Area Plan for Aging and Disability Services

2017 - 2020

The Area Plan, developed by Senior and Disability Services, directs planning efforts for present and future aging and long-term care services for older adults and adults with physical disabilities. The plan covers a four year strategic planning period.

Senior and Disability Services,
a division of Lane Council of Governments
1015 Willamette Street
Eugene, Oregon 97401

Updated January 2019

Lane Council of Governments (LCOG)

Senior & Disability Services (S&DS)

Area Agency on Aging and Disability Services, Lane County

Brenda Wilson

LCOG Executive Director

Emily Farrell

S&DS Division Director

Special Acknowledgements

Advisory Councils & Special Committees

Senior Services Advisory Council

Disability Services Advisory Council

Planning and Budget Committee

Area Plan Work Groups

Created by:

Kate Scott, Community Program Analyst, with oversight by:

Emily Farrell, S&DS Division Director

Updated January 2019

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SECTION A – AREA AGENCY PLANNING AND PRIORITIES

A-1 INTRODUCTION

OVERVIEW OF SENIOR & DISABILITY SERVICES

Lane Council of Governments (LCOG) is a voluntary association of general and special purpose governments in Lane County. LCOG is a regional planning, coordination, program development and service delivery organization. LCOG helps area cities, Lane County, educational districts and special-purpose districts reach their common goals.

Since LCOG's creation in 1945, the agency has participated in a wide variety of projects and programs for local governments. Today, LCOG serves 34 members including Lane County, all 12 cities within the county, and education, public utilities and other special districts. The governing body of Lane Council of Governments (LCOG) is its Board of Directors, comprised of local elected and appointed officials designated to represent member governments.

Among its many responsibilities, LCOG is the designated Area Agency on Aging and Disability Services (AAA) in Lane County. Within LCOG, AAA operational responsibilities and services for older adults and adults with disabilities rests with Senior & Disability Services (S&DS). S&DS is LCOG's largest division, with an annual budget of approximately $25 million and over 150 full and part-time staff.

As the AAA in Lane County, S&DS administers and supports community-based care services, advocates for older adults and adults with disabilities, develops community-based long-term care services and administers funds from sources such as the Older Americans Act, to implement services. In addition, S&DS is also contracted by the State of Oregon, Department of Human Services (DHS) to administer Medicaid eligibility and Adult Protective Services. S&DS coordinates services with other local agencies to help provide a wide range of quality options for consumers.

S&DS has two primary offices located in Eugene and Florence. These offices house staff that provide nearly all of the services available from the agency. An additional four outstations provide limited services in Cottage Grove, Junction City, Oakridge, and Veneta.

Two of the S&DS citizen advisory councils – the Senior Services Advisory Council (SSAC) and the Disabilities Services Advisory Council (DSAC), provide several critical functions. The Councils advise and provide guidance to S&DS on planning activities, service and program implementation, monitoring and recommendations for service providers, and providing crucial information on the needs and concerns of older adults and adults with disabilities in Lane County. The SSAC is composed of up to 23 members, of which at least 50% must be age 60 and older. The DSAC is composed of up to 15 members, of which at least 50% must experience a disability. Emphasis is placed on achieving

balanced representation of rural, urban, and minority members as well as members with diverse backgrounds.

S&DS TARGET POPULATIONS

S&DS strives to develop and provide a wide variety of services to meet the needs of older adults age 60 and older and adults with physical disabilities age 18 and older in Lane County. Emphasis is placed on serving persons in economic and social need, including frail, vulnerable, functionally impaired, socially isolated, underserved, minority and economically disadvantaged persons. S&DS also provides services for caregivers of older adults and adults with disabilities.

AREA PLAN DEVELOPMENT

Per State and Federal regulations, S&DS is required to help create and maintain a comprehensive and coordinated service delivery system to meet the needs of older adults and adults with disabilities in Lane County. To facilitate this goal, S&DS develops an Area Plan on Aging and Disability Services every four years. The Area Plan is a multi-year document that serves two purposes: (1) To plan services and service delivery based on community needs; and (2) To serve as a compliance document which provides the basis for the State of Oregon contract with LCOG for the delivery of services to older adults and adults with disabilities.

For additional information, questions or comments regarding the Area Plan contact:

Kate Scott, Community Program Analyst
Phone: 541-682-4137
Toll Free: 1-800-441-4038

To inquire about community services available in Lane County or offered by S&DS contact:

The Aging and Disability Resource Connection
Local: 541-682-3353
Toll Free: 1-800-441-4038
Email: ADRCLane@lcog.org
Visit the website: www.adrcoforegon.com

To visit or contact one of our local office locations:

Eugene Office
1015 Willamette St.
Eugene, OR 97401
Phone: 541-682-4038

South Lane Office
Community Sharing Program
1440 Birch Street
Cottage Grove, OR 974
Phone: 541-682-4038

Florence Office
3180 Highway 101
Florence, OR 97439
Phone: 541-902-9430

Junction City Outstation
Viking Sal Senior Center
245 West 5th St.
Junction City, OR 97448
Phone: 541-998-8445

Oakridge Outstation
The Uptown Building
48310 E. 1st Street
Oakridge, OR 97463
Phone: 541-782-4726

Veneta Outstation
Fern Ridge Service Center
25035 W. Broadway Ave.
Veneta, OR, US, 97487
Phone: 541-935-2262

A-2 MISSION, VISION, VALUES

The S&DS Mission is:

TO ADVOCATE FOR SENIORS AND PEOPLE WITH DISABILITIES AND PROVIDE THEM QUALITY SERVICES AND INFORMATION THAT PROMOTES DIGNITY, INDEPENDENCE, AND CHOICE.

To accomplish this mission, S&DS believes in the following guiding principles:

Consumer choice and independence: Consumers should receive quality and up to date information on available service options. With the right information and support, they may make informed decisions regarding their own care and independence.

Consumer advocacy and involvement: Consumers should act as their own advocate whenever possible. Consumers, community members and organizations should shape the system and services that best address consumer needs.

Protection of vulnerable adults from abuse, neglect and exploitation: Consumers should have access to resources that help them avoid abuse and exploitation as well as resources for timely and appropriate assistance in responding to allegations of abuse.

Family and other natural supports as a foundation of care: Natural supports should be the first step in assisting older adults and adults with disabilities for care needs.

Caregiving is an important and honorable activity: Caregivers, both paid and unpaid, should be valued and supported by their communities. Paid caregivers should be appropriately compensated. All caregivers should have access to training, support and respite.

Strong local community awareness of long term care issues, services and supports: Community awareness provides the basis for an effective network of care for consumers. In times of scarce resources, service organizations must support one another and collaborate, not compete, to assure a strong service system.

Access for all consumers: Consumers who are aging or living with a disability should have a reliable, single access point to services and information, such as through the Aging and Disability Resource Connection (ADRC). Services, information and facilities should be physically, culturally and financially accessible, with appropriate design and sensitivity to consumers of all abilities, languages, cultures and financial situations.

Diversity and Equity: We embrace a diverse workforce and recognize the importance of full inclusion to our programs and services, regardless of race, ethnicity, gender, or sexual preferences.

Public policy that allows for funding flexibility: We value flexible public policy that allocates funds to local communities to meet local needs.

Opportunities for healthy aging: We promote community programs which provide activities and exercise, educational programs, health-related newsletters and access to free or low-cost screening and prevention services.

Age and disability friendly communities: We support a community that is committed to helping citizens to age in place and that is accessible and welcoming to individuals with disabilities.

A-3 PLANNING AND REVIEW PROCESS

S&DS COMMUNITY NEEDS ASSESSMENT

S&DS used a variety of methods to identify the needs of its target populations. Between November 1, 2015, and December 31, 2015, S&DS surveyed Lane County adults age 60 and older, adults with disabilities age 18 and older, caregivers and professionals in aging and disability related fields. Surveys explored views about housing, in-home support needs, transportation, health and nutrition and caregiving. A total of 1,409 useable surveys were returned. During the same time period, several focus groups were assembled and informational interviews were conducted to gather more in-depth analysis of local needs specific to rural and underserved communities, such as older Native Americans and members of the LGBT community. Additional research was conducted in key areas to further understand community needs and trends along with US Census data, other community needs assessments and population forecasts. For detailed information on this process and full results illustrating the scope of need in Lane County, please review the 2016 S&DS Community Needs Assessment located at http://www.sdslane.org/299/SDS-Area-Plan-and-Supporting-Documents. Visual representations of Lane County demographics may be viewed at http://tableau.thempo.org/population/AreaPlan.htm

PLANNING GOALS AND OBJECTIVES

A series of workgroups composed of S&DS staff, Advisory Council members and other interested community representatives crafted a series of proposed goals and objectives for discretionary funding and related S&DS services emphasizing those in the greatest economic and social need. Workgroups used information on current programming, county demographics, availability of services in the community and the Community Needs Assessment.

The Planning and Budget Committee, a standing committee of the two S&DS Advisory Councils, reviewed these workgroup proposals. Based on funding requirements and findings from the Community Needs Assessment, the Committee reviewed recommendations on agency goals, objectives and future services found in this Area Plan. Final prioritization and recommendations were presented to the Senior Services Advisory Council and Disability Services Advisory Councils for additional review, input and recommendations. The last step in this process was final review and approval by the LCOG Board. The Area Plan, along with the Community Needs Assessment, is shared with other community entities to help coordinate and align county wide planning efforts.

A-4 PRIORITIZATION OF DISCRETIONARY FUNDING

OLDER AMERICANS ACT

Title III-B: Support Services and AAA Administration:

1. Federal Priority Services:
    a. Access Services: transportation, including assisted transportation; outreach; information and assistance; options counseling; and case management. Due to limited funding, volunteer mileage reimbursed for the Rural Escort assisted transportation program has remained less than the federal mileage reimbursement rate.
    b. In-home Services: home care; personal care; friendly visiting; telephone and in-person reassurance; chore; coordination of in-home volunteers for reassurance/friendly visiting; and in-home support services such as caregiver respite. The Elder Help/Reassurance program is experiencing a waitlist for services. The waitlist is prioritized based on length of time on waitlist, geographic area, and volunteer match compatibility.
    c. Legal Services: Civil legal consultations and assistance. Offered through contract with Oregon Law Center. No waitlist for service.
    d. Other Services: Financial Assistance, funded through Low Income Home Energy Assistance Program (LIHEAP), a Lane County program. LIHEAP has a waitlist for services and experienced a 10% funding reduction. The waitlist process and prioritization is determined by the county in accordance with federal guidelines and takes into

consideration date of application, those previously served and maintains a balance of 25% rural consumers served.

Title III-C-1: Group/Congregate Meals and AAA Administration. Group meals in a communal setting. No waitlist for service.

Title III-C-2: Home-Delivered Meals (Meals on Wheels) and AAA Administration. The Meals on Wheels program is experiencing a waitlist for services, which varies based on specific geographic routes. The waitlist is prioritized using a MOW risk assessment tool and is geographic area specific. This risk tool includes factors such as income, age, health, daily living needs, and nutritional risk factors.

Title III-D: Health promotion and disease prevention services: Currently S&DS supports the evidence-based programs Living Well with Chronic Conditions, Living Well with Chronic Pain, and Living Well with Diabetes developed by Stanford University's Patient Education Research Center. Additional programming was added in 2018 to include the Arthritis Foundation walking program Walk with Ease. Workshops and classes are offered in both metro and rural locations with prioritization on expanded rural and underserved populations representation. No waitlist for service.

Title III-E: Family Caregiver Support Services and AAA Administration. S&DS' current plan for the use of III-E funds calls for the provision of the following services to eligible individuals and families: information, assistance, counseling, organization of support groups, respite, and supplemental services. As of 2016, the Family Caregiver Support Program is experiencing a waitlist for services. The waitlist is prioritized using a Family Caregiving risk assessment tool. This risk tool includes factors such as income, age, health and cultural or linguist needs.

Title VII-A: Elder abuse prevention services. Using these funds along with community donations, S&DS supports activities such as adult abuse community education events and targeted training for professionals, such as Adult Foster Home Providers.

TYPE B AAA FUNDS (a blend of federal and state funds, including Medicaid, Food Stamps, and other state funds): These funds are utilized for eligibility determination, benefits issuance, long-term care services and supports, case management, Adult Protective Services, the licensure and monitoring of adult foster care homes, and AAA Administration.

OPI AND OPI PILOT STATE GENERAL FUNDS:

Currently, there are two Oregon Project Independence (OPI) programs, one for adults age 60 and older and a pilot program for adults with disabilities ages 19-59. OPI can be used for a variety of in-home services, such as: Home Care, Personal Care, Chore, Health & Medical Equipment, Meals on Wheels, Case Management and AAA Administration. The OPI program has experienced inconsistent

funding throughout its existence. Due to limited funding, the 60 and older OPI program (not the Pilot program) is experiencing a waitlist. When OPI program capacity exists, the waitlist is prioritized based on a State of Oregon DHS OPI risk assessment tool followed by length of time on the waitlist.

MONEY MANAGEMENT PROGRAM STATE GENERAL FUNDS

In Fiscal Year 2014, S&DS received new State General Funds to administer the Oregon Money Management Program, a volunteer based service. While S&DS previously operated a small scale money management program, these funds allowed the agency to greatly enhance the level of service provided as well as build new program capacity. The Money Management Program does experience a short-duration waitlist for new consumers due to volunteer match availability. The waitlist is prioritized based on a risk assessment which includes social or financial duress criteria, length of time on the waitlist, volunteer match compatibility, geographic region, and APS involvement.

HEALTH PROMOTION, DISEASE PREVENTION STATE GENERAL FUNDS

Health Promotion, Disease Prevention State General Funds are used to support Stanford University's chronic-disease self-management 'Living Well' program suite. In addition, S&DS launched Powerful Tools for Caregivers in 2018. Powerful Tools is a training program to assist family caregivers better handle the challenges of caregiving for adults suffering from stroke, Alzheimer's, Parkinson's, or other conditions.

ADRC & EMPLOYER RESOURCE CONNECTION GRANTS

Special ADRC grants for Options Counseling, Dementia and Mental Health programming are utilized by S&DS for Options Counseling, ADRC dementia listing improvements, and PEARLS programming. S&DS also receives funding for the Employer Resource Connection (ERC) program (formerly Steps to Success/STEPS) which provides OPI and Medicaid consumers help with Home Care Worker related issues such as selecting a Home Care Worker, setting a schedule, and how to handle common problems that may occur. S&DS had received Gatekeeper specific ADRC funding in a prior state biennium that supported Gatekeeper training and related outreach in Lane County. The local program trained over 1,000 Lane County community members representing a wide range of occupations, businesses, and agencies in the 2013-15 biennium. This funding was eliminated as of the 2015-17 biennium and the local program was discontinued.

WAITLISTS FOR SERVICE AND PRIORITIZATION

Programs experiencing waitlists are indicated in their respective sections above. In addition to length of time on waitlist, both the Family Caregiver (FCG) Program and the Older Americans Act (OAA) MOW Program prioritize their wait lists based on scores from in-home risk assessments and

geographic area. Risk or "social need" is based on a combination of physical, cognitive, and mental function (determined through daily self-care activity need, economic need (relationship to poverty level), isolation (physical, geographic, rural, social, family), age, emergent health and mental health conditions (i.e. recent hospital discharge, depression, medication usage, nutritional needs), and, in the case of the FCG Program, the risk levels of both the caregiver and the care recipient. The FCG waitlist is also maintained to assure a minimum 25% of supported caregivers reside in rural communities.

FUTURE FUNDING CHANGES

In the event of future funding reductions in any program area, waitlists would be maintained as appropriate and alternatives to service reductions would be reviewed. S&DS seeks input from its Advisory Councils and other relevant community entities, dependent on the type of services and funding impacted, during times of funding change. In the past, S&DS has looked to other programs to continue service delivery and prevent service closure whenever possible. In the event of future funding increases, priorities would be reviewed to potentially increase service levels and the numbers of consumers served or determine if additional complementary services could be offered. Again, input from Advisory Councils and the community would be sought.

SECTION B – PLANNING AND SERVICE AREA PROFILE

B-1 POPULATION PROFILE

360,273 people, 88,469 of which are age 60 or older, now live in Lane County with 18% living in rural areas. According to 2012 – 2016 American Community Survey (ACS) five-year estimates:

- 25% of Lane County is age 60 and older; of these, 6% is of a minority population compared to 12% of the overall Lane County population
- 10% of those 60 and older live below poverty
- 15% of the Lane County adult population experience a disability
- 32% of adults ages 18-64 with a disability live below poverty

Of those 60 and older:	
Live in poverty	9.6%
Live alone	25.4%
Female	53.5%
Male	46.5%
Grandparent raising grandchildren	.8%
Any minority	6.4%
Minority living in poverty	1.0%
Hispanic/Latino	2.3%
Native American	0.6%
Native Hawaiian/Pacific Islander	0.1%
Asian	1.2%
African American	0.5%
2 or more races	1.8%
Limited English proficiency age 65 and older	0.9%
Language other than English	4.4%

For additional demographic information, please review the 2016 S&DS Community Needs Assessment located at http://www.sdslane.org/299/SDS-Area-Plan-and-Supporting-Documents.

Over the next 20 years, the Lane County older adult population is forecast to increase from one-fourth of the total population to about one-third. According to long-range population forecasts prepared in 2015 by the Population Research Center at Portland State University (PSU), the 60 and older population in Lane County is forecast to grow from 90,595 in 2015 to about 106,680 in 2020. This is an increase of almost 18%. From 2020 to 2025, the 60 and older population is forecast to grow another 13%, to an estimated 120,615. At the same time, the share of the total population that falls into the 60 and older category is forecast to grow from about 25% in 2015 to just over 28% in 2020, and to over 30% in 2025. According to the PSU forecasts, growth of the older population will

begin to slow after 2025, which is in line with the overall population growth. From 2025 on, the older population is forecast to be at one third of the total population. By 2035, the 60 and older population will have grown to about 137,870, 50% over 2015 levels.

Along with this fast pace growth, S&DS anticipates the number of minority older adults and adults with disabilities to grow as well. The two largest minority populations represented in Lane County are in the Hispanic and Asian communities. Over the next four years, S&DS will refine targeted outreach to these populations, as well as to the Native American community. In addition to ensuring that materials in alternate languages and fast and reliable verbal translation services are available, S&DS will seek to connect meaningfully with these populations. This is expected to include partnering with community agencies, conducting specialized outreach campaigns, and inclusive messaging.

B-2 TARGET POPULATIONS

The OAA requires AAAs to prioritize services to individuals with the greatest economic and social needs, low income minority individuals, and those living in rural areas. S&DS is dedicated to providing the highest level of service to meet the needs of these targeted populations. We accomplish this through outreach, community education, coordination and collaboration, and implementation of appropriate services and programs with an emphasis on the following target populations:

- Residents in rural areas
- Low-income older adults, including low-income minorities
- Native Americans
- Limited English-speakers
- Those at risk for institutional placement
- Adults with physical disabilities
- Adults with Alzheimer's disease or related dementias
- Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) older adults

B-3 AAA SERVICES AND ADMINISTRATION

S&DS provides a wide array of programs and services that help promote independence, dignity and choice for older adults and adults with disabilities. Please see Attachment C (Service Matrix and Delivery Method) for funding source and service delivery method per service. S&DS programs and services include:

1. *Adult Foster Care*: S&DS licenses adult foster care homes located throughout Lane County and monitors the care they provide consumers. Adult foster homes are licensed to care for up to 5 people per home. S&DS also provides ongoing local foster home provider training.

2. *Adult Abuse Prevention*: S&DS provides a variety of services designed to prevent abuse, neglect and exploitation of vulnerable adults. These services include public education, outreach, abuse investigation and participation in a wide variety of local and statewide efforts.

    a. *Abuse Multi-Disciplinary Team (MDT)*: This MDT coordinates efforts to resolve complex community protective services and abuse issues. The team consists of a variety of community organizations focused on vulnerable adult safety. Members range from the District Attorney's Office and local Police Department, to Lane County Developmental Disabilities Services.

    b. *Adult Protective Services (APS)*: S&DS staff respond to abuse allegations regarding adults age 65 and older and adults age 18 and older with disabilities. APS staff works closely with law enforcement, licensed facilities and the justice system.

    c. *Financial Abuse Specialist Team (FAST):* Volunteers with a banking or financial background assist in financial fraud cases by preparing financial evidence for potential prosecution.

3. *Advocacy*: Advocacy is conducted at both the individual consumer and agency level. For consumer advocacy, please see 'Senior Connections' in this section. At the agency level, the S&DS Advisory Councils, with LCOG Board approval and staff support, advocate for legislation, funding and system changes at the local, state, and federal level.

4. *Aging & Disability Resource Connection (ADRC):* The ADRC, through the integration of aging and disability services systems, provides personalized assistance to help consumers learn about and navigate through available community service options. The ADRC is designed as a highly visible and trusted place the public, regardless of income, may utilize for unbiased, reliable information on the full range of community long-term support options. Locally, the ADRC includes:

    a. *Information & Assistance*: The ADRC serves as the first stop for consumers, family members and friends, as they seek to find resources for those who are aging or are experiencing a disability. It is designed to streamline access to information about available long-term care services. Referrals are made to programs and organizations that may meet the individual's specific need. Assistance is provided in accessing or connecting to services when needed or requested.

    b. *Online Resources*: An online database of resources is available through www.adrcoforegon.org. The database is regularly maintained to ensure up-to-date information and contacts. Extra focus has been placed on access to dementia related services.

c. *Options Counseling*: Trained Options Counselors provide one-on-one assistance to assess the consumer's situation and needs, to tailor options for services. Options Counselors also facilitate decision making on long-term care options, including supported living in the community. Home visit assessments are available to help navigate local, state and federal programs and services. Extra focus has been placed on training staff to provide dementia related services. Consumers may be care recipients, caregivers or family members.

d. *Section Q Options Counseling*: Similar to traditional Options Counseling, this program ensures the coordination and continuity of health care as patients transfer between facilities and their home. Transitional care includes development of a comprehensive care plan based on the patient's goals, preferences, clinical status and environmental status. Transitional care is essential for persons who are at risk of being readmitted into a facility or hospital setting within a short period of time.

e. *PEARLS*: PEARLS (Program to Encourage Active and Rewarding Lives) is a time-limited and participant driven program offered to consumers with home-based services. Through trained professionals, the program teaches depression management techniques to older adults with minor depression through one-on-one sessions in the participant's home.

5. *Facilities Case Management*: S&DS staff monitors the care of Medicaid consumers in Residential Care Facilities, Assisted Living Facilities and Nursing Homes. Residential Care Facilities and Assisted Living Facilities provide 24-hour care in a licensed facility. Nursing Homes offer group living in a hospital-like setting.

6. *Health Promotion Programs:* S&DS offers a variety of evidence-based health promotion programs, including Living Well with Chronic Conditions, Chronic Pain, and Diabetes. These three evidence-based programs were developed by Stanford University's Patient Education Research Center. The six-week workshops are designed to help participants learn how to manage their health conditions. Participants learn about nutrition, exercise, how to talk with their health care team and more from certified and trained volunteer leaders. In 2018, S&DS launched two new pilot programs, Walk with Ease and Powerful Tools for Caregivers. Walk with Ease is a 9-week group walking course that includes stretching and strengthening exercises. Powerful Tools for Caregivers is a 6-week program designed to help the family caregiver learn skills to better handle the challenges of caregiving for adults suffering from stroke, Alzheimer's, Parkinson's, or other conditions.

7. *Long-Term Care Medicaid Case Management*: S&DS staff work closely with consumers and their families to establish a care plan with a focus on keeping individuals safe and independent in their own homes for as long as possible. Once in place, Case Managers keep in touch with the consumer, caregivers, service providers and family members to verify that the plan continues to meet the consumer's needs.

8. *Medicaid and the Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps)*: S&DS staff determine eligibility for these federal programs for older adults and adults with disabilities in Lane County. Eligibility is based on income, assets and other factors. In 2018, S&DS served more than 18,000 Lane County residents through Medicaid & SNAP.

9. *Money Management*: Certified, trained volunteers or S&DS staff help participants with managing their finances and may serve as representative payees for federal benefits such as Social Security, Veterans Benefits and Railroad Retirement.

10. *Oregon Project Independence (OPI):* OPI provides limited in-home services to people 60 and older who need a little help to continue living independently in their own homes. The goal of OPI is to promote quality of life and independence by preventing inappropriate or premature placement into a nursing home. OPI services are offered on a sliding fee and are dependent on available funding and include personal care and housekeeping in-home care, help with durable medical equipment, emergency response devices and Meals on Wheels. In 2015, S&DS was selected by the Oregon Department of Human Services (DHS) as a pilot area to expand OPI services to adults with disabilities ages 19 – 59. As of publication of this document, the Pilot Program is authorized and funded by the Oregon State Legislature through June 30, 2019. Results of the Pilot Program will be analyzed by the Legislature to determine program availability in the future. A waitlist for the 60 and older program exists.

11. *Senior Connections*: Coordinators assist older adults age 60 and older and their caregivers with services to continue living independently in their own homes. This program is specifically for older adults that do not qualify for or choose not to utilize Medicaid services. Senior Connections is primarily funded through the Older Americans Act (OAA). Programs and services include:

    a. *Advocacy*: Staff and volunteers advocate on behalf of the needs of consumers to ensure they receive the best care possible. Staff assist consumers to work through barriers and connect to other resources in the community that best meet their needs.

    b. *Case Management*: Information, assistance and referrals for care coordination are provided one-on-one. This includes assisting older adults in activities such as assessing needs,

developing care plans, and authorizing, arranging and coordinating services with providers. Follow up and reassessment is provided as needed and services are renewed annually.

c. *Elder Help (Reassurance):* The Elder Help Volunteer Program seeks to match consumers age 60 and older with compatible volunteers who offer a variety of assistance and friendly visiting. Volunteers assist with activities such as grocery shopping, yard work, and running errands. These tasks allow individuals to remain living independently in their own homes. S&DS staff support consumers and supervise their volunteer companions. Waitlists for this program exist and are maintained by geographic service area.

d. *Family Caregiver Program*: Staff provide information and assistance, respite care, supplemental services and training resources for anyone caring for a family member or friend age 60 and older. This also applies to anyone age 55 and older who is the unpaid primary caregiver for a child under the age of 18 or adult child with a disability. A waitlist for this program exists which is capped at a maximum of 25 potential consumers.

e. *Low Income Home Energy Assistance Program (LIHEAP) (Financial Assistance):* This federally funded seasonal program helps low-income consumers pay for primary or secondary heating costs once a year. LIHEAP is available during early winter. Additional financial assistance may be provided through two local emergency funds, one in partnership with a local non-profit and the other administered by S&DS through donation funds. Waitlists exist for this federally funded program.

f. *Rural Medical Escort Program*: Staff coordinate assistance and transportation for older individuals who have difficulty (physical or cognitive) using regular vehicular transportation. This is a volunteer based door-through-door service. Volunteers are supervised by staff.

g. *Senior Companion Program (Reassurance)*: Trained older adults age 55 and older that meet low income guidelines receive an hourly tax-exempt stipend and some meal and mileage reimbursement to provide friendly visiting, transportation and assistance to vulnerable older adults. This program is provided by the Lane Community College (LCC) Successful Aging Institute for S&DS consumers. Volunteers are supervised by staff. Waitlists for this program exist and are maintained by geographic service area.

h. *Transportation Assessments (RideSource):* Under a contract with Lane Transit District (LTD), S&DS staff assess older adults and adults with disabilities for RideSource and American's with Disabilities Act ride eligibility. RideSource provides transportation services within the Eugene/Springfield area for individuals not able to ride the LTD fixed-route bus system due to

their functional physical, mental, cognitive or emotional capacity.

12. *Senior Legal Program*: Consumers age 60 and older with non-criminal legal issues may receive no-cost legal consultation with pro-bono or staff attorneys. This program is offered by the Oregon Law Center (formerly Lane County Legal Aid and Advocacy) office under contract with S&DS. Community education on legal issues is also provided.

13. *Senior Meals Program*: This program provides nutritious meals and also serves as a social outlet, reducing isolation and providing a valuable safety check for consumers. 20% of the Senior Meals Program budget comes from extensive fund raising. All meals served are prepared in the LCOG Central Kitchen in Eugene. Senior Meals Programs include:

    a. *Café 60:* These communal dining settings serve hot, nutritious lunchtime meals in nine Lane County communities. Locations include Eugene, Springfield, Creswell, Coburg, Cottage Grove, Florence, Junction City, Oakridge and Veneta. Meals are offered on a donation basis to those 60 and older and their spouses.

    b. *Meals on Wheels* (MOW): The Senior Meals Program delivers meals and regular safety checks to homebound people in eight Lane County Communities through a robust network of volunteers. Meals may be hot or frozen, depending on availability and consumer needs. MOW participants are unable to prepare meals for themselves and lack a support system to assist with meals. S&DS partners with FOOD for Lane County for Eugene meal delivery, while S&DS provides meal delivery in Springfield and rural Lane County. Waitlists for this program exist, are route specific and are maintained by geographic service area.

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

S&DS is committed to integrating systems and supporting services offered elsewhere in the community. S&DS does not look to compete or replace existing services offered in the community, but rather supplements and fills gaps in the service delivery system, and also evaluates and seeks new opportunities for partnerships and collaboration between systems and community partners. A common finding between the S&DS Community Needs Assessment and other partner assessments is that consumers find the overall service delivery system fragmented and siloed. To address this finding, S&DS is increasingly collaborating with partner systems to help break down silos with the goal of providing streamlined and seamless service delivery whenever possible. These efforts include serving on the local Coordinated Care Organization's board, attending community meetings and providing an inclusive environment for partners to engage with S&DS.

The following parallel or complimentary community resources and services are provided in Lane County but are not administered by S&DS. S&DS partners with many of these to enhance and provide services. Additionally, through the ADRC and local outreach, S&DS educates consumers and the general public on the availability of all services. This list is not intended to be exhaustive, but to provide a broad overview of local community resources. To search for a comprehensive list of community resources with contact information, please visit the ADRC website at www.adrcoforegon.org or call 1-800-ORE-ADRC.

Adult & Community Centers

- Campbell Senior Center, Eugene
- Cottage Grove Senior Center
- Fern Ridge Senior Center, Veneta
- Florence Senior Center
- Hilyard Community Center
- Peterson Barn Senior Center, Eugene
- River Road Park and Recreation District, Eugene
- Viking Sal Senior Center, Junction City
- Willamalane Adult Activity Center, Springfield
- Willamette Activity Center (Oakridge Senior Lounge)

Alzheimer's Disease and other Dementias Support

- Alzheimer's Association
- Alzheimer Family Support Group
- ElderHealth and Living
- Living with Alzheimer's: For Caregivers
- Memory Loss Solutions

Case Management *(Fee for Service)*

- Cornerstone Services, Inc
- ElderCare Resources, Inc
- In-Home Elder Care, Inc
- Maxim Healthcare Services
- Morgan Consultants, LLC
- New Horizons In-Home Care

Disability Services and Programs

- Employment services provided by Goodwill, Alternative Work Concepts, Lane Community College
- Full Access Brokerage
- Lane Independent Living Alliance (LILA)
- Lane County Developmental Disabilities Services
- Mentor Oregon
- Recreation services provided by the City of Eugene Adaptive Recreation and Special Olympics
- Supporting Access to Independent Living (SAIL) Housing
- Supportive Employment Services
- The Arc of Lane County

Education & Counseling Programs

- Alzheimer's Association
- Downtown Languages
- Elderhostel
- Lane Community College Successful Aging Institute
- Osher Lifelong Learning Institute, University of Oregon

Employment and Volunteerism

- Alternative Work Concepts
- Experience Works
- Goodwill
- Retired Service Volunteer Program (RSVP) / United Way of Lane County
- Senior Companion Program of the Lane Community College Successful Aging Institute
- St. Vincent de Paul
- Vocational Rehabilitation
- WorkSource Lane, Employment Department

Family Caregiver Supports

- Caring for the Caregiver Support Group
- Family Caregiver Support Program
- Respite Providers (16)

Financial & Energy Assistance

- Lane County Veterans Services

- LIHEAP
- Siuslaw Outreach Services
- Social Security Administration
- Tax-Aide (AARP)

Health & Wellness

- Hearing Loss Association of American, Lane County Oregon Chapter
- Lane Community College Dental Society
- Lane County Mental & Behavioral Health
- Lane County Public Health
- National Alliance on Mental Illness (NAMI) of Lane County
- Volunteers in Medicine
- Whitebird Health & Dental Services
- Young Men's Christian Association (YMCA)

Housing

- Adult Foster Homes (102)
- Assisted Living Communities (15)
- Homes for Good (Housing Authority and Section 8 Housing, formerly HACSA)
- Independent Retirement Communities (25)
- Nursing Facilities (13)
- Over 55 Communities (20)
- Residential Care Communities (36)
- Supporting Access to Independent Living (SAIL) Housing

Information & Assistance Services

- 211Lane call center and on-line database services contracts with 211Oregon to provide Information & Assistance for all Lane County residents
- Community Healthcare Resource Guide
- Lane County Senior Network
- The Lane Senior Guide

Nutrition

- Community Sharing, Cottage Grove
- FISH, Inc. Eugene
- Food for Lane County
- Love Projects, Veneta & Elmira

- Oakridge Food Box

Transportation Services

- Diamond Express, Oakridge
- Lane Transit District (LTD)
- Rhody Express, Florence
- RideSource, Eugene Metro
- South Lane Wheels, Cottage Grove

Vulnerable Adults, Limited English Speaking and Title VI Populations

- Amigos Multicultural Services Center
- Basic Rights Oregon (LGBTQ)
- Centro Latino Americano
- Downtown Languages
- Huerto de la Familia
- National Resource Center on LGBT Aging
- Pride Foundation Oregon (LGBTQ)
- Title VI (of the Older Americans Act) services, including: Coquille Indian Tribe; Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians; Cow Creek Band of Umpqua Tribe of Indians; and the Confederated Tribes of Siletz Indians

SECTION C – FOCUS AREAS, GOALS AND OBJECTIVES

S&DS operates its programs using a person-centered service methodology by providing consumers with accurate, unbiased information and an array of service options both within S&DS and in the community so the consumer may make their own service and care plan decisions. S&DS also seeks to improve and support service equity within its programs and service delivery. S&DS promotes this value through engagement with community partners and members of diverse communities, collaboration with stake holders, providing services in a culturally and linguistically responsive manner, reviewing and improving program accessibility, and utilizing data to help guide agency actions. Throughout this section, references to person-centered supports and service equity, either directly or indirectly, point to S&DS' commitment to further both of these values in its day-to-day operations and overall guiding principles.

The following focus areas have been identified as statewide issues for Area Agencies on Aging to address and develop goals and objectives for 2017 – 2020. S&DS currently collects and maintains a wide variety of data that will assist the agency to both measure and track goal efforts. For goals that may require new data collection, assigned program units will determine tracking methodology in consultation with S&DS management. S&DS management will, at a minimum, monitor progress quarterly. Data collected will be used not only to measure outcomes but to also adjust and refine goals over the 2017 – 2020 timeframe.

C-1 INFORMATION AND ASSISTANCE SERVICES AND AGING AND DISABILITY RESOURCE CONNECTION (ADRC)

ADRC IN LANE COUNTY

As the aging population continues to grow over the next 20 years, access to high quality, accurate service information is critical for the aging and disability network. The ADRC is a vital community link that provides information, assistance and referral to consumers of both public and private community and long-term services. The S&DS Community Needs Assessment found the vast majority of survey respondents were aware of S&DS but less than a third knew or were familiar with the ADRC.

ADRC in Lane County provides general information and assistance for accessing community resources. This includes both public and privately funded long-term services and supports. ADRC staff conduct screenings for S&DS case management long-term services and initial eligibility determinations for SNAP and Medicaid for those age 60 and older and adults with disabilities. Trained Options Counselors provide one-on-one intensive information and referral consultation, primarily in the person's home. Referrals are provided for non-S&DS services and supports.

In addition to providing high quality and accurate information and assistance, another goal of the ADRC is to provide consumers with a person-centered, holistic service approach. ADRC staff attempt to review all the consumer's needs, not just what the initial contact was regarding. ADRC staff place the consumer at the helm of service referral, allowing the consumer to make the decision on next steps. Providing ADRC services in this manner maximizes independence and personal choice.

The ADRC in Lane County received 17,940 calls and 543 in-person referrals in fiscal year 2018 (note, in 2017 S&DS split the in-coming call phone tree so that only information & assistance phone calls route to the ADRC. This reduced the calls into the ADRC, and resulted in improved customer service as non-information & assistance calls were routed to a more appropriate unit). The ADRC is staffed Monday through Friday, 8am to 5pm. Referral sources include family members, friends/neighbors, social service agencies, medical professionals/hospitals and self-referrals. The top 5 outcomes of calls documented in fiscal year 2018 were S&DS, Homes for Good (formerly HACSA), Cornerstone Community Housing, Assessment & Taxation, and Meals on Wheels.

OPTIONS COUNSELING

The S&DS ADRC Options Counseling Program provides facilitated decision-making regarding long-term care options for adults age 60 and older, adults with disabilities, caregivers and family systems. Options may include community-based or facility-based supports that are provided by natural supports, private pay or subsidy. Options depend on what is important to and for the consumer and caregiver. Options Counseling is typically short term, up to three months, based on the goals identified by the consumer. This service is provided through home visits and phone consultation.

S&DS provides Options Counseling through trained Senior Connections Area Coordinator staff at all S&DS locations. Staff members are state certified in Options Counseling within six months of hire, receive dementia-capable services training within a year of hire, are nationally certified in information and assistance practices through the Alliance of Information and Referral Systems and maintain annual professional development training. Additionally, S&DS Options Counselors participate in state and national pilot training programs, including certification in person-centered practices.

PARTNERSHIP DEVELOPMENT

S&DS has recently restructured its ADRC Councils in an effort to continue and expand partnerships and community collaborations, especially with ADRC core partners. The ADRC Operations Council currently consists of four consumers/community members, Lane Independent Living Alliance (local Center for Independent Living), Lane County Developmental Disability Services, Lane County Behavioral Health, DHS Office of Vocational Rehabilitation, DHS Self-sufficiency and Lane County Veteran's Services. Over the next several years, S&DS plans on integrating more community partners and strengthening existing relationships. This will include improved information sharing, training and shared work on mutual goals. With more ADRC community partners, coupled with on-going ADRC outreach, S&DS expects ADRC brand and name recognition to improve over the next several years.

SUSTAINABILITY

Financial sustainability continues to be a challenge as the ADRC grows and call volume increases. S&DS, working with ADRC Core Partners and other entities, continues to look for additional funding streams to maintain and expand ADRC services. S&DS already leverages existing Medicaid funding for the ADRC which has helped augment ADRC call staff. A promising new funding partnership under development is with the Veterans Administration (VA). S&DS has applied for and been approved for an Oregon Department of Veteran Affairs grant to provide a half-time Options Counseling staff person to provide enhanced information and referral to Veterans and their families. The addition of this funding source further supports staffing and the long-term sustainability of the local ADRC. S&DS continues to review work flow for efficiencies and process improvements to maximize resources and staff availability. S&DS provides information and data supporting the value of the ADRC to local elected officials and works with the aging and disability network to promote ADRC work at the legislative level. The reduced ADRC standards requirements and plan to centrally maintain the ADRC resource website recently shared by the State Unit on Aging (SUA) will also assist with the ability of S&DS to sustain the local ADRC. Data collection remains an issue with the RTZ software being time intensive to use. S&DS is hopeful that SUA will offer a less time consuming data collection method.

CHALLENGES

The ADRC in Lane County currently faces several challenges. Due to large call volumes, the current model of processing SNAP and Medicaid applications, while also answering live calls in a person-centered manner, is difficult. Factoring in after-hours voice messages exacerbates this issue.

ADRC in Lane County has fallen behind in updating resource listings in the statewide ADRC database. Related, S&DS has identified issues with the keyword search ability for local resources. S&DS is in the process of an intensive review of listing protocols in collaboration with consumers and other stakeholders, reviewing keyword search terms for ease of use and search ability.

These issues have led to the following goals established by the ADRC Operations Council:

1. Resource accuracy for every ADRC consumer
2. Maximize consumer access
3. Evaluation & assessment of current ADRC delivery model
4. Expand and strengthen ADRC partnerships
5. Increase consumer capacity to live independently

GOALS AND OBJECTIVES – INFORMATION AND ASSISTANCE AND THE ADRC

Goal #1: Resource accuracy for every ADRC consumer
Objectives

1. Provide staff annual training and skill development	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020		Accomplishment or Update
				Start Date	End Date	
	a	Develop training plan for all ADRC Specialists, includes person-centered approach training & service equity	ADRC Unit Manager	1/2017	6/2018	In 2018, a training plan was created with key topics, plan is updated periodically. ADRC staff continue to participate in required and optional (example, trainings to maintain AIRS certification) SUA trainings.
	b	Provide ADRC overview and ADRC public website usage training to newly hired staff; provide optional annual refresher for existing staff	ADRC Unit Manager	1/2017	12/2017 On-going	Standardized introductory training/overview offered twice yearly for new/existing staff.
	c	Develop a quality assurance model	Quality Assurance & Training Unit	1/2018	12/2020	ADRC Unit Manager is utilizing Options Counseling and Information & Referral quality assurance reports to evaluate data entry by staff/to ensure staff are meeting minimum dataset requirements. More

						quality assurance tools may be implemented in 2019 and 2020.
	d	Implement Quality Assurance model	Quality Assurance & Training Unit	6/2018	12/2019	Data entry quality assurance reviews are occurring.
	e	Develop local consumer survey	Program Manager	1/2017	6/2017	Complete
	f	Offer local consumer survey to all callers into the ADRC once per month	ADRC Unit Manager & Lead; Long-Term Care Committee	7/2018	12/2020 On-going	In fall 2018, the S&DS Advisory Council's Long-Term Care Committee recommended this work occur as needed based on ADRC data. Based on current ADRC data, Committee recommended no surveys at this time. Councils will continue to monitor for future survey need.
	g	Conduct ADRC secret shopper review process	Long-Term Care Committee	7/2018	12/2018 Annually	In fall 2018, the S&DS Advisory Council's Long-Term Care Committee recommended this work occur as needed based on ADRC data. Based on current ADRC data, Committee recommended no surveys at this time. Councils will continue to

						monitor for future survey need.
2. Annually update all listing resources updated in ADRC database		Key Tasks	Lead Position & Entity	Timeframe for 2017-2020		Accomplishment or Update
				Start Date	End Date	
	a	All agencies contacted to update listings	Issue Manager	1/2017	6/2017 Bi-Annually	2019 - Complete
	b	Create schedule for yearly updates	Issue Manager	1/2017	12/2017	Complete
	c	Key word search optimized by updating ADRC key words in listings	Program Manager	1/2017	12/2018	Complete, work on optimizing key words occurs regularly.

Goal #2: Maximize consumer access
Objectives

1. Answer calls live. Respond to referrals, emails and voicemails within 2 business days	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020		Accomplishment or Update
				Start Date	End Date	
	a	Monitor average wait, call back timeframe and abandonment of calls weekly for staff problem solving and triage	ADRC Unit Manager	1/2017	3/2017 On-going	Complete, monitored weekly (note, due to new phone system implemented in fall 2018, reports were temporarily unavailable). In 2018, callbacks typically occur within 1-2 business days.
	b	Assign staff daily duties by task: live, call backs, walk-ins and follow ups	ADRC Unit Manager	1/2017	3/2017 On-going	Complete, monitored weekly.
	c	Implement corrective action by agent and/or unit when timely call backs or live answered calls drop below 90% for 60 days	ADRC Unit Manager	1/2017	3/2017 On-going	Complete, monitored weekly.

	d	Monitor call volume data to determine peak call times	ADRC Unit Manager	1/2017	3/2017 On-going	Complete, monitored weekly.
	e	Fully staff phone lines during peak call times	ADRC Unit Manager & Staff	1/2017	7/2017 On-going	Complete, monitored weekly. S&DS added a third ADRC call-taker in 2018 due to demand.
2. Conduct outreach with underserved populations	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020		Accomplishment or Update
				Start Date	End Date	
	a	Dedicate portion of lead worker to outreach activities	ADRC Unit Manager	1/2017	12/2020	Complete, Lead Worker assigned to outreach work.
	b	Identify target audiences, locations, events	ADRC Lead	1/2017	2/2017 On-going	Complete, recurring.
	c	Utilize culturally appropriate outreach materials and materials in alternate formats and languages	ADRC Lead	1/2017	12/2020	Complete, recurring.
	d	Conduct outreach activities quarterly	ADRC Lead	1/2017	3/2017 Quarterly	Complete, recurring.

Goal #3: Evaluation & assessment of current S&DS ADRC delivery model
Objectives

1. Evaluate ADRC delivery model, implement changes	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020		Accomplishment or Update
				Start Date	End Date	
	a	Define ADRC consumer base using the community needs assessment, Census and ADRC data	ADRC Unit Manager	1/2017	12/2017	Complete
	b	Monitor referral types for trends or gaps on a monthly basis	ADRC Unit Manager	1/2017	1/2017 On-going	Complete, recurring

	c	Collect information on unmet consumer needs	ADRC Unit Manager	1/2017	3/2017 On-going	Complete, recurring
	d	Review information on unmet consumer needs	ADRC Unit Manager / S&DS Planner	12/2017	12/2017 Annually	Complete, recurring. Housing identified as top unmet need for 2018.
	e	Form a workgroup to evaluate current delivery model	Program Manager	1/2017	1/2017	Complete
	f	Have workgroup conduct a systematic study of current delivery model with emphasis on consumer results & service equity	Program Manager	2/2017	3/2017	Complete
	g	Assign key staff and workgroup members to visit other ADRC models in Oregon	ADRC Unit Manager	2/2017	3/2017	Complete
	h	Complete written report with results from study. Study should include recommendations to the ADRC Operations Council	Workgroup	4/2017	6/2017	Complete.
	i	Have ADRC Operations Council review report and makes recommendations for delivery model changes	ADRC Unit Manager	07/2017	09/2017	Complete
	j	Implement ADRC Operations Council delivery model recommendations	Program Manager/ADRC Unit Manager	1/2019	12/2019	Complete. This project was prioritized ahead of original planned schedule to improve customer service and overall ADRC efficiency.
	k	Track and review data on delivery model changes	Program Manager/ADRC Unit Manager	1/2019	1/2020 On-going	Monitored closely for 90-days post-implementation, on-going data from Goal #2,

						Objective #1 monitored weekly for continuous improvement
	l	Report back to Core Partners and S&DS Advisory Councils on delivery model changes and on-going ADRC data	Program Manager	1/2018	4/2020	Complete. Data updates provided to Advisory Councils at Long-Term Care Committee meetings.
2. Ensure person-centered approach and service equity	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020		Accomplishment or Update
				Start Date	End Date	
	a	Provide person-centered approach and service equity training to each ADRC staff person	ADRC Lead	1/2017	12/2017 On-going	Complete, recurring.
	b	Recruit bilingual staff for open positions	Program Manager	1/2017	12/2020	Recurring, positions posted as bilingual.
	c	Complete part of interview for bilingual potential staff in each language to ensure standard of proficiency	Unit Managers	1/2017	12/2020	Complete, recurring
	d	Conduct periodic training on data collection and purpose, minimum of once annually	ADRC Unit Manager / ADRC Lead	1/2017	12/2017 Annually	Complete, recurring. Refreshers/ reminders shared at unit meetings
	e	Have staff attend minimum of one cultural awareness activity annually	Unit Managers	1/2017	12/2017 Annually	Complete, recurring. In 2018, 100% of ADRC staff attended SAGE annual LGBT+ training.

Goal #4: Expand and strengthen ADRC partnerships
Objectives

1. Improve communication and working relationships between core partners	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020		Accomplishment or Update
				Start Date	End Date	
	a	Establish work plans and progress reports when assigned an action by ADRC Operations Council	Core Partners	1/2017	12/2020	Recurring.
	b	Provide ADRC fact sheet to core partners that allows information sharing with consumers. Update quarterly or as needed	Core Partners	3/2018	9/2018	State produced fact sheet utilized.
	c	Encourage information sharing between core partners regarding work occurring in the community, trainings, events	Director	1/2017	12/2020	Efforts involving this task have been community wide, not focused on just core partners. For example, partners are regularly invited to present to and join S&DS Advisory Council meetings.
	d	Train ADRC and Options Counseling staff on DHS Self-Sufficiency Program for non-needy caretaker grant recipients	ADRC Unit Manager & SSP Manager	1/2017	12/2018	Added to training list.
	f	Staff ADRC VA Specialist and increase profile with VA locally	ADRC Program Manager	1/2017	9/2017	Original VA Specialist funding through the federal VA COVER to COVER program ended in 9/2017 as the program was de-funded at the federal level. In spring

						2018, S&DS received grant funding through the Oregon Department of Veteran Affairs which helped S&DS staff similar part-time VA Specialist. This staff person works closely with the local VA and partners.
	g	Build partnerships with 3 other community partners such as ShelterCare, 211, Centro Latino Americano, Volunteers in Medicine.	ADRC Program Manager/Unit Manager	01/01/17	12/2017 On-going	S&DS continues to host partner fairs (for S&DS internal staff). In 2018, partnership work included embedding an S&DS intern as a resident services navigator at two local Homes for Good (formerly HACSA) housing sites and collaboration with VA Whole Health Program for health promotion programming.
	h	Develop secret shopper review process for ADRC call center	Long-Term Care Committee	1/2018	6/2018	Complete.
	i	Implement secret shopper review process	Long-Term Care Committee	7/2018	12/2018 Annually	In fall 2018, the S&DS Advisory Council's Long-Term Care Committee recommended this work occur as needed based on ADRC data. Based on current ADRC data, Committee recommended no secret shopper activities at this

						time. Councils will continue to monitor for future survey need.

Goal #5: Increase consumer capacity to live independently
Objectives

1. Expand Options Counseling (OC) quality and availability	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
	a	Identify one additional core partner to provide OC	Director	3/2017	3/2018	Lane Independent Living Alliance (LILA), a core partner, was identified as a potential Options Counseling provider.
	b	Train two new OC Counselors between core partner agencies	SUA	3/2017	3/2018	Lane Independent Living Alliance (LILA) staff participated in person-centered training. S&DS Veterans Benefit Specialist is a trained Options Counselor.
	c	Identify one community partner serving diverse and underserved populations in which to expand OC services	Director	3/2018	3/2019	S&DS Veterans Benefit Specialist working with the VA to offer this service to veterans.
	d	Provide OC training to 1 additional community partner serving diverse/underserved populations	Director	3/2019	3/2020	Complete. State of Oregon is offering these trainings to partners. S&DS does not specifically offer this training but will host local trainings offered by the State of Oregon.

	e	Provide OC services in five rural areas	Senior Connections	1/2017	12/2020	Occurring – locations include Oakridge, Florence, Veneta, Junction City, Cottage Grove.
	f	Provide each trained OC Counselor continuing skills enhancement training annually	Director	1/2017	12/2020	S&DS Options Counseling staff continue to complete at least one refresher course annually. They have completed required trainings to maintain AIRS certifications and also participate regularly in monthly statewide trainings. In 2018, 5 new staff obtained certification.
2. Provide Options Counseling in a person-centered method and pace		Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
	a	Advise State Unit on Aging (SUA) on developing consumer goal prioritization tool	ADRC Core Partners	1/2017	12/2018	State calls ended, but S&DS continues to provide feedback during RTZ database statewide conference calls.
	b	Advise SUA on OC pacing of sessions and consumer goal prioritization	ADRC Core Partners	6/2017	6/2019	Complete. Feedback provided.
	c	Encourage SUA to provide training on OC pacing and goal prioritization	ADRC Core Partners	6/2019	12/2020	Complete. Feedback provided.
	d	Work with SUA to implement consumer goal prioritization tool	ADRC Core Partners	6/2019	12/2020	Future item

	e	Develop local process agreements for alternative OC service delivery with Core Partners	ADRC Core Partners	1/2017	12/2020	Future item
3. Conduct Options Counseling community outreach		Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
	a	Identify two underserved, high risk and rural communities to conduct targeted outreach	Senior Connections	1/2017	12/2017	In 2018, Options Counseling outreach occurred with veterans through the Veteran Benefit Specialist, with family caregivers, to individuals on the OPI waitlist, as well as continued outreach to rural areas of Lane County, and those that lose Medicaid eligibility.
	b	Identify appropriate community agencies and entities to conduct targeted outreach	Senior Connections	6/2017	6/2018	Complete, recurring.
	c	Conduct targeted outreach to identified communities and agencies	Senior Connections	6/2018	12/2020	In 2018, S&DS conducted generalized service outreach in the 5 rural service areas (Florence, Oakridge, Junction City, Veneta, Cottage Grove) with community partners and at community events. For example, outreach was conducted at the Florence coast area Boomer & Senior Fair and Service Providers

						Information Network (SPIN) annual fair.

C-2 NUTRITION SERVICES

THE SENIOR MEALS PROGRAM

Since the inception of the Older Americans Act, great progress has been made towards reducing hunger and food insecurity of older adults. The Senior Meals Program has made a significant impact on hunger in Lane County through Café 60 congregate dining sites and the Meals on Wheels (MOW) program. While these programs have been successful in feeding older adults, the cost of providing meals has increased dramatically, while funding has remained stagnant or even decreased in some areas, creating challenges in the Program.

As the older population continues to dramatically increase, so does the demand for Senior Meals Programs, especially MOW. With people living longer, they also use services longer. This increased demand further taxes limited program resources; resources that have already been stretched to their limits to maintain existing services.

The 2016 S&DS Community Needs Assessment found almost 50% of respondents do not eat enough fruits and vegetables. Of these respondents, almost 40% do not have enough income to pay for their basic needs. 16% of Oregon households were food insecure in 2012, with 6% having very low food security. Many live in food deserts, with little or no access to affordable and healthy food. The Senior Meals Program is a vital service helping many older adults in Lane County meet their food and nutrition needs.

The potentially program eligible population is extremely diverse. As of fiscal year 2018, 7% of Café 60 consumers and 7% of MOW consumers belong to a minority group. Lane County Census data shows that 6% of adults age 60 and older belong to a minority group. The wide variety of cultural backgrounds, socio-economic factors, health and mobility differences, cognitive and mental health variations, along with personal preference, limits interest in a “one size fits all” program.

To maximize consumer access, S&DS has chosen to locate congregate sites in geographically dispersed locations, with three in Eugene, one in Springfield and seven additional sites in rural communities. To provide consumer choice, S&DS also offers participants two different meal options at all locations. Given funding challenges, the program has not directed scarce resources to specialized meal sites. S&DS will look for opportunities to improve services to underserved populations and culturally diverse communities through vibrant community partnerships, such as a new Eugene meal delivery partnership developed in 2015 with FOOD for Lane County.

SERVICE LOCATIONS & SCHEDULE

The chart below lists Café 60 dining sites and MOW staging locations along with service schedule.

Town/Facility	Address	Service Schedule	Services	Facility Donated
Coburg (Coburg United Methodist Church)	91193 North Willamette Coburg, OR 97408	Wednesdays at Noon	Congregate	No (small charge to cover utilities)
Cottage Grove (Riverview Terrace)	925 W. Main St. Cottage Grove, OR 97424	Tuesdays, Wednesdays, and Thursdays at Noon	Congregate & MOW	Yes
Creswell (Cresview Villa)	350 S. 2nd St. Creswell, OR 97426	Mondays, Wednesdays, and Fridays at Noon	Congregate & MOW	Yes
Eugene (Northwest Neighbors)	1221 Jacobs Dr. Eugene, OR 97402	Monday through Friday at 11:30 AM	Congregate & MOW	Yes
Eugene (Olive Plaza)	1135 Olive St. Eugene, OR 97401	Monday through Friday at 11:45 AM	Congregate & MOW	No
Eugene (River Road)	1055 River Road Eugene, OR 97404	Tuesday and Thursdays at Noon	Congregate	Yes
Florence (Senior Center)	1570 Kingwood Florence, OR 97439	Mondays, Wednesdays, and Fridays at 11:45 AM	Congregate & MOW	No
Junction City (Viking Sal Senior Center)	245 W. 5th Ave Junction City, OR 97448	Mondays, Wednesdays, and Fridays at 11:30 AM	Congregate & MOW	No
Oakridge (Church of the Nazarene)	48187 Highway 58 Oakridge, OR 97463	Tuesday and Thursdays at Noon	Congregate & MOW	No
Springfield (Willamalane Adult Activity Center)	215 W. C St. Springfield, OR 97477	Monday through Friday at 11:30 AM	Congregate & MOW	No
Veneta (Fern Ridge Service Center)	25035 W. Broadway Ave. Veneta, OR 97487	Monday through Friday at 11:30 AM	Congregate & MOW	No
Eugene MOW (FOOD for Lane County)	770 Bailey Hill Road Eugene, OR 97402	Monday through Friday at Noon	MOW only	Yes

FOOD PRODUCTION AND DELIVERY

LCOG is a partner in an interagency consortium with NorthWest Senior & Disability Services (NWSDS) and Oregon Cascades West Council of Governments (OCWCOG) to procure food services for congregate and home delivered meals programs in a seven county area. NWSDS operates as the lead agency. The consortium is in year five of a six year agreement with Bateman Senior Meals to operate three central kitchens which are located in Salem, Newport and Eugene. This agreement was extended an additional year to allow time for a robust competitive procurement process. The consortium's pooled meal volume results in reduced unit prices.

The Eugene central kitchen produces and delivers food in bulk to LCOG's 11 service locations as well as FOOD for Lane County (FFLC), the MOW delivery agency for Eugene. Under this contract, Bateman plans the menu; hires, trains and supervises all kitchen staff; purchases raw food; prepares food according to standardized recipes; delivers it in S&DS trucks to meal sites; and maintains the kitchen equipment and trucks. Food is then served or packaged by S&DS staff and volunteers. MOW are delivered by S&DS volunteers in Springfield and outlying communities and by FFLC in Eugene.

LOCAL PARTNERSHIPS

S&DS could not operate its Senior Meals Program without community partners. Current partners include:

FOOD for Lane County: S&DS contracts with FFLC for MOW Home Meal Delivery in Eugene. FFLC is a 501(c)(3) non-profit entity. The contract includes OAA consumer assessment, volunteer management, participation in fund raising, and site operation.

Willamalane Adult Activity Center: Willamalane provides Café 60 dining space, a kitchen for MOW staging and Café 60 service, office space, custodial maintenance, and limited reception services for a monthly charge.

Homes for Good (formerly HACSA): Homes for Good provides space for Café 60 dining rooms, kitchens, and office space in Creswell, Cottage Grove, and at the Eugene Northwest Neighbors location at no charge.

City of Junction City: The City of Junction City provides space for the Café 60 Dining Room, kitchen, and office space for a monthly charge.

River Road Park & Recreation District: In this partnership, the River Road Park & Recreation District pays for the River Road Café 60 dining Site Coordinator while LCOG provides food and supplies.

FUNDRAISING

The Senior Meals Program conducts an aggressive, year-round direct mail fundraising campaign under the Senior Meals Program brand in outlying communities. An additional direct mail fundraising campaign is conducted under the MOW brand, in conjunction with FFLC, in the Eugene/Springfield shared market. In fiscal year 2018, all these efforts grossed approximately $383,479 in local charitable gifts. While direct mail fundraising campaigns have proven successful over the years, opportunities through social media development are likely to provide additional revenues. S&DS plans to tap into social media marketing over the next few years.

NUTRITION EDUCATION

The Senior Meals Program provides nutrition education to all participants that receive meals. Senior Connections Area Coordinators provide MOW recipients nutrition education at the time of service enrollment and annually thereafter. This includes a three page document titled "About the Senior Meals Menu". This tool is used to further educate participants about menu options and ordering meals. It includes specific information for those with a diabetic diet or low sodium needs.

Nutrition Education is also provided quarterly at our congregate Café 60 meal sites and is presented by the Site Coordinator. Topics are selected by the Program Manager. Past topics include: Adequate Fluid Intake, Hidden Calories in Holiday Drinks, Hidden Sources of Sodium, Portion Control, and Nutrition Labels.

Menus are distributed monthly to congregate and MOW recipients. Menus contain a full page of written nutrition information developed by a dietitian. Nutritional counseling is not an S&DS offered service.

COORDINATION WITH OTHER SERVICES

The ADRC is the front door for information on aging and disability services in Lane County. Those inquiring about MOW and Café 60 are directed to the ADRC number where their potential needs are discussed and community referrals provided. Senior Connections Area Coordinators perform in-home assessments for OAA MOW delivered in Springfield and outlying communities. They also provide ongoing case management and access to other services. Case management and service assessments are conducted using a person-centered methodology, placing the consumer at the helm of their case planning activities. Area Coordinators are also the gateway to the S&DS Family Caregiver, Money Management, Options Counseling, other AAA services and referrals to outside community resources. FFLC's contract includes OAA MOW assessment in Eugene and requires referral to ADRC for consumers who present with additional service needs.

CONSUMER CHOICE

Meal participants have a choice between two entrees each day, a choice of hot or frozen meals and a choice of days of service. Detailed nutritional analysis of the daily menu is provided on request, at meal sites and online. Menu substitutions are offered for diabetics. 25% of meals ordered are for diabetic or reduced carbohydrate menus. Through the ADRC and S&DS staff, consumers may also receive information on other food resources available throughout the community to best meet their nutritional needs and preferences.

CHALLENGES AND BARRIERS

The congregate program should be, and is designed to be, "More than a Meal", although resource limitations require almost all attention be focused on the meal, and little on the "More than". As the MOW program is significantly larger than the congregate program, managing MOW requires the majority of Senior Meals Program staff time and promotional activities. This leaves few resources for the congregate program, limiting the ability to foster a vibrant and relevant program.

Transportation to congregate sites remains a problem. In smaller communities, there is either no fixed route transit system and/or special transportation available to sites. In the Eugene/Springfield area, transportation must be accessed through RideSource, which is complicated and costly for most diners.

Strict Oregon nutritional requirements used to prepare meals satisfy some who are consciously working on their health, but may not satisfy others who cannot find their favorite foods or cannot taste allowable foods. Bateman is continuously testing new menu options that meet nutritional standards and are appealing to a large audience.

Program growth is restricted by stagnant federal funding, unpredictable state funding and minimal local government support. At the same time, certain costs are non-negotiable, such as food inflation and the implementation of Oregon's Minimum Wage Law. S&DS anticipates the new Minimum Wage Law will increase labor costs by 46% over the next seven years, affecting the cost of food service production, labor and site management.

MOW has reached financial, volunteer and facility limits, resulting in service wait lists in certain areas at certain times. Limited funding remains for capital investments or improvements. Any loss of funding or partnership is felt deeply, with a significant impact on the program and consumers. S&DS does not own the facilities used for meal sites and relies on local organizations with adequate facilities to commit the space and time to operate the program in their communities. Lack of adequate, affordable, attractive community facilities creates additional barriers for continued congregate participation and MOW growth.

OPPORTUNITIES

The partnership with FFLC is opening doors and providing additional resources for the Eugene area MOW program. As this partnership blossoms, additional opportunities may develop that will improve the Senior Meals Program in Lane County. S&DS is excited and looks forward to this partnership's growth.

S&DS membership in the MOW Association of America (MOWAA) is offering much needed market research and assistance with branding. They also assist with fundraising messaging and volunteer recruitment. MOWAA has a multi-year agreement with the Ad Council to develop a national campaign to recruit one million MOW volunteers nationally. S&DS is actively engaging in this campaign and is hopeful it will result in increased volunteer interest.

These issues have led to the following goals:

1. Maintain and expand consumer meal services
2. Improve communications with Native American service providers and other underserved populations

GOALS AND OBJECTIVES – NUTRITION SERVICES

Goal #1: Maintain and expand consumer meal services.

Objectives

1. Increase program revenues through fund raising by 5%	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020		Accomplishment or Update
				Start Date	End Date	
	a	Hire and maintain .5 FTE fundraising coordinator	Program Manager	1/2017	12/2020	Complete/coordinator in place & sustainable
	b	Expand opportunities for donor appreciation, minimum of once annually	Program Manager & Fund raising Program Coordinator	1/2017	12/2017 Annually	Now recognizing donors over $250 in newsletters, thank you letters mailed out for 2018. Hand-addressed thank you notes sent to donors over $100. Personal phone calls to large donors.
	c	Expand sponsorship (business/corporate) gifts	Fund raising Program Coordinator	1/2017	12/2018	In process, in collaboration with FFLC efforts.
	d	Distribute 13 direct mail solicitations	Program Manager & Fund raising Program Coordinator	1/2017	12/2017 Annually	Recurring, 2017 and 2018 complete. In negotiations with FOOD for Lane County to determine on-going partnerships on mail solicitations.

	e	Distribute 2 MOW Newsletters annually	Program Manager & Fund raising Program Coordinator	1/2017	12/2017 Annually	Recurring, 2017 and 2018 complete. As of December 2018, S&DS Nutrition Program fundraising has increased by 36% over 2016 fundraising amounts. This significant increase was due to two large bequeathed amounts received in 2018.
	f	Conduct donor acquisition mailings annually	Program Manager & Fund raising Program Coordinator	1/2017	12/2017 Annually	Recurring, 2017 and 2018 complete.
	g	Develop a Social Media/Facebook plan to use for additional fundraising	Assistant Program Manager	1/2017	12/2019	As of 2018, Facebook page and new website complete and live. Donation function added to website. Regular donation posts added to Facebook page.
2. Increase number of volunteers by 10% (25 volunteers)		Key Tasks	Lead Position & Entity	Timeframe for 2017-2020		Accomplishment or Update
				Start Date	End Date	
	a	Participate in MOW America volunteer recruitment campaign	Program Manager	1/2017	12/2018 On-going	Recurring, 2017 and 2018 complete. Current campaign is 'American, Let's Do Lunch'.

	b	Develop a Social Media/Facebook plan for volunteer recruitment	Assistant Program Manager	1/2017	12/2018 On-going	Complete. As of 2018, Facebook page and new website complete and live. Regular social media posts related to volunteering and volunteer recognition.
	c	Maintain 2 electronic volunteer recruitment databases	Assistant Program Manager	1/2017	12/2020 On-going	Recurring, 2017 and 2018 complete (internal S&DS database and partner database with United Way of Lane County).
	d	Post flyers in key community locations quarterly (as needed)	Assistant Program Manager & Site Coordinators	1/2017	3/2017 On-going	Recurring, 2017 and 2018 complete.
	e	Make personal contacts with key community leaders annually (or as needed)	Assistant Program Manager & Site Coordinators	1/2017	12/2018 Annually	Recurring, 2017 and 2018 complete. As of 2018, the S&DS Nutrition Program has increased the number of volunteers by 5.77% over fiscal year 2016 numbers.

Goal: #2 Improve communications with Native American service providers and other underserved populations.
Objectives

1. Develop regular lines of communication	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
	a	Provide training and program updates to the S&DS Outreach Coordinator annually (as needed)	Program Manager & Assistant Program Manager	1/2017	12/2017 Annually	Recurring, complete for 2017 and 2018. Program staff in regular contact with Outreach Coordinator.
	b	Have nutrition staff participate on Equity & Inclusion Committee (committee renamed in 2017)	Program Manager	1/2017	12/2020	Program Manager is an active member of this Committee, shares information with nutrition staff.

2. Provide nutrition service information to underserved groups	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End	
	a	Provide program materials to S&DS Outreach Coordinator as updated	Program Manager & Assistant Program Manager	1/2017	12/2020	Recurring, complete for 2017 and 2018.

3. Provide cultural competency and equity training to Senior Meals Staff	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
	a	Conduct annual staff equity activity	Program Manager & Assistant Program Manager	11/2017	11/2018 Annually	Complete for 2017 & 2018. In 2018, training focused on person-centered concepts and outreach to the

						homeless community. Working with Equity & Inclusion Committee for 2019 activity.

C-3 HEALTH PROMOTION

S&DS HEALTHY LIVING PROGRAMMING

As of fiscal year 2019, S&DS uses Older Americans Act Title IIID Disease Prevention and Health Promotion funds as well as state Health Promotion and Disease Prevention funds for the Stanford University's suite of Chronic Disease Self-Management Programs, known locally as the Living Well program, and also the Arthritis Foundation program, Walk with Ease. The Living Well suite consists of 6-week, evidence-based, peer-led workshops which provide participants tools to better manage their chronic conditions and remain living as independently as possible. S&DS has provided the Living Well with Chronic Conditions program since 2013. In 2015, S&DS launched the Chronic Pain version of the program followed by the launch of the Diabetes version in 2016. S&DS provides approximately 15 Living Well workshop series annually. Program fidelity is assured through annual peer leader reviews conducted either by a separate peer leader or the Program Coordinator. S&DS strives to provide Living Well programming where consumers live, with special consideration for rural communities. In 2015, the Living Well workshops were expanded to Florence, Cottage Grove and Junction City. Plans are underway to expand programming to the rural community of Oakridge. A closed-loop referral process was developed in 2015 for medical providers to refer at-risk patients to Living Well. S&DS has also explored partnering with a Latino-focused community agency to provide the Spanish language version, Tomando Control de su Salud. While a partner has not yet been found, S&DS, in collaboration with Lane County Public Health, continues work on this effort. Walk with Ease is a 9-week group walking course that includes stretching and strengthening exercises. S&DS launched this program in fall 2018 as a pilot, with additional pilot courses planned for 2019.

Through the use of state Health Promotion and Disease Prevention funds, S&DS launched a second pilot program, Powerful Tools for Caregivers in fall 2018. Powerful Tools is a training program to assist family caregivers better handle the challenges of caregiving for adults suffering from stroke, Alzheimer's, Parkinson's, or other conditions.

Through the use of ADRC Mental Health grant funds, S&DS also provides the PEARLS depression management program. This program is targeted to at-risk home bound older adults with mild depression. Both Living Well and PEARLS are also supported by Health Promotion state General funds.

PROGRAMMING GAPS

The S&DS Community Needs Assessment determined several programming gaps in Lane County, specifically in the areas of healthy eating, physical activity, and caregiver stress. Both Walk with Ease and Powerful Tools for Caregivers were launched to address these gaps. There is strong evidence

showing the linkage of income and other social determinants to health outcomes. S&DS is also acutely aware of the programming gap to the Latino and Spanish speaking communities. S&DS continues to research evidence-based health promotion programs that may address gaps in the community and that are culturally and linguistically responsive. S&DS will explore the feasibility of implementing additional programs, either through the existing Living Well infrastructure or through community partnerships

PROGRAM SUSTAINABILITY

S&DS is mindful of long-term program sustainability. S&DS receives some funding, along with strong support of the Living Well program, from the local Coordinated Care Organization, Trillium. Staff also participate in a variety of state and local workgroups that review alternate payment methodologies to reimburse programs for insured participants. New funding opportunities are regularly reviewed, including opportunities to partner with more insurers.

COMMUNITY ENGAGEMENT

S&DS is involved in a variety of community initiatives designed to improve health outcomes for Lane County residents either through direct interventions or attention to social determinants of health, such as income, education, housing, and access to food. S&DS serves as a core member of the local Sustainable Relationships for Community Health consortium, also known as the Coalition for Health and Self-Management (CHASM). This consortium supports local evidence-based health promotion and disease prevention programming in Lane County. Core members include S&DS, Trillium, Lane County Public Health, YMCA, and the Community Health Clinics. S&DS is also actively engaged with the Lane County Community Health Improvement Plan (CHIP). Staff are engaged in various CHIP workgroups that target health and equity improvements across the County. S&DS' involvement is primarily to advocate for older adults and adults with disabilities as the County invests in work to achieve CHIP goals. S&DS is also now serving on a local falls prevention coalition. For several years, S&DS has partnered closely with Trillium through a Memorandum of Understanding (MOU) to coordinate Medicaid funded long-term care services to reduce costs and to deliver high quality, person-centered care. A close relationship also exists with Lane County Behavioral Health, most recently evidenced by having a local Lane County Older Adult Behavioral Health Specialist embedded at S&DS part-time.

These issues have led to the following goal:

- Support improved health outcomes in Lane County

GOALS AND OBJECTIVES – HEALTH PROMOTION

Goal 1: **Support improved health outcomes in Lane County**

Objectives

1. Provide Chronic Disease Self-Management Programming (Living Well)	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
	a	Dedicate 1 full time Living Well with Chronic Conditions coordinator	Community Planner	1/2017	12/2020	Complete, recurring. 1 full time coordinator in place.
	b	Provide minimum of 12 Living Well with Chronic Conditions, Diabetes or Chronic Pain workshops annually	Program Coordinator	1/2017	Annually	Complete, 14 workshops were conducted in 2018. In addition, 2 Walk with Ease cohorts were completed in 2018 and 1 Powerful Tools for Caregivers workshop.
	c	Provide a minimum of 2 rural workshops annually	Program Coordinator	1/2017	Annually	Complete for 2018, Cottage Grove & Florence.
	d	Achieve a program graduation rate of 60% per workshop	Program Coordinator	1/2017	12/2020	In fiscal year 2018, a 62% graduation rate was achieved.
2. Provide PEARLS Programming	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
	a	Obtain minimum of 2 Master of Social Work (MSW) interns	Senior Connections Manager	1/2017	7/2017	As of July 2017,

		for program delivery each semester				program delivery model moved from MSW interns to staff
	b	Provide training to new MSW interns each semester	Senior Connections Manager	1/2017	7/2017	As of July 2017, program delivery model moved from MSW interns to staff
	c	Screen-in 30 consumers annually	S&DS Staff	1/2017	12/2020	Complete, in fiscal year 2018, 48 individuals were screened-in & referred for PEARLS programming.
3. Support additional evidence-based health promotion programming	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	Start Date	
	a	Prioritize list of evidence-based programs to research for potential implementation using programming gaps and data identified through the S&DS Community Needs Assessment	Community Planner	9/2017	12/2017	Complete, based on needs assessment information, community workgroup identified family caregiving and falls prevention evidence-based programming gaps. Programs within these two programming areas were reviewed and prioritized.

	b	Research top 3 programs from prioritized list, including level of effort and budget needed for implementation	Program Coordinator	1/2018	6/2018	Complete. After review of potential programming list, Walk with Ease and Powerful Tools for Caregivers were selected as potential programs to pilot.
	c	Review research results with S&DS Advisory Councils for further guidance and determine which programs to pursue	Community Planner	7/2018	9/2018	Complete. S&DS staff shared information and obtained input on pilot programs in July and September 2018 with the Advisory Councils.
	d	Review feasibility of conducting program(s) in-house and need for community contract	Director/Community Planner/Advisory Councils	7/2018	9/2018	Complete.
	e	Develop and conduct community competitive proposal process, as needed, with emphasis on entities that serve underserved populations and that offer Spanish language programming	Community Planner	10/2018	6/2019	As of 2018, programs under review are staffed internally.
	f	Determine measurable service objectives	Senior Connections Unit Manager	10/2018	12/2018	Complete. Pilot outcomes measurements established and

						tracked.
	g	Implement program(s)	Community Planner/Program Coordinator	7/2019	12/2020	Pilot programs for Walk with Ease and Powerful Tools for Caregiving launched in fall 2018.
4. Collaborate with state and local partners on health promotion, disease prevention efforts	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	Start Date	
	a	Continue as core team member in the local Sustainable Relationships for Community Health consortium	Community Planner	1/2017	12/2020	Complete, recurring. Living Well coordinator continues to participate and engage local efforts.
	b	Participate in Lane County Community Health Improvement Plan workgroups	Community Planner	1/2017	12/2020	Complete, recurring. Staff serve on workgroups.
	c	Continue work with local Coordinated Care Organization, Trillium	Director/Program Manager	1/2017	12/2020	Complete, recurring. S&DS Director serves on the Trillium Community Health Plan Board. MOU exists between Trillium & S&DS for coordination of care between mutual patients.
	d	Collaborate quarterly with Lane County Public Health on	Community Planner	1/2017	12/2020 Quarterly	Complete, recurring. This work occurs

		evidence-based programming expansion efforts with emphasis on service equity				during Sustainable Relationships for Community Health consortium meetings, which typically occur quarterly but have been on hold in 2018 due to Lane County Public Health program staffing changes.
	e	Provide information on community partners' evidence-based offerings to S&DS consumers	Community Planner	1/2017	12/2020	Complete, recurring. Partner offerings are added to the ADRC, ADRC staff refer consumers to community programming. S&DS continues to improve quality of these listings in the ADRC database.

C-4 FAMILY CAREGIVERS

FAMILY CAREGIVING

Informal and family caregivers include spouses, partners, children, other family members, and friends. They are the foundation of care across the nation. Caregiving may include assistance with everyday household chores, such as cleaning and meal preparation, and assistance with personal care activities such as eating, bathing and mobility. These caregivers provide critical support that helps delay or prevent the need for a nursing facility or hospital care.

Informal, unpaid caregiving is universally recognized as the foundation of long-term care. The continued aging of the population and demographic shifts due to baby boomers is likely to increase the caregiving burden on a smaller number of caregivers over the next few decades.

Family caregivers are typically unpaid, which is helpful for the care recipient, but puts a tremendous burden on the caregiver. For younger family members, caregiving may impact employment through reduced hours or job loss, and may also take time and attention away from other family members. Not only may caregivers suffer economically, but emotionally, and they may face serious stress related health risks. They are more likely to experience long-term medical problems and have weaker immune systems. They are also less likely to eat healthy meals or exercise regularly.

THE S&DS FAMILY CAREGIVER PROGRAM

The Family Caregiver Program (FCG) provides services for unpaid caregivers in metro and rural Lane County. Services are available to caregivers supporting older adults, adults with dementia, and older adult caregivers caring for related children or adult children with developmental or intellectual disabilities. Core elements of the FCG program include: Respite care; information services; specialized family caregiver information; counseling; training; support groups; and supplemental services. The local FCG program currently provides these core elements through:

- Paid respite services, which may be provided in-home or in a licensed facility. S&DS annually renews contracts with 10 licensed agency respite providers to provide a diversity of respite options for the caregiver and care recipient.
- Respite stipends, which allow caregivers to choose their respite provider, which may be an agency, registered home care worker, family member, trusted friend, or neighbor. The selected provider follows a care plan developed by the caregiver, care recipient, and Senior Connections Area Coordinator. This allows for increased consumer choice, flexibility in rural areas, culturally or linguistically appropriate options and the ability to cluster services into a chosen timeframe.

- Cash and counseling services, which include direct payments for caregivers to provide a safe and nurturing home environment for the care recipient. Payments can support the purchase of adaptive equipment, durable medical equipment, incontinence products, minor home modifications, and similar improvements. When utilized in conjunction with the Relatives as Parents Program (RAPP), payments may also include school break camp fees, tuition for after school enrichment activities, back-to-school supplies, and similar enrichment activities.

- Options Counseling for caregivers, during which Senior Connections Area Coordinators facilitate decision making regarding long term care options, inclusive of community-based or facility-based care that is provided via natural supports, private pay or subsidy dependent on what is important to and for the care recipient and caregiver.

- Referrals to appropriate community support groups provided by partner agencies, evidence-based programming and training for caregivers and care recipients, therapeutic counseling, and similar community supports. Currently, local support groups and training for caregivers are limited to disease specific care, such as group training programs for Alzheimer's disease and related dementias or Parkinson's disease.

- Caregiver education in the form of information and assistance, quarterly educational newsletters, and support to attend caregiver conferences and events. Support to attend conferences may include respite for the care recipient, conference fees and mileage reimbursement. Through the use of state Health Promotion and Disease Prevention funds, the caregiver training program, Powerful Tools for Caregivers, is now offered.

PROVISION OF SERVICES TO UNDERSERVED CAREGIVERS

The FCG program prioritizes outreach to underserved caregivers. The program maintains a 30/70 balance of services to rural and metro caregivers. Senior Connections Area Coordinators conduct outreach, assessments and case management for caregivers at all S&DS offices and outstations. Senior Connections employs a bilingual (Spanish/English) Area Coordinator to provide culturally and linguistically appropriate family caregiver services for Latino families and includes information about the capacity of each of the local respite agencies to provide Spanish-language care. State-provided program literature is provided in English and Spanish. Linguistic support for non-English and non-Spanish caregivers is provided through a translation service. Outreach to Native American caregivers is provided through relationships with the Tribes and the Annual Oregon Native Caring Conference. Outreach to caregivers within the LGBTQ community is conducted in conjunction with S&DS LGBTQ community outreach efforts.

SERVICE AND RISK ASSESSMENT

The FCG Program assessment for services includes a risk assessment for both the caregiver and care recipient. The risk assessment considers physical, cognitive, developmental/intellectual and mental disabilities; isolation; economic need; complexity of care for care recipients at risk of institutionalization; and multigenerational care amongst its measures. The Program has a close relationship with Adult Protective Services (APS), resulting in significant participation from caregivers and care recipients who are at risk for abuse or self-neglect.

Eligibility for the program is purposefully inclusive of an array of family systems, including related family, domestic partnerships, those not related by blood or marriage and similarly supportive unpaid caregivers.

CHALLENGES

Many challenges impact the ability of the local FCG program to meet growing demand for these services. Identified gaps in the local FCG Program services include, but are not limited to:

- Funding restraints resulting in waitlists that are frequently closed;
- Lack of diversity of respite care options, including adult day programming;
- Need for support, training and respite for caregivers of care recipients with complex care needs outside of dementia such as mental health, traumatic brain injury, developmental and intellectual disability and self-neglect;
- Need for support for caregivers who themselves experience complex care needs;
- Need for robust outreach to racial and ethnic minority caregivers, especially caregivers for whom legal documentation for one or more members of the family may be a problem.

Over the next several years, through continued FCG programming, new opportunities and improved partnerships, S&DS will strive to improve unpaid caregivers' quality of life by helping to reduce caregiving related stress and provide them more time and energy for everyday life activities such as maintaining employment, raising children and engaging in social activities.

These issues have led to the following goals:

1. Increase resource capacity for unpaid FCG programs in Lane County
2. Increase community awareness of FCG needs, options and resources
3. Increase diversity of support options for FCGs

GOALS AND OBJECTIVES - FAMILY CAREGIVER PROGRAM

Goal #1: Increase resource capacity for unpaid FCG programs in Lane County
Objectives

1. Increase collaborative partnerships with agencies currently supporting FCGs (i.e. Alzheimer's Association, AARP, ARC, healthcare institutions and insurance providers)	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
	a	Identify key partners	Senior Connections	1/2017	12/2020	On-going. Some S&DS partnerships include the Alzheimer's Association, AARP, Parkinson's Resource Center, and Oregon Older Adult Behavioral Health specialists. Work occurring to collaborate with Kaiser Permanente. S&DS continues to identify new partners.
	b	Explore methods for collaboration and support with key partners	Senior Connections	1/2018	12/2020	S&DS has increased its presence at partner events, meetings, and trainings. Working on direct referral streams.

2. Pursue grant opportunities	a	Meet with LCOG Government Services grant writer and identify potential grants	OAA Management Team	1/2018	12/2018	S&DS Program Analyst receives information from LCOG grant writers when grants of interest are identified. Senior Connections assigned an MSW intern to work with Lane Senior Support Coalition (LSSC) on grant writing.
	b	Write and manage grant(s)	LCOG Government Services; OAA Management Team	1/2018	12/2020	Current grants obtained through LSSC have ended. All funds were spent timely on FCG respite. MSW intern working on new potential grant streams.
3. Advocate at state and federal level in support of FCG policy, such as funding (i.e. OAA Title III funds) and policy development and implementation (i.e. FCG tax credits)	a	Train SSAC, DSAC, and ADRC members on FCG issues for lobby days at the state capitol	OAA Management Team; SSAC; DSAC; ADRC Operations	1/2018	12/2020	In 2018, S&DS Advisory Councils included Family Caregiver issues in their legislative priorities. For National Caregiver Appreciation month (November 2018), the Councils crafted

						a proclamation in support of Family Caregivers. The LCOG Board approved and adopted this proclamation. In November 2018, the Councils hosted a state-level legislative town hall which included specific information and questions around legislative support of family caregiver services.
4. Become and stay on the cutting edge of FCG innovation (i.e. pilot programs)	a	Stay involved with Statewide AARP FCG Respite Initiative	Senior Connections	1/2017	12/2020	Senior Connections unit manager is involved and remains engaged. S&DS had a 'virtual booth' at a fall 2018 AARP Virtual Caregiving Fair.
	b	Consider FCG pilot programs as they become available	OAA Management Team	1/2017	12/2020	S&DS is working on holding a Powerful Tools for Caregivers training specifically for Relatives As Parents Program

						participants (traditionally this training is held with caregivers for adults).
5. Increase in-kind donations of services to FCGs	a	Identify pro bono providers of FCG assistance and list in ADRC Database	Senior Connections; ADRC; ADRC Listing Manager	1/2017	12/2020	While no pro bono providers have been identified, in 2019, an ADRC specialist will focus on ADRC listing improvements, research on pro bono options will be included in this process.
	b	Identify pro bono resources for FCGs (i.e. incontinence products, durable medical equipment, home safety equip)and list in ADRC Database	Senior Connections; ADRC; ADRC Listing Manager	1/2017	12/2020	S&DS has partnered with some entities that may provide no-cost supplies. Entities include LOVE Inc. and Hearts for Hospice.
6. Increase pool of trained FCG respite volunteers	a	Identify agencies with similarly trained volunteers to coordinate FCG volunteer efforts	Volunteer Management Team	1/2017	12/2018	S&DS is in communication with the Senior Companion Program (through Lane Community College), Peacehealth pre-hospice program

						'Life Passages', and Florence Peace Harbor hospital.
	b	Stay in regular contact with agencies with similarly trained volunteers	Volunteer Management Team	1/2018	12/2020	S&DS staff work closely with the entities identified in the above listed task. In addition, staff work closely with the Alzheimer's Association and local support groups. Work continues to expand networking opportunities.
	c	Explore ways to streamline FCG volunteer onboarding (i.e. efficiency of applications, background checks, training)	Volunteer Management Team	1/2017	12/2020	S&DS continues to streamline and standardize onboarding processes. In 2018, the Volunteer Management Team standardized an agency-wide application, registration, and other key forms.

Goal #2: Increase community awareness of FCG needs, options and resources
Objectives

	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
1. Create outreach program on FCG needs, options, and resources	a	Include representation of FCG in outreach messaging	Senior Connections	1/2017	12/2017	Complete, included in outreach plans.
	b	Create media templates (i.e. for op eds, letters to editor)	Volunteer Management Committee	1/2018	12/2019	In 2018, S&DS began to include some marketing on LCOG social media accounts for Powerful Tools for Caregiving. A 1-page program summary was created. Additional work to occur in 2019.
	c	Develop relationship with media outlets (i.e. radio, newspapers, TV, UO/LCC media programs)	Volunteer Management Committee	1/2018	12/2019	To begin in 2019.
	d	Publish and air outreach messages	Volunteer Management Committee	1/2018	12/2020	To begin in 2019.
	e	Fund, create, and air Metro TV PSA on FCG program	Volunteer Management Committee	1/2018	12/2020	Future
	f	Use Metro TV FCG PSA for outreach events	Senior Connections; S&DS Outreach Coordinator	1/2019	12/2020	Future
2. Develop staff and volunteer understanding in	a	Train ADRC, Options Counseling, APS staff on FCG needs, options, resources	Senior Connections; ADRC	1/2017	12/2020	In 2018, A Family Caregiver Tool Kit was developed for

public service agencies regarding FCG needs, options, and resources						ADRC and Senior Connections staff.
	b	Identify community partners to share FCG information	Senior Connections; S&DS Outreach Coordinator	1/2017	12/2017	Current information sharing occurring with PeaceHealth, Alzheimer's Association, local Health Promotion listserve created by S&DS staff, Trillium, Lane Senior Support Coalition, Addus, New Horizons In-Home Care.
	c	Share FCG information with identified community partners	Senior Connections; S&DS Outreach Coordinator	1/2017	12/2020	Complete, recurring..

Goal #3: Increase diversity of support options for FCGs
Objectives

1. Provide greater specialization in information and assistance services for FCGs	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
	a	Identify and list agencies serving underserved/ specialized needs FCGs in ADRC database	Senior Connections; ADRC; Listing Manager	1/2017	12/2017	Bulk completed in 2017, with on-going listing improvements occurring in 2018 and planned for 2019.
	b	Coordinate referrals to specialized agencies	Senior Connections; ADRC	1/2018	12/2020	Complete, recurring. S&DS FCG program coordinates this

						process.
	c	Revise Family Caregiver Program Risk Assessment to include risk factors related to underserved and/or complex-to-serve populations	Senior Connections	1/2017	12/2017	Complete, revised risk assessment completed and implemented in spring 2017.
2. Increase availability and diversity of FCG support groups outside of Eugene	a	Support/advertise efforts for community agencies to attract, train and retain support group leaders	Senior Connections; ADRC	1/2017	12/2020	Cottage Grove and Springfield now have support groups. There is a Relatives as Parents support program at the Trauma Healing Project.
3. Increase variety of respite care options	a	Educate Legislature and insurance entities on need for additional adult day programming through adequate reimbursement	Director; SSAC; DSAC; ADRC Operations	1/2018	12/2020	Through the S&DS Advisory Council's Long-Term Care committee, the need for adult day programming in Lane County was addressed as an unmet need. In 2018, S&DS participated in a local needs assessment process which resulted in the opening of a new licensed adult day center in fall of 2018 (Uhlhorn Day Services through

						partner ShelterCare).
	b	Provide referral support to agencies providing diverse respite options	Senior Connections; ADRC	1/2017	12/2020	S&DS offers stipends in lieu of traditional respite payments to support caregivers' access to diverse or unique respite needs. S&DS is promoting/referring to the new adult day center through the ADRC, Advisory Councils, and staff.
4. Increase access to therapeutic counseling for FCGs	a	Identify and list counselors with FCG specialization in ADRC database	Senior Connections; ADRC; Listing Manager	1/2018	12/2019	In 2018, S&DS is now referring to Cascade Behavioral Health as a source of long-term therapeutic counseling for family caregivers. Short term options currently exist through PeaceHealth Behavioral Health Specialists.

C-5 ELDER RIGHTS AND LEGAL ASSISTANCE

OLDER ADULT AND ADULTS WITH DISABILITIES ABUSE IN LANE COUNTY

Abuse, regardless of type, tends to take place where the person lives, in their own home or in other community-based care settings and institutions. For home and community-based abuse, the majority of perpetrators are related to the victim; very few perpetrators are strangers. It is often someone close to the victim with a trusted relationship such as a family member, friend, caregiver or neighbor.

Financial abuse and neglect of care by caregivers are on the rise and represent the two most common abuse types reported both in Oregon and locally in Lane County. Financial scams and fraud affect an estimated one-fifth of older adults nationally. In addition, sexual abuse is the most common abuse type for adults with disabilities, statewide. In fiscal year 2018, S&DS investigated almost 3,000 reports of suspected abuse. Over 30% of the investigations were substantiated.

Prevention efforts are essential tools to help stem the tide of adult abuse and protect our most vulnerable community members. Educational programs, and those that offer money management and legal services, are effective means of preventing abuse and provide stabilization after abuse has occurred.

S&DS PREVENTION EFFORTS

S&DS provides and supports many abuse prevention efforts in Lane County. In addition to operating the local Adult Protective Services (APS) unit which responds to and investigates allegations of abuse, S&DS staff provide training and public education periodically and as requested in the community on abuse types and how to report suspected abuse. S&DS collaborates with other organizations, such as AARP, to provide abuse prevention community education locally, with emphasis on financial exploitation. APS staff also serve in local and state multi-disciplinary teams and workgroups. These efforts focus on abuse prevention, detection and intervention. A few current topics being closely reviewed locally include availability of public guardianship, identification of gaps or issues in the system, work with the financial industry to improve detection and response to financial exploitation, and collaboration to address other emerging issues. Through work with both state and local partners, lack of quality guardianship options, which include person-centered alternatives to guardianship, needs attention. S&DS conducted a workgroup which included representation from APS, the local Senior Legal Services provider, and the Ombudsman program which recommended the exploration of additional guardianship options in Lane County. S&DS is already working with state and local entities on this topic area.

S&DS operates the Oregon Money Management Program, a volunteer based program that provides bill pay and representative payee services to adults 60 and older and adults with disabilities. This

service fills a critical need to help safeguard vulnerable adults' finances from financial abuse and exploitation. Services are targeted to those with low income and low resources. Many volunteers are bilingual in a variety of languages, conducting services in a linguistically and culturally appropriate manner to referred consumers.

S&DS provides financial support and collaborates with the local Senior Law Program operated by the Oregon Law Center (formerly Lane County Legal Aid and Advocacy Center). This program provides free legal consultation on non-criminal legal issues to older adults through the use of pro bono attorneys and program staff. Additional assistance may be targeted to those in the most economic and social need. The types of cases handled by Senior Law Program staff focus on poverty law including: public benefit income maintenance, health care issues, long-term care issues, and basic needs such as nutrition, housing, and utilities. In addition, services are provided in the areas of abuse, neglect, exploitation and least restrictive guardianship options. The Senior Law Program provides materials in Spanish and also has on-site bilingual staff that may assist consumers. The Senior Law Program is an integral key stakeholder and partner on all elder abuse intervention and prevention work, including financial abuse and guardianship improvements.

The volunteer based S&DS Financial Abuse Specialist Team (FAST), assists with financial abuse investigations. Volunteers help prepare financial evidence for potential criminal prosecution.

APS REFERRAL ENTRY POINTS

As S&DS operates the APS unit in Lane County, internal streamlined referral protocols exist for staff to report suspected abuse through the use of an internal electronic referral system. S&DS staff are trained mandatory reporters. All suspected abuse is referred directly to S&DS APS screening, including calls received through the ADRC, partner agency reports, and reports received by email or fax. The APS screening dedicated phone line is staffed during normal business hours. After hours, messages may be left on this line which directs callers to contact 911 for emergencies. Screeners evaluate each report for further APS staff investigation. If a victim reports abuse, screeners conduct safety planning along with an initial interview.

These issues have led to the following goals:

1. Improve guardianship options in Lane County
2. Provide public education on abuse prevention and detection
3. Support a comprehensive, coordinated system for abuse intervention and prevention

GOALS AND OBJECTIVES – ELDER RIGHTS & LEGAL ASSISTANCE

Goal 1: **Improve guardianship options in Lane County**

Objectives

1. Participate in and support local guardianship High Risk Team (HRT)	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
	a	Assign Lead Staff	APS Manager	1/2017	3/2017	Complete
	b	Attend meetings	APS Manager	1/2017	12/2020	Recurring, complete for 2017 and 2018.
2. Engage Senior Legal Services provider with state and local guardianship efforts	**Key Tasks**		**Lead Position & Entity**	**Timeframe for 2017-2020 (by Month & Year)**		**Accomplishment or Update**
				Start Date	**End Date**	
	a	Connect Senior Legal Services provider to HRT	APS Manager	1/2017	6/2017	Complete, determined conflict of interest with Legal Services Provider attending.
	b	Jointly develop guardianship training curriculum	APS Manager	1/2019	6/2019	Office of Public Guardian is lead on this work. Office of Public Guardian experienced a large budget reduction which reduced that programs capacity and impacted/

						delayed work at the local level on guardianship issues.
	c	Co-conduct local guardianship training	APS Manager	6/2019	8/2019	Work on hold while awaiting progress at state level through Office of Public Guardian.
3. Explore feasibility of a volunteer-based Guardianship Program with state and local partners	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
	a	Research existing programs	APS Manager	1/2019	6/2019	Complete, the State of Oregon has assumed a lead role researching and exploring alternatives to guardianship. In 2018, S&DS APS staff attended a stakeholder planning session on this topic.
	b	Make contact with local judicial system regarding local feasibility	APS Manager	2/2019	6/2019	Complete, the State of Oregon has assumed a lead role in this work. S&DS staff remain

						engaged as the state moves forward.
	c	Conduct exploratory meeting with key stakeholders, Senior Legal Services provider, court advocates, other parties	APS Manager	6/2019	8/2019	Complete, the State of Oregon has assumed a lead role researching and exploring alternatives to guardianship. In 2018, S&DS APS staff attended a stakeholder planning session on this topic.
	d	Identify appropriate home agency for program	APS Manager	8/2019	10/2019	Complete, the State of Oregon has assumed a lead role in this work. S&DS staff remain engaged as the state moves forward.
	e	If program development initiated, support identified program agency with on-going development and maintenance efforts	APS Manager	1/2019	12/2020	Complete, the State of Oregon has assumed a lead role in this work. S&DS staff remain engaged as the state moves forward.

Goal 2: Provide public education on abuse prevention and detection

Objectives

1. Conduct a targeted multi-media public education campaign	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
	a	Determine target audience, with emphasis on underserved and at-risk populations (Spanish speaking communities, LGBTQ)	Community Planner	3/2018	4/2018	In 2017 and 2018, S&DS determined a broad audience scope for initial work.
	b	Determine campaign objectives	Community Planner	4/2018	5/2018	Campaign objectives for 2018 include raising general community awareness.
	c	Determine topics	Community Planner	5/2018	6/2018	Complete, 2018 topic was general adult abuse awareness.
	d	Determine communication/media channels, language needs	Community Planner	6/2018	7/2018	Complete, bus advertisements and short commercial-style awareness video for social media or TV audiences.
	e	Determine campaign budget	Director	7/2018	8/2018	Complete.
	f	Develop campaign slogan and branding	Community Planner	8/2018	12/2018	Complete.

	g	Develop campaign materials, review for cultural inclusiveness	Community Planner	1/2019	8/2019	In progress. For 2018, bus advertisement developed and deployed on 3 Lane Transit District buses (outside rear of buses). Video in production, expected to be final in early 2019.
	h	Determine outcomes to measure	Community Planner	5/2019	7/2019	In progress. For 2018, LTD market coverage numbers used to measure advertisement reach. Tracking callers to ADRC that identify bus advertisements as referral source.
	i	Deliver campaign through communication and media channels	Community Planner	9/2019	12/2020	In progress, awaiting video completion.
	j	Measure campaign effectiveness	Community Planner	9/2019	12/2020	Future
2. Conduct targeted trainings to professionals and the public	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
	a	Determine target audiences, with emphasis on those	APS Manager	9/2017	10/2017	For 2018, trainings focused on skilled nursing facilities and

		serving underserved and at-risk populations (Spanish speaking communities, LGBTQ)				residential care facilities.
	b	Determine topics	APS Manager	10/2017	12/2017 Annually	2018 complete
	c	Develop training materials (as needed)	APS Manager	1/2018	12/2018	2018,complete
	d	Collaborate with partners	APS Manager	1/2017	12/2020 On-going	2018, complete, collaboration with facilities and sites.
	e	Market trainings to target audiences	APS Manager	6/2017	12/2020 On-going	Complete, recurring.
	f	Conduct trainings	APS Manager	4/2017	12/2020 On-going	In 2018, majority of trainings were provided to nursing facilities and residential care facilities. Additional trainings were provided to the Oakridge Fire Department (rural), Eugene library, Home Health agencies, Florence PeaceHealth (rural), Oregon Bankers Association, and other community groups and agencies.

Goal 3: Support a comprehensive, coordinated system for abuse intervention and prevention
Objectives

1. Collaborate with state and local partners on abuse prevention and detection efforts	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
	a	Participate as a primary partner in local Adult Abuse Multi-Disciplinary Team (MDT)	APS Manager	1/2017	12/2020	Recurring, complete for 2017 and 2018.
	b	Participate in a minimum of 4 local/state workgroups and committees	APS Manager	1/2017	12/2020	Recurring, complete, these include local MDT, High Risk team, Lane County Mental Health summits, Eugene Mental Health court-diversion team, local Trillium sponsored Older Adult workgroup, Sexual Assault Response Team, and the Lane County Frequent User Systems Engagement (FUSE) Steering Committee.

	c	Meet annually with Senior Legal Services provider	APS Manager / Community Planner	4/2017	3/2018 Annually	Complete, recurring.
	d	Develop relationships with a minimum of 3 entities in Florence, Oregon	APS Manager	1/2017	12/2020	APS continues work in the Florence area with key partners and agencies.
2. Develop relationships with local financial system to improve financial abuse intervention	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
	a	Establish relationships with 4 local banks	APS Manager	1/2019	12/2020	In 2018, APS manager began working with local credit unions on fraud topics.
	b	Establish relationship with Bankers Association	APS Manager	1/2019	9/2020	In 2018, APS lead worker coordinated with and presented to the local Bankers Association.
	c	Provide abuse education to local bank staff	APS Manager	1/2019	12/2020	Future
	d	Explore methods to streamline and speed investigation records access with each of the 4 partner banks	APS Manager	1/2019	12/2020	Future

3. Continue to provide the Oregon Money Management Program	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
	a	Dedicate 1 full time staff coordinator	Community Planner	1/2017	12/2020	Complete, staff person assigned. In 2018, staffing increased to 1.3 FTE.
	b	Serve 125 consumers	Community Planner	1/2017	12/2020	As of December 2018, original goal complete. The program is serving 121 consumers, a 73% increase from January 2017 levels. New sustainable goal of 125 consumers based on current program FTE.

4. Support local Senior Legal Services provider	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
	a	Review contract annually for updated service objectives	Community Planner	4/2017	3/2018 Annually	Recurring, complete for 2017 and 2018.
	b	Conduct competitive Request for Proposal	Community Planner	1/2019	6/2019	Future
	c	Meet annually to discuss collaboration opportunities	Community Planner / Program Manager	4/2017	2/2018 Annually	Recurring, complete for 2017 and 2018.

C-6 OLDER NATIVE AMERICANS

S&DS SERVICE DELIVERY AREA

According to the American Community Survey, 530 Native Americans age 60 and older reside in Lane County. Four Tribes provide services for their respective Lane County members: The Coquille Indian Tribe; The Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians (CTCLUSI, Title VI grantee); The Cow Creek Band of Umpqua Tribe of Indians (Title VI grantee); and the Confederated Tribes of Siletz Indians (Title VI grantee). Each of the four Tribe's primary centers is located outside of Lane County and the S&DS service delivery area. Outstations exist in Lane County for CTCLUSI and the Confederated Tribes of Siletz Indians.

All four Tribes provide services for Tribal Elders. Services include socialization activities, nutritional programming such as congregate meals, in-home care, caregiver support and financial and health benefits. All Tribes also have a wealth of other general programming available to Tribal Elders.

COORDINATION WITH LOCAL TRIBES

S&DS has some interaction with the Tribes, but communication and cross referrals could be improved. Over the next four years, S&DS intends to build better relationships and collaboration with the Tribes to better coordinate services, share information and provide services in more culturally appropriate ways. In particular, S&DS plans on expanding its relationship and collaboration with the Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians which has two outstations located in Lane County. S&DS plans on developing relationships with these outstations that involve regular communication and information sharing, especially about the ADRC. S&DS is committed to supporting the Tribes and Tribal members to direct the services and supports received from S&DS. S&DS looks to Tribal members to guide any partnerships and services that may develop over the next four years.

One large challenge with S&DS establishing or improving relations with the Tribes is that no major Tribal Centers exist in Lane County for the Coquille Indian Tribe, The Cow Creek Band of Umpqua Tribe of Indians or the Confederated Tribes of Siletz Indians. This, coupled with the small number of Tribal Elders residing in the S&DS service area, presents barriers to effective collaboration and communication. In addition, S&DS must reach out to Tribal centers located in other AAA service delivery areas, which may cause communication confusion. One way to potentially work through this barrier is to partner with the primary AAA's in those areas to create effective referral and communications channels without S&DS being the primary conduit. As stated above, any services or supports developed in this manner will be determined by the Tribes and Tribal members.

These issues have led to the following goals:

1. Improve Communication with Local Tribes
2. Improve Support for Native American Caregivers

Goal 1: **Improve Communication with Local Tribes**
Objectives

1. Develop lines of communication	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
	a	Identify key S&DS staff	Program Manager	1/2017	10/2017	Complete, the S&DS outreach coordinator has been assigned with assistance from the Equity & Inclusion Committee.
	b	Contact AAA's in Tribal seats' geographic regions to coordinate communication	S&DS Outreach Coordinator	1/2017	12/2017	Direct contacts made with most AAA's and contacts are known. Majority of AAA's met in person during 2018 Meet & Greet event in Portland (Tribes and AAA event) and local southern Oregon meet & greet opportunities.

	c	Contact each Tribe to determine correct contacts	S&DS Outreach Coordinator	3/2017	12/2017	Complete, list of contacts created and updated as needed.
	d	Contact each Tribal contact to determine preferred communication methods and provide overview of S&DS	S&DS Outreach Coordinator	3/2017	5/2017	Complete, in general contracts prefer phone communication, with email as a secondary contact method.
	e	Annually discuss service coordination between S&DS and Tribal programs	Program Manager/S&DS Outreach Coordinator	6/2017	12/2020	In progress, information sharing is occurring with CTCLUSI and the Confederated Tribes of Siletz Indians on Senior Connections and Living Well programming. For 2018, staff focused on enhanced coordination with CTCLUSI.
2. Invite local Tribes to S&DS and related local events and	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	Start Date	
	a	Provide Tribal contacts	S&DS Outreach	3/2017	12/2020	Information

trainings		information on public events	Coordinator			shared with local Tribes on the 2017 and 2018 Native Caregiver Conferences along with information on respite and other supportive services. Information on Wisdom Warrior/Chronic Disease Management trainings shared.
	b	Collaborate with Tribal contacts to ensure S&DS events and trainings are culturally appropriate	S&DS Outreach Coordinator	6/2018	12/2020 On-going	S&DS has had the opportunity to take online trainings on providing culturally appropriate services as offered by national and state agencies.
3. Provide information and education on the ADRC and S&DS services	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
	a	In partnership with other AAA's as applicable, offer	S&DS Outreach Coordinator	6/2018	12/2020	Occurring. Information on

		S&DS and ADRC outreach presentations				the ADRC is shared with existing tribal contacts regularly.
	b	Collaborate with Tribes on culturally appropriate outreach presentations and materials	S&DS Outreach Coordinator	6/2018	12/2020	Future, S&DS materials, such as the S&DS brochure are reviewed for inclusiveness. As relationship building continues with the Tribes, more opportunities for input is anticipated.
	c	Provide updated ADRC information and materials annually – this may include adding services and programs offered by the Tribes to the ADRC database	S&DS Outreach Coordinator	6/2018	12/2018 Annually	Resource guides with Native American and Tribal resources were identified as a gap through Lane County Community Health Improvement Plan workgroups of which S&DS is a member. Gap information in

						ADRC & 211 also identified. ADRC & 211 notified of gap, ADRC listings were improved and 211 stated they are striving to include more resources.
	d	Work with other AAAs to assist Tribal members in obtaining coordinated services	S&DS Outreach Coordinator and Community Planner	11/2017	9/2019 On-going	Information sharing occurs through the Oregon Association of Area Agencies on Aging. A statewide Meet and Greet was held in 2018, S&DS attended. Southern Oregon collaborative meetings between AAA's and Tribes occur periodically.

Goal 2: Improve Support for Native American Caregivers
Objectives

1. Provide access to caregiver trainings	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
			Start Date	End Date	

	a	Identify local caregiving training opportunities	Senior Connections Unit Manager	3/2017	2/2018 Annually	2018 - Native Caregiver Conference identified as primary opportunity.
	b	Provide information to local Tribal contacts	S&DS Outreach Coordinator	3/2017	12/2020 Continuous	2018 - Information on Native Caregiver Conference provided
	c	Offer scholarships and other support to enable training attendance	Senior Connections Unit Manager	1/2017	12/2020	2018 - Information on respite and other caregiver supportive services shared.
2. Provide caregiving information	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
	a	Provide information on caregiver support groups to local Tribal contacts	Senior Connections Unit Manager, S&DS Outreach Coordinator	3/2017	12/2017	2018 - The Senior Connections Unit Manager and the Outreach Coordinator are periodically sharing information with CTCLUSI and the Confederated Tribes of Siletz

						Indians outstations.
	b	Provide information on grandparents raising minors to Tribal contacts	Senior Connections Unit Manager, S&DS Outreach Coordinator	3/2017	9/2018	2018 - The Senior Connections Unit Manager and the Outreach Coordinator are periodically sharing information with CTCLUSI and the Confederated Tribes of Siletz Indians outstations.
	c	Collaborate and coordinate caregiving services with local Tribes including identifying unmet needs. This may include adding services offered by the Tribes to the ADRC database	Senior Connections Unit Manager, S&DS Outreach Coordinator	3/2017	12/2020	In 2017, listings in the ADRC were improved and increased. As new information is learned, S&DS will incorporate into the ADRC database listings.

C-7 UNDERSERVED POPULATIONS

S&DS is committed to providing a safe and welcoming environment for any consumer, regardless of race, ethnicity, sexual orientation and gender identity. S&DS recognizes that minority and LGBTQ community members experience inequities and disparities throughout service delivery systems, including the aging and disability service systems. During the 2017 – 2020 Area Plan time frame, S&DS plans to increase partnership development with the Latino community and public education on LGBTQ aging issues.

LATINO OUTREACH

According to the American Community Survey, 2,034 Hispanic older adults age 60 and older reside in Lane County and represent its largest minority community. Many speak limited or no English. Health disparities and inequities continue to exist for minority populations, such as access barriers to medical care and social programs and a lack of culturally responsive services.

While S&DS currently employs Spanish-English bilingual employees in each program area, a coordinated outreach effort has not been conducted in some time. Over the next four years, S&DS intends to build better relationships and collaboration with local agencies that serve the Hispanic and Latino community. Outreach efforts will not only share information on S&DS services, but also find partnership opportunities to better serve this population in culturally appropriate ways. S&DS also intends to review service delivery methods for culturally responsive improvements.

LGBTQ OUTREACH

During the S&DS Community Needs Assessment, 6% of the 1,409 survey participants reported identifying as LGBTQ. While society is growing more accepting, disparities and discrimination still exist. LGBTQ older adults lived through times of extreme discrimination, often having to hide their identities or face financial and social repercussions, rejection by family, or worse, violence and abuse. LGBTQ individuals may be less likely to access services due to fear of discrimination and lack of acceptance based on experiences in the past or lack of information on LGBTQ friendly agencies and facilities.

Currently, while there are many informal social networks, such as support groups and school associations, in Lane County, no formal systems or entities exist that focus on LGBTQ issues, although in late 2017, a chapter of the AIDS survivor syndrome support group, 'Let's Kick ASS' was established in Eugene. The local leader presented to the S&DS Advisory Councils and to S&DS all-staff in 2018. While S&DS may not play a lead role in developing formal systems, S&DS is dedicated to providing culturally sensitive services by its own staff and also providing targeted education and community awareness activities to its service partners. In 2015, S&DS provided a public screening of the award

winning film Gen Silent. S&DS also conducted staff trainings and screenings internally and with service partners on the unique challenges this population faces when accessing the long-term care system. S&DS plans to continue building on this work by continuing to provide LGBTQ aging awareness trainings and participation in statewide LGBTQ aging committees.

ADDITIONAL OPPORTUNITIES

S&DS has begun working with the newly formed Lane Equity Coalition. The purpose of the Coalition is to build and sustain a community-wide effort to reduce barriers which prevent equal access and opportunity and to increase equity by identifying and reducing disparities. The Coalition was formed out of the local Lane County Community Health Improvement Plan. S&DS will be actively engaged in this Coalition along with many other community partners. Through this work and S&DS internal processes, S&DS will monitor the need for tailored outreach efforts to underserved populations in Lane County. These efforts may be customized to specific geographical areas or the S&DS service delivery area as a whole and may be completed in collaboration with other partners. The S&DS staff-driven Equity and Inclusion Committee formed in 2015 to address internal processes and find educational opportunities that engage staff at all levels in equity work and cultural awareness.

These issues have led to the following goals:

1. Increase Community Awareness on LGBTQ Aging Needs
2. Increase Communication and Collaboration with the Latino Community
3. Support Improved Equity in Lane County

GOALS AND OBJECTIVES – EQUITY AND UNDERSERVED POPULATIONS

Goal 1: **Increase Community Awareness on LGBTQ Aging Needs**
Objectives

1. Conduct educational trainings with partner agencies (such as showing educational videos to in-home care agencies' or assisted living facilities' staff meetings)	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
	a	Identify target agencies and locations	S&DS Outreach Coordinator	1/2017	12/2017	Complete, updated as needed.
	b	Partner with agencies for training logistics	S&DS Outreach Coordinator	3/2017	12/2020 On-going	Recurring, complete.
	c	Conduct minimum of 1 training quarterly	S&DS Outreach Coordinator	3/2018	12/2020 On-going	S&DS is still working towards a quarterly goal. For 2018, 2 trainings were conducted, one with a staff from a local senior community living facility, the other with S&DS staff.
2. Improve internal processes and cultural awareness	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	Start Date	
	a	Develop and incorporate cultural awareness training for new employees	Human Resources / S&DS Management	1/2017	3/2018	LCOG HR department is reviewing potential training that may be added for new employees at time of

						hire.
	b	Conduct annual internal cultural competency activities	Director	4/2017	12/2020 Annually	Recurring, complete for 2017 and 2018. S&DS staff attended SAGE webinars in 2018 and retained a 'silver' level LGBT Competency certification. In addition, the local Let's Kick Aids Survivor Syndrome chapter presented to both the S&DS advisory councils and to all-staff. In April 2018, all-staff training from EqualityWorks NorthWest on 'Unpacking Privilege and Power'.
	c	Review S&DS forms for inclusive language improvements	Equity & Inclusion Committee	9/2017	12/2019	In progress, more work planned for 2019 and 2020.
	d	Apply for LGBTQ friendly agency designation	Community Planner	4/2018	12/2018	Complete: As of 2018, S&DS retained 'silver' level SAGE Cultural Competency certification.

	e	Participate in quarterly statewide LGBTQ Aging Collaborative meetings	Community Planner	1/2017	12/2020 On-going	Statewide collaborative calls resumed this fall, S&DS staff attending virtual meetings.

Goal 2: Increase Communication and Collaboration with the Latino Community
Objectives

1. Develop regular lines of communication	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
	a	Identify key S&DS staff	Program Manager	1/2017	1/2017	Complete, Equity & Inclusion Committee
	b	Contact local community agencies to determine correct contacts	S&DS Outreach Coordinator	1/2017	12/2018	Some contacts have been established, such as with Centro Latino Americano and through the Lane County Equity Coalition, but S&DS is still working on networking with a wider representation of the Latino community.
	c	Contact agency contacts to determine preferred communications methods	S&DS Outreach Coordinator	1/2017	12/2018	In progress, see above.

		and provide S&DS overview				
	d	Conduct annual collaboration meeting with community agencies	Community Planner/ S&DS Outreach Coordinator	9/2017	12/2020 Annually	Entities have been invited to participate in quarterly S&DS internal resource fairs. Centro Latino Americano has participated. S&DS is a member of and participates in monthly collaborative meetings and quarterly events of the Lane County Equity Coalition.
	e	Review S&DS public materials with community agencies for feedback and improvements	Program Manager	1/2018	12/2018	In progress. The S&DS agency brochure was reviewed and updated.
	f	Update S&DS materials	Program Manager	1/2019	6/2019	In progress, see above.
	g	Provide updated ADRC information and materials	S&DS Outreach Coordinator	3/2017	12/2020 Annually	As S&DS works with partners, materials on S&DS services and the ADRC are provided.
2. Participate in community opportunities and events	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
	a	Identify Latino community events	S&DS Outreach Coordinator	3/2017	12/2020 On-going	In 2018, the Equity & Inclusion committee shared information on various community events with all-staff through a

						new monthly Equity and Inclusion e-newsletter. The committee also coordinated an 'Exploring Spanish' training from Cross-cultural Now for an S&DS all staff meeting. Staff attended a music and visual art program by Samuel Becerra through the Lane Arts Council exploring ancient Latin American and Andean cultures.
	b	Include/request S&DS representation at a minimum of 2 community events	S&DS Outreach Coordinator	1/2017	12/2020 Annually	Recurring.
	c	Collaborate with event hosts to ensure S&DS presence is culturally appropriate and responsive	S&DS Outreach Coordinator	1/2017	12/2020	Occurring as S&DS participates in events.

Goal 3: Support Improved Equity in Lane County
Objectives

1. Participate in Lane Equity Coalition (LEC)	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
	a	Attend regular meetings	Community Planner	1/2017	12/2020	Staff regularly attend scheduled meetings &

						public events. 1 staff member is on the LEC steering committee.
	b	Collaborate with partner agencies on equity action items	Community Planner	1/2017	12/2020	Staff regularly participate in LEC planning and events.
2. Support equity as a guiding concept for S&DS decision making	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
	a	Conduct equity informational training with Senior Services Advisory Council	Community Planner	3/2017	5/2017	Equity topics included in council meetings, educational information and information on events shared via email. S&DS created a monthly Equity Newsletter, which is shared with advisory council members.
	b	Conduct equity informational training with Disability Services Advisory Council	Community Planner	3/2017	5/2017	Equity topics included in council meetings, education information and information on events shared via email. Members receive monthly S&DS Equity newsletter.
	c	Add equity topics to each Council meeting agenda	Community Planner	7/2017	12/2020	Due to time restraints, this does not occur during each meeting, but periodically updates are presented at meetings

						and information is shared via email.
	d	Develop standard equity objectives as part of budget, contract, and service delivery reviews	Director/Community Planner/Advisory Councils	1/2017	1/2020	This is in progress. Senior Connections has been reviewing program data to identify underserved communities/populations to target outreach and services. S&DS Director has dedicated funding to support internal S&DS equity training as well as support for the Equity and inclusion committee. Future requests for proposals will be reviewed for equity language updates.
3. Provide cultural competency and equity training to S&DS staff	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
	a	Support S&DS staff driven Equity & Inclusion Committee	Director	1/2017	12/2020 On-going	Committee established and meeting regularly
	b	Conduct annual equity staff activities	Director	4/2017	12/2020 Annually	In 2018, an all-staff presentation was conducted by EqualityWorks NorthWest. In addition, S&DS staff completed additional SAGECare training

						webinars to retain the 'Silver' level LGBT competency certification. S&DS continues to participate in DHS District 5 regional equity and multicultural services activities
4. Review service data for program reach	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
	a	Review S&DS rural/urban service data annually, as available	Community Planner/Senior Connections Unit Manager	9/2017	12/2020 Annually	Complete, recurring. Senior Connections strives to maintain a rural/urban balance with programming, reviews data regularly.
	b	Review S&DS race/ethnicity service data annually, as available	Community Planner	9/2017	12/2020 Annually	Recurring, data reviewed for key services in fall 2018.

C-8 COMMUNITY RELATIONSHIPS

The S&DS Community Needs Assessment identified several other gaps or issues affecting older adults and adults with disabilities in Lane County. These gaps include: emergency preparedness and evacuation assistance, access to primary medical care, homelessness, availability of income and lack of affordable housing. S&DS is supportive of county wide efforts addressing these issues but is not currently contributing its limited financial resources to these areas. However, S&DS, recognizing the importance of these gaps and issues, will advocate for its consumers, older adults and adults with disabilities, by participating in community meetings, committees, and other collaborative work. By being at the table as a voice for the most vulnerable members of our community, S&DS hopes to engage local community organizations and entities to work towards meaningful solutions in these areas.

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

D-1 ADMINISTRATION OF OREGON PROJECT INDEPENDENCE (OPI)

As S&DS is a Type B Medicaid Transfer Agency, internal intake and eligibility determination follow the same process as Medicaid and other state funded long-term care service programs. For new S&DS consumers, OPI applicants enter the S&DS service system through the ADRC. ADRC staff conduct an initial needs screening followed by an in-home intake appointment. The intake is conducted by a trained case manager, knowledgeable in all long-term care in-home service programs, so that each consumer's eligibility is reviewed for all available service programs, not just OPI. Program eligibility is determined within 45-days. Eligibility is based upon a DHS standard assessment and applicable Oregon Administrative Rules. S&DS case managers follow State of Oregon Department of Human Services (DHS) rules, regulations, standards and practices for determining eligibility and service priority levels. Recipients receive an annual in-home review. During this annual review, both OPI eligibility, service need, and eligibility for other programs, such as Medicaid are evaluated. Outside of the annual review, consumers receive on-going case management services as needed. Consumers may contact their case manager at any time to discuss changes, receive information and referral to community resources, receive screening for other programs such as Medicaid, or obtain consumer advocacy assistance.

S&DS uses DHS Service Priority Level guidelines to prioritize OPI services. Depending on available funding, the service priority levels served may change, along with services or level of service provided which includes maximum allowed in-home hours. In addition to funding considerations, the input of the S&DS Advisory Councils is used to determine program changes necessitated by budget or other program impacts. Whether this results in a change to hours, services, or Service Priority Level, this depends on the nature of the change and input from the Advisory Councils. Currently, OPI is open up to SPL 18.

Funding for OPI and the OPI Pilot program is separate and distinct. Depending on the amount of each budget, variations in availability and level of service between the two may occur. For example, funding is available for durable medical equipment for the OPI Pilot program, but only in limited situations for the OPI 60+ program. OPI consumers in the 60+ and also the Pilot program may receive up to 19.5 hours per month of in-home care. When OPI experiences a waitlist, a standard DHS OPI Risk Assessment Tool form is utilized to prioritize new OPI consumers. Those with the highest risk and the greatest need, based on these tools, receive priority. A waitlist is currently in effect for the OPI 60+ program.

If OPI services are denied, the applicant receives a denial letter informing them of the reasons along with their grievance rights. If OPI services are reduced or closed, the consumer receives a letter at

least 10 days prior to the proposed action. This letter contains the reasons for the action and the consumer's grievance rights. To review the S&DS OPI grievance process and other local policies, see Appendix G. Non-grievance, consumer complaints are resolved at the lowest level possible. Consumers are empowered to discuss their concerns directly with their case manager when possible. This may be, but is not limited to, a complaint regarding an in-home care agency, service quality, or response timeliness. If resolution at the case manager level is not possible, for example if the complaint is regarding the case manager or the case manager is unable to resolve independently with the consumer, complaints are escalated to a supervisor, and then to a program manager. While rare, if complaints are not resolved at the program manager level, the concern is further escalated to the S&DS Director or LCOG Executive Director for resolution. Consumers are also advised of the availability of the local Senior Legal Services provider as an option for no-cost, unbiased legal advice.

Individuals denied, reduced or closed are provided ADRC information to receive information on other available community services that may assist with supporting the person's independence and quality of life. They may also utilize Options Counseling to further explore their options in depth with a trained, knowledgeable expert. Exploring these other resources outside of OPI also builds on the strengths a consumer and their family may already have, such as natural supports and optimization of personal resources. As applicable, staff assess consumers for other S&DS program eligibility such as Medicaid, SNAP, and OAA services. S&DS staff strive to connect the individual with a variety of resources to support continued independence and reduce the risk of institutionalization when a consumer is found ineligible or has OPI services reduced.

OPI in-home services for personal care, homecare, and chore services are provided either through the use of a State Home Care Worker (HCW) or through a contracted in-home agency. Home-delivered meals are delivered by FOOD for Lane County in Eugene and by S&DS in Springfield and rural Lane County. Health and Medical Equipment consists of emergency response systems, medication dispenser devices, and one-time purchases of low cost durable medical equipment. Emergency response systems and medication dispenser devices, along with on-going monitoring, are provided by contract for-profit entities. Durable medical equipment, dependent on available funding, is purchased as needed, on a limited basis through a variety of vendors depending on the item, consumer choice and price. While rare, if an item exceeds $500, three quotes are received to find the lowest cost option.

Contract agencies (see section D-2 for a list of all AAA services and current contract agencies) for in-home services and home-delivered meals are monitored annually through site visits. Site visits may entail the review of case files, employee records and practices, fiscal practices, and discussion of any findings or issues that may occur. All contract agencies are monitored through monthly fiscal audits of billings and unit reporting. Additionally, contract agencies administered by a third party, such as Addus Health Care, receive additional monitoring by the administering agency. Customer satisfaction

surveys are conducted periodically to ensure contract services are meeting consumer needs and expectations. Many contractors also conduct their own internal customer satisfaction surveys.

Unit cost per service is as follows (as of December 1, 2018):

Agency Personal Care: $20.95 per hour
Agency Homecare: $20.95 per hour
Agency Chore: $20.95 per hour
Home-Delivered Meals: $9.54 per meal
Health & Medical Equipment: Price per unit varies, with an average cost of $171.21 in Fiscal Year 2018
Case Management: $36.30 per hour, average based on staff salary, benefit, and associated costs. Varies based upon assigned staff.

OPI operates on a sliding fee scale. The process and calculation of fees is determined by DHS using a standardized DHS OPI fee determination form. S&DS charges and collects fees for personal care, homecare and chore services, whether the consumer has a State Home Care Worker or an agency providing care. For consumers opting for a State HCW, fees are assessed based on actual State HCW hours. Program income is reinvested in the local OPI program to stretch services to more consumers. Fees may be waived based on ability to pay, hardships, and other extenuating circumstances as determined by a case manager or as staffed with management. Consumers that do not pay their fee are reviewed quarterly and are contacted by a case manager. If good cause is not determined for failure to pay, the consumer may have their services terminated with 10-day notice. Consumers are sent a warning letter providing them an additional month to pay the fee or make other arrangements with S&DS prior to closure. All closure notices provide information on the consumer's grievance rights.

Please see Oregon Administrative Rules 411-032-000 through 411-032-0050 for additional detail on OPI state regulations.

D-2 SERVICES PROVIDED TO OAA AND/OR OPI CONSUMERS

The following table reflects Oregon Department of Human Services, State Unit on Aging service classifications. Each service listed indicates if it is an S&DS offered service, OAA or OPI funding source, if it is a contracted service and contractor information, as applicable. In cases where the AAA provides OAA services directly, the approved Area Plan serves as the waiver. Case Management related services for consumers and caregivers, Information & Assistance, and Meal Site Supervision are self-provided as integral to AAA administration or would not be practical to separate from the overall AAA administrative functions. Food service production of hot and frozen meals, while not a separately defined service category, is contracted out to Bateman Community Living. Home-delivered meals in

rural areas of Lane County are distributed out of rural meal sites as a matter of economy and efficiency. Where practical in the Eugene metro area, home-delivered meals are contracted to FOOD for Lane County. Contracts for food production, home-delivered meals, legal assistance, reassurance, and in-home services are procured through competitive requests for proposals every five years.

☒ **#1 Personal Care** (by agency)

Funding Source: ☐ OAA ☒ OPI ☐ Other Cash Funds

☒ Contracted ☐ Self-provided

Contractor name and address:
NorthWest Senior & Disability Services (Public Agency)
P.O. Box 12189
Salem, OR 97309

Subcontracted to:
Addus HealthCare (For Profit Agency)
1142 Willagillespie Rd, #20
Eugene, OR 97401

☒ **#1a Personal Care** (by HomeCare Worker) 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:
NorthWest Senior & Disability Services (Public Agency)
P.O. Box 12189
Salem, OR 97309

Subcontracted to:
Addus HealthCare (For Profit Agency)
1142 Willagillespie Rd, #20
Eugene, OR 97401

☒ **#2a Homemaker** (by HomeCare Worker) 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:
NorthWest Senior & Disability Services (Public Agency)
P.O. Box 12189
Salem, OR 97309

Subcontracted to:
Addus HealthCare (For Profit Agency)
1142 Willagillespie Rd, #20
Eugene, OR 97401

☐ **#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:
FOOD for Lane County (Not For Profit)
770 Bailey Hill Road
Eugene, OR 97402

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

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

☒ **#6 Case Management**

Funding Source: ☒ OAA ☒ OPI ☒ Other Cash Funds

☐ Contracted ☒ Self-provided

☒ **#7 Congregate Meal**

Funding Source: ☒ OAA ☐ OPI ☒ Other Cash Funds

☐ Contracted ☒ Self-provided

☐ **#8 Nutrition Counseling**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

☒ **#9 Assisted Transportation**

Funding Source: ☒OAA ☐OPI ☒Other Cash Funds

☒Contracted ☐Self-provided

Contractor name and address:
Lane Transit District (Public Agency)
3500 E. 17th Ave
Eugene, OR 97401

☐ **#10 Transportation**

Funding Source: ☐OAA ☐OPI ☐Other Cash Funds

☐Contracted ☐Self-provided

☒ **#11 Legal Assistance**

Funding Source: ☒OAA ☐OPI ☐Other Cash Funds

☒Contracted ☐Self-provided

Contractor name and address:
Oregon Law Center
376 East 11th Ave
Eugene, OR 97401

☒ **#12 Nutrition Education**

Funding Source: ☒OAA ☐OPI ☐Other Cash Funds; Note – while not funded with OPI dollars,

Nutrition Education is provided to all Meals on Wheels OPI recipients as a part of the MOW program

☒Contracted ☒Self-provided

Contractor name and address:
FOOD for Lane County (Not For Profit)
770 Bailey Hill Road
Eugene, OR 97402

☒ **#13 Information & Assistance**

Funding Source: ☒OAA ☐OPI ☐Other Cash Funds

☐Contracted ☒Self-provided

☒ **#14 Outreach**

Funding Source: ☐ OAA ☐ OPI ☒ Other Cash Funds

☒ Contracted ☐ Self-provided

Contractor name and address:
Lane Transit District (Public Agency)
3500 E. 17th Ave
Eugene, OR 97401

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

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

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

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☒ Self-provided

☐ **#20-2 Advocacy**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

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

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

☐ **#30-1 Home Repair/Modification**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

☐ **#30-4 Respite Care (IIIB/OPI)**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

☒ **#30-5/30-5a Caregiver Respite**

Funding Source: ☒OAA ☐OPI ☐Other Cash Funds

☒Contracted ☐Self-provided

Contractor name and address:
Addus HealthCare
1142 Willagillespie Rd
Eugene, OR 97401
For Profit Agency

☐ **#30-6/30-6a Caregiver Support Groups**

Funding Source: ☐OAA ☐OPI ☐Other Cash Funds

☐Contracted ☐Self-provided

☒ **#30-7/30-7a Caregiver Supplemental Services**

Funding Source: ☒OAA ☐OPI ☐Other Cash Funds

☐Contracted ☒Self-provided

☐ **#40-2 Physical Activity and Falls Prevention**

Funding Source: ☐OAA ☐OPI ☐Other Cash Funds

☐Contracted ☐Self-provided

☐ **#40-3 Preventive Screening, Counseling and Referral**

Funding Source: ☐OAA ☐OPI ☐Other Cash Funds

☐Contracted ☐Self-provided

☒ **#40-4 Mental Health Screening and Referral**

Funding Source: ☐OAA ☐OPI ☒Other Cash Funds

☐Contracted ☒Self-provided

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

Funding Source: ☐ OAA ☒ OPI ☐ Other Cash Funds

☒ Contracted ☐ Self-provided

Contractor name and address:
Rate agreement for Emergency Response Systems and Medication Dispenser Devices with:

Philips Lifeline (For Profit)
111 Lawrence Street, MS29
Framingham, MA 01702

Assured Independence (For Profit)
20017 17th Drive SE
Bothell, WA 98012

Response Link (For Profit)
1000 Commerce Park Drive, Ste 300
Williamsport, PA 17701

Durable Medical Goods/Equipment purchased from various vendors, if over $500, a 3 bid/quote process is utilized.

☐ **#40-8 Registered Nurse Services**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

☐ **#40-9 Medication Management**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

☐ **#50-1 Guardianship/Conservatorship**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

☒ **#50-3 Elder Abuse Awareness and Prevention**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☒ Self-provided

☐ **#50-4 Crime Prevention/Home Safety**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

☐ **#50-5 Long Term Care Ombudsman**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

☐ **#60-1 Recreation**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

☒ **#60-3 Reassurance**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☒ Contracted ☐ Self-provided

Contractor name and address:
Kathryn Dockery (Volunteer Recruitment)
Harrisburg , OR 97446

☐ **#60-4 Volunteer Recruitment**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

☐ **#60-5 Interpreting/Translation**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

☒ **#70-2 Options Counseling**

Funding Source: ☒ OAA ☐ OPI ☒ Other Cash Funds

☐ Contracted ☒ Self-provided

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

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☒ Self-provided

☐ **#70-5 Newsletter**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

☐ **#70-8 Fee-based Case Management**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

☒ **#70-9/70-9a Caregiver Training**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☒ Self-provided

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

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

☒ **#71 Chronic Disease Prevention, Management/Education**

Funding Source: ☒ OAA ☐ OPI ☒ Other Cash Funds

☐ Contracted ☒ Self-provided

☐ **#72 Cash and Counseling**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

☒ **#73/73a Caregiver Cash and Counseling**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☒ Self-provided

☐ **#80-1 Senior Center Assistance**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

☒ **#80-4 Financial Assistance**

Funding Source: ☐ OAA ☐ OPI ☒ Other Cash Funds

☐ Contracted ☒ Self-provided

☒ **#80-5 Money Management**

Funding Source: ☐ OAA ☐ OPI ☒ Other Cash Funds

☐ Contracted ☒ Self-provided

☐ **#Volunteer Services**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

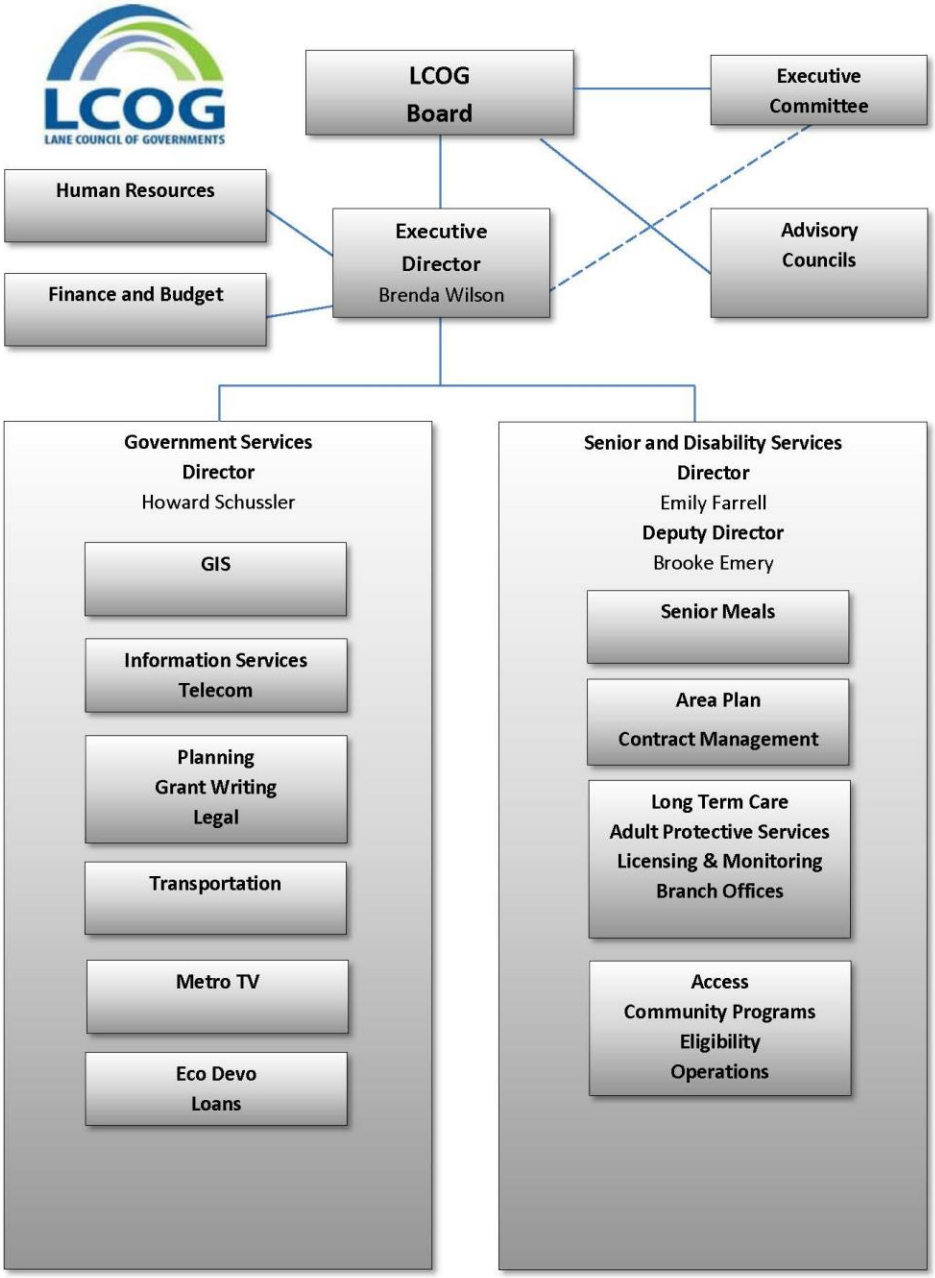
☐ Contracted ☐ Self-provided

SECTION E – AREA PLAN BUDGET

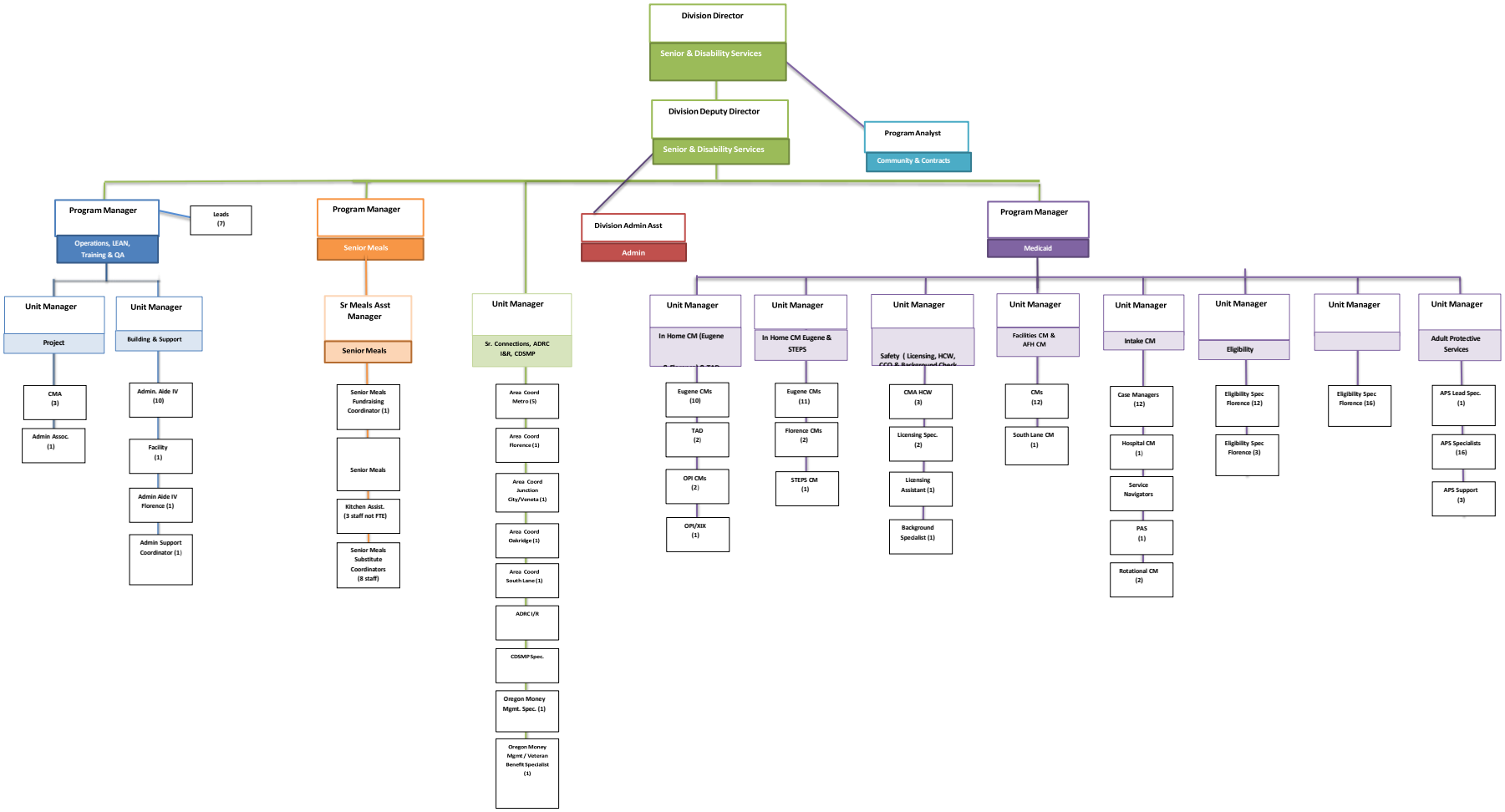
(Separate attachment)

APPENDIX A – ORGANIZATIONAL CHARTS

LANE COUNCIL OF GOVERNMENTS ORGANIZATIONAL CHART



SENIOR & DISABILITY SERVICES DIVISION ORGANIZATIONAL CHART



APPENDIX B – ADVISORY COUNCILS AND GOVERNING BODY

2018 DISABILITY SERVICES ADVISORY COUNCIL

- John Ahlen
- Joe Basey
- Melanie Carlone
- Hoover Chambliss
- Andy Fernandez
- Lana Junger
- Marianne Malott
- Ed Necker
- Tina Powell
- Amy Scott
- Peggy Thomas
- Sheila Thomas
- Dennis Weirich
- Lucy Zammarelli

2018 SENIOR SERVICES ADVISORY COUNCIL

- Julie Austin
- Ruth Beardsley
- Hoover Chambliss
- Jim Cole
- Judy Dashney
- Rod Holst
- Suzanne Huebner-Sannes
- Lana Junger
- Karen Locke
- Kay McDonald
- Tom Mulhern
- Brittany Oom
- Diane Rogers
- Amy Scott
- Barbara Susman
- Ken Viegas
- Daniel Vlaicu

LCOG BOARD

- City of Coburg: Ray Smith
- City of Cottage Grove: Jeff Gowing
- City of Creswell: Richard Zettervall

- City of Dunes City: Bob Forsyther
- City of Eugene: Chris Pryor
- City of Florence: Susy Lacer
- City of Junction City: Mark Crenshaw
- City of Lowell: Don Bennett
- City of Oakridge: Kathy Holston
- City of Springfield: Joe Pishioneri
- City of Veneta: Thomas Cotter
- City of Westfir: Matt Meske
- Emerald People's Utility District: Brandon Jordan
- Eugene Water and Electric Board: Sonya Carlson
- Fern Ridge Library: Steve Brock
- Heceta Water PUD: Vickie Kennedy
- Junction City RFPD: Don Lighty
- Lane Community College: Matt Keating
- Lane County: Heather Buch
- Lane Education Service District: Sherry Duerst-Higgins
- Lane Library District: Vacant
- Lane Transit District: Don Nordin
- Port of Siuslaw: Vacant
- Rainbow Water and Fire District: James McLaughlin
- River Road Park and Recreation District: Wayne Helikson
- School District 19: Zach Bessett
- School District 4J: Mary Walston
- School District 40: Lacy Risdal
- School District 45J3: Alan Baas
- School District 52: Alam Laisure
- School District 68: Vacant
- Siuslaw Library District: Susy Lacer
- Siuslaw Valley Fire and Rescue: Vacant
- Western Lane Ambulance District: Bob Sneddon
- Willamalane Park and Recreation District: Greg James

APPENDIX C – PUBLIC PROCESS

The Community Needs Assessment process included hardcopy paper surveys, online surveys and community focus groups. Surveys were widely distributed across Lane County. Focus groups were targeted for rural and underserved communities. The S&DS Planning and Budget Committee, comprised of members from the Senior Services Advisory Council and Disability Services Advisory Council, was involved in every step of this process and met in-person 5 times. This included assistance with survey development, results interpretation and on-going feedback and guidance. A full description of the S&DS Community Needs Assessment process, a list of survey distribution points and focus group dates and locations are located in the S&DS Community Needs Assessment which may be accessed at http://www.sdslane.org/299/SDS-Area-Plan-and-Supporting-Documents.

The goals and objectives developed in this S&DS Area Plan for Aging and Disability Services were created in collaboration with consumers, Advisory Council members and local topic experts. The S&DS Planning and Budget Committee reviewed drafts, provided comment and recommended approval. Final steps in this process included notifying the public, providing a time period for comment submission, holding a public hearing, final review and approval by both S&DS Advisory Councils, and lastly, concluding with approval by the LCOG Board. Copies of the draft S&DS Area Plan were provided to the following locations and community sites for public review, along with information on the draft Area Plan public hearing:

Bethel Branch Library
Campbell Senior Center
Cottage Grove Public Library
Cottage Grove Senior Center
Creswell Library
Eugene Public Library
Fern Ridge Library
Florence Senior Center
Hilary Community Center
Junction City Library
Lane Independent Living Alliance
Lowell City Library
Mid Lane Cares
Oakridge Public Library
Petersen Barn Community Center
River Road & Santa Clara Library
River Road Park and Recreation
S&DS Cottage Grove Office Lobby
S&DS Eugene Office Lobby
S&DS Florence Office Lobby
Sheldon Branch Library
Siuslaw Public Library
Springfield City Library
Viking Sal Senior Center
Willamalane Adult Activity Center
Willamette Activity Center

The draft S&DS Area Plan was also available online for review and public comment on the S&DS webpage. The Area Plan public hearing was held on July 15th at the LCOG Park Place Building, 859 Willamette Street, Eugene, Oregon. Notice for public comment, as well as the public hearing, was printed and also available digitally in the Register Guard newspaper which has distribution across the S&DS service delivery area.

APPENDIX D – FINAL UPDATES ON ACCOMPLISHMENTS FROM 2013 – 2016 AREA PLAN

The following is a brief summary of final accomplishments related to Focal Areas in the 2013 – 2016 S&DS Area Plan.

Family Caregiving

The primary goal for Family Caregiving was to expand outreach to underserved populations. Outreach and education was targeted to Native American caregivers, LGBTQ caregivers and grandparents raising grandchildren. S&DS supported scholarships to and staffed an outreach table at the 2015 Native Caregiving Conference, provided screenings of the award winning film Gen Silent along with trainings on LGBTQ aging issues in both public and private settings. S&DS also enhanced its Relatives as Parents Program (RAPP), which provides support to older adults raising minors through small stipends to help pay for day camps, school supplies and other needs. The program provides support by working with local Child Welfare programs, elementary schools, social workers and child rearing classes.

ADRC

The primary goal for the ADRC was to promote and educate the public on the ADRC and its services. This included working towards robust local service listings in the ADRC database, public education campaigns using state marketing tools, and general outreach. S&DS now uses the ADRC as its front door for services. All marketing and outreach includes ADRC information and contact information. S&DS widely and heavily promoted the ADRC over the last two years at events and with partners. S&DS continues to work on improving and enhancing the ADRC database, as well as engaging all ADRC core partners in furthering the work of the ADRC.

Elder Rights

Elder Rights goals focused on continued support of local abuse prevention efforts such as participation in community-wide networks and workgroups, public education, and holding an abuse education conference. S&DS met all of these goals, including holding the 2014 abuse conference, which was open to attendees statewide. S&DS continues to participate in workgroups and provide public education. S&DS is highly regarded throughout the state for its leading abuse prevention, detection and intervention efforts. S&DS also continued its support of the local Senior Law Service program and the Oregon Money Management Program.

Health Promotion

Goals in health promotion revolved around partnerships with other agencies to promote healthy living. S&DS has established a robust MOU with the local Coordinated Care Organization, Trillium, detailing shared work and efforts. S&DS continues to serve on boards and workgroups with the CCO

and other medical groups. S&DS had partnered with local hospitals on a Care Transitions program. This program was disbanded as the local hospitals began utilizing their own program and S&DS funds, and sponsorship was no longer needed to support this work. S&DS used the resources freed up from this effort by assuming the lead role in the local Living Well with Chronic Conditions program. S&DS not only assumed the license and administration of this program, but also expanded the program to rural areas of Lane County and launched the Chronic Pain and Diabetes versions of this evidence-based program developed by Stanford University.

Older Native Americans

Goals for older Native Americans focused on support for Native caregiver efforts. This included providing caregivers scholarships to the Native Caring Conference and collaboration with local Tribal Elders. The Senior Connections Unit continues to work on collaborative efforts with the Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians, including staffing an information and assistance table at the 2015 Native Caring Conference in Florence, Oregon.

Nutrition

Nutrition goals revolved around continuing Café 60 congregate meal sites, Meals on Wheels and nutrition education to enhance recipients' nutritional health and maintain their independence. The Senior Meals Program has continued to meet this goal and score high marks on customer satisfaction and health surveys. The 43 year Meals on Wheels partnership between S&DS and the Red Cross came to a close on June 30, 2015. The delivery of Meals on Wheels in Eugene was transitioned on July 1, 2015 to FOOD for Lane County. S&DS continues to deliver Meals on Wheels in Springfield and outlying communities.

Creating Livable Communities

This goal was primarily to engage in systems integration and systems change discussions occurring in Lane County in relation to aging in place. S&DS has and continues to participate in a variety of efforts underway in Lane County, many of which have been referenced in 2017-2020 Area Plan goals.

Financial Security

Efforts to promote financial stability were the primary objective of this goal, through service outreach and money management services. ADRC outreach promotes services such as SNAP, Medicaid, and community resources that may help individuals pay for basic necessities. S&DS continues to operate the Oregon Money Management Program providing this vital service to vulnerable adults.

APPENDIX E – LCOG S&DS EMERGENCY PREPAREDNESS PLAN

Assessment of Potential Hazards

S&DS leadership is aware of the Lane County Oregon Hazard Mitigation Action Plan (October 2014) and the Eugene-Springfield Multi-Jurisdictional Natural Hazards Mitigation Plan and Emergency Operations Plan (2014), which contain thorough information and assessment of potential local hazards, including natural disasters (such as earthquake, tsunami, flooding and forest fires) and other non-natural events such as hazardous materials incidents. All of these incidents could impact S&DS consumers. For detailed information regarding hazards in Lane County, refer to these documents.

S&DS is located mainly inside the Schaefers Building in Downtown Eugene, at 1015 Willamette Street, Eugene, OR 97401. The vast majority of S&DS staff is housed at Schaefers, which has three floors and a basement. There are also two S&DS satellite offices in Florence and Cottage Grove, additional Senior Connections outstations in Veneta, Junction City, and Oakridge, and Senior Meals sites in Eugene, Springfield, Florence, Cottage Grove, Veneta, Creswell, Oakridge, and Junction City. LCOG's Executive Director, human resources staff, and fiscal staff are located two blocks from the Schaefers Building at LCOG's main office, 859 Willamette Street, Eugene, OR 97401.

S&DS employees, consumers, and visitors are at risk from various emergencies and/or hazards. The following list identifies situations that would pose the greatest need for response:

- Medical emergencies
- Fire
- Natural Disasters
- Violent or Criminal Behavior
- Pandemics

Chain of Command

The following is the chain of command that has the authority to activate the plan, with those lower on the chain of command taking authority when those higher are not available, and then transferring control once those higher become available:

- Executive Director, LCOG
- Director, S&DS
- Deputy Director, S&DS
- S&DS Program Managers (3)
- S&DS Unit Managers (11)

A S&DS Response Team will be created, with active defined roles.

The S&DS Director has been designated as the Incident Commander on-site at the Schaefer's Building. She shall be the ranking S&DS officer on site at any given time and shall be responsible for the initiation and coordination of S&DS response during an emergency situation. If the S&DS Director is not available, one of the three S&DS Program Managers will perform this role. The LCOG Executive Director, or her designee, will assign this duty.

As part of her duties, the Incident Commander shall:

- Assess and triage the incident
- Ensure an accurate accounting of S&DS personnel on the scene
- Activate a Response Team
- Determine the activities of the Response Team
- Assign duties
- Ensure constant communication with the Response Team and S&DS employees
- Plan for the next phase of the response
- Plan for and authorize the deactivation of the response
- Serve as the Public Relations Officer while at the scene, being the only person who shall provide statements to media personnel (all other S&DS employees shall not provide any information, or should say "no comment")
- Coordinate with the LCOG Executive Director and other LCOG staff housed at the LCOG main office (859 Willamette Street, Eugene, OR)
- Defer to the LCOG Executive Director for any of these duties, should the LCOG Executive Director so order

Communications Plan

The Incident Commander will implement a Communications Plan, which includes the following:

- Identify key audiences. Determine who needs to be informed of the situation, and in what order (both on- and off-site)
- Communicate with staff at the LCOG main office, satellite offices and other locations, as needed
- Send out information to the Flash Alerts system, as needed (as per the LCOG Inclement Weather Plan; the local Department of Human Services will be asked to subscribe to the Flash Alerts system so they will be notified of any LCOG/S&DS alerts)

Continuity of Operations Plan and Local Partner Coordination

S&DS has been developing, and will continue to develop, working relationships with local emergency management personnel and agencies. While informal partnerships exist, no formal agreements are currently in place. LCOG is not a formal member of the Community Organizations Active in Disaster

(COAD) group started by the Lane Preparedness Coalition, but S&DS will continue to be involved through email and meetings to advocate for our consumers and have awareness of the plan in the event of an emergency. S&DS role will be to ensure that emergency groups know about our vulnerable population in the community and are familiar with S&DS and its organizational structure.

The ability of S&DS to successfully continue to provide services during an emergency will depend to a large degree on the ability of S&DS consumers and consumer facilities to continue their own operations. There are three S&DS office locations that provide case management, SNAP, medical & information assistance: Eugene, Cottage Grove, and Florence. In an emergency, where one or more locations are closed, including outstations, the other locations may provide service coverage. In the event all offices and the main LCOG office are non-operational, S&DS will coordinate with State level DHS department officials, other Area Agencies on Aging and local partners such as the DHS self-sufficiency office, County offices, and community centers for service and business continuation.

S&DS will keep and maintain a list of names and addresses of the most high risk and vulnerable consumers that receive in-home long term care services based on their care plan. This list will be updated twice a year for provision to local emergency management agencies in the event of a disaster. Emergency management will be the first responders in the event of an emergency and/or disaster.

The S&DS Senior Meals Program will close Café 60 congregate sites when it is unsafe for participants to attend. Meals on Wheels service will be maintained for vulnerable consumers if at all possible. The decisions will be made by the local Site Coordinator in cooperation with their facility owner, the Senior Meals Program Managers and the Central Kitchen Managers. Emergency service information will be posted on Flash Alert for the local media to broadcast. Additionally:

- Congregate Meal Sites: Each emergency is different and affects each location in the county differently. The Meal Site will be closed if the local School District closes school for the day.
- Meals on Wheels: Emergency Meal Boxes will be distributed to every Meals on Wheels consumer in November. These boxes contain instructions to save the shelf-stable food for use when volunteers are unable to deliver meals. Sites will receive sufficient boxes to supply consumers who start service between November and February.
- Rural Sites: Rural Site Coordinators will receive a 2 day supply of bulk food for storage in their community to distribute to Meals on Wheels participants in case of Site and Kitchen closure. These meals can be distributed when volunteer assistance is available.
- Metropolitan Sites: If Eugene/Springfield School Districts are not in session or closed, the Senior Meals Program Manager, FOOD for Lane County and Central Kitchen Manager will determine whether the Central Kitchen will prepare hot Meals on Wheels for delivery.

S&DS consumers will receive disaster assistance provided by local entities and Food and Nutrition Services as coordinated with state, local and volunteer organizations.

APPENDIX F – LIST OF DESIGNATED FOCAL POINTS/SERVICE LOCATIONS

S&DS services may be accessed at the following locations:

Eugene Office
(Full Service)

1015 Willamette St.
Eugene, OR 97401
Phone: 541-682-4038

Florence Office
(Full Service)
3180 Highway 101
Florence, OR 97439
Phone: 541-902-9430

Oakridge Outstation
(Limited Service, OAA)
The Uptown Building
48310 E. 1st Street
Oakridge, OR 97463
Phone: 541-782-4726

South Lane Office
(Limited Service, OAA)
Community Sharing Program
1440 Birch Street
Cottage Grove, OR 97424
Phone: 541-682-4038

Junction City Outstation
(Limited Service, OAA)
Viking Sal Senior Center
245 West 5th St.
Junction City, OR 97448
Phone: 541-998-8445

Veneta Outstation
(Limited Service, OAA)
Fern Ridge Service Center
25035 W. Broadway Ave.
Veneta, OR 97487
Phone: 541-935-2262

APPENDIX G – OPI POLICIES AND PROCEDURES

Local Branch Protocol	**LCOG S&DS**

Procedure Title	Oregon Project Independence (OPI) Waitlist	
Contact	Kate Scott, Brooke Emery	
Effective Date	**Original**: 10/01/2015	**Revision Date:** 10/24/2018
Purpose	To clearly identify management of the OPI waitlist	
Goal	To streamline the process and provide excellent customer service	

Introduction: When budget restraints exist, an OPI waitlist may be maintained.

	Who	**What**	**Links & Directions**
1	OPI Case Manager Assistant (CMA)	The OPI CMA maintains the OPI waitlist in the RTZ online database. Data for each waitlist enrollment will include the minimum Options Counseling data set. OPI Risk Assessments for those on the waitlist are entered into RTZ using the RTZ OPI Risk Assessment feature in lieu of the RTZ Person Centered Assessment.	Required Elements for Options Counseling (minimum data set): https://www.oregon.gov/DHS/SENIORS-DISABILITIES/SUA/Pages/ADRC.aspx
2.	Consumer	Consumer contacts the ADRC requesting information about services.	ADRC phone number: 541-682-3353
3.	ADRC I&A Staff	If consumer indicates they would like OPI and does not want Medicaid, ADRC Screener refers the consumer for Options Counseling. See 4.A If consumer indicates they would like services in general, ADRC I&A worker refers the consumer to the Service Navigators for intake scheduling.	
3.a	Service Navigator	If consumer indicates they would like OPI and does not want Medicaid, ADRC Service Navigator	

		refers the consumer to the ADRC I&A Staff for Options Counseling referral process.	
4.A	Options Counselor	Options Counseling conducted. Options Counselor completes OPI Risk Assessment in RTZ and adds service enrollment.	
4.B	Case Manager	If during services intake or at reassessment, consumer is found ineligible for Medicaid/SPPC, but would otherwise be OPI eligible, case manager provides information on other community resources and offers Options Counseling referral. Intake Case Manager completes the OPI Risk Assessment. Intake Case Manager sends OPI Risk Assessment to the OPI CMA.	To refer for Options Counseling, use the ADE system 'Internal Communication' function. Select 'Senior Connections Communication'
5.	OPI CMA	For Case Manager referrals, OPI CMA inputs risk assessment & consumer data into RTZ.	
6.	OPI CMA	The OPI Waitlist is prioritized by highest OPI risk score according to the OPI Risk Assessment followed by date added to the waitlist. If needed in the event of multiple consumers prioritized in the same position, the waitlist may be further refined giving priority to underserved populations such as rural and minority consumers.	
7.	OPI CMA/other Designated Staff	When an OPI slot becomes available, staff will contact the first person on the prioritized OPI waitlist to schedule a services intake.	Staff to attempt 2 phone calls. If no response, a letter is sent to the consumer advising them to contact the S&DS office within 10 days if they are still interested in the OPI program. If no response, the consumer is removed from the waitlist. When removing a client from the OPI Waitlist in the ADRC/RTZ Database, the CMA will also remove the "Case Manager/Options Counselor" name from this field on the Demographics tab

			if there are NO other open Options Counseling enrollments (i.e. for OC through Senior Connections or Veterans Benefits Specialist) on the Enrollments tab.
9.	OPI Staff	Annually, every person on the OPI waitlist is contacted and a new OPI Risk Assessment is completed, ADRC information provided, and Options Counseling offered. Staff will review the OPI waitlist to check for any consumers that may now be on Medicaid or would otherwise no longer be kept on the OPI waitlist (example, record consumer moved out of state or consumer is deceased)	Staff to attempt 2 phone calls. If no response, a letter is sent to the consumer with the OPI Risk Assessment advising them to contact S&DS or send in the completed assessment within 10 days. If no response, the consumer is removed from the waitlist.

Procedure Title	Oregon Project Independence (OPI) Grievance Process	
Contact	OPI Program Manager, OPI Contract Manager	
Effective Date	6/1/2016	
Purpose	To efficiently process OPI grievances	

Guidelines and Definitions:
Representation: The consumer may be represented at any stage in the grievance process by a representative of the consumers choosing, this may be a friend or family member or legal counsel. Free legal counsel may be available from the Oregon Law Center, 376 E. 11th, Eugene, phone 541-485-1017.

Time Limits: If a grievance is not submitted by the consumer or their representative within the time limits in this procedure, the grievance will be void. Specific time limits for the various steps are indicated in the below procedure.

Continuing Benefits: A consumer may be eligible to receive their same level of OPI services during the grievance process. Consumers may continue to receive their OPI benefits only if they file a written grievance on or before the date services are closed or reduced. If a grievance request is received after the date services are closed or reduced, the consumer is not eligible to continued benefits.

OPI Closure, Reduction or Denial Letter: When a S&DS Case Manager determines that OPI services will be closed, reduced or denied, they will mail the consumer a written letter. This letter must state the specific reason(s) for the decision, when the action will occur and include the consumer's grievance rights. OPI closure and reduction letters must be mailed at least 10 calendar days before the date of the proposed action. Denial letters are mailed at the time of the denial.

Procedure:
Note: Ideally, differences of opinion between a consumer and S&DS should be resolved informally at the lowest level possible. This procedure is intended for those situations that are not resolvable informally.

1. To request a grievance, a consumer or representative must submit the request in writing to:
   S&DS Division Director
   1015 Willamette Street
   Eugene, Oregon 97401

2. The written grievance request must be received by 10 calendar days after the date of the proposed action. No formal form or document is needed, but the request must be in writing.
   Example: Beverly's OPI services are closing April 30th. She must turn in a written grievance request no later than May 10th.

3. S&DS will schedule a grievance review meeting within 10 calendar days from receipt of the written grievance. S&DS may attempt phone contact with the consumer for scheduling and to further understand the grievance issue.

4. The consumer or their representative will be mailed a letter with the date, time and location of the meeting. This letter shall contain the following additional information:
    a. The name and phone number of the S&DS staff member to contact for additional information.
    b. Information on the S&DS OPI Continuing Benefit policy for OPI services.
    c. Information on the consumer's right to representation, right to have witnesses testify on their behalf and the right to provide documentation that supports their position.

5. The grievance review meeting will be conducted by either the S&DS Division Director or her/his designated Program Manager. The consumer and their representative will have the opportunity to explain their position, provide supporting documentation and have witness testify on their behalf during the meeting.

6. Within 10 calendar days of this meeting, S&DS will send the consumer or their representative a written decision letter explaining the decision. This letter must include information on how the consumer may continue to contest the matter with the Oregon Department of Human Services (see #9 below).

7. If the grievance decision upholds S&DS' plan to close or reduce OPI services and the consumer received continued OPI services during the grievance process, OPI services shall be closed or reduced immediately. No additional notice is required.

8. A consumer or their representative interested in continuing to contest the matter must request an administrative review hearing with the Oregon Department of Human Services following the conclusion of the S&DS grievance review process. The hearing request should be sent to:

    DHS Aging & People with Disabilities
    Attn: Manager Community Services and Supports
    500 Summer Street NE, E-12
    Salem, Oregon 97309-4020

    This information will be included on the written grievance decision notice. The consumer is not entitled to continuing benefits while under review by the Oregon Department of Human Services.

    Reference: OAR 411-032-0020(3) and OAR 411-032-0020(4)

Procedure Title	S&DS Oregon Project Independence (OPI) Local Working Agreements	
Contact	OPI Program Manager, OPI Contract Manager	
Effective Dates	**Original**: 10/1/2015	**Revised**: 10/17/2018
Purpose	To document current local OPI program structure and program agreements	

OPI Services are available for adults 60 and older as well as for adults with disabilities age 19 – 59 (through the OPI Pilot)

OPI 60+ is closed to new intakes as of 10/31/17 and a waitlist implemented. As capacity occurs, consumers from the waitlist will be added to the program. Capacity is reviewed monthly.

OPI Pilot remains open

Service Priority Level (SPL): OPI 60+ and Pilot are open to SPL 1 – 18

Hours: Up to 19.5 hours per month in-home care. With manager approval, OPI 60+ may receive short-term exceptions up to 20 hours per month and up to 40 hours for the OPI Pilot. Exceptions are approved for up to 3 months at a time.

Providers

- In-Home Provider Options:
  - Addus is the contracted service provider (default contract provider)
  - State Home Care Workers (HCW/CEP) – (if Addus is not an option)

Other Services (*may be standalone or in combination with in-home care*)

- Emergency Response Systems (ERS) and Medication Management Devices, providers include:
  - Philips Lifeline
  - Assured Independence
  - Alert1
- Meals on Wheels
  - Maximum of 7 meals per week
  - FOOD for Lane County delivers meals in Eugene
  - S&DS delivers meals in Springfield and rural Lane County
- 60+, DME capped at $50 per person, per year. Pilot, DME capped at $499 per person, per year.
- Employer Resource Connection (REC, formerly STEPS)
- Money Management (funded through the Oregon Money Management Program)

Fees

OPI consumers are assessed a fee for services. Fees range from a $25 once in a lifetime fee, up to 100% of their in-home service costs. Fees are charged for in-home care services. Fees are not charged for Meals on Wheels or ERS or Medication Management Devices.

- Case Manager Assistants handle consumer fee billings and collections.

Policy Title	Oregon Project Independence (OPI) In-Home Care Fee Billings	
Contact	OPI Program Manager, OPI Contract Manager	
Effective Date	**Original**: 7/1/2018	**Revised:** 9/20/2018
Purpose	To efficiently process OPI consumer fees	

Overview

OPI consumers are required to pay a percentage based fee for their in-home care costs. This fee percentage is determined based on the OPI Fee Determination Form. (SDS 287K). Some consumers with lower income may qualify for a once in a lifetime $25 fee instead of a monthly recurring fee. LCOG bills OPI consumers for their fees based on actual in-home service usage.

LCOG uses a contracted in-home care agency for OPI in-home care. If the agency is not able to meet the consumer's needs or there are other extenuating circumstances, with manager approval, a state Home Care Worker may be used instead of the agency. As of 2018, the contracted in-home care agency is Addus In-Home Care.

Fee Waivers: S&DS Case Managers may self-determine a one month waiver of a fee due to consumer hardship. If a longer fee waiver period is required, manager approval must be received. All fee waivers must be narrated in Oregon Access. The narration must include the month(s) fees are waived, duration (if more than 1 month), and reason.

Monthly Client Fee Billing Procedure

The below process explains the roles and responsibilities for completing OPI fee billings.

1. OPI CMA maintains a monthly spreadsheet that contains the below OPI consumer information. As new consumers are approved for OPI services, their information is added to the appropriate month spreadsheet. Similarly, as OPI consumers close, their information will be removed from appropriate future month billing sheets.
   - First and last name
   - Mailing address
   - Date of birth
   - Billed OPI hours
   - Billed OPI service cost
   - OPI fee percentage (or $25 on-time fee indicator)
   - OPI Pilot indicator

   Note: The spreadsheet will calculate the fee amount due each month once each month's service usage data is entered.

2. On the 5th of the month, OPI CMA will run the OPI HCW consumer list report for the prior month (SJH2520RA for 60+ consumers and SJH2520R-D for Pilot consumers). Each branch has its own

separate report that must be run. This report shows consumers whose HCW was paid in that month.

3. By the 20th of the month, the OPI CMA will have updated HCW wage payment amounts for each consumer on the OPI billing spreadsheet which involves the following steps:
   - Look up each consumer's HCW's gross wages on the HINQ detail screens
   - Use the Wages dollar amount prior to deductions
   - Include all wages issued in the prior month
     Note: Typically this will be 2 pay dates (as HCW's are paid bi-weekly), but could be less or more depending on if it is new, ending or if the HCW is late submitting vouchers

4. By 25th of the month, the OPI contracted in-home care agency will have submitted the prior month's OPI service list. The OPI CMA will add each consumer's agency billed hours and service cost from this list to the OPI fee billing spreadsheet.

5. Once the above steps are complete, the OPI CMA sends out consumer invoices with the calculated fee percentage dollar amount. Invoices will also include any overdue fees the consumer may owe for prior months.

6. The OPI CMA will create a new month tab on the spreadsheet copying all consumer info over except the wage amounts & hours used (keeping the completed month for historical purposes).

7. If a consumer fails to pay their bill for 3 months, the OPI CMA sends non-payment information to the case manager for review and discussion with consumer. If the case manager determines the fee(s) should be waived, information is forwarded to the OPI CMA. If fee will not be waived, the OPI CMA sends a warning letter informing the consumer their OPI case will be closed for non-payment unless fees are paid or a payment arrangement is determined.

8. If fees are not paid for an additional month, the case manager closes the case and the consumer is sent a closure notice with 10-day notice. The case manager informs the OPI CMA that the case has been closed with closure date.

9. The OPI CMA should follow-up after one month with the case manager if they have not heard an outcome on overdue fees.

Procedure Title	Oregon Project Independence (OPI) ERS and Medication Dispenser Procedure
Contact	OPI Program Manager, OPI Contract Manager
Effective Date	7/1/2014
Purpose	To establish how to order and process assistive technology services in OPI

OVERVIEW AND COMMENTS

ERS are assistive technology devices that are used to assist and enhance an individual's independence in performing any activity of daily living. Medication Dispensers help consumers keep track and know when to take their medications. These devices help consumers to continue living safely and independently in their own homes. These devices typically come with monthly service monitoring. OPI ERS & medication dispenser services are encouraged for individuals that are homebound, live alone, have no natural supports, have a risk/history for frequent falls or have a risk/history of medication related concerns.

PROCEDURE:

I. Opening ERS (New or existing OPI consumer)

1. CM determines need for ERS to assist/enhance OPI consumer with at least one activity of daily living. CM reviews for the following in conjunction with the OPI Risk Assessment:
    a. Is consumer homebound
    b. Does consumer live alone
    c. Is consumer without natural/family supports
    d. Risk for frequent falls
    e. History/risk of medication related concerns

2. CM discusses devices with consumer and informs the consumer if they are found no longer eligible for OPI or Medicaid at a future date, on-going cost of the device will transition to the consumer, or service will end.

3. CM completes the OPI Consumer Registration form and selects ERS #40-5 and routes to OPI Case Manager Assistant (CMA) via email.

4. CM completes the OPI ERS request available on ADE and emails to the CMA.

5. CMA emails (through secure email) or faxes completed request to appropriate provider. CMA adds consumer to OPI ERS tracking.

6. CMA ensures:
    a. ERS service is set up in consumer's name
    b. ERS billing is set up for LCOG S&DS

II. Closing OPI ERS or Transition to Medicaid

1. CM informs CMA of need to close or transition OPI ERS.
2. CMA contacts ERS provider to either end LCOG billing or transition billing to Medicaid.
3. CMA closes OPI/NAPIS service in Oregon ACCESS.

Procedure Title	Oregon Project Independence (OPI) Durable Medical Equipment Procedure	
Contact	OPI Program Manager, OPI Contract Manager	
Effective Date	**Original**: 7/1/2015	**Revised**: 07/18/2018
Purpose	To establish how to order and process Durable Medical Equipment in OPI	

PURPOSE AND COMMENTS

OPI Durable Medical Equipment (DME) is typically a one-time purchase of items or services to help a consumer remain living safely and independently in their own home. Eligible DME items must be furnished by a DME provider and be used to serve a medical purpose. Examples include wheelchairs, walkers, scooters, medical pillows, ramps, grab bars.

Items that are not provided by a DME provider, but would meet a DME need must be staffed and approved by a manager. Items that would be covered by the consumer's insurance (Medicare, private pay insurance, etc.) are not eligible.

Payment Limits:

Durable Medical Equipment purchases are limited to:

- OPI 60+ Program: $50 per consumer
- OPI Pilot Program: $499 per consumer

Providers:

For equipment purchases, the use of local DME providers and legitimate online DME providers is allowable. Every effort shall be made to find the lowest price.

DME PROCEDURE:

7. CM determines durable medical equipment need in order to keep an OPI consumer safe in their home

8. CM discusses consumer preference for items
   Note: Every effort should be made to ensure the item meets the consumer's needs to minimize returns. Generally, returns/refunds should only be requested if the item was not received, was the incorrect item, the item was delivered damaged/not operable or if the item was not as advertised

9. CM identifies local vendor, item number, quantity, price and delivery charge (if applicable)

10. CM completes the OPI Purchase Order Request Form available on ADE and emails the form, using the ADE email feature, to the OPI Case Manager Assistant (CMA). Include any special delivery instructions

11. CM completes the OPI Client Registration form in ADE with appropriate services and emails to OPI CMA

12. CM narrates DME in Oregon ACCESS

13. CMA will review the OPI Purchase Order Request Form and the Oregon ACCESS narration for completeness.

14. CMA will contact the vendor and place order. If there are special vendor payment requests, the CMA will contact the BFA for resolution

15. CMA will add order to internal OPI DME tracking

16. CMA enters OPI CMA enters OPI services/NAPIS data into Oregon ACCESS

17. CMA narrates order placed

18. CM will narrate, when applicable, if the consumer receives the product or service. If any issues or returns are needed, the CM must contact the CMA as soon as possible for resolution
    Note: Special/custom orders that are received as advertised and as specified by the consumer are generally not eligible for returns per most provider return policies

Note: This procedure is limited to a maximum of $499 per consumer (for the OPI Pilot program) unless approved by the S&DS Director. In the event the S&DS Director approves a purchase over $500, a minimum of 3 bids are required prior to purchase. The lowest bid shall be chosen. Copies of each bid shall be maintained by the OPI CMA and in the consumer file.

Procedure Title	Oregon Project Independence (OPI) Chore Procedure	
Contact	OPI Program Manager, OPI Contract Manager	
Effective Date	7/1/2015	
Purpose	To establish how to process Chore requests in OPI	

OPI CHORE IS SUSPENDED FOR THE 60+ OPI PROGRAM EFFECTIVE 9/15/2015 DUE TO BUDGET RESTRAINTS (does not apply to the OPI Pilot for adults with disabilities)

PURPOSE AND COMMENTS

OPI Chore Service is a one-time or intermittent service for OPI consumers who need assistance with heavy housework, heavy yard work, sidewalk maintenance, pest removal or other hazardous materials removal (examples: mold or a muck-out) in order to continue to live safely and independently in their own home. Chore Service is not intended to be on-going or on a regular basis as regular in-home care services should typically maintain the consumer's home environment.

Allowed Hours: Chore service is limited to 10 hours per service need. More hours may be authorized with manager approval. If a new or repeat of the same Chore Service is needed at a later date, these may be approved for an additional 10 hours.

Addus Chore Services: Chore services through Addus are limited to those that can be provided without the use of a ladder or power gardening tools (note, a typical power lawn mower is the only exception). Use of a stepstool and non-motorized gardening tools is acceptable. Addus will not perform any cleaning that requires specialized training or of a hazardous nature, such as pest removal and extreme mold. Addus chores services are paid at the same rate as homecare/housekeeping.

Specific services Addus has agreed by contract to perform:

A. Heavy inside cleaning which may include washing floors, windows and walls, and tacking down loose rugs and tiles for safe access and egress.

B. Mowing and trimming lawn using either a hand mower or power mower; cleaning grounds using rake, broom and/or hose; trimming shrubs and trees.

C. Keeping sidewalks clear of vegetation by removing, trimming, cutting or otherwise rectifying trees, bushes and shrubs which overhang sidewalk, right-of-way or meter pit, creating a hazard, obstruction or sight problem.

Examples of Chore Services

Example 1: 10 hour Chore Service completed in April to clear sidewalks and yard due to unsafe outdoor conditions. In October, yard conditions are again unsafe and an additional 10 hours is approved.

Example 2: 10 hour Chore Service is approved for interior heavy cleaning. Consumer also received a notice they must mow their yard from the city. 4 hours of Chore is approved for outdoor yard work.

PROCEDURES:

1. CM determines need for Chore Service to keep the OPI consumer safe in their home.

2. CM discusses Chore Service with consumer. Consumer must agree with and allow Chore Service plan.

3. CM completes **form 546 SF**, adds Chore and approved hours as a one-time consumer service. As much detail regarding the consumer's Chore needs should be included for Addus planning purposes. Please write 'OPI CHORE' on the top of the 546. Route to OPI CMA.

4. CM completes the OPI Consumer Registration form in ADE with appropriate services and emails to OPI CMA

5. OPI CMA enters OPI services/NAPIS data into Oregon ACCESS

APPENDIX H – PARTNER MEMORANDUMS OF UNDERSTANDING WITH LOCAL STATE APD OFFICE

As S&DS is a Type B Transfer Agency, APD services are offered by S&DS, not through a separate state office. S&DS has a Memorandums of Understanding (MOU) with the local Coordinated Care Organization, Trillium Community Health Plan.

Memorandum of Understanding
Long Term Services and Supports between Trillium Community Health Plans CCO,
Lane Council of Governments Senior and Disability Services, APD District 6 and APD District 7

Medicaid-funded Long Term Services and Supports (LTSS) are legislatively excluded from Coordinated Care Organization (CCO) budgets and will continue to be paid for directly by the Department of Human Services (DHS). Medicare covers limited post-hospital acute care, but Medicaid is the primary payer for LTSS services. In order to reduce costs in both systems and ensure shared responsibility for delivering high quality, person-centered care, CCO's and the LTSS system will need to coordinate care and share accountability for individuals receiving Medicaid-funded long term care services.

This is a non-binding agreement between Trillium Community Health Plans Coordinated Care Organization (TCHP-CCO), Lane Council of Governments (LCOG) Senior and Disability Services (SDS), APD District 6 and APD District 7 (APD). The mutual goal of the proposed agreement is to improve person-centered care, align care and service delivery and provide the right amount of care, in the right place at the right time for beneficiaries across the LTSS system; based on the roles and responsibilities of each entity, recognizing the purpose is to ensure coordination between two systems to provide quality care, produce the best health and functional outcomes for individuals to prevent escalation of costs for both systems.

Based on the good faith description of the roles and responsibilities of the entities participating in the proposed agreement to coordinate care and share accountability for Medicaid funded long term care, Trillium Community Health Plans CCO , Lane Council of Governments and APD Districts 6 and 7 agree to participate in the following activities:

Domain 1: Individualized Care Teams (ICT)		
Objective	**Activities**	**Deliverables**
TCHP and SDS will establish inter-disciplinary care teams, consisting of providers such as CCO, PCP, LTSS representatives, as well as other agencies/services providers working with the members. The interdisciplinary care teams will coordinate care and develop individualized care plans for high needs, mutual members.	SDS will send TCHP-CCO the LTSS CCO report and TCHP will integrate relevant information to generate a list of high needs members that will be used to identify members for care coordination and/or ICT. High needs members may be identified by considering these factors: • Mental/Behavioral Health • Chemical Dependency • ER and Hospital Utilization • Complex Conditions • Complicating Circumstances • Member self-referral All individuals receiving LTSS served by APD Districts 6 and 7 appear on the LTSS CCO report and may be brought forward for care coordination through TCHP-CCO's integrated list of high needs members or on an as needed basis.	• SDS will send TCHP the LTSS CCO report at least once a quarter; TCHP will integrate relevant information to the LTSS CCO report to generate a list of prioritized high needs members to refer for care coordination.
	Interdisciplinary Care Team (ICT) meetings will be held at least twice quarterly, on members that are identified as high needs. An individualized care plans will be developed during the ICT and will be shared with ICT participants through a secure group email. The Interdisciplinary Care Team will determine who the most appropriate individual is to share the care plan with the member, if the member was not present at the ICT.	• TCHP and SDS teams will meet at least twice a quarter to coordinate care for high need members. • TCHP and APD teams will meet as needed.

Domain 1: Individualized Care Teams (ICT)		
Objective	**Activities**	**Deliverables**
	Members will be selected by the Interdisciplinary Care Team comprised of representatives from TCHP-CCO, SDS, and other organizations as relevant.	
	SDS/APD or TCHP staff will engage with the member to determine goals and preferences for the ICT meeting and consumers level of involvement with the ICT. The member's goal and preference will be documented in the care plan that is created at the ICT meeting regardless of the member's participation in the ICT.	• TCHP and SDS/APD will develop individualized person-centered care coordination plans that document member or member representative preferences and goals for each member that an Interdisciplinary Care Team meeting is held for.
	TCHP-CCO, SDS and APD will designate leads for the Interdisciplinary Care Team. The current point of contacts for the ICTs will be: SDS: Sarah Ballini-Ross TCHP: Kim Duerst ADP District 6: District Manager APD District 7: Diversion Transition team	• TCHP, SDS and APD will have a clearly-designated lead for each inter-disciplinary care team meeting.
	Primary care providers (PCP) or designated representatives, LTSS providers, and relevant community organizations will be invited to Interdisciplinary Care Teams when appropriate.	• TCHP and SDS/APD will invite long term services and supports providers and PCP when relevant, with appropriate releases as required by privacy rules and policy.

Shared Accountability

TCHP and SDS agrees to:

- Attend quarterly MOU meetings to evaluate activity progress and conduct process reviews as appropriate.
- SDS will conduct a Quarterly MOU activities report and share with MOU team and designated APD/OHA representative.

Domain 2: Transitional Care Practices		
Objective	**Activities**	**Deliverables & Outcomes**
TCHP and SDS will develop coordinated transitional care practices that incorporate cross system education, timely-information-sharing when transitions occur, minimal cross-system duplication of effort, and effective deployment of cross-system nursing and psycho-social resources at any time members experience a transition in their care setting.	TCHP and SDS will establish a subcommittee to develop protocols and referral paths for SNF and Hospital transitions. The Transitions Subcommittee will: • Document how TCHP, SDS, APD and other integral partners are sharing information about transitions. • Identify areas for training needs and create a plan to accomplish the necessary training. • Describe how to access information and identify how information sharing will happen. • Identify cross system resources and how they may be used during transitions. • Document or map the transition processes across the region. The document or map will identify roles and responsibilities, minimum frequency of meetings and/or methods of communication.	• TCHP and SDS will map the transitional care practices in their areas by June 2017.
	Documents developed by the subcommittee will be shared with appropriate partners.	• TCHP and SDS will develop a procedure for coordinating and communicating around transitions of care by June 30, 2017.
Shared Accountability TCHP and SDS agrees to: • Attend quarterly MOU meetings to evaluate activity progress and conduct process reviews as appropriate. • SDS will conduct a Quarterly MOU activities report and share with MOU team and designated APD/OHA representative.		

Domain 3: Member Engagement		
Objective	**Activities**	**Deliverables & Outcomes**
TCHP and SDS will increase member/client engagement in the care conference process.	SDS/APD or TCHP Case Manager will engage the member to obtain their input and identify areas of need or services to be included in the draft individualized care plan prior to the ICT.	• SDS/APD or TCHP will engage with members to determine their goals and preferences prior to the Interdisciplinary Care Team.
	The Interdisciplinary Care Team will determine who the most appropriate individual is to review the care plan with the member, within in four weeks from the ICT meeting.	• The Interdisciplinary Care Team will designate an individual to review the care plan after the Interdisciplinary Care Team meeting.
	SDS and TCHP will promote self-management of chronic conditions and participation in health promotion and/or prevention activities to members as applicable.	• SDS and TCHP will refer members to relevant self-management programs when applicable.
Shared Accountability TCHP and SDS agrees to: • Attend quarterly MOU meetings to evaluate activity progress and conduct process reviews as appropriate. • SDS will conduct a Quarterly MOU activities report and share with MOU team and designated APD/OHA representative.		