

# CAPECO AREA PLAN

For the period of  
July 1, 2025 – June 30, 2029

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

CAPECO Administrative Office  
211 SW Byers Avenue  
Pendleton, OR 97801



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



**COMMUNITY ACTION PROGRAM  
OF EAST CENTRAL OREGON**

**2025-2029  
AREA PLAN**

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

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

Community Action Program of East Central Oregon (CAPECO) is a private non-profit organization, 501(c)(3) established in October 1987 with a service area covering the four counties of Gilliam, Morrow, Umatilla, and Wheeler referred to as “CAPECO Core Counties”. Hood River, Sherman, and Wasco Counties were later added to the Area Agency on Aging (AAA) Program increasing the AAA to include all seven counties. CAPECO offers many services by assisting those in need by combating the causes and conditions of poverty to enhance well-being, dignity, and justice through direct delivery of services, partnerships, and advocacy. CAPECO envisions the success of every youth, adult and senior to eliminate poverty and promote independence through education, employment, and the sharing of resources that move individuals from surviving to thriving.

As a community action agency, CAPECO is charged with carrying out the programs founded by the 1964 Economic Opportunity Act to fight poverty by empowering the poor as part of the War on Poverty. CAPECO focuses on four key social service needs in East Central Oregon. These needs include:

- Community Services
- Energy
- Enterprise Development
- Area Agency on Aging

These services available to help people meet these needs are:

- Services for Independence
- Food and Nutrition
- Housing and Homeownership
- Energy and Weatherization
- Emergency
- Youth Services

Programs and Services are provided for income eligible individuals or households who meet specific requirements outlined within each program.

As the Area Agency on Aging provider, CAPECO provides critical services which keep older adults healthy and independent. Services include caregiver support, health promotion, benefits enrollment, in-home care, and resources and referral. Caregiver support provides services to family members caring for an older adult relative. Health promotion is the process of enabling people to increase control over and improve their health. It involves a wide range of interventions aimed at preventing disease, promoting well-being, and improving quality of life. Benefits enrollment assists clients in meeting their health and financial needs. In-home care is offered by assisting in the payment of home care workers and respite care for family members. CAPECO administers the local Aging and Disability Resource Connection (ADRC), a resource and referral system catering

to the aging population, people with disabilities, and caregivers. As a representative payee organization by Social Security and Veterans Affairs CAPECO manages benefits payments for persons unable to do so on their own. Understanding the recipients allows financial stability by maintaining the current financial needs for housing/shelter, food, medical care, clothing, and personal comfort items.

CAPECO is governed by a tri-partite nine-member board comprised of three elected officials, three representatives from the business sector, and three low-income representatives. The Senior Advisory Council (SAC) Members are available to advise the Board and Executive staff on the needs of consumers served by CAPECO in their representative counties. The SAC and the AAA leadership hold a monthly meeting open to the public to address community needs on the last Tuesday of every month. The Senior Advisory Council works to have representatives from each county served to ensure all aspects of senior services are open for discussion and education about services offered by the AAA are shared equally. This is not always possible, but recruitment is open and ongoing. CAPECO maintains three offices to provide senior services in the seven-county service area. The administrative office is in Pendleton, with satellite offices in Hermiston and The Dalles. Due to the remoteness of our service area, there are staff, volunteers and other agency personnel available on a regular basis in the service area to ensure older adults can gain access to services and obtain information. CAPECO provides a toll-free number to expedite connecting older adults with services. Although initial contacts may be made through email or by phone, all intake procedures are conducted by appointments in the client's home.

The CAPECO AAA is designated as a Type "A" AAA offering services within Region 9 and Region 12 in coordination with the State of Oregon's Aging and People with Disabilities (APD) division of the Department of Human Services. As a Type "A" AAA, CAPECO administers Older Americans Act (OAA) programs, Oregon Project Independence (OPI and OPI-M), Options Counseling and Health Promotion in Gilliam, Hood River, Morrow, Sherman, Umatilla, Wasco, and Wheeler Counties. CAPECO partners with APD to link Title XIX Medicaid programs, Supplemental Nutrition Assistance Program, and other entitlement programs within the CAPECO service area. The Area Plan serves as an agreement between the State of Oregon's Community Services and Supports Unit and CAPECO to provide the services needed and support to older adults and adults with physical disabilities living in CAPECO's seven-county service area. The Area Plan serves as a roadmap for program services for the next four years. The Plan does not encompass all the activities of CAPECO but is designed to include a vision for the future by articulating priorities and strategies that will meet the changing demographics and needs of the communities CAPECO serves.

Additional information about CAPECO services, applications, and contact information are provided online at <https://www.capeco-works.org/>.

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

***CAPECO Mission:*** Assisting those in need by combating the causes and conditions of poverty to enhance well-being, dignity, and justice through direct delivery of services, partnerships, and advocacy. CAPECO envisions the success of every youth, adult and senior to eliminate poverty

and promote independence through education, employment, and the sharing of resources that move individuals from surviving to thriving.

**CAPECO Vision:** Fair access to services, resources, and opportunities so CAPECO's communities thrive in their own way.

**CAPECO Core Values:** Empathy, dignity, collaboration, integrity, and inclusion.

As an Area Agency on Aging and as a Community Action Program, CAPECO partners with several other providers and stakeholders to conduct outreach, address service equity issues, and to deliver services and supports to the communities we serve. These partners include, but are not limited to, local Oregon Department of Human Services, members of the Senior Advisory Council and the organizations those members represent, the Confederated Tribes of the Umatilla Indian Reservation, contracted meal sites, senior centers, county and local representatives, and other Local Community Advisory Councils (LCACs).

Community Action changes people's lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community, and we are dedicated to helping people help themselves and each other. The CAPECO AAA Department observes all the above and adds an extra emphasis with the **AAA Departmental Mission:** To coordinate, develop, and maintain services to promote opportunities for aging community members to maintain their independence, dignity, and choice. All individuals deserve independence, and to benefit from service approaches that empower them, their family members, and their communities to live full and independent lives, to the greatest extent possible. Individuals should have the opportunity to make informed choices about his or her care situations.

CAPECO AAA collaborates with community partners to create a complete and responsive system of services, plan and develop new programs, improve the delivery of existing programs, educate community members, advocate with lawmakers, and provide direct services which involve the aging community to ensure their point of view is fairly represented.

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

Formal planning for this Area Plan began in 2024 with a workgroup of CAPECO employees representing all services offered by the Area Agency on Aging. A small group of community partners, including representatives from the Senior Advisory Council, assisted in the development of a seven-county wide community survey. This survey identified the needs of older adults, people with disabilities, and caregivers throughout the service area and used this information to identify goals and objectives for services provided. The survey was available online in English and Spanish and could also be completed over the phone, using an on-demand interpreting service when necessary to ensure those with limited English proficiency had opportunities to participate. The Area Plan work group reviewed survey responses to evaluate and set goals and objectives for 1) Information and Assistance and Aging & Disability Resource Connection (ADRC) services, 2) Nutrition Services, 3) Family Caregivers, 4) Elder Rights and Legal Assistance, 5) Older Native Americans 6) Oregon Project Independence and Oregon Project Independence Medicaid. *Detailed results from the community survey are in Appendix C.*

The seven-county community response rate was not stellar. The future plans in increase participation will include posting the survey several times each year, leaving the Area Plan on the website with a comment box for individuals to make comments and suggestions for future program periods, offer a drawing for prizes to increase participation, and hold raffles at the senior sites after survey completion. This should significantly increase responses for the next survey.

The Area Plan was presented to the Senior Advisory Council (SAC) for approval with seven board members and five members of the public joining to provide feedback at the March 25, 2025, SAC meeting. The Area Plan was posted on the CAPECO website at <https://www.capeco-works.org/senior.html> for the 30-day review period with a link sent to all seven counties within the CAPECO service area and an in person and online information meeting was held on March 13, 2025, open to the public. The plan was presented to CAPECO's Board of Directors for discussion March 28, 2025, and final review and approval at the April 2025 board meeting.

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

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

CAPECO AAA has developed a budget based upon information available at the time of Area Plan Development assuming continuation of flat funding. CAPECO meets all Title IIIB expenditure requirements including at least 3% of funds being allocated to In Home services, at least 3% of funds being allocated to Legal Aid services, and at least the minimum 18% for Access Services. This has worked well for CAPECO AAA to provide these required services throughout the service area including all Matrix areas.

- a. Currently CAPECO AAA does not have any waitlists for services, if waitlists become necessary in the future due to a shortage of funding a prioritized waitlist will be used for future services. Priority will be based upon client need and the score given during the in-person assessments pending program ranking.
- b. If funding to operate the OPI, Pilot, and OPIM programs is reduced, CAPECO will do the following: Calculate the cost to provide service to each OPI consumer per month determines how much funding is available for the remainder of the Fiscal Year. Then reduce services to consumers based on Service Priority Level (disenroll all consumers SPL 18, then SPL 17, then SPL 16) until such time that sufficient expenses have been cut to keep the program solvent/sound through the end of the Fiscal Year.
- c. The Service Priority Levels are determined by the needs of the consumer. A person with an SPL 18 has fewer, and lower, needs than someone with an SPL of 10. When reducing services, we should focus on continuing to help those with the highest needs. Federal, state,

and local budget variability and fluctuations create a potentially uncertain service net. b. Any changes in services included in this plan – compared to services.

CAPECO has the discretion to allocate any remaining funds to further enhance existing services or initiate new programs. Discretionary fund use is based on a prioritized list of services recommended by the advisory council and adopted by the board of directors. The prioritized list of services recommended by the advisory council is developed in conformance to a set of guiding principles, also approved by the council:

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

CAPECO Senior Advisory Council members, in collaboration with CAPECO staff and volunteers, inform the public about CAPECO's services and programs. When necessary, this education will include details regarding funding reductions or proposed cuts that impact the seniors and individuals with disabilities served in our seven-county service area.

## **A-5 Service Equity**

***CAPECO Equity Statement:*** As a community action program serving rural Oregon communities, CAPECO is determined to grow equality and human rights into our forethought. We commit to treat all people equitably, to stand up for what is right, and to serve effectively with acknowledgment and respect. We are motivated to empower every employee with knowledge through training and backed with solid policies and procedures. We have a zero-tolerance policy regarding bias and discrimination of any kind. We stand for all people including Black, Native American, Hispanic, or Latino, and People of Color and their right to employment, a home, access to food, education, healthcare, and safety. We believe this can happen by reducing poverty and

creating opportunities for all people, thus encouraging communities to thrive. We will continue to take steps to help our fellow neighbors and strive for positive impact on humanity.

CAPECO staff attend quarterly All-Staff meetings where training is provided on community services, cultural diversity, equity, to assist staff in understanding the cultural diversity of the population being served. The best practice at CAPECO is educating employees on all services provided through the agency, so a person who accesses one service will have an opportunity to apply for other services he or she may qualify for at the same time. Wrap around services are important when assisting clients to ensure they have the opportunity to receive all the services they might need. Such as housing, food insecurities, and energy assistance or weatherization. Staff are encouraged to apply for other positions at CAPECO that allow them to move upward in the organization. This enables CAPECO to keep great staff by offering on the job training opportunities for advancement and allows CAPECO to offer better services to our communities.

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

### **B-1 Population and Service Area Profile**

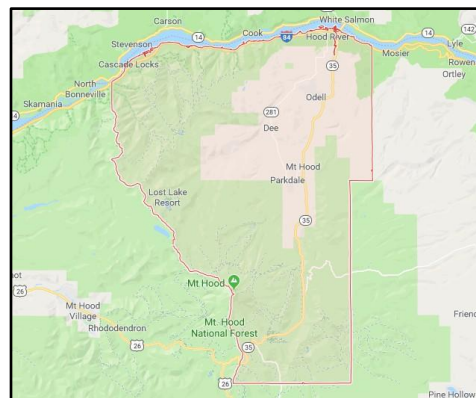
#### **Gilliam County**



Gilliam County was established in 1885 and named after Colonel Cornelius Gilliam. Gilliam County is bordered today by the Columbia River to the north, Wasco and Sherman Counties to the west, Morrow and Grant Counties to the east, and Wheeler County to the south. In 1890, Condon was named the County Seat, previously known as Summit Springs. Gilliam County's area is 1,223 square miles and 2844' elevation at in Condon. Gilliam County has fruitful agriculture and environmental services, raising wheat, barley, and beef cattle. The largest individual employers in Gilliam County are Chemical Waste Management or the Northwest and Oregon Waste Systems.

#### **Hood River County**

Hood River County was established by proclamation in 1908. Named after the Hood River and Mt. Hood, the county's boundaries have remained unchanged, bordered by Wasco County to the east, Clackamas and Multnomah Counties to the west, and the Columbia River to the north. Hood River County is the 2<sup>nd</sup> smallest county by size in the state, outranking only Multnomah County, with a total area of 533 square miles. The City of Hood River is the county seat. The principal industries of Hood River County include agriculture, recreation, timber, and



hydroelectric production. Hood River Valley has an ideal climate for various fruits, such as apples, cherries, peaches, and pears.

## Morrow County

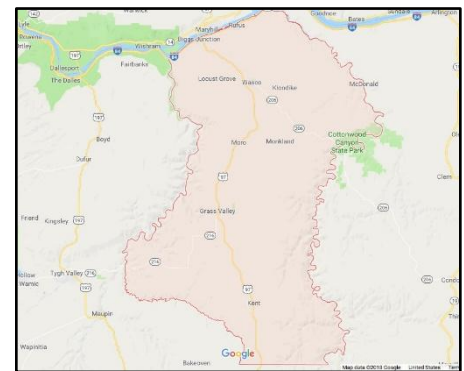


agriculture, food processing, utilities, lumber, livestock, and recreation.

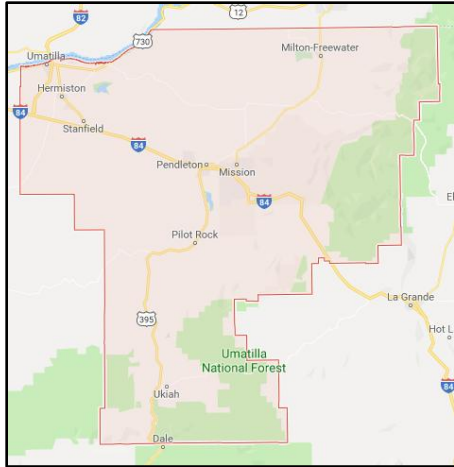
Morrow County was created in 1885 and is east of the Cascade Mountains in North Central Oregon. It was named after J.L Morrow, an early settler in the area and a member of the Legislative Assembly. The county is bounded by the Columbia River on the north and contains 2,049 square miles with Heppner as the county seat. Morrow County contains more than one million acres of gently rolling plains and broad plateaus. This rich agricultural land can be roughly divided into three occupational zones – increasing amounts of irrigation farming in the north, vast fields of wheat yielding to cattle ranches in the center, and timber products in the south. The principal industries in the county include

## Sherman County

Sherman County was created in 1889 and was named for General William Tecumseh Sherman of Civil War fame. The county lies between the deep canyons of the John Day River on the east and the Deschutes River on the west in north central Oregon. The mighty Columbia River forms the boundary on the north. Much of the boundary on the south is defined by the rugged canyons of Buck Hollow, a tributary of the Deschutes River. Sherman County is 831 square miles, and the county seat is Moro. Sherman County is an agricultural county, devoted to growing wheat and barley. In recent years, electricity generating wind turbines have sprouted into large wind farms in several areas, which has offered an economic boost and income to the county and its landowners.







**Umatilla County** Umatilla County was created in 1862 out of a portion of Wasco County. “Umatilla” is a Native American Term meaning “rippling water” or “water rippling over sand.” The county is bounded by the Columbia River and Washington on the north, Morrow County on the west, Grant County on the south, and Union and Wallowa Counties on the east. The county contains 3,231 square miles and the county seat is Pendleton, with Hermiston being the largest city. The fertile land of Umatilla County gives a strong agricultural base to the county’s economy. The county is abundant with products such as fruit, grain, timber, cattle, and sheep. The Umatilla Indian Reservation was established by the Treaty of Walla Walla in 1855 and became an 800 square mile home for the Umatilla, Walla Walla, and Cayuse tribes, located immediately southeast of Pendleton. The Umatilla Confederated Tribes have over 3,000 enrolled members.

### Wasco County

The Territorial Legislature created Wasco County in 1854 and is named for the Wasco (or Wascopan) tribe of Native Americans that lived south of the Columbia River, near The Dalles which is the county seat. When Wasco County was created, it consisted of all Oregon Territory between Cascade Range and the Rocky Mountains and was the largest county ever formed in the United States, originally consisting of 130,000 square miles. The county now consists of 2,387 square miles. Wasco County’s economy is based on agriculture such as orchards, wheat farming, and livestock ranching. It also consists of lumber, manufacturing, electric power, transportation, and tourism. The falls on the Columbia River near The Dalles served as a gathering and trading center for Native Americans, including Wasco, Paiute, and Warm Springs.



### Wheeler County



Wheeler County was formed by the legislature from parts of Grant, Gilliam, and Crook Counties 1899, and was named after Henry H. Wheeler, who operated the first mail stage line from The Dalles to Canyon City. The county consists of 1713 square miles and is the least populated county in the state. Fossil is the county seat. The Wheeler County area is known as an outstanding depository of prehistoric fossils. The terrains are uneven and rugged, with sagebrush, juniper, and rimrock to thick stands of Ponderosa Pine and Douglas Fir. Forest lands cover nearly one third of the county. Principal industries are agriculture, livestock, and recreation.

## Demographic Data

Below is a side-by-side comparison of demographic data for each of CAPECO's seven counties.

CAPECO SERVICE AREA COUNTIES								
Area Plan 2025-2029								
	Gilliam	Hood River	Morrow	Sherman	Umatilla	Wasco	Wheeler	Totals
Urban-Rural Classification								
Total 2022 Population	2,018	24,048	12,300	1,955	80,215	26,561	1,445	148,542
Rural 2019 Population	1,954	23,915	11,964	1,784	63,724	26,603	1,477	131,421
Percent Rural Population	100%	100%	100%	100%	80%	100%	100%	
Total 2019 Population	1,954	23,915	11,964	1,784	79,509	26,603	1,477	147,206
Total Population Age 60 and Older	842	5,461	2,667	557	16,445	7,403	636	34,011
Population 60 and Older as a percentage of whole	43.1%	22.8%	22.3%	31.2%	25.8%	27.8%	43.1%	25.9%
Total Population 60 and Older in Poverty	96	294	239	43	1,253	614	87	2,627
Total Population Age 60 to 74	601	4,010	2,016	353	11,487	5,339	406	24,212
Total Population Age 75 to 84	104	1,080	463	179	3,444	1,320	184	6,774
Total Population Age 85 and Older	137	371	188	25	1,514	744	46	3,025
Female Total	959	11,892	5,898	888	37,963	13,123	722	71,445
Female Age 60 and Older	429	2,840	1,284	281	8,351	3,829	323	17,337
Female 60 and Older in Poverty	40	156	158	12	678	279	45	1,367
Male Total	995	12,023	6,066	896	41,546	13,480	755	75,761
Male Age 60 and Older	413	2,621	1,383	276	8,094	3,574	313	16,674
Male 60 and Older in Poverty	56	138	81	32	575	335	42	1,260
Any Minority Total	227	9,163	5,274	247	28,061	7,451	247	50,671
Any Minority Age 60 and Older	14	966	517	23	2,925	924	59	5,428
Any Minority 60 and Older in Poverty	3	40	119	2	296	104	11	576
Limited English Proficiency Age 18 to 64	-	2,387	1,245	8	4,711	1,221	17	9,588
Limited English Proficiency Age 65 and Older	1	349	249	2	481	185	-	1,267
Adults with a Disability	330	2,377	1,879	452	12,123	4,909	305	22,375
Total Population under 185% FPL	486	5,166	3,968	500	23,090	7,487	600	41,296
Population 60 and Older under 185% FPL	229	1,030	682	156	4,181	2,058	266	8,602
Population 60 and Older Under 185% FPL	545	4,026	1,717	353	9,304	4,606	323	20,874
Total Grandparents Responsible for Own Grandchildren Under Age 18	2	164	174	12	561	93	10	1,016
Grandparents Age 60 and Older Responsible for Own Grandchildren Under Age 18	2	146	39	7	268	56	6	524
Grandparents 60 and Older in Poverty Responsible for Own Grandchildren Under Age 18	-	-	2	-	4	4	6	16
Living Alone Age 60 and Older	289	1,422	612	173	4,389	2,112	191	9,187

Source: Census Data

While there are slight differences in each county, overall, the population is aging and the demand for Older Americans Act services will continue to grow in the coming years. According to demographic data provided by ODHS, in six of the seven counties, 100% of the total population lives in rural areas and 80% of the population in Umatilla County is considered rural. CAPECO has found there to be resistance of rural residents to access services in their small communities due to a hesitation in accepting help from others. Confidentiality is maintained for all those served,

anonymity does not exist in small communities and some older adults do not want their neighbors to know they are accessing assistance programs. There are 34,011 total people aged 60 and over, and 2,627 of these persons live in poverty. There are 5,428 minority people, 60+ and 576 of those live in poverty. Nearly a third of the population falls under substantial low to moderate income which will continue as the population ages. Therefore, all the seven-county service area meets the “greatest economic need” and older individuals living in rural areas criteria. The population is growing older with 20% persons 60+ who are also 85+. There are 22,375 or 15% of adults who reported as having a disability and 1,267 older persons who have limited English proficiency (LEP). The Age 65+ population is growing faster than the total population and the need for accessible services, specifically geared towards all seniors, is growing, and continues to be a need for those with a disability or limited English proficiency. CAPECO has bilingual Case Managers and will continue to take steps to help our fellow neighbors and strive for positive impact on humanity.

## **B-2 Target Populations**

To identify the needs of consumers who meet the OAA criteria for targeted populations who have the greatest needs, CAPECO conducted an area wide survey to gather feedback about the needs and preferences of older adults, people with disabilities, and those who support them. Results of the community survey are detailed in Appendix C. The CAPECO AAA seven-county service area is nearly totally rural in nature with a substantial low to moderate income population. Therefore, the seven-county service area meets the “greatest economic need” and older individuals living in rural areas criteria. It is imperative to partner with other organizations and agencies serving seniors throughout the service areas including partner agencies, senior centers, food pantries, hospitals, nursing homes, libraries, and attending several community events in each county where CAPECO can share information about services available, get to know each counties population, and determine how we can better assist seniors and disabled individuals.

The largest population of individuals with Limited English Proficiency is the Latinx community, with the largest concentrations in Hood River County, North Morrow County (Boardman and Irrigon) and Umatilla County (Hermiston and Milton-Freewater). Demographic data in most counties indicates the Latinx population is growing, and we recognize the need to increase outreach efforts. CAPECO has a full complement of staff that can fluently speak Spanish, read Spanish, can translate from English to Spanish (and vice versa) and are available to provide these services as needed. CAPECO also utilizes language interpretation lines to assist with any interpretive services.

## **B-3 AAA Services, Administration, and Service Providers**

CAPECO is designated by the State of Oregon as the AAA and ADRC for the seven-county service delivery area of Regions 9 & 12. The expectation and end goal of CAPECO is to meet or exceed the ORS General Policy 410.050 which states: That the needs of the older adult population can be best served and planned for at the local community level.

- That a longer life expectancy and a growing older adult population demands services be provided in a coordinated manner and a single local agency system for such services instituted.
- That local resources and volunteer help will augment state funds and needed personnel.
- That local flexibility in providing services should be encouraged; and
- That a single state agency should regulate and provide leadership to ensure that the older adult citizens of Oregon will receive the necessary care and services at the least cost and in the least confining situation.

All AAAs, including CAPECO, plan and coordinate an array of community services for older adults, regardless of income or resources, through OAA funding and OPI awards. CAPECO AAA has been providing, and will continue to provide, a range of services to seniors so they can tailor the services which best suit themselves and their situations. These services assist both the frail older people who can remain at home if they receive the right services, as well as the seniors who are healthy and can benefit from activities and social opportunities provided by community-based programs such as those offered at local senior centers. Most AAA services are provided at no cost to the client or their family members. However, voluntary contributions are accepted and used to expand AAA program services.

Program development and coordination is an ongoing effort to incorporate emerging needs with best practices. It primarily involves collaborating with community partners to develop programs to meet the objectives of the OAA. CAPECO continually seeks new partnerships to expand the range of activities in health promotion and management of chronic health conditions. CAPECO invests resources in building relationships and services to the two Native American tribes in the service area, which are Confederated Tribes of the Umatilla Indian Reservation and Confederated Tribes of Warm Springs.

CAPECO educates employees on all services provided through the agency, so a person who accesses one service will have an opportunity to gain experience about other services he or she may qualify for at the same time. Options Counselors will also work with older adults and families, including those who do not qualify for Older Americans Act services, in exploring all service and support options, to promote independence, health, and safety. CAPECO will adjust the way services are provided to attract new participants and continue to grow our programs, such as expanding restaurant-style dining experience in the congregate meal settings and developing multi-generational connections between younger residents and older adults.

All CAPECO AAA services are offered throughout the seven-county service area. The Service Matrix and Delivery Method is found in Attachment C and CAPECO AAA services shown below in Chart 1: CAPECO SERVICES.

<b>CHART 1: CAPECO SERVICES</b>		
<b>Personal Care</b>  Provided through the OPI program, Personal Care services include help with activities of daily living (bathing, dressing, ambulation, toileting, mobility, transferring, etc.) and can also include assistance with instrumental activities of daily living (meal preparation, shopping, laundry, light housekeeping, etc.).	<b>Chore</b>  Chore services are heavy household tasks that may include yardwork, sidewalk maintenance, and heavy housework/deep cleaning tasks.	<b>Options Counseling</b>  Options Counseling helps to assess a person's living situation and assists that person in finding and accessing public and private information and services to support the person in achieving his or her short and long-term goals.
<b>Home Delivered Meals</b>  Home Delivered Meals are meals provided to those who meet eligibility criteria. Meals are provided to each person in their place of residence and meet nutritional guidelines set forth in the Older Americans Act and state/local laws.	<b>Case Management</b>  Case Management includes the assessment, development, coordination, and monitoring of a package of services. Case management also includes advocacy and is provided at the discretion of the person receiving the services and/or his or her authorized representative.	<b>Home Repair/Modification</b>  These are minor health and safety modifications made to a person's home to prevent falls and promote access and safety and are designed to facilitate the ability of older adults to remain living at home and age in place.
<b>Congregate Meals</b>  Congregate meals are provided to qualified individuals in a congregate or group setting. These meals must meet nutritional guidelines outlined in the Older Americans Act and state/local laws and are typically held at a Senior Center or other Congregation site.	<b>Legal Assistance</b>  Provided through contract with Legal Aid Services of Oregon (LASO), legal assistance is available for those 60+ in the seven-county service area and includes legal advice and representation by an attorney to those with economic or social needs as outlined in the Older Americans Act.	<b>Nutrition Education</b>  Nutrition Education promotes better health by providing participants with accurate and culturally sensitive nutrition, fitness, or nutrition related health information, overseen by a dietician or professional with comparable expertise.
<b>Caregiver Supplemental Services</b>  Supplemental services are goods and services provided on a limited basis to complement the care provided by family caregivers.	<b>Information &amp; Assistance</b>  Information and Assistance (I & A) provides people with current information about services available within the person's community and helps link people to those available services and opportunities.	<b>Elder Abuse Awareness &amp; Prevention</b>  Elder Abuse Awareness and Prevention includes public education and outreach on the identification, prevention, and treatment of elder abuse, neglect, and exploitation of older adults.
<b>Physical Activity and Falls Prevention</b>  These are activities related to the prevention and mitigation of the effects of chronic disease, stress management, falls prevention, physical activity, and improved nutrition.	<b>Advocacy</b>  Advocacy is woven into all the work CAPECO does as the Area Agency on Aging and encompasses advocacy at the individual level as well as system-wide change to best meet the needs of older adults, family caregivers, and community members.	<b>Reassurance</b>  Reassurance includes regular friendly calls or visits to isolated people to determine if they are safe and doing well, determine if they need assistance, and provide reassurance.
<b>Long-Term Care Ombudsman</b>  CAPECO partners with the Oregon Long Term Care Ombudsman's office to support advocacy for people living in licensed care settings.	<b>Caregiver Respite</b>  Respite offers unpaid caregivers a temporary support or living arrangement for care recipients to provide a brief period of rest or relief for family caregivers.	<b>Caregiving Training</b>  Caregiver training provides family caregivers with instruction to improve caregivers' skills and knowledge related to their caregiving roles and responsibilities.
<b>Public Outreach/Education</b>  CAPECO conducts outreach and educational activities to provide information to groups, community partners, and/or potential clients about services and support available to older adults.	<b>Information for Caregivers</b>  Caregiver Information services provides caregivers with information about services and opportunities available and links caregivers to those services. This service is available for all older adults with a particular focus on family caregivers who provide care for a person with Dementia or for a person who needs substantial assistance to complete two or more activities of daily living.	

**\*\* Service descriptions largely taken from the Administration for Community Living service**

## **B-4 Non-AAA Services, Service Gaps, and Partnerships to Ensure Availability of Services Not Provided by the AAA**

### **Medicaid Services**

CAPECO is a Type “A” AAA with a Memorandum of Understanding (MOU) with the Regions 9 & 12 APD office. The MOU serves as a commitment to provide seamless services including “warm transfers” between agencies when clients call for Medicaid screening, risk assessment and other joint services. The APD District Manager for Regions 9 and 12 serves on the Senior Advisory Council to advance collaborative efforts between the agencies. CAPECO’s The Dalles office is housed within the Region 9 APD office, allowing for streamlined services.

### **Mental Health**

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

<b>MENTAL HEALTH SERVICE PROVIDERS</b>	
Umatilla County:	Umatilla County Mental Health Department, Lifeways, Community Counseling Solutions, EOCCO, Rivercrest Behavior Health and Wellness.
Morrow County:	Morrow County Health Department and Community Counseling Services
Gilliam County:	Community Counseling Services and Greater Oregon Behavioral Health, Inc.
Wheeler County:	Wheeler County Public Health, Asher Community Health Center and Community Counseling Services
Hood River County:	Mental Health Department, One Community Health, Mid-Columbia Center for Living, Behavioral Health MCMC, Hood River Counseling, Several licensed providers.
Sherman County:	Sherman County Prevention, Mid Columbia Center for Living
Wasco County:	Wasco County Mental Health, Mid-Columbia Center for Living, Greater Oregon Behavior Health, Behavioral Health MCMC

### **Transportation**

Each country that receives the state’s Special Transportation Fund must engage in a coordinated planning process. The purpose is to broaden the dialogue and support coordination between public transportation and human services transportation supporting key target populations: older adults, people with disabilities, and people with low incomes. A coordinated plan is intended to focus regional resources on strategies with the greatest benefit to the target populations and the transportation service providers. Identifying critical needs, available resources and strategies are

all steps intended to create efficiencies, reduce redundancy, and enable high-quality public transportation services.

<b>TRANSPORTATION SERVICES BY COUNTY</b>	
Umatilla County:	Pendleton Transit: Let'er Bus, Taxi Ticket Program for seniors and individuals with disabilities, Daily Van Services, Elite Taxi, and Care-Ride. Hermiston Public Transit: Senior & Disabled TAXI Program, Taxi WORC Vouchers. Milton-Freewater: GG Taxi, Senior and Disabled Public Taxi. Kayak Public Transit is available through out Umatilla County. Disabled American Veteran's Transportation Network offers rides to and from VA medical facilities for veterans.
Morrow County:	The Loop
Gilliam County:	Gilliam County Transportation Services
Wheeler County:	Wheeler County Transportation Services
Hood River County:	Columbia Area Transit, trains, George PDX Shuttle, taxis
Sherman County:	Sherman County Community Transit
Wasco County:	Gorge TransLink, Columbia Area Transit, GOBHI Non-emergent transportation

## Senior Centers

Regions 9 and 12 have senior centers that offer an opportunity to keep seniors active with their program and activities. Programs include activities, educational opportunities, counseling and support groups, volunteer opportunities, and wellness programs. Each senior center offers a congregate meal, with some offering home-delivered meals. Each center is unique to their specific community and budget limitations.

<b>SENIOR CENTERS LOCATION BY COUNTY</b>	
Umatilla County:	Pendleton is currently advocating for a new Senior Center; however, The Eagles has taken over as the Congregate Meal provider. Milton-Freewater Neighborhood Senior Center, Stanfield Senior Center, Weston Memorial Hall, Ukiah Senior Center. Hermiston Senior Center is an active senior center, but not part of CAPECO's network. Umatilla Senior Center is operated by Umatilla School District.
Morrow County:	Neighborhood Center of South Morrow County. St. Patrick's Senior Center in Heppner, Stokes Landing Senior Center in Irrigon and Boardman Senior Citizen Inc. are active senior centers, but not part of CAPECO's network.
Gilliam County:	Arlington Senior Center, Condon Senior Center
Wheeler County:	Fossil Senior Meal Site, Spray Grange
Hood River County:	Hood River Valley Adult Center
Sherman County:	Sherman County Senior and Community Center in Moro
Wasco County:	Mid-Columbia Senior Center serves The Dalles. Pioneer Potlatch serves Dufur, Tygh Valley, and Mosier.

## Money Management

The CAPECO organization offers representative payee services within 75 miles of the offices in Pendleton and The Dalles. There are payees to receive Social Security, Supplemental Security

benefits, pension funds, etc., for applicants who are unable to manage, or direct the management, of their benefits and for those in the area appointed by the Social Security Administration, Veterans Administration, etc. The service collects funds, budgets, and pays bills for the clients, and payees provide an accounting to Social Security/Other funders of how the funds are used or saved.

## **Housing**

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

## **Energy and Weatherization Assistance Programs**

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

## **Emergency and Supplemental Food Assistance**

CAPECO has served as a Regional Food Bank through the Oregon Food Bank Network since 1987. CAPECO partners with 19 different food pantries in Umatilla, Morrow, Gilliam, and Wheeler Counties. There are 10 different food pantries in Hood River, Sherman and Wasco Counties and these counties are also served by Mid-Columbia Community Action. CAPECO administers the Commodity Supplemental Food Program (CSFP); a program designated for the nutritional well-being of seniors. This program offers 360 pre-qualified individuals monthly using 20 distribution sites and partners the Confederated Tribes of Umatilla Indian Reservation to distribute boxes to elders living on the reservation.

## **Service Gaps: Dementia**

In the seven-county region there is only one Dementia Respite Adult Care Center that offers a place where the person living with dementia can be with others in a safe environment and participate in activities designed to match personal abilities and needs.

An Adult Care Center also can support and strengthen the ability of the caregiver by allowing time for the caregiver to care for their own health and wellbeing. Caring for a loved one who is living with dementia is a 24/7 act of love which often affects the health of the caregiver.

Caring for those living with dementia in a group situation can also maximize the use of professional home care workers who are in short supply.



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

CAPECO's Area Agency on Aging strives to overcome barriers to access (such as language, social, geographical, or isolation), advocates for increased access to services and supports, respects individual differences and cultural diversity, provides individuals with opportunities for healthy aging, provides opportunities for aging people to remain engaged in their communities, and finally, helps individuals to be safe (physically, financially, emotionally) from neglect and exploitation. All CAPECO services and interactions with anyone accessing services will be provided with the client's dignity and choice being paramount in the decision-making process.

### **C-1 Local Focus Areas, Older Americans Act (OAA) and Statewide Issue Areas:**

CAPECO is client focused when providing support that emphasizes the individual's needs, preferences, and autonomy, treating them as the expert in their own life. As one of Oregon's aging and disability service networks we are committed to providing respectful and responsive services and support. All phases of support consider individuals' preferences, needs, values, cultures, and diverse backgrounds, while keeping all decisions as close to individuals as possible and supporting their choices. The approach is also based on ensuring the individual has accurate, objective information, provided in a clear and meaningful way, to make informed decisions. CAPECO can provide each individual with accurate and objective information through the ADRC phone line and by referring individuals to Option counseling with an AAA Case Manager. Each Case Manager works closely with a client and their family and friends to support individuals to find and use their own voice to express what is important to them by focusing on the individual needs and developing a plan designed with positive outcomes as choices are realized.

The Oregon Department of Human Services defines Service Equity as, "services that promote health, safety and independence for all Oregonians by adapting services and policy to eliminate discrimination and disparities in the delivery of human services." CAPECO is committed to advancing service equity and recognizes service equity as a Core Value of the agency. As part of a shared goal and intent to address and mitigate systematic racism through the incorporation of service equity in all aspects of the administration of Oregon's aging network, CAPECO AAA agrees to partner with the ODHS to develop strategies, goals, and objectives to operationalize the ODHS' commitment to embracing service equity in all the work shared. As a community action program serving rural Oregon communities, CAPECO is determined to grow equality and human rights into our forethought. We commit to treat all people equitably, to stand up for what is right, and to serve effectively with acknowledgment and respect. We are motivated to empower every employee with knowledge through training and backed with solid policies and procedures. We have a zero-tolerance policy regarding bias and discrimination of any kind. We stand for all people including Black, Native American, Hispanic, or Latino, and People of Color and their right to employment, a home, access to food, education, healthcare, and safety. We believe this can happen by reducing poverty and creating opportunities for all people, thus encouraging communities to thrive. We will continue to take steps to help our fellow neighbors and strive for positive impact on humanity.

## **C-1 1. Information and Assistance Services and Aging & Disability Resource Connection (ADRC)**

The ADRC serves as the entry way to information, assistance, referrals, and services in CAPECO's seven-county service area. CAPECO's centralized delivery of ADRC services has proven to be crucial to the success of serving as an ADRC, contributing to the consistent and up-to-date delivery of information and assistance to seniors, people with physical disabilities, families, and caregivers inside and outside the CAPECO service area. The ADRC provides people of all incomes and ages with information on the full range of long-term support options. ADRC staff attempt to review all the consumer's needs, allowing the consumer to make the decision on the next steps. Trained Options Counselors provide one-on-one intensive referral consultation, primarily in the person's home. Key elements of ADRC include Information and Referral, Intake and Assessment, Options Counseling, and continuous Quality Improvement. Access to the internet and maintaining the database is key to an effective and efficient ADRC as this allows service providers to find information about resources, current changes in law, and policy trends. Full participation in the ADRC has enhanced the process of seeking information for both consumers and providers because complete and detailed resources are assembled in one place and trained staff are available to direct consumers and their families to the programs that would suit them best. CAPECO uses ADRC funding, OAA funding, and local funding to support the ADRC program and ensure sustainability of the service.

CAPECO employees participate in a variety of local committees (such as local community advisory councils) and state-wide groups (including the ADRC Information & Referral monthly meeting), which allow for collaboration and cross-referrals. These partnerships also provide opportunities for ADRC marketing to promote increased usage and inclusion in the ADRC database for target/priority populations, including older adults in rural areas, those who speak languages other than English, LGBTQIA2S+ older adults, Tribal elders and older adults living with HIV/AIDS. While all priority populations will be targeted, according to demographic data for the seven county service area those with the "greatest economic need" and older individuals living in rural areas criteria are the most prominent. It is imperative to partner with other organizations and agencies serving seniors throughout the service areas including partner agencies, senior centers, food pantries, hospitals, nursing homes, libraries, local tribal entities. This will ensure those in the greatest economic and social need, including individuals of hard to reach, target groups, can be identified, engaged and served through collaborative efforts and referrals. By attending community events in each county, CAPECO can share information about services available, get to know each counties population, and determine how we can better assist seniors and disabled individuals within the priority populations.

CAPECO uses GetCare data to demonstrate the value of ADRC services and to identify local needs and gaps in services. The community wide survey indicated 61% of survey respondents did not know about ADRC services and/or did not know how to use the services to access resources in their community. CAPECO will use this information as a benchmark to measure the success of outreach. Client satisfaction surveys will measure the success of live calls, and the shortened wait time for services. CAPECO has developed three goals to address ADRC services which will

improve community access to ADRC, improve customer satisfaction with ADRC, and a quality improvement component to ensure the best practices are developed.

**GOAL 1:** Empower seniors, individuals with disabilities, their families, and other consumers to choose and have easily access options for existing long-term services and support in the CAPECO AAA rural service area.

**OBJECTIVE 1.1: Identify and serve more individuals in priority populations (as described above) who are in need of information and referral services through quarterly community outreach.**

**EXPLANATION:** The primary purpose of this objective is for the CAPECO AAA to make plans to reach target populations located in the more rural counties in need of information and referral (I&R) services. **Challenges:** 1) Connecting with seniors in rural areas and small communities is hard due to the distance and time needed to attend area outreach events. 2) Seniors in small communities are reluctant to let others know they are using services especially if they fall within the priority population. 3) Connecting persons with service providers is difficult in small communities.

**STRATEGIES/ACTION STEPS (Including Responsible Person and Timeline):**

1. Program Manager/Case Managers will attend at least one community event in each of the 7 counties each quarter. July 1, 2025 – June 30, 2026, Number of events attended: 7 events  
Date Achieved:
2. Program Manager/Case Managers will attend at least two community events in each of the 7 counties each quarter. July 1, 2026 – June 30, 2027, Number of events attended: 14 events  
Date Achieved:
3. Program Manager/Case Managers will attend at least three community events in each of the 7 counties each quarter. July 1, 2027 – June 30, 2028, Number of events attended: 21 events  
Date Achieved:
4. Program Manager/Case Managers will attend at least four community events in each of the 7 counties each quarter. July 1, 2028 – June 30, 2029, Number of events attended: 28 events  
Date Achieved:

Baseline data will be developed by the service component to be used in comparative analysis. Analysis will be completed quarterly by Program Manager/Program Lead by October 15, 2025.  
Date Achieved:

**OUTCOMES:**

1. By attending outreach events each quarter, CAPECO will see an increase of 1% for each program year in the number of seniors served within the priority population.
2. ADRC calls will increase by 2% each program year.

3. Community awareness of CAPECO AAA services will increase. The number of individuals attending each event will be tracked each quarter 2025-2026 period and compiled to develop a baseline. By increasing the number of community events each program year will show a 2% increase in attendees during program years 2026-27 through 2028-29.

4.

Year	Met Goal 1	Met Goal 2	Met Goal 3	Year	Met Goal 1	Met Goal 2	Met Goal 3
2025-26				2027-28			
2026-27				2028-29			

**OBJECTIVE 1:2: Identify and serve more individuals in target populations who are in need of information and referral services by achieving a 75% live coverage of the ADRC line on a daily basis.**

**EXPLANATION:** The primary purpose of this objective is for CAPECO AAA to ensure the ADRC line is answered in a timely manner and consumers receive excellent customer service.

**Challenges:** 1) Keeping the ADRC I&R position staffed has been difficult in the past. 2) Funding does not cover the full cost of staffing the ADRC I & R position.

**STRATEGIES/ACTION STEPS:**

1. ADRC I&R will complete training requirements by Sept 1, 2025, and begin taking ADRC calls.
2. If ADRC I&R is unavailable, AAA Case Manager will be assigned to monitor the ADRC line by 10:00am when required.
3. Baseline data will be developed by live calls vs voicemail calls to be used in comparative analysis. Analysis will be completed quarterly by Program Manager/Program Lead by October 15, 2025. Live calls vs voicemail calls will be tracked and monitored on a quarterly basis. Date Achieved:

ADRC I&R will increase the number of live calls answered on the ADRC line by at least 2% over baseline, each year increasing 2% over prior year moving towards goal of 75% over next 4 years.

**OUTCOMES:**

1. Those seeking services will have a better experience by talking to a live person. Answering calls in person will decrease the time necessary for a client to begin services. Better trained I&R ADRC staff will improve the number of live calls answered by 2% each year.

Year	Percentage of Live Calls	Met Goal	Year	Percentage of Live Calls	Met Goal
2025-26			2027-28		
2026-27			2028-29		

**OBJECTIVE 1:3: Quality Improvement Goal: Review data metrics each quarter to ensure ADRC live calls is the norm, and recorded messages are answered within 48 hours of receipt.**

**EXPLANATION:** The primary purpose of this objective is for CAPECO AAA to ensure that quality assurance and quality improvement activities ensure consumer satisfaction, adequate data entry practices and adherence to ADRC consumer-based standards.

**STRATEGIES/ACTION STEPS:**

1. Program Lead will accumulate quarterly data and submit it to the Program Director/Manager 30 days after the end of the quarter. The data tracked will be the number of live calls, number of voicemail messages, and if the messages were responded to within 48 working hours.
2. The Program Director/Manager will review data submission and make any recommended changes in process to increase the percentage of calls being taken live by the ADRC I&R and to shorten the return call time.
3. Baseline data will be developed by the amount of time needed to return voicemail messages to be used in comparative analysis using the first quarter data. Data will be compiled quarterly by Program Manage/Program Lead by the 15<sup>th</sup> of the following month. Live calls vs voicemail calls will be tracked and monitored on a quarterly basis.
4. AAA Program Lead will conduct an annual consumer satisfaction survey, in the third quarter annually, and compile results and share with the Program Director/Manager within 30 days of the survey closing.

**OUTCOMES:**

1. Those seeking services will have a better experience by talking to a live person. Answering calls in person will decrease the time necessary for a client to begin services.

Year	Goal	Average Time to Return Calls	Met Goal	Year	Goal	Average Time to Return Calls	Met Goal
2025-26	48 hours			2027-28	48 hours		
2026-27	48 hours			2028-29	48 hours		

**C-1 2. Nutrition Services (OAA Title IIIC)**

Nutrition programs funded by Title IIIC of the OAA seek to promote better health and well-being, reduce hunger and food insecurity, promote socialization, and delay adverse health conditions for older individuals. At the senior meal sites, people 60 and over and their spouses, regardless of age, are eligible to receive meals with no eligibility determination other than age. Meals are provided at a suggested donation rate; however, no one is refused due to an inability to donate. CAPECO and its partners seek additional funding to support the costs of providing nutrition services through providing Medicaid reimbursed meals, using Community Services Block Grant to supplement

funding, hosting fundraisers, and receiving support from County governments. The nutrition services are linked and coordinated with other AAA services. Case Managers are aware of the nutrition services and make referrals to the programs. Nutrition services are discussed during options counseling. The Food and Nutrition Coordinator refers nutrition service consumers to other AAA services. CAPECO successfully contracts nutrition services in Umatilla, Morrow, Gilliam, Hood River, Sherman, Wasco and Wheeler Counties and they are delivered through a network of community partners that include the senior centers.

To qualify for home-delivered meals, a person must be 60 years of age or older and homebound, or a spouse of a qualifying consumer. Referrals are made from physicians, hospitals, rehabilitation centers, APD employees, friends, and family, among others. AAA staff must meet with a potential client within five business days of the referral to assess their eligibility for HDMs. AAA staff ensure eligibility, complete the intake, and approve up to 7 meals per week for OAA clients, and 14 meals per week for Title XIX clients. Intake includes basic questions of eligibility and completion of a NAPIS form. Staff and volunteers transport and distribute home-delivered meals and schedule reassurance and check-ins for each recipient. This may include Options Counseling per the consumers need. Both Congregate and HDMs comply with the current *Dietary Guidelines for Americans* and provide at least 33 1/3 % of the current Dietary Reference Intakes as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences.

Evidence-based nutrition education programs effectively improve diets and nutrition-related behaviors in older adults, when combined with a caring staff, and are relevant to the needs of the aging population. CAPECO's AAA nutrition programs promote better health by providing accurate and culturally sensitive nutrition, physical fitness opportunities, and/or health information. These are provided quarterly at congregate meal sites and annually for home-delivered meal recipients. The AAA Case Managers provide nutrition education and activities to all meal sites in the service area by utilizing information provided by the Community Services and Supports Unit or federal agencies which have vetted all materials. Nutrition education topics will be chosen and based on the needs of the participants and will be culturally appropriate. CAPECO's Case Managers will be available at sites throughout the service area periodically to answer questions and provide information to other available programs and services within CAPECO and the community. CAPECO was able to finally find a partner to open a congregate meal site in Pendleton this year in March of 2025. CAPECO successfully contracts nutrition services in Umatilla, Morrow, Gilliam, Hood River, Sherman, Wasco and Wheeler Counties and they are delivered through a network of community partners that include the senior centers. Nutrition Approval - Request to Provide Reduced Meals can be found in Appendix J. Sites and Services are reflected in Chart 2: CAPECO Nutrition Partners and Services.

CHART 2: CAPECO NUTRITION PARTNERS AND SERVICES						
Meal Site	Service Provided	Mon	Tue	Wed	Thu	Fri
<b>Gilliam County*</b>						
Arlington 50 Shane Dr, Arlington Over 2,500 meals served in 2024	Congregate		12-1			
Condon: 110 S Church St, Condon Over 2,600 Meals Served in 2024	Congregate		12-1			
<b>Hood River County*</b>						
Hood River Valley Adult Center (note: HRVAC also serves HDM in Mosier)	Congregate	12-1	12-1	12-1	12-1	12-1
	Home Delivered					
<b>*Morrow County</b>						
Heppner Neighborhood Center 441 N Main St, Heppner	Congregate not under contract			12-1		
CAPCO served 1,100 Meals served in 2024	Home Delivered			7 Meals		
<b>*Sherman County</b>						
Senior and Community Center 300 Dewey St, Moro	Congregate	12-1	12-1	12-1	12-1	12-1
	Home Delivered					
<b>Umatilla County</b>						
The Saddle 2220 SE Court Ave, Pendleton, OR 97801 Over 600 Meals Served in 2024	Congregate (ending 3/1/2025)		1-3			
*The Eagles Lodge (new site) 428 S Main St, Pendleton, OR 97801				11-2		
CAPECO Warehouse 1605 NW 50 <sup>th</sup> Dr., Pendleton, OR 97801 Over 12,000 Meals Served in 2024	Home Delivered		7 Meals	7 Meals		
CAPECO delivers to Pendelton, Hermiston, Stanfield, Ecco, Weston,						
*Milton-Freewater Neighborhood Senior Over 5,900 Meals Served in 2024	*Congregate					12-1
	*Home Delivered		7 Meals			
*Stanfield Senior Center 225 W Roosevelt, Stanfield Over 6,600 Meals Served in 2024	*Congregate			12-1		
Ukiah Senior Center 100 W Despain, Ukiah Over 750 Meals Served in 2024	Congregate			12-1		
<b>*Wasco County</b>						
Dufur Methodist Church 320 NE 2nd St, Dufur Over 1,500 Meals Served in 2024	Congregate			12-1		
The Dalles Meals on Wheels 1112 W 9th St, The Dalles	Congregate	12-1	12-1	12-1	12-1	12-1
	Home Delivered					
Seniors of Mosier Valley (Pioneer Potlatch) 500 E 2nd St, Mosier Over 1,000 Meals Served in 2024	Congregate	12-1		12-1		
<b>*Wheeler County</b>						
Fossil Senior Meal Site 702 3rd St, Fossil Over 2,300 Meals Served in 2024	Congregate			12-1		
Spray Grange 37138 Hwy 19 207, Spray Over 800 Meals Served in 2024	Congregate				12-1	

CAPECO hopes to partner with EOCCO, the local Community Care Organization, for additional nutrition support if that program becomes available to help local seniors. The biggest lingering challenges facing the Older Americans Act nutrition program is lack of funding. There are never enough dollars to share with the sites to expand services, and more funding is needed to address the nutritional requirements of the aging population. The implementation of OPIM services will allow more eligible seniors to qualify for Home Delivered Meals and allow more seniors to age in place without adding additional financial burden to the current system. Empowering seniors to attend their local senior center or to obtain Home Delivered Meals will give them access to nutritional education and chronic disease management. Currently and for the future of nutritional programs, CAPECO and its partners continue to seek additional funding through grant opportunities, hosting fundraisers, applying for support from city and county governments and keeping an eye out for other funding streams.

**GOAL 2:** Empower seniors, individuals with disabilities, their families, and other consumers to have easy access to a local senior center or meal site.

**OBJECTIVE 1.1: Identify and serve more individuals in target populations who are in need of nutritional services through quarterly community outreach.**

**EXPLANATION:** The primary purpose of this objective is for the CAPECO AAA to make plans to reach target populations located in the more rural counties in need of nutritional services including home delivered meals, nutrition education, chronic disease management. **Challenges:** 1) Connecting with seniors in rural areas and small communities is hard due to the distance and time needed to attend area outreach events. 2) Seniors in small communities are reluctant to let others know their personal issues.

**STRATEGIES/ACTION STEPS (Including Responsible Person and Timeline):**

1. Program Manager/Case Managers will attend at least one senior center in each of the 7 counties each quarter. July 1, 2025 – June 30, 2026, Number of events visits: 7 visits  
Date Achieved:
2. Program Manager/Case Managers will attend at least two senior centers in each of the 7 counties each quarter. July 1, 2026 – June 30, 2027, Number of events attended: 14 events  
Date Achieved:
3. Program Manager/Case Managers will attend at least three senior centers in each of the 7 counties each quarter. July 1, 2027 – June 30, 2028, Number of events attended: 21 events  
Date Achieved:
4. Program Manager/Case Managers will attend at least four senior centers in each of the 7 counties each quarter. July 1, 2028 – June 30, 2029, Number of events attended: 28 events  
Date Achieved:

Baseline data will be developed by the service component to be used in comparative analysis. Analysis will be completed quarterly by Program Manager/Program Lead by October 15, 2025.  
Date Achieved:



**OUTCOMES:**

1. By visiting senior centers each quarter, CAPECO will see an increase of 2% for each program year in the number of seniors served.
2. Community awareness of CAPECO AAA services will increase. The number of individuals attending each event will be tracked each quarter 2025-2026 period and compiled to develop a baseline. By increasing the number of centers visits each program year will show a 2% increase in attendees during program years 2026-27 through 2028-

	Year	Met Goal 1	Met Goal 2	Year	Met Goal 1	Met Goal 2
	2025-26			2027-28		
29.	2026-27			2028-29		

**C-1 3. Health Promotion (OAA Title IIID)**

CAPECO provides both evidence-based and non-evidence-based health promotion programs. The Community Needs Assessment conducted by CAPECO reveals that community members have a strong interest in wellness and fitness classes. Over the next four years, we aim to offer programs that promote improved health conditions and self-management through community fall prevention initiatives, disease prevention strategies, and health and wellness classes. CAPECO collaborates with CHI St. Anthony's registered dietitian to deliver Evidence-Based Health Promotion calls on a quarterly basis. Nutrition education materials are disseminated via Dial My Calls, with written materials distributed through the Senior Center. CAPECO partners with GOBHI for evidence-based health promotion PEARLS classes which are offered at local partner organizations spaces such as senior centers or community centers. Due to the rural nature of the CAPECO service area, it is difficult to find collaborative partners training in evidence-based health promotion/disease prevention programs. To help fill this gap, CAPECO applied for and received a grant to train Case Managers in several evidence-based health promotion/disease prevention programs.

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

- PEARLS-in collaboration with GOBHI
- Chronic Disease Self-Management Program (CDSMP)
- Diabetes Prevention Program (DPP)
- Tai Chi

Programs will be made accessible to at-risk older adult populations throughout our service area by training CAPECO staff and volunteers to provide the service. CAPECO AAA will continue to work with interested and involved people from within and outside of the agency to address coordination with other health promotion/disease prevention programs to allow for a wider variety of programming options. CAPECO AAA will utilize IIIB funds to augment these and other health promotion/disease prevention programs, as well as seek funding from other sources. Quality assurance will be provided via short feedback questionnaires from all participants at the close of

each program. Data will be reviewed to better understand the need and outcome of health promotion programs.

CAPECO staff participate in Healthy Communities Coalition meetings and Local Community Advisory Council (LCAC) meetings in several counties in the seven-county service area, where staff can advocate for positive changes regarding issues that affect the health of the aging community and share ideas and information about services, supports, and resources available.

**GOAL 3:** Empower seniors, individuals with disabilities, their families, and other consumers to have easily access evidence-based health promotion/disease prevention programs.

**OBJECTIVE 1.1: Train all AAA Case Managers and available staff as evidence-based health promotion/disease prevention programs trainers.**

**EXPLANATION:** The primary purpose of this objective is for the CAPECO AAA to reach target populations located in the more rural counties in need of evidence-based health promotion/disease prevention programs. **Challenges:** 1) Connecting with seniors in rural areas and small communities is hard due to the distance and time needed to attend area outreach events. 2) Having trainers available to small rural communities.

**STRATEGIES/ACTION STEPS:**

1. Program Manager/Case Managers will attend training and become a trainer for at least one evidence-based health promotion/disease prevention program by September 30, 2025.  
Date Achieved:
2. Each trained Case Manager will offer one 6-week class between October 1, 2025, and June 30, 2026. Date Achieved:
3. Each trained Case Manager will offer one 6-week class between July 1, 2026, and June 30, 2027. Date Achieved:
4. Each trained Case Manager will offer one 6-week class between July 1, 2027, and June 30, 2028. Date Achieved:
5. Each trained Case Manager will offer one 6-week class between July 1, 2028, and June 30, 2029. Date Achieved:

**OUTCOMES:**

1. At least Six seniors will receive evidence-based health promotion/disease prevention training by June 30, 2026, and each consecutive year after.
2. Community awareness of CAPECO AAA services will increase. The number of individuals attending each event will be tracked each year and the number will increase by 2% or more each program year.

Year	Met Goal 1	Met Goal 2	Year	Met Goal 1	Met Goal 2
2025-26			2027-28		
2026-27			2028-29		

#### **C-1 4. Family and Unpaid Caregiver Support (OAA Title III E)**

The Family Caregiver Support Program (FCSP) offers services and support to unpaid caregivers to decrease burn-out and support caregivers and care recipients as they transition through the process of aging. Currently, CAPECO is able to help everyone who applies for FCSP services. If a larger demand begins to manifest, those with the greatest economic and social needs will take priority for services. As people continue to age, the need to support Family Caregivers increases and comes to the forefront. CAPECO understands partnerships are critical to the success of the Family Caregiver Support Program (FCSP) and will foster partnerships with local tribes, aging advocacy groups, hospitals, hospice, and local community colleges, as well as extend outreach to our aging community that may not align with partnerships. Outreach will be particularly targeted/at-risk groups including older adults in rural areas, those who speak languages other than English, LGBTQIA2S+ older adults, Tribal elders and older adults living with HIV/AIDS. While all priority populations will be targeted an emphasis will be placed upon caregivers with the greatest economic/social need, those socially isolated, caregivers for people with dementia or at risk of institutionalization, non-traditional family caregivers, and older individuals/relatives raising children or caring for those with a severe disability. Caregivers who are interested in receiving respite care, caregiver training, or supplemental services are asked to complete the CAPECO Family Caregiver Intake Form and the NAPIS form, which collect information about the caregiver and the care receiver to ensure culturally relevant services are offered to caregivers.

CAPECO offers the following core elements of the Family Caregiver Support Program:

- Caregiver Information & Referral
- Caregiver Access Assistance
- Caregiver Training
- Respite Care
- Supplemental Services

The Information and Referral specialist provides I & R services to caregivers. When requested or appropriate, the I & R Specialist refers family caregivers to an Options Counselor/Case Manager, who follows up with the caregiver to discuss additional services and supports that may be beneficial and assists that caregiver to access services.

CAPECO AAA offers access assistance for unpaid caregivers by referring them to appropriate and relevant resources such as respite care or meal programs. Case managers are available to assist caregivers in accessing these programs when needed or requested. Caregivers looking for groups or counseling services are referred to local Community Counseling Solutions.

CAPECO will offer the Powerful Tools for Caregiver class at least once per year within the service area and make referrals to classes offered through partner agencies throughout the year. The expansion of virtual training allows caregivers to access a greater variety of training and classes at

different times throughout the year, and CAPECO staff members refer caregivers to these opportunities as they become available.

Respite care is offered primarily as a reimbursement service, reimbursing caregivers for money paid out of pocket to provide the primary caregiver with a break from caregiving responsibilities. When a caregiver faces barriers in paying for care out of pocket, CAPECO staff determine the possibility of making alternate arrangements as appropriate, as this has been a limitation of the program in the past. When funding limitations are required, respite services are prioritized for those who are in greatest need, as determined by care receivers who are identified as requiring substantial or full assistance in two or more activities of daily living. . The FCSP offers paid respite care to family caregivers up to \$1,500 per year.

CAPECO also offers supplemental services, on a case-by-case basis, to caregivers, meant to enhance the life of the care recipient. These services include home repair/modification, assistive technologies (such as grab bars, walkers, wheelchairs, and other devices), and reusable non-medical supplies. Respite care is offered as a reimbursement service, reimbursing caregivers for money paid out of pocket to provide the primary caregiver with a break from caregiving responsibilities. When funding limitations are required, respite services are prioritized for those who are in greatest need, as determined by care receivers who are identified as requiring substantial or full assistance in two or more activities of daily living, and underserved populations.

CAPECO's AAA service area includes Native American populations from the Confederated Tribes of the Umatilla Indian Reservation, Confederated Tribes of Warm Springs, and Confederated Tribes and Bands of Yakama Nation, including local consumers from other tribes across the nation. CAPECO currently coordinates efforts with the Confederated Tribes of the Umatilla Indian Reservation (CTUIR) which offers elder services programs and with Yellowhawk Tribal Health Center (YTHC) that operates the elder meal site. Both serve local members from the Cayuse, Umatilla, and Walla Walla tribes. CAPECO AAA participates in Gorge Native American Partner Collaboration and works to strengthen the relationship and partnership.

Relatives as Primary Providers (RAPP) is a program designed to assist older relatives caring for children who are not their own, that are under the age of 18. RAPP offers the same services as FCSP, with the exception that Unpaid Older Relatives are awarded \$1,500.00 in reimbursement respite and \$1,000.00 in Supplemental Services per child.

**GOAL 4:** Empower seniors and families, and other consumers to have increased awareness of Relatives as Primary Providers Program and increase their access to services.

**OBJECTIVE 1: Reach more older relatives who are caring for children who are not their own.**

**EXPLANATION:** The primary purpose of this objective is for the CAPECO AAA to reach target populations located in the more rural counties with information about Relatives as Primary Providers Program. **Challenges:** 1) Connecting with seniors in rural areas and small

communities is hard due to the distance and time needed to attend area outreach events. 2) Finding families who could benefit from RAPP.

**STRATEGIES/ACTION STEPS (Including Responsible Person and Timeline):**

1. Program Manager/Case Managers will visit at least one school or appropriate site in each of the 7 counties each quarter. July 1, 2025 – June 30, 2026, Number of sites visited: 7 events  
Date Achieved:
2. Program Manager/Case Managers will attend at least one school or appropriate site in each of the 7 counties each quarter. July 1, 2026 – June 30, 2027, Number of events attended: 7 events  
Date Achieved:
3. Program Manager/Case Managers will attend at least one school or appropriate site in each of the 7 counties each quarter. July 1, 2027 – June 30, 2028, Number of events attended: 7 events  
Date Achieved:
4. Program Manager/Case Managers will attend at least one school or appropriate site in each of the 7 counties each quarter. July 1, 2028 – June 30, 2029, Number of events attended: 7 events  
Date Achieved:

Activities will be reaching out to local schools to share information about RAPP programs to aid in finding families in need of services.

**OUTCOMES:**

1. At least one service area family will receive services by June 30, 2026, and each consecutive year after.
2. Community awareness of CAPECO AAA services will increase. The number of individuals attending each event will be tracked each year and the number will increase by 2% or more each program year.

Year	Met Goal 1	Met Goal 2	Year	Met Goal 1	Met Goal 2
2025-26			2027-28		
2026-27			2028-29		

**C-1 5. Legal Assistance and Elder Rights**

CAPECO AAA endeavors to ensure the rights of older people and to prevent their abuse, neglect, and exploitation. Elder abuse is an under-recognized, sometimes hidden, problem that can take many forms, from outright physical abuse to financial exploitation. All AAA staff will receive annual training on Elder Abuse. CAPECO AAA staff will educate both seniors and the public about issues of abuse and exploitation while working with community organizations who are

advocating for abused seniors to raise awareness. Legal Aid services enable older Americans to assert their rights and remove barriers to economic and personal independence and self-determination. Interventions by legal assistance providers can address the social determinants of health and wellbeing to preserve older Americans' access to appropriate services. Legal assistance can also support older Americans' rights to live free from or recover from the experience of abuse, neglect and financial exploitation. Legal assistance providers can deploy a wide range of civil legal remedies in the fight against elder abuse, neglect, and financial exploitation, from protective orders through restoration of the title of property stolen by abusers. These programs also help older Americans to understand and exercise their rights, including the right to adequate and safe housing, health care, nutrition, and autonomy.

CAPECO AAA contracts with the regional offices of Legal Aid Services of Oregon (LASO) and refers to LASO anyone 60+ who has a question that would best be served by a conversation with an attorney or paralegal. Aging persons do not need a referral from CAPECO and may seek services through LASO directly. Legal services are provided to those in the greatest economic and social need in a person-centered, trauma-informed, and culturally sensitive manner. LASO completes the confidential eligibility screening and determines whether the individual fits the scope of the contract for services. LASO provides monthly reports to the AAA on the number of clients, the ethnicity of those clients, number of hours provided and type of cases.

The CAPECO AAA supports elder abuse education and prevention by sharing pamphlets that address elder abuse and exploitation and distribute them at senior centers and other community sites. All AAA staff work on a one-on-one basis with consumers to educate them about financial exploitation, identifying theft, and other scams. AAA staff members are mandatory reporters and refer all complaints and allegations of abuse to Adult Protective Services. CAPECO AAA staff will work with Adult Protective Services and the county district attorney if a multidisciplinary team (MDT) is needed and assist the local office to coordinate and collaborate on allegations of abuse and self-neglect of older adults and adults with physical disabilities. CAPECO works with these local organizations to identify gaps and to mitigate and find solutions in the current system.

AAA staff members recognize the importance of supporting family caregivers and offering them respite services to reduce their stress levels so that they do not become perpetrators of abuse. AAA staff members educate clients, potential clients, caregivers, family members, and community members about abuse and what it entails, including mistreatment, abuse, neglect, and exploitation. Consumers are provided with copies of brochures and informed on these issues. CAPECO AAA integrates elder rights issues into our senior service delivery system by making people aware of legal aid services available in their region. Legal Services are included in the CAPECO agency brochure in the senior services section. AAA staff members integrate elder rights areas into their other delivery systems to ensure that older adults with legal issues or older adults subject to abuse are connected to the appropriate resources by ensuring that Legal Service information is posted at all senior centers and senior service sites in the service area to facilitate connecting seniors with legal issues to appropriate resources.

CAPECO AAA maintains an effective referral protocols to Adult Protective Services Offices and to the Office of the Long-Term Care Ombudsman by making referrals to the local representative

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of the Ombudsman’s office for individuals residing in long-term care facilities as soon as they become aware of possible elder abuse, neglect, or exploitation occurring at a facility. CAPECO partners with Oregon State Long-Term Care Ombudsman and reimburses the mileage expense of the ombudsmen volunteers who visits clients in long-term care facilities.

**GOAL 5:** Train 100% of CAPECO AAA staff and increase community awareness and improve rates of detection and reporting of elder abuse.

**OBJECTIVE 1:** Educate all CAPECO AAA employees, volunteers, and consumers who receive case management services to be familiar with signs of elder abuse, understand how and where to report.

**EXPLANATION:** The primary purpose of this objective is for the CAPECO AAA employees to be familiar with signs of elder abuse, understand how and where to report, and share this information with all volunteers and clients. These trainings will be offered at senior centers and be open to the public to increase community awareness and improve rates of detection and reporting of elder abuse.

**STRATEGIES/ACTION STEPS (Including Responsible Person and Timeline):**

1. Mandatory training for Eder Abuse and Mandatory Reporting for 100% of AAA employees. received July 1, 2025 – June 30, 2026. Date Achieved:
2. Mandatory training for Eder Abuse and Mandatory Reporting for 100% of AAA employees. July 1, 2026 – June 30, 2027. Date Achieved:
3. Mandatory training for Eder Abuse and Mandatory Reporting for 100% of AAA employees. July 1, 2027 – June 30, 2028, Date Achieved:
4. Mandatory training for Eder Abuse and Mandatory Reporting for 100% of AAA employees. July 1, 2028 – June 30, 2029, Date Achieved:

**OUTCOMES:**

1. CAPECO AAA staff and volunteers will be trained in the detection and reporting of elder abuse.
2. Senior Center volunteers will become familiar with signs of elder abuse, understand how and where to report elder abuse. individuals attending each event will be tracked each year and the number will increase by 2% or more each program year.

Year	Met Goal 1	Met Goal 2	Year	Met Goal 1	Met Goal 2
2025-26			2027-28		
2026-27			2028-29		

## **C-1 6. Older Native Americans**

CAPECO's AAA service area includes Native American populations from the Confederated Tribes of the Umatilla Indian Reservation, Confederated Tribes of Warm Springs, and Confederated Tribes and Bands of Yakama Nation, including local consumers from other tribes across the nation. CAPECO currently coordinates efforts with the Confederated Tribes of the Umatilla Indian Reservation (CTUIR) which offers elder services programs and with Yellowhawk Tribal Health Center (YTHC) that operates the elder meal site. Both serve local members from the Cayuse, Umatilla, and Walla Walla tribes. CAPECO AAA participates in Gorge Native American Partner Collaboration and works to strengthen the relationship and partnership.

The AAA Department is an active participant in the annual Native Caring Conferences. This event lends itself to networking amongst Case Managers and service providers and allows for familiarity with tribal members, which breaks down barriers to service. As CTUIR and Confederated Tribes of Warm Springs are self-governed tribes, CAPECO AAA offers services as a partner rather than a primary service provider. Outreach includes Money Management Services, wellness checks on homebound individuals, Options Counseling, Oregon Project Independence, Family Caregiver Support Program, Relatives as Primary Providers, and any other CAPECO programs that may be utilized.

Currently CAPECO AAA works with a representative from the Confederated Tribes of the Umatilla Indian Reservation, Confederated Tribes of Warm Springs, and Confederated Tribes and Bands of Yakama Nation health departments where referrals are made to CAPECO for senior services including Money Management Services, wellness checks on homebound individuals, Options Counseling, Oregon Project Independence, Family Caregiver Support Program, Relatives as Primary Providers along with other services CAPECO provides like energy assistance and housing assistance in the counties served. In person meetings take place once or twice a year as needed or to meet new staff in the Navigator/Public services Coordinator position at each tribal health center. The Navigator/Public services Coordinator makes referrals to CAPECO for senior services and acts as a go between to assist older Native Americans sign up for services with the CAPECO AAA. This warm hand off assists CAPECO in providing services in a culturally and linguistically responsive manner. In person visits and connecting via phone and email helps to build relationships with individual tribes. These collaboration efforts help to minimize challenges in service delivery with our local sovereign nations.

In previous years CAPECO has not worked with Tribal emergency management, but CAPECO has been working with O4AD on emergency preparedness and will be expanding these ideas to all counties including the local sovereign nations during the next program year as emergency preparedness programs expand. AAA manager will be reaching out to sovereign nation to make connections on Emergency Programs within each nation.



**GOAL 5:** Empower seniors and families, and other consumers from local Native American Tribes to have increased awareness of Relatives as Primary Providers Program and increase their access to services.

**OBJECTIVE 1.1: Reach more older Native American seniors**

**EXPLANATION:** The primary purpose of this objective is for the CAPECO AAA to reach Native American individuals with disabilities, their families, and other consumers to choose and have easily access options for existing long-term services and support in the CAPECO AAA rural service area.

**STRATEGIES/ACTION STEPS:**

1. Outreach occurs in Goal 1 with the AAA service program emphasized to those families who meet the requirements.
2. The Program Director/Manager will partner with local tribes in a 7-county service area by way of workshops, events, and fairs to offer services.
3. The Program Director/Manager will participate in tribal Multi-Disciplinary Team (MDT) meetings and Gorge Native American Community Partner Collaboration
4. Reach out to Native American contacts to find a representative to join the SAC.

**OUTCOMES:**

1. At least one new outreach event will be attended by June 30, 2026, and each consecutive year after.
2. Include tribal representative on the Senior Advisory Council by end of each program year starting June 30, 2026.
- 3.

Year	Met Goal 1	Met Goal 2	Year	Met Goal 1	Met Goal 2
2025-26			2027-28		
2026-27			2028-29		

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

**D-1 What are the types and amounts of authorized services offered?**

CAPECO administers the Oregon Project Independence (OPI) program for adults 60+ and the OPI Pilot program for adults with disabilities age 19-59 throughout our seven-county service area. The OPI and the OPI Pilot programs both include case management services, in-home hourly services provided by a Home Care Worker, Home Delivered Meals, Chore services, and Transportation.

CAPECO offers services to individuals participating in both the OPI and Pilot programs who have a Service Priority Level (SPL) of 1-18 on a CAPS Assessment, as scored in Oregon Access. Typically, participants are eligible for in-home hourly services of up to 26 hours per month, depending on their SPL and other available natural and community supports.

When an individual meets a Service Priority Level of 18 or less, the Case Manager will use a Consumer Lead Approach to determine the number of hours the client will receive in a two-week pay period, ranging from 1 to 6 hours per week. The Case Manager will complete the In-home Service Plan, which includes the authorized hours per two-week pay period. This information will be communicated to the client and HCW via the Task List and Service Agreement (form 598N). Clients, as “Consumer Employers,” are responsible for ensuring they receive approved services and hours and will inform the Case Manager of any deviations from the agreed Service Plan. Clients must be able to complete the consumer employer’s responsibilities and if they cannot, Case Managers can assist clients in finding a representative to manage their responsibilities and allow them to receive services from a HCW.

The Veteran’s Administration makes referrals to the OPI program. All referrals will be processed according to OPI rules and regulations. The Veteran’s Administration approves the number of hours that the client receives based on the recommendation of the Case Manager.

**D-2 State the cost of authorized services per unit.**

Case Managers will utilize the 287K form to ascertain a participant’s Adjusted Gross Income (AGI), which will establish the requirement for either a monthly fee for services or a one-time enrollment fee. The Oregon Project Independence (OPI) Income/Fee Determination Record is employed to determine a client’s monthly service fee, subject to reevaluation at least annually. Clients with a monthly service fee will be charged a percentage of the hourly wages of the Home Care Worker (HCW). The rate for determining the monthly service fee is determined using the base HCW rate and excludes other HCW certifications or step increases. Monthly billing will be based on the wage indicated on each OPI participant’s voucher. Clients who are not required to pay an hourly fee will incur a \$25.00 one-time fee upon initial eligibility determination. The cost per Home-Delivered Meals (HDMs) is calculated at the Title XIX rate of \$12.25 per meal.

**D-3 Delineate how the agency will ensure a timely response to inquiries about service. Include specific time frames for determination of OPI benefits.**

Initial calls from interested individuals will be screened to identify their perceived needs and recorded in the ADRC I & R Call Module within GetCare. The intake information will then be directed to the appropriate source for follow-up. For referrals to the OPI program, Case Managers will contact the potential client within three working days. Case Managers will attempt to contact referrals by phone twice. If there is no response or return call within one week from the last attempt, no further action will be taken, and the referrals will be closed in the GetCare Module. Depending on available funding and Case Management's case load capacity, individuals may be added to the OPI Waitlist.

**D-4 Describe how consumers will receive initial and ongoing periodic screening for other community services, including Medicaid.**

All applicants will undergo a thorough screening process to assess whether their needs can be addressed through alternative resources before enrollment into the OPI program. This will involve the Case Manager evaluating Medicaid eligibility, which takes precedence over OPI. If the client is potentially eligible for Medicaid or Medicaid Long Term Care (LTC) services, they will be referred to the local APD office through a warm transfer. Individuals currently receiving the full Medicaid health benefit are not eligible for OPI services; the Case Manager will discuss other available service options and programs that may help them maintain their independence.

Case Managers will schedule and execute the Client Assessment and Planning System (CAPS) assessment with individuals who do not receive the full Medicaid health benefit to determine their eligibility for OPI. In cases where there is an OPI waiting list, Case Managers will complete the OPI Waitlist Tool with the applicant to ascertain their level of need.

Once an individual starts receiving OPI services, Case Managers will reassess their needs annually. Monthly telephone contact and quarterly in-person interactions will be maintained unless there is a significant change in the client's condition, in which case the Case Manager may decide that an earlier reevaluation is necessary prior to the scheduled annual review.

**D-5 Specifically explain how eligibility will be determined and by whom.**

Case Managers will conduct an in-home assessment utilizing the CAPS assessment tool. Information will be collected through interviews with the applicant and/or family members, observation, and authorized interviews with community partners collaborating with the applicant. These interviews will provide comprehensive details on the mental, physical, and medical condition (including diagnoses) of the individual, aiding in determining eligibility and level of need. CAPECO offers services to individuals in both the OPI and Pilot programs who have a Service Priority Level (SPL) of 1-18 as scored on a CAPS Assessment in Oregon Access.

**D-6 Plainly state and illustrate how the services will be provided.**

Direct in-home services will be provided through the Client Employed Provider program. Case Managers will authorize hourly in-home care services after they complete the CAPS assessment in Oregon ACCESS. Case Managers will collaborate diligently with the client to ensure that the services being provided are what the client desires and are necessary to assist the client in remaining independent. All CAPECO interactions and services will be provided with the client's dignity and choice being paramount in the decision-making process.

Clients will be responsible for hiring their own Home Care Worker (HCW) from eligible workers listed through the Oregon Home Care Commission and Carina Registry. Case Managers will collaborate with clients and their family members to provide necessary information to make an informed decision. All clients eligible for a HCW have the option to work with the Employer Resource Connection to receive assistance with the interviewing, hiring, and training process.

Additional services and programs will be provided to eligible households as determined through an interview with the client and their family member(s). Case Managers will also offer support such as assisting in locating medical aids (e.g., walkers, installing grab bars) and connecting the client to other community resources such as transportation, recreation, and support groups.

Home delivered meals (HDMs) are provided to both OPI and OPI Pilot participants who have been assessed and deemed eligible based on HDM requirements. Eligible clients will receive frozen and/or hot meals when and where available. HDM reassessments are conducted annually. OPI will fund HDMs for OPI enrolled clients.

**D-7 Describe the agency policy for prioritizing OPI service delivery for both the waiting list and hours/types of services for the individual.**

When a waitlist for the OPI program is established, applicants will be added to the waiting list. Case Managers will use the approved OPI Waitlist Tool to gather information from clients, either in-person or via telephone. The waitlist will be updated by Case Managers at least once a year or as needed. The following information will be collected from referred clients for inclusion on the waitlist:

- Full name
- Address and phone number
- Birthdate
- Last 4 digits of Social Security Number
- OPI Waitlist Tool score/Risk Level
- Date the consumer placed on waitlist

Individuals will be selected from the list as space on caseloads becomes available, prioritizing those with the greatest need. At the time of placement on the list, Case Managers will provide Options Counseling and other eligible programs.

Clients will be chosen from the OPI waiting list based on the highest risk level (Waitlist score). If multiple clients have the same Risk Level, the individual with the most need will be prioritized. This decision will be based on:

- Is the client a person with Alzheimer's or other Dementia-related disorder?
- Does the client live in a frontier community?
- Is the client part of an underserved population?
- Does the client have a support network currently assisting him/her?

In cases where two or more clients share the same Risk Level and have no unique needs identified on the Waitlist Tool, the client who was added to the waiting list first shall be given priority.

When an individual is identified as next to be offered services, the Case Manager will make up to two attempts to contact them by phone and one attempt by mail. If the person does not respond within thirty days from the date specified in the letter mailed to them, they will be removed from the waitlist and the Case Manager will select another client following the same procedure. An in-home CAPS Assessment will be completed at the earliest opportunity for both the applicants and

Case Managers. If the client is not interested or found to be ineligible for OPI, the Case Manager will select another client following the established steps. The number of hours approved per pay period will be determined using a Consumer Lead Approach, ranging from 1 to 6 hours per week.

**D-8 Describe the agency policy for denial, reduction, or termination of services.**

Clients will not receive services if they do not meet the established Service Priority Level (SPL) or if they are receiving a disqualifying Medicaid health benefit. Cases will be closed when participants no longer need OPI services, become eligible and enroll in Medicaid, move to a Long-Term Care facility, or pass away.

Services may be reduced or terminated when funding levels decrease. If a reduction is necessary, the AAA will maintain the current service level for those at SPL 1 through 10. For those at SPL 11 and above, the AAA will apply an equal percentage cut to determine the necessary reduction to meet budget requirements. VA OPI clients will be excluded from this reduction due to self-sustaining program funding.

**D-9 Specify the agency's policy for informing consumers of their right to grieve adverse eligibility, service determination decisions and consumer complaints.**

All clients, including VA OPI clients, will receive written notification of any adverse actions, along with a copy of their right to file a grievance. Upon receipt of a written grievance notice, the AAA shall arrange a meeting to review the grievance. The client and/or their representative will be informed by mail of the date, time, and location of the meeting. This meeting shall be scheduled within 10 days of receiving the grievance. Within 5 working days of the conclusion of this meeting, the AAA Director shall notify the client or their representative of the decision. Applicants who disagree with the results of the AAA grievance review have a right to an administrative review with the Department, pursuant to ORS chapter 183. This information is provided to the applicant in a written notification at the time of the grievance review decision.

**D-10 Explain how fees for services will be developed, billed, collected, and utilized.**

Case Managers will complete the OPI Income/Fee Determination form 0287K with each OPI client before the initiation of service and must be reviewed and updated at least annually. The information recorded on this form is based on Administrative Rule 411-032-0044 (1) Fee for Authorized Services.

When an OPI case is opened, client will be sent a letter confirming the start of the OPI service and notifying him/her of the fee for each unit of service (form 287L). The fee and an estimate of the total monthly cost to the client for services are also to be recorded in the Service tab of the Benefits section in Oregon ACCESS.

If a fee has been assessed, the client will be invoiced monthly for the actual hours of service received. The invoice and tracking of payments are completed by each participant's case manager. Invoices for a given month will be generated late the following month after the Home Care Worker's vouchers have been processed and paid.

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

requirements. Funds received from the Veteran's Administration for OPI clients will be used for expenses incurred by the OPI program. Checks may be issued to the State for coverage of HCW expenses should they exceed the OPI annual allotment. CAPECO will collaborate with the Veteran's Administration for any discrepancy in billings and monthly payments.

**D-11 Describe the agency policy for addressing consumer non-payment of fees, including when exceptions will be made for repayment and when fees will be waived.**

The client will be invoiced regardless of the amount owed. Whether a client pays in full or makes a partial payment, any amount received will be accepted as payment in full for that month. If the client does not attempt to pay or make arrangements to pay, the unpaid amount will appear as past due on the following month's invoice. If there is no response to the second invoice, the Case Manager will contact the client to discuss their willingness or ability to pay the fee. If a client refuses or feels unable to pay, they will be informed that monthly invoices will continue to be sent, and even partial payment is appreciated. Services will continue regardless of non-payment. After the case manager has discussed payment (or non-payment) with the client, past-due amounts will not be carried forward to subsequent invoices.

All client payments will be notated in the client's Oregon Access file. This includes payment type, check/money order number (if necessary), amount, and date received.

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

At the time of annual review and re-determination of fee, client will be sent an updated 287L to advise them of new fee amounts.

**D-12 Delineate how service providers are monitored and evaluated.**

Since services are provided through the Client-Employed Provider Program, no OPI services are contracted. CAPECO does not directly monitor the performance of Home Care Workers (HCWs); however, service satisfaction is evaluated through client feedback to confirm that authorized services are being delivered. Should clients encounter issues with their HCW that they cannot resolve independently, they have two options: 1) seek a different HCW, or 2) request assistance from their Case Manager to review the HCW's performance. Clients experiencing difficulties with their HCW may also collaborate with Employer Resource Connection. Additionally, CAPECO will promptly report any suspected neglect or abuse by an HCW to Adult Protective Services.

**D-13 Delineate the conflict-of-interest policy for any direct provision of services for which a fee is set.**

Effective Date: July 7, 2023

**Community Action Program of East Central Oregon**

**Policy Memorandum**

## **SUBJECT: Conflict of Interest Policy**

### **SECTION 1. PURPOSE**

Community Action Program of East Central Oregon (CAPECO) is a nonprofit, tax-exempt organization. Retention of its tax-exempt status is important for continued financial stability and for public support. The Internal Revenue Service as well as state regulatory and tax officials view the operations of CAPECO as a public trust, which is subject to scrutiny by and accountability to such governmental authorities as well as to members of the public.

Consequently, there exists between CAPECO and its Board of Directors, officers, management employees, and the public an ongoing fiduciary duty, which carries with it a broad and unbending duty of loyalty and fidelity. The Board of Directors, officers, and management employees have the responsibility of administering the affairs of CAPECO honestly and prudently, and of exercising their best care, skill, and judgment for the sole benefit of CAPECO. Those persons shall exercise the utmost good faith in all transactions involved in their duties, and they shall not use their positions with CAPECO, or knowledge gained there from for their personal benefit. The interests of the organization must be the first priority in all decisions and actions.

Internal Revenue Service states:

*“A conflict of interest occurs where individuals’ obligation to further the organization’s charitable purposes is at odds with their own financial interests. For example, a conflict of interest would occur where an officer votes on a contract between the organization and a business that is owned by the officer. A conflict-of-interest policy is intended to help ensure that when actual or potential conflicts of interest arise, the organization has a process in place under which the affected individual will advise the governing body and/or the immediate supervisor about all the relevant facts concerning the situation. A conflict-of-interest policy is also intended to establish procedures under which individuals who have a conflict of interest will be excused from voting on such matters.”*

### **SECTION 2. PERSONS CONCERNED**

This policy is directed not only at directors and officers, but at all employees who can influence the actions of CAPECO. For example, this would include all who make purchasing decisions, all persons who might be described as “management personnel,” and anyone who has proprietary information concerning CAPECO.

### **SECTION 3. DISCLOSURE POLICY AND PROCEDURE**

Officers, Directors, and employees shall not participate in any transactions in which they may have, or appear to have, a conflict of interest, without first fully and frankly revealing the actual or apparent conflict of interest to the Board of Directors and/or the immediate supervisor. The CAPECO Conflict of Interest Questionnaire shall be completed annually on July 1 or thereabouts. HR personnel should ensure that this is accomplished, and a complete questionnaire shall be held

in the HR office. The Conflict-of-Interest Questionnaire shall be completed by Officers, Directors, and other CAPECO employees. Additionally, the Conflict-of-Interest Questionnaire shall be initiated with all new employees at time of hire.

Human Resources collects and maintains the completed acknowledgement form for the Conflict-of-Interest policy. Upon hire, annually, and when there is an update in the employees' perceived, potential, or actual conflict, the Employee will complete an acknowledgment form. Forms are stored in an employee's personnel file and/or digitally.

#### **SECTION 4. Provisions for Non-Conditional assistance and for No Steering**

Officer, Directors, and employees shall understand that the provision of any type or amount of assistance is not conditioned on an individual's or household's acceptance, or occupancy of emergency shelter or housing owned by this organization, its subrecipients, or any affiliated organization with this organization. Conflict of interest waivers regarding rent assistance and rental agreement requirements can only be approved by Oregon Housing and Community Services.

Officer, Director, and employee of this organization or its subrecipients or other affiliated organization will NOT steer potential renters to units owned and operated by this organization or its subrecipients or other affiliated organizations, if the renters will be using a rent subsidy paid with any Oregon Housing and Community Service funds.





**CONFLICT OF INTEREST QUESTIONNAIRE**

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

I have read the Conflict of Interest Policy of CAPECO and have listed any possible conflict below, this includes any affiliation due to my employment with CAPECO in which I have been given financial responsibilities.

☐ I have no interests which could result in a conflict with CAPECO

☐ I have interests, as described below, which could result in a conflict with CAPECO.


When acting as member of the Board of Directors or as an employee of CAPECO I will place the interest of CAPECO above all other interests. I hereby certify that the foregoing information is correct and complete and that I will inform the CEO Directors or HR of any change of status within 30 days of its occurrence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

June 1, 2009

**D-14 Explain if the AAA will make any changes to the above policies with the implementation of Oregon Project Independence-Medicaid (OPIM.)**

CAPECO AAA will not make any changes to the above policies with the implementation of Oregon Project Independence-Medicaid (OPIM.) CAPECO will administer OPI-M in accordance with all rules and policies. CAPECO does not use in-home care agencies for OPI, but may use them for OPI-M services.

**D-15 Describe if the AAA prioritizes the following populations when a waitlist is not in effect: older adults in rural areas, those who speak languages other than English, LGBTQIA2S+ older.**

CAPECO AAA prioritizes all persons including the minority and rural populations when a waitlist is not in effect based upon client need and the score given during the in-person assessments pending program ranking.

## **E-1    Area Plan Budget**

CAPECO AAA budget sheets are based upon flat funding for the next period.

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

Budget by Service Category

(3)	(4)						(9)	(10)						(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)			
Matrix	SERVICE NAME	SERVICE TYPE	(5)	(6)	(7)	(8)	OAA						NSIP	COVID Relief (ARP, VAC5 and SLFRF)	OPI (Classic and/or Pilot)	Other State-provided Funds	Other Cash Funds	Total Funds	Estimated Cost Per Unit	Comments Explanation				
							T III B	T III C-1	T III C-2	T III D	T III E	T VII									OAA Total			
ADMINISTRATION							\$20,959	\$23,895	\$15,918	\$0	\$9,767	\$0	\$70,539	\$8,057	\$0	\$60,967	\$23,993	\$0	\$163,556					
20-1	Area Plan Administration	Administration	C = Contract				\$20,959	\$23,895	\$15,918		\$9,767		\$70,539	\$8,057		\$60,967	\$23,993		\$163,556					
20-2	AAA Advocacy	Administration														\$0						\$0		
20-3	Program Coordination & Development	Administration														\$0						\$0		
ACCESS SERVICES -							\$164,629	\$0	\$0	\$0	\$0	\$1,964	\$166,593	\$0	\$0	\$0	\$215,936	\$0	\$382,529					
6	Case Management	Case Management		1500.00	1 hour	200	\$64,629					\$1,964	\$66,593				\$215,936		\$282,529	\$188.35				
9	Assisted Transportation	Assisted Transportation			1 one-way trip								\$0						\$0	#DIV/0!				
10	Transportation	Transportation			1 one-way trip								\$0						\$0	#DIV/0!				
13	Information & Assistance	Information and Assistance			1 contact		\$35,000						\$35,000						\$35,000	#DIV/0!				
14	Outreach (14 Outreach; 70-5 Newsletter; 70-10 Public Outreach/Education)	Outreach			1 activity		\$15,000						\$15,000						\$15,000	#DIV/0!				
40-3	Preventive Screening, Counseling, and Referral	Health Promotion and Disease Prevention			1 session								\$0						\$0	#DIV/0!				
40-4	Mental Health Screening & Referral	Health Promotion and Disease Prevention			1 session								\$0						\$0	#DIV/0!				
60-5	Interpreting/Translation	Other Services			1 hour or activity								\$0						\$0	#DIV/0!				
70-2	Options Counseling	Information and Assistance			1 contact		\$50,000						\$50,000						\$50,000	#DIV/0!				
70-8	Fee-Based Case Management	Other Services			1 hour or activity								\$0						\$0	#DIV/0!				
IN-HOME SERVICES							\$14,000	\$16,000	\$143,264	\$0	\$0	\$0	\$173,264	\$73,031	\$0	\$548,705	\$0	\$0	\$795,000					
1/1a	Personal Care	Personal Care			1 hour								\$0						\$0	#DIV/0!				
2	Homemaker/Home Care	Homemaker			1 hour								\$0						\$0	#DIV/0!				
2a	Homemaker/Home Care - HCW	Homemaker		11500.00	1 hour	200							\$0			\$504,705			\$504,705	\$43.89				
3	Chore	Chore		100.00	1 hour	100							\$0			\$40,000			\$40,000	\$400.00				
3a	Chore - HCW	Chore		100.00	1 hour	100							\$0			\$4,000			\$4,000	\$40.00				
5	Adult Day Care/Adult Day Health	Adult Day Care/Health			1 hour								\$0						\$0	#DIV/0!				
30-1	Home Repair/Modification	Other Services		10.00	1 payment	10	\$5,000						\$5,000						\$5,000	\$500.00				
30-4	Respite (IIIB)	Respite Care			1 hour								\$0						\$0	#DIV/0!				
40-5	Health, Medical & Technical Assistance Equip.	Health Promotion and Disease Prevention			1 loan/payment								\$0						\$0	#DIV/0!				
60-3	Reassurance	Outreach		300.00	1 contact	60	\$9,000						\$9,000						\$9,000	\$30.00				
90-1	Volunteer Services (In Home)	Other Services			1 hour								\$0						\$0	#DIV/0!				
4	Home Delivered Meals	Home Delivered Meals		70200.00	1 meal	30200			\$141,764				\$141,764	\$73,031					\$214,795	\$3.06				
8	Nutrition Counseling	Nutrition Counseling			1 session								\$0						\$0	#DIV/0!				
12	Nutrition Education	Nutrition Education		80100.00	1 session	42700		\$16,000	\$1,500				\$17,500						\$17,500	\$0.22				
LEGAL SERVICES							\$10,000	\$0	\$0	\$0	\$0	\$0	\$10,000	\$0	\$0	\$0	\$0	\$0	\$10,000					
11	Legal Assistance	Legal Assistance Development	C		1 hour		\$10,000						\$10,000						\$10,000	#DIV/0!				
NUTRITION SERVICES							\$0	\$199,058	\$0	\$0	\$0	\$0	\$199,058	\$0	\$0	\$0	\$0	\$0	\$199,058					
7	Congregate Meals	Cobgregate Meals		26000.00	1 meal	12500		\$199,058					\$199,058						\$199,058	\$7.66				

(3)	(4)						OAA						(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	
Matrix	SERVICE NAME	SERVICE TYPE	(5)	(6)	(7)	(8)	T III B	T III C-1	T III C-2	T III D	T III E	T VII	OAA Total	NSIP	COVID Relief (ARP, VAC5 and SLFRF)	OPI (Classic and/or Pilot)	Other State-provided Funds	Other Cash Funds	Total Funds	Estimated Cost Per Unit	Comments Explanation
			Contract or Direct Provide	Estimated Units	Unit Definition	Estimated Clients															
FAMILY CAREGIVER SUPPORT							\$0	\$0	\$0	\$0	\$87,909	\$0	\$87,909	\$0	\$0	\$0	\$0	\$0	\$87,909		
15/15a	Caregivers Information Services / Information and Referral	Information for Caregivers		100.00	1 activity	50					\$11,499		\$11,499						\$11,499	\$114.99	
16/16a	Caregiver Case Management	Access Assistance		150.00	1 contact	75					\$11,499		\$11,499						\$11,499	\$76.66	
30-5/5a	Caregiver Respite	Respite Care		2500.00	1 hour	125					\$46,244		\$46,244						\$46,244	\$18.50	
30-6/6a	Caregiver Support Groups	Counseling/Support Groups/Caregiver Training			1 session								\$0						\$0	#DIV/0!	
30-7/7a	Caregiver Supplemental Services	Supplemental Services		550.00	1 payment	75					\$13,667		\$13,667						\$13,667	\$24.85	
70-2a/2b	Caregiver Counseling	Counseling/Support Groups/Caregiver Training			1 client served								\$0						\$0	#DIV/0!	
70-9/9a	Caregiver Training	Counseling/Support Groups/Caregiver Training		40.00	1 session	60					\$5,000		\$5,000						\$5,000	\$125.00	
73/73a	Caregiver Self-Directed Care	Self-Directed Care			1 client served								\$0						\$0	#DIV/0!	
SOCIAL & HEALTH SERVICES							\$0	\$0	\$0	\$12,886	\$0	\$2,182	\$15,068	\$0	\$0	\$0	\$0	\$0	\$15,068		
40-2	Physical Activity and Falls Prevention; 71 Chronic Disease Prevention/Management/Education	Health Promotion and Disease Prevention		120.00	1 session	60				\$5,886			\$5,886						\$5,886	\$49.05	
50-1	Elder Abuse Prevention (50-1 Guardianship/Conservatorship,; 50-3 Elder Abuse	Elderly Abuse Prevention			1 activity								\$0						\$0	#DIV/0!	
50-3	Elder Abuse Awareness and Prevention	Elderly Abuse Prevention			1 activity							\$2,182	\$2,182						\$2,182	#DIV/0!	
50-4	Crime Pervation/Home Safety	Elderly Abuse Prevention			1 activity								\$0						\$0	#DIV/0!	
60-4	Volunteer Services	Other Services			1 hour or activity								\$0						\$0	#DIV/0!	
60-1	Other Services (60-1 Recreation; 70-8 Fee Based CM; 80-5 Money Management; 80-6 Center	Other Services			1 hour or activity								\$0						\$0	#DIV/0!	
71	Chronic Disease Prevention, Management & Ed	Health Promotion and Disease Prevention		120.00	1 session	60				\$7,000			\$7,000						\$7,000	\$58.33	
72	Self-Directed Care	Self-Directed Care			1 client served								\$0						\$0	#DIV/0!	
80-1	Senior Center Assistance	Other Services			1 hour or activity								\$0						\$0	#DIV/0!	
80-4	Consumable Services	Other Services			1 hour or activity								\$0						\$0	#DIV/0!	
80-5	Money Management	Other Services			1 hour or activity								\$0						\$0	#DIV/0!	
80-6	Center Renovation/Acquisition	Other Services			1 center acqrd/renovated								\$0						\$0	#DIV/0!	
900	Computer Terchnology Expense	Other Services			1 payment/activity								\$0						\$0	#DIV/0!	
901	Other (specify)	Other Services											\$0						\$0	#DIV/0!	
901	Other (specify)	Other Services											\$0						\$0	#DIV/0!	
901	Other (specify)	Other Services											\$0						\$0	#DIV/0!	
GRAND TOTAL							\$209,588	\$238,953	\$159,182	\$12,886	\$97,676	\$4,146	\$722,431	\$81,088	\$0	\$609,672	\$239,929	\$0	\$1,653,120		

## Cash Match/In-kind Match

(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
SOURCE OF OAA CASH & INKIND MATCH FUNDS Be descriptive (e.g. Donated dining space @ SC)	Admin. Cash Match	Admin. Inkind Match	III B & C Cash Match	III B & C Inkind Match	OAA III E Cash Match	III E Inkind Match	TOTAL Cash Match	TOTAL Inkind Match
Volunteer Hours				\$476,420			\$0	\$476,420
Volunteer Miles				\$25,325			\$0	\$25,325
In-Kind Food				\$31,575			\$0	\$31,575
							\$0	\$0
							\$0	\$0
							\$0	\$0
							\$0	\$0
							\$0	\$0
							\$0	\$0
							\$0	\$0
							\$0	\$0
							\$0	\$0
							\$0	\$0
							\$0	\$0
Column Totals:	\$0	\$0	\$0	\$533,320	\$0	\$0	\$0	\$533,320

(12)	(13)
SOURCE OF MEDICAID LOCAL MATCH FUNDS	TOTAL
Column Totals:	\$0

### Notes/Comments




DIRECT SERVICES POSITIONS					Breakout of funding sources							
Position Title	FTE Worked	Annual Salary (excludes OPE)	Annual OPE	Total Salary + OPE	OAA Funds	OPI Funds	OPI-M Funds	Other Funds	Medicaid Funds Regular Allocation	Medicaid Funds Local Match	Medicaid Matched by Local Funds	Total
				\$0								\$0
				\$0								\$0
				\$0								\$0
				\$0								\$0
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DIRECT SERVICES TOTAL	10.15	\$949,985	\$0	\$949,985	\$357,852	\$290,778	\$217,171	\$0	\$0	\$0	\$0	\$865,801
GRAND TOTAL	10.15	\$949,985	\$0	\$949,985	\$357,852	\$290,778	\$217,171	\$0	\$0	\$0	\$0	\$865,801



**Attachment 1: Service Matrix**

## SERVICE MATRIX and DELIVERY METHOD

**Instructions:** Indicate all services provided, method of service delivery and funding source. (The list below is sorted alphabetically by service.)

### ☐ **#5 Adult Day Care**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

### ☐ **#20-2 Advocacy**

Funding Source: ☒ OAA ☐ OPI ☒ Other Cash Funds

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

### ☐ **#9 Assisted Transportation**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

### ☐ **#16/16a Caregiver Case Management**

Funding Source: ☐ OAA ☒ OPI ☒ Other Cash Funds

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

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

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☒ **#15/15a Caregiver Information Services/Information and Referral**

Funding Source: ☒ OAA ☐ OPI ☒ Other Cash Funds

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☒ **#30-5/30-5a Caregiver Respite**

Funding Source: ☒ OAA ☐ OPI ☒ Other Cash Funds

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☐ **#73/73a Caregiver Self-Directed Care**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

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

Funding Source: ☒ OAA ☐ OPI ☒ Other Cash Funds

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

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

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

☒ **#70-9/70-9a Caregiver Training**

Funding Source: ☒ OAA ☐ OPI ☒ Other Cash Funds

☒ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency): GOHBI

☒ **#6 Case Management**

Funding Source: ☒ OAA ☐ OPI ☒ Other Cash Funds

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

☒ **#3 Chore (by agency)**

Funding Source: ☒ OAA ☒ OPI ☒ Other Cash Funds

☒ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency): Individual projects will use individual's contractors that may or may not be "for-profit"

☐ **#3a Chore (by HCW)**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☒ **#7 Congregate Meals**

Funding Source: ☒ OAA ☐ OPI ☒ Other Cash Funds

☒ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency): See list of Congregate meal sites.

☐ **#80-4 Consumable Services**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☒ **#50-1 Elderly Abuse Prevention (50-1 Guardianship/Conservatorship; 50-3 Elder Abuse Awareness & Prevention; 50-4 Crime Prevention/Home Safety; 50-5 LTCO)**

Funding Source: ☒ OAA ☐ OPI ☒ Other Cash Funds

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☐ **#40-4 Health Promotion: Evidence-Based (Access)**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☒ **#40-2 Health Promotion: Evidence-Based (40-2 Physical Activity and Falls Prevention; 40-4 Mental Health Screening and Referral; 71 Chronic Disease Prevention, Management/Education)**

Funding Source: ☒ OAA ☐ OPI ☒ Other Cash Funds

☒ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency): GOBHI

☐ **#40-3 Health Promotion: Non-Evidence-Based (Access) (40-3 & 40-4)**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

☒ **#40-5 Health Promotion: Non-Evidence-Based (In-Home) (40-5 & 40-8)**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

☒ **#4 Home Delivered Meals**

Funding Source: ☒ OAA ☒ OPI ☒ Other Cash Funds

☒ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency): Please see list of HDM sites.

☒ **#30-1 Home Repair/Modification**

Funding Source: ☒ OAA ☒ OPI ☒ Other Cash Funds

☒ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency): Individual contractors pending who is available in the area.

☐ **#2 Homemaker (by agency)**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

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

☒ **#13 Information & Assistance**

Funding Source: ☒ OAA ☐ OPI ☒ Other Cash Funds

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

☒ **#60-5 Interpreting/Translation**

Funding Source: ☒ OAA ☐ OPI ☒ Other Cash Funds

☒ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency): IRCO

☒ **#11 Legal Assistance (50-1 Guardianship/Conservatorship; 50-3 Elder Abuse Awareness & Prevention; 50-4 Crime Prevention/Home Safety; 50-5 LTCO)**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☒ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency): Leagal Aid Office

☐ **#8 Nutrition Counseling**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency): Volunreer from local hospital.

☐ **#12 Nutrition Education**

Funding Source: ☒ OAA ☒ OPI ☒ Other Cash Funds

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency): Local volunteer dietician

☒ **#70-2 Options Counseling**

Funding Source: ☒ OAA ☐ OPI ☒ Other Cash Funds

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☐ **#900 Other – Computer Technology Expense**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☐ **#60-1 Other Services (60-1 Recreation; 70-8 Fee Based CM; 80-5 Money Management; 80-6 Center Renovation/Acquisition)**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☐ **#70-8 Other Services - Fee-based Case Management - Access**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☐ **#901 Other (specify)**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):



☒ **#14 Outreach (14 Outreach; 70-5 Newsletter; 70-10 Public**

**Outreach/Education)**

Funding Source: ☒ OAA ☐ OPI ☒ Other Cash Funds

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

☐ **#1 Personal Care (by agency)**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

☒ **#1a Personal Care (by HCW)**

Funding Source: ☒ OAA ☒ OPI ☒ Other Cash Funds ☐ Other (describe):

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

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

☒ **#60-3 Reassurance**

Funding Source: ☒ OAA ☒ OPI ☒ Other Cash Funds

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

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

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☐ **#72 Self-Directed Care**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☒ **#80-1 Senior Center Assistance**

Funding Source: ☒ OAA ☐ OPI ☒ Other Cash Funds

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☐ **#10 Transportation**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☒ **#60-4 Volunteer Services**

Funding Source: ☒ OAA ☐ OPI ☒ Other Cash Funds

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

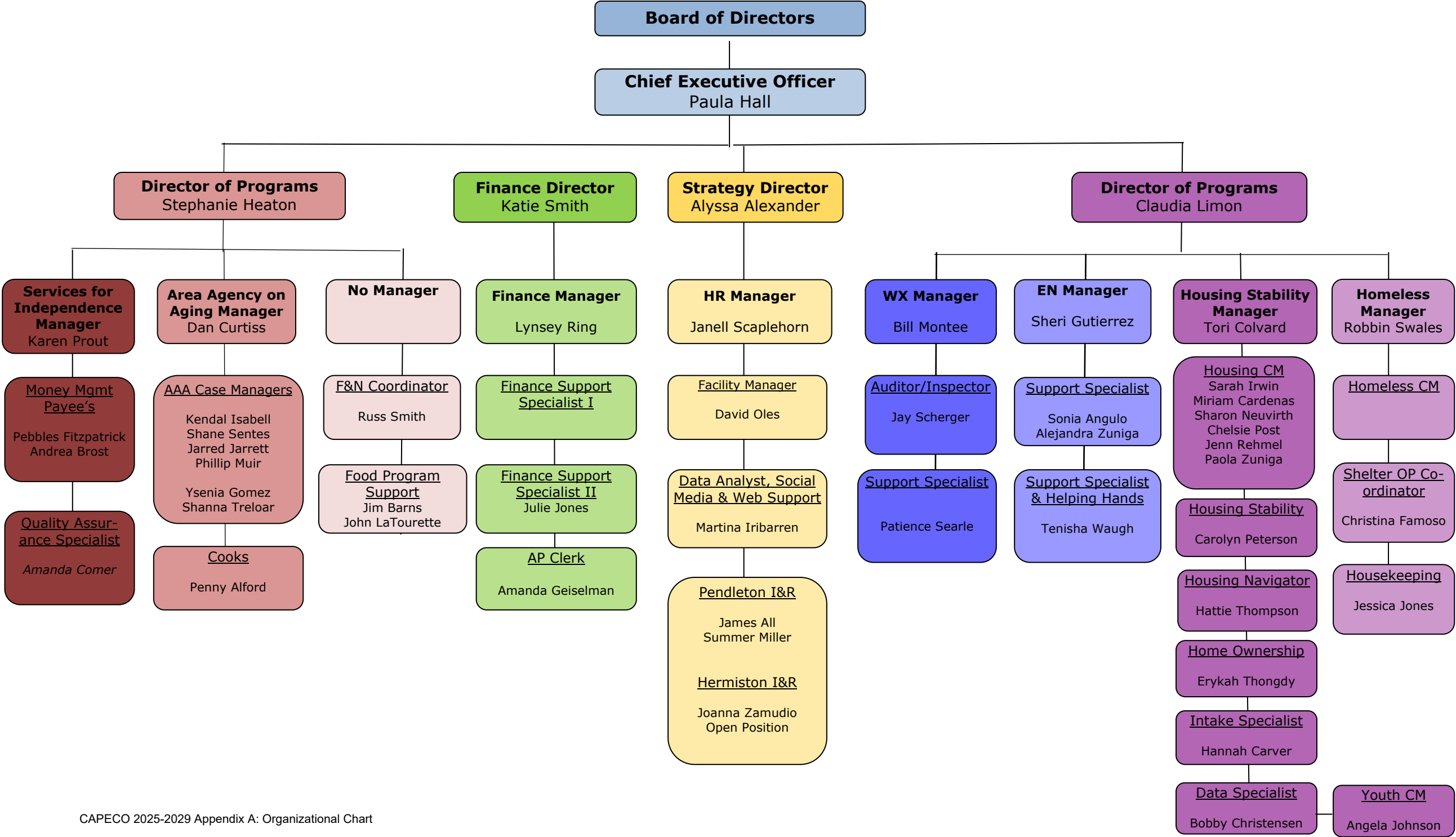
☐ **#90-1 Volunteer Services (In-Home)**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

## Appendix A Organizational Chart



## **Appendix B Advisory Council and Governing Body**

## Appendix B: Advisory Council and Governing Body

### CAPECO SENIOR ADVISORY COUNCIL ROSTER

Position	Name
Gilliam County Position 1	Sabrina Wagenaar- Vice-Chair
Gilliam County Position 2	Vacant
Hood River County Position 1	Paul Zastrow
Hood River County Position 2	Vacant
Morrow County Position 1	Vacant
Morrow County Position 2	Vacant
Sherman County Position 1	Joan Bird
Sherman County Position 2	Kelsi Phillips
Umatilla County Position 1	Vacant
Umatilla County Position 2	Mary Davis
Wasco County Position 1	Scott McKay- SAC Chair
Wasco County Position 2	Vacant
Wheeler County Position 1	Vacant
Wheeler County Position 2	Sandy Speer
Member at Large Position 1	Vacant
Member at Large Position 2	Vacant
Representative of Health Services/Advocacy Seat 17	Vacant
Representative of Disabled Community Seat 18	Doris Hubbard
Representative for Minority/Diversity Seat 19	Vacant
Representative for People with Disabilities Seat 20	David Brehaut
Local Elected Official	Phil Brady

Fifty percent of members must be 60 years of age or older.

# CAPECO BOARD OF DIRECTORS

Updated 09.19.2024

SECTOR	COUNTY SERVED	ORIGINAL APPT. DATE	TERM EXP.	NAME
Private	Umatilla	1/07	6/30/26	George Murdock, Chair (elected 7/01/23 term 6/30/25) Pendleton, OR 97801 541-310-0989, cell <a href="mailto:murdockcattle@gmail.com">murdockcattle@gmail.com</a>
Low Income	Morrow	01/09	6/30/25	Mike Pearson, Secretary/Treasurer (elected 3/29/24 term 6/30/25) PO Box 801 (70159 Summit Lane -Boardman) Boardman, OR 97818 541-481-2456, home – 541-490-6628, cell <a href="mailto:pearsonmike@yahoo.com">pearsonmike@yahoo.com</a>
Public	Umatilla	1/18	6/30/27	Cindy Timmons, Umatilla County Board of Commissioners, Vice-Chair (elected 7/01/23 term 6/30/25) 216 SE Fourth St. Pendleton, OR 97801 541-278-6202, work – 541-975-0471, cell <a href="mailto:cindy.timmons@umatillacounty.gov">cindy.timmons@umatillacounty.gov</a>
Private	Umatilla	7/23	6/30/27	Larry Lehman Pendleton, OR 97801 541-377-3771, cell <a href="mailto:larrylehman367@gmail.com">larrylehman367@gmail.com</a>
Public	Morrow	7/23	6/30/27	David Sykes, Chair, Morrow County Board of Commissioners 110 N. Court St. Heppner, OR 97836 541-676-5613, work – 541-256-0379, cell <a href="mailto:dsykes@co.morrow.or.us">dsykes@co.morrow.or.us</a>
Low Income	Morrow	7/24	6/30/26	Kaelyn Lindsay 68062 Lindsay Rd Lexington, OR 97839 541-701-1077 Cell 541-701-1077 Work <a href="mailto:kaelynlindsay@gmail.com">kaelynlindsay@gmail.com</a>
Private	Umatilla	2/99	6/30/26	Jue-Jue Withers-Lyons <del>Nixyaawii</del> Governance Center 46411 <del>Timing</del> Way Pendleton, OR 97801 541-429-7180 Work Phone <a href="mailto:juejuewithers@ctuir.org">juejuewithers@ctuir.org</a>
Public	Gilliam	07/23	6/30/27	Leah Watkins, Gilliam County Board of Commissioners 221 S Oregon St. Condon, OR 97823 541-980-1953, cell <a href="mailto:leah.watkins@co.gilliam.or.us">leah.watkins@co.gilliam.or.us</a>
Low Income	Wheeler			

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



## **Appendix C Public Process**

## Appendix C: Public Process

The Senior Advisory Council and CAPECO AAA staff have worked hard to get more representation from the Eastern most Counties to better represent the areas. During the year several visits were made to senior meal sites to share information and to gather information about consumer needs and try to recruit volunteers for the Senior Advisory Council. The Program Director and the Program Manager made several visits to the senior meal programs on the east side to visit seniors and staff at each site about service needs and the Senior Advisory Council. SAC aided in the collection of paper surveys.

Site	Date	Outcomes
Hermiston Senior Site (not a partner)	9/16/2024	I had a great visit with the director and talked about their site taking over the HDM. They serve around 400 meals each week and felt adding 35 more folks was more than they could handle at this time. Looking to collaborate more in the future.
Stanfield Senior Site	9/18/2024	I spoke during the senior lunch about CAPECO services and took questions about how to access services. I also spoke with the members about partnering with CAPECO or being on the SAC board. Possibly in the future.
Pendelton Eagles	12/18/2024	I visited with the manager to discuss the opportunity of meal site. They are open to assisting the seniors in Pendleton and want to research the community involvement.
Milton Freewater Senior Site	2/21/2025	Russ spoke during the senior lunch about CAPECO services and took questions about how to access services. He also discussed being on the SAC board. Possibly in the future.
Pendelton Eagles	2/19/2025	I met with the Eagles board several times and we worked out a plan to begin serving senior meals in a congregate setting beginning on March 5, 2025.
Heppner Senior Site (not a partner)	2/4/2025	Dan and Shane spoke during the senior lunch about CAPECO services and took questions about how to access services. I also spoke with the Director Jerry Conklin about partnering with CAPECO or being on the SAC board. Possibly in the future.

For the Community Needs Outreach several community organizations were contacted including Mindy From Pendleton chamber:

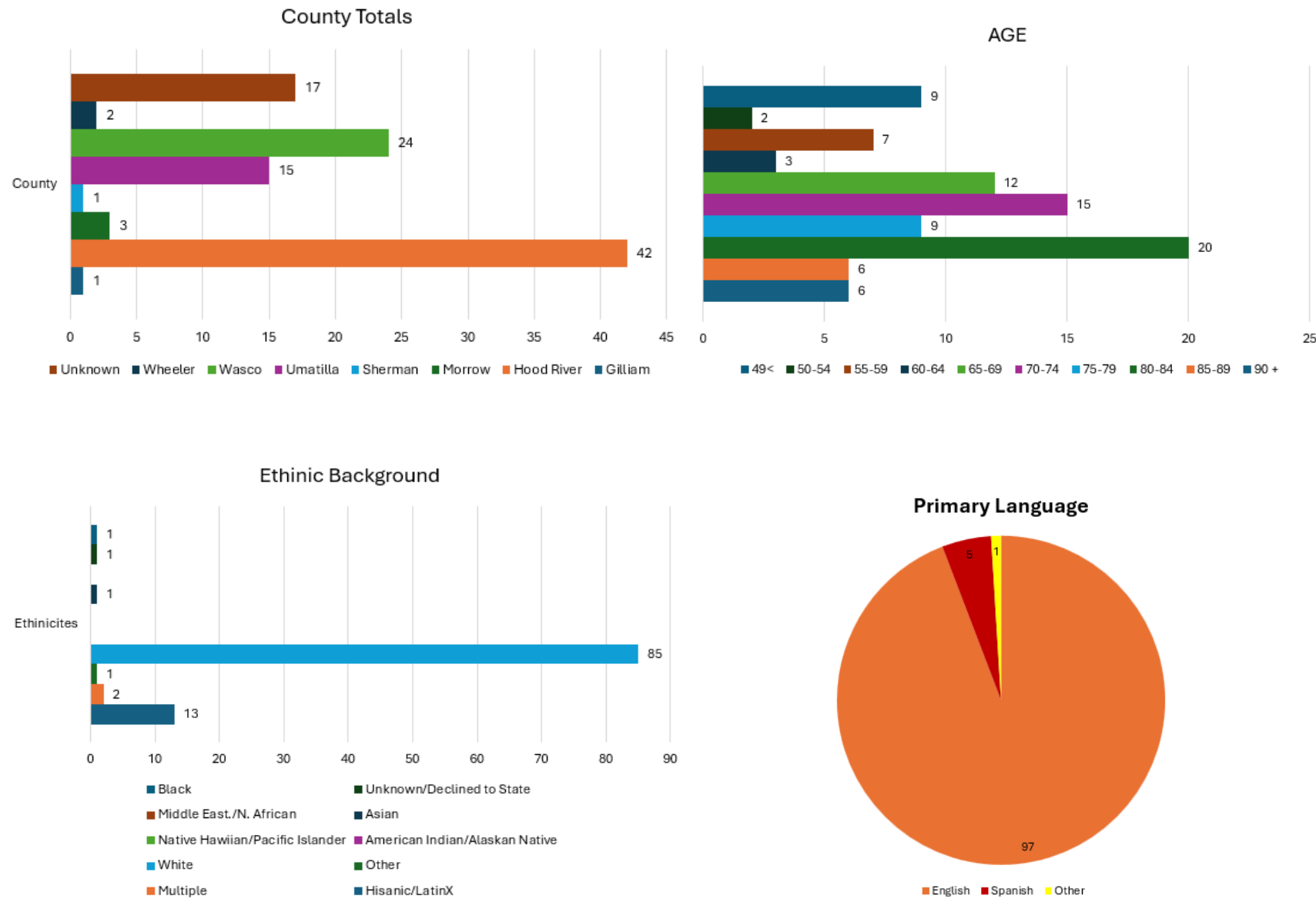
[info@pendletonchamber.com](mailto:info@pendletonchamber.com); Morrow County- sent a message on their “Contact Us” page; Umatilla County- Left VM with HR Sherman County- Left VM with Community Development; Sherman, Wheeler, Gilliam Chamber of Commerce- Brittney Dark: [brittany@oregonfrontierchamber.com](mailto:brittany@oregonfrontierchamber.com) sent her an email; The Dalles Area Chamber- [info@thedalleschamber.com](mailto:info@thedalleschamber.com) send link and copy; Hood River Chamber of Commerce, Melanie: 503-484-7123 Left VM; [michelle@visithoodriver.com](mailto:michelle@visithoodriver.com) -- Sent email, not adding to website, but will send it out to community partners; Milton Freewater Chamber of Commerce-Left VM with John; Heppner Chamber of Commerce-Left VM; Hermiston Chamber of Commerce-Val @ Hermiston chamber, [executive@hermistonchamber.com](mailto:executive@hermistonchamber.com). This did not result in as many surveys as we would like, and future outreach is planned with each county. To increase community awareness and response in the community survey, information and a request to assist in the collection of information was posted on CAPECO’s Facebook Page, 50 surveys were mailed to consumers, 50 surveys were distributed to all Senior meal sites, and volunteers assisted with gathering surveys from senior meal sites.

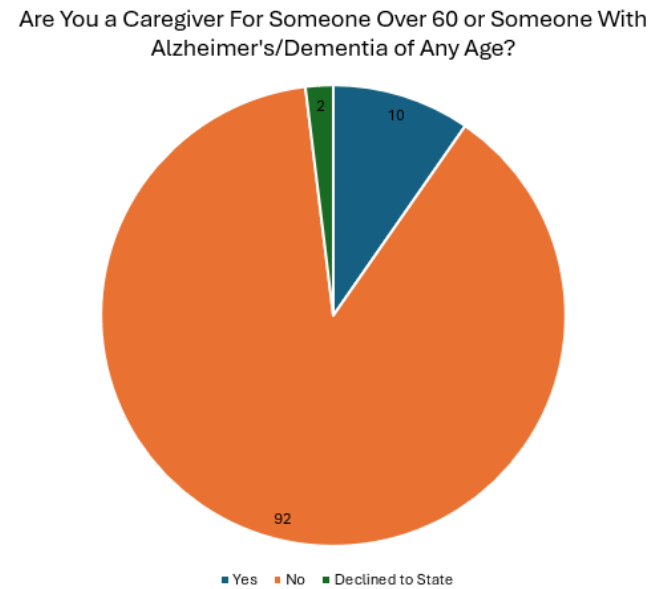
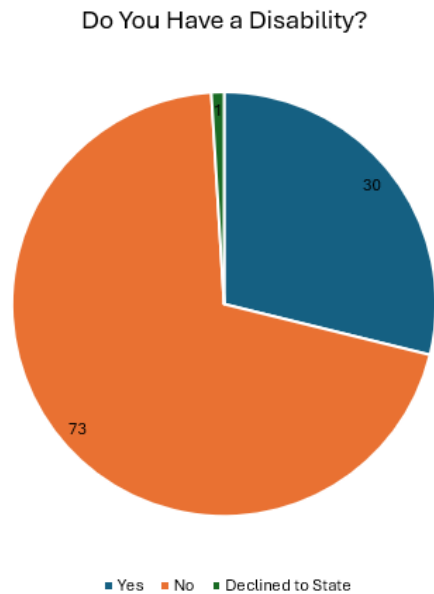
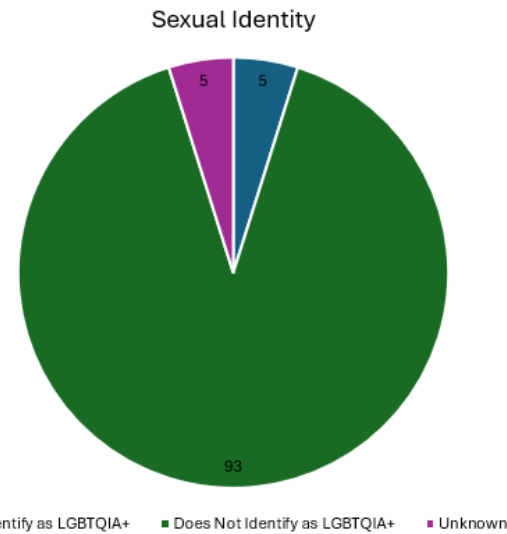
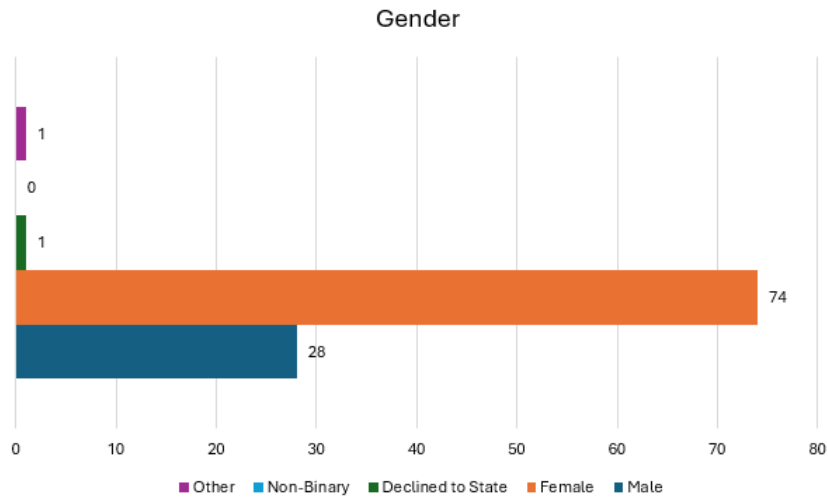
## We want to hear from you!

Help us learn more about you and yours! Gathering this important information allows us to enhance our programs and offerings, to better serve our local communities. Please take just a few moments to click on the button below and fill out CAPECO's 2025 Online Community Assessment Survey for our Area Agency on Aging team. We appreciate your time and participation. Thank you.

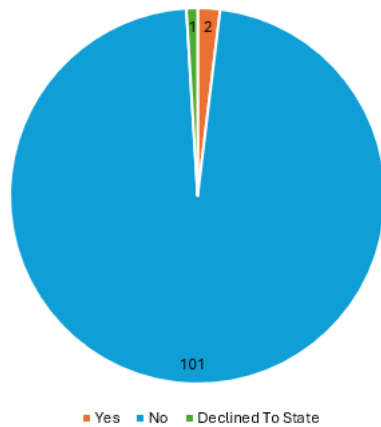


The following graphs depict the survey results are on the following pages.

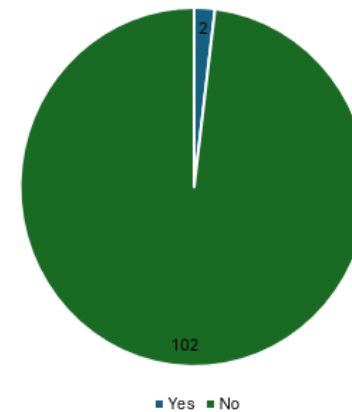




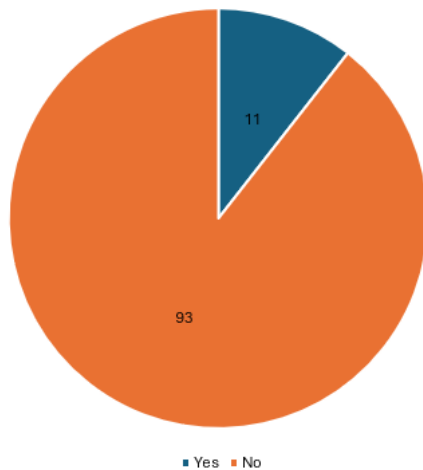
Are You a Parent Or Older Relative Caregiver, 55+, Who Lives With and is the Primary Caregiver for an Individual 18 or Younger?



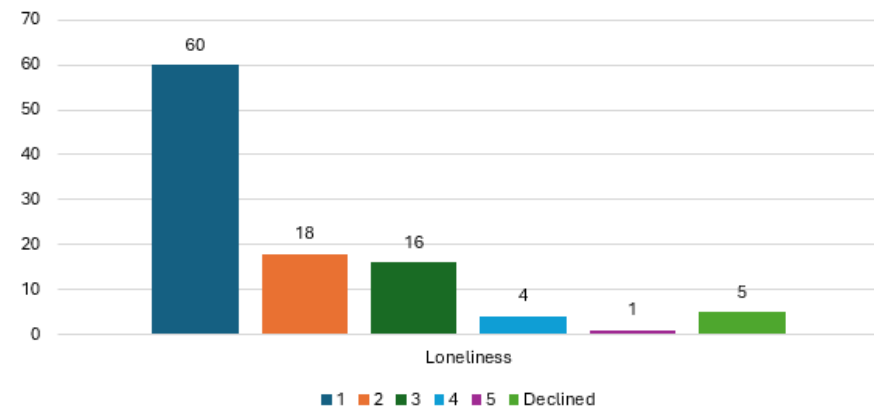
Are You a Parent Or Older Relative Caregiver (Other Than a Parent), 55+, Who Lives With and is the Primary Caregiver for an Individual 18 or Younger?

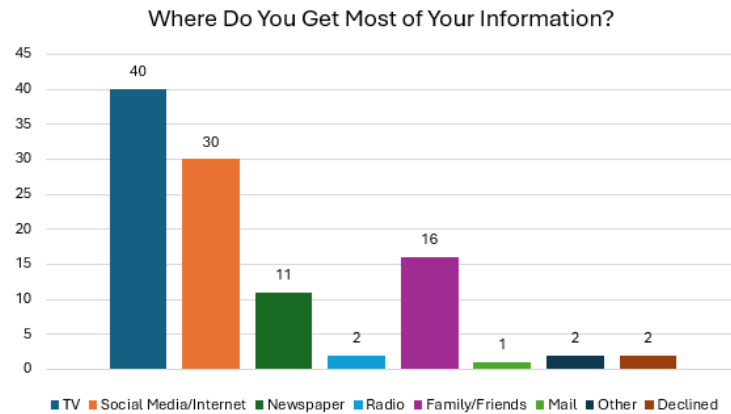
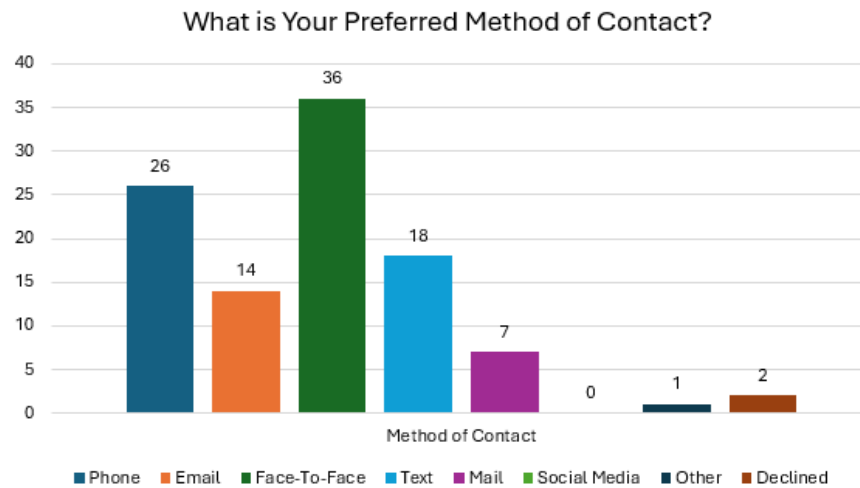
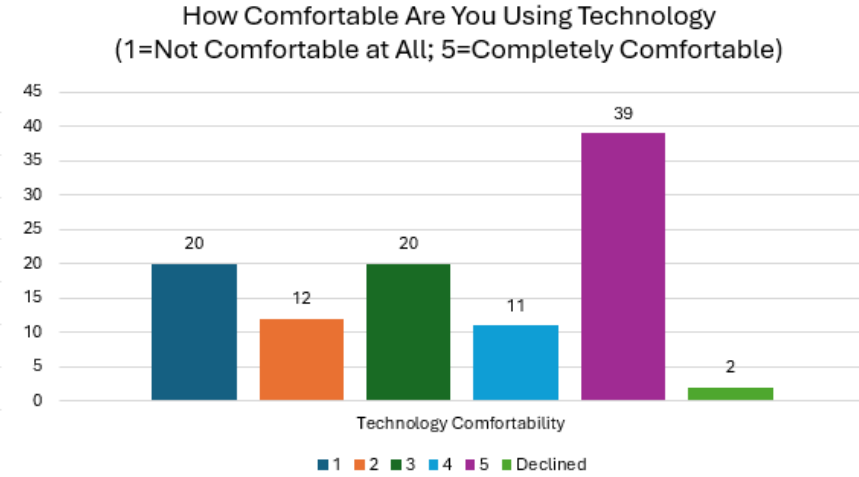
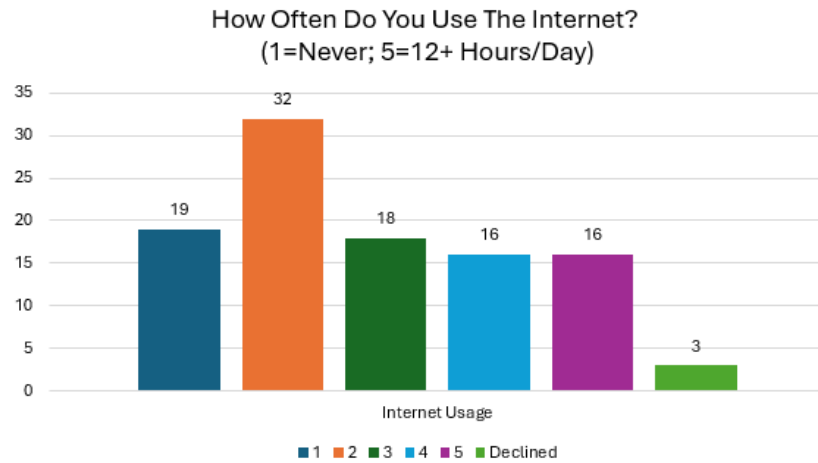


Does Anyone in Your Household Experience Confusion or Memory Loss That Significantly Impacts Daily Life?

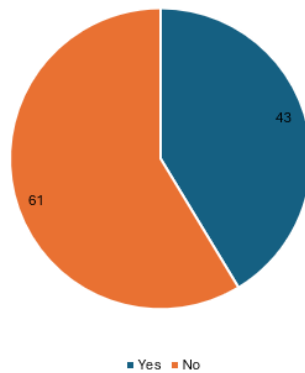


Do You Feel Lonely or Isolate?  
(1=Never; 5=Always)

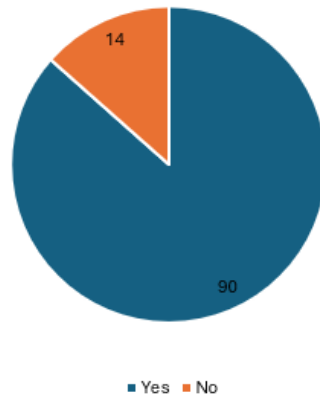




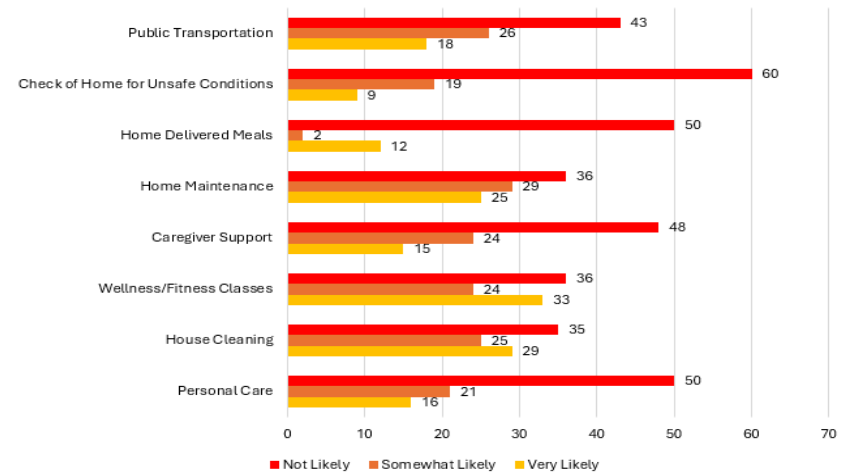
Do You Know About The Aging and Disability Resource Connection (ADRC), and Are You Able To Use it to Get Information About Needed/Wanted Resources?



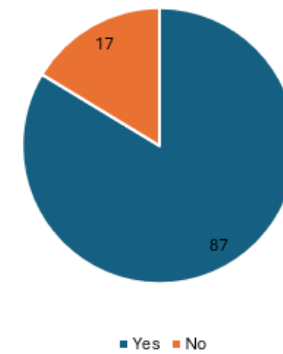
Do You Have Enough Money to Buy Nutritious Food?



How Likely Will You Need the Following Services Within the Next 5 Years?  
(1=Very Likely; 2=Somewhat Likely; 3=Not Likely)

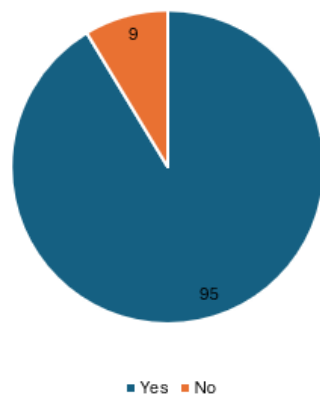


Can You Afford to Pay For Medical Care, Including Appointments and Medications?





### Do You Have Enough Money to Pay for Housing?



Data obtained through site visits, SAC members, senior managers, and surveys helped CAPECO AAA design goals for Area Plan. The greatest information obtained was that seniors enjoy face to face visits as the most liked way to gain information, more than 50% did not know what ADRC was, social media is not the best avenue for sharing information, and as the population ages, those needing services will increase. CAPECO AAA goals will help meet these needs as we move into the new Area Plan cycle.

# CAPECO

COMMUNITY ACTION PROGRAM OF EAST CENTRAL OREGON

*Presents*

## Area Agency on Aging AREA PLAN

for the period of July 1, 2025 - June 30, 2029

### PUBLIC MEETING

Thursday, March 20, 2025 | 11 am  
211 SE Byers Ave  
Pendleton, OR

*Attend public meeting  
in-person or online.  
Your questions, comments  
and input are welcome!*

**SCAN QR Code to  
LEARN MORE!**



**CAPECO** - *"Assisting people to become  
independent, healthy and safe"*



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

## **Appendix D Final Updates on Accomplishments of 2021-2025 Area Plan**

Appendix D  
**FINAL UPDATES ON ACCOMPLISHMENTS OF 2021-2025 AREA PLAN**

**ADRC**

Goal: Increase awareness of availability and purpose of ADRC

Objective: Increase recorded call volume % year over year

Tasks: Market service

Attend at least one community meeting each month to share about ADRC.

Attend at least two resource fairs per year to market ADRC.

Objective: Increase service to underserved/under resourced populations

Tasks: Provide quarterly outreach to underserved populations

Goal: Expand resource options available through ADRC

Objective: Conduct outreach to local providers to encourage inclusion in database

Tasks: Every six months review recorded calls with unmet needs and research providers to meet those needs

Provide potential providers with information about ADRC and how to be included.

Goal: Identify isolated and lonely older adults and connect via technology

Objective: Through I&R and other methods, at least twenty older adults to connect via technology per year

Tasks: Provide iPads or robotic pets

Provide 1 on 1 technology training to older adults.

Objective: Make at least ten reassurance calls per month to older adults identified as isolated or lonely

Tasks: CAPECO staff will make monthly reassurance calls

**UPDATE:** Our goals in this area were to increase awareness of the service, expand resources available through ADRC, identify lonely and isolated seniors, and connect lonely seniors via technology. Staff have been attending weekly meetings of the Gorge Native American Community Partner Collaboration where they share information about AAA services including ADRC. Staff have also attended at least two resource fairs per year to talk about and promote services. Case managers have been visiting meal sites to discuss services as well as holding office hours at low-income apartment communities to discuss service options and assist individuals to connect with needed support. When community partners reach out and ask how to be included in the ADRC database CAPECO has provided that information.

The goal of connecting older adults via technology was an innovative idea but proved to be more difficult than anticipated. We encountered several issues including ongoing COVID restrictions, a basic lack of technological know-how on the part of the targeted population, and in one instance loss of a device via theft. In the end we served a few people and learned some valuable lessons about how to better serve our customers.

## **Nutrition Services**

Goal: Maintain and expand meal service

Objective: Move from direct service provider to contracted service providers

Tasks: Issue RFP for contracted service providers

Objective: Increase nutrition program outreach by 10% to underserved populations

Tasks: Provide outreach materials to members of underserved populations

Provide cultural competency and equity training to contractors and meal site staff annually.

Goal: Promote health and prevent disease through nutrition

Objective: Ensure an additional % of consumers have the opportunities to improve their health and prevent disease through nutritional education in all our counties

Task: Provide Nutrition Education to senior meal site participants at least quarterly

Provide nutrition education to HDM consumers at least once per year.

Provide bilingual nutrition education materials – quarterly for congregate consumers or yearly for HDM consumers.

Objective: Ensure customer satisfaction with service within all our counties

Tasks: **Congregate meal satisfaction and program evaluation annual survey**

**HDM meal satisfaction and program evaluation annual survey**

**Analyze survey data for program enhancement.**

**Reply to all feedback. Discuss results with community partners and request input.**

**Act on complaints and negative reviews**

**UPDATE:** Our goals were to maintain and expand the meal service, promote health, and prevent disease through nutrition. When the 21 – 25 Area Plan began, CAPECO was directly providing service in Ukiah, Heppner, Pendleton, Stanfield, and Milton-Freewater. I am happy to say that community partners have signed contracts to provide meals in Pendleton (Congregate only), Stanfield (Congregate only), and Milton-Freewater. Heppner did not sign a contract, but operate a highly successful, independent meal site, offering congregate meals. Staff have been attending regularly occurring community partner meetings to promote the program, as well as attending

resource fairs, holding office hours in low-income housing communities, and visiting meal sites. Staff promote nutrition programs, along with other services, at these events.

### **Health Promotion**

Goal: Support improved health outcomes in the seven-county service area

Objective: Ensure older adults have opportunities to improve their health and prevent disease in an evidence-based program

Tasks: Utilize health fairs and advocacy groups to determine community needs and interests

Create partnerships with other community agencies to offer EBHP programming.

Provide outreach to underserved populations.

Goal: Promote Evidence based programs and evaluate demand for classes

Objective: Conduct survey of community partners to determine what programming is available

Tasks: create and distribute and survey

Objective: Support community-based organizations interested in offering EBHJP in accessing necessary training and resources

Tasks: Utilize mass mailing, mass emailing, and automated call system to share information about upcoming events and classes

### **Family Caregiver**

Goal: Increase community engagement for older adults and people with disabilities, especially from underserved communities

Objective: Increase the number of family caregivers enrolled by 10% per year in each county.

Tasks: Attend community events to promote service

Market to underserved communities.

Conduct outreach to community partners and advertise programs.

Goal: Increase services and supports available to Relatives as Primary Providers

Objective: Enroll at least ten older relative caregivers in the RAPP program each year in each county

Tasks: Develop and implement policies and procedures to expand RAPP program to include respite, access assistance, and supplemental services

Begin outreach to Head Start

Contact local schools to identify points of contact.

Conduct outreach to community partners to advertise RAPP.



**UPDATE:** Our goals were to increase community engagement for older adults and people with disabilities, especially from underserved communities, and increase services and supports available to Relatives as Primary Providers.

CAPECO staff have been attending regular community partner meetings, resource fairs, visiting meal sites, and holding office hours at low-income housing communities to promote services, including Family Caregiver. Staff have contacted Head Start locations and local schools in the service area to promote Relatives as Primary Providers. Our year over year enrollment numbers remain steady, but we are serving a substantial set of new consumers each year through the Family Caregiver program (RAPP consumers are fewer and more difficult to identify).

I would like to take a moment and offer a story about the RAPP program. CAPECO has permission from the consumer to share this information (an email from a staff person regarding a consumer. I have edited the message to remove all identifying information) -

Last week, I received news that a RAPP participant lost a grandchild. The grandchild was only 8 years old, and we had been serving them for a few years now. I reached out to send my condolences to the grandparent and let them know we were there for them. They wanted to let everyone know how grateful they were that this program helped their grandbaby get the things they needed during their beautiful life. The RAPP program helped the grandchild get Native American Regalia to compete in dances and represent their beautiful Indigenous history. Our RAPP program helped a grandparent raise four grandchildren (at one point) provide a better quality of life, and helped children feel valued. We did that. The child was laid to rest this morning, and in the midst of dealing with tragedy, the grandparent wanted to tell us how big of a blessing this program was for the child. I love what we do, and how much this team helps our community.

### **Legal Assistance and elder rights protection**

Goal: Increase community awareness and improve rates of detection and reporting of elder abuse

Objective: All AAA staff will be trained as mandatory reporters within the first month of hire and annually thereafter

Tasks: Identify training that meets mandatory reporting requirements

Implement tracking system.

Objective: Educate all CAPECO volunteers, employees, and consumers who receive case management services about elder abuse

Tasks: Offer annual training to CAPECO about elder abuse

Share elder abuse information, including reporting numbers, to all people receiving in-home assistance.

Include elder abuse reporting information in volunteer intake packet.

Distribute new flyers via CAPECO employees and accompany with cover letter and instructions to hang and remove old ones.

**UPDATE:** Our goal was to increase community awareness and improve rates of detection and reporting of elder abuse. CAPECO staff receive mandatory reporter training upon hire, and annually thereafter. Staff utilize this knowledge and share it with clients, community partners, and others to better inform our communities about elder abuse, how to detect it, and how to report it. Staff attend community partner meetings, visit meal sites, and attend resource fairs where they share information about elder abuse. CAPECO is co-housed with APD in The Dalles, and our APD partners there have offered to provide training, upon request, to CAPECO staff.

### **Older Native Americans**

Goal: Increase coordination of services with native Americans within service area

Objective: Establish key contacts within native American communities in service area

Tasks: Conduct quarterly outreach to tribal partners to spotlight services and supports available

Partner with tribal entities to offer health related workshops and other training when requested.

Include tribal representative on SAC.

Participate in monthly MDT meetings and Gorge Native American Community Partner Collaboration

**UPDATE:** Our goal was to increase coordination of services with Native Americans within the service area. For the past three years I, as the Program Manager, have been attending the annual Title VI Coordinators Meet and Greet where I have met our local Tribal Navigators. Getting to know native partners has allowed for better communication and more attempts at service coordination. Currently, the Navigator in Wasco County and I are working to find a way to provide a particular service through cooperative effort. CAPECO continues to recruit for members of the Senior Advisory Committee. While we have had members of the Native community as members, time and circumstances have required them to prioritize other work. We continue to seek ways to include Native voices on the SAC.



## **Appendix F Emergency Preparedness Plan**

## **Statement of Intent**

The Community Action Program of East Central Oregon (CAPECO) provides services to the communities of Umatilla, Morrow, Gilliam, Wheeler, Sherman, Hood River, and Wasco Counties. As such, CAPECO recognizes the importance of planning for emergencies to protect and support agency employees and clients. It is the sole purpose of this plan to quickly resume critical functions following an emergency. CAPECO considers critical functions to include assisting people to remain housed, to have access to nutritious food, and to receive approved in-home assistance with Activities of Daily Living and Instrumental Activities of Daily Living (ADL's/IADL's). This plan is an intentional approach for responding to emergencies, and unplanned incidents, both natural and manmade, which may threaten business continuity.

CAPECO's goals are to:

- Protect vulnerable clients receiving services.
- Minimize interruptions to normal operations.
- Limit the extent of disruption and damage.
- Minimize the economic impact of the interruption.
- Establish alternative means of operation, in advance where possible.
- Fully cooperate with First Responders, emergency personnel, and other service providers to effectively utilize local resources, and eliminate duplication of effort.

CAPECO intends to continue operations to the greatest degree possible despite an emergency or unplanned incident or quickly resume critical functions, ideally within three days. CAPECO maintains offices in three cities: Pendleton, Hermiston, and The Dalles. Staff in The Dalles are co-housed with Aging and People with Disabilities. CAPECO also operates a food warehouse in Pendleton.

## **Information Technology (IT)**

Computers and servers at all CAPECO locations are backed up daily to "the cloud" via Gemdu servers. Back up is done both on-site and off-site. Off-site backup is held with the CAPECO contract IT company Dynamic Computer Consulting in Pendleton. CAPECO has put systems in place to allow staff who have access to client information at the office to access client information from anywhere, via the internet, thru systems such as Service Point, OPUS, OACCESS, Representative Payee Management, CAPTAIN, and GetCare/RTZ. Accounting and human resources staff, and any other approved users, can access AccuFund software remotely. All remote access is secure and is monitored by CAPECO IT contractor Dynamic Computer Consulting. Should it become necessary, CAPECO staff that normally work at one location can move to one of the agency's other locations to conduct business. From these locations, staff can access client information software and meet with clients. Staff can also work from home when necessary and access necessary programs by secure remote log on.

## **Activation of Plan**

This following plan will be put in motion by the CAPCO CEO, his/her designee, or the next most senior CAPECO staff person available. Activation of this emergency plan is not contingent on any declaration by any government agency or other entity. If an emergency occurs outside of the Pendleton area, local staff will contact the CAPECO CEO and inform him/her of the situation, providing sufficient information, if available, to decide to declare an emergency.

## **Vulnerable Persons**

Vulnerable Persons include those enrolled in the Oregon Project Independence Program (OPI), those on the Wait List for OPI services, those receiving Home Delivered Meals (HDMs), and any other person receiving services considered vulnerable by their CAPECO Case Manager/assigned staff person. In the event an emergency is declared, the Services for Independence Program Director, or his/her designee, will run a report from the CAPTAIN database containing the names of all persons considered vulnerable within the affected area. Case Managers will begin making phone calls to those clients. Should the area include more Vulnerable Persons than can be contacted by Case Managers, other staff will be assigned by the Program Managers, as necessary. Calls will be made at least weekly until the emergency is resolved.

The calls will serve four purposes:

1. To inform Vulnerable Persons that there is an emergency in their area.
2. To check on their status (health and safety)
3. To relay instructions or orders from government agencies including but not limited to sheltering in place, evacuation levels, and air/environmental quality.
4. To determine, in the event an evacuation is ordered, who requires assistance to evacuate their home, and coordinate with other agencies to assist those persons.

Information obtained during these calls will be recorded in writing or electronically, including time and date of contact, and narrated in OregonAccess , Captain, or GetCare/RTZ, wherever their record is maintained.

Program Managers will be informed of Vulnerable Persons who are at elevated risk, including but not limited to people on oxygen, those on dialysis, and those that require daily assistance with ADL's. Program Managers, in consultation with the Program Directors, will coordinate home visits to individuals at increased risk, and arrange rides for those who can, and should be, transported to a safe location. Program Directors will consult with local APD offices, Emergency Responders, County Emergency Operations personnel, and others as appropriate to coordinate efforts. Program Directors will relay orders, and instructions, from emergency personnel to CAPECO staff. Home visits will be conducted, and transportation offered, only if it is safe for CAPECO staff to do so. The goal of the Vulnerable Persons Plan is to monitor the status of community members at increased risk, and direct resources to them during an emergency. When

## Appendix F: Emergency Preparedness Plan

Community Action Program of East Central Oregon  
Serving Umatilla• Morrow• Gilliam• Wheeler• Sherman• Hood  
River• Wasco Counties

### **Emergency Plan 2025-2029**

an emergency has been declared all questions from any media outlet or organization will be referred to the CAPECO CEO or his/her designee.

### **Internal Communications**

All CAPECO Case Managers, Program Managers, Program Directors, and the CEO have CAPECO provided or approved cell phones. Cell phones will be the primary means of communication in an emergency, with staff limiting talk time to essential business. All staff have CAPECO provided email that can be accessed from any device with an internet connection. Email is the secondary/back-up communication platform if an emergency is declared.

### **Housing Counseling Center**

Following an emergency or unplanned incident, CAPECO will fully continue housing counseling activities or, should some functions be interrupted, will resume operations as soon as possible. All Housing Counseling Center client records are electronically scanned to the housing manager's computer and backed up to the cloud daily. Based in Pendleton, the housing manager serves the four-county region of Umatilla, Morrow, Wheeler, and Gilliam Counties, and frequently travels to each county to meet with clients. This will not change during an emergency event unless conditions make travel into the area unsafe, in which case the housing counselor, and support staff, will continue to be available for clients via phone, and email.

### **Oregon Project Independence (OPI) and VA Home Health Home Aide (H/HHA)**

Following an emergency event CAPECO will resume OPI, and H/HHA, services to the fullest extent possible. Under the guidance of the Program Director, the Program Manager and Case Managers, will work with local, state, and/or federal authorities to ensure someone physically checks on all OPI, and H/HHA, clients at least once per week; more often if the client's HCW(s) are unable to continue providing services. These weekly checks, in person or by phone, are to ensure the needs of our clients are being met during the response and recovery phases of an emergency event. If the Case Manager discovers the safety or health of any client has declined significantly because of, or during, the emergency event, the Case Manager will advocate for the client, to the extent of their power, to get the client the help they require through working with Aging and People with Disabilities, local hospitals/clinics, Red Cross, other partner agencies, and local, state, and/or federal authorities. Case Manager requests for assistance from outside agencies will go to the Program Manager who will pass them to the Program Director. The Program Director, or his/her designee, will contact the outside agency. This will provide a single point of contact for other agencies to communicate with CAPECO.

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

Following an emergency event CAPECO will fully resume HDM services as possible. CAPECO will coordinate with volunteer drivers, Red Cross, and the County to establish a volunteer base which will be able to deliver meals to homebound individuals on HDM. For many of our HDM clients this will be the only way to ensure their health and safety during an emergency event. CAPECO will utilize a fleet of company-owned vehicles to provide the deliveries. All communication between CAPECO and outside agencies will be conducted by the Program Director or his/her designee.

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

The Program Director, or his/her designee, will work with local grocers and water distribution companies so that during the response and recovery phases of an emergency event CAPECO will be given priority when purchasing food and water for local Food Banks. CAPECO will continue all normal functions of being the main food distribution site for local food banks throughout Umatilla, Morrow, Gilliam, and Wheeler Counties. In addition to this in:

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

**Morrow County** – The Program Director, or his/her designee, will work with local, state, and/or federal authorities to establish the Irrigon Senior Center, and the Heppner Senior Center as emergency food distribution centers during the response and recovery phases of an emergency event. The Program Director will work with the Food and Nutrition Program Manager to obtain supplies, food, and water to sustain the Food Distribution Site. The CAPECO Leadership Team will work with the CAPECO Food and Nutrition Program Director to develop protocols for distribution of emergency food boxes and develop a plan to sustain the Food Distribution Site, as needed during the recovery phase, while resuming normal CAPECO services.

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

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

**Hood River, Sherman, and Wasco Counties** – Because a separate Regional Food Bank covers these counties; CAPECO will support the Columbia Gorge Food Bank in executing their

emergency plan. The Program Director, or his/her designee, will communicate with, and function as a liaison between CAPECO, and the Columbia Gorge Food Bank.

## **Emergency Transportation**

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

**Umatilla County** – Normal transportation services will be suspended during the response phase of an emergency event. The Program Director will coordinate with the CAPECO Transportation Coordinator, and CAPECO Warehouse Coordinator, to provide vehicles for the purpose of evacuation of community members, and transportation of goods needed during the response, and recovery, phases of the emergency event. Requests from outside agencies to utilize CAPECO vehicles must go through the Food and Nutrition Program Director or his/her designee. The CAPECO Food and Nutrition Program Director will then inform CAPECO's Leadership Team of how many vehicles are needed and by what agency. The CAPECO Food and Nutrition Program Director will work with the Program Manager to prioritize the requests for use of CAPECO's vehicles. CAPECO reserves the right to hold back as many vehicles as required to continue essential services for CAPECO operations.

**Morrow County** – Normal transportation services will be suspended during the response phase of an emergency event. The Program Director will coordinate with the CAPECO Transportation Coordinator, and CAPECO Warehouse Coordinator, to provide vehicles for the purpose of evacuation of community members, and transportation of goods needed during the response, and recovery, phases of the emergency event. Requests from outside agencies to utilize CAPECO vehicles must go through the Food and Nutrition Program Director or his/her designee. The CAPECO Food and Nutrition Program Director will then inform CAPECO's Leadership Team of how many vehicles are needed, and by what agency. The CAPECO Food and Nutrition Program Director will work with the Program Manager to prioritize the requests for use of CAPECO's vehicles. CAPECO reserves the right to hold back as many vehicles as required to continue essential services for CAPECO operations. In addition, the Program director, or his/her designee, will support The Loop/Morrow County Public Transportation in the event of an emergency. The Program Director will function as a liaison between CAPECO and Morrow County Public Transportation.

**Gilliam County** – The Program Director will coordinate with the CAPECO Transportation Coordinator, and CAPECO Warehouse Coordinator, to provide vehicles for the purpose of evacuation of community members, and transportation of goods needed during the response, and recovery, phases of the emergency event. Requests from outside agencies to utilize CAPECO vehicles must go through the Food and Nutrition Program Director or his/her designee. The CAPECO Food and Nutrition Program Director will then inform CAPECO's Leadership Team of how many vehicles are needed, and by what agency. The CAPECO Food and Nutrition Program Director will work with the Program Manager to prioritize the requests for use of CAPECO's vehicles. In addition, the Program director, or his/her designee, will support Gilliam County Special Transportation in the event of an emergency. The Program Director will function as a liaison between CAPECO and Gilliam County Special Transportation.

**Wheeler County** – The Program Director will coordinate with the CAPECO Transportation Coordinator, and CAPECO Warehouse Coordinator, to provide vehicles for the purpose of evacuation of community members, and transportation of goods needed during the response, and recovery, phases of the emergency event. Requests from outside agencies to utilize CAPECO vehicles must go through the Food and Nutrition Program Director or his/her designee. The CAPECO Food and Nutrition Program Director will then inform CAPECO's Leadership Team of how many vehicles are needed, and by what agency. The CAPECO Food and Nutrition Program Director will work with the Program Manager to prioritize the requests for use of CAPECO's vehicles. The Program Director, or his/her designee, will support Wheeler County Community Transportation in the event of an emergency. The Program Director will function as a liaison between CAPECO and Wheeler County Community Transportation.

**Hood River, Sherman, and Wasco Counties** – Because a separate transportation provider covers these counties; the Transportation Program Director will support, Columbia Area Transit, LINK, and Sherman County Transit emergency plan(s). The Program Director will function as a liaison between CAPECO and Columbia Area Transit, LINK, and Sherman County Transit.

### **Emergency Meal Sites**

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

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

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

**Gilliam County** – The Condon Senior Center will be a designated Emergency Meal Site where the community can come to eat and pick up emergency food boxes. The Program Director will work with the CAPECO Food and Nutrition Program Manager to obtain supplies, food, and water to sustain the Emergency Meal Site. The Program Director will work with the CAPECO Food and Nutrition Program Manager to develop a plan to sustain



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

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

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

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

**Wasco County** – The Mid-Columbia Senior Center in The Dalles will be a designated Emergency Meal Site where the community can come to eat and pick up emergency food boxes. The Program Director will work with the CAPECO Food and Nutrition Program Manager to obtain supplies, food, and water to sustain the Emergency Meal Site. The Program Director will work with the CAPECO Food and Nutrition Program Manager to develop a plan to sustain the Emergency Meal Site, as needed during the recovery phase, while resuming normal CAPECO services.

## **Shelter Sites**

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

**Umatilla County** – The Pendleton Warming Station, and the Hermiston Warming Stations, will be designated Shelter Sites. With additional local efforts, and based on the emergency, larger facilities such as Pendleton Convention Center, Hermiston Community Center, and the Milton-Freewater Community Facility may be accessed. The Housing Program Director will consult with the Red Cross to provide CAPECO with all the necessary items needed to utilize these locations as shelter sites. The Program Director will ensure goods are received, and ordered, as needed, and will collaborate with staff to ensure the quality of CAPECO's services while the various locations are being utilized as shelters.

**Morrow County** – The Housing Program Director will consult with the Red Cross to identify alternate sites in both North, and South, Morrow County for shelter sites. The Program Director will ensure goods are received, and ordered, as needed, and will collaborate with staff to ensure the quality of CAPECO’s services while the various locations are being utilized as shelters.

**Gilliam County** - The Housing Program Director will consult with the Red Cross to identify locations in Condon, and Arlington, for shelter sites. The Program Director will ensure goods are received, and ordered, as needed, and will collaborate with staff to ensure the quality of CAPECO’s services while the various locations are being utilized as shelters.

**Wheeler County** – The Housing Program Director will consult with the Red Cross to identify locations in Fossil, Spray, and Mitchell for shelter sites. The Program Director will ensure goods are received, and ordered, as needed, and will collaborate with staff to ensure the quality of CAPECO’s services while the various locations are being utilized as shelters.

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

**Sherman County** – The Program Director will collaborate with Red Cross to identify shelter sites. The Program Director will ensure goods are received, and ordered, as needed, and will collaborate with staff to ensure the quality of CAPECO’s services while the various locations are being utilized as shelters.

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

## **Deactivation of Emergency Plan**

When the CAPECO CEO, or his/her designee, determines the conditions leading to the activation of this plan have passed he/she will instruct staff to resume normal business operations. This decision will not be contingent on any order or directive from any government agency or other organization.

## **Identifying Potential Hazards**

### **Hood River County**

The top five risks, identified by the Hood River County Multi-Jurisdictional Natural Hazards Mitigation Plan (2025-2030) are:

1. Wildfire
2. Winter Storms
3. Drought

4. Extreme Heat
5. Crustal Earthquake

[https://www.hoodriversheriff.com/images/uploads/documents/NHMP\\_Volume\\_I-II\\_DRAFT.pdf](https://www.hoodriversheriff.com/images/uploads/documents/NHMP_Volume_I-II_DRAFT.pdf)

### **Wasco County**

The top five risks, identified by the Wasco County Multi-Jurisdictional Natural Hazards Mitigation Plan (2025 draft) are:

1. Wildfire
2. Extreme Heat
3. Drought
4. Severe Weather (Storm/Winter Weather\_
5. Flood

[https://cms5.revize.com/revize/wascocounty/Planning/NHMP%20Docs/2024%20NHMP\\_WASCO%20COUNTY.pdf](https://cms5.revize.com/revize/wascocounty/Planning/NHMP%20Docs/2024%20NHMP_WASCO%20COUNTY.pdf)

### **Sherman County**

The top five risks, identified by the Sherman County Multi-Jurisdictional Natural Hazards Mitigation Plan (September 25, 2024) are:

1. Drought
2. Earthquake
3. Flood
4. Landslide/Debris Flow
5. Volcanic Event

<https://www.co.sherman.or.us/documents/shermandcountynhmp2024-pdf/>

### **Gilliam County**

The top five risks, identified by the Gilliam County Multi-Jurisdictional Natural Hazards Mitigation Plan (2018-2023) are:

1. Drought
2. Earthquake
3. Flood
4. Volcanic Event
5. Wildfire

<https://cms3.revize.com/revize/gilliamnew/Gilliam%20County%20NHMP%202024.pdf>

### **Wheeler County**

The top five risks, identified by the Wheeler County Multi-Jurisdictional Natural Hazards Mitigation Plan (2024-29) are:

1. Drought
2. Earthquake
3. Flood - Riverine
4. Landslide/Debris Flow
5. Severe Weather/Winter Storms

[https://www.wheelerswcd.org/files/31e1f8c5e/Wheeler+County+NHMP\\_update\\_08AUG24+compressed.pdf](https://www.wheelerswcd.org/files/31e1f8c5e/Wheeler+County+NHMP_update_08AUG24+compressed.pdf)

### **Umatilla County**

The top five risks, identified by the Umatilla County Natural Hazards Mitigation Plan (2021) are:

1. Weather Emergencies
2. Earthquakes
3. Droughts
4. Flood
5. Volcanic Events

<https://www.co.umatilla.or.us/departments/community-development/planning-division/nhmp>

### **Morrow County**

The top five risks, identified by the Morrow County Multi-Jurisdictional Natural Hazards Mitigation Plan (2022) are:

1. Drought
2. Earthquake
3. Flood
4. Landslide
5. Volcanic

<https://www.co.morrow.or.us/emergency/page/natural-hazard-mitigation-plan>

### **Community Action Program of East Central Oregon Contact Information**

<b>Primary Nonprofit Location</b>	<b>Second Nonprofit Location</b>
Nonprofit Name CAPECO-ADMINISTRATION	Nonprofit Name CAPECO - WAREHOUSE
Street Address 211 SE Byers Ave	Street Address 1605 NW 50 <sup>th</sup> Drive
City, State, Zip Code Pendleton, OR 97801	City, State, Zip Code Pendleton, OR 97801
Telephone Number 541-276-1926	Telephone Number 541-276-5073
<b>Primary Point of Contact</b>	<b>Alternate Point of Contact</b>
Primary Emergency Contact Paula Hall	Alternate Emergency Contact Alyssa Alexander
Telephone Number 541-278-5671	Telephone Number 541-278-5666

Alternate Telephone Number 541-377-6204	Alternate Telephone Number 541-760-8325
Email Address phall@capeco-works.org	Email Address aalexander@capeco-works.org

### **Business Continuity and Recovery Planning Team**

<b>Name</b>	<b>Position</b>	<b>email</b>
Paula Hall	Chief Executive Officer	phall@capeco-works.org
Janell Scaplehorn	Human Resources	jscaplehorn@capeco-works.org
Alyssa Alexander	Strategy Director	aalexander@capeco-works.org
Stephanie Heaton	Program Director	sheaton@capeco-works.org
Claudia Limon	Program Director	climon@capeco-works.org
Brad Allen	IT Contractor	ballen@dynamicccc.com
Katie Smith	Fiscal Director	ksmith@capeco-works.org

## **Appendix G Partner Memorandums of Understanding**

## MEMORANDUM OF UNDERSTANDING

Between

Community Action Program of East Central Oregon

And

Oregon Department of Human Services Aging and People with Disabilities

### PURPOSE

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

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

### SCOPE OF AGREEMENT

APD agrees to:

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

CAPECO agrees to:

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

#### TERM AND DURATION

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

#### MODIFICATION

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

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

*Stephanie Heaton*

CAPECO

*David Brehm*  
Oregon Department of Human Services, APD

3/26/2025

Date

3/26/2025

Date



**CONTRACT BY AND BETWEEN  
COMMUNITY ACTION PROGRAM OF EAST CENTRAL OREGON  
AND LEGAL AID SERVICES OF OREGON  
For Fiscal Year 2024-2025**

This agreement is entered into by and between Community Action Program of East Central Oregon (CAPECO), Area Agency on Aging (AAA) and Legal Aid Services of Oregon (LASO) through its regional office located in Pendleton, Oregon.

**1. Purpose:**

The purpose of this agreement is to provide Title III Older American Act funds for the provision of legal assistance by LASO to persons 60 years of age and older who reside in Gilliam, Morrow, Umatilla, and Wheeler Counties.

**2. Services Provided:**

Legal advice and representation, education, training, outreach, information, and referral.

**3. Intake Process:**

Clients will request services by calling the LASO office in Pendleton. Referrals may also be accepted from the Area Agency on Aging and Aging and People with Disabilities (DHS/APD).

Intake sites may include senior centers, the LASO office, hospitals, care facilities, or the client's home. Intake may also be provided by telephone or by virtual connection when appropriate.

**4. Screening Process:**

After contact with an applicant, LASO intake staff will screen applicants for eligibility for services. Screening will include asking whether the caller is age 60 or older, obtaining a brief description of the problem and filling out an application. Staff will refer a caller, as appropriate, to the senior law attorney, another LASO attorney, or provide the caller with information and referral services, including referral to a pro bono private attorney, the Oregon State Bar Lawyer Referral Service, or another community resource.

**5. Priorities:**

Priorities include serving those elderly who have the greatest social and economic need<sup>1</sup> and those least likely to be able to obtain legal assistance elsewhere.

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<sup>1</sup> "The term 'greatest economic need' means the need resulting from an income level at or below the poverty levels established by Office of Management and Budget. The term 'greatest social need' means the need caused by non economic factors which include physical and mental disabilities, language barriers, and cultural, social or geographical isolation including that caused by racial or ethnic status which restrict and individual's ability to perform normal daily tasks of which threatens such individual's capacity to live independently. " 42 U.S.C.§§3025(20),(21)

Subject-matter priority areas include but are not limited to representing clients with cases involving fundamental civil rights and human needs, including: income, health care, long term care, nutrition, housing and utilities, defense of guardianship, abuse, neglect, exploitation, and age discrimination. The highest priority areas should be those that directly affect a client's physical safety, health, and housing. Resources should not be used for bankruptcy and wills unless they have the effect of assisting a client in one of the other priority areas. Contract funds can be used for the initial client interview in non-priority areas in order determine whether a priority area is implicated and for referral purposes.

It is also a priority for LASO to provide legal education opportunities for seniors. Therefore, should CAPECO make a request, LASO will organize two presentations to be conducted in CAPECO's/LASO's service area. CAPECO will pay up to an additional \$600 (at the regular hourly rate) for the presentations. The subject matter of the seminars will be jointly chosen by CAPECO and LASO. LASO will also make accessible a flyer and brochure advertising its legal services to seniors.

## **6. Impact Projects:**

Impact cases and projects are those that may benefit more than one person, including litigation and advocacy to improve laws and conditions affecting seniors and to make service providers, administrative agencies, and governmental bodies more responsive to their needs. Impact cases and projects will be selected by LASO based on client needs. All work under this contract will be performed consistent with regulations published by the National Legal Services Corporation (45 CFR section 1600-1644).

## **7. Exclusions:**

No assistance shall be available under this agreement for defense of criminal or traffic charges, or fee-generating cases unless: (1) recovering damages is not the client's principal objective; (2) an emergency requires immediate action; (3) the client is seeking Social Security old age, survivor, or disability benefits or Supplemental Security Income benefits; or (4) the provider is assigned the case by court appointment.

## **8. Billing:**

LASO shall bill monthly; attorney time is billed at the rate of \$75/hour. Time spent on intake, information and referral / paralegal time is billed at the rate of \$25/hour up to the contract limit. The budgeted amount for the FY 24 - 25 contract is **\$6,500,00**. Billable time shall include legal advice and representation, information and referral, intake, outreach, education, training, travel, and administrative work to modify/implement this contract. LASO shall encourage contributions from clients and all contributed funds shall be accounted for by LASO and added to the fiscal year contract total to further the delivery of services. The request for contributions will be sent to each client in the case closing letter.

## **9. Project Reporting Requirements:**

LASO shall maintain accurate records of each service provided. Such records shall include

number of clients, general nature of the service provided, amount of time spent, and whether the client is receiving duplicated service or not.<sup>2</sup> As part of the closing letter, LASO will also provide the client with a satisfaction survey to be filled out by the client and turned in by LASO with the monthly report. The information required by this section shall be provided to CAPECO /AAA by the 10<sup>th</sup> day of each month.

#### 10. Professional Responsibility/Confidentiality

LASO is governed by the Code of Professional Responsibility of the Oregon State Bar. LASO shall not be required under this contract to disclose confidential information, including the name of any client, if such information would be inconsistent with the requirements of the Code of Professional Responsibility.

#### 11. Contract, Effective Dates, Charges, and Renewal

This contract constitutes the full and complete agreement between the parties. The contract begins July 1, 2024 and ends June 30, 2025. All changes to this contract must be made in writing and signed by an authorized agent of both parties. The parties will meet each year in May to discuss the status of implementation of the contract and any proposed changes thereto.


#### 12. Note to funders:

Legal Aid Services of Oregon receives funding from the Legal Services Corporation (LSC). Federal law requires us, as an LSC grantee, to inform any other public or private entity that provides funds to us that we may not use those funds in a way that violates the Legal Services Corporation Act. The Act is set forth at 42 USC 2996 (the regulations are at 45 CFR 1600-1644) and prohibits such activities as lobbying, class action litigation, some types of litigation related to welfare reform, litigation related to abortion rights, etc. No such prohibited activities fall within the terms of the funding we receive from you.

**Agreed:**

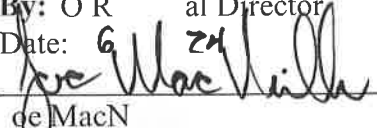
**Community Action Program of  
East Central Oregon /Area Agency  
On Aging**

**By:**

  
Paula Hall  
CAPECO CEO  
Date: \_\_\_\_\_

**Agreed:**

**Legal Aid Services of Oregon**

J. MacNiece  
By: O R al Director  
Date: 6/24/24  
  
J. MacNiece  
LAS Oregon  
1186

<sup>2</sup> A client receives "duplicated services" if the client's case was also reported in a previous month. Services for clients who have new cases in the month of reporting are considered "unduplicated."

**MEMORANDUM OF UNDERSTANDING**  
**BETWEEN**  
**GREATER OREGON BEHAVIORAL HEALTH, INC.**  
**AND**  
**Community Action Program of East Central Oregon**

This Memorandum of Understanding (“MOU”), effective July 1, 2024 (“Effective Date”) is entered into by and between Greater Oregon Behavioral Health, Inc., a non-profit corporation organized under the laws of Oregon exempt from taxation under Section 501(c)(3) of the Internal Revenue Code (“GOBHI”) and Community Action Program of East Central Oregon, an Oregon non-profit corporation (“CAPECO”) (collectively the “parties” or “Parties”).

**PARTIES**

1. Community Action Program of East Central Oregon  
211 SE Byers Ave.  
Pendleton OR. 97801  
TIN/EIN/SSN: 94-3060985
2. Greater Oregon Behavioral Health, Inc.  
3729 Klindt Drive  
The Dalles, OR 97058  
TIN/EIN/SSN: 93-1144014

**PURPOSE**

The purpose of this MOU is to establish a mutual understanding of the relationship between the parties, Community Action Program of East Central Oregon and GOBHI (collectively referred to as “we”). This MOU will outline the expectations and components of working together on evidence-based health promotion programs.

1. Scope of Work
2. Timeline
3. Roles, Responsibilities, and Resource Requirements
4. Intellectual Property
5. Payment Terms
6. Agreement

## **7. Confidentiality**

### **SECTION 1 - Scope of Work**

GOBHI and CAPECO will work together to provide evidence-based health promotion programs.

### **SECTION 2 - Timeline**

The project timeline will be from July 1, 2024, to June 31, 2025, and shall begin when this MOU is signed by both parties.

### **SECTION 3 - Roles, Responsibilities, and Resource Requirements**

#### **1. Role of GOBHI:**

- 1.1.** Provide up to 5 evidence-based health promotion programs.
- 1.2.** Register class participants
  - 1.2.1.** Ensure National Aging Program Information System (NAPIS) Registration Form data for each participant is recorded
- 1.3.** Provide a report to CAPECO within thirty days of the end of each class with the following information:
  - 1.2.1.** Number and type of classes provided.
  - 2.2.2.** Number of class participants.
    - Number of sessions attended by each participant.
  - 2.2.3.** The dates when classes took place.
  - 2.2.4.** Brief description of highlights and challenges.

#### **2. Role of CAPECO:**

- 2.1.** Provide class material for the health promotion programs
- 2.2.** Provide guidance and resources needed for the reporting and compliance to CAPECO
- 2.3.** When available, provide respite care for class participants' loved ones, to allow class participants to attend classes.
  - 2.3.1.** CAPECO will provide respite for up to four people, for up to six classes per session, with a maximum of two sessions of Powerful Tools for Caregivers

- 2.3.2. CAPECO will reimburse class attendees up to \$25.00 per hour for respite care.
  - 2.3.3. CAPECO will provide up to a maximum of \$3,000.00 in respite.
- 2.4. When available, provide incentive measures for class participants to attend classes.
  - 2.4.1. CAPECO will provide incentives (gift cards) to class participants who attend at least four of six classes in a session
  - 2.4.2. Gift cards will be in the amount of \$25.00 per participant
  - 2.4.3. CAPECO will provide up to a maximum of \$1,500.00 in incentives for the five sessions covered by this agreement.
- 2.5. Co-lead classes with GOBHI when CAPECO staff is available to do so.
- 2.6. Assist with marketing classes to CAPECO clients and community members within their service area.

#### **SECTION 4 - Intellectual Property**

Intellectual property rights protect things people create or invent, including but not limited to copyrights, trademarks, and trade secrets (e.g. video, music, logos, social media posts). Organization will not alter or modify any such material without prior written permission from GOBHI. Content provided to Organization must be used for the purpose of the Scope of Work outlined in Section 1 above. GOBHI reserves the right to update materials as needed.

#### **SECTION 5 - Payment Terms**

There is no exchange of funds between either party under this MOU.

#### **SECTION 6 - Agreement**

The parties agree to fulfill the terms of this MOU as outlined above. Neither party will seek to unilaterally change or stop providing the agreed upon commitments. If, at any time during the term of this MOU, an Organization or GOBHI staff member or representative identifies a significant deviation from GOBHI required standards that may jeopardize GOBHI, the staff member is required to report the event to GOBHI and Organization CEO/Executive Director/Relevant Manager.

For the purposes of this MOU, Organization and GOBHI are independent parties and collaboration is solely for the purposes specified herein. Neither party shall be liable to the other party, or to any third party, for the acts, omissions, or liabilities of the other party or such other party's representatives, employees, or agents. GOBHI will not provide any legal advice nor will

it provide any assurance regarding the outcome of any future audit or regulatory examination or other regulatory action. The responsibility for all legal implications to Organization will be Organization’s. It is further understood that Organization has responsibility for identifying and ensuring compliance with laws and regulations applicable to Affiliate’s activities and for establishing and maintaining effective internal controls to ensure such compliance.

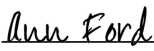
**SECTION 7 - Confidentiality**


GOBHI understands that the nature of this MOU’s business is such that from time to time, in the course of carrying out this MOU, it is possible that GOBHI and/or CAPECO may come into contact with confidential or potentially sensitive information. GOBHI and CAPECO agree to hold any confidential or potentially sensitive information in strict confidence both during and after the term of this MOU, unless compelled by law to do otherwise.

IN WITNESS, WHEREOF, the parties have executed this MOU.

**Greater Oregon Behavioral Health, Inc.**

**Community Action Program of East  
Central Oregon**

DocuSigned by:  
  
Signature: C:46AC7FD3BBB644F...

DocuSigned by:  
  
Signature: S:24BB16107E4740C...

Ann Ford, Chief Executive Officer

Daniel Curtiss, Program Officer

Name, Title:

Name, Title:

11/25/2024  
Date:

11/21/2024  
Date:

**Oregon Association of Area Agencies on Aging & Disabilities/ Oregon Wellness  
Network and  
Community Action Program of East Central Oregon  
Contract Number: 2024-CAPECO-01**

**Train Staff and Offer New Classes: Chronic Disease Self-Management Program, Diabetes Self-  
Management Program, also Tai Chi & Care Coordination Services**

THIS CONTRACT, entered into by **Oregon Association of Area Agencies on Aging & Disabilities (O4AD)/Oregon Wellness Network (OWN)**, hereinafter referred to as "O4AD/OWN", and **Community Action Program of East Central Oregon (CAPECO)**, hereinafter referred to as "CONTRACTOR", and effective **October 1, 2024**, through **September 30, 2025**, based on satisfactory performance and subject to the following conditions:

IN CONSIDERATION of the monies, in the amount of \$38,300, to be distributed by O4AD/OWN to the CONTRACTOR, the CONTRACTOR agrees to do all things at the times and in all respects in accordance with the following Contract Documents, which by this reference are incorporated herein:

**Special Provisions dated October 1, 2024**

This contract shall become effective October 1, 2024, and shall terminate on September 30, 2025, unless extended by written agreement of the parties.

**THIS IS THE ENTIRE AGREEMENT.** This Agreement constitutes the entire Agreement between the parties. This Agreement may be modified or amended only by the written agreement of the parties.

IN WITNESS WHEREOF, the parties hereto have caused this Contract to be signed on their behalf by their authorized representative(s).

**O4AD/OWN:**

DocuSigned by:

*Lavinia Goto*

938D1744364D486...

Lavinia Goto, Operations Manager - OWN

**CAPECO:**

*Paula Hall*

Paula Hall, Chief Executive Director

Date: 11/12/2024

Date: November 4, 2024

Federal Tax ID#: 94-3060985



**SPECIAL PROVISIONS**  
**October 1, 2024**  
**Community Action Program of East Central Oregon**  
**Contract Number: 2024-CAPECO-01**

Train Staff and Offer New Classes: Chronic Disease Self-Management Program, Diabetes Self-Management Program, also Tai Chi & Care Coordination Services.

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**1. STATEMENT OF WORK**

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In consideration for the monies to be disbursed by O4AD/OWN to the CONTRACTOR, the CONTRACTOR agrees to provide the following programs in Gilliam, Hood River, Morrow, Sherman, Umatilla, Wasco and Wheeler Counties.

**Services: Train Staff and Offer New Classes: Chronic Disease Self-Management Program (CDSMP), Diabetes Self-Management Program (DSMP), and Tai Chi Quan: Moving for Better Balance (TCMFBB); & Care Coordination Services (CC)**

- A. CONTRACTOR shall provide the above programs in accordance to each program's specifications and design.
- B. CONTRACTOR shall submit required reports and forms monthly.
- C. CONTRACTOR shall promptly notify O4AD/OWN staff if circumstances impact compliance with section B above.
- D. CONTRACTOR services eligible under this contract shall be conducted between the dates of October 1, 2024, and September 30, 2025.
- E. CONTRACTOR shall send all reports, and requests for payment, with original or electronic signature of authorized personnel, by mail or email to:
- Lavinia Goto  
lavinia.goto@nwsds.org  
Oregon Wellness Network  
3410 Cherry Ave NE  
Salem OR 97303
- F. Electronic correspondence, invoicing, and reports containing confidential or HIPPA covered information sent by either CONTRACTOR or O4AD/OWN shall be sent by secure methods.
- G. No additional goods, funds, or payment will be made to CONTRACTOR other than as specified in this contract. All costs necessary for or relating to program delivery are the sole responsibility of CONTRACTOR.
- H. To help mitigate the risk of COVID 19 and other infectious conditions, all parties agree to follow and comply with all Centers for Disease Control and Prevention (CDC) and Oregon Health Authority (OHA) guidelines in regard to the use of personal protective equipment and any other health and safety practices currently in place.

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## 2. PAYMENT SCHEDULE

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Based on activity logs submitted to O4AD/OWN on a monthly basis, payment to CONTRACTOR will be as follows:

**O4AD/OWN will pay CONTRACTOR according to the below specifications:**

1. Coordinate with OWN to train staff for Tai Chi Quan: Moving for Better Balance (TCMFBB), CDSMP and DSMP.
2. Following training implement TCMFBB, CDSMP & DSMP classes.
3. Lastly, hire a CM (.4 FTE) for options counseling and to help coordinate the classes.

Payment to CONTRACTOR is based on the following:

The activity logs mentioned above, and the FTE spent working on the specific classes/training outlined in this document. For more information on payments, refer to your Standard Contract with O4AD/OWN.

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## 3. HIPAA COMPLIANCE

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Services funded in whole or in part with financial assistance provided under this Contract are covered by the Health Insurance Portability and Accountability Act (HIPAA). CONTRACTOR agrees to deliver Services in compliance with HIPAA and shall comply with the following:

*Privacy and Security of Individually Identifiable Health Information.* Individually Identifiable Health Information about specific individuals is confidential. Individually Identifiable Health Information relating to specific individuals may be exchanged between O4AD/OWN and CONTRACTOR for purposes directly related to the provision of services to clients which are funded in whole or in part under this Contract. However, CONTRACTOR shall not use or disclose any Individually Identifiable Health Information about specific individuals in a manner that would violate the Oregon Health Authority Privacy Rules, OAR 943-014-0000 et. seq., or the State of Oregon Department of Human Services Notice of Privacy Practices. A copy of the most recent State of Oregon Department of Human Services Notice of Privacy Practices is posted on the OWN/O4AD web site at [www.O4AD.org](http://www.O4AD.org) or may be obtained from OWN.

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## 4. ABUSE NOTIFICATION

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The CONTRACTOR is a mandatory reporter of suspected elder abuse under ORS 124.060, child abuse under ORS 419B.005-419B.045, abuse of residents in a nursing facility under ORS 441.630-441.680, and abuse of persons who have mental illness or a developmental disability under ORS 430.765. Additionally, it is the expectation of O4AD/OWN that the CONTRACTOR report suspected abuse of all persons with disabilities that are served through this contract. The CONTRACTOR must report suspected abuse of elderly, children, residents in nursing facilities, adults with developmental disabilities and adults with mental illnesses twenty-four hours a day, seven days a week regardless of whether the suspected abuse is observed during work activities or on personal time. The types of abuse that must be reported are defined in ORS 124.050 and ORS 430.735 and include the following:

- a) Any physical injury caused by other than accidental means, or which appears to be at variance with the explanation given of the injury.
- b) Neglect which leads to physical harm through withholding of services necessary to maintain health and well-being.

- c) Abandonment, including desertion or willful forsaking of an elderly person or child or withdrawal or neglect of duties and obligations owed an elderly person or child by a caretaker or other person.
- d) Willful infliction of physical pain or injury.
- e) An act that constitutes a crime under ORS 163.375, 163.405, 163.411, 163.415, 163.425, 163.427, 163.465, 163.467, or 163.525.
- f) Wrongfully taking or appropriating money or property, or knowingly subjecting an elderly person or person with disabilities to alarm by conveying threat to wrongfully take or appropriate money or property, which threat reasonably would be expected to cause the elderly person or person with disabilities to believe the threat would be carried out.
- g) Sexual harassment or exploitation, including but not limited to any sexual contact between an employee of a facility or community program and an adult.

When a report is required, the CONTRACTOR will report cases of suspected elderly and adult abuse immediately to the appropriate Department of Human Services (DHS) or Area Agency on Aging (AAA) Adult Protective Services unit. To report cases of suspected child abuse, the CONTRACTOR will report immediately to the appropriate DHS Child Welfare Services office. Reports can be made verbally by telephone, or in writing.

If the situation presents imminent danger to a client or others in the vicinity, the CONTRACTOR should contact local law enforcement agencies after notifying the client of the intent to do so.

Physical injury of an unknown cause shall be reported to the appropriate Adult Protective Services unit or DHS Child Welfare office as suspected abuse. CONTRACTOR will make available to the local Adult Protective Services office or DHS Child Welfare office, on request, copies of investigated incident reports involving abuse or suspected abuse.

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## 5. INSURANCE REQUIREMENTS

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The CONTRACTOR shall furnish evidence of comprehensive and personal liability insurance, issued by a company authorized to transact business in the state of Oregon, with limits of not less than \$1,000,000 per claimant per occurrence; \$2,000,000 combined single limits; and \$100,000 for property damage. The coverage under each liability insurance policy shall be equal to or greater than the limits for claims made under the Oregon Tort Claims Act. The aggregate limit must be at least \$3,000,000.

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## 6. INDEMNITY

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To the extent permitted by Oregon Law (ORS 30.260 through 30.300) and subject to the limitations and conditions of the Oregon Tort Claims Act and the Oregon Constitution, Article CI, Section 7, CONTRACTOR and O4AD/OWN shall mutually indemnify, defend and hold harmless the Contractor and Oregon Association of Area Agencies on Aging and Disability/Oregon Wellness Network, the State of Oregon and its Department of Human Services, its officers, divisions, agents, and employees, from all claims, suits or actions of any nature arising out of the activities of the CONTRACTOR, its officers, subcontractors, agents or employees under this contract.

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## 7. CRIMINAL HISTORY CHECKS

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The Contractor shall meet the requirements of ORS 443.004 and OAR 407-007-0200 through OAR 407-007-0370 and DHS Policy 060-010. The Contractor shall fulfill the responsibilities of a qualified entity as defined in OAR 407-007-0210.

The CONTRACTOR shall utilize the Oregon Department of Human Services (ODHS) Oregon Criminal History and Abuse Records Data System (ORCHARDS) to meet provider requirements set forth in OAR 407-007-0200 through 407-007-0370 and ORS 181A.195 through 181A.200 and ORS 443.004. Subject individuals are employees of the CONTRACTOR; volunteers of the CONTRACTOR; employees and volunteers of CONTRACTOR's subcontractors; and direct care providers of clients for which the CONTRACTOR provides service authorization. CONTRACTOR shall ensure an individual's final fitness determination is approved and documentation maintained for eligibility to perform in the capacity covered by the rules cited above.

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## 8. REPORTING REQUIREMENTS

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The CONTRACTOR shall provide O4AD/OWN with information regarding services delivered as follows:

- Enter class information onto COMPASS at least 6 weeks before classes are scheduled to start;
- Enter participant data and attendance into COMPASS on at least a weekly basis.
- Share other information directly with OWN that might be needed to process claims or administer the program, e.g. reporting class data to SMRC for licensing purposes.

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## 9. TERMINATION

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### 1. CONTRACTOR Termination. CONTRACTOR may terminate this Agreement in whole or in part:

- 1.1 For its convenience, upon at least 90 days advance written notice to O4AD/OWN.
- 1.2 Upon 45 days advance written notice to O4AD/OWN, if CONTRACTOR does not obtain funding, appropriations and other expenditure authorizations from CONTRACTOR's governing body, federal, state or other sources sufficient to permit CONTRACTOR to satisfy its performance obligations under this Agreement, as determined by CONTRACTOR in the reasonable exercise of its administrative discretion: or
- 1.3 Upon 30 days advance written notice to O4AD/OWN, if O4AD/OWN is in default under the Agreement and such default remains uncured at the end of said 30-day period or such longer period, if any, as CONTRACTOR may specify in the notice.

### 2. O4AD/OWN Termination. O4AD/OWN may terminate this Agreement in whole or in part:

- 2.1 For its convenience, upon at least ninety days advance written notice to CONTRACTOR;
- 2.2 Upon 45 days advance written notice to CONTRACTOR, if O4AD/OWN does not obtain funding, appropriations and other expenditure authorizations from federal, state or other sources sufficient to meet the payment obligations of O4AD/OWN under this Agreement, as determined by O4AD/OWN in the reasonable exercise of its administrative discretion.

2.3 Notwithstanding 2.2, O4AD/OWN may terminate this Agreement in whole or in part, immediately, upon written notice in the reasonable exercise of its administrative discretion.

3. Mutual Termination. The Agreement may be terminated immediately upon mutual written consent of the parties.

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## 10. FORMS

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The following forms are available for use by CONTRACTOR and are available electronically from OWN. Please note that there may be additional program specific forms that may be required and added over the course of the contract period. OWN staff will provide written notice if additional required forms are added during the contract period.

1. Standard Participant Intake Form
2. Oregon DHS Release of Information Form
3. Participant's Class Evaluation

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## 11. DATA SHARING, CONFIDENTIALITY AND NONDISCLOSURE AGREEMENT

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1. Purpose. The staff of O4AD/OWN and Contractor may share and disclose to the other certain confidential, technical, consumer and business information which must be treated as confidential. ***While all information is considered confidential, as it relates to this agreement, the parties understand that as public entities, public record request procedures would apply.***
2. Confidential Information. "Confidential Information" means any information disclosed by either Party to the other Party(ies) in writing, orally, or by inspection of tangible objects (including without limitation documents, prototypes, samples, and equipment), which is deemed necessary to enable the Party(ies) to perform their duties. Confidential Information shall include technical data, trade secrets, and know-how, including, but not limited to, research, product plans, products, services, suppliers, customer lists and customers, prices and costs, markets, software, developments, inventions, laboratory notebooks, processes, formulas, technology, designs, drawings, engineering, hardware configuration information, marketing, licenses, finances, budgets, and other business information. Confidential Information may also include information disclosed to a Disclosing Party by third Parties. Confidential Information shall not, however, include any information which (i) was publicly known and made generally available in the public domain prior to the time of disclosure by the disclosing Party; (ii) becomes publicly known and made generally available after disclosure by the disclosing Party to the receiving Party(ies) through no action or inaction of the receiving Party(ies); (iii) is already in the possession of the receiving Party(ies) at the time of disclosure by the disclosing Party; (iv) is obtained by the receiving Party(ies) from a third Party without a breach of such third Party's obligations of confidentiality; (v) is independently developed by the receiving Party(ies) without use of or reference to the disclosing Party's Confidential Information; or (vi) is required by law to be disclosed by the receiving Party(ies), provided that the receiving Party(ies) gives the disclosing Party prompt written notice of such requirement prior to such disclosure and assistance in obtaining an order protecting the information from public disclosure.

- Nonuse and Nondisclosure. Each Party agrees not to use any Confidential Information of the other Party for any purpose except to evaluate and engage in discussions concerning legitimate business between the Parties. Each Party agrees not to disclose any Confidential Information of the other Party to third Parties or to such Party's employees, except to those employees of the receiving Party(ies) who are required to have the information in order to evaluate or engage in discussions concerning the contemplated business relationship. Contractor will not in any way divulge, copy, release, sell, loan, review, or alter any confidential information. Contractor will not misuse confidential information or carelessly care for confidential information.
- 3. Maintenance of Confidentiality. Each Party agrees that it shall take reasonable measures to protect the secrecy of and avoid disclosure and unauthorized use of the Confidential Information of the disclosing Party. Without limiting the foregoing, each Party shall take at least those measures that it takes to protect its own most highly confidential information and shall ensure that its employees who have access to Confidential Information of the other Party(ies) have confidentiality obligations substantially similar to the provisions hereof, prior to any disclosure of Confidential Information to such employees. Neither Party shall make any copies of the Confidential Information of the disclosing Party unless previously approved in writing by the disclosing Party, except that either Party may make copies of the Confidential Information in order to evaluate or engage in discussions concerning the contemplated business relationship contemplated under this Agreement. Each Party shall reproduce the other Party's proprietary rights notices on any such copies, in the same manner in which such notices were set forth in or on the original.
- 4. No Obligation. Nothing herein shall obligate either Party to proceed with any transaction between them, and each Party reserves the right, in its sole discretion, to terminate the discussions contemplated by this Agreement concerning the business opportunity.
- 5. No Warranty. ALL CONFIDENTIAL INFORMATION IS PROVIDED "AS IS". EACH PARTY MAKES NO WARRANTIES, EXPRESS, IMPLIED OR OTHERWISE, REGARDING ITS ACCURACY, COMPLETENESS OR PERFORMANCE.
- 6. Return of Materials. All documents and other tangible objects containing or representing Confidential Information which have been disclosed by either Party to the other Party(ies), and all copies thereof which are in the possession of the other Party(ies), shall be and remain the property of the disclosing Party and shall be promptly returned to the disclosing Party upon the disclosing Party's written request.
- 7. No License. Nothing in this Agreement is intended to grant any rights to either Party under any intellectual property rights of the other Party(ies), nor shall this Agreement grant any Party any rights in or to the Confidential Information of the disclosing Party except as expressly set forth herein.
- 8. Remedies. Without prejudice to the rights and remedies otherwise available to the disclosing Party, the disclosing Party shall be entitled to seek injunctive relief if the receiving Party breaches or threatens to breach any of the provisions of this Agreement.
- 9. Miscellaneous. Neither Party may assign its rights or obligations under this Agreement without the express written consent of the other Party(ies), except that either Party may assign its rights and obligations hereunder to a successor in connection with the merger, consolidation, or sale of all or substantially all of its assets or that portion of its business to which this Agreement relates without the necessity of written consent from the other Party. Subject to the

foregoing, this Agreement shall bind and inure to the benefit of the Parties hereto and their successors and assigns. This Agreement shall be governed by the laws of the State of Oregon, without reference to conflict of laws principles, and any dispute hereunder shall be venued exclusively in the state or federal courts located in Marion, Oregon, and all Parties agree to be subject to the exclusive jurisdiction of such courts. This document contains the entire agreement between the Parties with respect to the subject matter hereof, and neither Party shall have any obligation, express or implied by law, with respect to trade secret or proprietary information of the other Party(ies) except as set forth herein. Any failure to enforce any provision of this Agreement shall not constitute a waiver thereof or of any other provision. This Agreement may not be amended, nor any obligation waived, except by a writing signed by both Parties hereto.

10. Mediation. In the event there is any dispute between the Parties to this Agreement, the Parties must mediate any such dispute before commencing any legal action. No Party to this Agreement can bring legal action against another Party without first participating in mediation, unless one Party refuses to submit to mediation and legal action is brought to specifically enforce this mediation provision of this Agreement. If the Parties cannot agree upon the person to act as the mediator, then the presiding District Court Judge of Marion County, Oregon, will select a person to act as the mediator. The mediator's charges and expenses shall be split by the Parties on a 50/50 basis. Mediation fees and costs do not include each Party's attorney fees and costs. Each Party shall be responsible for his own attorney fees and costs at mediation. In the event of litigation to enforce the mediation agreement, or in the event that litigation after unsuccessful mediation is commenced, the prevailing Party will be entitled to its attorney fees and reasonable costs of litigation incurred.

11. Arbitration. In case any disagreement, difference, or controversy shall arise between or among the Parties relating to or arising out of or under this Agreement, including any tort claims, and the Parties to the controversy cannot mutually agree upon the resolution thereof and the mediation provided for herein does not provide a resolution, then such disagreement, difference, or controversy shall be determined by arbitration under the rules of the Arbitration Service of Portland, Inc. Any award made by the arbitrator shall be final, binding, and conclusive upon the Parties to the arbitration and those claiming under them. The arbitrator shall have no power to make any award inconsistent with or contrary to the terms and provisions of this Agreement. The costs and expenses of any arbitration, including attorney fees, shall be borne and paid as the arbitrator shall, by the arbitrator's award, direct. Any Party to the arbitration may file any final arbitrator award as a judgment in the Circuit Court of the State of Oregon for Marion County and in the appropriate court in any other county of any state where any Party to the arbitration maintains such Party's residence or principal place of business.

This agreement applies to all staff employed by Contractor who may receive confidential data via their participation in any Oregon Association of Area Agencies on Aging and Disabilities (O4AD)/Oregon Wellness Network (OWN) programs, workgroups, or activities of any kind. The Contractor will not disclose shared data or information unless explicit written permission by O4AD/OWN has been given to do so.

Contractor will report activities by any individual or entity that Contractor suspect may compromise the confidentiality of information. Reports made in good faith about suspect activities will be held in confidence, including the name of the individual reporting the activities.

Contractor understands their obligations under this Agreement will continue after termination of any work group or committee wherein Contractor data is shared.

Contractor will be responsible for any misuse or wrongful disclosure of confidential information and for failure to safeguard access to confidential information. Contractor understands that the failure to comply with this Agreement may result in loss of privileges to access confidential information and O4AD/OWN may revoke Contractor's authorization and/or access to confidential or shared information.



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

## **Appendix H Statement of Assurances and Verification of Intent**

For the period of July 1, 2025, through June 30, 2029, the Community Action Program of East Central Oregon (CAPECO) accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) as amended in 2020 (P.L. 116-131) and related state law and policy. Through the Area Plan, CAPECO shall promote the development of a comprehensive and coordinated system of services to meet the needs of older individuals and individuals with disabilities and serve as the advocacy and focal point for these groups in the Planning and Service Area. The Community Action Program of East Central Oregon assures that it will:

Comply with all applicable state and federal laws, regulations, policies and contract requirements relating to activities carried out under the Area Plan.

### **OAA Section 306, Area Plans**

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4) (A)(i)(I) provide assurances that the area agency on aging will— (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement; (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing

services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

- (I) identify the number of low-income minority older individuals in the planning and service area;
- (II) describe the methods used to satisfy the service needs of such minority older individuals; and
- (III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(6) provide that the area agency on aging will—

- (A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services

provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

- (C) be provided by a public agency or a nonprofit private agency that—
  - (i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
  - (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
  - (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
  - (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

- (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
    - (ii) the nature of such contract or such relationship;
  - (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship; demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and
  - (D) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;
- (14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;
- (15) provide assurances that funds received under this title will be used—
- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
  - (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;
- (16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;
- (17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;
- (18) provide assurances that the area agency on aging will collect data to determine—
- (A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and
  - (B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and
- (19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

Section 306 (e)



An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney- client privilege.

That CAPECO further assures that it will:

With respect to legal assistance —

(A)

- (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
- (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
- (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

(B) assure that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(C) give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

With respect to services for the prevention of abuse of older individuals—

(A) when carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

- (i) public education to identify and prevent abuse of older individuals;
- (ii) active participation of older individuals participating in programs under the OAA through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
- (iii) referral of complaints to law enforcement or public protective service agencies where appropriate;

(B) will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

If a substantial number of the older individuals residing in the planning and service area are of limited English-speaking ability, the area agency on aging for each such planning and service area is required—

- (A) to utilize in the delivery of outreach services under OAA section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
- (B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—
  - (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under the OAA; and
  - (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

Conduct efforts to facilitate the coordination of community-based, long- term care services, pursuant to OAA section 306(a)(7), for older individuals who—

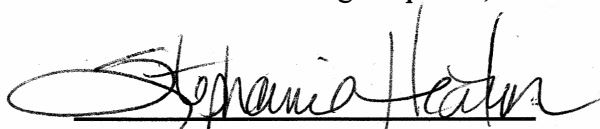
- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

Obtain input from the public and approval from the AAA Advisory Council on the development, implementation and administration of the Area Plan through a public process, which should include, at a minimum, a public hearing prior to submission of the Area Plan to ODHS. The Community Action Program of East Central Oregon shall publicize the hearing(s) through legal notice, mailings, advertisements in newspapers, and other methods determined by the AAA to be most effective in informing the public, service providers, advocacy groups, etc.

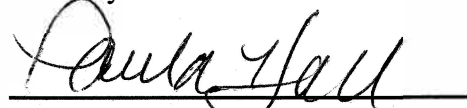
3/25/2025  
Date

3/25/2025  
Date

March 25, 2025  
Date

  
Director

  
Advisory Council Chair

  
Legal Contractor Authority

Chief Executive Officer