

# **DOUGLAS COUNTY SENIOR SERVICES**

AREA AGENCY ON AGING PLAN

**2025 - 2029**

**DOUGLAS COUNTY SENIOR SERVICES**  
**2025 -2029 AREA PLAN**  
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## **A - 1 INTRODUCTION:**

Douglas County Senior Services (DCSS) is a state-designated type B contract area on aging organization (AAA) with a planning service area (PSA) that covers all of Douglas County. The AAA functions as the entity responsible for system planning and advocacy and was established in 1976 in Douglas County under the Older Americans Act.

DCSS is a non-profit organization under the umbrella of our local county government. Douglas County government provides many supports, including operational support such as office space, vehicles, and provides local funding and additional funding for meals during the most recent pandemic crisis and increased need for meals.

Douglas County Commissioners make recommendations and provide support to DCSS. Senior Services Advisory Council (SSAC), which consists of older adult members, 51% of the council are age 60 or better, and an equal balance of rural and urban, minority, and people with disabilities representatives. The other portion of the council members are service providers and the general public.

The SSAC has many critical functions: guiding DCSS on planning forums, service and program implementation, monitoring, and the request for proposal process. They also help to identify needs, barriers, and gaps in services and service delivery, and assist in the creation of the 4-year area plan for the development of community-based long-term care services. The council provides recommendations to the council and reports from the remote and rural areas, bringing forth issues and concerns that may be affecting older adult overall health and wellbeing and their community's livability.

DCSS has developed a plan that encompasses a service system to encourage and support the needs of older adults, family caregivers, and adults with physical disabilities. The area plan identifies the coordination and delivery of these services that are available to individuals 60 or older, regardless of income. It also demonstrates the outline for coordinated services provided through Oregon Project Independence (OPI-M).

DCSS is an active partner of the community: senior resource coalition with Mercy Hospital, Douglas Public Health, Community Umpqua Resource Network, Oregon Wellness Network - OWN (statewide)

Other partnerships - Community Cancer Center, Salvation Army, Veteran Services Office, YMCA.

### **DCSS Target Populations**

DCSS primary focus is developing and providing services and resources to most at need economically defined as people with income less than 185 % of the federal poverty level and greatest social need as physical and mental disabilities, language barriers, cultural, social or geographical isolation including racial or ethnic status that restricts the ability of an individual to perform normal daily tasks or threatens the capacity of the individual to live independently.

### **Area plan development**

DCSS has created a coordinated service delivery system to meet the needs of older adults and adults with physical disabilities in the Douglas County area. This area plan's purpose is to plan services and service delivery based on the community needs, and it serves as a compliance guideline, which provides the basis for the contract with the state of Oregon.

### **Douglas County Senior Services Contact Information**

Douglas County Courthouse  
Main phone number 541-440-3677  
621 SE Douglas Ave. Room 221, Roseburg, OR. 97470  
Web site: [www.co.douglas.or.us/ss/](http://www.co.douglas.or.us/ss/)

Jeanne Wright – DCSS director  
Phone: 541-440-3608  
Email: [jlwright@co.douglas.or.us](mailto:jlwright@co.douglas.or.us)  
DCSS office location:  
1036 SE Douglas Ave. Room 221  
Roseburg, Oregon 97470

## SECTION A - Continued

### A-2 Mission, Vision, Values

The Mission of Douglas County Senior Services is:

**Together with community partners, we assist older adults and people with disabilities  
to enjoy independence, dignity, choice, and quality of life.**

To accomplish this mission, DCSS believes in the following vision:

- **Identifying and targeting services to older adults and people with disabilities with the greatest social and economic need:** ongoing monitoring and assessment of programs and services for the most efficient and effective means of assisting eligible clients, especially those with economic and social isolation, and independence is most at risk.
- **Promote personal safety and rights:** to provide individuals and or family the tools to protect themselves or their loved ones from any kind of harm, abuse, or neglect.
- **Promote local community awareness and partnerships of long-term care issues, services, and supports:** community awareness and collaboration are crucial to the promotion of an effective network to provide support and services to older adults and people with disabilities.
- **Identify and promote healthy living and wellness:** to lead individuals to improved or maintained health. Provide and support workshops and activities free to low cost. Offer or partner with a community partner to provide community wellness education.
- **Promote a respect for social and cultural diversity and equity:** encourage and recognize the importance of inclusion in our programs and services, regardless of race, ethnicity, gender, or sexual preferences.
- **Engage older adults and family caregivers in identifying service needs and priorities:** caregivers will be supported and paid appropriately. All caregivers should have access to support, respite, and available training.
- **Access for all clients:** Clients who are aging or living with a disability should have a reliable, single access point to services and information. Information and facilities should be physically, culturally, and financially accessible, with appropriate design and sensitivity to clients of all abilities, languages, cultures, and financial situations.
- **Age and disability friendly communities:** We support communities that are committed to helping citizens to age in place and that are accessible and welcoming to individuals with disabilities.

The Douglas County AAA provides services to the entire county, and the main office is in Roseburg. The AAA is recognized as a Type B Contract Area Agency on Aging under Oregon Revised Statutes (ORS 410). Services are provided by the AAA and are managed, in partnership, with the State of Oregon, Aging and People with Disabilities Office in Roseburg, and other community partnerships include:

Services are provided and coordinated through our main office and the seven senior dining sites in Glendale, Glide, Reedsport, Riddle, Sutherlin, Winston, and Yoncalla. Please see Attachment (F) for designated focal points of service delivery.

We serve all older adults, with priority given to older adults in rural areas, isolated and low-income, or where there are barriers to access services, such as language or culture.

#### **DCSS values:**

- ❖ Quality of life
- ❖ Choice and person-centered services
- ❖ Quality of care within service delivery
- ❖ Access to the program and services
- ❖ Equity within program and service delivery

## **SECTION A - Continued**

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

DCSS used four types of methods in identifying the needs of the targeted populations.

1. Methods used were a combination of listening sessions and surveying people in the outlying areas in the meals sites and the Roseburg senior center, and with community partners. Surveys were handed out to all Meals on Wheels' clients, and those who did not attend the surveying meeting, case managers and partners assisted by asking the questions for those who had difficulty filling them out. The advisory council member attended these meetings and facilitated along with the DCSS director. Listening sessions included six rural sites, one meeting with Cow Creek Band of Umpqua Tribe of Indians tribal liaison, United Community Action Network Volunteer Program Manager.
2. Surveyed the Senior Services Advisory Council on needs in the community, and Senior Services staff met with the advisory council several times throughout the process to receive input and suggestions.
3. Met as a work group with our staff to confirm the types of requests and needs they commonly hear from older adults in the rural communities, as well as Roseburg proper.

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

Older Americans Act -

There are currently no wait lists for these services unless stated. If, in the future, and wait list is necessary, priority will be given length of time on the wait list, geographic area, volunteer availability, and those in the greatest economic/social need.

#### **Title III-B: Supportive Services and Area Plan Administration.**

1. Federal priority services: There is no wait list for any of these programs.
  - A. Access services: outreach, information and assistance, options counseling, case management.
  - B. In-home services: personal care, friendly visits, telephone reassurance, social isolation chat group.
  - C. Legal services
  - D. Other services, advocacy.

#### **Title III-C1: Congregate Meals and Area Plan Administration.**

Presently, we are providing congregate and curbside service; we use the risk assessment tool to determine needs and the level of need.

**Title III-C2: Meals on Wheels and Area Plan Administration.** This program has no wait lists. The risk assessment sheet and the get care risk tool, and the nutritional risk tool are all used in determining the greatest need.

**Title III-D: Health Promotions and Disease Prevention Services.** We provide services through a contracted partner. Our staff provides in partnership with the Oregon Wellness Network (OWN)

**Title III-E: Family Caregiver Support Services and Area Plan Administration.** Services include caregiver access assistance, respite, support groups, powerful tools of caregiving training, caregiver counseling, and caregiver supplemental services – meals.

**Title VII: Elder Abuse Prevention Services and Area Plan Administration.** We work closely with Legal Aid of Oregon and the local ADP Office to provide elder abuse education opportunities.

## SECTION A - Continued

### State General Funds

- A. Oregon project independence (OPI): OPI is used for in-home care, personal care, chore and meals on wheels, case management, and area plan administration. Current wait list is 21. The waitlist is prioritized using the state of Oregon risk assessment. High risk is 11-18, and when available, receive home and personal care and options counseling; medium risk, 8 – 10, are put on the waiting list for home and personal care; low risk: 7 or below and receive option counseling only and adequate follow-up as needed.

Priority is based on **activities of daily living (ADL)**. Persons who need assistance in the following ADLs will have higher priority.

1. Mobility
2. Eating
3. Bowel/ bladder
4. Bathing / personal hygiene
5. Dressing/ grooming
6. Cognition

Recently, the opening of the newly established program, Oregon Project Independence M, which is a partnership between APD state senior services in home care and the classic OPI program.

**Health Promotion:** We are excited to establish a new program to provide a fall prevention program. These programs will be provided across our service areas.

**Aging and disability resource network (ADRC):** Grant funds are used to provide part of the funding needed for option counseling, information, and referral.

**Older Americans Act programs:** case managers prioritize by risk that is based on a combination of physical, mental, daily function, economic need, isolation, health condition, and geographic location.

### A-5 Prioritized Service

**Implementation of Priorities – All services will be prioritized by serving the low-income, isolated, and rural area older adults and those who face barriers to access to services and programs.**

[Currently, there is no waitlist for any services or programs.](#)

### Future funding changes:

If future funding reductions in any program area were to occur, wait lists would be maintained as appropriate, and alternatives to the services would be reviewed. DCSS would look at other programs to continue service delivery wherever possible.

In the event of an increase in funding resources, DCSS and the advisory council would look at the funding stream to analyze what wait lists would be impacted, and or to increase the number of clients receiving services as identified as high risk in geographic areas or underserved rural areas

## SECTION B- Planning Service Area Profiles

### B- 1 History of Douglas County Areas and Population Profiles

#### History of the Umpqua Basin

Native Americans were the first people to settle in the region. The Umpqua basin was the ancestral territory of four tribes: the Lower Umpqua, the Upper Umpqua, the Cow Creek Band of the Umpqua, and the Southern Molalla Indians. The Lower Umpqua Indians are a coastal tribe closely related to the Coos and Siuslaw Indians. The Upper Umpqua Indians lived in the interior of the basin, upstream from the head of tidewater along the valleys of the Umpqua River and streams. The Cow Creeks lived in the south Umpqua and Cow Creek drainages and utilized much of the middle-elevation region of the central and eastern portion of the basin. The southern Molalla lived in the headwaters of the south Umpqua sub-basin.

Fur trading brought the first Euro-American visitors to the Umpqua basin in 1791 and continued until the mid-1800s. California's gold rush in 1849 and the discovery of gold at Jackson Creek in Oregon in 1852 brought many permanent settlers to the basin. Travelers on their way to the gold fields passed through the central Umpqua basin. Many of these visitors observed the great potential for farming and raising stock and decided to settle in the basin. As the number of settlers increased, the Native American population of the area decreased. Diseases, including malaria, measles, and smallpox, took a toll, as did the Indian Wars of the 1850s and the relocation of many tribes to the Grand Ronde reservation.

The best agricultural lands were quickly claimed, but other settlers found opportunities in mining for precious metals and mercury. Mining remained an important industry in the Umpqua until the second half of the 20th century. Currently, there are no large, active mines in the basin. On a brighter note, today, the Cow Creek Band of the Umpqua tribe of Indians and the Confederated Tribes of the Coos, Lower Umpqua, and Siuslaw Indians are successful tribes that both honor their past and traditions and look optimistically to the future. Through persistence, determination, and a long-term, holistic view, these tribes have once again become major contributors to the culture, natural resources, and economy of the Umpqua River basin.

This section (1) is provided by Oregon Explorer (history), OSU libraries, and the press.



## SECTION B - Continued

### The Establishment of Douglas County

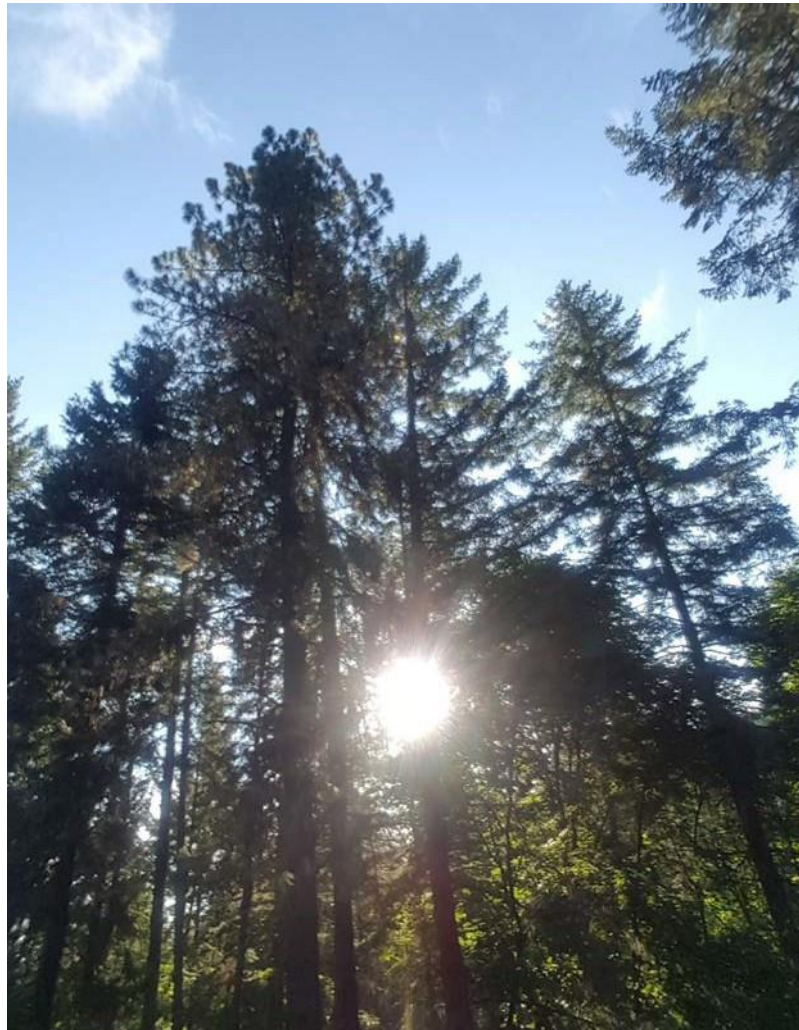
Douglas County was created on January 7, 1852, from the portion of Umpqua County that lay east of the coast range summit. In 1856, a portion of Camas Valley was annexed to Douglas County from Coos County. In 1862, the rest of Umpqua County was absorbed into Douglas County, some say due to the loss of population following the end of the early gold boom, while others attribute the absorption to politics. Further boundary adjustments were made with Jackson and Lane Counties in 1915. The borders of Douglas County are largely defined by the Umpqua River's watershed.

The west continued to grow, and the demand for lumber increased, making logging a profitable industry throughout the Umpqua basin. The housing boom after World War II caused further expansion of the timber industry and associated sawmills and plywood mills. It was during this time that the Douglas County/Umpqua basin area experienced its greatest population growth, jumping from around 22,000 in 1940 to around 50,000 in 1960. Currently, Douglas County has the second largest number and percentage of jobs (in Oregon) (5,530 jobs equals 13.2 percent of county employment)

(Information provided from Oregon forests.org, Forest and Oregon's economy 2021.)

Presently, our countywide population totals 111,201 numerous incorporated cities and numerous small and rural communities within 5,134 square miles. Also located within our communities is the Cow Creek band of the Umpqua Tribe of Indians about 1400 members.

Emerging Trends: We saw a sharp decline in the overall health of older adults, with chronic health conditions from 2020 to 2025, increased need for food resources. We have experienced a steady rise in the need for food resources such as Meals on Wheels, also food banks are accessed and utilized increasingly.



**SECTION B Continued**

**B I - Population Profile**

**General Population trends for Douglas County through the years**

Year	Population growth
1860	3,203
1940	25,728
1950	54,549
1960	68,458
2019	110,980
2022	112,297
2025	112,725

\*Provided by the US Census and World View Populations Review

**According to the census estimates, over 26% of the population is age 65 or better, and compared to other counties in Oregon, Douglas County is in the highest 6 counties with the most ageing population.**

Rural isolated areas show a much higher median age than the county average, illustrating that there are many isolated seniors in many areas of the county. Population forecasting predicts that.

The trend of increasing percentage of the overall population being seniors is expected to continue, with older migration into the country and baby boomers getting older, and life expectancy continuing to rise. (1b)

**Race, Ethnicity, and Language Trends:**

According to the 2024 total population, there are 87.63% identified as white residents in the county, more than any other race or ethnicity. The next most common race and ethnicity is Hispanic or Latino, accounting for 6%. Spanish is the most common non-English language spoken in the country; 1.9% of the total population of the country is native Spanish speakers. The next most common non-English language spoken in Douglas County is German at 0.14% followed by Korean at 0.1%. (1c)

*Douglas County, community health assessment, CHI. And Neilsburg.com*

**Health Status and Characteristics**

Causes of death (mortality have changed in the county over the last 80 years. Advances in science, medical care, living, and working conditions have all influenced causes of death and disability in the country. The major causes of death in the county, as in the nation, are cancer and chronic diseases such as heart disease, chronic lower respiratory disease, diabetes, and cerebrovascular disease.

*\* Douglas County, community health assessment, CHI.*

**Target Populations**

OAA requires AAAs to prioritize services to individuals with the greatest economic and social needs, low-income minority individuals, and those living in rural areas. DCSS provides services to this targeted population. Surveys distributed throughout communities, Glendale, Riddle, Myrtle Creek, Tri City, Winston, Green, Glide, Yoncalla, Drain, Sutherlin, Elkton, Reedsport, and their surrounding areas provided obvious gaps in services and accessibility in rural communities. Residents living outside the Roseburg city limits had many of the same common concerns.

The Senior Service Advisory Council was also tasked to ask for input as they attended events throughout the communities over the past 3 years, 2023 and 2025. They brought forward the common needs and gaps that were expressed in the surveys. Senior services staff gathered and brought back input, aligning and reflecting the same service gaps.

## SECTION B - Continued

### Surveys shown below are some of the common gaps in services:

Lack of transportation or limited transportation, dial a ride  
Food pantries,  
Lack of affordable and low-income housing,  
Limited number of home care workers  
Mental Health Services  
Dentists and health care providers  
Education classes  
Help with utility bills  
Caregiver and home care services

### Some of the services important to the older adults were:

**Meals on Wheels**

**Senior meals dining sites**

**A place to meet friends**

**Help and Support**

It was determined that the priority population to serve is:

- Older individuals residing in rural areas
- Low-income older individuals, including low-income minority older adults
- Older individuals with limited English proficiency
- Older individuals who are native American
- Social need that includes individuals from the LGBTQ communities.
- **Family and unpaid caregivers caring for any of these determined populations.**

We accomplish this through outreach, community education, collaboration with agencies and programs that serve these populations, work collaboratively with local tribal caregiver events, posters, and printed materials, and presentations and trainings at outlying rural sites. We also attend events and fairs. Veteran's activities, community collaboration forums. We collaborate with health-related programs. Care managers also work closely with community partners.

(Home health and hospice, and physician offices)

Case Managers and Senior Service Coordinators will provide outreach information will be distributed to Food pantries, Senior Housing establishments, Presentations provided to RV Park club houses residents, meet and greet with Faith organization leadership, presentation provided to low-income housing facilities residents, Rural and Isolated areas local post office, farmers markets and other community hubs within rural communities. Those with the greatest need will be prioritized in providing services and programs to low-income minorities and older adults residing in rural areas of Douglas County.

## SECTION B - Continued

### AAA services and Area Plan administration

DCSS provides a variety of programs and services that help to promote independence, dignity, and choices for older adults and adults with disabilities. Please see attachment C (service matrix and delivery method) for funding sources and service delivery methods per service.

#### Services include:

1. **Personal Care #1a:** OPI funding provides funding for limited in-home services. Home care workers from the home care registry provide personal and homemaking care. These services are provided to the client on a sliding scale fee and are dependent on available funding and include personal care and Meals on Wheels.
2. **Reassurance #3:** Phone calls are provided to all home-delivered and curbside clients, and staff and volunteers are directly providing these connection phone calls.
3. **Meals on Wheels #4:** The senior meal program provides home-delivered meals. The Lower Umpqua Senior Center provided a van to transport Meals on Wheels deliveries. No client waiting lists at this time, meals are delivered 2 days a week, Tuesday and Thursday, for a minimum of 3 to 7 meals that can also include frozen and shelf-stable meals.
4. **Case Management #6:** Information, assistance, and referrals for care coordination are provided to seniors and their families. This includes assisting older adults in activities such as assessing needs, developing care plans, coordinating services with the community and care providers, follow-up and reassessment, and services renewals, assessed annually.
5. **Congregate Meals #7:** This program provides nutritious meals in a congregate all together setting, providing interaction and engagement with their peers to reduce social isolation. Seven sites in the Douglas County area, including Reedsport, Yoncalla, Sutherlin, Glide, Winston, Riddle, and Glendale. Meals are served on Tuesdays, Thursdays, and Fridays.
6. **Legal Assistance #11:** Clients age 60 and older with non-criminal legal issues can receive no-cost legal consultation with legal attorneys. Legal Aid of Oregon was the contracted service provider, eligible through the request for proposal process.
7. **Nutritional Education #12:** Typically, at each site, quarterly education is provided to individuals attending the meal site. Staff visit each client and share the information with them, and for Meals on Wheels' clients.
8. **Information and Assistance #13:** The ADRC serves as the no wrong door for clients, family members as they seek to find resources for those who are aging or are experiencing a disability. ADRC ability to streamline access to information and resources that are available. Referrals from consumers to programs and organizations that may help to meet an individual's specific needs. Resource assistance is also provided in accessing or connecting to services when needed or requested.
9. **Outreach #14:** Is the lifeline, helps to get out about what types of services are in the communities, and what services and programs are available. We do this through our website, county newsletter highlights, and radio interviews. We also post articles in monthly senior center newsletters, posters, and events.
10. **Information for Caregivers #15:** DCSS provides a presentation for the public and to individuals about resources and services available.
11. **Caregiver Access Information #16:** DCSS provides resources and services to assist caregivers with local information and resource contacts.
12. **Advocacy #20-2:** DCSS monitors and evaluates concerns and impacts older adults living in Douglas County. DCSS meets with local County Commissioners and brings forward these issues or concerns that impact older adults and makes recommendations to the liaison commissioner for advocacy to the Oregon Legislature.
13. **Caregiver Respite #30-5:** Respite care reimbursement fund up to \$500.00 per respite time, allows family caregivers access for a temporary break in their caregiving role. There is no waiting list for this program.
14. **Caregiver Support Group #30-6:** Staff provides support group for peers that gives opportunity to discuss caregiver roles and experiences and offers assistance to families in making decisions and problem solving, provides tools and tips to help them in their caregiving role.

## SECTION B – Continued

15. **Caregiver Supplemental Services #30-7:** Services such as home-delivered meals to give the caregiver a break from preparing lunches.
16. **Elder Abuse Awareness and Prevention #50-3:** DCSS attends protective service multi-disciplinary team meeting one time a month, works on awareness and prevention project with APD – ageing and people with disabilities. Presentations are provided to the public, caregivers, and older adult groups.
17. **Options Counseling #70-2:** Trained option counselors provide one-to-one assistance to assess the individual's situations and needs, then services or programs are presented to the individual's tailored needs. Home visit assessments are completed to help navigate the local systems, state, and federal programs and services.
18. **Caregiver Training #70-9:** Powerful Tools Training, an evidence-based program, is provided by staff to caregivers and their families to empower them in their caregiving roles.
19. **Caregiver Counseling #70-2:** Staff provide counseling to assist caregivers as they go through the decision-making and problem-solving relating to their caregiving role.
20. **Public Outreach #70-10:** DCSS participates in community health fairs, outdoor events at the park, and presentations at the senior center and AARP events.

### **B-3 Non-AAA services, service gaps, and partnerships to ensure the availability of services not provided by the AAA.**

DCSS is committed to an integrated system and supporting services provided by other community agencies. Many existing coalitions are very committed to collaboration. It is an exciting time to see the development of service integration between social and medical programs. DCSS staff attends a variety of community meetings and coalitions, public health network coalition, and briefings, as well as a close partnership with Aging and People with Disabilities. DCSS attends coordinated meetings with the District Manager, APD staff frequently, and SSAC meetings.

The following is a list of complimentary community resources and services that are provided in Douglas County that are not being administered by DCSS:

#### Adult and Community Centers

- Roseburg Senior Center
- Sutherlin Senior Center
- Winston Senior Center
- Alzheimer's disease and Support
- Case Management Fee for Services
- Basic resources:
  - Salvation Army
- Goodwill
- UCAN

#### Crisis resources:

- Mental Health
- American Red Cross
- Roseburg Veterans Crisis Center

#### Disability Services Program

- Umpqua Valley Disability Network
- DHS aging and people with disabilities
- Sunrise Enterprises

## **SECTION B - Continued**

### Housing

- Adult foster homes
- Assisted living facilities
- Residential care facilities
- Douglas Housing Authority
- United Community Action Network

### Information and Assistance

- 211

### Nutrition

- Fish United Community Action Network
- Roseburg Friendly Kitchen
- Roseburg mission
- Local food pantry- Drain, Reedsport, Sutherlin, Glide, Winston, Myrtle Creek, Glendale.
- Cow Creek Band of Umpqua Tribe of Indians

### Transportation

- Dial a Ride
- Trans link
- Douglas special transportation
- DAV Transport

### Vulnerable Adults, limited English speaking, and Title VI populations

- Title VI – Cow Creek Band of Umpqua Tribe of Indians

### **GAPS IN SERVICES AND NEEDED SERVICE COORDINATION:**

MORE HOUSING OPTIONS AND DOOR-TO-DOOR TRANSPORTATION FOR OLDER ADULTS.

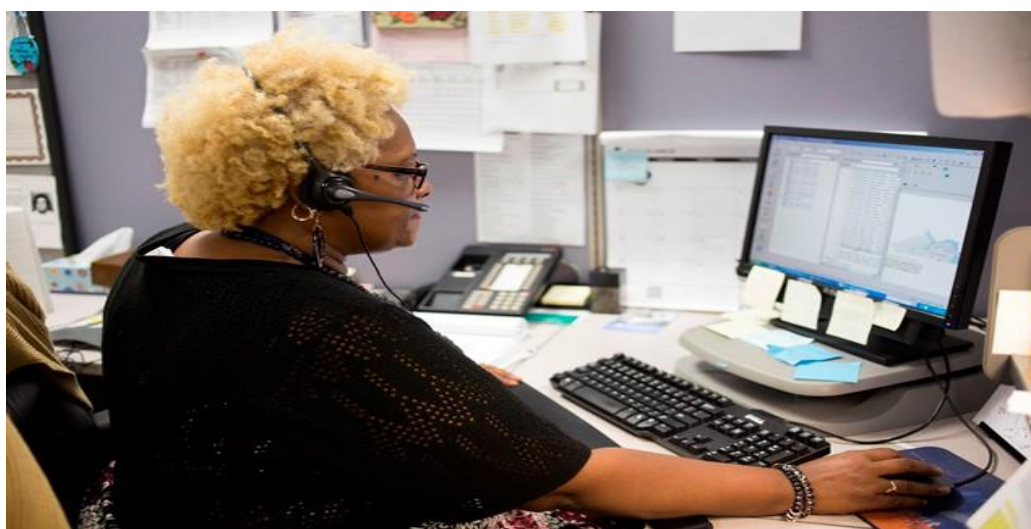
**GOAL:** ESTABLISH CLOSER SERVICE COORDINATION WITH THE TRANSPORTATION DISTRICT.

## Focus Area 1: Local focus areas, Older Americans Act, and Statewide Issue Areas

DCSS operates the programs using a no wrong door approach methodology by providing consumers with accurate, unbiased information and an array of services and options within DCSS and the community so that consumers may make effective self-determined choices and plans. DCSS also seeks to improve and support service equity within its programs and service delivery.

DCSS promotes this value through engagement with community partners and members of diverse communities, collaboration with stakeholders, and partnerships by meeting with APD and the disability networks on quarterly updates, providing services in a culturally responsive manner. Each specialist documents their services in the GETCARE database, AIRS Certified, Stay updated and current with all required state training, and no wrong door training, Options Counseling.

The following focus areas have been identified as statewide issues for area agencies on aging to address and develop goals and objectives for 2025-2029 DCSS currently collects data and documents in Get Care.



### Information and referral Services and Aging & Disability Resource Connection.

1. How we will support Information & Referral, Options Counseling; Staff routinely review and update listings, we edit the details when there are changes to the resources and also add new resources as we become aware of them new resources.

Access to public and private Long-term services and Supports by ensuring local resources are maintained in the ADRC resource database. ADRC specialist updates, monthly.

2. As the ADRC partner, we will support marketing and outreach for promotion by presenting at local community outreach fairs, Farmer Markets, Hispanic Fair with Spanish language pamphlets. We also network and meet with the Local tribal contact, Umpqua Band of Cow Creek Indians, for the Tribal Elder services contact person with updated information and resources. Contact and provide outreach to Aviva Health and Adapt, which serves the at-risk populations. The Douglas County Resource Specialist will also be connecting with the local Community Partner hub that spreads a farther reach to several of the community service organizations, including the not-for-profits and faith organizations, to network together to serve all Douglas County citizens.
3. We plan to strengthen the ADRC framework and our sustainability through collaboration with other core partners. Our APD Senior Service partners work to maximize the Oregon Medicaid A Claiming service. Complete AIRS certification for all staff. Lead AIRS staff person attends the Monthly ADRC I&R update meetings provided by the Community Services and

Supports Unit – Department of Human Services, Ageing and People with Disabilities. An internal quality assurance query reports to follow up with appropriate corrections and create systems that help to avoid incorrect or missing data.

4. We have a strong partnership with Evergreen Medical staff by providing resources that, in turn, they provide to support their patients. Outreach to the UCAN community Hub to provide a further community reach.
5. Ways in which we can stretch our funding sources - Continue to provide the Oregon Medicaid Administrative Claiming service revenue, also create a consumer satisfaction survey to identify how best to improve and serve the consumers.

### **Section 1: Information and assistance services and aging & disability resource connection (ADRC)**

The ADRC of Douglas County has been functioning for several years. It has been staffed 5 days a week from 8 am to 5 pm; we have four staff that are resource specialists who rotate phone coverage. After hours, calls go to a voice mail system that is returned the next business day.

We have one staff member who is bilingual to reach the Hispanic community.

#### **Option Counseling is performed by three DCSS staff members.**

This program provides a process that can help you with decision-making regarding long-term care, services, and supports for adults 60 plus, adults with disabilities, caregivers, and families. Core elements of this program are conducting an assessment, education on community resources and options, facilitating consumer self-directed, assisting with future planning, and conducting individual follow-up.

#### **Marketing**

DCSS provides information about the resources available by distributing brochures, flyers with phone numbers in our main office areas, to seven (7) sites, including home-delivered meals clients, curb curbside meal deliveries with their meals.

#### **Sustainability**

One staff person covers 3 days a week while the rest of the staff are working in the field. This employee covers from 10 am to 2 pm on Tuesdays and Thursdays, and on Friday, other case manager staff cover the remaining time. The focus is mainly on providing information and referrals. It has helped with the delayed returned response to voice mail and the workload for the other case managers/resource specialists. Staff time funding comes from the Older Americans Act federal grant.

#### **Quality Assurances**

We use a variety of reports to monitor the quality of services that are being provided, which include call summary report, agency summary report, service-recording report, which detail each worker and quality assurance for option counseling.

#### **Challenges**

The data base is still being refined, funding to support staffing continues to be a challenge, meeting the needs of underserved populations is a work in progress and the underserved populations by discovery and identification of these new areas and then to create a plan that can provide with community partners to address these needs and provide resources.



**Focus Area 1 - Information and Assistance Services and Aging & Disability Resources Connection (ADRC)**

**Goals: Resource Accuracy for ADRC Consumers**

Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
		Start Date	End Date
a All staff are AIRS Certified	Case Manager, Supervisor, and ADRC Lead Case Manager	7/2025	7/2026
Accomplishment or Update			
b Attend all monthly ADRC I&R meetings.  Internal staff meetings will be routinely held to provided monthly corrections to the case manager(s) and addresses any learning needs.  All transmittals of state updates and any new changes that need to be followed will be provided as they are effective.	ADRC Lead Case Manager  Objectives Lead Case Manager pulls reports for review.  ADRC Lead, and Director	7/2025	6/2029
	ADRC Lead and Director  Transmittals will be dispersed by ADRC lead and Director	7/2025	6/2029
Accomplishment or Update			
c Quality Assurance – Query Reporting and analysis,  To make sure that data is being added correctly, thoroughly, and meets the ADRC standards in reporting and updated requirements from CSSU. Corrections to data on follow-up.	ADRC Lead and Director and Supervisor.	7/2025	7/2029
Accomplishment or Update			



This picture was taken at the Glendale meal site – Glendale Special People’s Depot.

## Focus Area 2: Nutrition Services

Profile: Implementation of nutrition services: the goal of this issue area is to provide 1/3 of the recommended daily allowance (RDA) requirements for meals to vulnerable at-risk senior populations. Congregate meals are served to those 60-plus and their spouses, and socialization and interaction are key benefits in the congregate situation. Home-delivered meals are provided to qualified individuals who have a condition or illness and home bound. The AAA currently contracts with a food services contractor to provide food preparation and delivery to the meal sites. Volunteers and staff of the AAA distribute, deliver, and serve meals at the sites. All meals are up to date with current federal IIC changes and meet the RDA nutrition standards and are approved by a registered dietitian. The nutrition program is a gateway opportunity to share the other programs we offer through educational brochures, health promotion flyers, wellness information, and Family caregiver services, including Respite care and educational classes such as Powerful Tools of Caregiving. This information is distributed on the back of menus, brochures, flyers, and personal invites.

Nationally 1 in 4 Americans is 60+  
With 12,000 more turning  
60 everyday....



*Among Americans 60 and Older Nationally*

29% Have a Disability

24% Live Alone

12% Are Veterans



**SECTION C – Continued**

**CONGREGATE MEALS AND HOME-DELIVERED MEAL SITES:**

Town and facility	Address	Schedule	Services	Donated or rented
Glendale Special People's Depot	176 Glendale Town Road, Glendale, OR 97442	Tuesday, Thursday, and Friday	Congregate and meals on wheels	Rented
Glide Community Center	20062 n. Umpqua Hwy. Glide, OR 97443	Tuesday, Thursday, and Friday	Congregate and meals on wheels	Rented
Lower Umpqua Senior Center	490 Winchester Ave. Reedsport, OR 97467	Tuesday, Thursday, and Friday	Congregate and meals on wheels	Rented
Riddle Community Center	123 Parkside, Riddle, OR 97469	Tuesday, Thursday, and Friday	Congregate and meals on wheels	Rented
Sutherlin Senior Center	202 E. Central Ave. Sutherlin, OR 97479	Tuesday, Thursday, and Friday	Congregate and meals on wheels	Rented
Winston Community Center	440 Grape Street Winston, OR 97496	Tuesday, Thursday, and Friday	Congregate and meals on wheels	Rented
Yoncalla Community Center	400 Main Street Yoncalla, OR 97499	Tuesday, Thursday, and Friday	Congregate and meals on wheels	Rented

## **SECTION C – Continued**

### **Fundraising Partnership Opportunities**

DCSS has partnered with the national program Meals on Wheels. For the past several years, we have participated in the Subaru “Share the Love program,” which was quite successful. We purchased items that support our volunteer programs from this grant, Meals on Wheels, and volunteer congregate volunteers. It has supported a yearly luncheon, volunteer t-shirts, and thank-you gift mugs for the volunteers. Received \$20,000 from the Oregon Communities Foundation by a private donor. These funds go directly to support the food prepared for the Meals on Wheels Lunch Program.

We also encourage that our brochures are always accepted and receive ongoing donations. Other gracious donations are randomly given by private donors throughout the year.

### **Nutrition Education and Coordination**

The meal program provides nutrition education to all participants who receive a congregate meal quarterly. Information is provided as a reference for later review as well.

The Meals on Wheels participants receive nutrition education at the initial assessment and the annual assessment. Information is provided as a reference for later review as well.

We have access to the Oregon State University Extension Service's wonderful and informative nutrition education materials, and acceptable website information forwarded by the APD Community Services and Support Unit.

### **Consumer Options**

A “No meat/protein” option is provided on the menu 1 to 2 times a month. Frozen meals may also be provided.” Ever Popular” menu items such as pizza and “Taco” are provided monthly. Shelf-stable and or frozen meals for emergencies such as adverse weather conditions, fires, and pandemics are available while supplies last.

### **Linking to Other Services**

All meal clients receive outreach from case managers about services and resources available to them. This kind of service provides great wrap-around supports, including family caregiver resources, educational wellness programs, legal services, in-home care, Oregon Project Independence, ADRC, and option counseling.

### **Challenges and Barriers**

We will continue to ask for the waiver to provide 3 meals a week versus serving five days a week due to the large geographical region and the desire not to decrease the number of dining sites also Another element present is rising food costs have continued to limit the service areas. Since the pandemic, we are experiencing a large uptick in the need for home-delivered meals. Currently, we are still able to provide meals to all older adults who are eligible for meals.



**Volunteers at the Sutherlin Senior Center**

**Nutrition Services Goal:** to provide meals and social interactions to the most at-risk older adults, socially isolated, rural, and low-income. Screening and demographic information are gathered, and resource opportunities are provided to all older adults. Currently, we are working with our contractor to add new menu items that add variety and diversity, menu entrees that provide cultural reflection and accessibility for isolated, low-income, and rural seniors to access meals.

We went through an RFP process, and a new meal provider was selected, S&B FOODS. This is a local company that is purchasing fresh fruits and vegetables fresh a local farm in Winston, Oregon.

**Issue Area 2: Nutrition**

Goal: To provide good nutritional meals and social interaction for older adults and provide a range of service opportunities that can improve or enhance the quality of life. Priority given to older adults living in rural, socially isolated, and lower-income areas.



## Focus Area 2: Nutrition Services

**Goal:** Continued quality assurance in meal operations

Measurable Objectives:	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
To continue to provide quality and nutritional meals operations for congregate and Home Delivered Meals clients.	a	Quality review on all meal accountability, food safety practices, and staff and volunteer safety. Yearly training	Case Manager Supervisor and Food Service Coordinators in Roseburg and Reedsport. And Director	7/2025	6/2026
	Accomplishment or Update				
Volunteer recruitment	b	Volunteer Recruitment, training and retainment. 4 times a year	Food Service Coordinator in Roseburg and Reedsport and Director	7/2025	6/2029
	Accomplishment or Update				
Quality Assurances, accurate, meals counts, meal quality	c	Review of local food contractor, review menus, food choices and problem solving when issues arise. Meal accounting ordered and served numbers and funds	Food Service Coordinator (Food Service) and Management Analyst (number of meals accountability) Director (Oversite and problem solving)	7/2025	6/2029
		Case Managers provide an assessment to all congregate clients, provide information about other services, Family caregiver program, legal services, veterans Directed Care. Oregon project Independence.	Supervisors Case Managers	7/2025	6/2029
Provide wrap around services to consumers, provide information on a variety of services that they may qualify	Accomplishment or Update				



## SECTION C – Continued

### Focus Area 3. Health Promotion

Health needs are numerous for older adults, as evident in the Douglas County health rankings. Much work has been completed to address healthier lifestyles throughout our communities. COVID-19 was particularly hard on the older adult population, and some left with worsened chronic health conditions. It is our goal to provide support for older adults to access and or maintain or even improve their overall health. Our goal in this issue area is to provide support to older adults and people with disabilities to help maintain and improve health. **Services are varied, but all focus on improving overall health outcomes.**

**Partner agencies:** Partnerships with YMCA, Community Cancer Center, Douglas Public Health Network DPHN, and AVIVA Health.

Community Cancer Center Education and AVIVA Health will provide the Living Well Suite, the YMCA will provide physical activities programs, walk with ease, Enhanced Fitness, and Moving with better balance.

**Focus on Fidelity, IID, and IIIB funding:** All staff adhere to the training guidelines. We also make sure that instructors receive updated training to stay current in their instruction practices. All evidence-based programs are supported with IID funding, and health screenings, health education are provided with IIIB funding. Service priorities continue to focus on older adults and people with disabilities, family caregivers, and caregiver recipients' social isolation, rural, and low-income populations.

**Data Collection / Quality assurance:** All program registrations occur by calling the local Douglas County AAA number, completing an ADRC and GETCARE registration that includes DOB, name, and other required information, and the recipient will then receive a certificate for the program they wish to attend. Customer satisfaction Surveys and phone calls about the services they received to provide a quality assurance element and to check in with older adults and people with disabilities, overall satisfaction with the program they participated in, thus helping us to determine what evidence-based programs are the most utilized in our service areas. We are targeting three areas: Native tribal elders/family caregivers, Spanish-speaking elders/family caregivers, also socially and economically challenged older adults.

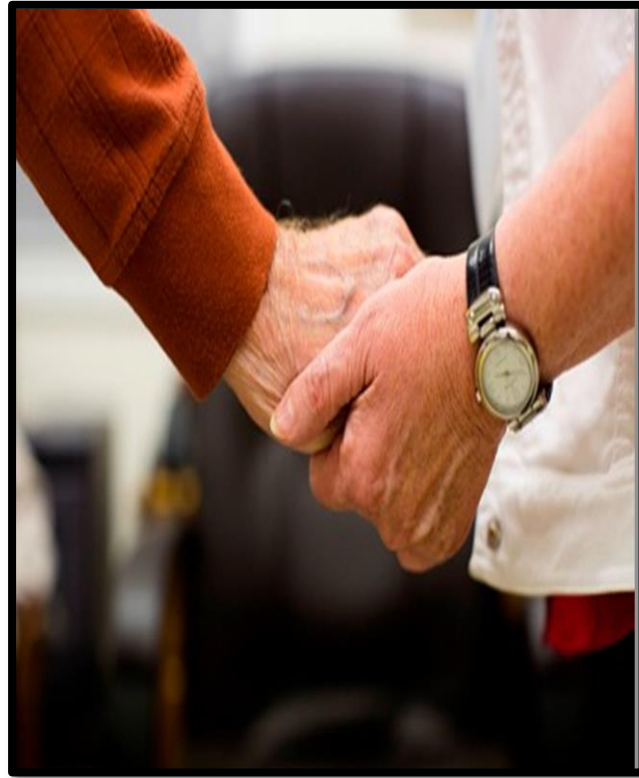
SECTION C – Continued

**Focus Area 3 - Health Promotion Goals and measurable objectives:**

**Goal:** Provide opportunities for older adults to maintain overall better health and wellness.

Measurable Objective	Key Tasks	Lead Position & Entity	Time Frame
<p>Recruit and contract additional Instructors and peer leaders to implement training sessions six times a year. Fall Prevention class IIIB funding</p> <p>Train staff and volunteers Find a meeting area</p> <p>Set up classes in the local meeting area.</p>	<p>Host events for volunteer recruitment, training sessions every two months until positions are filled.</p>	<p>DCSS and Community partners</p>	<p>2025</p> <p>April 2026</p> <p>June 2026</p>
<p>Provide outreach and awareness of evidence-based programs within the communities once a year. IIID funding</p>	<p>Community outreach to local community partners, presentations, and providing flyers and brochures to family caregivers and community members in rural and isolated areas. Provide free classes.</p>	<p>DCSS and Community partners</p>	<p>We are working on plans currently to start fall prevention classes, chair exercise classes possibly enhanced fitness classes, expecting them to roll out in winter 2026 - 2027.</p>

<p>Maintaining of Evidenced based Self self-management education in Douglas County, highlighting areas for low-income, rural, socially isolated, and family caregivers by 10% a year. Using IIID funding</p>	<p>Offer Living Well with Chronic Conditions. Offer Thriving and Surviving with Cancer. Offer Living Well with Chronic Pain. Offering these 2 times a year each. Recruit a leader for the CDC Diabetes Prevention Program. Offer for a 2-year program. The program is being provided by another community organization.</p>	<p>DCSS and the Community partner identified</p> <p>Provide the classes</p>	<p>Sept. 2025 and Ongoing</p> <p>April 2026</p>
<p>Preventable health education and screenings to increase consumers by 10% within the program. Using IIIB funding</p>	<p>Annually Case Manager provides one-on-one screening and education. One time a year for all home-delivered meals clients. Educational materials are distributed every other month on a variety of health topics, from vaccine information, wellness classes, health safety information, wellness topics, heart health, and resources for the national Alzheimer's. association</p> <p>Reach 450 clients with information and education In 2024, we reached a total of 258 clients</p> <p>12 Topic presentations</p>	<p>DCSS, Case Manager staff</p>	<p>One-to-one visit – yearly</p> <p>Cong. &amp; Home delivered – ongoing</p> <p>Health and safety information distribution is ongoing June 2025</p> <p>July 2025</p>



## Focus Area 4: Family Caregivers

We provide respite care, support groups, caregiver counseling, and education classes to caregivers to help them better understand their caregiving role.

Outreach to family caregivers' services primarily comes in the form of newsletters and presentations to the community, nonprofits and home health agencies, care facilities, senior advisory council. We have focused our efforts in collaboration with other organizations that may serve caregivers and where services may be helpful or complement existing services for the individuals.

### Profile:

Services that we provide include **Caregivers Access Assistance** - a service that assists caregivers in obtaining access to the available services and resources within their communities.

To the maximum extent practicable, it ensures the individual receives the services needed by establishing adequate follow-up procedures. Caregiver **support groups** serve the elderly. They are peer groups that provide an opportunity to discuss caregiver roles and experiences, which offer assistance to families in making decisions and solving problems related to their caregiver roles.

One-to-one person-directed family caregiver information, peer counseling, support groups, and supplemental services are currently self-provided by the AAA. Respite care is limited to caregivers that are functionally impaired. All services and resources in the family caregiver issue area support unpaid caregivers, caregivers of adults with functional disabilities, including Alzheimer's disease and dementia, and grandparents raising grandchildren. Our priority are caregivers in rural areas who are low-income or socially isolated.

Services targeted to Grandparents raising grandchildren will include existing resources such as the Boys and Girls Club and or YMCA to provide respite for the grandparents. These will use the mini-grant reimbursement model.

These services and resources will help to meet caregiver needs and enhance caregiver support, build advocacy skills and confidence in their caregiving roles, help to provide relief and distress from their caregiving role, and help to delay or avoid placement of care recipients in the long-term care Medicaid system.

Outreach to family caregiver services primarily comes in the form of newsletters and presentations to community partners, nonprofits, home health agencies, care facilities, senior advisory council.

AAA staff will provide outreach in the individual communities. We are focusing our efforts in collaboration with the Cow Creek Band of Umpqua Tribe of Indians, sharing resources and information. Focusing outreach on the Spanish-speaking caregivers by meeting with the local church that operates the Hispanic Ministries.

We will also provide outreach to geriatric physicians about the services and resources for caregivers, with the risks including older adults at a higher risk of entering more costly institutional care settings, older adults with lower incomes, and social isolation. The initial family caregiver assessment will be performed by a case manager with the caregiver to determine the needs and risks. This form can be found on the Community Services and Supports Unit aging website.

**Challenges:**

Having adequate staffing of the program. Case Managers' staff time is spread out, providing a variety of services. We do not have one person who can dedicate their full time to this program. We are looking for alternate ways to change this situation.

<b>FCSP Core Elements Description Table</b>		
	<b>Provided by Douglas County AAA</b>	<b>How Provided: Frequency &amp; Modality</b>
Information Services, Group Activities	<b>X</b>	Phone, home visits, face-to-face at dining sites, community centers, churches, family caregiver services provided by AAA staff, and other resources such as Alzheimer's. Assoc.
Specialized Family Caregiver Information	<b>X</b>	A monthly newsletter to caregivers, packets of information are provided in the initial face-to-face intake by AAA staff. Day of caring events.
Training	<b>X</b>	Powerful Tools Training curriculum, public speaking, and training opportunities at the Aging Conference UCC and various other locations-provided by AAA Staff.
Support Groups	<b>X</b>	1 group meeting monthly online meeting, provided by AAA.
Respite Care Services	<b>X</b>	Respite is provided to 12 clients yearly. To receive respite services, we will open respite care reimbursements. Reimbursement mini-grants for respite services by current licensed care facilities or care providers with current provider numbers through the state of Oregon.
Supplemental Services	<b>X</b>	Home-delivered Meals, meals have been well-received by family caregivers

<p><b>Screening &amp; Assessment/planning structure</b></p>	<p>Screenings for services provided over the phone and one-on-one by AAA staff. Referrals from other services within AAA and the community partners, Health agency- Home Health, Geriatric Physicians, and Douglas County Health Services. <b>Screening and assessment for services will be performed by staff using the family caregiver assessment sheet provided on the state website – Community Services and Support page.</b></p>
<p><b>Types of training offered</b></p>	<p>Caregivers receive multiple opportunities for training as coordinated by the FCGS Coordinator, including Powerful Tools, Annual Aging Conference-based trainings and fairs, and newsletter topics.</p>
<p><b>Types of support groups</b></p>	<p>The Roseburg family caregiver support group is held in Roseburg at the county courthouse.</p>
<p><b>Supplemental Services outreach</b></p>	<p>Home Delivered Meals through the Douglas County. Nutrition services can be provided.</p>

SECTION C – Continued

**Focus Area 4 – Family and Unpaid Caregiver Goals and Measurable Objectives**

**Goal: Provide support for Family Caregivers**

Measurable Objectives:	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
Provide services, supports, and education for Family caregivers caring for older adults and unpaid Caregivers.	a	Family Caregiver Respite care for care recipient providing a temporary Respite for the caregiver mini-grant up to \$500.00 per year.	Case Managers, DCSS	7/2025	7/2029
	Accomplishment or Update				
	b	Outreach presentations at 7 dining sites, Douglas County fair, and Festival of Trees. Presentations to local community organizations	Case Managers, DCSS	7/2025	7/2029
	Accomplishment or Update				
	c	Family caregivers and unpaid Caregivers to help them build a plan of care and services for the care recipient, manage the caregiver's own health needs and limitations.	Case Managers, DCSS	7/2025	7/2029
Accomplishment or Update					

**Goal: Education support for Family Caregivers and Unpaid Caregivers**

Measurable Objectives:	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
Equipping the caregivers with tools to help them be supported in their ongoing caregiving role and their important self-care.	a	Powerful Tools for Caregivers Class training for volunteers and case managers. Training for 3 instructors.	Case Manager Supervisor and case manager	7/2025	7/2026
	Accomplishment or Update				
	b	Provide Powerful Tools for Caregivers class, 6 weeks. Provided 2 times.		7/2025	7/2029
	Accomplishment or Update				
	c	An online support group for Family and unpaid caregivers meets weekly. Support group provided across Douglas County.		7/2025	7/2029
Accomplishment or Update					



## Focus Area 5: Legal assistance and elder rights protection.

### Legal Assistance and Elder Rights Protection Activities

We work with Legal Aid of Oregon to ensure they are delivering services according to the Oregon Legal assistance program standards by following these described services included in the contract document and creating together the outlined activities and the method of these services will be provided.

Identifying one of the major gaps in the current system is the need for will preparations, currently Legal Aid of Oregon provides referrals to local Attorneys for the will preparations.

This plan has an established process for suspected elder abuse as a mandatory reporter legal aid and frequently cooperates by phone and in person with Adult Protective Services and the long-term care Ombudsman within long term care facilities.

Working with legal Aid of Oregon to provide elder rights protections by providing outreach to older adults in locations such as nutrition dining site, retirement housing, and mobile home parks. to older adults by referrals, outreach events, distribution of postcards, Magnets, brochures. Also, AAA staff provide client referrals using the Legal services requests form for services to legal aid of Oregon.

**Service Equity:** Providing services to older adults that are in rural living situations, socially isolated, home bound and low income.

We work together with these agencies to provide education and awareness opportunities, one time a month the director attends the multi-disciplinary team meetings. Partner can include local law enforcement, district attorney's office, construction inspectors, legal aid. The purpose of this meeting is to work collaboratively together.

### Prevention efforts include

**Education** about elder abuse prevention across Douglas County, paying attention to the rural and remote areas. Annual education events with staff, volunteers and older adults. Provide information to senior communities, senior centers. Partnership with legal aid of Oregon

**Adult protective services (APS):** Douglas County Senior Services works closely in partnership, attends multi-disciplinary team Provides referrals for investigation and protection of older adults.

The goal of this issue area is to ensure the rights of older people and prevent their abuse, neglect and exploitation. Elder rights and legal assistance are a collaborative effort with contracts and partnerships with the state Adult Protective Services and Legal Aide Services office LASO and a number of other community agencies. Our protocol between agencies is successfully operational. Enlisting warm transfers and direct communication with Adult Protective Services Screeners, Adult Protective Services investigators and through a multi-disciplinary team meetings that includes the local district attorney office, contractor's board and Development Disabilities. Complex cases are reviewed, and a team approach is used to assist in complex and both state and county staff work together on safety checks to senior's homes.

**SECTION C - Continued**

**Specific activities include** elder abuse awareness month activities; robust internal referral process/policy for suspected elder neglect and abuse (including financial exploitation); multiple trainings and outreach provided collaboratively with APD at dining sites regarding resources and signs to identify elder abuse; and providing training for AAA staff on identification and referral of neglect and abuse of elders. As listed in our written protocol, when reporting suspected abuse of seniors to Adult Protective Services us directly we speak with the screener of the day. We also speak with the assigned investigator in exchanging information. We have a written protocol.

**Problem/Need Statement:** The Douglas County AAA can help by increasing community awareness through ongoing education about how to prevent elder abuse with emphasis on preventing financial exploitation.

**Focus Area 5: Goals and Measurable Objectives:** Assist older adults with access to legal information and ensure the rights and safety of older adults is protected.

## Focus Area – Legal Assistance and Elder Rights Protection Activities

### Goal: Outreach to older adults with legal assistance information

Measurable Objective	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
Provide outreach and services to older adults, highlighting those in rural, Isolated areas Limited English speaking. Also, populations that identify as the LGBTQIA2S+ community members.	a	Meet with DCSS director to outline yearly the needed trend rural areas to focus outreach that is most in need.	Legal Aid of Oregon Director/ AAA Director	7/2025	7/2029
	Accomplishment or Update				
	b	Provide outreach to older adults on a variety of topics of services that they may access. Including elder abuse awareness, understanding scams and what to do about getting assistance about them.	Legal Aid of Oregon Director / AAA Director	7/2025	7/2029
	Accomplishment or Update				
	c	Outreach and services to limited English speaking older adults, provide Spanish reading and language staff and materials, educational materials	Legal Aid of Oregon Director / AAA Director	7/2025	7/2029
	Accomplishment or Update				
	Accomplishment or Update				

## SECTION C - Continued



### Focus Area 6: Older Native Americans

DCSS has a good working relationship to with the local Native American population. We look for opportunities to work together and to strengthen our relationships. Offering resources that may of benefit to elder tribal members. We have been also attending the quarterly gathering with tribes from around the state to look for ways to help partner and strengthen our relationships. Exploring ways to provide support to elders from other tribes that live in Douglas County.

Tribal emergency management – our plan includes reaching out to the Tribal Elder program staff supervisor to find out what needs Elders may be experiencing in the emergency situation and how we can assist, also the local Douglas County Emergency Management Services part of the Douglas county department has a plan in place to work in coordination with Tribal emergency management during an emergency and planning.

We work together sharing and collaborating how to apply for funding opportunities, sharing what new programs that are being developed, routinely, sharing training opportunities.

Family Caregiver Annually we collaborate with the local tribe The Cow Creek Band of Umpqua tribe of Indians family caregivers' program by cooperatively supporting a day for the caregiver's event. We look for other ways to create partnerships and grow collaboration, respect, honor and trust between the tribal nations and DCSS. The Siuslaw and Coquille tribes also have small numbers of tribal members in the AAA service area.

Traditionally, Douglas County AAA will continue to arrange gatherings with Coquille Indian Tribe and the Confederated Tribe of Coos, Lower Umpqua & Siuslaw Indians one to two times a year to share services available and identify if there are needs or opportunities for collaboration. Sharing tools and resources together.

For elders that are interested in applying for DCSS Services. tribal elder program supervisor will fill out a co-created referral form that will be delivered to a designated contact person at DCSS that will provide a warm hand off for the clients when they are interested in accessing services, also a follow up with tribal, and county to ensure client was served and to insure that if any improvements to the process can be made for a better experience for the Elder clients.

To strengthen the person centered, trauma informed, and culturally sensitive services are provided to elders and their family caregivers, by DCSS. Education awareness will be provided to DCSS staff on a routine basis in partnership with the Tribal Elder program.

We openly invite and encourage the opportunity for recruitment of elder members and tribal elder program staff to the Senior Services advisory council, we encourage input and suggestions to better the services for all elders in our communities with key focus on minority groups underserved, rural and economically disadvantage elders and family caregivers.

## Focus Area 6: Older Native American Goal - Strengthen community partnerships to serve elders.

### Goal: Support Elder Services

Measurable Objectives Continue to build positive relations between the local tribes and Douglas County Senior Services.	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
	a	Meeting with local tribes Cow Creek Band of Umpqua Tribe of Indians every 3 months in person, sharing new updates on programs and actively looking for opportunities to support and provide opportunities of new programs and services that may be useful to the Elder community.	Douglas County Senior Services Director and Tribal Elders Services Director. Which includes: Cow Creek Band of Umpqua Tribe of Indians, Coquille Indian Tribe, and the Confederated Tribes of the Coos, Lower Umpqua, Siuslaw.	7/2025	7/2029
	Accomplishment or Update				
	b	Collaboratively coordinate a Family Caregiver Resource Fair.	DCSS Director and Tribal Elders Services Director of Cow Creek Band of Umpqua Tribe of Indians.	7/2025	7/2026
	Accomplishment or Update				
	c				
Accomplishment or Update					

**Goal: Support with resources**

Measurable Objectives: Provide support in accordance of the state of Oregon plan to expand Elder services supports.	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
			Start Date	End Date
a	Provide a grant of 5,000 to support resources and services that are eligible under the federal grant that support Elders with purchasing services and supports that help fill the federal grant gap.	Douglas County Senior Services Director and Elder services Director of Cow Creek Band of Umpqua Tribe of Indians.	7/2025	7/2026
Accomplishment or Update				
b				
Accomplishment or Update				
c				
Accomplishment or Update				

## SECTION D--OAA/OPI SERVICES AND METHOD OF SERVICE DELIVERY SECTION



Tokatee Falls off the North Umpqua River, eastern Douglas County

### **D-1: ADMINISTRATION OF OREGON PROJECT INDEPENDENCE Medicaid (OPI):**

#### **DCSS Oregon Project Independence Medicaid (OPI) Policies and Procedures**

##### **I. Goals**

The goals of Douglas County Senior Services (DCSS) Oregon Project Independence (OPI) are to:

- A. Promote quality of life and independent living among older adults.
- B. Provide preventive and long-term care services to eligible individuals to reduce the risk for institutionalization and promote self-determination.
- C. Provide services to frail and vulnerable older adults who are lacking or have limited access to other long-term care services; and
- D. Optimize eligible individuals' personal and community support resources.

Eligible individuals are generally low-income have moderate to high care needs and need service to prevent premature institutionalization care.

##### **II. Timely Response**

The following Priorities for case managers have been established for DCSS. Staff schedules work to be completed as soon as possible based on these priorities. The OPI case manager will be supervised by the director and or designee, and will periodically monitors for compliance:

## SECTION D - Continued

### A. Priority 1

1. **Serving SPL 15 – 1**
2. Intake/wait list then followed by Assessment - scheduled within 5 - 7 days of receiving referral.
3. **Assessments are completed and a determination is made with best effort within 3 working days.**
4. **Fees and pay in for service will help to pay for the services provided to the client. These funds will be added back into the OPI line.**
5. Reviews current and completed annually or as needed.
6. Phone Calls - voice mail messages retrieved and prioritized daily; urgent calls returned within the same business day. Back up workers can handle an emergency call for any other worker as needed. Breaks and lunches as scheduled.
7. See walk-in clients, assess needs, handle issues and/or make appointments and referrals.
8. Applications processed within appropriate time frames.
9. Care plans - current and valid.

### B. Priority 2

1. 546's (SDS In-home Service Plan) current and updated.
2. Care conferences for specific problems and concerns, community partner requests.
3. Unit Meetings.
4. Core curriculum training.
5. Non-urgent client phone calls returned within 24 hours.

### C. Priority 3

1. Care conferences.
2. In-home Service Provider staffing.
3. All Staff Meetings.
4. Help to resolve client issues not directly related to benefits or services provided by office.

### D. Priority 4

1. Personal development training.
2. Service on commissions/committees outside of required work.
3. Conferences – Oregon Association of Area Agencies on Aging (O4AD), Diversity, Oregon Geriatric Association (OGA), etc.

## III. **Initial and Ongoing Periodic Screening**

The ADRC staff conducts an initial screening with the wait list tool for consumers in need of home care services to determine whether their needs can be met through other resources including Medicaid or OPI. OPI case manager conducts an assessment to determine whether their needs can be met through other resources including Medicaid. People who are eligible for the Food Stamps, Qualified Medicare Beneficiary or Supplemental Low Income Medicare Beneficiary Program may also qualify for OPI. OPI case manager works closely with Senior and People with Disabilities screeners and refer clients to these programs that provide a person directed preferences.

During the annual review visit or when there is need to go out more often, the OPI case manager reassesses client needs and resources and makes referrals as appropriate including to Medicaid.

The OPI case manager narrates in the eligible individual's file their exploration / discussion regarding other resources including Medicaid.

## SECTION D - Continued

### IV. Eligibility

- A. In order to qualify for OPI services, each eligible individual must meet the Eligibility Requirements in Oregon Administrative Rules (OAR) 411-032-0020.
1. Eligibility – Be 60 years old or older; or be under 60 of age and be diagnosed as having Alzheimer’s Disease or related disorder;
  2. Not be receiving financial assistance or Medicaid, except Food Stamps, Qualified Medicare Beneficiary or Supplemental low-income Medicare Beneficiary Programs; and
  3. Meet the requirements of the Long-Term Care Services Priority Rule, OAR 411, Division 015.
- B. The OPI case manager meets with the applicant to complete an assessment for service eligibility including assessing the individual’s needs, resources and eligibility for the program. OPI staff use the Oregon Access Client Assessment / Planning System (CA/PS) assessment tool to do OPI assessments and know how to apply the appropriate OARs.

The case manager, the client and the client’s family, if available, work together to develop a care plan to meet the needs of the client and determine the best option for service provision. Depending on availability of OPI services and within DCSS budget allocations, an eligible individual may be authorized the mix of services that best meets the eligible individual’s needs. The eligible individual has the primary responsibility with case manager’s guidance for choosing and whenever possible developing the most cost-effective service options including home care, personal care, client-employed provider, home-delivered meals, and Service Coordination will only be for those receiving services.

### C. Maximum In-home Units of Service

The maximum units of in-home service per eligible individual per month will be up to Twenty-Five (25) hours per month, cost per unit is \$19.89 or enhanced \$20.44 for both Home Care and Personal Care, from Client Employed Provider (CEP) service or contracted, within DCSS budget limitations. This does not mean that every eligible individual will be authorized the maximum units of service. Exceptions to the maximum will be director approved and will be to respond to short-term situations of no more than six weeks. Examples of short-term situations include getting out of the hospital, acute illness, etc.

### D. Changes

In the event OPI is no longer a suitable program for meeting an eligible individual’s needs, the eligible individual must be given every opportunity to understand why services are no longer suitable, to fully explore other family, friends, neighbors and community resources, and to understand the ramifications of the decisions she/he is making. If the eligible individual cannot understand the ramifications of her/his decisions, the case manager must explore conservator / guardian informed consent. If the eligible individual wishes to stay on OPI services, services may continue within maximum hour limitations. The case manager must clearly document in the client’s file all discussions and decisions made.

Examples of situations where OPI eligible individuals should be counseled that the program might not be suitable for meeting their needs:

- Care needs increase. The eligible individual’s care needs increase beyond the scope of the OPI program.
- Care plan unsafe. There is an increase in care need or a decrease in other sources of support (such as family, friends, and neighbors) and the care plan is not adequate to fill the gap. When an eligible individual who is already receiving OPI services changes their living situation, they will be reassessed for OPI eligibility.

## SECTION D - Continued

Eligible individuals who have not used service within a continuous 90-day time period will be reassessed for OPI eligibility and if appropriate sent a termination notice letter ten working days prior to termination telling them that they are being terminated from service along with information on how to appeal the decision. With the exception of where home care, workers may be harder to find in the rural areas. Exceptions will be staffed with the director.

### E. **Turnover and / or Rejection of Caregivers**

Eligible individuals will be notified when they are determined eligible that their turnover and / or rejection of five providers within a three-month period may be grounds for termination of service. Eligible individuals who turnover and / or reject five providers within a three-month period without an apparent valid reason will be staffed with the director. The director will meet with the eligible individual to let them know that they may be terminated from service if they continue to turnover and / or reject providers. Eligible individuals who continue to turnover and / or reject providers after the director visit will be notified in writing that their service will be terminate. The individual will be sent a notice ten working days prior to termination that their service is terminated.

### V. **Service Provision**

Depending on OPI allocations, a mix of services may be available to meet the eligible individual's needs. The OPI Case Manager determines and authorizes services based on each individual's financial, physical, functional, medical and social need.

### VI. **Prioritizing Service Delivery**

#### A. **Priorities**

The OARs state that eligible individuals shall receive authorized services based on the following priorities:

1. Maintain eligible individuals already receiving authorized services as long as their condition indicates the services are needed.
2. Individuals who will immediately be placed in an institution if needed authorized services are not provided and meet the Long-Term Care Services Priority Rules, OAR chapter 411, division 015.
3. Individuals who are probably to be placed in an institution if needed authorized services are not provided.

#### B. **Living Within the Budget**

The budget will be managed based on the above Priorities.

In times of short funding, the Area Agency may choose to limit the range of services available.

When services are limited, intake will remain open to allow persons with high needs to have access to services and to add them to the OPI Client Waiting List. ADRC staff and DHS APD Screeners will continue to refer applicants to OPI services. They will inform all of the lack of OPI funds at this time and inform them that they will receive a follow up call to schedule a home visit from an OPI case manager. The case manager will offer case management and will attempt to recruit local support systems for or build on existing ones. Services may be authorized on an exception basis when lack of services will present imminent risk to health or safety of the individual and no other funds or resources are available to provide for service(s). These cases will be staffed with the director prior to approving services. The case manager will write in the case file exception justification.

In those cases where the maximum hours allowed result in an unsafe care plan, the eligible individual will be counseled by the case manager about his / her concerns and strongly encouraged to utilize other services in the community. Case manager will thoroughly narrate in the eligible individual's file their discussion regarding the unsafe care plan.

Case manager will continue to stress need to pay service providers privately where income and/or resources indicate the client is financially able to do so.

**SECTION D - Continued**

**C. Waiting List**

Eligible individuals for which there is no funding available are placed on a waiting list. To determine each individual's priority on the waiting list, the OPI case manager determines a score using the OPI Client Waiting List Priority Scale (attached). Individuals are placed on the list with those having the most needs having the highest priority and in descending order to those with the least needs. If two or more people score the same on the priority scale, priority will be given on a first-come-first-served basis.

**II. Denial, Reduction or Termination of Services / Appeals / Grievance Process**

This procedure is designed to address and resolve eligible individual appeals with the provision of OPI services by DCSS. Its use is most appropriate for eligible individuals who wish to appeal DCSS decisions which result in a reduction, termination or denial of OPI services. The following process will be used to resolve differences of opinion between an eligible individual and DCSS.

**A. Guidelines and Definitions:**

1. Representation: The eligible individual may be represented at any stage in the appeal process by a representative of the client's choosing, including legal counsel. All costs related to representation shall be at the client's expense.
2. Written Decision: A decision, rendered at any level, shall be in writing, setting forth the decision and the reason for it. The decision shall be promptly mailed to the appealing client or representative.
3. Time Limits: It is important that an appeal be processed as rapidly as possible. Specified time limits may, however, be extended by mutual agreement between the person who is appealing and DCSS. If an appeal is not submitted by the eligible individual or his / her representative within the time limit established by this procedure, the appeal shall become void. If DCSS fails to respond to a procedural step within the established timeline, the eligible individual or his / her representative may proceed to the next step of the process within the specified timeline for it.
4. Definition of the term "day": A "day" shall mean a business day. If a due date falls on a weekend or a DCSS holiday (list follows), the due date shall be the next business day.

New Year's Day	Veterans' Day
Martin Luther King, Jr. Day	Thanksgiving Day
Presidents Day	Day following Thanksgiving
Memorial Day	December 24
Independence Day	Christmas Day
Labor Day	

When a DCSS holiday falls on a Saturday, it will be observed on the preceding Friday.  
When a DCSS holiday falls on a Sunday, it will be observed on the following Monday.

5. Notices of appeal and other written correspondence regarding appeals are to be mailed or delivered to DCSS at the following address:  
DCSS Director  
1036 SE Douglas Ave. Room 221  
Roseburg, OR 97470

## SECTION D - Continued

6. If an eligible individual requests a local appeal review, their benefits will continue during the review. Benefits will terminate immediately upon a decision that the local appeal review is in favor of DCSS. The eligible individual must be given ten (10) days written notice of the results of the local appeal review decision. If an eligible individual requests a contested case review from Department of Human Services (DHS), their benefits will not be reinstated. In the event DHS decides against DCSS as a result of their review, the eligible individual will be eligible for reinstatement of service at the time of DHS's decision.
7. All Notices to Deny, Reduce or Terminate OPI Service shall be sent ten (10) working days prior to denial, reduction, or termination and include a separate page listing possible alternative services to assist the client. The notice will state something to the effect of "You may qualify for alternative services if you are denied Oregon Project independence Program services. You may contact your case manager to determine if you might qualify for other services and obtain information about applying for those services." A copy of this page will be placed in the eligible individual's file

### B. Notice to Applicant or Eligible Individual of Decision to Deny, Reduce or Terminate OPI Service:

1. Denial of Service: When a DCSS worker determines that an applicant for OPI service will not be provided a requested service, the worker shall provide to the applicant, by mail, a ten (10) day written notice of this decision. This notice shall state the specific reason(s) for this decision and shall describe the applicant's appeal rights, including the deadline for submitting an appeal. (Sample letter attached.)
2. Reduction or Termination of Service:
  - a. Involuntary Reduction or Termination: When a DCSS caseworker determines that service to an eligible individual is to be reduced or terminated; the worker shall provide to the eligible individual, by mail, a ten (10) day written notice of this decision. This notice shall state the specific reason(s) for this decision and shall describe the eligible individual's appeal rights, including the deadline for submitting an appeal. (Sample letter attached.)
  - b. Voluntary Reduction or Termination: When an eligible individual and DCSS caseworker mutually agree that service for the eligible individual is to be reduced or terminated, this agreement shall be confirmed in the following manner: The worker shall provide to the eligible individual, by mail, a 10-day written notice of agreement. This notice shall list the reason(s) for this decision and, in the event that the eligible individual has second thoughts about this action, shall describe the eligible individual's appeal rights, including the deadline for submitting an appeal. (Sample letter attached.)
3. Informal Problem Resolution Process (Optional): Ideally, differences of opinion between a client and DCSS should be resolved at the lowest level possible. If the eligible individual or his/her representative wishes to avail himself/herself of this step in the DCSS OPI Appeal Procedure, the eligible individual or representative should contact DCSS worker involved in the eligible individual's case within ten (10) days of the mailing of the notice of contemplated action which is the subject of the appeal. Within five (5) days of this contact, DCSS worker shall schedule a meeting with the eligible individual and representative (if any) to attempt to reach a mutually acceptable resolution of the matter. The worker and his/her supervisor shall attend this meeting. Within five (5) days of the conclusion of this meeting, the worker shall inform the eligible individual or representative, as appropriate, of a decision regarding this matter.

## SECTION D - Continued

4. Formal Appeal Process:
  - a. Filing an Appeal:
    - 1.) An eligible individual or representative may file a formal appeal with DCSS without taking advantage of the informal process described in Paragraph 3 above. If the informal process is omitted, the eligible individual or his/her representative must file a written notice of appeal with DCSS at the address set forth in Paragraph A.5. Above within ten (10) days of the mailing of the notice of contemplated action, which is the subject of the appeal (see attached OPI Appeal Review Request form).
    - 2.) If the eligible individual or representative participated in the informal appeal process described in Paragraph 3 above, he/she or representative must file a written notice of appeal with DCSS at the address set forth in Paragraph A.5. Above within ten (10) days of the mailing of the notice of the outcome of the informal process (see attached OPI Appeal Review Request form).
    - 3.) Assistance in filing a written notice of appeal may be obtained from DCSS. Contact DCSS's Director (541- 440-3608) or DCSS Management Analyst (541-440-3675) for assistance. See attached Consumer Comments/Complaints form.
  - b. Upon the receipt of a written notice of appeal, DCSS shall schedule an appeal review meeting. This meeting shall be scheduled within ten (10) days of the receipt of the appeal. The eligible individual and his/her representative (if any) shall be notified by mail of the date, time and location of the meeting. This notice shall contain the following additional information:
    - 1.) The name and phone number of the DCSS staff member to contact for additional information about the contents of the notification letter.
    - 2.) Notification of the eligible individual's right to on receiving OPI service while he/she is awaiting the outcome of DCSS appeal review.
    - 3.) Information on the eligible individual's rights at the appeal review, including the right to representation and the right to have witnesses testify on his/her behalf.
  - c. The appeal review meeting shall be held at the date, time and location specified in the appeal meeting notification letter. To assure impartiality, the review shall be conducted by another DCSS case manager.
  - d. Within five (5) days of the conclusion of this meeting, the case manager who conducted the meeting shall inform the eligible individual or representative, as appropriate, of a decision regarding this matter.
  - e. Within five (5) days of receipt of the decision, the eligible individual or his/her representative may contact the DCSS director, 1036 SE Douglas Ave. Room 221 Roseburg, OR 97470, to request a review of the decision. The DCSS director will complete his/her review and make a final decision within five (5) days of the request. The DCSS director will review the written documentation and may contact/meet with the eligible individual or his/her representative, the case manager from the other office and the assigned case manager depending on the need for additional clarification. The DCSS director's decision shall be binding. A request for administrative review can be reviewed by the State Unit on Aging, Manager. In writing send to Aging & People with Disabilities Sarah Odell, State Unit on Aging Manager, 500 Summer Street NE E12, Salem, Oregon 97301

## SECTION D - Continued

### III. **Fees for Services**

At the time of intake or review, the OPI case manager completes an OPI Financial Assessment form (copy attached). The case manager asks the applicant how much their monthly income is from Social Security, pension, interest on savings, investments, property rentals or other income sources and enters this information on the form. The case manager then asks the client what monthly medical expense they expect to pay in the next year unless there will be a big change in the next year. This information is categorized under medicines, medical supplies, medical equipment, doctor and / or hospital bills, monthly cost of supplemental health insurance and other medical expenses on the Financial Assessment form. The total amount of medical expenses are subtracted from the monthly income amount and entered on the form. The balance or "Net Monthly Income" is used to determine the client's OPI fee for services. The case manager determines the fee by using the OPI Sliding Fee Scale and taking into consideration whether the client is living in a single-person up to a four-person household. If it is determined the client has a monthly pay-in amount the case manager notifies the department assistant. The department assistant adds the client to the spreadsheet for tracking OPI client billing and payments. The management analyst bills the client after the In-home Service Provider turns in vouchers in for the month services were provided based on the units of service from the monthly In-home Service Provider. A copy of the SDS 546 is sent to the department assistant to create a new voucher in Oregon Access and case manager posts units of service from the monthly In-home Service Provider billing and Homecare Worker report.

### IV. **Minimum Annual Fee**

A \$25.00 onetime fee is applied to all individuals receiving OPI services who have adjusted income levels at or below the federal poverty level 0- 150% (everyone who does not pay a fee for service). The fee is due at the time of eligibility for OPI services is determined. This fee does not apply to home-delivered meals. All individuals receiving OPI services that have a pay in for their services omit the onetime fee and pay their monthly fee based on the OPI adjusted gross income rates.

### V. **Non-Payment of Fees / Non-Payment approval**

Each month the department assistant sends management analyst copies of the billing letters that have been sent to the clients. The management analyst review the letters to check on each client's payment status. The management analyst contacts the case manager when she notices that a client is 60 days past due. The case managers are responsible for contacting clients who are more than sixty days in arrears in payment of fees. If payment is not received within thirty days, the case managers staff the case with the director to determine what action may be needed. When it is determined that fees are to be written off, the case manager notifies the management analyst in writing and then the management analyst contacts the department assistant the balance due is to be zeroed out.

The management analyst reports fees billed and paid by type of service on a monthly basis for inclusion on the Monthly SDS 148 Oregon Project Independence & Alzheimer's Cumulative Financial and Services Report.

### VI. **Reporting**

All data will be recorded in OACCESS, Narration will be provided for each Initial assessment, follow up assessments, changes in health conditions, HCW's, all forms sent out or other pertinent information about the Client's case.

### VII. **Monitoring and Evaluation**

**Case manager monitoring of client and home workers-** Service providers are monitored by OPI Case managers by home inspections and interviewing clients. This process is monitored on going (over the phone) and at client assessment and reassessments.

## SECTION D - Continued

**Case manager client case monitoring** – Case Manager Co-Workers will review paper and electronic files on new and reassessed clients monthly. Caseworker will use reference tools provided by OPI state liaison information will be provided to director.

**Director supervisor case monitoring and evaluation-** director reviews sample cases every four months. Director uses check list provided by OPI liaison. Correction if any are completed by case managers, if additional training is needed case manager will attend required training.

### **Budget and expenditures monitoring-**

The director or designee at least 2 times annually reviews a sample of cases to review service eligibility, determination of services and fees for services are being determined appropriately. A monthly report of service expenditures is provided to OPI case managers and director for their use in staying within budget. At least once during the current in-home contract solicitation cycle, the provider is monitored to assure they are meeting contractual requirements. The director, and management analyst, department assistant and OPI case managers meet at least once every other month to review budgets, service delivery and staff issues. The director maintains daily contact with OPI case managers to problem solve and assure client needs are being met or address dire needs that cannot wait.

## VIII. **REQUIRED FORMS AND TOOLS TO BE USED**

- a. Check list OI ACCESS & Information and Forms
- b. Narration sample sheet.

## **CONFLICT OF INTEREST POLICY**

Douglas County Personnel Rule #20

01/02/2025

## **DOUGLAS COUNTY EMPLOYEE ETHICS**

### **20.1 Douglas County Employee Ethics.**

- 20.1.1 Employees of Douglas County have demonstrated a commitment to excellent standards of ethical conduct and are entitled to a clear statement of policy regarding ethics. This rule is intended to help employees avoid ethical problems and to protect the public trust by establishing general limitations on activities that are contrary to legitimate interests of County government.
- 20.1.2 County employees shall not participate in any activity that violates the provisions of the State of Oregon Code of Ethics for government officers, employees, and agents as set forth in ORS 244.040. The State Code of Ethics establishes minimum restrictions on the activities of County employees, but an act prohibited by the provisions of subsections 20.1.3 through 20.1.9 of this rule may subject a County employee to disciplinary action regardless of whether the prohibited act violates ORS 244.040. This rule neither incorporates nor limits other requirements of ORS Chapter 244, including statutes concerning declarations of potential conflicts of interest and reporting. Compliance with those statutes will not excuse a violation of this rule.
- 20.1.3 Except as otherwise allowed by these rules, County funds, personnel, time, equipment, supplies, materials, services, property, or facilities that are in the custody of a County employee shall be used only for duly authorized County business. On separation from County service, a County employee shall return to County all property in the possession of the employee including all keys to County facilities. If an employee fails to return such property, the County may institute legal action to recover direct and indirect damages suffered by the County including the cost of replacing locks to County facilities.
- 20.1.4 Except for wages, fringe benefits, and reimbursement of expenses authorized by these personnel rules, a collective bargaining agreement, or an employment contract, no County employee shall use, or permit the use of, county funds, personnel, time, equipment, supplies, materials, services, property, or facilities to confer an appreciable pecuniary or material benefit on the employee. This rule shall not prohibit:

- 20.1.4.1 Private use of county property, which is available on equal terms to the public generally (such as the use of library books or parks).
- 20.1.4.2 Use of county vehicles as permitted in rule 18.5.3.
- 20.1.4.3 Occasional, infrequent use of County telephones for personal calls that do not substantially interfere with the employee's job performance. This exception does not allow personal use of the County's outgoing long distance telephone service or the incoming "800" service or cellular telephones.
- 20.1.4.4 Occasional, infrequent, personal use of County materials that have negligible value such as pencils, pens, or note paper.
- 20.1.4.5 Use of equipment, supplies, materials, or facilities that may be provided by the County for the benefit of both the employee and the County, so long as the employee does not receive any direct pecuniary benefit. This exception may include, but is not limited to; use of computers, training materials, and other similar items that are used to develop an employee's job skills or to improve technical proficiency that appreciably benefits the County.
- 20.1.4.6 Although this rule allows *de minimis* use of county systems and equipment for personal use, the same may not be true under ORS Chapter 244, the Government Standard and Practices Act. Personal use of county systems and equipment is at the user's risk. The county cannot indemnify nor defend a county employee accused of an ethics violation.
- 20.1.5 No County employee shall participate in any decision, or use his or her position or access to influence a decision by the County to employ, or enter into a contract for procurement of goods or services with, a relative of the employee, a member of the employee's household, or someone who shares financial interests with the employee.
- 20.1.6 No County employee shall use, or permit the use of, county funds, personnel, time, equipment, supplies, materials, services, property, or facilities to confer any pecuniary or material benefit to any person who is not entitled to such benefit through a valid contract with the County, County ordinance, order or resolution of the Board of Commissioners, express County policy, or a valid claim against the County. In no event shall a County employee expend, or permit expenditure of, County funds for any unauthorized purpose in violation of ORS 294.100.
- 20.1.7 Except as provided in subsection 20.1.9, no County employee shall engage in any remunerative outside employment, maintain a pecuniary interest in a business, or receive a direct or indirect pecuniary benefit from a business or other activity that:
  - 20.1.7.1 Provides goods or services to the County for consideration;
  - 20.1.7.2 Provides goods or services to customers or clients who are acquired through contacts with the employee in the course of employment with the County; or
  - 20.1.7.3 Profits from, or receives an advantage or privilege from, the employee's position with the County;
  - 20.1.7.4 Uses information available to the employee through his or her position that is not available to the general public; or
  - 20.1.7.5 Conflicts with the proprietary or governmental interests of the County.
- 20.1.8 For purposes of rule 20.1.7 any business or other activity that provides direct pecuniary benefits to a member of the employee's household, or someone who shares financial interests with the employee, will be presumed to confer an indirect benefit on the employee, but the employee may provide information to rebut that presumption.
- 20.1.9 A County employee may receive direct or indirect benefits through a contract or other transaction apparently within the scope of subsection 20.1.7 if the following requirements are met:
  - 20.1.9.1 The employee submits written application to the Department Head for permission to engage in the outside activity;
  - 20.1.9.2 The employee's Department Head and the Human Resources Director review the employee's request and make a written recommendation to the Board of Commissioners; and

20.1.9.3 The Board of Commissioners either makes a written determination that the employment or activity does not violate subsection 20.1.7 or grants an exception. An exception may be granted if there is no appreciable connection between the employee's service to the County and the outside activity; the activity does not violate subsections 20.1.2 through 20.1.6 of this rule; the activity complies with all applicable statutes and rules governing public contracts; and the activity does not interfere with, adversely affect, or influence the employee's job performance. The Board of Commissioners will consider and address the recommendation of the Department Head and the Human Resources Director in determining whether the outside activity affects the employee's job performance.

20.1.10 Each Department Head shall be responsible for notifying employees of the requirements of this rule and for taking appropriate action if an employee violates the provisions of this rule. If a Department Head fails to take any action on a violation of this rule, the Board of Commissioners may intervene to initiate appropriate action. The Board of Commissioners shall enforce this rule with respect to the activities of Department Heads.

20.1.11 Any employee who violates the provisions of subsections 20.1.2 through 20.1.10 this rule shall be subject to appropriate disciplinary action up to and including termination.

## D2- Services provided to OAA and/or OPI consumers

### SERVICE MATRIX and DELIVERY METHOD

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

**#3 Chore (by agency)**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#3a Chore (by HCW)**

Funding Source:  OAA  OPI  Other Cash Funds

**#4 Home-Delivered Meal**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted - FOOD  Self-provided OPERATIONS

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

S&B Foods– For profit company Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#6 Case Management**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#7 Congregate Meal**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

S& B Foods Located in Douglas County For profit agency

Note if contractor is a "for profit agency"

**#8 Nutrition Counseling**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#9 Assisted Transportation**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#10 Transportation**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#11 Legal Assistance**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Legal Aid of Oregon- Roseburg Office

Note if contractor is a "for profit agency"

**#12 Nutrition Education**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#13 Information & Assistance**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#14 Outreach**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#20-2 Advocacy**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  XOPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#30-5/30-5a Caregiver Respite**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Contracted Meals S & B FOODS For profit agency Note if contractor is a  
“for profit agency”

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a “for profit agency”

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a “for profit agency”

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#40-8 Registered Nurse Services**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#40-9 Medication Management**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#50-1 Guardianship/Conservatorship**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Legal Aid of Oregon, Roseburg Office – nonprofit,

Note if contractor is a “for profit agency”

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a “for profit agency”

**#50-5 Long Term Care Ombudsman**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a “for profit agency”

**#60-1 Recreation**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#60-3 Reassurance**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#60-4 Volunteer Recruitment**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#60-5 Interpreting/Translation**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#70-2 Options Counseling**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#70-5 Newsletter**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#70-8 Fee-based Case Management**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#70-9/70-9a Caregiver Training**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Community Cancer Center, Roseburg, Oregon – not for profit

Note if contractor is a "for profit agency"

**#72 Cash and Counseling**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#80-1 Senior Center Assistance**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#80-4 Financial Assistance**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#80-5 Money Management**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#Volunteer Services**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted

We are self-provided

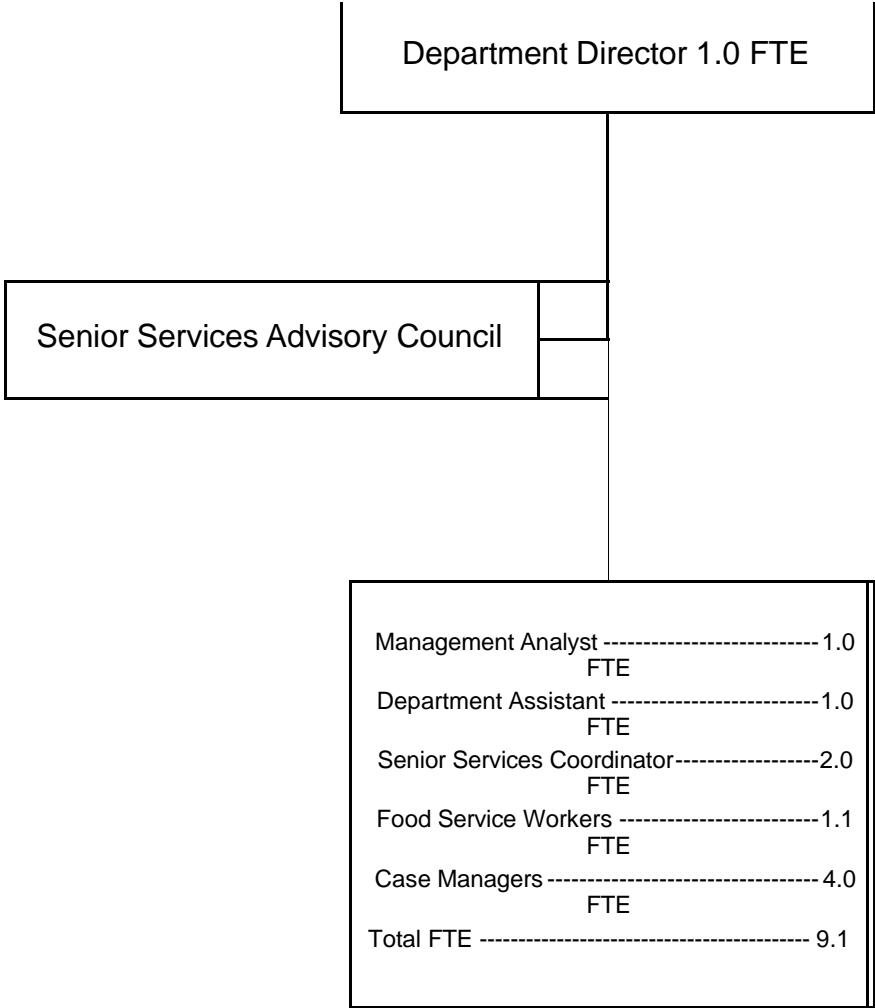
Contractor name and address (List all if multiple contractors):

Note if contractor is a "for profit agency"

## **Section E - Area Plan Budget & Appendices**

Douglas County Senior Services Area Agency on Aging 2025-2026 budget included as separate document

# Appendix A-Organizational Chart



## Appendix B - Advisory Council and Governing Body

Advisory Members	Representation	Term Expires
Bill Crenshaw, <u>Vice Chairman</u>	East County Position 3	6/30/26
Vicki Boler	Central County Position 4	6/30/26
VACANT	Central County Position 5	
VACANT	South County Position 6	
VACANT	Central County Position 7	
VACANT	South County Position 8	
VACANT	North County Position 9	
VACANT	Central County Position 10	
VACANT	North County Position 11	
Bonnie Miles	South County Position 12	6/30/26
Vacant	West County Position 13	

### Senior Services Advisory

Percentage age 60 or over= 100%

Percentage that identify as minority=

10% Total number rural=100%

Total number self-identify as having a disability=0%

## **SENIOR SERVICES ADVISORY COUNCIL DEMOGRAPHICS**

### Central County Position 1

Roseburg, Winchester,  
Melrose, Winston, Green,  
Dillard, Lookingglass, Camas  
Valley

Three-  
Year Term     7

### Central County Position 2

Roseburg, Winchester,  
Melrose, Winston, Green,  
Dillard, Lookingglass, Camas

Three-  
Year Term

### East County Position 3

Glide, Idleyld, Dixonville,  
Diamond Lake, Peel

Bill Crenshaw

Three-  
Year Term     7/1/2025-6/30/2027

### Central County Position 4

Roseburg, Winchester,  
Melrose, Winston, Green,  
Dillard, Lookingglass, Camas

Vicki Boler

Three-  
Year Term     07/01/2025 - 06/30/2027

<u>Central County Position 5</u> Roseburg, Winchester, Melrose, Winston, Green, Dillard, Lookingglass, Camas		Three- Year Term	
<u>South County Position 6</u> Glendale, Azalea, Myrtle Creek, Canyonville, Tri-city		Three- Year Term	
<u>Central County Position 7</u> Roseburg, Winchester, Melrose, Winston, Green, Dillard, Lookingglass, Camas		Three- Year Term	
<u>South County Position 8</u> Glendale, Azalea, Myrtle Creek, Canyonville, Tri-city		Three- Year Term	
<u>South County Position 9</u> Glendale, Azalea, Myrtle Creek, Canyonville, Tri-city		Three- Year Term	
<u>Central County Position 10</u> Roseburg, Winchester, Melrose, Winston, Green, Dillard, Lookingglass, Camas		Three- Year Term	
<u>North County Position 11</u> Wilbur, Sutherlin, Oakland, Elkton, Drain, Yoncalla		Three- Year Term	
<u>South County Position 12</u> Glendale, Azalea, Myrtle Creek, Canyonville, Tri-city	Bonnie Miles	Three- Year Term	7/1/2024-6/30/2027
<u>West County Position 13</u> Reedsport, Winchester Bay, Gardiner, Scottsburg	VACANT	Three-	

Offcio Legislative Liaison - Commissioner Tom Kress - Not a voting position

## Douglas County Commissioners

**Tim Freeman**

County Commissioner (2025 Board Chair)

**Tom Kress**

County Commissioner

**Chris Boice**

County Commissioner

Contact information:

Douglas County Court House  
1036 SE Douglas Ave. Rm. 217  
Roseburg, Oregon 97470  
(541)440-4201

## Appendix C – Public Process

Date and location	Type of Outreach	Attendees	Overall comments
12/16/2024	Staff Meeting	8 staff	<p><b>Main needs discussed:</b>                      Need for transportation.                      Need for caregivers                      Need for low-income housing.                      Need for health care                      Need for mental health easy access.                      Need for Dial a Ride</p>
Date and location	Type of Outreach	Attendees	Overall comments
Court house Public SSAC meeting Roseburg, Oregon	Presentation on Transportation For older adults	5 SSAC members	Need for more transportation in south county area and north county.
Date and Location	Type of outreach	Attendees	Overall comments
Jan.2025 -May 15 2025	Surveys distributed to all 7 dining sites	for clients, consumers, meals on wheels clients, volunteers.	<p>Needs:                      Meals on wheels                      Assisted care office                      Senior Meals                      Dining sites meals                      Place to meet other people                      Dial a Ride                      Low-income Housing                      Fire, Police , and Ambulance                      Access to Foods and meats                      Caregivers / home care services                      Food Pantries                      Help with utility bills                      Transportation                      Housing and shelter                      Education classes                      Help and support</p>

## Appendix C – Public Process (cont.)

### Douglas County Area Agency on Aging Survey – 2025 Page 1

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Douglas County Senior Services mission “Together with community partners, we assist seniors to enjoy independence, dignity, choices and quality of life” What guides us in accomplishing that mission is our Area on Aging Area Plan. This helps us in determining priorities for funding and service development. We need your assistance in providing us with information on where we should focus our efforts. By completing the following survey, you will be sharing with us how we can better meet the needs of seniors in Douglas County. Thank You!

Where do you live closest town in Doulgas County \_\_\_\_\_

What is your age: \_\_\_\_\_

**Please circle:**

Gender: Male / Female

Are you a veteran: Yes / No

Do you live alone: Yes / No or with family or friend Yes / No

Relationship status: Married Single Widowed Partnership

Are you a family Caregiver: Yes / No

Who are you a caregiver for: Parent Spouse Child Grandchild

Do you have an emergency or Disaster plan and 72 hour emergency supply pack: Yes / No

Does your community support access to public transportation: Yes / No

Is affordable housing available in your community: Yes / No

How do you identify your Race, Ethnicity, Tribal Affiliation, Country of Origin, or Ancestry.

---

What is the language do you prefer to speak: \_\_\_\_\_

Do you have affordable health care: Yes / No

Do you fall often: Yes / No

Sexual Orientation and Gender Identity; List all that apply

---

Please describe your gender in anyway you prefer:

---

Are you Transgender: Yes / No

Please describe your sexual orientation or sexual identity in any way you want.

---

**Nutrition Services:**

Are you aware of Congregate meal programs in your area: **Yes / No**

Are you aware of Meals on Wheels programs that can deliver meals to you when you may be recovering from illness or injuries in your area: **Yes / No**

Are you aware of other community resources that can provide food to help with your monthly food budget: **Yes / No**

**Appendix C – Public Process (cont.)**

**Douglas County Area Agency on Aging Survey – 2025 Page 2**

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**Family Caregiver Services:**

Are you aware of services that may provide Respite funds for you to take a short breaks from your caregiving role: **Yes / No**

Are you aware of education classes that can help you with your caregiving role: **Yes / No**

Are you aware you can call our office and receive contact information services to help support you in caring for your family member: **Yes / No**

**In Home Care – Oregon Project Independence Medicaid**

Are you aware of the in home care services that are available to many older adult in Douglas County that are having a challenge making meals, and other tasks that are required for basic living independently. **Yes / No**

**Aging and Disability Resource Connection Call Center - 541-440-3677**

Are you aware you can call our Aging and Disability Resource Connection and talk with our staff that can assist you in determining what services may help you as you are determining your long term care needs: **Yes / No**

**Please list what you think are the three most needed and valued services provided:**

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**Please share your ideas and suggestions for ways to make our community a better place for seniors to live and thrive:**

---

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**If you would like more information about any of our services please leave your name and phone number and we will have one of our staff contact you. Thank you!**

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

**Phone Number:** \_\_\_\_\_

## Appendix D – Final Update on Accomplishments from 2022-2025 Area Plan

Douglas County Senior Services Division Final updates on accomplishments 2024

### ADRC SECTION:

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1. Quality Assurance – update Lead Case Manager monthly pulls reporting units and client demographics to ensure that data is being input correctly, query for missing client data and provide to case managers for correction. This is ongoing activity.
2. Resources are updated – updates are made by the lead case worker and the CSSU monthly.
3. Outreach- Provided outreach at Douglas County Fair, rural areas farmers markets, Glide, Sutherlin, Reedsport. Festival of Trees in Canyonville, Lynis Oaks residential living. SKP PARK – RV Park Sutherlin, Forest Glen Senior Housing – Door to door meetings.
4. New quality audits for data and demographics is completed in get care.
5. These reports are being pulled at least 1 time a month.

### NUTRITIONAL SERVICES:

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1. RFP Process completely in 2024
2. New contractor selected – S&B Foods July 2024
3. New reporting forms for meals 2024

### Legal Services :

---

1. More services will be provided this next year.

### Family Caregivers:

---

1. Training provided to staff 1 more staff person needed to be trained in order to provide Powerful Tools of Caregiving.

### OPI / OPI M:

---

1. Transition from classic OPI to OPI M program, we are working our way through this transition.

## Appendix E: Emergency Preparedness Plan and COOP 2025-2029

### Emergency Preparedness, Response and Recovery Plan Douglas County Senior Services (DCSS)

**Purpose of Plan and Office locations:** This plan outlines the actions to be taken by the DCSS staff in the event of a disaster that threatens the safety of employee and /or clients and that impacts the agency's ability to carry out its day-to-day business. The plan covers the Roseburg office, satellite office in Reedsport and the dining sites in the outlining areas, Glendale, Winston, Glide, Sutherlin, and Yoncalla. The plan touches on the phases of preparedness/ mitigation, response and recovery.

Each office is required by Oregon Department of Human Services (DHS) Aging and People with Disabilities (APD) division to maintain a continuity of operation plan (COOP). This Plan integrates with the (COOP) plan.

**Chain of command /Organizational Structure:** The line of Authority for DCSS is headed by County Commissioners and DCSS Director. DCSS Director oversees the department.

**Authorities:** The Authority for carrying out this plan is given by the Douglas County Commissioners. Authority for carrying out the plan is given by the state of Oregon, Aging and People with Disabilities a division of the Department of Human Services. The authority for DCSS leadership role in the community is given by the federal Older Americans Act reauthorization of 2015.

**Communications Plan:** Consists of cellular and or land lines to EOC. Alerting listing of seniors requiring emergency movement. Communications with the dining sites and other community agencies involved in the emergency management operations.

**Working with local and state partners – (The EOC office is right next to our office in room 220)** Sherriff office; Douglas County Citizen Emergency Notification system, American Red Cross shelters, to provide services that align with our organization by providing information assistance on the ADRC phone line and email. Coordinating services to seniors that have needs located in the rural areas of Douglas County, if possible, provide meals or other services routinely provided by our agency, work with Aging and People with Disabilities and continue to network with other groups that also serve the aging and disabled population.

**Notifications:** Activate disaster response plan. Contacting official within the targeted area for their plan of response. case managers would make status checks and assist older adults and vulnerable people in that region if able. Relay the needs of identified clients in the emergency area. Identify potential temporary placement beds by contacting facilities. If a mass care shelter has been designed, refer clients who must leave their homes to that location. They must take a family caregiver if they need assistance with activities of daily living. Organize staff into specific essential duties and potentially, call in staff from other field offices and or other departments of the county staff.

## Appendix E- Continued

### STAGE 1 Emergency - Localized Event

**Stage 1 Scenarios:** Examples of potential situations that could activate Stage 1 Plan:

Structure fire in office or neighborhood, flood, outbreak (water-borne), Hazardous material spill. Emergency is confined to one geographic area/neighborhood. The plan could be activated due to a “self-declared” disaster, such as a dangerous air quality advisory. Phones and power may be out in impacted area.

**Emergency response status:** Emergency is not declared, and Emergency Operations center is not formed. DCSS status: Involves one office and may be without electricity and or phones and only partially operational.

**Stage 1 Chain of Command:** the following is the chain of command that have authority to activate the plan with those lower on the chain of command taking authority when those higher are not available and then transferring control once those higher become available.

- Douglas County Commissioners Liaison or designee assign duties
- Douglas County Senior Services Director
- Douglas County Senior Services Management Analyst
- Douglas County Senior Services Lead Case Worker
- Douglas County Senior Services Case manager

A response team will be created, with active defined roles.

The DCSS Director has been designated as the Incident Commander on site at the office of Senior Services. She shall be the ranking DCSS officer on site at any given time and shall be responsible for the initiation and coordination of the DCSS response during an emergency event. If she is not available, one of the other three staff directly below will perform this role. The Douglas County Commissioner liaison or designee will assign this duty. Department of Human Service (DHS) –State Unit on Aging (SUA) per COOP contacts.

Stage 1 List the Incident Commander will:

- Assess and triage the incident
- Ensure an accurate accounting of the DCSS personnel on the scene
- Activate a Response Team
- Determine the activities of the Response Team
- Assign duties
- Ensure constant communication with the Response Team and DCSS employees, State Unit on Aging or Liaison assign to this AAA.
- Plan for the next phase of the response
- Start Recovery Process
- Plan for and authorize the deactivation of the response.

If phones are available and office was operational, we would carry on, as best as possible. Paper files would be used, or client contact sheets if computers were unavailable. If operations had to be moved, we would coordinate with Liaison Commissioner, and Human Resource Director for space, including but not limited to work from home. Coordination with APD District Manager on vulnerable clients within the affected area.

## **Appendix E- Continued**

### **STAGE 2 Emergency – Region Wide Event**

Examples of potential situation that could activate this plan: Major or multiple wild land fires, flood, major snow or ice, earthquake, large hazardous material spill.

**Emergency response status:** Emergency is declared by County Emergency Manager. Emergency Operations Center has given orders to evacuate and or shelter within our homes or regions. The Douglas County Emergency Management Plan would go into effect.

DCSS status: office is closed, schools are closed, and large percentage of staff can't get to the office.

**Stage 2 Chain of Command:** Douglas County Commissioner Liaison or designee such as Director of Human Services and the DCSS Director will make decisions in consultation with DHS / SUA. DCSS

If the event is extended after the initial response and safety measures, the office will activate the COOP.

#### **Stage 2 Action Plan**

- Take direction from and coordinate with the EOC.
- Director will use the same outline of duties as in Stage 1 incident commander list, if possible.
- Ready kits are taken to a predetermined area. Operations resume from this location.
- Activate call down to case manager staff then case manager can work from home if necessary to provide call down of client list that has been predetermined.
- Staff will make status calls and assist or make appropriate referrals as needed.
- Garner staff from unaffected areas to assist. Implement staff phone tree. Pre identify alternate AAA to take assignments for alternate sites.

#### **Stage 3 Disaster Regional or greater in scope:**

**Stage 3 scenario:** Disaster impacts more than our region: Major earthquakes, flood or pandemic and is declared by the Governor. Offices are closed or have very low staffing.

**Chain of command:** DCSS Director coordinates with in making decisions in consultation with State DHS, APD, SUA and

#### **Action Plan**

- Stage one and two actions as appropriate and feasible
- Follow instruction from the State on staffing
- Activate business continuity plan if appropriate.
- Assist, as possible, with evacuation: of vulnerable people out of the area or to higher safer ground.
- Make arrangements with facilities and shelters in other areas.
- Coordinate with state on accessible transportation and other cross – county issues.
- Track in home clients that are evacuated or sheltered.

## **Appendix E- Continued**

### **Pandemic Emergency:**

Pandemic Emergency Scenario: Emergency response status: Emergency is declared by County Emergency Response or State. Public Health commands EOC. Public messages to stay home, social distancing.

Pandemic Emergency chain of command: Douglas County Board of Commissioners, to delegate tasks to Douglas Public Health Network

County Commissioners are the lead. They are to work with others together to formulate a plan.

Plan to carry out care services

Provide protective measures for staff. Gloves, masks, phone, sanitizer.

Prioritizes core functions staff should carry out.

Develop phone messages for front desk staff as clients call in for information.

Meals home delivered meals program volunteers:

Notify volunteers of precautions they can take, provide masks, gloves, etc.

Stay home if you are sick.

Close congregate meal sites. Develop safe protocol for clients to receive meals, "Curb side Service"

Check to see if regular participants should receive a home delivered meal in lieu of meal site closures.

### **Recovery Phase:**

Office and meals sites work to get back to normal operations as soon as possible.

Continue to coordinate with state APD and CSSU

Continue to coordinate with the EOC and their direction.

Stay current and informed about disaster recovery resources available to clients and impacted staff.

Assist in home clients to return home and resume life. If homes are damaged assist temporary placement.

### **Implementation of Plan**

Steps to implement plan:

Plan is approved by DCSS Director, County Emergency Managers and County Commissioner.

Create a disaster Response Manual to provide instruction, assignments, phone numbers, etc. and store at front desk. Alert front desk staff

Encourage staff to make their own personal plan.

Exercise the plan in the office and dining sites.

Continue educating clients of the need to be prepared, provide information.

Distribute Ready Go Kits to vulnerable clients.

Include names and numbers, resources that would be needed during a disaster.

## **Appendix E- Continued**

### **Develop Communications Plan for clients**

How to contact clients in need.

Notification / warning of disaster - encourage clients to sign up with the County Emergency Notification System.

Monthly print out of contact information for Ready Kits.

### **Business Continuity of Operations Plan (COOP)**

If the event is extended beyond three-day duration of initial response phase, and DCSS has been unable to resume operations in normal fashion, the following plan would be put into operation.

DCSS after a location of operations has been established – in Roseburg with operations based on the situation, or DCSS would move to another location If impacted, seek advice on safe building locations from the County Emergency Managers.

### **Personnel**

Personnel will be assigned as necessary by DCSS Director, using the communications channels available at the time.

### **Power outages:**

If the power is out at DCSS but is available at one of the designated alternate sites, we would move DCSS operations to alternate site.

If there is a local or region-wide power outage, operation remain Roseburg, modified to accommodate for unavailability of power, backup generators located in the basement could be used.

DCSS employees may have to resort to paper files and phoning other offices for information.

ADRC phone lines would still be operational, although access to the computerized data base may not.

Contact information on the next page.

SECTION E- Continued

**Douglas County Senior Services**

**COOP Plan**

**Statute Functions – OAR 411-040-0000 & OAR 411-032-0000**

**Seniors and People with Disabilities Division provides services operated by the County Senior Services Program including but not limited to eligibility determination for home delivered meals recipients, care coordination in services provided to recipients.**

**Primary contact -** Jeanne Wright  
Hm: 541-430-8427  
Cell: 541-643-1588  
Office: 541-440-3608

**Secondary contact -** **Angie Howell**  
Hm: 541-672-8719  
Cell: 541-430-3290  
Office: 541-440-3675

**State agency to assume transfer:** Senior & Disabilities Services  
State Unit on Aging  
Teresa Powell  
Lead - Community Services and Support Unit Office:

**Paper Forms-**included in resource and contact book  
Intake packet including intake form, HIPPA,  
home delivered eligibility, blank narrative  
Sheet.

**Laptop with programs-**  
Microsoft Office, Emails.  
Internet access (Get care)  
Internet access (Oregon Access)

**Ability to work from home or vehicle**  
Cell phone, office supplies, paper, pens stapler, file folders and plastic  
storage container, secure file.

## **Appendix F: List of Designated Focal Points**

For purposes of this plan, a “designated focal point” (OAA Section 306(a)(3)(B)) is defined as: a facility established to encourage the maximum collocation and coordination of services for older individuals. Douglas County has several congregate meal sites, a main administrative office and satellite office. All locations listed provide AAA services.

### **Congregate Meal Sites**

- Glendale
- Glide
- Reedsport
- Sutherlin
- Winston
- Yoncalla

### **Main Office & Administration**

- Roseburg

### **Satellite Offices**

- Reedsport



## Appendix G: Partner Memorandums of Understanding

### REQUEST to PROVIDE REDUCED MEALS

SUA use only	Approved <input type="checkbox"/> Y <input type="checkbox"/> N Date: _____	SUA Initials: _____
--------------	--	---------------------

Date: May 30, 2025	AAA: Douglas County Senior Services
Contact Name: Jeanne Wright	Tel: 541-440-3608
Email: <a href="mailto:jlwright@co.douglas.or.us">jlwright@co.douglas.or.us</a>	Contract # 106507

**Please submit as part of the AAA Area Plan. (If submitting between plans, prior to a planned reduction in meals, submit to the SUA at [sua.email@state.or.us](mailto:sua.email@state.or.us) and reference Nutrition Approval in subject line)**

---

Request for approval for a AAA nutrition program to offer meals less than five days/week in a county must be submitted for approval by the SUA with each new Area Plan, or prior to a reduction in meals that occurs during an existing approved Area Plan.

**Congregate Nutrition Services OAA Section 331(1):** “Five or more days a week (except in a rural area where such frequency is not feasible and a lesser frequency is approved by the State agency), provide at least one hot or other appropriate meal per day and any additional meals which the recipient of a grant or contract under this subpart may elect to provide.”

**Home-Delivered Nutrition Services OAA Section 336(1):** “Five or more days a week (except in a rural area where such frequency is not feasible and a lesser frequency is approved by the State agency), at least one home delivered meal per day, which may consist of hot, cold, frozen, dried, canned, fresh, or supplemental foods and any additional meals that the recipient of a grant or contract under this subpart may elect to provide;”

Please complete the following for each county where OAA meals are offered less than 5 days/week:

County: Douglas County

Average number of older adults currently being served - congregated: **308** home-delivered: **375**

Proposed days and location(s) for meals to be provided: **3 days a week at seven sites:**

**Glendale, Glide, Yoncalla, Riddle, Winston, Sutherlin and Reedsport.**

Please provide rationale for request: **We would like to ask for an exception in order to continue to the 3 days of renting the buildings so that more funds are**

**spent on actual meals. We serve up to 3 hot meals, 4 frozen meals for weekend and shelf stable for emergency meals in case of weather events such as wildfires, snowstorms, etc.**

---

County:

Average number of older adults currently being served - congregate: home-delivered: Proposed days and location(s) for meals to be provided: **3**  
Please provide rationale for request:

---

County:

Average number of older adults currently being served - congregate: home-delivered:

Proposed days and location(s) for meals to be provided:  
Please provide rationale for request:

---

County:

Average number of older adults currently being served - congregate: home-delivered:

Proposed days and location(s) for meals to be provided:  
Please provide rationale for request:

Sept 1, 2025  
Date

Jeanne Wright  
Douglas County Senior Services

---

Date

---

Adults and Persons with Disability

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

For the period of January 1, 2021 through December 31, 2024, Douglas County Senior Services (DCSS), the Area Agency on Aging (AAA) accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) (P.L. 109-365) and related state law and policy. Through the Area Plan, DCSS 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. DCSS assures that it will:

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

Conduct outreach, provide services in a comprehensive and coordinated system, and establish goals and objectives with emphasis on: a) older individuals who have the greatest social and economic need, with particular attention to low income minority individuals and older individuals residing in rural areas; b) older individuals with significant disabilities; c) older individuals at risk for institutional placement; d) older Native Americans; and e) older individuals with limited English proficiency.

All agreements with providers of OAA services shall require the provider to specify how it intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas and meet specific objectives established by DCSS for providing services to low-income minority individuals and older individuals residing in rural areas within the Planning and Service Area.

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

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

- A. Information concerning whether there is a significant population of older Native Americans in the planning and service area, and if so, an assurance that the Area Agency on Aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under the Area Plan;
- B. An assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides with services provided under Title VI of the Older Americans Act; and

