs. CCSS provides some services directly and contracts with local organizations for others.

All services are administered through the central administrative office located in Oregon City at the County's Public Services Building. Direct services are also provided from this location.

An overview of unique services offered through the Clackamas County AAA is described below. Please see section A1 for more detail on programs and services offered by Clackamas County Social Services.

<u>Advocacy</u>

Clackamas County Social Service facilitates a monthly meeting of members of County Health, Housing and Human Services Department and DHS/APD sponsored advisory committees to discuss and take action on State legislative and Congressional issues that impact the populations represented by the committees. Committees involved include: Area Agency on Aging Advisory Committee, Community Action Board, Mental Health and Addictions Advisory Committee, Veterans Advisory Council, Youth Provider Network, Developmental Disabilities Council, and DSAC. Activities include sponsoring a biennial candidate's forum, visiting legislators, and writing letters to lawmakers and op-ed pieces.

Aging and Disability Resource Center and Information and Referral

The Metro Aging and Disability Resource Connection (ADRC) provides focused, intensive one-on-one information and referral services to older residents of the county seeking assistance. The ADRC also serves persons with disabilities, along with family members and caregivers. The Metro ADRC is a collaboration between the Area Agencies on Aging, Independent Living Resource, and the state Department of Human Services/Aging and Persons with Disabilities offices serving Clackamas, Columbia, Multnomah and Washington counties. The work of the Metro ADRC is guided by an Operations Council. The purpose of the Operations Committee is to provide a forum for all ADRC participants to discuss the high-level aspects and system-wide issues in the Metro ADRC Consortium's work; review existing and propose new ADRC policies and procedures; and share appropriate information in a public setting and in a transparent manner.

Clackamas County also works with a local advisory council. The purpose of the advisory committee is to provide a forum for participants to discuss the both high-level and local aspects and issues in the Clackamas ADRC's work; review existing and propose new ADRC policies and procedures; and share appropriate information in a public setting and in a transparent manner.

In addition to providing comprehensive Information and Referral services, the ADRC includes the Oregon Project Independence Program (OPI), Options Counseling and Care Transitions. The ADRC team includes one Spanish-speaking staff member. ADRC staff makes regular presentations at information and health fairs and hosts bi-monthly Information and Referral Networking meeting. Written I&R material is available in both Spanish and Russian.

Volunteerism

The Volunteer Connection program provides vital services to the citizens of Clackamas County through a dynamic collaboration between paid staff and volunteers. Through the use of 16 paid staff and more than 335 volunteers, the six programs in the Volunteer Connection portfolio serve more than 1,500 seniors and persons with disabilities in fiscal year 14/15.

Planning and Coordination

Clackamas County Social Services facilitates the Transportation Consortium. The Consortium submits coordinated applications for Special Transportation Fund (STF) funding and discusses how to expand and better coordinate Special Needs Transportation in Clackamas County. Social Services has recently completed a Transportation Report that examines gaps and identifies opportunities to expand transportation resources throughout the county. Social Services' staff also participate in regional planning efforts including the Regional Transportation Coordinating Council and the STF Advisory Council. CCSS staff and Aging Services Advisory Council participate in county transportation efforts as well.

Protecting Vulnerable People

Social Services' staff and advisory committee members participate in the Multidisciplinary Team (MDT) sponsored by the District Attorney's office that focuses on prosecution, a more informal MDT with state DHS and other divisions with the county department of health, housing and human services that focuses on resolving issues, and an HS3 specific group that wraps services around clients to ensure stable housing. This approach is critical because often the most vulnerable people have multiple challenges, including mental and physical disabilities.

Social Services operates the largest volunteer run Money Management program in the state. This service ensures that the basic needs of at-risk clients are met while providing maximum independence. County General

funds have been allocated to secure the services of a Forensic Accountant to aid in the development of financial abuse cases prosecuted by the District Attorney. Social Services' SHIBA program is a recipient of a Medicare Patrol grant, which is designed to help prevent and identify Medicare fraud.

Role in Disaster Response

Social Services Volunteer Connection staff are the designated lead in establishing volunteer centers in the event of a disaster. I&R staff have a mandated role to play in mass care and shelter during disasters. Staff have been involved in the development of emergency planning documents for vulnerable populations. The County Social Services and Behavioral Health divisions have a Continuance of Operations Plan (COOP), which dictates how service delivery will be maintained in case of a disaster (see Appendix E).

Funding Constraints

Social Services is able to operate a diverse set of programs by accessing over 50 separate funding sources, including federal, state, county and foundation. In part because of the diversity of funding sources, CCSS has been able to maintain a fairly stable array of programs over the years. Due in large part to a large projected deficit at the state, and increasing PERS costs that will impact the agency, it is possible that in the future, program reduction will need to be made.

Details on Older American Act funded programs

The major programs/services administered by the AAA are described below. The numbers identifying each service correspond to the listing found in the Section E-Service & Method of Service Delivery. For a detailed breakdown of which services funded under Older Americans Act (OAA) and Oregon Project Independence (OPI) are provided directly and which are contracted, see Section D-2.

OAA TITLE III-B FUNDED SERVICES

AREA PLAN ADMINISTRATION (Matrix #20-1) - Area Agency administrative functions are required to implement the planned services, maintain required records, fulfill the requirements of federal regulation, state rules, and state unit policies and procedures; and to support the Advisory Council. Administration duties include such responsibilities as bidding, contract negotiation, reporting, reimbursement, accounting, auditing, monitoring, and quality assurance.

AAA ADVOCACY (Matrix #20-2) - Monitor, evaluate, and, where appropriate, comment on all policies, programs, hearings, levies, and community actions which affect older persons. Represent the interests of older persons; consult with and support the State's long-term care ombudsman program; and coordination of plans and activities to promote new or expanded benefits and opportunities for older persons.

CASE MANAGEMENT (Matrix #6) - A service designed to individualize and integrate social and health care options for or with a person being served. Its goal is to provide access to an array of service options to assure appropriate levels of service and to maximize coordination in the service delivery system. Case management must include four general components: access, assessment, service implementation, and monitoring. A unit of service is one hour of documented activity with the identified individual.

TRANSPORTATION (Matrix #10) - Transportation to older persons who are unable to manage their transportation needs independently. A unit of service is one one-way ride provided to an individual.

LEGAL ASSISTANCE (Matrix #11) - Legal advice or representation provided by an attorney to older individuals with economic or social needs, including counseling or other appropriate assistance by a paralegal or law student acting under the direct supervision of an attorney, or counseling or representation by a non-

lawyer where permitted by law. Assistance with will preparation is not a priority service except when a will is part of a strategy to address an OAA-prioritized legal issue. Priority legal assistance issues include income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination. Legal services may also include assistance to older individuals who provide uncompensated care to their adult children with disabilities and counsel to assist with permanency planning for such children. A unit of service is one hour of documented activity with the identified individual.
Note: Legal assistance to family caregivers is to be reported as Matrix #30-7 or #30-7a Supplement Services.

INFORMATION & ASSISTANCE (Matrix #13) - A service that (a) provides individuals with information on services available within the communities; (b) links individuals to the services and opportunities that are available within the communities; (c) to the maximum extent practicable, establishes adequate follow-up procedures. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov). A unit of service is one documented contact with an individual.

PREVENTIVE SCREENING, COUNSELING, AND REFERRALS (Matrix #40-3) - Education about the availability, benefits and appropriate use of Medicare preventive health services or other preventive health programs. Health risk assessments and screenings, and preventive health education provided by a qualified individual, to address issues including hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density and nutrition screening. Health information on on-going and age-related conditions including osteoporosis, cardiovascular diseases, diabetes, and Alzheimer's disease and related disorders. (OAA 102(a)(14) (A-B),(H)& (J).) A unit is one session per participant.

GUARDIANSHIP/CONSERVATORSHIP (Matrix #50-1) - Performing legal and financial transactions on behalf of a client based upon a legal transfer of responsibility (e.g., as part of protective services when appointed by court order) including establishing the guardianship/conservatorship. (Definition developed by AAA/SUA workgroup.) A unit of service is one hour.

REASSURANCE (Matrix #60-3) - Regular friendly telephone calls and/or visits to physically, geographically or socially isolated individuals to determine if they are safe and well, if they require assistance, and to provide reassurance. (Definition developed by AAA/SUA workgroup.) A unit of service is one documented contact with an individual.

VOLUNTEER RECRUITMENT (Matrix #60-4) - One placement means one volunteer identified, trained and assigned to a volunteer position. Definition developed by AAA/SUA workgroup. A unit of service is one placement.

OPTIONS COUNSELING (Matrix #70-2) - Counseling that supports informed long-term care decision making through assistance provided to individuals and families to help them understand their strengths, needs, preferences and unique situations and translates this knowledge into possible support strategies, plans and tactics based on the choices available in the community (based upon NASUA's definition.) A unit of service is one hour.

PUBLIC OUTREACH/EDUCATION (Matrix #70-10) - Services or activities targeted to provide information to groups of current or potential clients and/or to aging network partners and other community partners regarding available services for the elderly. Examples of this type of service would be participation in a community senior fair, publications, publicity campaigns, other mass media campaigns, or presentations at local senior centers where information on OAA services is shared, etc. A unit of service is one activity.

MONEY MANAGEMENT (Matrix #80-5) - Assistance with financial tasks for seniors who are unable to handle their personal finances. (i.e. banking transactions, paying bills, taxes, etc.). (Definition developed by AAA/SUA workgroup.) A unit of service is one hour.

OAA TITLE III-C AND NSIP FUNDED SERVICES

HOME-DELIVERED MEAL (Matrix #4) - A meal provided to a qualified individual in his/her place of residence that meets all of the requirements of the Older Americans Act and state and local laws. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov) A unit of service is one meal delivered.
Note: 45 CFR 1321.69(b) states: The spouse of the older person, regardless of age or condition, may receive a home-delivered meal if, according to criteria determined by the Area Agency, receipt of the meal is in the best interest of the homebound older person. Refer to Section 3.b. of the OAA Nutrition Program Standards for additional eligibility requirements www.oregon.gov/DHS/spwpd/sua/ .

CONGREGATE MEAL (Matrix #7) - A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the Older Americans Act and state/local laws. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov) Note: OAA 339(2)(H) permits AAAs to establish procedures that allow the option to offer a meal, on the same basis as meals provided to participating older individuals, to individuals providing volunteer services during the meal hours. OAA 330(2)(I) allows for meals to spouses of eligible participants and to individuals with disabilities regardless of age who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided. Refer to Section 3.a. of the OAA Nutrition Program Standards for additional eligibility detail www.oregon.gov/DHS/spwpd/sua/ .

NUTRITION EDUCATION (Matrix #12) - A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietician or individual of comparable expertise. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov) A unit of service is one session per participant.

OAA TITLE III-D FUNDED SERVICES

PHYSICAL ACTIVITY AND FALLS PREVENTION (Matrix #40-2) - Programs based on best practices for older adults that provide physical fitness, group exercise, and music, art, and dance-movement therapy, including programs for multi-generational participation that are provided through local educational institutions or community-based organizations. Programs that include a focus on strength, balance, and flexibility exercise to promote physical activity and/or prevent falls, and that have been shown to be safe and effective with older populations are highly recommended. (OAA 102(a)(14) E, D, F.) A unit is one class session.

PREVENTIVE SCREENING, COUNSELING, AND REFERRALS (Matrix #40-3) - Education about the availability, benefits and appropriate use of Medicare preventive health services or other preventive health programs. Health risk assessments and screenings, and preventive health education provided by a qualified individual, to address issues including hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density and nutrition screening. Health information on on-going and age-related conditions including osteoporosis, cardiovascular diseases, diabetes, and Alzheimer's disease and related disorders. (OAA 102(a)(14) (A-B),(H)& (J).) A unit is one session per participant. Funding for this service ended during Year 1 of this Area Plan (7/1/16-6/30/17) on October 1, 2016.

OAA TITLE III-E FUNDED SERVICES

INFORMATION FOR CAREGIVERS (Matrices #15 & 15a) - A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov) A unit of service is one group activity.

CAREGIVER ACCESS ASSISTANCE (Matrices #16 & 16a) - A service that assists caregivers in obtaining access to the available services and resources within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov) Note: Case management and information and assistance to caregivers are an access service. A unit of service is one documented contact with an individual.

RESPITE (Matrix #30-4, 30-5 and 30-5a) – Services that offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for unpaid caregivers served under the Family Caregiver Support Program. Respite care includes: (1) in-home respite (personal care, home care, and other in-home respite); (2) respite provided by attendance of the care recipient at a senior center or other non-residential program; (3) institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps. To be eligible for caregiver respite, the care recipient must either: (1) be unable to perform at least two activities of daily living (ADL's) without substantial human assistance, including verbal reminding, physical cueing OR (2) due
to a cognitive or other mental impairment, require substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or another individual. A unit of service is one hour of service.

CAREGIVER SUPPORT GROUPS (Matrices #30-6 & 30-6a) - Peer groups that provide an opportunity to discuss caregiver roles and experiences and which offer assistance to families in making decisions and solving problems related to their caregiving roles. (DHS/SPD/SUA definition) A unit is one session per participant.

CAREGIVER SUPPLEMENTAL SERVICES (Matrices #30-7& 30-7a) - Services provided on a limited basis that complement the care provided by family and other informal caregivers. Examples of supplemental services include, but are not limited to, legal assistance, home modifications, transportation, assistive technologies, emergency response systems and incontinence supplies. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov)
Note: Supplemental service priority should always be given to caregivers providing services to individuals meeting the definition of 'frail'. A unit of service is one activity.

CAREGIVER COUNSELING (Matrices #70-2a & 70-2b) - Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (of individual caregivers and families). (AoA Title III/VII Reporting Requirements Appendix –www.aoa.gov) A unit is one session per participant.

CAREGIVER TRAINING (Matrices #70-9 & 70-9a) - Training provided to caregivers and their families that supports and enhances the caregiving role. For example: Powerful Tools training; Communicating Effectively with Health Care Professionals; conferences, etc. (A session for conferences would be equal to one day's attendance at the conference). (DHS/SPD/SUA definition.) A unit is one session per participant. Note: This does not include training to paid providers.

OAA TITLE VII-B FUNDED SERVICES

ELDER ABUSE AWARENESS AND PREVENTION (Matrix #50-3) - Public education and outreach for individuals, including caregivers, professionals, and para-professionals on the identification, prevention, and treatment of elder abuse, neglect, and exploitation of older individuals. Training is provided for individuals in relevant fields on the identification, prevention, and treatment of elder abuse, neglect, and exploitation, with particular focus on prevention and enhancement of self-determination and autonomy.

OPI FUNDED SERVICES

CASE MANAGEMENT (Matrix #6) - A service designed to individualize and integrate social and health care options for or with a person being served. Its goal is to provide access to an array of service options to assure appropriate levels of service and to maximize coordination in the service delivery system. Case management must include four general components: access, assessment, service implementation, and monitoring. A unit of service is one hour of documented activity with the identified individual.

PERSONAL CARE (Matrices #1 Contracted & #1a HCW) - In-home services provided to maintain, strengthen, or restore an individual's functioning in their own home when an individual is dependent in one or more ADLs, or when an individual requires assistance for ADL needs. Assistance can be provided either by a contracted agency or by a Homecare Worker paid in accordance with the collectively bargained rate. (OAR 411-0032) A unit of service is one hour of documented activity with the identified individual.

HOMEMAKER (Matrices #2 Contracted & #2a HCW) - Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov) A unit of service is one hour of documented activity with the identified individual.

HOME-DELIVERED MEAL (Matrix #4) - A meal provided to a qualified individual in his/her place of residence that meets all of the requirements of the Older Americans Act and state and local laws. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov) A unit of service is one meal delivered. This service is funded by OPI as funds are available.

HEALTH/MEDICAL /ASSISTIVE TECHNOLOGY EQUIPMENT (Matrix #40-5)
Assistive devices such as durable medical equipment, mechanical apparatuses, electrical appliances, or instruments of technology used to assist and enhance an individual's independence in performing any activity of daily living. (OAR 411-027-0005) 1 unit is 1 loan or payment.

B – 4 Community Services Not Provided by the AAA:

The following programs are administered by Clackamas County Social Services through its role as a Community Action Agency, County Developmental Disability Program, County Veterans Service Office and the Volunteer Connection. Additional information on local and regional partnerships is available in Section A1.

Community Action Programs: Community Action Programs address the causes and conditions of poverty in a community. At Social Services, Community Action Programs include:

- Increasing the availability of affordable housing - Staff work cooperatively with the County's Community Development Department, Behavioral Health Division, Housing Authority and state agencies to help address the housing crisis
- Low-income energy assistance - Assistance is provided to help low-income households to pay their utility bills. Seniors and persons with disabilities are prioritized populations for this program

County Developmental Disability Program: The Clackamas County Developmental Disability Program offers residents with developmental disabilities and their families an array of services including case management, eligibility and intake, adult protective services, quality assurance and program development.

County Veterans Service Office: The Clackamas County Veterans Service Office (CVSO) assists and advocates for military veterans and their families to help them obtain financial and medical benefits from the Veterans Administration. CCSS also staffs the county's Veterans Advisory Council.

Other Agencies that Serve Seniors and Persons with Disabilities

State Department of Human Services/Aging and Persons with Disabilities (DHS/APD Offices)

CCSS maintains a collaborative working relationship with the DHS/APD offices in Clackamas County. The two offices are working in coordination with regional partners to develop MOUs with the newly formed CCO, and an MOU for referral of Gatekeeper calls. Two of the more rural APD offices, in Canby and Estacada, offer CCSS office space for Energy Assistance appointments. The District Manager for Clackamas County regularly attends Area Agency on Aging Advisory Council meetings.

Senior Centers

CCSS works with a network of ten senior centers to deliver services to residents throughout the county.

Senior Citizens Council

The Senior Citizens Council provides guardianship services to seniors. Most of their guardianship clients have extremely low incomes.

SECTION C – ISSUE AREAS, GOALS AND OBJECTIVES

C – 1 Information and Assistance Services and Aging & Disability Resource Connection (ADRC)

Profile: The older adult population continues to be a growing segment of the United States population. In fact, more people were 65 years and over in 2010 than in any previous census. According to the Census Bureau, the population 65 years and over increased at a faster rate than the total US population between 2000 and 2010. It is estimated that by that by 2050, one American in 20 will be 85 years or older, compared to one in 100 today. The number of people in Clackamas County ages 60 to 64 increased by 2,909 people since the last Area Plan (2010 Census), from 6.6 percent to 7.1 percent. During that same time period, the number of persons aged 65 to 69 increased by from 4.6 percent to 5.7 percent.

Many older adults, younger disabled adults and their family members, caregivers and advocates are unsure where to turn when they are faced with increasing needs associated with aging and disability. The Area Plan survey shows that 17.11% of respondents seldom or never don't know who to call when help is needed. The Clackamas County Aging and Disability Resource Connection (ADRC) was created in 2010 to provide a No Wrong Door infrastructure that serves all populations needing access to long term service and supports, regardless of age, ability, income or resources. The ADRC assists with streamlined access to home and community supports and services for consumers of all ages, income and abilities and their support networks. Through integration or coordination of existing service systems, the ADRC raises the visibility about the full range of options that are available, provides objective and trusted information, advice, counseling and assistance, empowers people to make informed decisions about their long term supports, and helps people more easily access public and private long term supports and services.

The components of an ADRC include specialized information and assistance (I&A) including a self-service component, options counseling, healthy aging opportunities, streamlined eligibility determination for public assistance, continuous quality improvement activities and care transitions supports.

The mission of the Clackamas County ADRC is to provide respectful and responsive services to consumers, with an emphasis placed on self-determination, self-direction and consumer preference. The ADRC provides expert and cost-effective pre-crisis planning for long-term needs to consumers, while acknowledging and considering needs, values, cultures and diverse backgrounds. Although the Clackamas County-based program serves anyone who requests assistance, the Clackamas County program's primary population is older adults and persons with disabilities. Additionally, ADRC consumers are individuals who may not be eligible for Medicaid, but who cannot afford or are not inclined to pay for this type of service from the private sector. Many of the services provided are short term and informational in nature. More intensive and comprehensive person-centered options counseling services are provided to those actively seeking assistance in either planning for or addressing a change in their personal or financial circumstances.

The Clackamas ADRC is composed of Information and Referral Specialists, Case Managers and Options Counselors providing a range of services and assistance to consumers. Clackamas County Social Services' Veterans Service Office and Volunteer Connection are also part of the ADRC. The Clackamas ADRC also works closely with many of our community partners throughout the area, including area Senior Centers, The Department of Human Services Aging and People with Disabilities, Senior Citizens Council and various providers of behavioral health services. Relationships have also been developed with hospitals, other medical providers and private entities such as long-term care communities, which provide key resources to older adults and persons with disabilities. An active local and regional advisory committee exists to serve our community and advocate on behalf of Clackamas County residents.

Clackamas County Social Services supports the statewide ADRC initiative and participates with Area Agencies on Aging in Columbia, Multnomah and Washington Counties and local hospital systems on ADRC readiness activities, marketing activities and quality assurance activities.

The Clackamas ADRC's sustainability framework includes the prioritized use of two funding sources, Older American's Act IIIB and the Community Services Block Grant to support the Information and Referral component of the ADRC. In addition, Clackamas County has participated in the Medicaid screening pilot, and expects to have a contract with the state for Medicaid claiming in fiscal year 2016/17.

Problem/Need Statement:

Feeding America reports that 12.6 percent of Clackamas County residents were food insecure in 2013. This means that almost 48,000 people, more than the population of Oregon City, either skipped a meal or had to reduce their portion. Food insecurity affects physical, mental and emotional health, which in turn can have negative consequences for economic opportunities and social interactions. Lack of adequate fruits, vegetables and whole grains has been linked with increased risk of obesity, chronic diseases, impaired cognitive functioning and other health complications. Food insecurity affects all ages, but some groups are at higher risk. Older adults may face food insecurity due to having a fixed income and higher healthcare costs than the general population. Many older adults rely on home delivered meals, as well as congregate meals. According to the National Council on Aging's Report *SNAP in Older Adults*, there are many qualified older adults in need of SNAP that do not apply. Reasons for this include a false belief that they will be taking resources away from someone who needs it more, a complicated application process, assumption that they will not qualify, and stigma of government support, among others. In 2014, only 8.4 percent of the total older adult population living below the poverty line in Clackamas County receive SNAP.

People with disabilities are also at risk of food insecurity and are more likely to suffer from chronic conditions that are made worse by poor nutrition. The US Census Bureau reports that 11.52 percent of Clackamas County residents have a disability, that's 43,647 people. Food insecurity disproportionately affects people of color, as does poverty. For example, the US Census Bureau reports that African Americans comprise about 1 percent of the county's population, but represent 22.4 percent of families that are living in poverty. Migrant and seasonal farmworkers experience especially high rates of food insecurity. This is attributed to several factors, including living in a "food desert", low participation in programs such as SNAP, limited English proficiency, and lack of transportation.

Focus Area: Information and Assistance Services, Person Centered Options Counseling and Aging and Disability Resource Connection

Goal: Increase community knowledge, understanding, awareness of and access to ADRC programs, services, resources, and population served in Clackamas County.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
Increase number of contacts made to ADRC by 10% each calendar year. The percentage of consumers from under-served or under-represented communities accessing ADRC services is equal to or greater than the percentage of those populations in the over-60 population of Clackamas County.	• All ADRC printed materials are available in English, Spanish and Russian	ADRC Program Supervisor	1/1/17	1/1/18	ADRC contacts increased by 44% in FY 16/17. ADRC contacts decreased by 1% in FY 17-18 During the FY 16/17, the ADRC had a dedicated GK and Outreach Coordinator for the last six months of the FY. This position provided much needed outreach and education, and raised awareness of ADRC services. Funding did not exist in FY 17/18 for these services. As of February 2019, there are dedicated funds now available for 12 months to fund this body of work once again. The percentage of consumers from under-served or under-represented communities accessing ADRC services exceeded the objective in FY 16/17 in the following
	• At least twice yearly, topics covered at the bi-monthly ADRC I&R Networking meeting will include topics meaningful and impactful to agencies providing services to under-served and/or under-represented communities.	ADRC Staff & Program Supervisor	1/1/17	12/31/2020	
	• At least quarterly, ADRC staff will attend outreach events where individuals from communities of color, members from the LGBTQ community, and/or members from Eastern European communities will be in attendance.	ADRC Staff & Program Supervisor	1/1/17	12/31/2020	
	• Identify ADRC champions from members of communities of color, the LGBTQ community, and Eastern European communities to assist with raising awareness and outreach for the ADRC.	Agency Director, ADRC Staff & Program Supervisor	1/1/17	6/30/18	
	• Implement one alternative method for consumers contacting the ADRC.	ADRC Program Supervisor	6/30/17	6/30/18	
	• As vacancies occur, increase representation in ADRC workforce which can	ADRC Program Supervisor	1/1/17	12/31/2019	

	appropriately communicate and address the cultural diversity of the population in Clackamas County.				populations: Black/African American, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, and Hispanic. The objective is not met for Asian and Multiple/Other populations. The percentage of consumers from under-served or under-represented communities accessing ADRC services exceeded the objective in FY 17/18 in the following populations: Black/African American, American Indian/Alaska Native, Multiple/Other, and Hispanic populations. The objective is not met for Asian and Native Hawaiian/Pacific Islander populations. The ADRC continues to seek opportunities to partner with culturally-specific community providers, to increase awareness and understanding of ADRC services in Clackamas County. -ADRC and OC brochures are now available in seven different languages. Additionally, program summaries for CCSS

					services are available in Spanish, Vietnamese, Korean, Simple Chinese and Mandarin. -In 2017, I&R Networking Meetings were focused on topics and presenters that aligned with outcomes from regional Systems Coordination Conference held in 2016. In 2018, the ADRC staff and program supervisor will focus on topics/presents that are meaningful and impactful to providers serving under-served and/or under-represented communities. *In 2018, ADRC staff provided presentations and information sessions on the following topics: Elder Rental Assistance Program, Get Trained to Help, the Loneliness Project, Food/Nutrition Programs in Clackamas County, serving LGBT Elders, Zero Suicide Listening Session for Older Adult Population and Providers.* -staff have attended the following events in 2017: The Hispanic Inter-Agency Networking Team events, Latino Festival, Bridging Cultures Community Picnic, Asian Health and Service Center

					Health Fair. Additionally, Intentional Listening sessions were hosted in partnership with the SAGE Metro and Asian health and Service Center in 2017. *Staff attended the following culturally-specific community events in 2018: Bridging Cultures Community Picnic, Asian Health and Service Center Health Fair, Latino Festival.* -As part of professional development plans, several staff have included activities where outreach to culturally-specific communities is part of their 1-3 year goals. -we are currently in the process of establishing a contract with a Text-Talk provider for the Clackamas ADRC. We anticipate this process to be complete by June 2018. *The ADRC continues to work on implementing a texting platform for consumers to connect with the ADRC. We anticipate this process to be complete by June 2019.* -We have not had vacancies in the ADRC in 2017. *The ADRC is currently recruiting for an Information*

					and Referral Specialist 1 position, with a minimum qualification of the candidate being bilingual in Spanish, Russian or a SE Asian language.
Client satisfaction surveys will show no difference in a client's experience of ADRC services based on client's racial or ethnic background, or inclusion in any special population group (Veterans, ID/DD, or other populations with unique needs).	• All ADRC staff will attend at least two trainings each year that are focused on services to special populations. • All existing and new employees will attend Assertive Engagement and/or Person-Centered Approach Training. • All existing and new employees will complete cultural competency and responsiveness training.	ADRC Staff and Program Supervisor ADRC Staff and Program Supervisor ADRC Staff and Program Supervisor	1/1/17 1/1/17 1/1/17	12/31/2020 12/31/2018 12/31/2018	-9 staff attended 10 distinct trainings/conferences/events/webinars that were focused on services to special populations. *In 2018, 7 staff attended 11 distinct trainings/conferences/events/webinars that were focused on services to special populations.* -All current FTE have attended Assertive Engagement Training. *New 2018 staff will attend Assertive Engagement Training within the first year of their employment.* -The Diversity training is no longer available at Clackamas County. The ADRC team will continue to explore training opportunities around cultural competency and responsiveness training. Regional changes in the client satisfaction evaluation has delayed

					this objective. Plans to revisit this in July 2018. *The State's Community Supports and Services Division will be partnering with Portland State University to conduct a statewide customer satisfaction survey in early 2019. Survey results should be available in the Spring of 2019.* New client satisfaction survey process has been established. Baseline data will be collected and analyzed for FY 18-19.
Increase number of eligible and complete referrals from ADRC to Medicaid screeners by 10% each year. Increase number of non-Medicaid eligible clients warm-transferred from Medicaid screeners to ADRC by 10% each year.	• Establish a feedback and review process to improve quality of Medicaid referrals • All new callers to the ADRC will be offered the opportunity for Medicaid pre-screening. • Sign a Memorandum of Understanding with APD to establish agreements for referrals to and from ADRC.	ADRC Program Supervisor ADRC Staff and Program Supervisor ADRC Program Supervisor and Agency Director	6/30/17 1/1/17 6/30/17	6/30/18 12/31/2020 6/30/18	Increase in number of eligible and complete referrals from ADRC to Medicaid screeners exceeded 10%. Exact number unknown due to system change and lost data. The number of eligible and complete referrals made to Medicaid screeners increased by 18.4% from FY15-16 to FY 17-18. *This increase is likely due to better tracking mechanisms put in place, allowing ADRC supervisor to track*

					referrals to Medicaid and outcome of referrals. Number of non-Medicaid eligible clients warm-transferred from Medicaid screeners to ADRC increased by 4.5% in FY 16-17. Number of non-Medicaid eligible clients warm-transferred from Medicaid screeners to ADRC decreased by 16.1% in FY 17-18. *This could again be due to the fact that there has not been a dedicated staffing available to conduct ADRC outreach/education. An ADRC overview is provided regularly at APD new employee orientations. However, these occur quarterly, and the ADRC lacked capacity in 2018 to do more targeted outreach w/ APD partners.* -Ongoing discussions continue with our local Medicaid intake unit to ensure referrals being sent to their office are appropriate. ADRC staff have implemented a template to ensure all necessary information is

					collected and shared w/ APD. -Medicaid screening by ADRC staff is offered to all callers when appropriate.
All consumers seeking OPI services and placed on the waiting list will be offered PCOC services.	• PCOC services will be offered at completion of the OPI Risk Assessment Tool to eligible consumers.	ADRC Program Staff	1/1/17	12/31/2020	All consumer seeking OPI services are offered PCOC services in FY 16-17 All consumers seeking OPI services were offered PCOC services in FY 17-18.
Increase ADRC Advisory Council membership representation from communities of color, LGBTQ communities and Eastern European communities.	• Develop a Charter and By-Laws for advisory committee. • Recruit volunteers from members of communities of color, the LGBTQ community, and/or Eastern European communities	ADRC Program Supervisor and ADRC Advisory Committee members.	1/1/17 6/30/17	6/30/2017 1/1/2019	In October 2017 the local ADRC Advisory Council was dissolved due to changes in state requirements, and ongoing ADRC advisory activities occurring at the regional level.

Focus Area: Information and Assistance Services, Person Centered Options Counseling and Aging and Disability Resource Connection

Goal: Address food insecurity in Clackamas County among older adults, persons with disabilities and persons from communities of color.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
Increase referrals made to SNAP from ADRC staff by 10% each year.	• Develop a brief food security assessment tool. • All consumers who contact the ADRC will be given an opportunity to complete the food security assessment.	ADRC Program Staff and Supervisor ADRC Program Staff ADRC Program Staff and Supervisor	7/1/2017 7/1/2017 7/1/2017	6/30/2017 12/31/2020 12/31/2017	Referrals to SNAP by ADRC staff increased 49% in FY 16/17. Although still a priority for activities during the course of the Area Plan, we have not yet started

	• ADRC staff will be trained in basic SNAP eligibility and completing the 539F. • Engage in regional discussions about collaborating to addressing issues of food insecurity	ADRC Program Supervisor	6/30/2018	6/30/2019	working on this objective. I would like to push the start date out on these activities to 7/2018. Referrals to SNAP by ADRC staff decreased by 33% in FY 2017-18. *CCSS applied for a grant through the National Council on Aging that would have provided dedicated funding to develop and implement a Benefits Enrollment Center (BEC). A BEC uses a paid and non-paid/volunteer workforce to provide assistance to individuals in applying for public subsidies and benefits, including SNAP benefits. Unfortunately, CCSS was not awarded the grant, but plans to apply again when grant funds become available. A food resource document was created to assist individuals in understanding all available food resources/services available in Clackamas County. We will continue to explore opportunities to assist ADRC consumers in accessing food resources and benefits.*

Focus Area: Information and Assistance Services, Person Centered Options Counseling and Aging and Disability Resource Connection					
Goal: Improve quality and effectiveness of the Clackamas ADRC					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2017-2020 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
Client satisfaction surveys of I&R callers and PCOC consumers indicate that 90% indicate satisfaction with the service	• Conduct weekly satisfaction surveys of 5% of all consumers that contacted the ADRC for I&A services. • Conduct monthly satisfaction surveys of 5% of all PCOC consumers within 30 days of their services ending. • Language line and/or interpretive services will be used to survey consumers in their preferred language.	ADRC Advisory Board Members, Social Services interns and ADRC Program Supervisor ADRC Advisory Board Members, Social Services interns and ADRC Program Supervisor ADRC Advisory Board Members, Social Services interns and ADRC Program Supervisor	1/1/17 1/1/17 1/1/17	12/31/2020 12/31/2020 12/31/2020	Regional changes in the client satisfaction evaluation has delayed this objective. Plans to revisit this in July 2018. New client satisfaction survey process has been established. Baseline data will be collected and analyzed for FY 18-19.

Focus Area: Information and Assistance Services, Person Centered Options Counseling and Aging and Disability Resource Connection					
Goal: In collaboration with other core partners, develop a framework of ADRC sustainability.					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2017-2020 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
Identify three additional funding sources for the ADRC.	Explore options for ADRC sustainability/ funding in collaboration with local, regional and statewide ADRC partners.	ADRC Program Supervisor, Manager and Division Director	1/1/17	12/31/2018	Clackamas County ADRC is participating in the NWD Medicaid Claiming activities. *The ADRC will continue to explore additional funding sources/opportunities.*

C– 2: Nutrition Services

The OAA Nutrition Program has multiple purposes. Those purposes are to:

- Reduce hunger and food insecurity among older individuals,
- Promote socialization of older individuals,
- Promote the health and well-being of older individuals, and
- Delay onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

Nutritional risk and food insecurity issues carry dire consequences. The 2003 study "The Causes, Consequences, and Future of Senior Hunger in America" showed that among those seniors identified as being more likely to be at risk of hunger were those that live alone, are at or below the poverty line and, surprisingly, were between 60 and 64 years old. While low-cost, high caloric foods may feel like the best option to someone struggling with the choice between healthcare costs, housing costs, and food, the lack of adequate nutrition increases functional dependency, morbidity, mortality and utilization of health care resources. Having access to adequate nutrition or nutritional support is a key component to health, functioning, and quality of life. The Senior Nutrition Services Program works to assists the older adults in Clackamas County in meeting their nutritional needs and learning how to make good nutrition choices when resources are constrained.

<u>Meal/Nutrition Service</u>

Clackamas County Social Services (CCSS) uses the Title IIIC funds to support a network of nutrition services providers through the area. This network is comprised of ten area Adult Community Centers (see attached Meals Sites in Clackamas County). All sites provide both congregate dining and Home-Delivered Meals (HDM) for their service area, and deliver nutrition education. Nine of the ten sites are designated Focal Points with the tenth site, the Hoodland Senior Center, operating as a designated Access Point. The network is a well-known, accessible place for seniors and their families to turn for information, services, and opportunities that further reduce a senior's risk of food insecurity and isolation. All ten providers are also the Medicaid HDM provider for their area, further enhancing coordinated service efforts. All sites offer a full range of Older American's Act supported programming including health promotion, transportation and access to family caregiver support.

The well-established network of nutrition services providers in Clackamas County creates a well-known, accessible place for seniors and their families to turn for information, services, and opportunities that further reduce a senior's risk of food insecurity, isolation and increase their health promotion program access. Health promotion activities are provided through this network, as well as referrals to the FCSP program and other services provided by the AAA. As a result, older adults throughout Clackamas County have a access to a local, known, trusted, and comprehensive, one-stop shop for seniors and their families to access the full slate of services offered by the AAA.

In order to meet the needs of the diverse communities served by the network,, each site has a mechanism in place to accommodate specific menu item changes due to religious or cultural preferences. Unfortunately, we do not have the means, or facilities, to accommodate menu changes in response to food allergies.

Of the ten meal sites, five choose not to cook on site so the AAA contracts with a food service provider on their behalf. Meals are prepared by a cook-chill system and delivered chilled by the food service provider the day prior to serving. Meals are then finished off at the meal site and then

either packaged to be delivered hot to HDM recipients, or served on-site for congregate dining. Each meal site manager orders meals a week or more in advance of delivery. Hot meals are delivered weekdays with frozen meals provided for weekends. Sites have the option of purchasing frozen meals directly from the contracted food service provider in order to offer greater meal variety to participants. This system provides an economy of scale in the production of the meals. The meal sites, the food service provider and AAA program staff have quarterly meetings to plan the menus for the next quarter. A registered dietitian is on staff with the food service provider and is part of these meetings. Each meal is evaluated to ensure compliance with program nutritional requirements.

Four sites cook on-site. These sites produce both HDM and congregate meals. These sites also provide frozen weekend meals to HDM participants. If they choose, frozen meals can be purchased directly from the contracted food service provider for weekend meals to supplement their HDMs and increase the variety to participants. Each of these sites submit their menus to a registered dietitian under contract with the AAA who analyzes and evaluates each meal for compliance with program nutritional requirements. CCSS partners with the County's Community Health Division for this service. The cooks from these sites, the contracted registered dietitian, and AAA program staff meet as needed to share information and address challenges.

The Hoodland Senior Center does not have a facility that can accommodate a congregate meal site. This center provides nutrition services to seniors living east of the Sandy Senior & Community Center's Alder Creek Drive boundary continuing east on the Hwy 26 corridor to Government Camp. Congregate dining is offered twice a week and participants meet at a restaurant in the Villages of Mt. Hood. The Center alternates between two restaurants and participants are offered a limited menu in an effort to meet the program standards. For the HDM participants, the Welches Grade School provides and packages the meals during the school year. During the summer when school is out three of the local restaurants provide meals. This center also coordinates with the neighboring Sandy Senior and Community Center to purchase and provide frozen HDMs for participants as needed.

Because the meal sites in Clackamas County are operated independently of the AAA, the AAA does not directly participate in fund raising activities for the Nutrition Services. All nutrition service providers host a variety of fund raisers to support the program. These range from participating in the annual March for Meals program to raise awareness and funding for home delivered meals, holding local benefit dinners, rummage sales and sending out annual appeal letters. A standalone non-profit, Clackamas County Meals on Wheels, Inc. (CCMOW), was formed several years ago by members of the Clackamas County Aging Services Advisory Council. CCMOW is an additional resource to the community, helping to ensure access nutrition services by coordinating the annual sale of Entertainment Books, serving as a volunteer referral hub, and as a local clearinghouse for state-wide fund raising activities by companies such as Shari's Restaurants and Burgerville. Additionally, Clackamas County allocates $200,000 each year to support the work of local non-profits. Several Centers have submitted successful applications over the years to fund necessary improvements including equipment and meals for residents who are not eligible for OAA funded meals.

Nutrition Education

The required nutrition education component of the Senior Nutrition Service Program is provided by the senior center network. This service is not funded as a separate activity of the Senior Nutrition Service Program but is part of the contract scope of work under Meal Site Management. Clackamas County Social Services does not fund nutritional counseling as a separate deliverable.

Each site provides nutrition education information, at a minimum, quarterly through newsletter articles or brochures with instruction. These articles are obtained from recommended sources per the Senior Nutrition Program Standards. When nutrition education is provided in this manner it includes a discussion of the material as part of the programming for congregate participants. Speakers routinely make presentations at congregate meals, workshops, health promotion events and chronic conditions support groups. These special nutrition education events and presentations at support groups allows for the dissemination of information on specific nutrition education topics that meet the targeted needs of participants in these programs. For participants that self-identify a need for nutritional counseling due a change in health status Community Center staff assist in finding services in their area that are appropriate to the need.

Meal Sites in Clackamas County All Sites provide Frozen Home Delivered Meals for week-ends or non-delivery days

Meal Site Name	Street Address	City, Zip (All are in Oregon)	Phone Numbers	General Hours & Days	Congregate Meal Time	Days Congregate Served	MO W/HDM	Day HDM's Delivered
Canby Adult Center	1250 S. Ivy	Canby, 97013	503-266-2970	8:30 - 4:30 Mon-Fri	12:00 PM	M, W, Th, F (4)	Yes	M, W, Th, F
Estacada Comm. Ctr.	200 SW Clubhouse Dr	Estacada, 97023	503-630-7454	8:30 - 4:30 Mon-Fri	12:00 PM	Mon thru Fri (5)	Yes	Mon thru Fri
Gladstone Sr. Ctr.	1050 Portland Ave	Gladstone, 97027	503-655-7701	8:30 - 5:00 Mon-Fri	12:00 PM	Tue, Wed, Thur (3)	Yes	Mon thru Fri
Hoodland Sr. Ctr.	25400 E. Salmon River Rd	Welches, 97067	503-622-3331	9:00 - 3:00 Mon-Thur	12:00 PM	Tues & Thur (2)	Yes	Mon thru Fri
Lake Oswego Adult Comm. Ctr.	505 "G" Avenue	Lake Oswego, 97034	503-635-3758	8:00 - 4:30 Mon-Fri	12:00 PM	Mon, Wed, Fri (3)	Yes	Mon, Wed, Fri
NCPR-Milwaukie Center	5440 SE Kellogg Creek Dr.	Milwaukie, 97222	503-653-8100	8:30 - 4:30 Mon-Fri	12:00 PM	Mon thru Fri (5)	Yes	Mon thru Fri
Molalla Adult Comm. Ctr	315 Kennel Street	Molalla, 97038	503-829-4214	8:30 - 4:30 Mon-Fri	12:00 PM	M, T, Th, F (4)	Yes	M, T, Th, F
Pioneer Comm. Ctr.	615 Fifth Street	Oregon City, 97045	503-657-8287	9-4 Mon-Fri	11:30 AM	Mon thru Fri (5)	Yes	Mon thru Fri
Sandy Sr. & Comm. Ctr.	38348 Pioneer Blvd.	Sandy, 97055	503-668-5569	8:30 - 4:30 Mon-Fri	12:00 PM	Mon thru Fri (5)	Yes	Mon thru Fri
Wilsonville Comm. Ctr.	7965 S.W. Wilsonville Road	Wilsonville, 97070	503-682-3727	9-4 Mon-Fri	12:00 PM	M, T, W, F (4)	Yes	M, T, W, F

Focus Area: Nutrition Services
Goal: To **r**educe nutritional risk and food insecurity of program participants while improving quality of life

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
All food and nutrition programs that are available in Clackamas County are included in RTZ and are updated annually or when changes occur.	Work with meal sites, Clackamas Aging and Disability Resource Connection and other community contacts and sources to maintain a primary listing of available nutrition services to targeted populations.	Clackamas ADRC staff and AAA Admin Staff	1/1/17	12/30/2020	There are currently 119 nutrition services/food services listed in the RTZ database that serve Clackamas County residents of which 10 are OAA funded congregate/home delivered meal sites. There are currently 132 nutrition services/food services listed in the RTZ database that serve Clackamas County residents of which 10 are OAA funded congregate/home delivered meal sites.
The number of older adults accessing the SNAP program will increase by 5% each year.	Work with local ADP office, Oregon Food Bank and Community Centers to develop outreach plan to engage older adults in applying for eligible SNAP benefits	APD, Community Partners and AAA Admin Staff	6/30/2017	6/30/2018	5,358 older adults enrolled in the SNAP program in CC in 2017 (monthly average); Range 5,239 (Jan) to 5,507 (Nov) 5,650 older adults enrolled in the SNAP program in CC in

					2018 (monthly average); Range 5,577 (Jan) to 5,750 (Dec). This is a 5.4% increase from 2017. *This increase could, in part, be due to the food resource document that is regularly provided to community members seeking to increase food security. While formal relationships and a work plan have not been developed to increase the number of older adults accessing SNAP benefits, this is still a priority for the ADRC.*
Increase participation in OAA funded nutrition programs by older adults who identify as a person of color or who are from an underserved community by 5% each year	Develop reporting tools within Oregon ACCESS that will pull client demographics by site/provider so that changes in racial and ethnic minority participation and participation by younger seniors (aged 60 to 69) can be documented, tracked, and monitored by site.	SUA Staff / CCSS Admin Staff	1/1/17	6/30/2017	
	In partnership with identified ADRC champions from underserved communities, develop a strategy to increase participation in OAA funded nutrition programs.	AAA Program Staff and Community Partners	1/1/18	1/1/2019	The percentage of older adults who identify as a person of color who participated in OAA funded nutrition programs increased by 35% in FY 16/17.

					The percentage of older adults who identify as a person of color who participated in OAA funded nutrition programs decreased by 16% from FY 16-17 to FY 17-18.

Focus Area: Nutrition Education

Goal: To increase access to appropriate nutrition information to program participants to encourage better self-care.

Issue Area: Nutrition Education					
Goal: To increase access to appropriate nutrition information to program participants to encourage better self-care.					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2017-2020 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
All nutrition education programs that are available in Clackamas County are included in RTZ and are updated annually or when changes occur.	Work with meal sites, Clackamas Aging and Disability Resource Connection and other community contacts to develop and share a listing of available nutrition education services to targeted populations.	AAA Admin Staff / Contracted Meal Site Staff	1/1/2017	12/30/2020	10 nutrition education programs are listed in RTZ. 10 nutrition education programs are listed in RTZ.
Surveys indicate that nutrition education programs increase participants knowledge of healthy eating and the connection between nutrition and health	Work with meal sites and Clackamas County Public Health to develop a survey, protocols and methodology that tests for an increase in knowledge about healthy eating and the link between nutrition and health by nutrition program participants. Administer survey to meal site participants per agreed upon methodology	AAA staff, Center Staff and Clackamas County Public Health AAA staff, Center Staff and Clackamas County Public Health	1/1/2018 1/1/2019	6/30/2018 12/30/2020	

C-3 HEALTH PROMOTION

Profile: According to the National Council on Aging, evidence-based programs offer proven ways to promote health and prevent disease among older adults. The programs are based on research and provide documented health benefits. Older adults who participate in evidence-based programs can lower their risk of chronic disease and falls. These programs can also improve the long-term outcome when chronic diseases or falls occur.

The percentage of the older adult population has increased with each decade, and the proportion of persons 75 years and older has grown even faster. At the same time, the number of individuals impacted by chronic disease and falls has increased and these are now the leading causes of death and disability among older adults. Fortunately, both chronic diseases and falls are preventable. Evidence-based health promotion activities can help turn the tide and elevate older adults' quality of life – improving health behaviors, health and functional status, and overall well-being.

To address these and other social determinants of health, Clackamas County Social Services (CCSS), in partnership with a network of ten Senior Centers and other community partners, has a history of providing health promotion activities to older adults in Clackamas County. Of the ten Senior Centers in the network, nine have full senior center facilities and offer a wide variety of classes that promote physical activity, access to preventative health screenings and social interaction. Many sites offer chronic disease specific support groups and assist in the coordination of influenza and pneumonia vaccinations. All ten adult centers offer evidence-based, self-management programs in partnership with CCSS.

Physical Activity

Physical activity has been shown to increase an individual's health outcomes. With the allocation of dedicated evidence-based health promotion funding in 2016 to fund evidenced based activities, and local fundraising efforts to fund activities that are not evidenced based but are requested by the community, each of the ten Senior Centers in Clackamas County provides programing that promotes physical activity. Physical activities being offered at these sites include: Tai Chi: Moving for Better Balance, Better Bones and Balance, Walk with Ease, and Stepping On. Other fitness/physical activities offered at the centers include yoga, Sit and Be Fit, Zumba and Zumba Gold classes.

The evidence-based Better Bones & Balance program is offered at the Wilsonville Community Center under the name Healthy Bones & Balance. This program is so popular with the older adults in Wilsonville they now offer a "returning students" class for those who wish to continue the program at a more challenging level.

Health Promotion

Clackamas County Social Services employs two certified trainers for the Living Well with Chronic Conditions series and has trained additional facilitators in the community. There are several Powerful Tools for the Caregiver facilitators who provide these evidence-based, self-management courses. These courses are scheduled periodically at adult/community centers, churches and other location throughout the County. Classes are offered weekdays, evenings, and weekends, as appropriate for a particular group of participants in order to make these courses accessible to all who wish to participate. Clackamas County Social Services will increase the number of facilitators for this and other evidence-based caregiver support/training courses. To further increase caregiver participation, the Family Caregiver Support Program Coordinator ensures that caregivers are aware that stipends are available to pay for respite services so that they may attend. With the increased use of social media sites, many of the adult

centers in the Clackamas County network have developed Facebook pages to increase their marketing of activities and events, including healthy aging workshops.

Problem/Need Statement:

According to the Pew Research Center, chronic conditions have large impacts on US health and medical spending. The Centers for Disease Control and Prevention estimates that 133 million US residents have at least one chronic condition. Given the aging of the US population, the prevalence of chronic disease and the rising costs of treatment, medical expenditures are expected to increase. The size and rapid growth of the Latino population offers considerable reason to focus on its chronic disease management and preventative interventions. Latinos will account for most of the US population growth through 2050, and the older adult Latino community will almost triple in that time.

The Hispanic and Latino community makes up about 8 percent of the total Clackamas County population, with an additional 10.6 percent identifying as non-white or two or more races. Of those who identify as Hispanic or Latino, approximately 1800 (2.2 percent) are over the age of 60, and another 4500 people (5.4 percent) identify as a race other than white or two or more races. Currently, evidence-based health promotion participation is low in communities of color in Clackamas County. Currently, there are no consistent evidence-based health promotion programs or activities specific to under-served or under-represented communities occurring through Clackamas County contracted services.

Local community/adult centers rely on volunteers to provide instruction and assistance to their members. Unfortunately, there are times when volunteer recruitment can be challenging, and more difficult in rural areas of the county. Community centers have expressed a desire for assistance with securing volunteers to provide evidence-based services/instruction.

Clackamas County is working with regional partners, including the AAAs in Multnomah, Washington and Columbia counties and representatives from the two Coordinated Care Organizations active in the area to improve the infrastructure that supports Evidenced Based Health Promotion activities, expand the number of Evidenced Based activities that are available in the region, and identify new payers and payment methodologies. These efforts include a special focus on the Hispanic community and rural residents. These activities have been formalized an MOU between the metro AAAS and the CCOs.

Focus Area: Health Promotion					
Goal: In collaboration with other core partners, improve infrastructure, expand offerings, and identify new payers and payment methodologies for evidence-based health promotion programing.					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2017-2020 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
Triple the current number of evidenced based health promotion programming available in the region. Secure two new funding sources for these programs.	Develop a master list of Master Trainers and certified leaders for Chronic Disease Self-Management programs Create a map of current offerings Develop regional calendar of offerings Establish standardized costs for EBHP Identify two primary care clinics that will test referral mechanisms Collaborate with Familias en Accion to offer CDSMP with the county at least one each year.	Regional Evidenced Based Health Promotion/Self-Management Education Workgroup will take the lead on all activities in this section, except as noted Lois Orner, Program Manager	1/1/2017 1/1/20177 1/1/2017 1/1/2017 1/1/2017 6/30/2017	3/1/2017 3/1/2017 5/1/2017 3/1/2017 6/30/2018 12/30/2020	In FY 15-16, 526 sessions of evicence-based health promotion classes were held at 5 senior centers. In FY 17-18, 869 sessions of evidence-based health promotion classes where held at 7 senior centers. This is a 65 percent increase over two years. Clackamas County is a member of OWN, the Oregon Wellness Network. One of the goals of OWN is to increase the

					number of evidenced-based health promotion activities across the state.

Issue Area: Health Promotion

Goal: Increase knowledge of and access to evidence-based physical- and health promotion activity programming.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
Increase the number of older adults participating in OAA funded physical activity programs by 5% each year.	Maintain and distribute a list of low-cost and no-cost evidence-based health promotion physical activity services to eligible populations.	CCSS Admin Staff, ADRC Staff, Seniors Centers and Community Partners	1/1/17	12/30/2020	Listings for EBHP programs are in RTZ.
	Develop robust marketing plan to promote Living Well with Chronic Conditions self-management series Offer Living Well with Chronic Conditions classes in more locations that are accessible to all	CCSS Admin Staff, ADRC Staff, Seniors Centers and Community Partners	6/30/2017 6/30/2017	1/1/2018 12/30/2020	The number of older adult participants increased by 16% in FY 16/17. The number of older adult participants decreased by 21% in FY 17-18. We have not yet started to develop a marketing plan to promote CDSM series.
Increase participation in health promotion activity participation in under-served/under-represented populations by 5% each year.	Investigate options for alternative database for participant information data. Establish demographic baseline of participants in EBHP activities. Promote evidence-based health promotion programming to under-served/under-represented communities and populations through ADRC outreach and marketing activities. Increase the number of culturally and linguistically responsive EBHP activity providers Recruit and train culturally and linguistically diverse volunteers to deliver evidence-based	CCSS Admin Staff and ADRC Supervisor CCSS Admin Staff and ADRC Supervisor ADRC program staff and supervisor ADRC program supervisor and CCSS Division Director Volunteer Connection Program Manager	6/30/17 1/1/17 1/1/17 6/30/17 6/30//17	1/1/19 6/30/17 12/30/2020 1/1/19 1/1/19	We have not yet started investigating an alternative database for EBHP participant info data. We will need to push this out until 7/2018. -CCSS program information is provide at all outreach events. Will review materials for EBHP program information.

	health promotion activities at local senior/community centers.				-Demographic data remains difficult to obtain. -No updates on culturally/linguistically responsive EBHP activity providers/volunteers this at this time. *An alternative database for EBHP activities was reviewed, and found to not meet the reporting needs of the program. CCSS is exploring an opportunity with a culturally-specific community provider in Multnomah County to provide EBHP classes in Clackamas County.*

C-4: Family Caregivers

Family support is key to successful aging in place and decreased institutionalization. Nationally, 66 percent of older persons rely on unpaid family caregivers for some level of support. Recent research provides compelling data about the importance of in home care and the challenges of providing it.

AARP's 2013 Oregon survey indicates that one third of their members would prefer to remain in their homes with care from family and/or friends. In addition, almost one third of respondents report that they are very worried about staying at home as they age. 79 percent of respondents indicate that having in home and community based services is very important to them.

Given the importance of in home care to many older adults and the fact that most in home care is provided by friends and family members, it is concerning to learn how challenging providing this care can be for the caregivers themselves. A 2013 report by the Oregon Attorney Assistance Program reports that there are multiple unmet needs for caregivers, including finding time for themselves (35 percent), managing emotional and physical stress (29 percent), balancing work and family responsibilities (29 percent), help talking with healthcare professionals (22 percent) and making end of life decisions (20 percent).

The Program: The Family Caregiver Support Program is expressly designed to address the very issues that have been described. It does this by helping unpaid family caregivers with emotional support, information and referral to other community resources, support groups and evidence based curricula, assistance in arranging for respite care and small respite care stipends. In addition the Family Caregiver Support Program provides funding for three respite day programs in Clackamas County senior centers.

Provision of these services helps to promote healthy aging and aging in place for both caregivers and their family members in need. This holistic approach can help delay or even avoid institutionalization and entry into the Medicaid system. Caregivers who participate in FCSP services report reduced stress and are able to keep their loved ones at home longer.

Clackamas County FCSP Provides outreach and public awareness by regularly participating in a range of outreach events and activities. These include:

- Staffing information tables at the Clackamas County Wellness Fair, Senior Day at the Oregon City Farmers' Market and the Clackamas County Fair
- Hosting a community screening of the documentary "Gen Silent", with a discussion panel to follow
- Regular participation in the Volunteer Connection quarterly information and outreach fair
- Participation in statewide conferences and meetings
- Staffing information tables at the Clackamas Community College event, Festival Latino
- Staffing information tables at the Gay and Grey Expo and Portland Pride
- Submitted local media advertising regarding caregiver and grandparent support groups
- Initiated a quarterly newsletter with information and resources for caregivers that is disseminated throughout the county
- Reached out to school counselors to provide information about FCSP services

FCSP has also been successful in reaching out to a number of high need populations:

- 32.5 percent of caregivers served live in rural communities
- 9.3 percent of caregivers served are challenged with their own physical and/or mental disabilities. Virtually 100 percent of caregivers report experiencing depression and/or anxiety
- 53.4 percent of caregivers served care for persons with Alzheimer's and other dementias
- 100 percent of caregivers served provide care to persons who are at risk of institutionalization
- 17.4 percent of caregivers served are grandparents and relatives raising children

Clackamas County's Family Caregiver Support Program (FCSP) provides seven Eligible Activities:

- **Information Services and Group Activities –** FCSP staff provide information and referral services to anyone requesting them. This includes program participants, interested community members, and other programs and organizations. These services are provided by phone, in person, and at community events. In addition, FCSP is now providing two group events for all FCSP participants: a workshop in the spring and a winter holiday event.
- **Specialized Family Caregiver Access to Services –** Each caregiver participating in the program receives individualized support and information based on the particular situation and needs. These services are provided by phone, in person, or through home visits.
- **Counseling –** Short term, supportive counseling with referrals to follow up counseling from services in the community is provided by FCSP staff. When available, supplemental services grants may be used to help pay for counseling services.
- **Training –** Living Well with Chronic Conditions and Savvy Caregiver workshops are provided directly by FCSP staff. Other trainings are provided through partnerships with programs and agencies in the community**.**
- **Support Groups –** FCSP provides monthly support groups for grandparents and for county employees who are caregivers. In addition, the program plans to add a caregiver support group for community members.
- **Respite Care -** Respite care has been provided through grants to family caregivers who have used the funds to pay for in home care, adult day services, personal care, errand running, homemaking services, and overnight services. These services have been self -directed and arranged by the caregivers themselves.
- **Supplemental Services –** As with respite care, supplemental services are provided through grants of up to $200 and have been intended as flexible enhancements to caregiver support Services such as home repairs, assistive technologies, caregiver survivor kits, professional consultations, and emergency response systems are all examples of services that have been funded.

Issue Area: Family Caregiver Support (FCSP)

Profile: The Family Caregiver Support Program provides much needed emotional support, guidance, information and referral, and financial assistance with respite services and other costs incurred by caregivers. Over the past year, there has been a marked increase in the number of referrals to the program, as well as increased requests for funding items and services that are outside of the norm. Increasing amounts of staff time have been devoted to processing reimbursements for respite care and stipends, which has resulted in the de-emphasis of the other supportive services that research has shown may be more beneficial to caregivers.

Research suggests that psychoeducational interventions and psychotherapy, or a combination of the two, are most effective for caregiver well-being in the short term. (Sorensen, Pinquart, Habil, and Duberstein,

2002). To improve targeted outcomes, such as caregiver burden and care recipient well-being, supportive interventions alone have shown to be effective (Sorensen, et al., 2002). The research on respite care alone has been found to be inconclusive; however when respite is used it has shown to reduce barriers to caregivers attending groups and classes (Gaugler, Jarrot, Zarit, Stephens, Townsend and Greene, 2003).

These issues have provided the impetus for the FCSP team to consider program modifications that have the potential to better serve the community. The following is our proposal as to how to make those changes.

Problem/Need Statement: In order to more effectively provide Clackamas County family caregivers with the relief they need, FCSP proposes the following program modifications:

- **Modify the application process to be more responsive to the needs of caregivers**. At present, caregivers contact the program via phone or email and are sent an application packet to complete. We have found that many caregivers do not complete the packet or complete it incorrectly due to their high stress and trauma levels. We propose changing the application process to a phone interview, with all documentation completed by FCSP staff. In this way, staff are able to use this time to begin developing a supportive relationship with caregivers while also assuring accurate completion of documentation.
- **Standardize and simplify the respite care process**. We have found that the caregivers most in need of this respite benefit are often too stressed to utilize it in a timely fashion with accurate documentation. We propose using the format set by Washington County FCSP as a guide for our modifications. This would entail developing contracts with 2-3 in home caregiver agencies and 2-3 adult day health programs who would provide a set amount of respite for a fixed rate. FCSP staff would initiate the referrals to one of these agencies, who would then be responsible for completing the required documentation. The agency would contact the caregiver to schedule the respite.
- **Increase program capacity to provide support groups, classes that use evidence based curriculums, and short term follow up bereavement support.** This increased capacity would come from increased use of student interns and other volunteers. It would also help emphasize the services the program provides that are not stipend related. There are many support services that are beneficial to caregivers that have taken a "back seat" to the funding provided via stipends.
- **Prioritize stipend eligibility to caregivers who are providing care to individuals who require substantial assistance with 2 or more ADL's or full assistance with 1 ADL and 1 IADL.** At present, the program serves people on a first come, first serve basis. This means that the program may not be able to serve caregivers who are much in need of services but apply later in the fiscal year.
- **More clearly define and limit the number of supplemental services to be paid by stipends**. While the flexibility to be responsive to the individual needs of caregivers by paying for a range of supplemental services, has been a real strength of the program, it has equally been a challenge and has led to confusion, misunderstanding, and misinterpretation.
- **Increase outreach efforts to underserved populations by strengthening partnerships and collaborations with community organizations.** Efforts to reach underserved communities is still a work in progress. Collaborating with other organizations will provide the opportunity to build on the work in the community that has already been accomplished.

Issue Area: Addressing barriers to family caregivers receiving and benefitting from program services					
Goal: Modify program services to make them more user friendly by simplifying and streamlining service access.					
Measurable Objectives	**Key Tasks**	**Lead Position**	**Timeframe for 2016-2020** **Start Date**	**End Date**	**Accomplishment or Update**
Redesign and implement provision of respite care services and supplemental services	• Begin delivering respite care services per the re-designed system • Evaluate service delivery model and make modifications as needed • Implement client satisfaction survey	FCSP team	7/2016 7/2017 7/2017 and then annually	6/2020 9/2017	The respite care delivery re-design is complete and modifications have been incorporated. Due to a change in staffing, the client satisfaction survey will be implemented in summer of 2018. The client satisfaction survey was implemented and the results were positive. 94% of respondents reported that the support services they received helped them to be a better caregiver. 77% of respondents were very satisfied with the services they received and another 17% were satisfied. 97% reported that the services they received helped them keep their loved one at home.
Increase the number of individuals from ethnic minority populations accessing Family Caregiver services to more accurately reflect the demographics of the	• Conduct baseline analysis on FCSP client demographics • Convene community conversations with family caregivers and service partners from	FCSP team, VC Program Manager FCSP team	7/2016 10/2016	9/2016 6/2018	While the overall number of Family Caregivers participating in the FCSP decreased from 153 in FY 15/16 to 111 in FY 16/17, the number of individuals from ethnic and racial

county (approximately 13% of the low income population in Clackamas County is non-white)	diverse backgrounds around inclusion and service equity • Implement targeted messaging based on community conversations • Conduct an evaluation of efforts to assess service access changes by targeted caregiver populations	FCSP team FCSP team	7/2018 9/2020 7/2019 and then annually	minority populations increased from 9% to 18%. The number of family caregivers participating in the FCSP increased from 111 in FY 16-17 to 120 in FY 17-18. The number of participants from ethnic and racial minority populations remained the same in FY 17-18.

C – 5: Elder Rights and Legal Assistance

Clackamas County Social Services (CCSS) works with a number of community partners to assist older adults in meeting their needs to ensure their rights on issues including income security, health care, long-term care, nutrition, housing, utilities, adult protective services, defense of guardianship, abuse, neglect, and age discrimination.

Legal Assistance

In order to support the legal rights of seniors residing in Clackamas County CCSS contracts with Legal Aid Services of Oregon (LASO) for legal assistance to low-income seniors. This contract also supports services to family caregivers of any age who are providing care for a family member age 60 or older, or a county resident over the age of 55 providing care for grandchildren under the age of 18. The LASO Portland office continues to be the regional provider of legal assistance to low-income residents of Clackamas and Multnomah Counties.

In addition to contracted legal assistance services through LASO, Adult/Community Centers participate in the Senior Law Project. The Senior Law Project assists those 60 and over with access to local volunteer attorneys who donate one afternoon a month on a rotating basis to provide pro bono 1/2 hour appointments. Clients needing further help on the original consultation matter, who have an income below 125% of the Federal Poverty Level, may have continued pro bono assistance but are responsible for any out-of-pocket expenses. A person may have additional appointments if or when other matters arise. Since these services are not funded under the OAA contracts, participants are able to consult on their estate planning needs. While estate planning is not an eligible legal service under the OAA funded legal assistance program, many of our older adults with limited means have voiced their need for having this sort of access. The Senior Law Project gives them that opportunity.

Elder Abuse

CCSS has a long history of supporting efforts to prevent elder abuse and financial exploitation. The Community Centers that partner with CCSS for other OAA funded programming also provide a platform for education and fraud awareness programs in the hope that in assisting in raising awareness to scams and predatory practices the number of seniors victimized will be greatly reduced in coming years. All providers receiving OAA/OPI funding are mandatory reporters and have means to report suspected abuse to the appropriate agencies.

For the past five years, Clackamas County has allocated County General Funds to support the work of a Forensic Accountant. This service is open to any fraud case that is referred by the County MDT. The goal is to help ensure successful prosecution of financial exploitation against vulnerable county residents.

Elder Rights

Clackamas County Social Services (CCSS) has worked with a network of ten senior centers over many years to develop an integrated system to serve seniors. This network has continued to work to improve systems to protect elder rights by utilizing the local gatekeepers and the “natural network” of neighbors, clerks, bank tellers, and others within the community to protect seniors from abuse, neglect, isolation, and exploitation. Towards this end, staff and trained volunteers at each senior center regularly conduct reassurance checks on elders who may be at risk and assist them in maintaining the highest degree of independence possible and, when needed, provide a referral if they feel it will be helpful for the individual.

CCSS contracts with the Senior Citizens Council of Clackamas County (Senior Citizens Council) for guardianship, guardianship diversion, and case management services for seniors who are at risk of abuse or exploitation, or have been evaluated to be incapable of making competent decisions about their

wellbeing. OAA funding to this organization assists individuals at risk of exploitation or abuse to maintain the highest degree of independence possible. During Fiscal Years 2011-12, this local non-profit was awarded a Board of County Commissioners grant to increase the capacity and sustainability of this program. The Board of County Commissioners continues to award this funding each fiscal year since.

Senior Citizens Council of Clackamas County serves clients throughout Clackamas County. Of the clients served, 50 percent have incomes at or below Federal Poverty Level; 58 percent have been diagnosed with dementia; 34 percent have a diagnosed mental illness or other mental/cognitive disability; and 10 percent also have a physical disability. Senior Citizens Council also serves veterans and their surviving spouses. Eighty percent of their clients have no family, family is unavailable, or is inappropriate to provide assistance because family members have put their own interests above the needs of the at-risk person.

In an effort to further coordinate elder abuse prevention, CCSS, in partnership with the Regional DHS-APS office, has executed an MOU which outlines the roles, responsibilities and procedures for handling APS and Gatekeeper calls and referrals. This provides for a cohesive system to respond to all calls regarding suspected abuse of any type.

In addition, CCSS staff participate in the department-wide H3S (Health, Housing & Human Services Dept.) Problem-Solving MDT. This is a recent innovation with strong participation from line and leadership staff within Behavioral Health, Social Services, Housing Authority and Health Centers. Meetings are scheduled regularly twice a month. Line staff as well as supervisors and managers can confidentially staff participant/consumer situations with this group which often leads to increased collaborations and partnership in support of "shared" consumers who are receiving housing stability, physical and behavioral health, and/or supportive services from the County. Since each partner in the Problem-Solving MDT has resources that they can bring to help solve consumer problems. While not everyone is an expert in other systems eligibility and the specific services that may be available to help solve problems, the MDT helps consolidate resources to avert crises from worsening and in many cases avoid crises from occurring. Meetings intentionally follow the LEAN principles and almost entirely focused on problem solving as opposed to procedural or administrative issues.
There also is a County-wide MDT whose primary purpose is the assessment, investigation and prosecution of abuse cases involving vulnerable adults. MDT members work in collaboration to address the abuse of vulnerable adults served in Clackamas County, and to facilitate a process in which professionals from diverse disciplines are able to work together more effectively and efficiently. While CCSS ADS staff do not participate in this MDT, our Developmental Disabilities APS team does, along with the Senior Citizens Council which provides guardianship. The goals of this MDT are to provide services that are in the best interest of the vulnerable adult:

- to conduct abuse investigations in an expedited and effective manner;
- to prevent the abuse of other potential victims;
- to increase the effectiveness of the prosecution of criminal cases,
- to provide increased safety through victim advocacy, and
- to provide information to all involved agencies in a coordinated and efficient manner.

Focus Area: Elder Rights and Legal Assistance

Goal: Reduce barriers to low-income older adults seeking legal assistance

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
The contract for older adult legal services to Legal Aid Services of Oregon is fully expended. Persons from minority populations represent at least 5% of the clients served by Legal Aid Services under this contract.	Provide annual trainings to ADRC staff to ensure appropriate referrals to Legal Aid Services	ADRC Program Supervisor	3/1/17	4/1/2020	Multiple attempts have been made to connect with Legal Aid to schedule a training re: appropriate referrals. KT will continue to attempt to coordinate these trainings. *Attempts continued to connect with Legal Aid, and have been unsuccessful. KT will continue to attempt to coordinate these trainings.*
	Provide annual trainings to Senior Center staff to ensure appropriate referrals to Legal Aid Services	ADRC Program Supervisor	4/1/17	5/1/2020	Multiple attempts have been made to connect with Legal Aid to schedule a training re: appropriate referrals. KT will continue to attempt to coordinate these trainings. *Attempts continued to connect with Legal Aid, and have been unsuccessful. KT will continue to attempt to*

					coordinate these trainings.
	Provide semi-annual Management report to Agency Director on spend out of Legal Aid Services of Oregon contract	OAA Contract Specialist	1/1/17	6/1/2020	21% of the Legal Aid Services of Oregon contract was unspent. In FY 17-18, 51% of the Legal Aid Services of Oregon contract was unspent. 16% of the clients served by LASO self-identified as a member of a minority population. In FY 17-18, 12% of the clients served by LASO self-identified as a member of a minority population.

Focus Area: Elder Abuse Awareness with Gatekeeper Program

Goal: Support Gatekeeper programming with a focus on financial abuse/fraud.

Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2017-2020 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
Each year 20 individuals will participate in Gatekeeper training	Coordinate (2) presentation each year on how to protecting against fraud and financial scams. Invitations to Gatekeeper presentations will be made to culturally specific organizations.	AAA Admin Staff, Community Partners, ADRC Staff	1/1/17	12/30/2020	293 people participated in GK trainings during FY 16/17.

Referrals from community gatekeepers to the Clackamas ADRC will increase by 5% each year					53 people participated in GK trainings during FY 17-18. We saw a 10% increase in referrals from Community GKs in FY 16/17. We experienced a 43% decrease in referrals from community GKs in FY 17-18. *This decrease is likely due to the fact that there has not been dedicated funding or staffing available to conduct Gatekeeper Trainings and ADRC outreach/education to community partners and organizations. Funding has been made available as of February 2019 to fund a dedicated staff person to these activities for 12 months. We anticipate with having dedicated staffing, GK trainings and referrals to the ADRC will increase of the next 12 months.*

C – 6: Older Native Americans

The 2010 census data counted 828 Native American county residents who are over the age of 60. That number has since dropped to 510, according to the 2014 American Community Survey. There are no recognized tribal lands within the service area. Clackamas County Social Services reaches out to organizations throughout the metropolitan area that provide services specifically targeted to the older Native American population. NAYA Family Center and the Native American Rehabilitation Center are regularly invited to attend the bi- monthly Information & Referral Networking meetings. This networking meeting provides a forum for a variety of community organizations to share information and to stay up-to-date on aging and other services offered in the AAA service area.

Focus Area: Older Native Americans

Goal: Increase participation by Native American seniors by reducing barriers to older Native Americans in accessing services and partnering with neighboring counties when appropriate

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
Increase participation of older Native Americans in OAA funded programs.	Outreach to Native American community leaders.	Social Services Director	Ongoing	Ongoing	24% increase in participation of older Native Americans in OAA funded programs 15% increase in participation of older Native Americans in OAA funded programs from FY 16-17 to FY 17-18/
	Outreach to programs and organizations that provide targeted services to Native Americans.	Social Services Director and Program Managers	Ongoing	Ongoing	
	Develop capability to pull demographic data from Oregon ACCESS that is service specific.	SUA Staff / CCSS Admin Staff	Ongoing	Ongoing	
	Provide assistance to older Native Americans in accessing services.	Clackamas ADRC Staff	Ongoing	Ongoing	

C-7 Older Adult Behavioral Health

Profile: According to the American Psychological Association, 15-20 percent of older adults in the United States have experienced depression, with another 11 percent who have experienced anxiety disorders. The risk of suicide increases with age, with depression being a major risk factor for suicide. Symptoms of depression and anxiety in older adults are often overlooked and untreated because they can coincide with other later life experiences, like the loss of a loved one or reduced independence. Depression and anxiety are common, potentially debilitating, but highly treatable conditions. Older adults with depression visit the doctor and emergency room more often, may incur high outpatient charges and stay longer in the hospital. As the aging population grows in number and diversity, the provision of behavioral health services that meet the needs of older adults, and adults from communities of color, will be critical to support a healthy population. These demographic trends will require training in the provision of culturally competent care now and in the coming decades.

In 2014, Portland State University interviewed or surveyed thirty-five participants for the Senior Mental Health Specialist Investment Report, which was later submitted to the Senior Mental Health Budget Note Committee. Participants represented aging services, mental health, advocacy, and other sectors such as long-term care, quality improvement, and health/medical care. Representatives from rural areas of the State also participated. These interviews and surveys identified problems that exist in providing behavioral health services to older adults, examined systems coordination, gaps in services, how to address those gaps, and examined how larger communities and smaller communities (rural/urban) provide services.

In early 2015, the Oregon Health Authority launched the Older Adult Behavioral Health Initiative. This initiative aims to improve the current systems for delivering behavioral health services to older adults and persons with disabilities. The goal of the initiative is to increase access to care and services through more effective multi-system collaboration and coordination through a well trained workforce with competencies in older adult behavioral health.

Older Adult Behavioral Health Specialists (OABHS) were brought on staff in the Tri County Region as a result of the Older Adult Behavioral Health Investment. The OABHS provides the following services in the tri-county area: collect data and produce reports to improve the delivery of substance abuse and mental health services for older adults; build coordination between systems and service providers that result in the delivery of quality, timely and accessible behavioral health services; provide recommendations that build community capacity at the local and regional level through organization and systems change; provide training, coaching and technical assistance to improve the ability to address the behavioral health needs of older adults and people with disabilities; and participate in complex case consultations.

In mid-2015, Clackamas County Social Services, in partnership with our regional Aging and Disability Resource Connection (ADRC) established capacity to provide older adult behavioral health services throughout the region. Evidence-based services provided to older adults include PEARLS (Program to Encourage Active Rewarding Lives for Seniors), and an outreach program specifically for older adults and persons with disabilities, and VIEWS (Volunteers Involved for the Emotional Well-Being of Seniors) a peer support program specifically for older adults. The funding also provided suicide intervention training and mental health first aid training to service providers and community partners. An older adult behavioral health specialist was also hired by Clackamas County Behavioral Health, and has provided assistance with complex case consultations, service coordination throughout various systems, and older adult behavioral health training.

Aging and Disability Resource Connection staff regularly provide information, referrals and assistance to local behavioral health providers and services in Clackamas County, including referrals to PEARLs and Centerstone Clinic.

Problem/Need Statement: Many older adults do not have access to, or are not aware of, the availability of low-cost or no-cost evidence-based behavioral health services to assist them in their efforts to maintain or improve their well-being. According to the 2015 Senior Mental Health Specialist Investment summary regarding service gaps for older adults, nursing homes and aging services providers don't have training to care for those with very challenging behaviors. A lack of knowledge exists at all levels about aging, mental health, service systems, options, best practices and who can be called upon to assist. In an effort to address these gaps, the various systems, including health, behavioral health, long term care and social services, must work together to establish collaborative and cooperative relationships and provide more cross training to aging services providers at all levels and in all systems.

Focus Area: Older Adult Behavioral Health Services

Goal: Increase education and awareness of older adult behavioral health needs and services in Clackamas County

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
With continued funding, increase awareness and education of older adult behavioral health needs and services available in Clackamas County to aging services providers.	Provide on-site mental health first aid training at six senior/community centers located in Clackamas County. All senior centers and identified community partners providing services to under-represented/under-served communities will be invited to participate. Clackamas County Long Term Care providers will also be invited to these trainings.	Older Adult Behavioral Health Coordinator	1/1/2017	1/1/2019	3 session of Mental Health First Aid training were delivered in FY 16/17. 36 participants completed the training. 3 session of Mental Health First Aid training were delivered in FY 17-18. 36 participants completed the training.
	Train all ADRC staff in Mental Health First Aid by 2020. New staff will be trained within one year of hire.	ADRC Program Supervisor and staff	1/1/2017	6/30/2020	
	Explore opportunities for closer coordination of the Aging Services Advisory Council, Mental Health and Addictions Advisory Council, and NAMI.	CCSS Division Director	6/1/2017	6/30/18	
	Invite a representative from the Office of the Long Term Care Ombudsman to Clackamas County to discuss programs and services provided.	ADRC Program Supervisor	6/30/2017	12/30/2017	-All ADRC staff have been trained in MHFA.

					-KT to follow up with this for completion prior to July 2018. *The LTCO will be presenting to the ADRC in Feb 2019.*

Focus Area: Older Adult Behavioral Health Services					
Goal: Increase access to and use of evidence-based older adult behavioral health services in Clackamas County.					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2017-2020 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
With continued funding, increase number of older adults participating in evidence-based behavioral health services in Clackamas County by 5% each year.	Work with regional partners to establish baseline data on participation in evidence based behavioral health services by under-served/under-represented communities in Clackamas County. Use the baseline data to develop strategies to increase participation from these communities.	Older Adult Behavioral Health Coordinator .	6/30/17	12/31/2017	The number of older adults screened for evidenced based behavioral health services decreased by 16%. The number of older adults enrolled in services increased by 159%. The number of older adults screened for evidenced based behavioral health services decreased by 81% from FY 16-17 to FY 17-18. The number of
	Coordinate with local senior and community centers to do provide outreach to older adults and persons from under-served/under-represented communities.	ADRC Program Supervisor	1/1/18	1/1/2020	
	Coordinate with primary care providers at Clackamas County community health clinics and the Housing Authority (for Section 8 recipients) to increase awareness of OABH services for patients and residents.	Older Adult Behavioral Health Coordinator	1/1/18	1/1/2020	

	Include information about available evidence-based behavioral health services in all ADRC outreach and marketing activities. Explore Memorandum of Understanding (MOU) between Clackamas County Behavioral Health, Health Centers and Clackamas County Social Services Aging and Disability Resource Connection to allow streamlined information-sharing, accessibility and referrals. Attend Clackamas County MDTs on a regular basis. Participate in county-wide Zero Suicide initiative.	ADRC Program Staff and Supervisor ADRC Program Supervisor ADRC and OPI Program Staff ADRC and OPI Program Staff	1/1/17 6/30/2017 1/1/17 1/1/17	1/1/2018 12/30/2017 12/30/2020 12/30/2020	older adults enrolled in services decreased by 75%. Lack of dedicated funding available for outreach, education and marketing activities has made it challenging to provide targeted outreach to our consumers. Additionally, discussions are occurring with the regional OABHI coordinator to create a plan to raise awareness about, and increase referrals to OABH services, such as Pearls. -Information about CCSS programs and services are provided at all outreach events. KT will revisit materials to ensure OABH services are included.

					-A member of the OPI/ADRC attends the County's MDT meetings on a regular basis. -ADRC/OPI staff are participating in the Zero Suicide initiative as opportunities present themselves.

Focus Area: Older Adult Behavioral Health Services					
Goal: In collaboration with other core partners, develop a framework of Older Adult Behavioral Health services sustainability.					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2017-2020 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
Develop a framework for Older Adult Behavioral Health services sustainability.	Explore options for Older Adult Behavioral Health services sustainability in collaboration with local, regional and statewide partners.	ADRC Program Supervisor, Manager and Division Director	1/1/18	7/1/2019	At this time funding for the OABHI seems stable.

C – 8: Volunteering

The Need: Local volunteers play a vital role in providing critical services to Clackamas County residents. Challenging economic conditions such as increased poverty, homelessness, and a growing population of older adults create a demand for volunteer services. Many older adults in Clackamas County struggle to age in place and feel safe. There is a growing concern that as one ages, one may not be able to live independently in their own home. Volunteers build a community's capacity to address local needs and enhance the quality of life for community members. Likewise, volunteers get a sense of connectedness and fulfillment, and new research is beginning to prove the health benefits of being involved in one's community.

Clackamas County Volunteer Connection (CCVC) works with community partners to target social service demands with meaningful volunteer opportunities and engagement that utilize a person centered philosophy of service. In order to effectively engage potential and affiliated volunteers, CCVC works with community partners on outreach, focusing on opportunities for harder to reach and underrepresented individuals. In order to deliver strong social service volunteer engagement opportunities, CCVC re-evaluates its response to community needs, demographic changes, economic and health trends, and efforts of local organizations.

The Program:
Since 1986 Clackamas County Volunteer Connection (CCVC), a program of Social Services, has been a vital link for volunteer engagement and client services that allow individuals to live independently in a manner that honors individual needs, preferences, and diverse backgrounds.

CCVC connects potential volunteers with opportunities to serve throughout the county. Approximately 300 volunteers are registered directly with CCVC and provide additional delivery of social services in Clackamas County which fosters opportunities for individuals and families to be self-reliant and live healthier, safer and more socially connected lives. In 2015, CCVC volunteers contributed over 50,000 hours which translates into more than $1,187,000.00 of in-kind support providing critical services for individuals and families.

CCVC volunteers offer a network of services to Clackamas County residents, including:

- financial guidance to those who no longer can manage their finances on their own;
- transportation assistance to critical appointments;
- food access, delivery, and security for the hungry;
- health care guidance for those approaching age 65;
- access to health care options; and,
- social activities and interaction for lonely and homebound residents.

In addition, volunteers facilitate support groups for individuals coping with chronic conditions and caretakers caring for family members. These community, volunteer-supported services allow for a greater quality of life and access to care.

Issue Area: Volunteer Engagement

Profile: In Clackamas County, volunteer engagement efforts add value throughout the community. Local organizations rely on volunteer supported programs including local non-profits, government agencies, faith-based organizations, emergency management, and public safety networks. Since 1986, CCVC has been a strong link between volunteer placement and volunteer engagement for Clackamas County.

Problem/Need Statement: In order to deliver relevant volunteer opportunities, CCVC must continuously evolve to respond to Clackamas County's needs, demographic changes, economic and health conditions and trends, and emerging efforts of local partner organizations. Although Oregon and national volunteer participation statistics are strong, improvement can be made in how volunteer opportunities are structured, advertised, and communicated. Engagement of volunteers who are harder to reach and are typically unrepresented can also be improved.

For the 2015 calendar year, there were approximately 264 volunteers who were over the age of 55 and 46 percent of these volunteers were 70-79. Six percent of these volunteers were people of color, which strongly indicates the importance of improving outreach to potential volunteers into under-represented communities.

Measurable Objectives	Key Tasks	Lead Position and Entity	Timeframe Start	End	Accomplishment or Update
Document increase in number and overall percentage of volunteers who are from under-represented communities, including people defined by color, ethnicity, race, physical abilities, disabilities, age, sexual orientation and rural communities, etc. Solicit feedback from volunteers and the community to assess and then strengthen the provision of services by utilizing a person centered approach.	Develop a list of target audiences and key stakeholders, reach out to solicit input on volunteer recruitment and retention	CCVC Program Manager CCVC team	7/1/17	10/1/17	The percentage of volunteers from underrepresented communities increased in the Asian and Persons with a disability categories. It remained unchanged for the Black/African American, Hispanic and American Indian/Alaska Native populations. The percentage of volunteers from underrepresented communities increased in the Persons with a disability category. It remained unchanged for the Black/African American, Hispanic, American Indian/Alaska Native and multi-racial populations. It declined for the Asian population.
	Include questions on the annual volunteer satisfaction survey regarding outreach and retention of volunteers from underserved and/or under-represented communities	CCVC Program Manager	7/1/17 and then Annually		Volunteer Connections conducted its **annual survey** of volunteers. The **Senior Corps Advisory Council**, which meets quarterly and is composed of a representative

				volunteer from each of our programs, provides input regarding service provision. The annual survey was conducted in Spring 2018, and the Senior Corps Advisory Council continues to meet and provide feedback on programming.
	Incorporate learnings into volunteer recruitment and retention process. Provide a minimum of 4 Volunteer Fairs provided in different locations throughout the county which are 50/50 staff/volunteer lead.	CCVC Program Manager	9/1/17 and then Annually	The quarterly volunteer recruitment fairs have been implemented and lead volunteers have been invited to participate.

C – 9: Age Friendly Communities

Description of the Issue: Multiple studies have shown that the majority of older adults would prefer to live in their home as they age. To do so, communities need to provide their residents with appropriate physical infrastructure, service supports, and opportunities to remain engaged in community life. Communities with these assets and attributes are referred to as "age-friendly communities." Studies also show that many communities do not have these attributes and assets, and their residents are therefore challenged to remain living in the community of their choice. This is especially true for residents of rural and suburban areas where public transportation and assisted transportation options are limited. The lack of affordable, accessibly housing, assistance with Activities of Daily Living, and opportunities to remain socially engaged all contribute to a lack of age-friendliness in many communities.

In 2010, Clackamas County Social Services, in partnership with AARP Oregon and OSU Extension Service, launched engAGE in Community. The objectives of the initiative were to provide local data to inform planning efforts and to increase awareness and understanding of the importance of creating age-friendly communities. Between November of 2010 and March of 2012, six communities, ranging from frontier areas on Mt. Hood, to urbanized Wilsonville, participated in a participatory photo mapping process that documented the assets and barriers to place-based aging in each community. The results of the mapping process were shared with community members.

- Throughout the county, the process showed that transportation was the most cited barrier, closely followed by concerns about the affordability and accessibility of housing. The study showed a strong reliance on personal vehicles to meet transportation needs. When faced with the inability to drive oneself, many residents encounter less than optimal, or no viable public transportation option.
- An absence of housing options that meet a variety of needs and lifestyles results in disturbed family and social networks for community members with evolving housing needs.
- While Clackamas County is well-resourced in the areas of community support and health services, barriers to accessing these services include lack of transportation, and the absence of home health and medical supply vendors within local communities.
- While the social environment emerged as a strong supporting attribute for the age-friendliness of the communities that participated in the study, respectful, inclusive and intergenerational opportunities were frequently discussed within the context of areas for improvement.

The information gleaned from the community mapping process that occurred in 2010 was corroborated by the results of the 2016 Area Plan Community Needs Survey. Out of 171 responses, the following age-friendly features were rated as important or very important by respondents. The number in parenthesis indicates the number of respondents who either agreed or strongly agreed that the feature is important.

- Long term housing affordability (145)
- Special Needs Transportation (139)
- Walkability (138)
- Long Term Care Options (132)
- Feeling actively engaged in my community (131)

The Program:
Clackamas County Social Services has engaged in a number of efforts to help increase the community assets that help communities become more age-friendly. The Aging Services Advisory Council has established an Age-Friendly subcommittee, the agency has hosted five engAGE in Community summits, where community members can learn more about what it takes to make a community age-friendly, small grants were provided to communities on two occasions, and outreach has begun to elected officials in cities within Clackamas County.

These efforts are based on the WHO checklist and informed by N4A's "Making your Community Livable for all Ages," "Guiding Principles for the Sustainability of Age-Friendly Community Efforts," and AARP's Age Friendly Tool Kit. More recently, the committee has begun to explore the intersection between Social Determinants of Health and Age-Friendly Communities.

Problem/Need Statement: There are many challenges in this work. Clackamas County is large, has diverse geography, and includes many rural and suburban areas, as well as 17 municipalities. Much of the work around creating age-friendly communities, both in the United States and internationally, has focused on urban areas. There is little research on what it takes to create age-friendly communities in small towns and rural areas. Since most of the County's population resides within a municipality, there are limitations to what the county can do since it does not have jurisdiction within city limits. Another major challenge is the scope of the endeavor. Addressing issues like transportation, housing, along with the social and service environment takes more resources than Clackamas County can commit to these efforts.

Goal: Raise awareness among multiple sectors, including the general public, and elected officials, about the importance of creating age-friendly communities that are all-age-friendly, and insert all-age-friendly language into planning documents and policy statements					
Measurable Objectives	**Key Tasks**	**Lead Position and Entity**	**Timeframe Start**	**End**	**Accomplishment or Update**
Annually at least one concerted effort to engage elected officials from municipalities within Clackamas County on the issue of Age Friendly Communities. Creation of Age Friendly dashboard to present to Board of County Commissioners on an annual basis.	Schedule a study session with the Clackamas County Board of Commissioners to discuss the importance of age-friendly communities	CCSS Director	7/1/16	1/1/2018	The Age Friendly subcommittee of the Aging Services Advisory Council is nearing completion of an Age-Friendly dashboard that will be used with a variety of audiences to talk about the importance of age-friendly communities. The Age Friendly dashboard was completed.
	Provide the elected officials from one city within Clackamas County each year with information on the age-friendliness of their city and ways to increase the age-friendliness.	CCSS Director and members of the Age-Friendly sub-committee of the Aging Services Advisory Council	1/1/2017	21/30/2020	Outreach to the City of Milwaukie was completed. The City is considering working toward an Age-Friendly designation. Outreach to the City of Gladstone will occur in FY 18/19.
	Incorporate information about the importance of creating age-friendly communities in the Regional Special Needs Transportation Plan	AFC/ASAC members who are also members of the STF Advisory Council	1/1/2017	21/30/2020	
	Host one event or initiative each year, for the general public, that		1/1/2017	21/30/2020	

	highlights the need to create age-friendly communities			

C – 10: Transportation

Transportation is frequently identified as one of the barriers that prevent seniors from remaining in their homes. If a senior is unable to drive due to health issues such as low vision or the expense of maintaining a vehicle, that person loses the ability to meet certain basic needs. Transportation is essential for access to medical care, food, recreation, social services and other goods and services that allow individuals to remain independent and in their own homes and communities.

Clackamas County encompasses 1,879 square miles. One eighth of the county is urban, the remainder is suburban, small town and rural. Five different transit agencies serve the county (TriMet, SMART (Wilsonville), South Clackamas Transit District, Sandy Area Transit and Canby Area Transit). In addition, the Mt Hood Express provides service in the Hoodland area. An estimated 14 percent of the county's population is without public transportation. This compares to 0.7 percent of the population in Multnomah County and 4.2 percent in Washington County who are without public transportation. The 2016 Area Plan survey, along with earlier focus groups, revealed that older adults and people with disabilities who do not drive struggle to attend medical appointments, run routine errands, and travel in the evenings or on weekends due to limited bus or shuttle hours.

As Clackamas County's population ages, the demand for transportation will continue to grow. Public transit services are only available within very constrained service boundaries so there will continue to be unmet needs for other forms of transportation for seniors.

<u>Services</u>

Clackamas County Social Services, through a partnership called the Clackamas County Transportation Consortium, provides funding to nine senior and community centers in Welches, Sandy, Molalla, Canby, Oregon City, Milwaukie, Gladstone, Lake Oswego and Estacada. Each of the centers provides individual and group rides within and outside of their service district boundaries. They assist seniors in accessing medical services, congregate meals, shopping and other needs.

The Social Services Division also has two internal programs: Transportation Reaching People (TRP) and Catch-a-Ride (CAR). TRP/CAR use both paid drivers and volunteers to "fill in the gaps" in service for the center programs and help seniors and persons with disabilities who live outside of a public transit or senior center service district get rides for medical appointments and other needed services. CAR also provides rides to a very limited number of individuals with disabilities seeking employment and educational opportunities.

During Fiscal Year 2014-15, the network of the Clackamas County Transportation Consortium provided almost 75,000 rides to seniors and persons with disabilities, with 440,000 vehicle miles logged.

Transportation Reaching People's success depends on a dedicated pool of volunteer drivers who are willing to devote their time and their own personal vehicles to assist others. Many TRP volunteer drivers are seniors themselves and will be eventually unable to assist with driving activities. One of our primary focuses will continue to be a robust volunteer recruitment and retention program.

Transportation programs, along with many other programs statewide, struggle with securing stable and adequate funding. The Transportation Consortium services are funded through a combination of Older American Act funds and State of Oregon Special Transportation Funds (STF). STF funds have been diminishing over time. The Oregon Department of Transportation (ODOT) is partnering with a variety of organizations, including local transit providers and the Oregon Transit Association, to seek stable sources of funding for special needs transportation, as well as examine strategies such as better

coordination of services. Clackamas County Social Services staff participates in these efforts and ongoing advocacy efforts are important to this work.

Finally, we continue to identify both gaps in service and areas in which we can increase our efficiencies through community partnerships. Medical transportation for chronic health conditions, such as dialysis treatment, is becoming an increasingly sought after service. Working with our regional partner, Ride Connection, and with ODOT, we will work to develop service alternatives that will better meet these needs. We will also continue to seek efficiencies in service in order to reduce both turndowns and the length of time we are scheduling out for appointments.

Issue Area: Transportation

Profile: Transportation is an essential component for seniors to remain in their own homes. Transportation allows individuals access to vital services, such as medical care, nutrition services, and shopping. The need for expanded transportation resources for medical transportation to services such as dialysis has been identified as an unmet need.

Problem/Need Statement: Lack of transportation continues to be listed as a significant barrier to accessing services for seniors and persons with disabilities in Clackamas County.

Issue Area: Transportation					
Goal: Improve transportation options					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2017-2019 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
Maintain service levels for existing services that provide accessible transportation	Work with OAA Contracted Providers, TriMet, rural transit districts and other community partners to effectively coordinate services and leverage existing resources for cost effective service delivery.	AAA Program Staff	1/1/2017	Continuous	5% decrease in number of rides provided. 7% increase in number of rides provided from FY 16-17 to FY 17-18.
	Work with local, state and federal resources to advocate for stable, long term solutions to increase funding and resources available for transportation of seniors and persons with disabilities	AAA Program Staff	1/1/2017	Continuous	Currently working with county and regional transportation providers to address the new STIF funding and its impact on transit services, especially for vulnerable populations

Improve service options for transportation for chronic medical conditions, such as dialysis	Work with Ride Connection and ODOT to identify innovative strategies to improve rural medical transportation. Seek funding for expanded service.	AAA program staff	1/1/2017	1/1/18	13% decrease in medically life sustaining rides. Recently began new program for expanded medical and life sustaining medical rides. 33% increase in medically life sustaining rides from FY 16-17 to FY 17-18.
Maintain involvement in regional planning efforts	Participate in regional planning and coordination groups such as RTCC, STFAC and others as needed.	AAA Program Staff, advisory board members	1/1/2017	Continuous	Currently working with county and regional transportation providers to address the new STIF funding and its impact on transit services, especially for vulnerable populations
	Continue participation as a lead organization in the Clackamas County Transportation Consortium to improve coordination between providers	AAA Program staff	1/1/2017	Continuous	Ongoing

Section D – OAA/OPI SERVICES AND METHOD OF SERVICE DELIVERY

D-1 Administration of Oregon Project Independence (OPI):

a. Delineate how the agency will ensure timely response to inquiries for service. Include specific time frames for determination of OPI benefits.

Case managers have created a shared screening schedule to cover the OPI Intake line. Efforts are made to answer all inquiries for services live. Case managers return all calls and respond to inquiries within 24 hours during the work week, or by the end of the next business day. Case managers also provide back-up coverage to one another in the event of a planned or unexpected absence.

OPI clients are contacted in order that they were placed on the OPI waiting list. Once contacted, a home visit is scheduled as soon as possible with the client, case manager, and any other individuals whom the client wishes to be present during the interview. The CAPS assessment is then be completed by the OPI case manager within one work week of the home visit. The client is notified of the decision no more than three days after the date the determination was made.

b. Describe how consumers will receive initial and ongoing periodic screening for other community services, including Medicaid.

Initial comprehensive, strengths-based assessments including CAPS (CAPS is a statewide system to determine functional abilities) are completed at least yearly on each client, and as needs change. At the time of assessment and at any other time requested by the client, the case manager and the client will discuss all options of care including Medicaid and private-pay options. The case manager will make a referral to the appropriate program with the client's consent. The case manager will facilitate any referrals including assisting with completing applications and gathering pertinent information for programs such as Medicaid Long Term Care, home delivered meals, SNAP/Food Stamps, Alzheimer's Association, Senior Companion, Tri-Met Lift, Transportation Reaching People, local churches, Family Caregiver Support, Oregon Telephone Assistance, Medicare, SHIBA, Senior Citizens Council and behavioral health providers. The case manager will advocate on behalf of the client with such programs as necessary.

c. Specifically explain how eligibility will be determined and by whom.

The consumer, at assessment must meet service eligibility levels (1-18), as indicated on current OPI Service Level Matrix in order to receive in-home services. Assessments are completed by the assigned OPI Case Manager to determine service eligibility.

The consumer cannot be receiving Medicaid benefits, except: CAWEM, Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps), Qualified Medicare Beneficiary (QMB), or Supplemental Low Income Medicare Beneficiary Programs (SLMB).

Any individual residing in an Assisted Living, Adult Foster Home, or a Nursing Facility shall not be eligible for authorized services.

**As funding allows, transitional services will be provided to persons wishing to relocate from an institution to their place of residence. If the individual is leaving facility against medical advice (AMA), determination for appropriate services will be reviewed on a case by case basis.

d. Plainly state and illustrate how the services will be provided.

The determination of Oregon Project Independence (OPI) services is based on each consumer's cultural and linguistic preferences, and financial, functional, medical, and social need for services. Service eligibility level will be indicated through the Client Assessment/Planning System (CA/PS).

After the initial eligibility determination, the determination of continued OPI services is made at regular intervals but not less than twelve months. Informal assessments and consumer follow up will occur as needed. A full financial assessment is not necessary at these informal intervals unless there is a significant change to income as indicated by the consumer.

Consumers may choose an in-home care worker or services from a contracted agency. When the OPI budget allows, other services such as respite care, home, assistive technology devices, and home delivered meals will be provided by the appropriate contractor(s).

e. Describe the agency policy for prioritizing OPI service delivery for both the waiting list and hours/types of services for the individual.

Priority for authorized services will maintain consumers already receiving authorized services as long as their needs indicate. New clients are added to the program as capacity and budget allows.

If OPI budget constraints or capacity do not allow for the immediate start of in-home services then consumers will be placed on a waiting list. Prioritization of services will be based on the state standardized OPI Risk Tool (SDS 287J) that measures the risk for out of home placement. Consumers with the highest risk of out of home placement are given priority on the waiting list.

All consumers placed on the OPI waiting list will be offered Options Counseling services to assist them in exploring alternative options to meet their stated needs and preferences.

The Clackamas County OPI program has a service plan maximum of 15 hours per month and a maximum of 100 miles per month.. Exceptions are made by the program supervisor on a case-by-case basis and as the program budget allows. The protocol for temporary increase of OPI service hours are as follows:

1. No more than 10 percent of the current active case load will be approved for hours exceeding the original service plan hours.
2. The maximum allowable hours per client for temporary increase is 20.
3. The need for increased services will be reviewed and evaluated every 30 days by the case manager. Approval for temporary increase of service hours will be awarded for the following reasons: significant change of condition resulting in a decline in overall

physical and/or cognitive health, increased care needs following a hospitalization, support for primary caregiver if the caregiver has experienced a significant change of condition or has experienced a recent hospitalization, end of life/hospice, transitioning to Medicaid.

4. Prior to approving a request to increase hours, OPI case managers will ensure that all other options have been explored (natural supports, private resources, FCSP, Senior Companion, etc.).
5. No more than three separate requests (three distinct events, as listed in item #3) for exception requests will be honored within a six month period of time, or no more than two 30-day extensions (90 days total) will be granted per a six month period (each scenario allows 90 days of exception hours every six months).
6. If all of the above parameters are adhered to, Case Managers can authorize exception hours without management approval.
7. Additional exceptions exceeding parameters outlined in item #5 require management approval.

Authorized OPI Services:
(A) Home care supportive services limited to the following:
(i) Home care;
(ii) Chore;
(iii) Assistive technology device;
(iv) Personal care;
(v) Adult day services;
(vi) Registered nurse services; and
(vii) Home delivered meals.
(B) Assisted transportation, on a case-by-case basis as authorized by the director of the State Unit on Aging.

A person-centered service plan is developed by the case manager based on the consumer's stated needs, preferences, natural supports and other paid services and providers. Services are provided as budget allows.

f. Describe the agency policy for denial, reduction or termination of services, and, if the AAA is terminating services, illustrate how the goals of OAR 411-032-001 are being accomplished.

Denial for Services: Consumers may be denied for services by the OPI program for a number of reasons. The consumer may not meet service priority level, or natural supports identified are meeting stated needs. If the OPI Case Manager determines that a denial of services is the most appropriate action to take, the Case Manager shall provide to the applicant, verbally and by mail, a written notice of this decision. This notice shall state the specific reason(s) for this decision and shall describe the consumer's grievance rights, including deadline for submitting a grievance.

Reducing Services: A consumer may choose to reduce hours voluntarily. If a consumer requests a reduction in hours, it should be noted in the narrative. A new Service

Agreement showing the reduction in hours will be sent to consumer for signature. A new task list and in-home service plan will be provided to the consumer and provider. If the consumer has a homecare worker, a homecare worker notice of authorized hours and services will be provided to the provider.

Services may be reduced by the OPI program for various reasons. The consumer's condition may improve or needs decrease. A family member may increase involvement, taking on additional responsibilities for the provision of care. If the OPI Case Manager determines that a reduction of services is the most appropriate action to take, following Medicaid standards, a ten day notice of reduction of services is given to the consumer and/or representative. This notice shall state the specific reason(s) for this decision and shall describe the consumer's grievance rights, including deadline for submitting a grievance.

Closing Services: A consumer may choose to withdraw from services voluntarily. If a consumer determines to end services, the reason will be noted in the narrative, and the OPI Case Manager will send "Consumer Request to Withdraw" form for signature. A copy shall be given to the consumer/representative, and placed in the client file. Should a consumer request to return to the program after voluntary withdrawal, they may reapply for services. If there is a waiting list, they will be added to the list based on priority level, as determined by their Risk Assessment Tool score, with a new date of request.

Consumers may be closed from services by the OPI program for a number of reasons. The consumer may not meet the service priority level, decline to engage in services, act out inappropriately toward the OPI staff (threaten violence or use verbal abuse toward OPI staff – use of racially or sexually derogative terms or other insulting language), or a home environment that is unsafe for service providers. If OPI Case Manager determines that closure of services is the most appropriate action to take, following Medicaid standards, a ten day notice of reduction of services is given to the consumer and/or representative. This notice shall state the specific reason(s) for this decision and shall describe the consumer's grievance rights, including deadline for submitting a grievance.

If consumer signs the OPI Fee Determination and OPI Service Agreement that shows a change or reduction in hours or fee, then the consumer is agreeing to these terms and therefore does not have a grievance.

g. Specify how the agency informs consumers of their right to grieve adverse eligibility and/or service determination decisions and how the agency handles consumer complaints.

The Clackamas County Social Services grievance policy applies. Grievance rights, including the deadline for submitting a grievance is included in all decision notices provided to the consumer for denials, reductions or termination of services. A summary of the grievance policy and procedure is also provided to consumers at the initial and annual service assessments.

If a consumer does not agree with a decision to deny, reduce, or terminate OPI services then they may utilize the following procedure:

1. They may request a reassessment of their needs by their OPI Case Manager. The OPI Case Manager must schedule a reassessment within five business days of the request unless an assessment has been done within the past 30 days. If the assessment has been completed within the past 30 days and there is no significant change, then the current assessment will be considered valid. Consumer may proceed to step 2.
2. The consumer may contact the OPI Program Supervisor in writing within ten (10) business days of the date of the denial letter. If the consumer uses this approach, within five business days of the consumer's letter, the OPI Program Supervisor will contact the consumer and discuss the decision and the review process. If the consumer still disagrees with the decision they may follow Step 3 below.
3. The consumer may file a written grievance within 10 business days of the conversation with the OPI Program Supervisor. Their grievance should be submitted to: CCSS Director, PO BOX 2950, Oregon City, OR 97045. If the consumer uses this approach the Director will schedule a grievance review meeting within ten business days of receiving the consumer's written grievance. The consumer and their representative, if any, will be notified in writing, of the date, time and location of this meeting. The consumer's rights at this meeting will be set forth in the meeting notice. To allow adequate time for planning, consumers are asked to let the Director know at least 5 business days before the meeting if special accommodations are requested.
4. If the consumer grieves the decision to terminate their OPI services, they will continue to receive this service until the outcome of the formal grievance is known.
5. Consumers who disagree with the results of the Clackamas County Social Services grievance review with the Oregon Department of Human Services, State Unit on Aging, pursuant to ORS chapter 138. This information will be provided to the consumer in a written notification at the time of the Clackamas County Social Services grievance review decision. Consumers requesting an administrative review from the Department of Human Service are not eligible for continued OPI authorized services.

Every effort is made to offer services that will be sustainable for as long as the consumer needs and wants them. Occasionally, unforeseen circumstances lead to budgetary constraints which may require a reduction in services. In this case, reduction of services is not grievable.

h. State the cost of authorized services per unit and explain how fees for services will be implemented, billed, collected and utilized.

Fees for service are based on a sliding fee schedule to all eligible consumers whose annual income exceeds the minimum household income limit, as established by the State.

A one-time fee is applied to all consumers receiving OPI authorized services who have adjusted income levels at or below federal poverty level. The fee is due at the time eligibility for OPI authorized services has been determined.

(a) A second attempt to collect the one-time fee is not required.

(b) Consumers who identify a financial hardship may request that the one-time fee of $25 be waived.

(c) Consumers who wish to have the fee waived should contact the OPI Program Supervisor by phone, email or in writing within 10 business days of receipt of the invoice to request a waiver. The invoice will include contact information and instructions on how to request a waiver. Proof of financial hardship may be required by the OPI Program Supervisor before approval.

The cost per unit for authorized OPI services are as follows:

(a) Hourly homecare worker: $18.41 per hour, with an additional $.54 per hour for enhanced services (when applicable).

(b) Contracted agency provider:

	Home Care per hour	Personal Care per hour	RN Services per hour
Helping Hands	$ 24.00	$ 24.00	$ 62.31
Sandy Home Care	$ 24.00	$ 24.00	$ 62.31

(c) Assistive Technology Devices: cost per device is approved on a case-by-case basis by Clackamas County Social Services.

(d) Home Delivered Meals: up to $9.54 per meal.

(e) Assisted Transportation: cost per unit of service is authorized on a case-by-case basis by the director of the Oregon State Unit on Aging.

i. Describe the agency policy for addressing consumer non-payment of fees, including when exceptions will be made for repayment and when fees will be waived.

OPI consumers who have been assessed a fee for service will be billed by Clackamas County every four weeks after Home Care Worker vouchers have been processed. Our home care agencies bill each client with a co-pay monthly based on the hours of service provided and report the billed copay to Clackamas County as part of the monthly billing report cycle.

If at initial assessment or annual review, the consumer indicates that they are unable to pay the copay for services, a request can be made to the OPI Program Supervisor for an accommodation. Accommodations will be reviewed and determined appropriate on a case by case basis. The consumer may request, or case manager can offer, a recalculation of their income-fee determination at any time.

Billing is sent out monthly by administrative staff, detailing current and any past-due charges or amounts. Reconciliation for billing is completed on the 15th of each month. If

a consumer is more than 60 days past due, admin staff processing consumer bills and payments, will notify the OPI case manager that they have sent a past due notice to consumer.

The letter being sent to the consumer will notify them of their past due amount and inform them that the case is at risk of closure within 30 days after the date of the letter if payment arrangements are not made. The letter will include instructions on who to contact to make payment arrangements if they wish for past due amounts.

If a consumer, who is still receiving services, elects to make monthly payment arrangements for a past due bill then agreements will be made that the minimum monthly payment plus an additional $10.00 above this will be paid in order to work toward paying off the debt. A written summary of the agreement and payment plan will be mailed to the consumer within 10 business days for signature and return for consumer records. The staff coordinating the plan will notify the OPI Case Manager that payment arrangements have been made.

If payment is not received by the date listed in the original letter, or the consumer declines to make payment arrangements, the OPI Case Manager will discontinue the consumer's OPI services and send a closure letter to the consumer and in-home care provider.

Consumers may reapply for services at any time, whether the consumer has paid the past due amount after the OPI case has been closed, or if the outstanding balance remains. If there is a waiting list they will be added to the list based on priority level, as determined by their Risk Assessment Tool score, and new date of request.

If the past due amount is still owed when a consumer is added back to the program, an agreed upon written payment plan to pay off the outstanding balance for copays will be required.

All efforts will be made to work with consumers on payments for services (current and past due) to ensure that services will continue.

j. Delineate how service providers are monitored and evaluated.

Quarterly meetings are held with contracted agency service providers to discuss contractual requirements, updates, changes and ongoing expectations. In these meetings, there are discussions around any contractual deficiencies, and expectations and timelines are set for addressing and correcting those deficiencies.

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

☒**#1 Personal Care** (by agency)

Funding Source: ☐OAA ☒OPI ☐Other Cash Funds

☒Contracted ☐Self-provided

Contractor name and address (List all if multiple contractors):
Affordable Care LLC, DBA: Helping Hands Home Care; Sandy Home Care Services, Inc
(see Appendix F for address and phone numbers. All for profit agencies.)
Note if contractor is a "for profit agency"

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

☒**#2 Homemaker** (by agency)

Funding Source: ☐OAA ☒OPI ☐Other Cash Funds

☒Contracted ☐Self-provided

Contractor name and address (List all if multiple contractors):
Affordable Care LLC, DBA: Helping Hands Home Care; Sandy Home Care Services, Inc
(see Appendix F for address and phone numbers. All for profit agencies.)
Note if contractor is a "for profit agency"

☒**#2a Homemaker** (by HCW) Funding Source: ☐OAA ☒OPI ☐Other Cash Funds

☐**#3 Chore** (by agency)

Funding Source: ☐OAA ☐OPI ☐Other Cash Funds

☐Contracted ☐Self-provided

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

Note if contractor is a "for profit agency"

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

☒**#4 Home-Delivered Meal**

Funding Source: ☒OAA ☐OPI ☐Other Cash Funds

☒Contracted ☐Self-provided

Contractor name and address (List all if multiple contractors):
Canby Adult Center (non-profit); Estacada Community Center(non-profit); City of Gladstone-Gladstone Sr. Ctr.; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec.-Milwaukie Ctr.; Foothills Community Church-Molalla Adult Comm. Ctr.; City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr.(see Appendix F for address and phone numbers)
Note if contractor is a "for profit agency"

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

Funding Source: ☐OAA ☐OPI ☐Other Cash Funds

☐Contracted ☐Self-provided

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

Note if contractor is a "for profit agency"

☒**#6 Case Management**

Funding Source: ☒OAA ☒OPI ☐Other Cash Funds

☒Contracted ☒Self-provided

Contractor name and address (List all if multiple contractors):
Canby Adult Center (non-profit); Estacada Community Center(non-profit); City of Gladstone-Gladstone Sr. Ctr.; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec.-Milwaukie Ctr.; Foothills Community Church-Molalla Adult Comm. Ctr.; City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr.; Senior Citizen's Council of Clackamas County (see Appendix F for address and phone numbers)
Note if contractor is a "for profit agency"

☒**#7 Congregate Meal**

Funding Source: ☒OAA ☐OPI ☐Other Cash Funds

☒Contracted ☐Self-provided

Contractor name and address (List all if multiple contractors):
Canby Adult Center (non-profit); Estacada Community Center(non-profit); City of Gladstone-Gladstone Sr. Ctr.; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec.-Milwaukie Ctr.; Foothills Community Church-Molalla Adult Comm. Ctr.; City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr.(see Appendix F for address and phone numbers)
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):
Affordable Care LLC, DBA: Helping Hands Home Care; Sandy Home Care Services, Inc (see Appendix F for address and phone numbers. All for profit agencies.)
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):
Canby Adult Center (non-profit); Estacada Community Center(non-profit); City of Gladstone-Gladstone Sr. Ctr.; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec.-Milwaukie Ctr.; Foothills Community Church-Molalla Adult Comm. Ctr.; City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr.(see Appendix F for address and phone numbers)
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, Portland Regional Office, 921 SW Washington, Ste. 500, 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):
Canby Adult Center (non-profit); Estacada Community Center(non-profit); City of Gladstone-Gladstone Sr. Ctr.; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec.-Milwaukie Ctr.; Foothills Community Church-Molalla Adult Comm. Ctr.; City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr.(see Appendix F for address and phone numbers)
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):
Canby Adult Center (non-profit); Estacada Community Center(non-profit); City of Gladstone-Gladstone Sr. Ctr.; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec.-Milwaukie Ctr.; Foothills Community Church-Molalla Adult Comm. Ctr.; City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr.(see Appendix F for address and phone numbers)
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):

Note if contractor is a "for profit agency"

☐**#30-4 Respite Care (IIIB/OPI)**

Funding Source: ☐OAA ☐OPI ☐Other Cash Funds

☐Contracted ☐Self-provided

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

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):
City of Lake Oswego – Lake Oswego Adult Comm. Ctr.; North Clackamas Parks & Rec-Milwaukie Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr. (see Appendix F for address and phone numbers)
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):
Canby Adult Center (non-profit); Estacada Community Center(non-profit); City of Gladstone-Gladstone Sr. Ctr.; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec.-Milwaukie Ctr.; Foothills Community Church-Molalla Adult Comm. Ctr.; City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr.(see Appendix F for address and phone numbers)
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):
Affordable Care LLC, DBA: Helping Hands Home Care; Sandy Home Care Services, Inc
(see Appendix F for address and phone numbers. All for profit agencies.)
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):
Senior Citizens Council of Clackamas County, P.O. Box 1777, Oregon City, OR 97045
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"

☐**#50-5 Long Term Care Ombudsman**

Funding Source: ☐OAA ☐OPI ☐Other Cash Funds

☐Contracted ☐Self-provided

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

Note if contractor is a "for profit agency"

☐**#60-1 Recreation**

Funding Source: ☐OAA ☐OPI ☐Other Cash Funds

☐Contracted ☐Self-provided

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

Note if contractor is a "for profit agency"

☒**#60-3 Reassurance**

Funding Source: ☒OAA ☐OPI ☐Other Cash Funds

☒Contracted ☒Self-provided

Contractor name and address (List all if multiple contractors):
Canby Adult Center (non-profit); Estacada Community Center(non-profit); City of Gladstone-Gladstone Sr. Ctr.; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec.-Milwaukie Ctr.; Foothills Community Church-Molalla Adult Comm. Ctr.; City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr.(see Appendix F for address and phone numbers)
Note if contractor is a "for profit agency"

☒**#60-4 Volunteer Recruitment**

Funding Source: ☒OAA ☐OPI ☒Other Cash Funds

☐Contracted ☒Self-provided

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

Note if contractor is a "for profit agency"

☒**#60-5 Interpreting/Translation**

Funding Source: ☐OAA ☐OPI ☒Other Cash Funds

☐Contracted ☒Self-provided

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

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):
Canby Adult Center (non-profit); Estacada Community Center(non-profit); City of Gladstone-Gladstone Sr. Ctr.; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec.-Milwaukie Ctr.; Foothills Community Church-Molalla Adult Comm. Ctr.; City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr.(see Appendix F for address and phone numbers)
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"

☐**#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"

Area Plan Budget, Worksheet 1
Clackamas County Social Services (CCSS)
BUDGET PERIOD: 7.1.2016 - 6.30.2017 Area Plan Year 1

Section E – Area Plan Budget

Budget by Service Category

(3)	(4)					(9)			(10)				(11)	(12)	(13)	(14)	(15)	(16)	(17)
						OAA													
Matrix	SERVICE NAME	(5)	(6)	(7)	(8)	T III B	T III C-1	T III C-2	T III D	T III E	T VII	OAA Total	NSIP	OPI	Other State-provided Funds	Other Cash Funds	Total Funds	Estimated Cost Per Unit	Comments Explanation
ADMINISTRATION						**$106,166**	**$0**	**$0**	**$0**	**$16,614**	**$0**	**$122,780**	**$0**	**$74,580**	**$13,626**	**$0**	**$210,986**		
20-1	Area Plan Administration	**C = Contract**	**Estimated Units**	**Unit Definition**	**Estimated Clients**	$85,444				$16,614		$102,058		$74,580			**$176,638**		
20-2	AAA Advocacy					$20,722						$20,722					**$20,722**		
20-3	Program Coordination & Development	**D = Direct Provision**										$0			$13,626		**$13,626**		
ACCESS SERVICES						**$446,643**	**$0**	**$0**	**$2,475**	**$0**	**$0**	**$449,118**	**$0**	**$262,577**	**$95,605**	**$680,814**	**$1,488,114**		
6	Case Management	C/D	9600.00	1 hour	1450	$66,172						$66,172		$261,777			**$327,949**	$34.16	
9	Assisted Transportation	C	310.00	1 one-way trip	16							$0		$800			**$800**	$2.58	
10	Transportation	C/D	45000.00	1 one-way trip	1200	$141,485						$141,485				$680,814	**$822,299**	$18.27	
13	Information & Assistance	C/D	19900.00	1 contact		$149,073						$149,073			$95,605		**$244,678**	$12.30	
14	Outreach	D	600.00	1 contact	75	$21,519						$21,519					**$21,519**	$35.87	
40-3	Preventive Screening, Counseling, and Referral	D	75.00	1 session	2000	$40,144			$2,475			$42,619					**$42,619**	$568.25	
40-4	Mental Health Screening & Referral			1 hour								$0					**$0**	#DIV/0!	
60-5	Interpreting/ Translation			1 hour								$0					**$0**	#DIV/0!	
70-2	Options Counseling	D	600.00	1 hour	70	$25,700						$25,700					**$25,700**	$42.83	
70-5	Newsletter			1 activity								$0					**$0**	#DIV/0!	
70-8	Fee-Based Case Management			1 hour								$0					**$0**	#DIV/0!	
70-10	Public Outreach/Ed.	C	104.00	1 activity	600	$2,550						$2,550					**$2,550**	$24.52	

IN-HOME SERVICES						**$31,935**	**$0**	**$0**	**$0**	**$0**	**$0**	**$31,935**	**$0**	**$470,490**	**$0**	**$7,200**	**$509,625**		
1	Personal Care	C	1440.00	1 hour	17							$0		$42,000			**$42,000**	$29.17	
1a	Personal Care - HCW			1 hour								$0					**$0**	#DIV/0!	
2	Homemaker/Home Care	C	4600.00	1 hour	33							$0		$104,000			**$104,000**	$22.61	
2a	Homemaker/Home Care - HCW	D	14472.00	1 hour	82							$0		$305,290			**$305,290**	$21.10	
3	Chore			1 hour								$0					**$0**	#DIV/0!	
3a	Chore - HCW			1 hour								$0					**$0**	#DIV/0!	
5	Adult Day Care/Adult Day Health			1 hour								$0					**$0**	#DIV/0!	
30-1	Home Repair/Modification			1 payment								$0					**$0**	#DIV/0!	
30-4	Respite (IIIB or OPI funded)			1 hour								$0					**$0**	#DIV/0!	
40-5	Health, Medical & Technical Assistance Equip.	C	250.00	1 loan/payment	30							$0				$7,200	**$7,200**	$28.80	
40-8	Registered Nurse Services	C	300.00	1 hour	13							$0		$19,200			**$19,200**	$64.00	
60-3	Reassurance	C	1550.00	1 contact	500	$31,935						$31,935					**$31,935**	$20.60	
90-1	Volunteer Services			1 hour								$0					**$0**	#DIV/0!	
LEGAL SERVICES						**$19,290**	**$0**	**$0**	**$0**	**$0**	**$0**	**$19,290**	**$0**	**$0**	**$0**	**$0**	**$19,290**		
11	Legal Assistance	C	230.00	1 hour	20	$19,290						$19,290					**$19,290**	$83.87	
NUTRITION SERVICES						**$0**	**$217,443**	**$404,075**	**$0**	**$0**	**$0**	**$621,518**	**$175,664**	**$0**	**$0**	**$0**	**$797,182**		
4	Home Delivered Meals	C	178000.00	1 meal	1370			$404,075				$404,075	$114,209				**$518,284**	$2.91	
7	Congregate Meals	C	57000.00	1 meal	1375		$217,443					$217,443	$61,455				**$278,898**	$4.89	
8	Nutrition Counseling			1 session								$0					**$0**	#DIV/0!	
12	Nutrition Education	C	370.00	1 session	370							$0					**$0**	$0.00	

		C = Contract D = Direct Provision	EstimatedUnits	UnitDefinition	EstimatedClients														
FAMILY CAREGIVER SUPPORT						**$0**	**$0**	**$0**	**$0**	**$184,794**	**$0**	**$184,794**	**$0**	**$0**	**$0**	**$0**	**$184,794**		
15	Information for Caregivers	D	5.00	1 activity	25					$6,342		$6,342					**$6,342**	$1,268.40	
15a	Information for CGs serving Children	D	1.00	1 activity	10					$394		$394					**$394**	$394.00	
16	Caregiver Access Assistance	D	475.00	1 contact	115					$66,040		$66,040					**$66,040**	$139.03	
16-a	Caregiver Access Assistance-Serving Children	D	70.00	1 contact	20					$5,084		$5,084					**$5,084**	$72.63	
30-5	Caregiver Respite	C/D	3200.00	1 hour	90					$50,875		$50,875					**$50,875**	$15.90	
30-5a	Caregiver Respite for Caregivers Serving Children	D	275.00	1 hour	5					$4,225		$4,225					**$4,225**	$15.36	
30-6	Caregiver Support Groups	D	5.00	1 session	5					$5,139		$5,139					**$5,139**	$1,027.80	
30-6a	Caregiver Support Groups Serving Children	D	6.00	1 session	3					$5,639		$5,639					**$5,639**	$939.83	
30-7	Caregiver Supplemental Services	D	200.00	1 payment	70					$31,220		$31,220					**$31,220**	$156.10	
30-7a	Caregiver Supplemental Services-Serving Children	D	90.00	1 payment	20					$4,346		$4,346					**$4,346**	$48.29	
70-2a	Caregiver Counseling	D	10.00	1 session	5					$600		$600					**$600**	$60.00	
70-2b	Caregiver Counseling-Serving Children	D	5.00	1 session	2					$200		$200					**$200**	$40.00	
70-9	Caregiver Training	D	15.00	1 session	15					$4,440		$4,440					**$4,440**	$296.00	
70-9a	Caregiver Training - Serving Children	D	5.00	1 session	5					$250		$250					**$250**	$50.00	
73	Caregiver Self-Directed Care			1 client served								$0					**$0**	#DIV/0!	
73a	Caregiver Self-Directed Care-Serving Children			1 client served								$0					**$0**	#DIV/0!	

SOCIAL & HEALTH SERVICES						**$38,937**	**$0**	**$0**	**$27,247**	**$0**	**$4,580**	**$70,764**	**$0**	**$0**	**$62,130**	**$0**	**$132,894**		
40-2	Physical Activity & Falls Prevention	C	2500.00	1 session	2500				$17,803			$17,803			$38,000		**$17,803**	$7.12	
40-9	Medication Management			1 session								$0					**$0**	#DIV/0!	
50-1	Guardianship/Conservatorship	C	2740.00	1 hour	165	$38,937						$38,937					**$38,937**	$14.21	
50-3	Elder Abuse Awareness and Prevention	C/D	10.00	1 activity	50						$4,580	$4,580					**$4,580**	$458.00	
50-4	Crime Prevention/Home Safety			1 activity								$0					**$0**	#DIV/0!	
50-5	LTC Ombudsman			1 payment								$0					**$0**	#DIV/0!	
60-4	Volunteer Recruitment			1 placement								$0					**$0**	#DIV/0!	
60-10	Recreation			1 hour								$0					**$0**	#DIV/0!	
71	Chronic Disease Prevention, Management & Ed	D	180.00	1 session	40				$9,444			$9,444			$16,837		**$9,444**	$52.47	
72	Self-Directed Care			1 client served								$0					**$0**	#DIV/0!	
80-1	Senior Center Assistance			1 center served								$0					**$0**	#DIV/0!	
80-4	Financial Assistance			1 contact								$0					**$0**	#DIV/0!	
80-5	Money Management		2820.00	1 hour	94	$0						$0					**$0**	$0.00	
80-6	Center Renovation/Acquisition			1 center acqrd/renovated								$0					**$0**	#DIV/0!	
900	Other (specify)											$0			$7,293		**$0**	#DIV/0!	
900	Other (specify)											$0					**$0**	#DIV/0!	
900	Other (specify)											$0					**$0**	#DIV/0!	
900	Other (specify)											$0					**$0**	#DIV/0!	
					GRAND TOTAL	**$642,971**	**$217,443**	**$404,075**	**$29,722**	**$201,408**	**$4,580**	**$1,500,199**	**$175,664**	**$807,647**	**$171,361**	**$688,014**	**$3,342,885**		

APPENDICES

A: Organization Chart
B: Advisory Council(s) and Governing Body
C: Public Process
D: Report on Accomplishments from 2011-2012 Area Plan Update
E: Emergency Preparedness Plan
F: List of Designated Focal Point
G: OPI Policies and Procedures
H: Partner Memorandums of Understanding
I: Statement of Assurances and Verification of Intent
J: Clackamas County Policy on Aging
K: Acronym List

APPENDIX A: Organization Chart

COMMUNITY ACTION BOARD

VETERANS ADVISORY COUNCIL

COUNTY ADMINISTRATOR
DONALD KRUPP

HEALTH HOUSING & HUMAN SERVICES DEPT
RICHARD SWIFT, DIRECTOR

HEALTH HOUSING & HUMAN SERVICES DEPT
JILL ARCHER, ASSISTANT DIRECTOR

RVICES DIVISION
BRENDA DURBIN, DIRECTOR
1.0

Desky
Snook
Kenny

AREA AGENCY ON AGING ADVISORY COUNCIL

DEVELOPMENTAL DISABILITY COUNCIL

ADMINISTRATIVE SERVICES MANAGER
CHRISTOPHERSON, T. 1.0 FTE

Neidiger, A	Office Specialist 1	(1.0)
Hoffmeister, T	Program Aide 2	(1.0)
Danielson, S	Admin Analyst 2	(1 0)
Gardner, B	Office Specialist 1	(1 0)
Oakley, L	Admin Analyst 2	(1.0)
Chen, S	Office Specialist 1	(1 0)
Huffman, N	Admin Assistant	(1 0)
Jackson, P	Office Specialist 1	(1 0)
Skinner, V	Admin Assist	(1 0)
McNamara, M	Admin Analyst 1	(1.0)

10 0 FTE

Croeni, J.	HS Coordinator	(1 0)
Garcia, M	HS Assistant	(1 0)
Protsenko, O	HS Assistant	(.50)
Protsenko, L	HS Assistant	(50)
Navarro, O	Program Aide 2	(1 0)
Murnin, M	HS Assistant	(1 0)
Gerke, R		Temp
Gen-Rios, N		Temp
McMichael, K		Temp
Ezell, S		Temp
Farley, T		Temp
Baggett, H		Temp
Ferber, C		Temp

5.0 FTE

Bandes, S	HS Coord 2	(1 0)
Henderson, K	HS Coord 2	(1 0)
Jungenberg, J	HS Coord 1	(1 0)
Husman, P	Program Aide 2	(1.0)
Vandecoevering, C	HS Coord 1 SCP	(80)
Vacant	HS Assist	(1 0)
Sampson, J	HS Coord 1 P/T	(.80)
Hays, W.	HS Coord 1 RSVP	(.80)
Arnold, R.	TS Driver,	Temp
Eastberg, E	HS Assist	Temp
Greathouse, A	TS Driver,	Temp
Kauffman, C	Program Aide 1	Temp
King, J	TS Driver,	Temp
Meagher, P	HS Assist	Temp
Nazarenko, L	TS Driver	Temp
Villavicencio, B	TS Driver	Temp
Richardson, E	TS Driver	Temp
Southworth, J	HS Assist	Temp
Turvey, T	TS Driver	Temp

TOTAL FTE 95 65

2.0 FTE

HUMAN SERVICES MANAGER
ERIKA SILVER 1.0 FTE

Vacant.	HS Coord 1	(1.0)
Eckert, L	Case Manager	(1 0)
Mackey, S	Case Manager	(1 0)
Garcia, C	Case Manager	(1 0)
Bauer, J	HS Assistant	(1 0)
Hoy, N	Case Manager	(1.0)
Williamson, B	HS Coord 1	(1.0)
McNiece, K.	Case Manager	(1 0)
Balbuena, E	Case Manager	(1 0)
Henry, A	Case Manger-Vets 1st	(1.0)
Tafoya, J	Veteran's Service Off	(1 0)
Miewald, H	Veteran's Service Off	(1 0)
Thomas, G	Veteran's Service Off	(1.0)
Wilson, K	Human Svcs Cord J	Temp
Yaws, K	Human Svcs Assist	Temp
Kennedy, T	Human Svcs Assist	Temp
McMillan, M	Office Specialist 1	Temp

13.00 FTE

HUMAN SERVICES SUPERVISOR
KATIE TILTON 1.0 FTE

Bergin, P	I&R Specialist 2	(1 0)
Bundy, A	OPI Case Manager	(1.0)
Johnson, S	I&R Specialist 2	(1 0)
Vacant	HS Coordinator 1	(25)
John Baptiste, K	OPI Case Mgr	(1.0)
Reid, S	OPI Case Mgr	(1.0)
McAllister, L	I&R Specialist 2	(1.0)
Nicollsen, D	HS Assistant 1	(1 0)
Carleton, P	Case Manager	
Alexander, L	I&R Specialist 1	

PROGRAM MANAGER
KIM COTA 1 0 FTE

Corona, B	Case Manager Aide
Davies, L	Abuse Investigator
Stuck, A	Case Manager
Mullins, S	Sr Case Manager
Owens, S	Admin Analyst 2
Pollard, B	Abuse Invest
Robertson, N	ACH Licenser
Schmelling, T	Admin Analyst 2
Hartt, J	Case Manager Aide
Vandernaald,S	Licensing Comp Spec
Anand, A	Case Manager
Vacant (new)	Case Manager
Vacant	Case Mgr Aide
Vacant (reclass)	Program Aide 2
Ortega, T	ACH Licenser
Watson, I	Case Mgr Aide

HUMAN SERVICES SUPERVISOR
CLAIRE WEISS 1.0 FTE

Anderson, C	Sr Case Manager
	Case Manager
Cady, M	Case Manager
Crace, B	Case Manager
Deming, K	Case Manager
Jackson, A	Case Manager
Karst, D	Case Manager
Myers, C	Case Manager
Wallis, J	Case Manager
Robinson, D	Case Manager
Vacant	Case Manager
Moore-Witter, A	Case Manager
Lester, K	Case Manager

HUMAN SERVICES SUPERVISOR
SARAH BRIGGS 1.0 FTE

Sr Case Manager
Case Manager
Case Manager
Case Manager
Case Manager
Case Manager
Case Manager
Case Manager
Case Manager
Case Manager
Case Manager
Case Manager
Case Manager
Case Manager
Program Aide
Case Manager
Case Manager

15 50 FTE

APPENDIX B: Governing Body & Advisory Council

AGENCY'S GOVERNING BODY

Agency's Governing Representative Name & Contact Information	Date Term Expires (if applicable)	Title/Office (if applicable)
Jim Bernard	12/31/20	Chair, County Commissioner
Sonya Fischer	12/31/18	County Commissioner
Paul Savas	12/31/18	County Commissioner
Martha Schrader	12/31/20	County Commissioner
Ken Humberston	12/31/20	County Commissioner

Name & Contact Information	**Date Term Expires**	**Category of Representation**
Breiling, Mary 17685 S. Holly Lane Oregon City, OR 97045	6/30/2017	☒60+ y/o ☐Minority ☐Rural ☐Service provider ☐Veteran ☐Family Caregiver ☐Elected official ☒General Public
Burns, Ellen 7550 Charolais Court Gladstone, OR 97027	6/30/2018	☒60+ y/o ☐Minority ☐Rural ☐Service provider ☐Veteran ☐Family Caregiver ☐Elected official ☒General Public
Davis, Grace 13501 S Carus Road Oregon City, OR 97045	6/30/2018	☐60+ y/o ☒Minority ☐Rural ☐Service provider ☐Veteran ☐Family Caregiver ☐Elected official ☒General Public ☒ Under 60
Foley, Mike 6411 SE Jennings Avenue Milwaukie, OR 97267	6/30/2018	☒60+ y/o ☐Minority ☐Rural ☐Service provider ☐Veteran ☐Family Caregiver ☐Elected official ☒General Public ☒ Disabled
Graebert-Rodriquez, Gabriele 170 Linn Ave. Oregon City, OR 97045	6/30/2017	☒60+ y/o ☐Minority ☐Rural ☐Service provider ☐Veteran ☐Family Caregiver ☐Elected official ☒General Public
Koehrsen, Glenn 15144 S. Graves Rd. Mulino, OR 97042	6/30/2019	☒60+ y/o ☐Minority ☒Rural ☐Service provider ☒Veteran ☐Family Caregiver ☐Elected official ☒General Public

Lorton, Marge 18003 SE Blanton Street Milwaukie, OR 97267	6/30/2018	☒60+ y/o ☐Minority ☐Rural ☐Service provider ☐Veteran ☐Family Caregiver ☐Elected official ☒General Public ☒ Disabled
Meader, Anne 12460 Crisp Drive Oregon City, OR 97045	6/30/2018	☒60+ y/o ☐Minority ☐Rural ☐Service provider ☐Veteran ☒Family Caregiver ☐Elected official ☒General Public
Miller, Erik 2133 Johnyne Court West Linn, OR 97068	6/30/2018	☐60+ y/o ☐Minority ☐Rural ☐Service provider ☐Veteran ☐Family Caregiver ☐Elected official ☒General Public ☒ Under 60
Seitz, Virginia 4591 SE Logus Road Milwaukie, OR 97222	6/30/18	☒60+ y/o ☐Minority ☐Rural ☐Service provider ☐Veteran ☐Family Caregiver ☐Elected official ☒General Public
Wronski, Holli 10567 SW Murdock Street Tigard, OR 97224	6/30/2018	☐60+ y/o ☐Minority ☐Rural ☒Service provider ☐Veteran ☐Family Caregiver ☐Elected official ☒General Public ☒ Under 60
Bellanca, Alan 24420 SW Valley View Road West Linn, OR 97068	6/30/20	☒60+ y/o ☐Minority ☐Rural ☐Service provider ☐Veteran ☐Family Caregiver ☐Elected official ☒General Public
Fuller, Fran 13826 Meyers Road, #2141 Oregon City, OR 97045	6/30/20	☒60+ y/o ☐Minority ☐Rural ☐Service provider ☐Veteran ☐Family Caregiver ☐Elected official ☒General Public
Gettmann, Linda 34793 SE Kelso Road Boring, Oregon 97009	6/30/20	☒60+ y/o ☐Minority ☒Rural ☐Service provider ☐Veteran ☐Family Caregiver ☐Elected official ☒General Public
Helm, Anna 12705 SE River Road 603E Portland, OR 97222	6/30/20	☒60+ y/o ☐Minority ☐Rural ☒Service provider ☐Veteran ☐Family Caregiver ☐Elected official ☒General Public

Norton, Sonya 6328 SE Molt Street Milwaukie, OR 97267	06/30/20	☒60+ y/o ☐Minority ☐Rural ☐Service provider ☐Veteran ☐Family Caregiver ☐Elected official ☒General Public
Olson, Eric 14491 S Griffith Lane Mulino, OR 97042	6/30/19	☒60+ y/o ☐Minority ☒Rural ☐Service provider ☐Veteran ☐Family Caregiver ☐Elected official ☒General Public
Parker, Michael 2790 Sunset Avenue West Linn, OR 97068	6/30/19	☒60+ y/o ☐Minority ☐Rural ☐Service provider ☐Veteran ☐Family Caregiver ☐Elected official ☒General Public ☒ Disabled

APPENDIX/ C: Public Process

Area Plan Focus Groups:
An overview of the Area Plan was presented at all meetings, including why the Plan is required. Participants were asked a series of questions that correspond with most of those in the survey.

Older Adults Focus Group Location: Sandy Community Center
Date: 2/22/2016
Number in Attendance: 5. Number of 60 y/o+: 5

Older Adults Focus Group Location: Canby Adult Center
Date: 2/24/2016
Number in Attendance: 8. Number of 60 y/o+: 8

*SAGE Focus Group Location: County Public Services Building
Date: 3/4/2016
Number in Attendance: 2. Number of 60 y/o+: 1

Area Plan Survey:
Paper and online surveys (in English and Spanish) were conducted throughout February 2016. In total, 180 people completed the English survey, and two people completed the Spanish survey.

Transportation Survey:
A transportation survey given to area seniors was completed in June 2015. The 13 responses indicate a great need for short-notice rides, after hours and weekend transportation, and more assistance for veterans.

Transportation Focus groups:
City and Meeting Location: Canby, Hope Village
Date: 12/10/2014
Number in Attendance: 5. Number of 60 y/o+: 5

City and Meeting Location: Canby, Canby Adult Center
Date: 12/17/2014
Number in Attendance: 5. Number of 60 y/o+: 7

City and Meeting Location: Lake Oswego, Lake Oswego Adult Center
Date: 12/3/2014
Number in Attendance: 6. Number of 60 y/o+: 6

City and Meeting Location: Lake Oswego, Lake Oswego Adult Center
Date: 12/12/2014
Number in Attendance: 5. Number of 60 y/o+: 5

Technology Survey:
A technology survey was conducted among area clients of the Oregon Project Independence program. The survey ran from November 2014 through January 2015. 101 seniors and people with disabilities completed the survey. Responses show that lack of affordability and training are frequently barriers to use of technology such as computers and smartphones.

Food Security Roundtable:
On October 26, 2015 about 45 people participated in a roundtable discussion of how to increase food security in the county, particularly for seniors, people with disabilities and minorities.

*SAGE Direct Survey Outreach:
This organization serves the needs of gay, lesbian, bisexual and transgender elders. Surveys were shared with the county branch of the organization.

APPENDIX D: Final Updates on Accomplishments from 2013-16 Area Plan

Family Caregivers
Family support is key to successful aging in place and decreased institutionalization of individuals with long-term care needs. Nationally, 66% of older persons rely on unpaid family caregivers for some level of support.

The county wide telephone survey determined that 32% of those reporting caregiving responsibilities "never" or "seldom" receive the support they need. Eighty percent of participants who participated in the one-on-one interviews and who, as a group, had lower incomes and more frailty than the telephone respondents, indicated that their care needs were not being adequately addressed. The need for family caregivers will grow since the population of those aged 85 and over is the third fastest growing cohort in the county, and 40% of those 65 and over have at least one disabling condition.

The Hispanic Report found that most Hispanic seniors rely on family to provide care, and for more traditional families this is generally a positive experience that reflects a culture of multi-generational households and respect for elders. However, some respondents indicated that, as their children became more acculturated, their interest in providing care for an older loved one diminished.

It is also important to note that many newly returning veterans have significant care needs, and veterans of past wars are aging and will need additional assistance.

The Program: The Family Caregiver Support Program (FCSP) helps unpaid family caregivers by providing emotional support, respite care stipends, educational classes, information and access to other programs.

The services provided by FCSP in conjunction with its partners help promote healthy aging, aging in place and family caregiver self-care. This holistic approach to care can delay or avoid client entry into the Medicaid system, provide an alternative to individuals at risk of institutionalization, and support the needs of family caregivers. Caregivers who participate in FCSP programs report reduced stress and depression, and are able to keep their loved ones in their home longer.

Some family caregivers find that asking for help is very difficult. The program strives to help family caregivers understand that seeking help proactively can have tremendous benefits to their own stress and depression and their loved one's quality of care. Additional barriers reported include geographic access to services, time commitment, availability of respite care, and transportation. Some family caregivers also find it difficult to find time to complete the required paperwork, submit proper receipts, or even ask for help. The amount of funding available restricts the FCSP's ability to assist caregivers on an ongoing basis.

Screening and Assessment: The FCSP program utilizes a phased screening and assessment tool called "Road Mapping". The process includes five major components:

- The **initial assessment** involves an intake by phone or in-person that is tailored to address the time constraints of family caregivers and is focused on getting basic needs addressed
- The FCSP Coordinator summarizes each initial assessment with **benchmarks for future care** and action planning
- An **in-depth evaluation** for services is developed based on the specific needs of each caregiver. This generates a resource packet of applicable programs and services available to support the caregiver's care and action planning efforts

- A **care/action plan** is developed that helps facilitate the "road mapping" needed to increase the caregivers' capacity to care for themselves and their loved ones
- An **evaluation** of each care/action plan is done on an annual basis that screens for increased knowledge of services and resources, self management skills, and reduction in stress

Clackamas County's implementation of the Seven Core FCSP Elements

Core Element #1: Information Services and Group Activities
FCSP participates in information and referral meetings, resource fairs and community events designed to highlight services for family caregivers.

Core Element #2: Specialized Family Caregiver Access to Services (one-on-one)
Each caregiver who contacts FCSP receives specific information pertaining to his or her caregiving situation. One-on-one sessions are done by phone or in person. In some cases, a home visit is scheduled to further assess the need for services. The FCSP process specifically recognizes each family caregiver's individual needs and differences.

Core Element #3: Counseling
Counseling is done through referral and the use of Supplemental Services grants when they are available.

Core Element #4: Training
Powerful Tools for Caregivers and Living Well with Chronic Conditions workshops are provided directly through the FCSP. Other trainings are available through FCSP and partner agencies on topics of relevant and applicable nature. Trainings are also available through the Supplemental Service component of the FCSP, which further supports the unique needs of each family caregiver and the issues he or she is currently facing.

Core Element #5: Support Groups
FCSP does not directly manage support groups or networks. Program staff works to empower family caregivers to create sustainable ways to keep each other connected, engaged, informed and mentored.

Core Element #6: Respite Care
Respite care is provided through grants to family caregivers. Grants of up to $250 per year for each qualified participant are available as funding allows. The use of the grant funds are self-directed by the caregiver and can include personal care, adult day services, overnight placement, homemaking services, and errand running. While use is self-directed, all services must fall within the FCSP standards.

Core Element #7: Supplemental Services

As with respite care, supplemental services are provided through grants of up to $250 and are intended as flexible enhancements to caregiver support. Examples of services include home repairs, assistive technologies, caregiver survivor kits, professional consultations, training materials, emergency response systems, and legal assistance.

ISSUE AREA: **FAMILY CAREGIVER SUPPORT**

PROFILE**: THE FAMILY CAREGIVER SUPPORT PROGRAM (FCSP) WORKS IN PARTNERSHIP WITH NUMEROUS LOCAL COMMUNITY ORGANIZATIONS TO COMPLEMENT THE NETWORK OF SERVICES AVAILABLE TO CLACKAMAS COUNTY FAMILY CAREGIVERS. SENIOR CENTERS, NON-PROFITS, FAITH-BASED ORGANIZATIONS, GOVERNMENT AGENCIES, OREGON PROJECT INDEPENDENCE AND MANY OTHER PROGRAMS COLLABORATE ON OUTREACH PROJECTS AND SERVICES SUCH AS RESOURCE FAIRS, WORKSHOPS, SUPPORT GROUPS, POWERFUL TOOLS FOR CAREGIVERS AND LIVING WELL WITH CHRONIC CONDITIONS. FCSP CONDUCTS A ROAD MAPPING ASSESSMENT OF EACH CLIENT'S CASE TO DETERMINE WHICH SERVICES WOULD BE APPLICABLE AND MAKES RECOMMENDATIONS ON HOW TO ACCESS SERVICES NEEDED IMMEDIATELY AND OVER TIME. FCSP OFFERS DIRECT INFORMATION SERVICES AND GROUP ACTIVITIES, SPECIALIZED ONE-ON-ONE SERVICE SCREENING, REFERRALS TO COUNSELORS, TRAINING, SUPPORT GROUP REFERRALS, AND LIMITED GRANTS FOR RESPITE AND SUPPORT SERVICES.**

Problem/Need Statement: In order to provide Clackamas County family caregivers with the relief they need and to tailor service to unique situations and individual characteristics of caregivers, FCSP will continue to engage in outreach efforts focused on marginalized individuals and groups of caregivers. FCSP's specific efforts to address barriers identified by Clackamas County family caregivers are summarized below:

Issue Area: Family Caregivers Self-Care Resources/ Addressing barriers to participation in the program**.**					
Goal: Provide tailored self-directed support and services with respect for unique situational and individual characteristics including but not limited to cultural, socio-economic, geographical and other differences of FCSP program participants and beneficiaries.					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
Increase by 10% each year, for four years, the number of individuals from underserved populations accessing Family Caregiver services.	Assess current outreach plan and implement changes to effectively reach underserved populations.	FCSP Coordinator	Prior to 1/1/13 start of Area Plan	6/30/13	Data has been collected regarding caregivers in the following areas: • Alzheimers and Dementia • LGBTcaregivers and recipients

• Families affected by Alzheimer's • Ethnic minorities • LGBT seniors and families • Families affected by mental illness • Social and geographically isolated caregivers • Caregivers will assess functional and access needs					• Ethnicity • Care recipients who have mental health diagnoses • Caregivers' perception of their own social isolation. This data is being collected for the 2014-2015 fiscal year using the RTZ system. We are re-evaluating our outreach and capacity building efforts in order to increase services to caregivers in all of the above areas. This includes participation in events that target underserved populations. This includes Festival Latino and Gay and Gray Festival and Portland Pride. As of June of 2016, 7% of caregivers are from minority populations and 23% have incomes below the poverty line. 34% of grandparents raising grandchildren

					are from minority populations and 72% have incomes below the poverty line.
	Analyze the screening and assessment process and make applicable changes to reduce access barriers.	FCSP Coordinator	Prior to 1/1/13 start of Area Plan	6/30/16	The application packet given to caregivers has been significantly streamlined with special attention given to providing a shorter, more simplified, yet more informative application process. In addition, program materials that describe services offered was streamlined and simplified. In the beginning of the 2014-2015 fiscal year, the program began using the RTZ database for electronic client files.
	Evaluate the effectiveness of the outreach plan through an annual survey that includes documenting the number of caregivers from underserved populations served	FCSP Coordinator	7/01/13		See above re: data collection. Due to staffing changes, the annual survey was not disseminated in 2013-2014. It will be reinstated in the spring/summer of 2015. The FCSP annual survey was

					reinstituted in the spring of 2016. The results are being used to develop additional program modifications.

	For each underserved population: • Conduct baseline analysis on FCSP client demographics • Convene community conversations with family caregivers and service partners around diversity and service equity • Hold focus groups on population specific needs to ID improvement areas in service delivery • Implement targeted messaging based on community conversations and focus groups Conduct an evaluation of efforts to assess service access changes by targeted caregiver populations	FCSP Coordinator, VCP Program Manager at CCSS	1/1/13		Baseline data on the number of individuals served Is collected annually. The program plans to manage changes in trends over time. At this point, the data is limited and doesn't offer reliable trends. Each FCSP client is asked to complete a demographic information. The assessment is done during intake; and is self-declared and voluntary. A caregiver client survey was completed in spring of 2016. Efforts were made to convene a focus group but the ongoing responsibilities of caregivers prevented this from being accomplished See above regarding FCSP's efforts to reach out to underserved communities. This will continue to be a

					high priority of the program.

Information and Assistance Services and Aging & Disability Resource Connections (ADRCs)

The Census Bureau anticipates that by 2050, one American in 20 will be 85 years old or older, compared to one in 100 today. From 2000 to 2010, the number of people in Clackamas County ages 60 to 64 years increased 94.5%. During that same time period the number of persons aged 65 to 69 increased by 74.5%.

Because many older adults, their families and caregivers, as well as younger persons with disabilities, do not know where to turn when they are faced with increasing needs associated with aging and disability, Clackamas County made the decision to create an Aging and Disability Resource Center (ADRC) in keeping with a national trend. ADRCs are single point-of-entry, highly visible and trusted places to which all people can turn for a full range of long-term support options and information. Typically, components of an ADRC include specialized information and assistance (I&A) including a self-service component, long term care options counseling, healthy aging opportunities, streamlined eligibility determination for public assistance, continuous quality improvement activities and care transitions supports.
The mission of the Clackamas ADRC is to provide consumers with expert cost-effective pre-crisis planning for short- and long-term needs. Services provided are consumer-driven, and an emphasis is placed on self-determination wherever possible. Although ADRC serves anyone who requests assistance, the program focuses more specifically on older adults and persons with disabilities who are not Medicaid eligible, but who cannot afford or are not inclined to purchase this type of service from the private sector. Much of the service provided is short term and informational in nature. More intensive, comprehensive long-term care options counseling services are provided to those actively seeking assistance transitioning to a higher level of care due to a change in their personal or financial circumstances, or a change in their physical condition.

The Clackamas ADRC is comprised of Information and Referral (I&R) Specialists who have been certified by the Association of Information and Referral Services (AIRS), as well as Oregon Project Independence Program. Clackamas County Social Services' Volunteer Connection programs including the Family Caregiver Support Program, Retired and Senior Volunteer Program (RSVP) and Senior Companion Program, Transportation Reaching People, Senior Health Insurance Benefit Assistance Program (SHIBA) are also a part of the Clackamas ADRC. The County Veterans Service Office is, as well. Community partners with whom the Clackamas ADRC works closely are the adult community centers, the Department of Human Services Aging and People with Disabilities, Senior Citizens Council and various providers of behavioral health services. Relationships are developing with hospitals, other medical providers and private entities such as long-term care communities, which provide key resources to older adults and people with disabilities.

Clackamas County was able to establish an ADRC by realigning existing funding. Historically Social Services has used both OAA and CSBG (Community Services Block Grant) funds to support a comprehensive Information and Referral system that includes trained staff, an on-line database, and regular involvement in community health and resource fairs. In August of 2010, after months of discussion and planning with 211 Info and various stakeholders, Social Services transferred to 211 Info the responsibility of answering 211 calls from Clackamas County. This change allowed the existing I&R staff to focus their efforts on addressing the concerns of older adults, persons with disabilities, their families and caregivers. Since the

transfer of responsibilities, ADRC staff has received Options Counseling training along with other specialized training in issues relating to age and disability. Current federal and county funding is sufficient to maintain current capacity. As call volumes increase there will be a need to identify other funding sources in order to ensure that all county residents who are in need of ADRC services receive them.

Clackamas County Social Services continues to support the statewide ADRC initiative. In 2012 Clackamas County partnered with the Area Agencies on Aging in Columbia, Multnomah and Washington Counties to create the Metro ADRC Consortium. The Consortium is advised by an operations committee that is composed of operations-level staff from Metro ADRC agencies, as well as consumers, advocates, and stakeholders representing the populations served by the ADRC. In response to requests for regional outreach efforts and planning, additional sub-committees have developed out of the Operations Committee, which include regional marketing and quality assurance committees. .

In February 2013 an application was approved by the Center for Medicare/Medicaid Services (CMS) to provide care transitions services. The Community Care Transitions Program is a collaboration between Clackamas, Washington, Columbia and Multnomah Counties, with four health systems and six hospital partners. The objective is to reduce partnering hospitals readmission rates by 20% by working with high-risk Medicare fee-for-service patients with one of 17 identified chronic conditions. The program enrolled its first client on April 17, 2013, and as of March 31, 2015, 2,004 patients have been served program wide. Of those, 544 were Clackamas County residents. As a result of collaborative efforts, approximately 89% of all Care Transitions participants avoided readmission to the hospital within 30 days of discharge.

The Clackamas ADRC works closely with 211 to ensure referrals are made appropriately. ADRC staff is responsible for updating web-based information and referral guides and in attending numerous health and information fairs.

Update for FY 2013/14

This year, Clackamas County Social Services added a new program in an effort to reduce high readmission rates in local area hospitals. The Community Care Transitions Program is part of a collaborative with Washington, Multnomah and Columbia Counties. The goal of the program is to provide healthcare coaching to individuals that are at high risk for readmission to the hospital, whom are diagnosed with a variety of chronic conditions.

This year, the ADRC is also participating in a statewide pilot project to provide pre-screening services and Medicaid outreach to individuals that are looking for state-paid assistance for long term care services.

Update for FY2014/15

As a result of State-wide funding, Clackamas County Social Services expanded its Gatekeeper program by developing a full time dedication position to the program. This has allowed Social Services to increase the Gatekeeper footprint and community impact by providing more targeted and focused trainings, leading to an increased awareness of Gatekeeper services. The goal of the Gatekeeper program is to assist community members in regular contact with vulnerable adults connect those individuals to vital services and resources. As a result of the Gatekeeper trainings and activities, we have seen an increase in Gatekeeper referrals coming in to the ADRC, allowing us in turn to provide outreach to at-risk community members.

The Clackamas ADRC has also developed a full time Long Term Care Options Counseling position due to the allocation of statewide funding. The goal of long-term care Options Counseling is to provide support and assistance to older adults and persons with disabilities in developing short- and long-term care plans. This is an interactive decision-support process whereby consumers, family members and/or significant others are supported in their deliberations to determining appropriate choices in the context of the consumer's needs preferences, values and individual circumstances. By providing this level of staffing, along with opportunities and assistance for early planning, outcomes will include: consumer engagement and ownership of the process, leading to better long term outcomes of decisions made; an opportunity to look beyond the immediate and plan for ongoing or extended needs; empowerment of those involved; better use of private resources to pay for assistance; and avoidance of costly placement in acute care settings.

In January, 2015, the contract with the Centers for Medicare/Medicaid Services was extended, allowing the Clackamas ADRC an opportunity to continue providing Care Transitions Services through the end of September, 2015. A recent review of processes and procedures has led to a significant reset and change in work flow for Care Transitions. Key activities have been broken out into two different roles: Community Coach and Hospital Coach. The Hospital Coaches role is to screen potential clients, visit and enroll them in to the program while in the hospital. Once enrolled, the Hospital Coach follows the patient throughout their hospital stay, then schedules the home visit and makes a warm hand-off to the Community Coach. The Community Coach then completes the home visit within 72 hours of discharge (best practice), and completes three follow up phone calls in the following weeks to complete the intervention. Regional efforts are currently underway to identify potential funding sources for Care Transitions beyond Sept. 2015.

The Clackamas ADRC has been active in local and state-wide discussions around outreach and marketing activities. Over the last year, the regional ADRC Marketing Team has developed several outreach campaigns, including displaying ADRC ads in small, local movie theaters in and around the Portland-Metro area. The ADRC has also run ads in local community newspapers, some of which include sections specifically older adults ("Boomers and Beyond").

The Clackamas ADRC has refined its processes for developing and utilizing a local customer satisfaction survey for individuals that have contacted the ADRC for I&R services. Ten percent of the local call volume is surveyed at random (at least 30 surveys done per quarter), to ensure quality customer service is being provided, and that callers are getting the information and assistance they are seeking.

Additionally, the Clackamas ADRC has implemented processes and expanded capacity to answer I&R calls live. In doing so, the goal is to meet the statewide ADRC standards of timely responses to phone calls, messages and email inquiries into the ADRC.

Issue Area: Information and Assistance Services and Aging and Disability Resource Connection (ADRC)

Profile: The ADRC in Clackamas County, Clackamas Resource Connection was implemented in the summer of 2010. Program design, engagement of an advisory committee, streamlining of the referral process, outreach, staff training including Options Counseling and other activities occurred simultaneously.

Problem/Need Statement: The software program that was selected as infrastructure to the ADRC, called RTZ, was implemented by the Clackamas County ADRC in August 2012. This software has the capacity to provide a discrete listing of available resources and includes a call module. In order to operate effectively, the ADRC needs the ability to track calls, provide the community with a comprehensive resource list, and produce reports that will help determine needs. The implementation of the RTZ software, as well as a comprehensive Quality Improvement Plan, is critical to the ongoing enhancement of the ADRC. There continues to be improvements made as to the information in the resource database, as well as the utility of RTZ as it relates to ADRC programs and activities.

Issue Area: Information and Assistance Services and Aging and Disability Resource Connection

Goal: Implement and fully utilize the RTZ software

Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
By January 1, 2013, ADRC staff is fully trained in the use of RTZ.	Training ADRC staff in use of RTZ call module.	ADRC Program Supervisor and ADRC Staff	Prior to 1/1/13 start of Area Plan	6/30/13	Completed 6/30/2013 Staff continue to attend trainings and webinars provided by the State Unit on Aging as it relates to the database and data entry.
By June 1, 2013, the resource listing is up to date.	Populating RTZ with Clackamas County resources; listing is accurate and comprehensive.	RTZ Staff and ADRC Data Specialist	Prior to 1/1/13 start of Area Plan	6/30/13	ADRC staff continues to update RTZ with new and changing CC resources.
By December 1, 2013, RTZ reports are being regularly reviewed	Management review of RTZ reports.	ADRC Program Supervisor and ADRC Staff	7/1/13	Ongoing	Ongoing, though issues remain with accuracy of RTZ reports

and used to track program outcomes.	Analyze generic RTZ reports for usefulness and create custom reports as needed.	ADRC Program Supervisor and Director	3/1/13	Ongoing	Ongoing, though issues remain with accuracy of RTZ reports
	Participate in ongoing meetings with SUA to provide feedback about RTZ and to assist in developing Statewide RTZ database policy and procedures.	ADRC Data Specialist	1/1/2013	Ongoing	Ongoing - The Clackamas ADRC Data Specialist participates in a monthly Statewide Information and Referral Committee. Items discussed at these meeting are policies and procedures for resource database maintenance, various data projects, technical issues with RTZ software, RTZ update, and taxonomy terms
	Develop standardized processes for data entry to ensure accurate reports and outcomes.	ADRC staff and Program Supervisor	1/1/2014	Ongoing	Ongoing - Clackamas ADRC staff members have developed local policies and procedures that are in alignment with statewide expectations for entering call info into RTZ. Staff continue to make positive progress toward inputting accurate and quality data on calls received in to the ADRC.

Issue Area: Information and Assistance Services and Aging and Disability Resource Connection					
Goal: Improve quality and effectiveness of Clackamas Resource Connection by creating and maintaining a Quality Improvement Plan.					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
Each I&R Staff will attend 9 trainings annually.	Staff to attend relevant trainings as they become available.	ADRC Staff	Prior to 1/1/13 start of Area Plan	Ongoing	Some staff members attend the monthly Coffee- Talk and bi-monthly Information and Referral Networking Meetings offered at Clackamas County where a variety of ADRC-relevant topics are discussed. ADRC monthly team meetings also consistently contain a training component. In 2015, I&R staff attended at least 10 trainings, including the statewide Dementia-Capable Training, Assertive Engagement, Economic Insecurity and Abuse in Later Life, Building Connections Diversity Training, Managing Stress and Preventing Burnout, and Mental Health First Aid.

Weekly client satisfaction surveys indicate continual improvement of client satisfaction.	Conduct weekly client satisfaction survey	ADRC Advisory Board Members	Prior to 1/1/13 start of Area Plan	Ongoing	We have worked with our local ADRC Advisory Committee and Regional Quality Assurance Committee to develop an I&R and Options Counseling Client Satisfaction Survey that aligns with the Statewide annual satisfaction survey administered by Portland State University. A minimum of 5% of I&R consumers calling into the ADRC line are surveyed on a weekly basis. Additionally, a minimum of 30 Options Counseling clients will be surveyed each quarter throughout the region Student interns, a case manager aide and members of the Advisory Committee are assisting with surveying callers. Data is shared with ADRC supervisor, Manager, the Advisory Committee and staff on an ongoing basis
Annual Quality Improvement Plan	Create Quality Improvement Plan that includes RTZ data, survey results and other pertinent information.	ADRC Program Manager	1/1/14	Annual Updates	ADRC Staff are provided with regular feedback on RTZ data and Customer Satisfaction Surveys in an effort to continue to improve the information that is put into the call module, and services provided to callers.

					Through frequent data reviews in the Community Care Transitions Program, we have reformatted our processes and procedures significantly. As a result, we have seen a remarkable improvement in the number of referrals and home visits completed by coaches. The average number of home visits completed has gone from 111/mo (Oct-Dec ’14) to 175/mo (Jan-Mar ’15).

Issue Area: Information and Assistance Services and Aging and Disability Resource Connection					
Goal: Expand ADRC services by providing streamlined consumer access to needed benefits and by maximizing opportunities through newly appropriated state ADRC funds.					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
Increase the number of eligible referrals from ADRC to Medicaid screeners.	Participate in SUA pilot program to provide Medicaid pre-screening and outreach to ADRC consumers	ADRC Staff and CRC Program Manager	8/1/2013	2/28/2014	Ongoing – staff have participated in some trainings to assist them with performing Medicaid screenings. Training opportunities continue to be identified. As of December 31st 2014, 104 Medicaid screening referrals have been sent to the local Aging and People with Disabilities office. For FY15/16 38 Medicaid Screening referrals were made. We will continue to work with O4AD, SUA and APD to identify standards and infrastructure to allow the Medicaid piece of our work to become more robust.
Increase the number of complete referrals from ADRC staff to Medicaid screeners.	Participate in SUA pilot program to provide Medicaid pre-screening and outreach to ADRC consumers	ADRC Staff and CRC Program Manager	8/1/2013	2/28/2014	Of the 52 completed Medicaid screenings sent to the local APD office for intake in early FY13/14, 67% of those were complete enough to assign to Intake Case Managers. As of December 31st, 2014, there is no new data available for this. Current data is not available.
Increase the number of non-eligible Medicaid clients warm transferred	Participate in SUA pilot program to provide Medicaid pre-screening	ADRC Staff and ADRC Program Manager	8/1/2013	2/28/2014	Ongoing - The focus of the evaluation has shifted, so there are no results available at this time.

to the ADRC from Medicaid screeners.	and outreach to ADRC consumers				Opportunities have been established to attend new-employee orientations and all-staff meetings at the local APD offices to provide information and updates on ADRC programs, services and resources.
	Increase Gatekeeper services and resources for ADRC population	Metro-ADRC	6/30/2014	Ongoing	Statewide funding has been identified and allocated for CC Gatekeeper activities. A scope of work was developed, and a full time GK coordinator was hired in July 2014. We have developed a local 14/15 work plan for the GK program to ensure we are on track for meeting statewide goals. Between 7/1-12/31/14, 10 Gatekeeper Trainings were provided in the community, with a total of 82 individuals trained. With the loss of Gatekeeper Funding in the last biennium, Gatekeeper trainings have been more difficult to provide to the community. However, there were two trainings offered in the 15/16 FY, and ADRC staff continue to receive and respond to Gatekeeper calls.
	Increase Mental Health services and resources for ADRC population	Metro-ADRC	6/30/2014	Ongoing	Funding was been identified for regional ADRC MH activities. Multnomah County is the fiscal agent for this program, and has secured three agencies to provide

					three different evidence-based services to Clackamas, Washington, Multnomah and Columbia counties..
	Increase Options Counseling staffing and resources	Metro-ADRC	6/30/2014	Ongoing	State funding was allocated for CC Options Counseling activities. A scope work of was developed for OC activities, and a FTE Options Counselor was hired in December 2014. In 2014, 24 consumers received long-term care Options. During FY15/16 131 unduplicated consumers received Options Counseling services.
Increase outreach, information and education about ADRC services to ADRC population	ADRC to host bi-monthly Information and Referral Networking meetings as an opportunity to provide the community educational and networking opportunities.	ADRC Program Supervisor, Staff, Gatekeeper/Outreach Coordinator	6/30/2014	Ongoing	A survey of the I&R attendees is completed at the end of each meeting to solicit feedback on relevance of presentations, additional topics to present on, and suggestions for improvements. In 2014, the Clackamas ADRC hosted six I&R Networking Meetings. There were seven new resources listings created in the RTZ database in 2014.
	Foster and maintain relationships with providers in Clackamas County on behalf of the ADRC and 211 info.		06/30/14	Ongoing	Staff continue to attend local and regional outreach events, such as the Pride festival, PERS events and Compassion Fairs. In 2014, ADRC staff attended 21 outreach events. In FY 15/16, the Clackamas ADRC hosted six I&R Networking

					Meetings; created 31 new resource listings in the RTZ database and Staff continue to attend local and regional outreach events, such as the Portland Pride Festival, the Latino Resource Fair, the Asian Health Services Health Fair, the Low Vision Expo and various Compassion Events. As of July 31st, 2016, we are engaged in conversations w/ Multnomah County and 211 to potentially develop a Memorandum of Understanding with 211. The purpose of this MOU would be to clarify roles/responsibilities of both entities, and to ensure appropriate referrals are provided to 211 and ADRC,
	Act as an agent of the Clackamas County ADRC and 211info at outreach events and provider meetings.	ADRC Program Supervisor	7/01/15	6/30/16	Staff attending outreach events and provider meetings have provided information and materials on both ADRC and 211info resources and services.
	NEW: Analyze racial and ethnic data of older adults in Clackamas County to determine how closely that compares to individuals accessing the ADRC.	Metro-ADRC	7/01/15	6/30/15	Ongoing – we continue to use demographics to identify who is contacting the ADRC, and to inform us on marketing/outreach activities.
	NEW: Increased marketing activities will lead to a 10% increase				Total call volume documented in FY 14/15 was 1774, and 1672 in FY 15/16. There are many factors that

	in call volume and walk-ins during the next calendar year.				may be contributing to this slight decrease. The ADRC implemented a phone tree system to assist callers with connecting directly with the local Aging and Disability Services office for Medicaid/SNAP/Case Management Services. In FY 15/16, there has been limited marketing funds available to assist with outreach efforts. Also, with the loss of the Gatekeeper program funding, the Clackamas ADRC also lost dedicated staffing to outreach/marketing activities.

Elder Rights and Legal Assistance
Clackamas County Social Services (CCSS) works with a number of community partners to assist older adults in meeting their needs to ensure their rights on issues including income security, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

Legal Assistance

In order to support the legal rights of seniors residing in Clackamas County CCSS contracts with Legal Aid Services of Oregon (LASO) for legal assistance to low-income seniors. This contract also supports services to family caregivers of any age who are providing care for a family member age 60 or older, or a county resident over the age of 55 providing care for grandchildren under the age of 18. On April 1, 2012, the LASO Oregon City office was closed due to funding reductions. The LASO Portland office will be the regional provider of legal assistance to low-income residents of Clackamas and Multnomah Counties.

In addition to contracted legal assistance services through LASO, the Focal Points within the AAA participate in the Senior Law Project. The Senior Law Project assists those 60 and over with access to local volunteer attorneys who donate one afternoon a month on a rotating basis to provide pro bono 1/2 hour appointments. Clients needing further help on the original consultation matter, who have an income below 125% of the Federal Poverty Level, may have continued pro bono assistance but are responsible for any out-of-pocket expenses. A person may have additional appointments if or when other matters arise. Since these services are not funded under the OAA contracts, participants are able to consult on their estate planning needs. Estate planning is not an eligible legal service under the OAA funded legal assistance program. Since many seniors wish to consult with a legal professional prior to completing estate planning documents, the Senior Law Project gives low-income seniors that opportunity.

Elder Rights

Clackamas County Social Services has worked with a network of ten senior centers over many years to develop an integrated system to serve seniors. This network has continued to work to improve systems to protect elder rights by utilizing the local gatekeepers and the “natural network” within the community to protect seniors from abuse, neglect, isolation, and exploitation. Towards this end, staff and trained volunteers at each senior center regularly conduct reassurance checks on elders who may be at risk and assist them in maintaining the highest degree of independence possible and, when needed, provide a referral if they feel it will be helpful for the individual.

Clackamas County Social Services facilitates the Gatekeeper Program. This program educates community members to keep their eyes and ears alert for seniors and people with disabilities who are at risk, particularly those who are isolated, living alone and potentially in need of some type of assistance to maintain their independence. The program provides training to community members who have regular contact with the public, such as postal workers, utility workers, bank tellers, and health care professionals. Trained community members know how to identify people at risk and to call the Clackamas Resource Connection.

CCSS contracts with the Senior Citizens Council of Clackamas County (Senior Citizens Council) for guardianship, guardianship diversion, and case management services for seniors

who are at risk of abuse or exploitation, or have been evaluated to be incapable of making competent decisions about their wellbeing. OAA funding to this organization assists individuals at risk of exploitation or abuse to maintain the highest degree of independence possible. During Fiscal Years 2011-12 and 2012-13, this local non-profit was awarded a Board of County Commissioners grant to increase the capacity and sustainability of this program.

Senior Citizens Council of Clackamas County serves clients throughout Clackamas County. Of the clients served, 50% have incomes at or below Federal Poverty Level; 58% have been diagnosed with dementia; 34% have a diagnosed mental illness or other mental/cognitive disability; and 10% also have a physical disability. Senior Citizens Council also serves veterans and their surviving spouses. Eighty percent of their clients have no family, family is unavailable, or is inappropriate to provide assistance because family members have put their own interests above the needs of the at-risk person.

In an effort to further coordinate elder abuse prevention, CCSS is a participant in Computer Assisted Audit Techniques (CAATS). CAATS brings together providers of service to seniors and persons with disabilities (including the local SPD office) along with staff from the District Attorney's office, to review cases of clients who are at risk of self-neglect, abuse, or exploitation. The goal of CAATS is to prevent abuse and neglect while maintaining the highest degree of independence possible for the individual. In addition, CCSS staff and AAA Advisory Council members participate on the local Multi-Disciplinary Team (MDT).

Issue Area: Elder Rights and Legal Assistance
Profile: Legal services for older adults seeking assistance in ensuring their rights on issues such as income security, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.
Problem/Need Statement: The closure of the Legal Aid Service of Oregon (LASO) office in Oregon City has the potential to create barriers to low-income older adults seeking legal assistance.

Issue Area: Legal Assistance					
Goal: Reduce barriers to low-income older adults seeking legal assistance					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
No decline in the number of seniors accessing legal assistance in service area.	Distribute information about accessing Legal Aid Services through their Portland office.	Region Manager LASO-Portland and ADRC Staff	1/1/13	Continuous	LASO information is included in the RTZ database. LASO staff regularly attends the ADS quarterly contractors meetings.
	Provide transportation to older adults to access appointments for legal services.	Transportation Reaching People at CCSS	1/1/13	Continuous	For FY 12/13, TRP had one request and that ride was provided to the LASO Portland office. In FY13/14 there were no requests for transportation to the LASO offices. In FY 14/15 and FY15/16 there continued to be no requests for transportation to the LASO offices.
	Ensure eligible residents know how to access legal services through Clackamas Resource Connection, Citizen News, and other information outlets.	ADRC Staff at CCSS	1/1/13	Continuous	. Based on RTZ Data for FY13/14 a total of 13 Legal Assistance type referrals were made. Per RTZ data for

					FY15/16 32 referrals for Legal Services/Advocacy were made.

Issue Area: Elder Rights and Legal Assistance
Profile: The Gatekeeper Program educates community members to keep alert for seniors and people with disabilities who are at risk of abuse, neglect, or exploitation; particularly those who are isolated, living alone and potentially in need of some type of assistance to maintain their independence. The Gatekeeper Program also educates community members on who to call when abuse or neglect is suspected.
Problem/Need Statement: Increase public awareness of elder rights and prevention of abuse and increase understanding of who to call when abuse or neglect is suspected.
Problem/Need Statement: The Gatekeeper Program is funded through June of 2013. There will be an ongoing need to provide Gatekeeper information after the program is gone.

Please see Section C-2 for updated information on our Gatekeeper Program that is now part of our ADRC

Issue Area: Elder Abuse Awareness with Gatekeeper Program					
Goal: Increase number of Clackamas County residents who understand the signs of abuse or neglect among vulnerable populations and who know who to call when abuse or neglect is suspected.					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
500 community members participate in Gatekeeper training	Conduct at least 12 Gatekeeper trainings each year.	Gatekeeper Coordinator - CCSS	1/1/13	6/30/13	In the first six months of the calendar year, six Gatekeeper trainings have taken place - Gladstone and Sunnyside Clinics, Canby and Pioneer Centers, Trillium Parks Neighborhood Assoc., and Elder Abuse Coordinated Community Response Team. 90 individuals have been trained during this time period. This program ended with the loss of Gatekeeper funding in FY14/15.

	Conduct satisfaction surveys after each training to determine effectiveness of training program.	Gatekeeper Coordinator - CCSS	1/1/13	6/30/13	43 evaluations have been received in the first six months of the calendar year. 100% reported that the "materials given are informative and helpful" 95% reported that the respondent knows "the signs and symptoms we covered today for people in vulnerable situations"
Gatekeeper page on CCSS website receives a growing number of "hits" annually	Identify other entities to receive Gatekeeper materials in various venues.	Gatekeeper Coordinator - CCSS	1/1/13	6/30/13	New brochure will be ready for distribution soon. Future distribution sites include: Community/Adult Centers, McNairy Estates, Neighborhood associations, Clackamas Women's' Services, post offices in rural areas, information fairs
	Maintain Gatekeeper information on Clackamas County website.	ADRC and Admin Staff - CCSS	1/1/13	Ongoing	Ongoing.

Health Promotion

Clackamas County Social Services, in partnership with a network of ten senior centers and other community partners, has a long history of providing health promotion activities to older adults in Clackamas County. Of the ten senior centers in the network, nine have full senior center facilities and offer a wide variety of classes that promote physical activity, access to preventative health screenings and social interaction. Many sites offer chronic disease specific support groups and assist in the coordination of influenza and pneumonia vaccinations. All ten senior centers offer evidence-based, self-management programs in partnership with CCSS.

Social activity has been shown to increase an individual's health outcomes. Seventy-three percent of all respondents to the telephone survey indicated that events and activities in their community are available to people of all ages. Sixty-six percent reported that they felt that these activities and events are an important part of their community. Community conversation participants noted that, in one community, there is a lack of support for Hispanic residents. Others commented on a lack of social activities in the evening hours. Many participants noted the key role that their local senior center plays in facilitating social interactions.

A similar number (65%) of those participating in one-on-one interviews indicated that they socialize as much as they would like. For those who do not socialize as much as they would like, reasons include lack of transportation and health concerns. Fifty-nine percent indicated they got as much physical activity as they should. The majority indicated that poor health limited their ability to exercise.

Physical Activity

The nine senior centers that offer classes promoting physical activity have offerings such as Tai Chi and yoga classes at beginner and intermediate levels, and Sit and Be Fit, a long-standing senior fitness program. The tenth center, which does not have an actual senior center facility, assists Hoodland area seniors with scholarships to the local health club to participate in classes that promote physical activity.

Sit and Be Fit is a non-profit organization that produces this award winning exercise series. Each exercise program is carefully researched and designed by host Mary Ann Wilson, RN, and a team of physical therapists, doctors, and exercise specialists. *Sit and Be Fit* has been broadcast since 1987 on PBS stations to over 82 million U.S. households annually and is recognized by the National Council on Aging (NCOA) as a "Best Practice" program in health promotion and aging. This exercise is peer led at the sites that continue to offer this long-standing program. When possible this program participates in studies to evaluate participant benefit. In the last 10 years the program has been part of a Medicare Primary and Consumer-Directed Care (PCDC) Demonstration Study.

While the Tai Chi offered at the senior centers is not the Tai Chi: Moving for Better Balance program that was developed and studied by the Oregon Research Institute it should be noted that studies conducted in both the US and abroad have documented that Tai Chi may be an economical and effective exercise program for improving balance and balance confidence in older adults. Tai Chi has also been documented to be helpful in the treatment of several medical conditions when combined with standard treatment.

The Better Bones & Balance program continues at the Wilsonville Community Center, under the name Healthy Bones & Balance. This program is so popular with the older adults in Wilsonville they now offer a “Returning Students” class for those who wish to continue the program.

A variety of other fitness/physical activity classes are offered throughout the network of senior centers. These range from seated classes for people who do not want to be on the floor to the high-energy Zumba and Zumba Gold for those who really want to get their blood moving.

Health Promotion

Regular wellness programming offered at each center includes a foot care clinic to provide basic foot care for those who need assistance with foot care or may be at risk of foot issues due to medical conditions. Blood pressure screenings and hearing clinics to have hearing and hearing aids checked are provided by volunteer nurses or nursing students. The senior center network partners with various providers to offer coordinated influenza and pneumonia vaccinations.

Several centers have support groups specific to chronic disease. The most common are those for persons with arthritis or diabetes. These support groups offer support and education specific to the chronic condition. This assists participants in their effort to learn to manage their chronic health conditions. Workshops that target specific healthy aging issues are offered throughout the county by the AAA and by senior centers.

In addition to the support group offerings, the AAA has a trained Living Well with Chronic Conditions (LWwCC) facilitator and several Powerful Tools for the Caregiver (PTC) facilitators who provide these evidence-based self-management courses throughout the county. These courses are scheduled periodically at senior centers, churches and other locations throughout the county. Classes are offered weekdays, evenings, and weekends as appropriate for a particular group of participants. This is done in an attempt to make these evidence-based self-management courses accessible to all who wish to participate. The PTC course is funded through OAA Title III-E. To further increase caregiver participation, the Family Caregiver Program Coordinator works to ensure that caregivers are aware that stipends are available to pay for respite services so that they may attend.

In an effort to raise awareness and address the emotional and mental health wellbeing of the area’s seniors, the AAA is working with the county’s Behavioral Health Division to implement VIEWS (Volunteers Involved for the Emotional Well-being of Seniors), a peer counseling program. This program will initially be offered in the North Clackamas urban service area with plans to expand throughout the county as the program and the ability to support it grows. The AAA is also partnering with Community Health and the Oregon Pharmacy Association to raise awareness of issues around prescription drug misuse among seniors.

With the advent of social media sites many of the senior centers in the Clackamas County network have developed Facebook pages to increase their marketing of activities and events including but not limited to healthy aging workshops.

Issue Area: Health Promotion
Profile: Studies demonstrate that providing health promotion services, including physical activity programs, can decrease or delay a person's need for long-term care services. Some physical activity programs have been shown to reduce the risk of falling.

Problem/Need Statement: Many older adults do not have access to, or are not aware of the availability of, low-cost or no-cost evidence-based programming to assist them in their efforts to maintain or improve their health-promoting behaviors.

Issue Area: Health Promotion					
Goal: Increase access to evidence-based physical activity programming					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
Increase by 5% each year number of seniors participating in OAA funded physical activity programs.	Maintain and distribute a list of low-cost and no-cost evidence-based health promotion physical activity services to targeted populations.	CCSS Admin Staff, ADRC Staff, Seniors Centers and Community Partners	1/1/13	Ongoing	This task is not feasible. This task will need to be reassessed. It is not feasible due to staffing constraints and the ever changing line up of classes offered by our providers as well as other organizations in the community.
	Promote Living Well with Chronic Conditions self-management series	CCSS Admin Staff, ADRC Staff, Seniors Centers and Community Partners	1/1/13	Continuous	Outreach: February, 2013 – CCSS Information and Referral Breakfast March 19, 2013 – Lake Oswego Family Caregiver Support Group April 24, 2013 – Clackamas County Wellness Fair May 1, 2013 – Hilltop Clinic, Oregon City

					May 21, 2013 – Alzheimer's Support Group/Oregon City Series offered from 1/1/13 through 6/30/13 Sunnyside Community Health – 5 participants Town Center Retirement Village – 13 participants Hillside Community Health Clinic – 4 participants For the first time, CCSS offered LWwCC at the county's public health clinics with participants who have chronic mental health issues and chronic medical conditions. Included were people with chronic depression, bi-polar disorder, and anxiety disorders. During FY15/16 the Living Well series was provided 4 times around the County with 26 participants completing the series.
Increase by 5% each year the number of no-cost, low-cost programs offered.	Work with OAA contracted providers to access low-cost, no-cost evidence-based health promotion physical activity programs.	CCSS Admin Staff, Seniors Center Staff	1/1/13	Continuous	9 of 10 Centers now offer Tai Chi: Moving for Better Balance as their evidenced-based program. 2 Center offer Better Bones and Balance and 1 other is looking to start the program this spring. Due to additional State funds for Evidence-based programming all providers continue to provide a variety of

					classes and in some cases added additional classes. During FY15/16 a Train the Trainer for the Living Well with Chronic Conditions was provided to increase the number of facilitators. (6) Participants successful complete the training.

Older Native Americans

The 2010 census data counted 828 Native American county residents who are over the age of 60. There are no recognized tribal lands within the service area. Clackamas County Social Services reaches out to organizations throughout the metropolitan area that provide services specifically targeted to the older Native American population. NAYA Family Center and the Native American Rehabilitation Center are regularly invited to attend monthly Information & Referral Networking meetings. This networking meeting provides a forum for a variety of community organizations to share information and to stay up-to-date on aging and other services offered in the AAA service area.

Issue Area: Older Native Americans

Profile: While there are no recognized tribal lands within the Clackamas County service area, the 2010 census identified 828 county residents over age 60 who are Native American.

Problem/Need Statement: Due to the small number of older Native Americans living in Clackamas County, developing programming specific to the population is not feasible. Current state computer systems do not allow us to track participation in existing programs by ethnic group.

Issue Area: Older Native Americans					
Goal: Increase participation by Native American seniors by reducing barriers to older Native Americans in accessing services and partnering with neighboring counties when appropriate					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
Increase participation of older Native Americans in OAA funded programs.	Outreach to Native American community leaders.	Social Services Director	3/1/13	Ongoing	Meeting with Native American leader held in April of 2016.
	Outreach to programs and organizations that provide targeted services to Native Americans.	Social Services Director and Program Manager	5/1/13	Ongoing	No additional outreach has occurred since the creation of the Area Plan
	Develop capability to pull demographic data from Oregon ACCESS that is service specific.	SUA Staff / CCSS Admin Staff	1/1/13	1/1/14	Without changes to the state reporting system, we will be unable to pull the data required to track progress on this Key Task
	Provide assistance to older Native Americans in accessing services.	Clackamas Resource Connection Staff at CCSS	1/1/13	Continuous	No additional outreach has occurred since the creation of the Area Plan.

Nutrition Services

The study, "The Causes, Consequences, and Future of Senior Hunger in America" conducted jointly by the University of Kentucky Center for Poverty Research (UKCPR) and Iowa State University, with funding support from the Meals on Wheels Association of America (MOWAA), documents that 11.4% of all seniors nationally experience some form of food insecurity. While some seniors are at higher risk of food insecurity than others, this study documents that senior hunger issues cross the income spectrum. Among those seniors identified as being more likely to be at risk of hunger were those that live alone, are at or below the poverty line and, surprisingly, were between 60 and 64 years old. The state ranking information ranks Oregon 29th in food insecurity among seniors with a rate of 5%.

Nutritional risk and food insecurity issues carry dire consequences. The lack of adequate nutrition increases functional dependency, morbidity, mortality and utilization of health care resources. Having access to adequate nutrition or nutritional support is a key component to health, functioning, and quality of life. The Senior Nutrition Services Program assists the older adults in Clackamas County in meeting their nutritional needs.

Meal Service

Clackamas County Social Services (CCSS) contracts for all nutrition services. The network of ten senior centers operates the OAA/NSIP funded meal sites. These sites provide both congregate dining and Home-Delivered Meals (HDM) for their service area as well as being responsible for the provision of nutrition education. Nine of the ten sites are designated Focal Points with the tenth site, the Hoodland Senior Center, operating as a designated Access Point. This network creates a well-known, accessible place for seniors and their families to turn for information, services, and opportunities that further reduce a senior's risk of food insecurity and isolation. All ten centers are also the Medicaid HDM provider for their area, further enhancing coordinated service efforts.

In order to meet the needs of the diverse communities served by the network, the program delivers services in a variety of ways. Five of the meal sites choose not to cook on site, so the AAA contracts with a food service provider on their behalf. Meals are prepared by a cook-chill system and delivered chilled by the food service provider the day prior to serving. Meals are then finished off at the meal site and then either packaged to be delivered hot, or served on-site for congregate dining. Each meal site manager orders meals in writing a week or more in advance of delivery. These sites package HDM on site for delivery to their HDM participants. Hot meals are delivered weekdays with frozen meals provided for weekends. Sites have the option of purchasing frozen meals directly from the contracted food service provider in order to offer greater meal variety to participants. This system provides an economy of scale in the production of the meals. The meal sites, the food service provider and AAA program staff have quarterly meetings to plan the menus for the next quarter. A registered dietitian is on staff with the food service provider and is part of these meetings. Each meal is evaluated to ensure compliance with program requirements regarding nutrients.

Four sites cook on-site. These sites produce both HDM and congregate meals. These sites also provide frozen weekend meals to HDM participants. If they choose, frozen meals can be purchased directly from the contracted food service provider for weekend meals to supplement their HDMs and increase the variety to participants. Each of these sites submit

their menus to the AAA's contracted registered dietitian who analyzes and evaluates each meal for compliance with program requirements regarding nutrients. CCSS partners with the County's Community Health Division for this service. The cooks from these sites, the contracted registered dietitian, and AAA program staff meet quarterly to share information and address challenges.

The Hoodland Senior Center does not have a facility that can accommodate a congregate meal site. This center provides nutrition services to seniors living east of the Sandy Senior & Community Center's Alder Creek Drive boundary continuing east on the Hwy 26 corridor to Government Camp. Congregate dining is offered twice a week and participants meet at a restaurant in the Villages of Mt. Hood. The Center alternates between two restaurants and participants are offered a limited menu in an effort to meet the program standards. For the HDM participants, the Welches Grade School provides and packages the meals during the school year. During the summer when school is out three of the local restaurants provide meals. This center also coordinates with the neighboring Sandy Senior and Community Center to purchase and provide frozen HDMs for participants as suitable.

Nutrition Education

The required nutrition education component of the Senior Nutrition Service Program is provided by the senior center network. This service is not funded as a separate activity of the Senior Nutrition Service Program but is part of the contract scope of work under Meal Site Management.

Each site provides nutrition education information, at a minimum, quarterly through newsletter articles or brochures with instruction. These articles are obtained from recommended sources per the Senior Nutrition Program Standards. When nutrition education is provided via a center's newsletter, discussion of the material is part of the programming for congregate participants. Speakers with backgrounds in nutrition make presentations at congregate meals, workshops, health promotion events and chronic conditions support groups. Special nutrition education events and presentations at support groups allows for the dissemination of information on specific nutrition education topics that meet the specific, targeted needs of participants in these programs.

Issue Area: Nutrition Services

Profile: Seniors who have been identified as being more likely to be at risk of hunger are those who live alone, are at or below the poverty line and are between the ages of 60 and 64.

Problem/Need Statement: Nutritional risk and food insecurity issues carry dire consequences. The lack of adequate nutrition increases functional dependency, morbidity, mortality and utilization of health care resources.

Issue Area: Nutrition Services					
Goal: To reduce nutritional risk and food insecurity of program participants while improving quality of life					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
Increase community awareness of various meal programs.	Work with meal sites, Clackamas Resource Connection and other community contacts and sources to maintain a primary listing of available nutrition services to targeted populations.	Clackamas Resource Connection staff	1/1/13	Continuous	This information is currently listed and is up to date in RTZ
Increase participation of older racial minorities and other underserved populations.	Develop reporting tools within Oregon ACCESS that will pull client demographics by site/provider so that changes in racial minority participation and participation by younger seniors (aged 60 to 69) can be documented, tracked, and monitored by site.	SUA Staff / CCSS Admin Staff	6/1/13	1/1/15	Without changes to the state reporting system, we will be unable to pull the data required to track progress on this Key Task. The OA reporting system has still seen no updates to allow this type of monitoring. We await reporting changes so that this data can be pulled.

	Outreach to community leaders of specific minority groups, including LGBT seniors, to raise awareness of the program.	AAA Program Staff	6/1/13	Continuous	Please see Family Caregiver section for information on outreach to LGBT and other underserved communities. Community Partners are invited to participate in trainings such as the Gay & Grey viewings to increase sensitivity and aware of the issues.

Issue Area: Nutrition Education

Profile: As life expectancy increases, the need for accurate and culturally sensitive nutrition information and instruction to promote better health and encourage improved nutrition behaviors also increases.

Problem/Need Statement: There is a growing need for education on how to eat well to maintain or improve one's health. Providing accurate information or a trusted resource to turn to with questions is critical to the wellbeing of an aging population in this era of information, and misinformation, overload.

Issue Area: Nutrition Education					
Goal: To increase access to appropriate nutrition information to program participants to encourage better self-care.					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
Increase awareness of nutrition education services.	Work with meal sites, Clackamas Resource Connection and other community contacts to develop and share a listing of available nutrition education services to targeted populations.	AAA Staff / Contracted Meal Site Staff	1/1/13	Continuous	No updates At this time we do not specifically fund targeted Nutrition Education. No Updates at this time. Meals Site continue to provide basic mandated nutrition education.
Each meal site to provide nutrition education quarterly.	Work with meal sites to access and provide appropriate nutrition education to congregate and HDM participants as well as making information available to participants of other services.	SUA Staff / AAA Program Staff	1/1/13	12/31/13	Meal Sites continue to provide Nutrition Education. Links to information provided by SUA is routinely sent out. We continue this practice.

Transportation

Transportation is frequently identified as one of the barriers that prevent seniors from remaining in their homes. If a senior is unable to drive due to health issues such as low vision or due to the expense of maintaining a vehicle, that person loses the ability to meet certain basic needs. Transportation is essential for access to medical care, food, recreation, social services and other goods and services that allow individuals to remain independent.

Clackamas County encompasses 1,879 square miles. One eighth of the county is urban, the remainder is suburban, small town and rural. Five different transit agencies serve the county (TriMet, SMART, South Clackamas Transit District, Sandy Area Transit and Canby Area Transit). An estimated 14% of the county's population is without public transportation. This compares to 0.7% of the population in Multnomah County and 4.2% in Washington County who are without public transportation.

As Clackamas County's population ages, the demand for transportation will continue to grow. Public transit services are only available within very constrained service boundaries so there will continue to be unmet needs for other forms of transportation for seniors.

Services

Clackamas County Social Services, through a partnership called the Clackamas County Transportation Consortium, provides funding to nine senior and community centers in Welches, Sandy, Molalla, Canby, Oregon City, Milwaukie, Gladstone, Lake Oswego and Estacada. Each of the centers provides individual and group rides within and outside of their service district boundaries. They assist seniors in accessing medical services, congregate meals, shopping and other needs.

The Social Services Division also has two internal programs: Transportation Reaching People (TRP) and Catch-a-Ride (CAR). TRP/CAR use both paid drivers and volunteers to "fill in the gaps" in service for the center programs and help seniors and persons with disabilities who live outside of a public transit or senior center service district get rides for medical appointments and other needed services. CAR also provides rides to low-income households seeking employment and educational opportunities.

During Fiscal Year 2010/11, the network of the Clackamas County Transportation Consortium provided over 86,000 rides to seniors and persons with disabilities with 432,000 vehicle miles logged. During FY13/14 the network of the Transportation Consortium provided 74,647 rides with 538,714 miles logged.

The Clackamas County Department of Health, Housing and Human Services (H3S) has identified accessible and reliable transportation as one of the most frequently listed barriers that prevent clients from accessing essential services such as medical appointments, education and employment opportunities. Many of the divisions within H3S provide some level of transportation-related assistance to their clients, ranging from contracting for taxi services to providing direct rides with county owned vehicles.

H3S will analyze current transportation options available to clients of H3S programs, particularly those directly offered by or paid for by the divisions; recommend strategies to enhance coordination and increase cost effective service delivery between divisions; and identify gaps in service and potential service models to fill those gaps for future service planning. Clackamas County Social Services staff are a key part of this project.

Transportation Reaching People's success depends on a dedicated pool of volunteer drivers who are willing to devote their time and their own personal vehicles to assist others. Many TRP volunteer drivers are seniors themselves and will be eventually unable to assist with driving activities.

Transportation programs, along with many other programs statewide, struggle with securing stable and adequate funding. The Transportation Consortium services are funded through a combination of Older American Act funds and State of Oregon Special Transportation Funds (STF). STF funds have been diminishing over time. The Oregon Department of Transportation is partnering with a variety of organizations, including local transit providers and the Oregon Transit Association, to seek stable sources of funding for special needs transportation, as well as examine strategies such as better coordination of services. Clackamas County Social Services staff participates in these efforts and ongoing advocacy efforts are important to this work.

Issue Area: Transportation

Profile: Transportation is an essential need for seniors who can no longer drive. Transportation allows individuals access to vital services, such as medical care, nutrition services, and shopping. A department wide transportation study is being conducted by the Health, Housing and Human Services Department which will be completed by June, 2012. The intent of this study is to focus on identifying gaps in service and provide recommendations for improved service.

Problem/Need Statement: Lack of transportation continues to be listed as a significant barrier to accessing services for seniors and persons with disabilities in Clackamas County. TriMet and other public transportation providers are reducing service levels. In order to maintain the viability of the Transportation Reaching People program, new volunteers will need to be recruited and current volunteers will need to be retained.

Issue Area: Transportation					
Goal: Expand transportation options					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
Maintain the number of rides provided by Consortium members.	Work with OAA, TriMet, rural transit districts and other community partners to effectively coordinate services and leverage existing resources for cost-effective service delivery.	AAA Program Staff	1/1/13	Continuous	Social Services is partnering with City of Sandy to provide services in the Boring area. This area was taken out of the Tri Met service area and, as a result, residents lost access to Tri Met Lift service. Social Services continues this partnership with the City of Sandy. Social Services acts as the lead agency in applying for funding to support the paratransit services to the residents who lost access to TriMet LIFT services in Boring. We have successfully obtained funding to continue this service through FY16/17

	Work with local, state and federal sources to advocate for stable, long-term solutions to increase funding and resources available for transportation of seniors and persons with disabilities.	AAA Program Staff	1/1/13	Continuous	Thanks to a public/private partnership, nearly one million dollars in new funding received to improve transportation on Mt. Hood through expansion of the Mt. Express bus service. During FY14/15 and 15/16 we obtained additional state funding to increase local shuttle service to enhance accessibility for seniors and people with disabilities. Ridership continues to grow with over 52,000 rides delivered in FY15/16.
	Implement recommendations from H3S transportation study to improve coordination and increase service options.	AAA Program Staff	1/1/13	12/31/2014	Services to Boring and Hoodland improved. Working with TriMet to access lower cost bus tickets for clients. Social Services staff continue to work with Boring and Hoodland for continue improvements to transportation access. This goal has been meet.
	Participate in regional planning and coordination groups such as RTCC.	AAA Program Staff, Advisory Board	1/1/13	Continuous	Social Services staff and advisory council members have participated in the following local and regional planning efforts: Mt. Hood multi-modal planning, Clackamas TSP and AOC transportation coordinating study, STFAC, CAT and other transit advisory boards. Social Services staff and advisory council members continue their participation in the aforementioned planning groups. Staff continue to

					participate in these regional planning efforts.
	Continue participation as a lead organization in the Clackamas County Transportation Consortium to improve coordination between providers	AAA Program Staff	1/1/13	Continuous	Ongoing

Volunteering

The Need: Local volunteers play an important role in providing services to Clackamas County residents. Challenging economic conditions and a growing population of seniors provide opportunities for increased volunteer engagement during a time of increasing demand for volunteer services. The Clackamas County Volunteer Connection Program (VC) works with numerous community partners to provide meaningful opportunities for volunteer engagement. Volunteering builds the capacity of Clackamas County's local community to enhance the quality of life throughout neighborhoods and communities. It gives volunteers a sense of connectedness and benefits their overall health. It gives Clackamas County clients a network of services which otherwise would not be available without volunteers' time, skills, and passion. VC engages volunteers at multiple levels including grassroots projects, ongoing and long-term placements, referrals to agency partners, developing volunteer leaders, spontaneous projects and much more. In order to effectively engage potential and affiliated volunteers, VC works with its community partners on targeted outreach through directed marketing, focusing on multigenerational opportunities for harder to reach and underrepresented individuals. Furthermore, VC is engaged in equitable service enhancement efforts intended to streamline access to CCSS programs and services for both clients and volunteers. In order to deliver great volunteer engagement opportunities supporting social service solutions, VC must continuously reinvent itself in response to community needs, demographic changes, economic and health conditions and trends, and emerging efforts of local partner organizations.

The Program: Since 1986, Volunteer Connection Program (VC) has been a vital link in Clackamas County for volunteer placement and volunteer engagement. VC is a program provided by Clackamas County Social Services. VC connects potential volunteers with opportunities to serve throughout the county. Approximately 750 volunteers are registered directly with VC as volunteer drivers, senior companions, youth mentors, emergency volunteers, support aides and many other support roles. VC also offers a one-stop volunteer referral service through www.clackamasvolunteers.org where local organizations post volunteer opportunities and volunteers are matched with those opportunities via a profile assessment. The program also provides direct service to county residents through a variety of volunteer led initiatives. VC works in cohort with 200+ community organizations to provide meaningful volunteer opportunities with local senior centers, food pantries, youth and family oriented programs, homelessness reduction effort programs, and many other community support programs. VC improves the quality and delivery of social services in Clackamas County through volunteer opportunities, advocacy, education, empowerment and partnerships with public, private, faith-based and non-profit agencies. VC strives to strengthen the community by increasing and fostering opportunities for individuals and families to be self-reliant and live healthier, safer and more socially connected. In 2011, VC volunteers contributed over $1,600,000 in-kind time to support critical services for individuals and families.

Issue Area: Volunteer Engagement

Profile: In Clackamas County volunteer engagement efforts add value throughout the community. Numerous organizations rely on volunteer supported programs including local non-profits, government agencies, faith-based organizations, emergency management, and public safety networks. Since 1986, VC has been a vital link between volunteer placement and volunteer engagement in Clackamas County. VC connects potential volunteers with opportunities to serve throughout the county. Approximately 750 volunteers are registered directly with VC as volunteer drivers, senior companions, youth mentors, emergency volunteers, support aides and many other supportive roles. VC uses a one-stop volunteer referral service through www.clackamasvolunteers.org where local organizations post volunteer opportunities and volunteers are matched with those opportunities via a profile assessment.

Problem/Need Statement: In order to deliver great volunteer opportunities, VC must continuously evolve to respond to Clackamas County's needs, demographic changes, economic and health conditions and trends, and emerging efforts of local partner organizations. Although Oregon and national volunteer participation statistics are strong, improvement can be made in how volunteer opportunities are structured, advertised, and communicated. Engagement of volunteers who are harder to reach and are typically unrepresented can also be improved. Based on a VC 2012 volunteer survey, Clackamas County knows that most of the VC volunteers are 55+, very few are members of ethnic minorities, less than 1% of volunteers speak a language other than English, and less than 15% live in a rural area. To improve engagement strategies, VC is developing a communications strategy. The strategy will help clarify VC brand identity, audiences, key messages, and outreach tools, all needed to engage volunteers and to focus on underrepresented communities who are currently less engaged in CCSS programs.

Issue Area: Volunteer Engagement					
Goal: Establish an all-inclusive communications strategy to help clarify VCP brand identity, audiences, key messages, and outreach tools used to promote the program and to engage volunteers, focusing on opportunities that are multigenerational for harder to reach and underrepresented individuals.					
Measurable Objectives	**Key Tasks**	**Lead Position & Entity**	**Timeframe for 2013-2016 (By Month & Year)**		**Accomplishment or Update**
			Start Date	**End Date**	
Increase volunteer referrals by 10% year to year while maintaining a	Review and assess existing communications strategies	RSVP Coordinator at CCSS	Prior to 1/1/13 start of Area Plan	4/1/13	VC program communications were updated to reflect on VC wide need to recruit new volunteers including veterans. VC redesigned its newsletter to be more inclusive of core

retention rate of 90%. Document increase in number of volunteers under the age of 65. Document increase in number of volunteers who are ethnically diverse.					services and email friendly, as well as compliant with the agency's brand. In addition, new and updated brochures were developed for key volunteer programs including: NEW TRP volunteer handout, NEW TRP Veterans-Driving-Veterans fact sheet, revised RSVP brochures focused on baby-boomer volunteers, NEW volunteer training curriculum, and new volunteer certification program for the Money Management Program (an outcome of VC's partnership with the State). The VC Program outreach materials were updated during FY15/16 to better reflect the program services provided. The newsletter has been re-designed to provide more relevant information specific to program provision.

	Conduct a volunteer-wide survey	VC Program Manager and RSVP Coordinator at CCSS	Prior to 1/1/13 start of Area Plan	Annually	2nd annual survey was completed on July 1, 2013 The VC team will be re-evaluating the VC Program survey. The response rate has been very low, particularly via Survey Monkey. In addition a number of the VC programs have grant mandated surveys which must be completed (SCP, OMMP, RSVP). Having multiple survey tools has been confusing for volunteers. Volunteer surveys were conducted in the spring of 2015 and 2016 and reflect a high percentage (90+%) of volunteer satisfaction.
	Create partnership categories based on opportunities to engage volunteers in the greatest positive community impact work	RSVP Coordinator at CCSS	Prior to 1/1/13 start of Area Plan	Complete d	Lead by the HS coordinator, this effort is on track and the baseline categories were put in place on July 1, 2013. These baseline categories have been in place since 2013. Goal was achieved and there are no further updates
	Develop a list of target audiences and key stakeholders; Conduct focus groups with key stakeholders	VC Program Manager and RSVP Coordinator at CCSS	Prior to 1/1/13 start of Area Plan	Ongoing	The Volunteer Services Advisory council has acted as the representative of VCP stakeholders, providing the program with feedback and advice. The Volunteer Services Advisory Council has been renamed to better

					reflect the group to Senior Corps Advisory Council.
	Develop a set of specific brand and identity elements and principles	VC Program Manager and RSVP Coordinator at CCSS	Prior to 1/1/13 start of Area Plan	5/1/13 5/1/16	All of VC brochures have been redesigned to meet H3S guidelines; a newsletter focused on volunteers is now regularly published and distributed mostly by email. The VC team is again re-evaluating and updating publications. The VC Team now has processes in place to review and evaluate the effectiveness of all outreach materials and strategies regular basis.
	Enhance volunteer recruitment/retention process	RSVP Coordinator at CCSS	Prior to 1/1/13 start of Area Plan	6/30/16	RSVP Coordinator and Program Manager are in the process of evaluating and updating the recruitment priorities and plan. See above. This is being re-evaluated on a regular basis
	Evaluate plan effectiveness on volunteer engagement	RSVP Coordinator at CCSS	Prior to 1/1/13 start of Area Plan	6/30/16	VC team is in the process of re-evaluating what data we are collecting and why and what the impact is on program provision. In addition, information about trends and changing needs of volunteers, particularly as it relates to retirement aged individuals. The VC Databook has been finalized and implemented. Consistent information is provided on all

					programs and is utilized to for program comparison and as a basis to develop outreach strategies that better incorporate underserved communities.

APPENDIX E: Emergency Preparedness Plan

Please refer to separate PDF documents for the full plan:

1) Clackamas County H3S Continuity of Operations Plan (COOP)
2) Clackamas County Emergency Plan for Serving People with Access and Functional Needs, June 2011

The purpose of the *Clackamas County Emergency Plan for Serving People with Access and Functional Needs* (EPAFN) is to serve as an annex to the adopted Emergency Operations Plan. It is designed to include considerations, specific information, and resources that will be useful in emergency planning and response for delivering services to people with access and functional needs.

The Clackamas County Emergency Plan for Serving People with Access and Functional Needs was developed with significant input from Clackamas County Social Services staff and Advisory Council members. These include:

Galina Burley, Volunteer Connection Program Manager
Teresa Christopherson, Administrative Services Manager
Liz Bartell, Social Services Program Manager
Molly Cunningham, Human Services Specialist
Glenn Koehrsen, chair of the Area Agency on Aging (AAA) Advisory Council
Marilyn Rank, AAA Advisory Council member

Specific roles assigned to Social Services in the Plan include:

- The Social Services Division of the County Health, Housing and Human Services (H3S) Department maintains a developmental disability emergency preparedness risk list as part of its emergency planning.

- The County routinely uses Telecommunications Relay Services and Speech-to-Speech Services for communicating to individuals with hearing and speech disabilities. The County Social. Services Division of H3S has a TTY device for staff use.

- The County H3S contracts with three translation services to support the needs of clients using behavioral health or community health services. All three offer telephone translation services; one of the service providers, Immigrant & Refugee Community Organization (IRCO), also offers in-person translation services.

- According to the County's Emergency Operations Plan, County H3S is responsible for coordinating transportation, health and medical services, behavioral health and social services for shelter operations and for coordinating medical and social services for "special needs populations and vulnerable clients" so that they can maintain their functional independence during emergencies.

- Persons who are homeless are likely to be out of the bounds of mass communications systems for receiving emergency alerts and notifications. The two primary sources of information about the location of homeless persons in Clackamas County are the participants in Clackamas County Continuum of Care services and the Clackamas County Social Services Program Manager, who

is ultimately responsible for the County's homeless count. The Homeless Council has a list-serve of most programs that serve homeless people in Clackamas County. Programs not on the listserve are likely known to Clackamas County Social Services staff.

For emergency notification purposes, the Clackamas County Social Services Director is designated to notify homeless service providers for emergency outreach duties. The Clackamas County Social Services Program Manager serves as back-up.

In addition to the participation in the development of the EPAFN, Members of the Clackamas County Social Services Management team; Teresa Christopherson, Erika Silver and Lois Orner, participate in quarterly meetings with the County's Emergency Operations Team to operationalize the Emergency Plan for People with Access and Functional Needs.

Social Services has designated responsibilities as outlined in the ESF 6 Mass Care.

Social Services is a designated 'Push Partner", ensuring access to medication for vulnerable populations during public health emergencies.

APPENDIX F: List of Designated Focal Points (OAA Section 306(a)(3)(B))

Canby Adult Center
P.O. Box 10, 1250 S. Ivy
Canby, OR 97013
(503) 266-2970

Gladstone Senior Center
1050 Portland Avenue
Gladstone, OR 97027
(503) 655-7701

North Clackamas Parks & Rec.
Milwaukie Center
5440 S.E. Kellogg Creek Dr.
Milwaukie, OR 97222
(503) 653-8100

Pioneer Community Center
615 Fifth Street
Oregon City, OR 97045
(503) 657-8287

Wilsonville Community Ctr
7965 S.W. Wilsonville Road
Wilsonville, OR 97070
(503) 682-3727

Estacada Community Center
P.O. Box 430, 200 SW Clubhouse Dr.
Estacada, OR 97023
(503) 630-7454

Lake Oswego Adult Comm. Ctr.
505 "G" Avenue
Lake Oswego, OR 97034
(503) 635-3758

Molalla Adult Community Ctr.
P.O. Box 728
315 Kennel Street
Molalla, OR 97038
(503) 829-4214

Sandy Senior & Comm. Ctr.
38348 Pioneer Blvd.
Sandy, OR 97055
(503) 668-5569

Designated Access Point

Hoodland Senior Center
P.O. Box 508
25400 E Salmon River Road
Welches, OR 97067
(503) 622-3331

APPENDIX G: OPI Policies and Procedures

Oregon Project Independence
Local Area Rules – Clackamas County
6/1/2016

Refer to OARs 411-032-0000 through 411-032-0044 for:
OPI Service Definitions, Goals, Administration, Authorized Services & Allowable Costs, Data Collection, Records & Reporting, Eligibility & Determination of Authorized Services, Fees for Authorized Service & Fees for Service Schedule

Refer to OARs 411-015-0006 through 411-015-0015 for:
Activities of Daily Living (ADL), Instrumental Activities of Daily Living (IADL), Assessments, Priority of Paid Services and Current Limitations

Goals 411-032-0001

The goals of Oregon Project Independence are to:

(1) Promote quality of life and independent living among older adults and people with physical disabilities;
(2) Provide preventive and long-term care services to eligible individuals to reduce the risk for institutionalization and promote self-determination;
(3) Provide services to consumers who are lacking or have limited access to other long-term care services; and
(4) Optimize eligible individuals' personal resources and natural supports.

Additionally, the Clackamas County Oregon Project Independence program strives to:

(1) Provide culturally relevant and linguistically responsive services to consumers at their specific need level;
(2) Provide accessible services, supports and information in a variety of formats to meet individuals' diverse linguistic, literacy and communication needs;
(3) Provide a low cost and cost effective intervention, allowing people who wish to stay in their home for as long as they are safely able to do so. Ultimately, services will save community and state money and resources.
(4) Provide connections (as-needed basis and/or with related resources) to additional services such as home repairs, low-interest home repair loans, grant programs, DME lending programs, and food security resources that support self-determination and independent living.

Eligibility 411-032-0020

The consumer, at assessment must meet service eligibility levels (1-18), as indicated on current OPI Service Level Matrix in order to receive in-home services.

The consumer cannot be receiving Medicaid benefits, except CAWEM, Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps), Qualified Medicare Beneficiary (QMB), or Supplemental Low Income Medicare Beneficiary Programs (SLMB).

Any individual residing in an Assisted Living, Adult Foster Home, or a Nursing Facility shall not be eligible for authorized services.

**As funding allows, transitional services will be provided to persons wishing to relocate from an institution to their place of residence. If the individual is leaving facility against medical advice (AMA), determination for appropriate services will be reviewed on a case by case basis.

Determination of Services 411-032-0020

The determination of OPI services is based on each consumer's cultural and linguistic preferences, and financial, functional, medical, and social need for the services. Service eligibility level will be indicated through the Client Assessment/Planning System (CA/PS).

After the initial eligibility determination, the determination of continued OPI services is made at regular intervals but not less than twelve months. Informal assessments and consumer follow up will occur as needed. A full financial assessment is not necessary at these informal intervals unless there is a significant change to income as indicated by the consumer.

Consumers may choose an in-home care worker from the Oregon Homecare Commission registry or services from a contracted agency. When the OPI budget allows, other services such as respite care, assistive technology devices, and home delivered meals will be provided by the appropriate contractor(s).

Priority of Service 411-032-0020

Priority for authorized services will maintain consumers already receiving authorized services as long as their needs indicate. New clients are added to the program as capacity and budget allows.

If OPI budget constraints or capacity do not allow for the immediate start of in-home services then consumers will be placed on a waiting list. Prioritization of services will be based on the state standardized OPI Risk Tool (SDS 287J) that measures the risk for out of home placement.
Consumers with the highest risk of out of home placement are given priority on the waiting list.

All consumers placed on the OPI waiting list will be offered Options Counseling services to assist them in exploring alternative options to meet their stated needs and preferences.

The Clackamas County OPI program has a service plan maximum of 15 hours per month, with a maximium of 100 miles authorized per month. Exceptions are made by the program supervisor on a case-by-case basis as the program budget allows. The protocol for temporary increase of OPI service hours are as follows:

1. No more than 10% of the current active case load will be approved for hours exceeding the original service plan hours.
2. The maximum allowable hours per client for temporary increase is 20.
3. The need for increase services will be reviewed and evaluated every 30 days by the case manager. Approval for temporary increase of service hours will be awarded for the following reasons: significant change of condition resulting in a decline in overall physical and/or cognitive health, increased care needs following a hospitalization,

support for primary caregiver if the caregiver has experienced a significant change of condition or has experienced a recent hospitalization, end of life/hospice, transitioning to Medicaid.

4. Prior to approving a request to increase hours, OPI case managers will ensure that all other options have been explored (natural supports, private resources, FCSP, Senior Companion, etc.).
5. No more than three separate requests (three distinct events, as listed in item #3) for exception requests will be honored within a six month period of time, or no more than two 30-day extensions (90 days total) will be granted per a six month period (each scenario allows 90 days of exception hours every six months).
6. If all of the above parameters are adhered to, Case Managers can authorize exception hours without management approval.
7. Additional exceptions exceeding parameters outlined in item #5 require management approval.

Authorized OPI Services 411-032-0010

(A) Home care supportive services limited to the following:
(i) Home care;
(ii) Chore;
(iii) Assistive technology device;
(iv) Personal care;
(v) Adult day services;
(vi) Registered nurse services; and
(vii) Home delivered meals.
(B) Assisted transportation, on a case-by-case basis as authorized by the director of the Oregon State Unit on Aging.

A person-centered service plan is developed by the case manager based on the consumer's stated needs,preferences, natural supports and other paid services and providers.

Services are provided as budget allows.

Fees for Authorized Service 411-032-0044

Fees for service are based on a sliding fee schedule to all eligible consumers whose annual income exceeds the minimum household income limit, as established by the State of Oregon.

One-Time Fee 411-032-0044

(d) A one-time fee is applied to all consumers receiving OPI authorized services who have adjusted income levels at or below federal poverty level. The fee is due at the time eligibility for OPI authorized services has been determined.
(e) A second attempt to collect the one-time fee is not required.
(f) Consumers who identify a financial hardship may request that the one-time fee of $25 be waived.
(g) Consumers who wish to have the fee waived should contact the OPI Program Supervisor by phone, email or in writing within 10 business days of receipt of the

invoice to request a waiver. The invoice will include contact information and instructions on how to request a waiver. Proof of financial hardship may be required by the OPI Program Supervisor before approval.

Consumer Billing and Non-Payment

OPI consumers who have been assessed a fee for service will be billed by Clackamas County each month after Home Care Worker vouchers have been processed and after agencies have billed Clackamas County.

If at initial assessment or annual review, the consumer indicates that they are unable to pay the copay for services, a request can be made to the OPI Program Supervisor for an accommodation. Accommodations will be reviewed and determined appropriate on a case by case basis. The consumer may request, or case manager can offer, a recalculation of their income-fee determination at any time.

Billing is sent out monthly by administrative staff, detailing current and any past-due charges or amounts. Reconciliation for billing is completed on the 15th of each month. If a consumer is more than 60 days past due, admin staff processing consumer bills and payments, will notify the OPI case manager that they have sent a past due notice to consumer.

The letter being sent to the consumer will notify them of their past due amount and inform them that the case is at risk of closure within 30 days after the date of the letter if payment arrangements are not made. The letter will include instructions on who to contact to make payment arrangements if they wish for past due amounts.

If a consumer, who is still receiving services, elects to make monthly payment arrangements for a past due bill then agreements will be made that the minimum monthly payment plus an additional $10.00 above this will be paid in order to work toward paying off the debt. A written summary of the agreement and payment plan will be mailed to the consumer within 10 business days for signature and return for consumer records. The staff coordinating the plan will notify the OPI Case Manager that payment arrangements have been made.

If payment is not received by the date listed in the original letter, or the consumer declines to make payment arrangements, the OPI Case Manager will discontinue the consumer's OPI services and send a closure letter to the consumer and in-home care provider.

Consumers may reapply for services at any time, whether the consumer has paid the past due amount after the case has been closed, or if the outstanding balance remains. If there is a waiting list, they will be added to the list based on priority level, as determined by their Risk Assessment Tool score, and a new date of request.

If the past due amount is still owed when a consumer is added back to the program, an agreed upon written payment plan to pay off the outstanding balance for copays will be required.

All efforts will be made to work with consumers on payments for services (current and past due) to ensure that services will continue.

Consumer Assessment 411-015-0008

The assessment process will identify the consumer's ability to perform activities of daily living, instrumental activities of daily living (self-management tasks), and determine the consumer's ability to address health and safety concerns and their preferences to meet needs.

The purpose of the assessment is for the OPI Case Manager, with the consumer, natural supports and networks, to evaluate the current level of functioning of the consumer and how well they can manage in their present living situation, then determine what care needs are required to assist the person to remain safe in the least restrictive environment. The assessment will also determine the services the consumer directs to meet care needs. The service plan must be cost effective in management of OPI's limited resources in order to serve the greatest number of consumers with service needs.

Client Assessment/Planning System (CA/PS)

This computerized assessment tool in Oregon Access is a comprehensive and holistic evaluation system of a consumer's cognitive, social, and physical health. CA/PS is used for determining consumer need in Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs), and establishing services through setting up a Service Plan.

Please see OAR 411-015-0005 through 411-015-007 for specific rules and definitions under each assessment area.

Required Forms

The following forms will be used during the OPI home visit and will be a part of the consumer's file. These forms will be updated at least annually, unless otherwise specified, through the service redetermination assessment. *Copies are included in the forms section.*

OPI Service Agreement (SDS 0287L)
OPI Income/Fee Determination Record (SDS 0287K)
OPI Risk Assessment Tool (SDS 0287J)
In-Home Service Plan (SDS 546 or 546N)
Task List (SDS 598N)
*Homecare Worker Notice of Authorized Hours and Services (SDS 4105)***
*Workers' Compensation Agreement and Consent (SDS 0354)***
*Client-Employed Provider Program Participation Agreement (SDS 0737)***
*Oregon Health Authority Notice of Privacy Practices (MSC 2090)**
*Oregon Health Authority Notice of Privacy Practices Acknowledgement of Receipt (MSC 2092)**
Oregon Health Authority Authorization for Use and Disclosure of Information (MSC 2099)

* Initial Assessment Only
** As Needed when HCW chosen

Setting up In-home Services

a. Upon completion of the assessment, In-Home Service Plans will be discussed. Authorized hours will be discussed with the consumer to develop a person-centered and cost effective plan. Paid and unpaid services and supports will be taken into consideration with the plan is developed.

Homemaking hours are not to exceed 15 hours/month per individual, or 20 hours/month for two clients living in the same home, unless approved by OPI Program Supervisor. Total in-home care hours will not exceed current Clackamas County OPI Program maximum, without approved exception. A task list will be provided to consumers and providers upon completion of the service plan.

Personal care hours must be designated according to each task and consumer will be informed that hours may be reduced if they are not being utilized.

b. Consumers have the option of selecting a Home Care Worker (HCW) or an in-home care agency. To assist consumers with choosing a Home Care Worker, the STEPS program will be offered as an available resource. Consumers will be sent a letter of their approval following the assessment and notified that a provider must be selected within 30 days.

If consumers are having difficulty locating a provider within 30 days, they must inform their OPI Case Manager and request an exception. If the exception exceeds 60 days, then the OPI Program Supervisor must grant the exception.

c. Consumers wishing to hire privately for additional hours beyond what OPI is providing may arrange to do so. Consumers will be provided information about options for private pay services (ex: Homecare Choice Program through the State of Oregon or home care agencies).

However, consumers who are hiring their OPI Home Care Worker (HCW) privately for additional hours must put in writing the hours and day(s) of the week that the HCW is providing services through OPI. A HCW Private Pay Release form will be sent to the HCW as a courtesy. Copies of the work plan and the Private Pay Release form will be provided to the consumer/representative and HCW, and placed in the client file.

Safety Planning

Safety plans may be requested by OPI staff if consumers are high risk or have unmet high care needs. Safety plans must address how additional care will be provided and what steps must be taken to ensure that consumer is safe with OPI involvement.

If consumer determines to decline additional supports or resources to increase safety, potential risk will be discussed with the consumer. If the consumer is unable to understand risk, then appropriate referrals will be made to assist in mitigating risk.

Disaster Planning

At initial and annual assessments, consumers and natural supports (if applicable) will be given information and encouraged to develop a disaster response plan. Should planning materials not be available in the consumer's language of choice, interpretive services will be made available to discuss safety planning.

Risk details will be entered into CAPS, and printed to be kept in a central location where all staff can access in the event of technology malfunction or inaccessibility. Information will be kept on those that are highest risk, as determined by Oregon Access, for outreach to be made during natural or man-made disaster.

Putting Services on Hold

If a consumer requests or needs their OPI services to be placed on hold they may do so. The circumstances in which a case can be put on hold may include family visitation, consumer going out of town, consumer in hospital or rehab, etc. However, after being on hold for 45 days the OPI Case Manager will determine if services need to be closed in order to prioritize

consumers on the waiting list to be added on to the program (as funding allows). Services will be closed if the consumer is out of the home for more than 75 days. If the consumer returns home within 30 days of case closing, services may be re-opened. Additional extensions may be granted on a case-by-case basis by the OPI Program Supervisor.

If a case closure is needed then verbal communication will be made with the consumer or appointed representative informing them of the case closure. A letter will also be sent to the consumer or appointed representative informing them of the case closure within 10 business days from the date of the letter, and will provide instructions to respond if there is disagreement about the determination.

Closures will be reviewed on a case-by-case basis. A consumer in the hospital or rehab facility may be able to have services on hold for a longer period of time. These situations, as well as other exceptions, will be approved by the OPI Program Supervisor.

Denying, Reducing or Closing OPI Services

Denial for Services: When an OPI Case Manager determines that an applicant for OPI services will not be provided a requested service, the OPI Case Manager shall provide to the applicant, verbally and by mail, a written notice of this decision. This notice shall state the specific reason(s) for this decision and shall describe the consumer's grievance rights, including deadline for submitting a grievance.

Reducing Services: A consumer may choose to reduce hours voluntarily. If a consumer requests a reduction in hours, it should be noted in the narrative. A new Service Agreement showing the reduction in hours should be sent to consumer for signature. A new task list and in-home service plan will be provided to the consumer and provider. If the consumer has a homecare worker, a homecare worker notice of authorized hours and services will be provided to the provider.

Services may be reduced by the OPI program for various reasons. The consumer's condition may improve or needs decrease. A family member may increase involvement, taking on additional responsibilities for the provision of care. If the OPI Case Manager's determines that a reduction of services is the most appropriate action to take, following Medicaid standards, a ten day notice of reduction of services is given to the consumer and/or representative. This notice shall state the specific reason(s) for this decision and shall describe the consumer's grievance rights, including deadline for submitting a grievance.

Closing Services: A consumer may choose to withdraw from services voluntarily. If a consumer determines to end services, the reason will be noted in the narrative, and the OPI Case Manager will send "Consumer Request to Withdraw" form for signature. A copy shall be given to the consumer/representative, and placed in the client file. Should a consumer request to return to the program after voluntary withdrawal, they may reapply for services. If there is a waiting list, they will be added to the list based on priority level, as determined by their Risk Assessment Tool score, with a new date of request.

Consumers may be closed from services by the OPI program for various reasons. The consumer may not meet the service priority level, decline to engage in services, act out inappropriately toward the OPI staff (threaten violence or use verbal abuse toward OPI staff –

use of racially or sexually derogative terms or other insulting language), or a home environment that is unsafe for service providers. If OPI Case Manager determines that closure of services is the most appropriate action to take, following Medicaid standards, a ten day notice of closure of services is given to the consumer and/or representative. This notice shall state the specific reason(s) for this decision and shall describe the consumer's grievance rights, including deadline for submitting a grievance.

If consumer signs the OPI Fee Determination and OPI Service Agreement that shows a change or reduction in hours or fee, then the consumer is agreeing to these terms and therefore does not have a grievance.

Grievance Procedure

If a consumer does not agree with a decision to deny, reduce, or terminate OPI services then they may utilize the following procedure:

1. They may request a reassessment of their needs by their OPI Case Manager. The OPI Case Manager must schedule a reassessment within 5 business days of the request unless an assessment has been done within the past 30 days. If the assessment has been completed within the past 30 days and there is no significant change, then the current assessment will be considered valid. Consumer may proceed to step 2.

2. The consumer may contact the OPI Program Supervisor in writing within ten (10) business days of the date of the denial letter. If the consumer uses this approach, within five business days of the consumer's letter, the OPI Program Supervisor will contact the consumer and discuss the decision and the review process. If the consumer still disagrees with the decision they may follow Step 3 below.

3. The consumer may file a written grievance within ten (10) business days of the conversation with the OPI Program Supervisor. Their grievance should be submitted to: CCSS Director, PO BOX 2950, Oregon City, OR 97045. If the consumer uses this approach the Director will schedule a grievance review meeting within ten business days of receiving the consumer's written grievance. The consumer and their representative, if any, will be notified in writing, of the date, time and location of this meeting. The consumer's rights at this meeting will be set forth in the meeting notice. To allow adequate time for planning, consumers are asked to let the Director know at least 5 business days before the meeting if special accommodations are requested.

4. If the consumer grieves the decision to terminate their OPI services, they will continue to receive this service until the outcome of the formal grievance is known.

5. Consumers who disagree with the results of the Clackamas county Social Services grievance review have a right to an administrative review with the Oregon Department of Human Services, State Unit on Aging, pursuant to ORS chapter 138. This information will be provided to the consumer in a written notification at the time of the Clackamas County Social Services grievance review decision. Consumers requesting an administrative review from the Department of Human Services are not eligible for continued OPI authorized services.

Every effort is made to offer services that will be sustainable for as long as the consumer needs and wants them. Occasionally, unforeseen circumstances lead to budgetary constraints which may require a reduction in services. In this case, reduction of services is not grievable.

APPENDIX H: Partner Memorandums of Understanding

See separate PDF for the following Memorandums of Understanding:

1) Metro ADRC
2) Clackamas County Social Services ADRC & State of Oregon, ADS/APS
3) FamilyCare CCO, DHS/APD and Tri-county AAA's
4) Health Share of Oregon, DHS/APD and Tri-county AAA's

Appendix I Statement of Assurances and Verification of Intent

For the period of January 1, 2017 through December 31, 2020, Clackamas County Social Services (AAA) accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) (P.L. 109-365) and related state law and policy. Through the Area Plan, the AAA 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. The AAA 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 the AAA for providing services to low income minority individuals and older individuals residing in rural areas within the Planning and Service Area.

Provide assurances that the Area Agency on Aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with significant disabilities, with agencies that develop or provide services for individuals with disabilities.

Provide information and assurances concerning services to older individuals who are Native Americans, including:

A. Information concerning whether there is a significant population of older Native Americans in the planning and service area, and if so, an assurance that the Area Agency on Aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under the Area Plan;

B. An assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides with services provided under Title VI of the Older Americans Act; and

C. An assurance that the Area Agency on Aging will make services under the Area Plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

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. The AAA 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.

9/12/16
Date

Brenda Durbin, Director
Social Services Division

9/12/16
Date

Anne Meader, Chair
Aging Services Advisory Council

Clackamas County
Commissioner: John Ludlow, Chair
Commissioner: Jim Bernard

John Ludlow, Chair
9-29-16 A.2.
Date

Commissioner: Martha Schrader
Commissioner: Tootie Smith
Commissioner: Paul Savas

Signing on Behalf of the Board:

Richard Swift, Director
Health, Housing & Human Services Dept.

APPENDIX J:

POLICY ON AGING
CLACKAMAS COUNTY, OREGON

(Adopted 01/28/86)

Relating to older citizens and consistent with the State Policy on Aging:

Whereas the people of Clackamas County have long prided themselves on their progressive social policies and their leadership in establishing programs to serve citizens; and

Whereas it is part of our pioneer heritage to recognize the dignity and need for independence of each individual; and

Whereas older citizens are increasing in number and in proportion to total population in this county; and

Whereas older citizens are often unaware of services which are available; and

Whereas the delivery of these services needs to be coordinated; and

Whereas older citizens are too often the victims of social and economic forces beyond their control; and

Whereas it is only just that our older citizens be assisted by appropriate means in maintaining their independence and their dignity; now, therefore,

Be It Established by Older of the Clackamas County Board of Commissioners:

SECTION 1. (1) The Board of County Commissioners finds and declares that, in keeping with the traditional concept of the inherent dignity of the individual in our democratic society, the older citizens of this county are entitled to enjoy their later years in health, honor and dignity.

(2) The Board of County Commissioners declares that the policy of this county is to provide and encourage programs necessary to fulfill the commitment stated in subsection (1) of this section and that the purpose of policies stated in this Older is to provide a guide for the establishment and implementation of programs for older citizens in this county. It further declares that the programs shall be initiated, promoted and developed through:

(a) Volunteers and volunteer groups;
(b) Partnership with local governmental agencies;
(c) Coordinated efforts of county agencies;
(d) Coordination and cooperation with state programs;
(e) Partnership with private health and social service agencies; and
(f) A designated county agency that will encourage and work with older citizens and their organizations, that will coordinate local programs, that will encourage and monitor federal and state programs and that will act as an advocate for older citizens in Clackamas County.

(3) The Board of County Commissioners declares that it shall be the policy of this county to give special attention to the special concerns of our most frail and vulnerable older citizens.

(4) Recognizing the diversity in geography, economy, and lifestyles in Clackamas County and the diversity of local senior citizen networks, the Board of County Commissioners declares that it is the policy of this county to encourage maximum consumer input in administering programs for older citizens and to encourage and emphasize local cooperation to achieve the most effective blend of city and county authority. Multipurpose senior centers may be designated as focal points for the delivery of services to older citizens in each community where practicable.

SECTION 2. In carrying out the policies stated in Section 1 of this Order, the county shall:

(1) Coordinate the effective and efficient provision of community services to older citizens so that the services will be readily available to the greatest number over the widest geographic area; assure that information on these services is available in each locality, utilizing whenever possible existing information services; and assure that each new service receives maximum publicity at the time it is initiated.

(2) Assure that older citizens retain the right of free choice in planning and managing their lives; by increasing the number of options in lifestyles available to older citizens; by aiding older citizens to help themselves; by strengthening the natural support system of family, friends and neighbors to further self-care and independent living; and by encouraging all programs that seek to maximize self-care and independent living within the mainstream of life.

(3) Assure that health and social services be available that:

(a) Allow the older citizen to live independently at home or with others as long as the citizen desires without requiring inappropriate or premature institutionalization;

(b) Encourage, by expansion of existing programs for older citizens, by school programs, by home delivered meals, by counseling or by other means, public and private development of nutrition programs for older citizens that prevent or minimize illness or social isolation;

(c) Assure that if institutionalization is necessary, the institution should be one of the highest quality where the older citizen may live in dignity; and

(d) Protect the older citizen from physical and mental abuse and from fraudulent practices.

(4) Foster both preventive and primary health care, including mental and physical health care, to keep older citizens active and contributing members of society; and to encourage full restorative services for those older citizens who require institutional care to increase the possibility of their return to independent living.

(5) Encourage public and private development of suitable housing for older citizens, designed and located consistent with their special needs and available at costs they can afford.

(6) Recognize the necessity for a variety of ways to help older citizens maintain sufficient income to meet their needs.

(7) Encourage local transportation systems and volunteer groups to meet the daily transportation needs of older citizens and to make accessible to them a broad range of services and programs.

(8) Encourage and develop meaningful employment opportunities for older citizens in positions commensurate with their abilities; eliminate discrimination to such employment; and whenever possible, employ older citizens in programs that affect older citizens.

(9) Involve older citizens in the decision-making process for programs affecting their lives. Recognizing the ability of older citizens to be advisors to the Board of County Commissioners, agencies and professional staff, the Board of County Commissioners, agencies and professional staff, the Board of County Commissioners intends that, whenever possible, older citizens should assist in the development of policies affecting their lives.

(10) Assure to older citizens the right to pursue activities within the widest range of civic, cultural, entertainment and recreational opportunities by opening such opportunities to participation by older citizens, by encouraging older citizens to utilize their capabilities by participating in government and by assuring them the right to serve.

(11) Encourage public education facility availability to older citizens and their organizations so older citizens may pursue their educational interests; and encourage all institutions of learning and other appropriate agencies to develop and provide by outreach, as well as by

traditional means, special education programs to meet the needs and interests of older citizens by addressing the problems and opportunities of aging and by responding to older citizens' interests in liberal arts as well as their interest in hobby and recreation courses.

(12) Encourage the development of barrier-free construction and the removal of architectural barriers so that more facilities are accessible to older citizens and to citizens with disabilities.

(13) Promote development of programs to educate persons who work with older citizens in gerontology and geriatrics and encourage qualified persons to seek such education.

(14) Encourage immediate application by both public and private agencies of knowledge acquired from research that can sustain and improve the health and happiness of older citizens.

(15) Recognize that older citizens who retire should be able to do so in honor and dignity.

(16) Encourage and support:

(a) Distribution of literature which accurately presents facts concerning aging;

(b) Efforts of schools, churches and other institutions in teaching children and youth about the process of aging so as to correct fallacies handed down from one generation to another;

(c) Inter-generational programming and participation by community organizations and institutions to promote better understanding and warm social interaction and to counteract the tendency to isolation of the elderly;

(d) Correction of stereotyping of the elderly in school texts and other books, newspapers, magazines, radio and television by encouraging review and analysis of these media by publishers, company ownership or other appropriate agencies; and

(e) Efforts which show that many misconceptions and stereotypes have no basis in fact so that older citizens will be freed from the destructive tendency to socially conform by embracing these fallacies.

SECTION 3. The Board of County Commissioners, in its capacity as the governing authority, delegates advisory responsibility to the Area Agency on Aging Advisory Council, in accordance with adopted bylaws. It shall be the work of the Council and designated staff of the Department of Human Services, Social Services Division (Aging and Disability Services) to assume the lead role in implementing this policy in accordance with all applicable federal, state and local laws and regulations.

APPENDIX K: Acronym List

AAAAC – Area Agency on Aging Advisory Council
AARP – American Association of Retired Persons
ACL – Adult Center Liaison
ADL – Activities of Daily Living
ADRC – Aging and Disability Resource Center
ADS – Aging and Disability Services
AIRS – Alliance of Information and Referral Systems
AoA – Administration on Aging
APD – Aging and People with Disabilities
BCC – Board of County Commissioners
CAA – Community Action Agency
CAATS - Computer Assisted Audit Techniques
CAPS – Client Assessment Planning System
CAR - Catch-a-Ride
CASA – Court Appointed Special Advocates
CCO – Coordinated Care Organization
CCSS – Clackamas County Social Services
CFR – Code of Federal Regulations
CNS - Corporation for National Service
CRC – Clackamas Resource Connection
CSBG – Community Services Block Grant
CVSO – County Veterans Service Officer
DHS – Department of Human Services
DME – Durable Medical Equipment
FCSP – Family Caregiver Support Program
H3S – Health, Housing and Human Services
HCW – Home Care Worker
HDM – Home Delivered Meal
HSHF – Health Start Healthy Families
I & R – Information and Referral
LASO – Legal Aid Services of Oregon
LGBT – Lesbian, Gay, Bisexual, Transgender
LWwCC – Living Well with Chronic Conditions
MDT – Multi-Disciplinary Teams
MMP – Money Management Program
MOU – Memorandum of Understanding
MOWAA - Meals on Wheels Association of America (
NASUA - National Association of State Units on Aging
NAYA Family Center – Native American Youth and Family Center
NCOA – National Council on Aging
NSIP – Nutrition Services Incentive Program
OAA – Older Americans Act
ODOT – Oregon Department of Transportation
OPI – Oregon Project Independence
PCDC – Primary and Consumer Directed Care
PSA – Planning Service Area
PTC – Powerful Tools for the Caregiver

RSVP – Retired Senior Volunteer Program
RTCC – Regional Transportation Coordinating Council
SCP – Senior Companion Program
SHIBA – Senior Health Insurance Benefits Assistance
SPD – Seniors and People with Disabilities
STF – Special Transportation Fund
STFAC – Special Transportation Fund Advisory Council
SUA – State Unit on Aging
TAE – Technical Assistance Exchange
TRP – Transportation Reaching People
UKCPR - University of Kentucky Center for Poverty Research
VC – Volunteer Connection
VCP – Volunteer Connection Program
VIEWS – Volunteers Involved for the Emotional Well-being of Seniors