2025-2029 Area Plan

LANE COUNCIL OF GOVERNMENTS
Senior & Disability Services

Area Agency on Aging in Lane County, Oregon

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Section A – Area Agency Planning and Priorities

A-1 Introduction

Overview of Senior & Disability Services

Lane Council of Governments (LCOG) was created in 1945 and is one of the oldest councils of governments in the nation. In 1971, LCOG was reorganized as an intergovernmental agency pursuant to Oregon Revised Statutes Chapter 190. LCOG is a voluntary association of general and special purpose governments in Lane County and serves as a regional planning, coordination, program development and service delivery organization. LCOG helps public agencies reach their goals.

Since its inception, LCOG has participated in a wide variety of projects and programs for local governments. Today, LCOG has 34 members including Lane County government, all 12 cities within the county, a community college, a transit district, a port, a education, public utilities, and other special districts. The governing body of LCOG is the LCOG Board of Directors, comprised of locally elected and appointed officials designated to represent member governments.

There are two divisions within LCOG, 1) Government Services and 2) Senior & Disability Services. Senior & Disability Services (S&DS) is the designated Area Agency on Aging and Disabilities (AAA) in Lane County and is LCOG's largest division, with an annual operating budget of approximately $52.3 million, employing over 281 full and part-time staff.

Through a contract with the Oregon Department of Human Services, S&DS is responsible for administering home and community-based care services, advocating for older adults and adults with disabilities, and developing community-based long-term care services for eligible Oregonians in Lane County. These services include Older Americans Act Services, Medicaid Long-Term Care Services and Supports, Information & Referral through the Aging & Disability Resource Connection, Eligibility Services, Oregon Project Independence, and Adult Protective Services. S&DS collaborates with other local agencies in Lane County to help provide a robust array of quality options for seniors and adults with disabilities.

S&DS has three full-service offices in Eugene, Cottage Grove, and Florence. Three additional small outstations provide limited S&DS services in Junction City, Oakridge, and Veneta.

S&DS consists of two volunteer Advisory Councils, the Senior Services Advisory Council (SSAC) and the Disabilities Services Advisory Council (DSAC). The Councils advise and provide guidance to the LCOG Board and S&DS on planning activities, services, program implementation, monitor service providers, and provide crucial information on the needs and concerns of older adults and adults with disabilities in Lane County. The SSAC is composed of up to 23 members, of which at least 50% must be age 60 and older. The DSAC is composed of up to 15 members, of which at least 50% must live with a disability. Both Advisory Councils strive to ensure there are members representing the target populations of the Older Americans Act, as defined in Section B-2.

Area Plan

As summarized by the Administration for Community Living, designated Area Agencies on Aging across the country coordinate and offer services that help older adults remain in their homes, if that is their preference, aided by home and community-based services such as home-delivered meals and in-home care, to make independent living a viable option. By making a range of supports available, AAAs make it possible for older individuals to choose the services and living arrangements that suit them best. In Lane County, S&DS maintains a comprehensive and coordinated service delivery system to meet the needs of older adults and adults with disabilities.

S&DS develops an Area Plan every four years, which provides information about S&DS and serves as the agency's road map. This Area Plan details priorities and strategies for meeting the needs of the community and is also a contractual agreement between the Oregon Department of Human Services and S&DS to provide the services and supports to older adults aged 60 and older, adults with disabilities age 18 to 59, and family caregivers throughout Lane County.

It is important to note that while this Area Plan fulfills the focused requirements outlined in the Older Americans Act, this plan is not exhaustive of all services provided by S&DS. The focus areas detailed throughout this plan are Information & Assistance, Nutrition Services, Health Promotion Programs, Family Caregiver, Elder Rights and Legal Assistance, Older Native Americans, and Underserved Populations.

Contact Information

For additional information, questions, or comments contact:

Marisa Andrews, Contracts & Community Program Manager
Phone: 541-682-4512
Email: mandrews@lcog.org

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

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

To visit or contact one of our local office locations:

Full-Service Offices

Eugene
1015 Willamette Street
Eugene, Or 97401
541-682-4038

Cottage Grove
700 East Gibbs Avenue
Cottage Grove, OR 97424
541-649-5101

Florence
3180 Highway 101
Florence, OR 97439
541-902-9430

Limited-Service Offices

Junction City
Viking Sal Senior Center
245 West 5th Street
Junction City, OR 97448
541-998-8445

Oakridge
Uptown Building
48310 East 1st Street
Oakridge, OR 97463
541-782-4726

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

A-2 Mission, Vision, Values

Senior & Disability Services' mission is:

To advocate for seniors and people with disabilities and provide to them quality services and information that promotes dignity, independence, and choice.

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

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

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

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

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

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

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

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

Diversity and Equity: We embrace a diverse workforce and recognize the importance of full inclusion in our programs and services, regardless of race, ethnicity, gender identity, or sexual orientation or other recognized protected classes.

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

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

To operationalize this mission and vision, S&DS works with many stakeholders listed in Section B-2.

A-3 Planning and Review Process

The planning process began with the scheduling of several planning meetings and input from the Planning & Budget Committee - a committee of the S&DS Advisory Councils, S&DS staff – Equity & Inclusion Committee, S&DS Management, Continuous Improvement Committee, Employee Engagement Committee, Older Americans Act staff, and ADRC staff. These meetings were held to identify how to best conduct a comprehensive needs assessment that would inform S&DS of the scope of need in the PSA and to identify questions to be included in the Community Needs Assessment to gather meaningful data.

An online survey and focus groups were determined to be the most feasible options to reach the target population (Section B-2). The planning process began with the scheduling of several community engagement activities, aimed at collecting data.

There were two Needs Assessment Surveys developed and distributed. A Community Needs Assessment Survey and an S&DS Staff Needs Assessment Survey (Appendix C).

The Community Needs Assessment Survey was available March 18th, 2024, through June 14th, 2024. Hard copies of the survey were available in the S&DS lobbies, and provided to current case managed consumers, and Older Americans Act consumers. There was an electronic form available for people to complete the assessment online. S&DS informed the community about the Community Needs

Assessment on social media, in the S&DS offices, through Public Service Announcements, press releases, and communications with numerous community partners. The assessment was also translated into Spanish, available in large print, and offered in other languages if requested. S&DS received 674 responses to the Community Needs Assessment through this process.

S&DS staff were surveyed to identify the unmet needs they encounter in the course of their work for consumers, what barriers exist to accessing S&DS services, and what ways S&DS can better serve the community.

Focus groups were held across Lane County to gather community input from the target populations of the Area Plan. A total of six focus groups were conducted (See Appendix C). These small groups discussed the specific needs of those in attendance as they relate to aging and/or living with a disability in their community in these overarching subjects: housing, accessing aging & disability resources, caregiving, transportation, emergency preparedness, and a review of S&DS services.

Additional data was collected and analyzed to support the development of the Area Plan from the following sources:

- US Census Bureau
- Population Research Center at Portland State University
- Oregon LGBTQ+ Older Adult Survey 2021
- Administration for Community Living
- Oregon Hunger Task Force
- Lane County Community Health Improvement Plan 2021-2025
- Meals on Wheels of America
- Feeding America
- Institute on Aging at Portland State University
- USAging
- Oregon Department of Human Services – various data reports, summaries, State Plan on Aging
- Oregon Office of Rural Health
- Suicide Prevention Resource Center
- SAGE Advocacy & Services for LGBTQ+ Elders
- National Consortium on Aging Resources for Seniors' Equity
- Lane County Homelessness in Lane County data
- S&DS services data, ADRC Secret Shopper data, Nutrition satisfaction survey

The Planning & Budget Committee held meetings throughout the development process to provide feedback on the process, the Community Needs Assessment, and engagement activities.

All data was considered and analyzed. Apparent themes emerged and were instrumental in the development of this plan. Numerous reviews and revisions of the draft were conducted within S&DS leadership prior to the release for public comment (December 4, 2024 through January 2, 2025).

A public hearing was held on December 18th, 2024 via Zoom and telephone conferencing before recommending the Area Plan to the Advisory Councils at S&DS and the LCOG Board of Directors for approval. The plan was adopted by the LCOG Board of Directors on February 28th, 2025.

A detailed report on the engagement activities and timelines can be found in Appendix C of this plan.

A-4 Prioritization of Discretionary Funding

Older Americans Act Funds

The Older Americans Act allows considerable flexibility in the spending of Title III-B funds, which are discretionary funds, after meeting the minimum Title III-B expenditure requirements. Area Agencies are required to spend the following percentage of OAA funds on these categories:

a. 18% on Access Services which includes assisted transportation, case management, information and assistance, and options counseling.

b. 3% on In-home Services which includes friendly visiting, telephone and in-person reassurance, and coordination of in-home volunteers for reassurance/friendly visiting.

c. 3% on Legal Assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination. S&DS prioritizes Legal Assistance and spends 18.1% on Legal Assistance each year due to the need for these services across the service area.

S&DS utilizes all of its Title III-B discretionary funds on Access Services, In-Home Services, and Legal Assistance.

The other funds that are a part of the Older Americans Act that S&DS receives are:

Title III-C-1: Congregate Meals and AAA Administration. There is no waitlist for congregate services.

Title III-C-2: Home-Delivered Meals (Meals on Wheels) and AAA Administration: The Meals on Wheels (MOW) program uses a risk assessment tool and is geographic area specific. This risk tool includes factors such as income, age, health, daily living needs, and nutritional risk factors.

Title III-D: Health promotion and disease prevention services: Currently S&DS supports the evidence-based programs Living Well with Chronic Pain and Living Well with Diabetes developed by Stanford University's Patient Education Research Center. Workshops and classes are offered in both metro and rural locations with prioritization on expanded rural and underserved populations representation. There is no waitlist, but this program is dependent on volunteers and there is a current volunteer shortage.

Title III-E: Family Caregiver Support Services and AAA Administration: S&DS' current plan for the use of III-E funds calls for the provision of the following services to eligible individuals and families: information and referral, case management, in-home respite, older relative case management, and older relative self-directed care. S&DS uses the required Oregon Department of Human Services (ODHS)

Caregiver Assessment to determine prioritization. As of October 2024, there is no waitlist for III-E services.

Title VII-B: Elder abuse prevention services. S&DS supports activities such as adult abuse community education activities, marketing and advertising expenses to promote the Adult Protective Services hotline throughout Lane County. S&DS also provides targeted training for professionals, when requested.

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

OPI and OPI Pilot State General Funds

There are two state funded Oregon Project Independence (OPI) programs, one for adults aged 60 and older (OPI 60+ Classic) and another program for adults with disabilities ages 19-59 (OPI Pilot). OPI can be used for a variety of in-home services, such as: Home Care, Personal Care, Chore, Health & Medical Equipment, Meals on Wheels, Case Management, and AAA Administration. The OPI program has experienced inconsistent funding throughout the program's existence resulting in waitlists for the OPI 60+ program and cuts to services in recent years. In June of 2024, ODHS soft-launched the Oregon Project Independence Medicaid Program (OPI-M) through the 1115 demonstration waiver, approved by the Centers for Medicare and Medicaid Services. This program allows OPI services to be funded using Medicaid funding instead of the State general funds, freeing up funds for the OPI Classic programs, however, S&DS continues to have a waitlist for OPI 60+ Classic services. For more information about the OPI Programs, please see Section D.

Money Management Program State General Funds

S&DS receives funding through a contract from ODHS to administer the Oregon Money Management Program (OMMP). OMMP does experience a short-duration waitlist for new consumers due to volunteer match availability. The waitlist is prioritized based on a risk assessment which includes social and financial duress criteria, length of time on the waitlist, volunteer match compatibility, geographical region, and APS involvement. As of February 2023, S&DS has been able to bill Medicaid for OMMP services provided to OMMP consumers who have Medicaid, enabling S&DS to serve more consumers with these services.

Waitlists for Service and Prioritization

Programs experiencing waitlists are indicated in their respective sections above. In addition to the length of time on the waitlist, both the Family Caregiver Support Program (FCSP) and the Older Americans Act (OAA) MOW Program prioritize their waitlists based on scores from in-home risk assessments and geographic area. The risk or "social need" is based on a combination of physical, cognitive, and mental function (determined through daily self-care activity need, economic need

[relationship to poverty level], isolation [physical, geographic, rural, social, family], age, emergent health and mental health conditions [i.e. recent hospital discharge, depression, medication usage, nutritional needs]), and, in the case of the FCSP Program, the risk levels of both the caregiver and the care recipient. When in place, the FCSP waitlist is maintained to assure a minimum of 25% of supported caregivers reside in rural communities.

Future Funding Changes

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

A-5 Service Equity

S&DS recognizes barriers to accessing services and resources provided through the agency. Barriers include but are not limited to location of S&DS offices, reliable phone access, transportation, cultural barriers, and language access. S&DS also recognizes there is no one size fits all approach to providing services and information to the Oregonians S&DS serves. S&DS commits to mitigate barriers and work to understand the best ways to serve people from different backgrounds, lived experiences, and cultures, and to meet them where they are to ensure each person's dignity, choice, and independence are respected in the delivery of each service provided. In the focus area sections throughout this plan, S&DS has included ways to ensure services are provided equitably to meet the needs of older adults with disabilities with an emphasis on serving people and communities of greatest social and economic need, which includes communities of color, LGBTQIA2S+ people, people who live in rural areas, people living with a disability, and economically disadvantaged people.

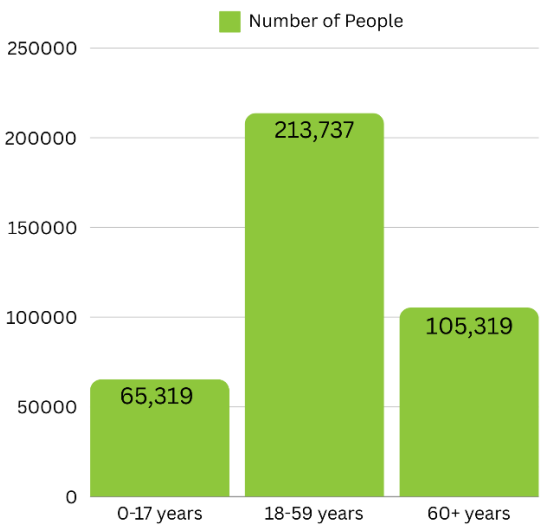
Section B – Planning and Service Area Profile

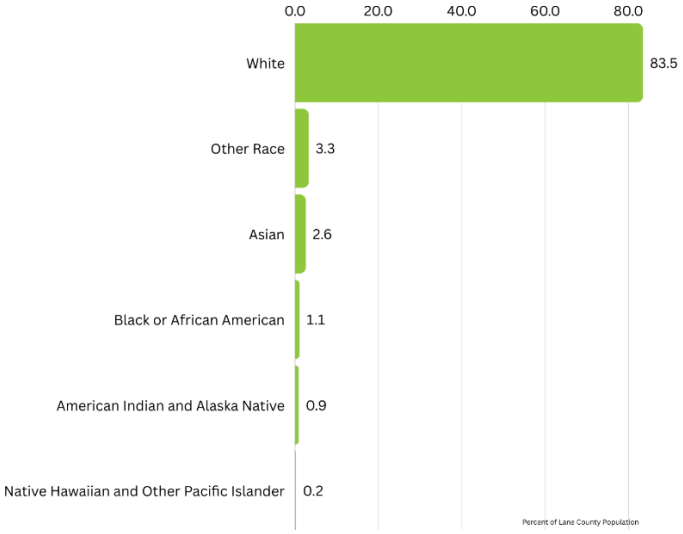
B-1 Population Profile

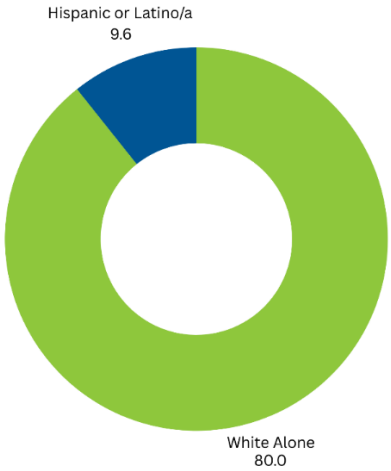
Lane County, Oregon is the Planning and Service Area (PSA) for S&DS and is one of two Oregon counties that extends from the Pacific Ocean to the Cascade Mountain range. Lane County has a population of 384,374, with 15.1% living in poverty according to the April 2024 Population Estimates from the Population Research Center at Portland State University[1]. The city of Eugene is the county seat and is the state's third most populous city, with a population of 177,339. The following charts depict

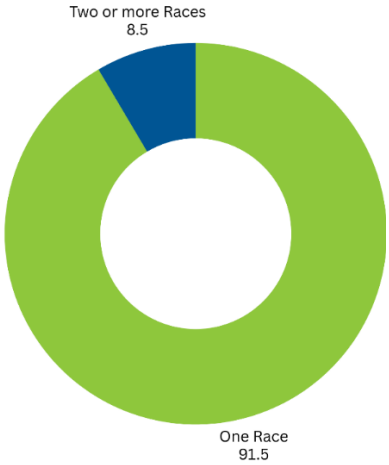
[1] Portland State University. "2024 Preliminary Population Estimates." last modified November 2024, https://www.pdx.edu/population-research/population-estimate-reports

Lane County population data from the 2022 American Community Survey from the United States Census Bureau[2].





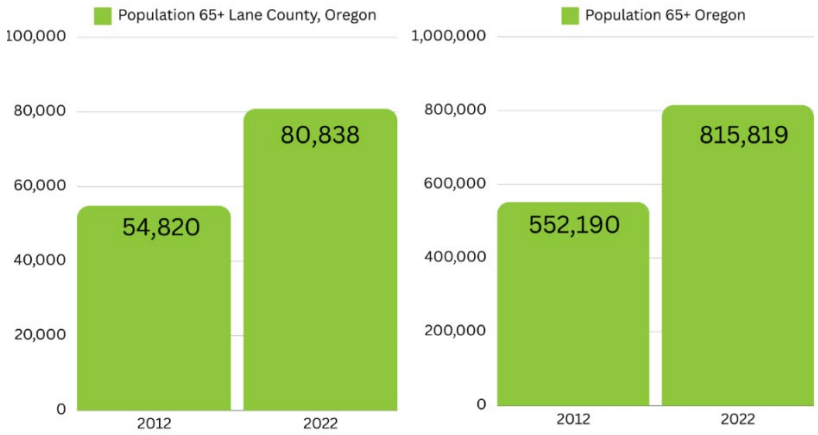


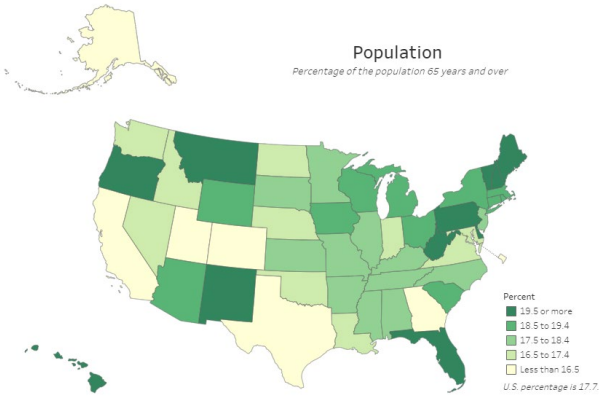


Across the United States, the older population is expected to continue to grow significantly over the next decade. Available data shows the number of people 65 and older increased from 43.1 million in 2012 to 57.9 million in 2022 and is projected to reach 88.8 million by 2060 according to the U.S. Census Bureau, Population Estimates and Projections 2020. The following chart shows the 65+ population increase from 2012 to 2022 for Lane County and the state of Oregon for local perspective on this trend.

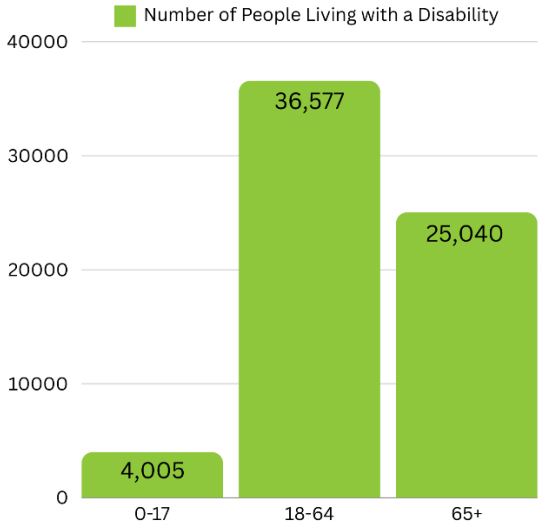
[2] U.S. Census Bureau. "Population 60 Years and Over in the United States." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0102, 2022, https://data.census.gov/table/ACSST5Y2022.S0102?q=Lane County, Oregon. Accessed on July 28, 2024.

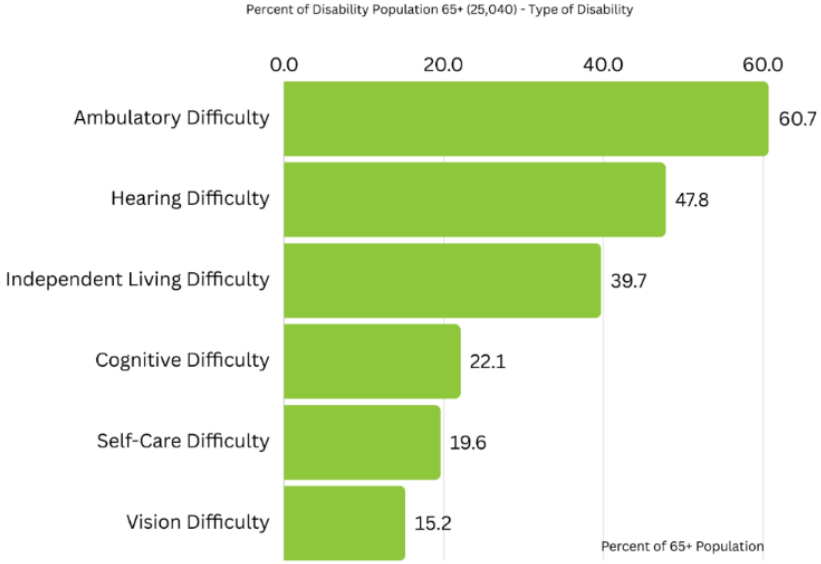
The United States Map shows the percent of those 65+ compared to the state population, with Oregon being 1 of 10 states with the highest percentages of 65+ individuals[3].

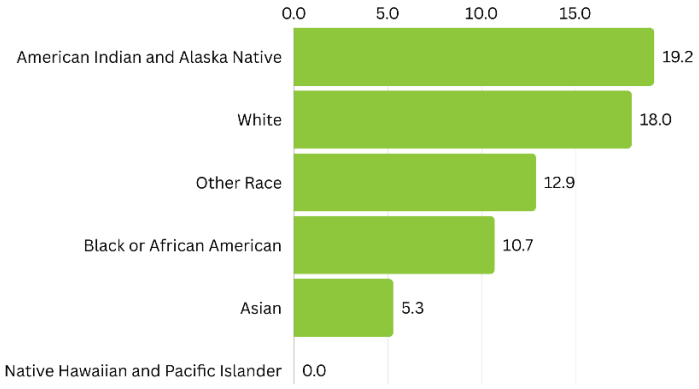




There are 65,622 people living with a disability in Lane County, 17% of the county's total population. The breakdown by age and the demographic information are depicted in the charts below.

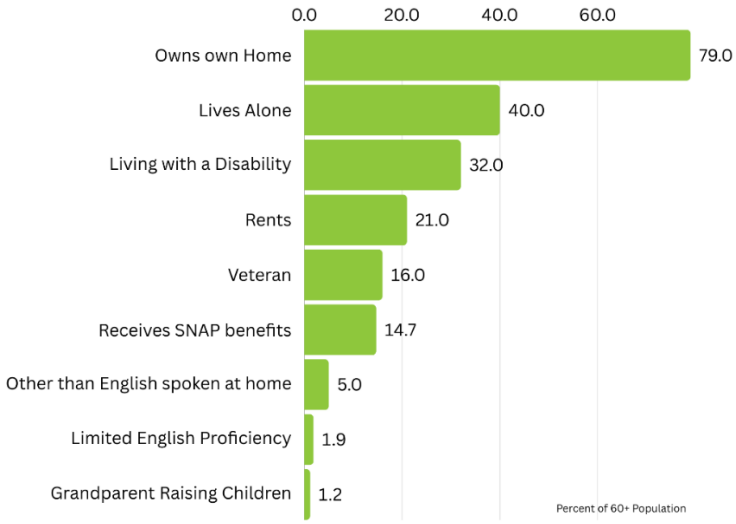


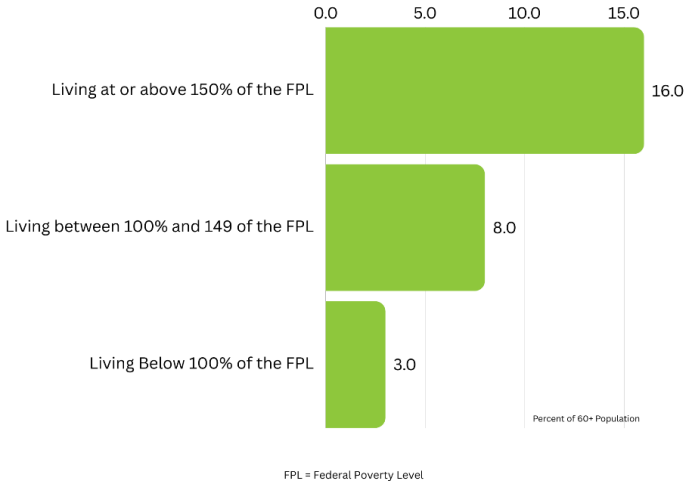




[3] U.S. Census Bureau. "The Population 65 Years and Older: 2021." American Community Survey, ACS 1-Year Estimates, Table S0101, 2021, https://www.census.gov/library/visualizations/interactive/population-65-and-older-2021.html. Accessed on October 1, 2024.

As the aging population continues to increase each year, the need for home and community-based services will also increase. The services that S&DS provides will be critical to support the community to age in place with dignity, choice and independence at the forefront. The increase in demand for services will require additional funding from the State and Federal Government to meet the level of need that is projected.





Along with the fast-paced growth in 65+ populations, across all ages the number of underrepresented populations has seen a slight increase in the past 10 years in Lane County. Around 92.5% of Lane County residents identify their race as White Only, a decrease of 4.7% from 2012 to 2022, and the number of people who identify their race as Black or African American increased by .2%. The data also shows that the number of those of Hispanic or Latino origin increased by 1.8% in 10 years. This plan will outline how S&DS will continue to prioritize outreaching to underrepresented communities throughout Lane County to ensure the critical services are accessible to all.

The Coquille, Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians (CTCLUSI), Confederated Tribes of Grand Ronde, Siletz, and Cow Creek Band of Umpqua Tribes lived and continue to live on the land where the boundaries of Lane County are drawn today. S&DS will prioritize outreach and services to the Tribes within Lane County as detailed in this plan.

B-2 Target Population

As an Area Agency on Aging, S&DS must prioritize services to those with the greatest economic and social need. S&DS is committed to providing the highest level of quality services, in the way that is most beneficial and accessible, to meet the growing needs of the following target populations:

- Residents in Rural Areas
- Low-income older adults
- Underrepresented and underserved communities
- Historically marginalized and BIPOC communities
- Older Native Americans
- Residents whose primary language is not English

- Adults aged 18 and older with physical disabilities
- Older adults who identify as LGBTQIA2S+
- Veterans
- Older adults at risk of loneliness and isolation

S&DS engages with these target populations by performing intentional outreach, building and strengthening relationships with community partners, ensuring S&DS is present in the community and at the table, and focusing on equity and inclusion (internally and externally).

S&DS participates in various networking events each month to build relationships with agencies and representatives from various entities that serve the target populations identified. Staff are in meetings and workgroups across the county and state to help inform policy, procedures, and operations of various programs to represent the target populations and develop meaningful programs. Some of the monthly and quarterly meetings are with Lane County Behavioral Health and Complex Team, Lane FUSE (Frequent User Systems Engagement), Abuse Multi-Disciplinary Team (MDT), local Self-Sufficiency offices, Lane Senior Support Coalition, Oregon Association of Area Agencies, ODHS, FOOD for Lane County, Trillium Community Health Plans, PacificSource, Poverty & Homeless Board in Lane County, Lane Transit District, Grow Lane County, and many more.

Through the current Memorandums of Understanding (MOUs), contracts, and Intergovernmental Agreements, S&DS continues to build relationships with partner agencies and work to bridge the gap to services for consumers and identify new partnerships to better serve the target population.

To build relationships with Tribal partners, S&DS staff participate in monthly Tribal Navigator meetings with ODHS and Tribal representatives. Section C-1 details the goals for reaching the Older Native American population.

Outreach efforts are described in Section C-1, Underserved Populations. Additionally, the goals and objectives listed throughout Section C describe ways in which S&DS will outreach and serve target populations.

B-3 AAA Services, Administration and Service Providers

S&DS provides a wide array of programs and services that help promote independence, dignity and choice for older adults and adults with disabilities. As a Type B Transfer Area Agency on Aging, in addition to the Older Americans Act programs that an Area Agency on Aging is required to provide, S&DS receives funding through a contract with ODHS to provide Medicaid Case Management services, Adult Protective Services, Eligibility Services, and Oregon Project Independence case management. These non-OAA services are important to include to demonstrate the full scope of services and supports S&DS provides to Lane County. Please see Attachment C (Service Matrix and Delivery Method) for the funding source and service delivery method per OAA service.

S&DS programs and services that are provided throughout Lane County include:

Services/Program	Description	Funding
Adult Foster Homes Licensing & Monitoring	S&DS licenses adult foster care homes located throughout Lane County and monitors the care they provide consumers. Adult foster homes are licensed to care for up to 5 people per home. S&DS also provides ongoing local foster home provider training.	Title XIX
Adult Protective Services (APS)	S&DS staff respond to abuse allegations regarding adults aged 65 and older and adults aged 18 and older with disabilities. APS staff work closely with law enforcement, licensed facilities, and the justice system. S&DS staff also provide public education on APS designed to prevent abuse, neglect, and exploitation of vulnerable adults.	Title XIX
Advocacy	Advocacy is conducted at both the individual consumer and agency level. At the agency level, the S&DS Advisory Councils, with LCOG Board approval and staff support, advocate for legislation, funding, and system changes at the local, state, and federal level. At the consumer level, staff and volunteers advocate on behalf of the needs of consumers to ensure they receive the best care possible. Staff assist consumers to work through barriers and connect to other resources in the community that best meet their needs.	All Funding Sources
Aging & Disability Resource Connection (ADRC)	The ADRC, through the integration of aging and disability services systems, provides personalized assistance to help consumers learn about and navigate through available community service options. The ADRC is designed as a highly visible and trusted place the public, regardless of income, may utilize for unbiased, reliable information on the full range of community long-term support options. Locally, the ADRC includes: • *Information & Assistance*: The ADRC serves as the first stop for consumers, family members and friends, as they seek to find resources for those who are aging or are experiencing a disability. It is designed to streamline access to information about available long-term care services. Referrals are made to programs and organizations that may meet the individual's specific need. Assistance is	ADRC/No Wrong Door Contract, Title XIX

	provided in accessing or connecting to services when needed or requested. • *Online Resources*: An online database of resources is available through www.adrcoforegon.org. The database is regularly maintained to ensure up-to-date information and contacts. Extra focus has been placed on access to dementia related services. • *Options Counseling*: Trained Options Counselors provide one-on-one assistance to assess the consumer's situation and needs to tailor options for services. Options Counselors also facilitate decision making on long-term care options, including supported living in the community. Home visit assessments are available to help navigate local, state, and federal programs and services. Extra focus has been placed on training staff to provide dementia related services. Consumers may be care recipients, caregivers, or family members.	
Care Facilities Case Management	S&DS staff monitor the care of Medicaid consumers in Residential Care Facilities, Assisted Living Facilities and Nursing Homes. Residential Care Facilities and Assisted Living Facilities provide 24-hour care in a licensed facility. Nursing Homes offer group living in a hospital-like setting.	Title XIX
Health Promotion Programs	S&DS offers a variety of evidence-based health promotion programs, including Living Well with Chronic Conditions, Chronic Pain, and Diabetes. These evidence-based programs were developed by Stanford University's Patient Education Research Center. The six-week workshops are designed to help participants learn how to manage their health conditions. Participants learn about nutrition, exercise, how to talk with their health care team and more from certified and trained volunteer leaders. S&DS also provides Walk with Ease and Powerful Tools for Caregivers. Walk with Ease is a 9-week group walking course that includes stretching and strengthening	OAA

	exercises. Powerful Tools for Caregivers is a 6-week program designed to help the family caregiver learn skills to better handle the challenges of caregiving for adults suffering from stroke, Alzheimer's, Parkinson's, or other conditions.	
Long-Term Care Services and Supports	S&DS staff work closely with consumers and their families to establish a care plan with a focus on keeping individuals safe and independent in their own homes for as long as possible. Once in place, Case Managers keep in touch with the consumer, caregivers, service providers and family members to verify that the plan continues to meet the consumer's needs.	Title XIX
Eligibility Services	S&DS staff determine financial eligibility for all Aging & People with Disabilities and Self Sufficiency programs, which includes but is not limited to Medicaid, Supplemental Nutrition Assistance Program (SNAP), Employment Related Day Care (ERDC), and Temporary Assistance for Needy Families (TANF). They also determine medical program eligibility for Oregon Health Plans, Affordable Care Act (MAGI) and Medicare Savings Programs. Staff determine financial eligibility for individuals receiving Long Term Care Services and Supports.	Title XIX
Oregon Money Management Program (OMMP)	Certified, trained volunteers and S&DS staff help participants with managing their finances and may serve as representative payees for federal benefits such as Social Security, Veterans Benefits and Railroad Retirement.	OMMP State Contract & Title XIX
Oregon Project Independence (OPI)	OPI provides limited in-home services to people 60 and older who need a little help to continue living independently in their own homes. The goal of OPI is to promote quality of life and independence by preventing inappropriate or premature placement into a nursing home. OPI services are offered on a sliding fee and are dependent on available funding; services include personal care and housekeeping, in-home care, durable medical equipment, emergency response devices, and Meals on Wheels. There are two programs within OPI: OPI 60+, which is for people aged 60 and older, and OPI Pilot, which is for adults	State General Funds & XIX

	aged 18-59. There is currently a waitlist for OPI 60+ program. See Section D for more information on OPI.	
OAA Case Management	Information, assistance, and referrals for care coordination are provided one-on-one. This includes assisting older adults in activities such as assessing needs, developing care plans, and authorizing, arranging, and coordinating services with providers. Follow up and reassessment is provided as needed and services are renewed annually.	OAA
OAA Family Caregiver Program	Staff provide information and assistance, respite care, supplemental services, and training resources for anyone caring for a family member or friend aged 60 and older. This also applies to anyone age 55 and older who is the unpaid primary caregiver for a child under the age of 18 or adult child with a disability.	OAA
Low-Income Home Energy Assistance Program (LIHEAP)	This federally funded year long program helps low-income consumers pay for primary or secondary heating costs once a year. Waitlists exist for this federally funded program.	Lane County Contract
Rural Medical Escort Program	Staff coordinate assistance and transportation for older individuals who have difficulty (physical or cognitive) using regular vehicular transportation. This is a volunteer-based door-through-door service. Volunteers are supervised by staff.	OAA, other funds
Senior Companion Program (Reassurance)	Trained older adults aged 55 and older that meet low-income guidelines receive an hourly tax-exempt stipend and some meal and mileage reimbursement to provide friendly visiting, transportation, and assistance to vulnerable older adults. This program is provided by the Lane Community College (LCC) Successful Aging Institute for S&DS consumers. There are no current waitlists for this program. When there is a waitlist, it is maintained by geographic service area.	OAA, other funds
Transportation Assessments (RideSource)	Under a contract with Lane Transit District (LTD), S&DS staff assess older adults and adults with disabilities for RideSource and Americans with Disabilities Act ride eligibility. RideSource provides transportation services within the Eugene/Springfield area for individuals not able to ride the LTD fixed-route bus system due to their functional physical, mental, cognitive, or emotional capacity.	LTD Contract

Older Adult Legal Services	Consumers aged 60 and older with non-criminal legal issues may receive no-cost legal consultation with pro-bono or staff attorneys. This program is offered by the Lane County Legal Aid/Oregon Law Center who is under contract with S&DS. Community education on legal issues is also provided.	OAA
Senior Meals Program	The Senior Meals Program is a nutrition wellness program which helps Lane County adults aged 60 and up maintain their independence by providing healthy meals and opportunities to develop and maintain vital social connections. S&DS operates nine Café 60 Meal Sites throughout Lane County and provides nutritious meals, friendly visits, regular safety and wellness checks, and access to a myriad of other community-based services to seniors in their home through the Meals on Wheels program. S&DS contracts with FOOD for Lane County for Eugene meal delivery, while S&DS provides meal delivery in Springfield and rural Lane County. Due to funding, waitlists for this program exist, are route specific, and are maintained by geographic service area. See Section C-1 for a full list of meal sites and programs.	OAA, Fundraising, Other Sources
Hospital Transition Coordination	Placement support and case management for hospital patients who are eligible for Medicaid long term care benefits.	Other Contract
Housing Navigators	Housing support services to case managed consumers. Services include housing search, application help, and move in process.	State General Funds, Other Funds
Pre-Admission Screening and Transition & Diversion	Trained staff assess the needs of older adults and people with disabilities determining if there is a need for nursing facility care. Workers take an active role in identifying options and resources needed to divert and transition older adults and people with disabilities from nursing facility placements to lower levels of care.	
Employer Resource Connection	Provides resources, tools, and support to consumer-employers who hire homecare workers to provide in-home care to the consumer.	Other Contract

Each of the programs listed above has different eligibility requirements, such as age, income, resource levels, etc. Please contact the ADRC for more information.

S&DS contracts with various community organizations and partners to provide additional services to older adults and people with disabilities. This funding makes up 4% of the budget.

To be able to provide the services of the highest quality, S&DS relies on its organizational structure, leadership, and approximately 281 staff who specialize in these programs and supports available to Lane County. The organizational chart of LCOG, S&DS, and the Units that provide these services are shown in Appendix A.

The OAA instructs AAAs not to be direct service providers for OAA services, however, ODHS has a waiver to allow AAAs in Oregon to be the direct service provider for information & assistance, case management, and outreach services. Currently, S&DS directly provides congregate meals, home delivered meals and evidenced-based health promotion programs. Nutrition services and Health Promotion Programs are detailed in Section C-1. In this Area Plan period, S&DS will assess what providers in Lane County could provide these services and other OAA services that would be more economical and comparable in quality. Attachment C (Service Matrix and Delivery Method) offers further details of specific services provided with OAA and OPI funding and documents whether the service is directly provided by S&DS or if it is contracted out.

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

S&DS does not look to compete with or replace existing services offered in the community, rather the goal is to supplement, support, and fill the gaps in the service delivery system for people with disabilities and older adults. S&DS fully understands that it is impossible for the AAA to meet every need of the target populations of this plan. With that understanding, S&DS is continually seeking new partnerships and collaborations between community organizations to meet the ever changing and diverse needs of older adults and people with disabilities.

As the contracted Aging & Disability Resource Connection (ADRC) for Lane County, S&DS is responsible for assessing the full range of available options and resources for people with disabilities and older adults in the community. The ADRC provides objective information, advice and assistance, and helps people access public and private programs. The ADRC functions as a No Wrong Door, helping the state streamline access to long-term services and supports for older adults and people with disabilities. For any services S&DS does not provide, the ADRC provides information and referral to meet the community need. From July 1, 2023 to June 30, 2024 (FY24), the ADRC assisted 7,614 consumers with 11,667 calls, 95% were referrals to services and programs throughout the community. In FY24, S&DS ADRC Specialists provided 25,367 referrals to local services and programs. Out of the 25,367 referrals, 31% were services directly provided by S&DS and the other 69% were other important services not provided by S&DS. The top referral types and partners for FY24 are listed below:

- Housing – Homes for Good, St. Vincent de Paul Society of Lane County, ShelterCare, Cornerstone Community Housing, Home Share Oregon, Catholic Community Services, Renter's Rights Hotline, Eugene Mission
- Transportation Services – Lane Transit District, Love for Lane County, South Lane Wheels
- Resource Centers / Activity Centers – Campbell Community Center, Willamalane Adult Activity Center, Lindholm Social Service Office, Springfield Community Service Center, Peterson Barn Community Center
- Other – Lane Independent Living Alliance (LILA), FOOD for Lane County, Social Security Office – Eugene, Medicare Counseling (SHIBA), NAMI Lane County, Oregon Estate Administration, Eugene Water and Electric Board (EWEB)

S&DS' Management team participates in many collaborative meetings to ensure the community planning around needs and services is inclusive of the needs of older adults and people with disabilities.

There are identifiable unmet needs throughout Lane County which include access to behavioral health services, transportation, and housing. For instance, in Lane County, there are 90 residents for every mental health care provider and residents report 5.8 poor mental health days each month according to the County Health Rankings 2024 report from the University of Wisconsin[4]. Out of the 674 responses to the S&DS Community Needs Assessment, 21% of respondents lacked access to behavioral health services. In response to this, S&DS continues to collaborate with community partners, specifically Oregon Adult Behavioral Health Specialist, and research funding opportunities to meet these unmet needs to reduce gaps in services for older adults and people with disabilities who have behavioral health needs.

As of October 2024, there were 4,536 unhoused people in Lane County according to the All-In Lane County dashboard[5]. Of the 4,536, 66% were unsheltered, 5% were in alternative shelter situations, 27% were in emergency shelters, and 2% were in Transitional Housing or Safe Haven. 24 respondents to the Community Needs Assessment reported that they were currently experiencing homelessness, 79% of them living with a disability. S&DS can assist case managed consumers, through the S&DS Housing Navigator role, with maintaining, searching for, and applying for housing. S&DS has MOUs in place with Homes for Good, Lane County's Housing Agency, to receive preference for housing vouchers. S&DS has a MOU in place with Cornerstone Community Housing for a low-income housing development to support the referral process for S&DS consumers to this upcoming housing opportunity, which received funding in August of 2024 and is currently under construction.

Safe, affordable, and accessible transportation is key to supporting older adults and people with disabilities ability to age in place. Transportation can be a significant challenge for individuals trying to connect to community services. In rural communities, 53% of respondents to the survey frequently or

[4] University of Wisconsin Population Health Institute. "County Health Rankings & Roadmaps." Lane, Oregon. 2024. https://www.countyhealthrankings.org/health-data/oregon/lane?year=2024. Accessed on October 28, 2024.
[5] Lane County, Oregon. "Homelessness in Lane County, OR." Lane County Human Services. https://public.tableau.com/app/profile/lchsd/viz/HomelessnessinLaneCountyOregon_16195399452050/SummaryDashboard. Accessed on December 2, 2024.

sometimes miss activities and appointments due to lack of transportation, compared to 51% in the Eugene metro area. S&DS meets quarterly with Lane Transit District to discuss identified needs and gaps, procedures, and current contracted services.

Section C – Focus Areas, Goals, and Objectives

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

Information and Referral Services and Aging and Disability Resource Connection (ADRC)

The ADRC In Lane County

As the aging population continues to grow over the next 20 years, access to high quality, accurate service information is crucial for the aging and disability network. The ADRC is a vital community resource that explains available long-term services and supports, gives objective & trusted information, empowers people to make informed decisions, and helps Oregonians who are navigating the aging and disability service delivery system to easily access public and private community services. The ADRC serves as the entry point to the Long-Term Services and Supports (LTSS) in the community for those seeking care for themselves, for caregivers navigating a complicated process on their own, and for professionals seeking assistance on behalf of their consumers. The ADRC is a part of the No Wrong Door service model, which ensures that anyone seeking LTSS regardless of age, income, or disability can access a one-stop coordinated system that is person-centered and trauma-informed.

The ADRC in Lane County is a free service that provides information and referrals for community resources, including services provided by S&DS. The ADRC staff at S&DS conduct screenings for Medicaid case management long-term services and provide initial eligibility determinations for Supplemental Nutrition Assistance Program (SNAP) and Medicaid for those age 60 and older and adults with disabilities. The ADRC also maintains a searchable resource database (www.adrcofOregon.org) that makes resources available online, in-person, or over the phone. In administering high quality and accurate information and assistance, ADRC staff focus on reviewing not just the initial contacted need but all the consumer's needs. ADRC staff place the consumer in the controls of service referral, allowing the consumer to decide on the next steps. Having a person-centered approach to ADRC services maximizes independence and personal choice. All S&DS ADRC staff are trained and certified by Inform USA (formerly Alliance of Information & Referral Systems (AIRS)) as professionals in the Information & Referral sector of Human Services.

Options Counseling

Trained S&DS Options Counselors provide individualized support to address long-term services and support needs. Through a person-centered assessment process conducted in the home or community setting that identifies needs, strengths, values, and preferences of the consumer, the Options Counselors provide facilitated decision-making regarding long-term care options for adults aged 60

and older, adults with disabilities, and caregivers. Options Counselors provide referrals to providers and services within the community, including services provided by S&DS. Options Counseling is typically a short-term service with no income or need-based restrictions.

S&DS provides Options Counseling through trained Senior Connections Area Coordinators throughout Lane County. Staff members are state certified in Options Counseling within six months of hire and maintain annual professional development training, such as state and national pilot training programs, including certification in person-centered practices.

Partnership Development

The ADRC relies on accurate, reliable, and trusted community partners who provide information about local resources and supports that ADRC staff can refer to. ADRC staff are responsible for connecting with community agencies and resources to ensure the ADRC database is accurate with current information. S&DS strives to also bridge the gap with local community partners by exploring avenues in which they connect to the ADRC on behalf of their consumers to triage and support these requests in a timely and wholistic manner. In FY23 (July 1, 2022 – June 30, 2023), S&DS secured a grant to place ADRC Staff on site at HIV Alliance in Eugene to help bridge the gap to ADRC services for the community. By bringing ADRC services to consumers where they congregate, this partnership reduced barriers to accessing services (transportation, phone access, navigating the system). S&DS will continue to look for opportunities like this to continue promoting, strengthening, and supporting I&R services.

Sustainability

Financial sustainability continues to be a challenge for the ADRC. The ADRC at S&DS is supported budgetarily by contracts from the Oregon Department of Human Services and S&DS currently leverages existing Medicaid funding for the ADRC which has helped augment ADRC staff.

Challenges

Highly visible access and assistance in navigating available long-term care services and supports, and other community resources are essential to supporting older adults and people with disabilities to live in their community and age in place. Assistance in navigating options is a core function of the ADRC; however, many people do not know about the ADRC in Lane County. The S&DS Community Needs Assessment found that 69% were unfamiliar with the ADRC. The ADRC can be accessed online, by phone, and in-person at the Eugene S&DS office. There are barriers to accessing the ADRC in rural communities where an in person ADRC option does not currently exist for those who have limited telephone connectivity, internet, and transportation options. Ensuring appropriate, person-centered referrals and assistance is also essential to support individuals with this navigation and No Wrong Door approach.

S&DS is committed to the following goals and objectives to strengthen and support community access to information and referrals to obtain ADRC services.

1. Increase ADRC visibility and utilization across Lane County by implementing a targeted outreach plan

2. Establish a robust quality assurance (QA) and quality improvement (QI) program for the ADRC to measure and enhance consumer satisfaction
3. Develop and implement standardized internal protocols to identify and address barriers to accessing the ADRC at all S&DS locations across Lane County
4. Expand the presence of Options Counseling in the community by increasing outreach efforts and service availability
5. Evaluate the feasibility and sustainability of implementing specialized Options Counseling (OC) services at S&DS

Goal 1: Increase ADRC visibility and utilization across Lane County by implementing a targeted outreach plan

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe Month & Year
5% increase in ADRC inquiries and a 5% rise in service referrals compared to the previous year	Gather data on current ADRC inquiries and referrals.	ADRC Unit Manager	October 2025
	Develop presentation/training for both internal and external audiences	ADRC Unit Manager, Lead, ADRC Specialist	October 2025
	Create and approve a comprehensive outreach strategy, including digital, print, and in-person campaigns.	ADRC Unit Manager and Program Manager	December 2025
	Present/train SDS staff on ADRC services and website.	ADRC Unit Manager, Lead, and ADRC Specialist	Twice yearly
	Organize 4 public awareness events across Lane County to highlight ADRC services. One of the 4 events needs to target rural and/or underserved populations	Community Outreach & Volunteer Coordinator and Contracts Manager	Annually
	Track monthly data on inquiries and referrals to include target populations with a mid-	Unit Manager and Program Manager	Mid-term – June Annual - December

	year evaluation and an annual progress review.		
	Accomplishment or Update:		

Goal 2: Establish a robust quality assurance (QA) and quality improvement (QI) program for the ADRC to measure and enhance consumer satisfaction

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe Month & Year
Develop and implement QA/QI activities, including at least two consumer feedback mechanisms, with a satisfaction score target of 85% or higher. Utilize existing resources and engage staff in training on QA methodologies and consumer engagement. Improving consumer satisfaction aligns with ADRC's mission to provide excellent service to individuals seeking assistance.	Define quality standards and benchmarks for consumer satisfaction. Identify tools and resources for QA/QI processes (e.g., surveys, focus groups, secret shopper activity).	ADRC Unit Manager and Program Manager	December 2025 December 2025
	Design a consumer satisfaction survey with input from staff and stakeholders. Create a process for analyzing feedback and identifying improvement areas.	ADRC Unit Manager and Program Manager	January 2026 February 2026
	Launch the consumer satisfaction survey and conduct focus groups. Establish a routine reporting structure for QA results (e.g., monthly/quarterly reports).	ADRC Unit Manager and Program Manager	March 2026 May 2026

	Analyze feedback data to identify trends and areas for improvement. Implement targeted QI initiatives based on consumer feedback. Regularly measure progress toward the 85% satisfaction target.	ADRC Unit Manager and Program Manager	June 2026 & then quarterly September & then quarterly Quarterly
	Accomplishment or Update:		

Goal 3: Develop and implement standardized internal protocols to identify and address barriers to accessing the ADRC at all S&DS locations across Lane County

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe Month & Year
Ensure protocols are operational at 100% of S&DS locations. Evaluate their effectiveness through quarterly reviews and consumer feedback, aiming for a 10% reduction in reported access barriers. Leverage existing staff expertise and consumer insights to create	Conduct a needs assessment at each S&DS location to identify existing access barriers (e.g., physical, technological, or language barriers). Gather input from staff, consumers, and stakeholders on common challenges and improvement opportunities.	ADRC Unit Manager	July 2026
	Develop standardized protocols for identifying	ADRC Unit Manager and Program Manager	January 2027

practical, scalable protocols. Addressing access barriers directly supports the ADRC's mission to provide equitable services to all individuals across Lane County.	and documenting access barriers. Create action plans for addressing barriers, including resource allocation and timeline requirements. Draft a training curriculum for staff on implementing and following the protocols.		
	Train staff at all S&DS locations on the new protocols.	ADRC Unit Manager and Lead Worker	June 2027
	Establish a system to track and report identified barriers and resolution outcomes. Collect consumer and staff feedback quarterly to measure the impact of the protocols. Analyze data to assess progress toward reducing reported barriers.	ADRC Unit Manager and Program Manager	August 2027
	Incorporate the protocols into regular operations and staff training.	ADRC Unit Manager and Program Manager	August 2027

	Schedule periodic reviews to update and improve protocols based on changing needs and feedback.		
	Accomplishment or Update:		

Goal 4: Expand the presence of Options Counseling in the community by increasing outreach efforts and service availability

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe Month & Year
Conduct a minimum of 4 community outreach events and increase Options counseling enrollment by 10%.	Develop a strategy with specific goals for outreach and visibility.	Senior Connections Unit Manager, Program Manager, and Contracts Manager	December 2026
	Schedule and host a minimum of 4 community events to promote Options Counseling.	Senior Connections Unit Manager, Program Manager	Annually
	Create and distribute marketing materials (flyers, brochures, digital content) to raise awareness.		Annually
	Train staff to effectively represent Options Counseling at events and community spaces.		December 2025

	Track participation rates at events and measure the impact on referrals and counseling enrollment Collect feedback from community members and partners to refine outreach efforts. Evaluate progress toward the 10% increase in counseling enrollment.	Senior Connections Unit Manager, Program Manager	June 2027
	Accomplishment or Update:		

Goal 5: Evaluate the feasibility and sustainability of implementing specialized Options Counseling (OC) services at S&DS

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe Month & Year
Complete an analysis of demand, resource requirements, and sustainability, culminating in a detailed feasibility report with recommendations. Use data collection, stakeholder engagement, and cost analysis to ensure informed decision-making regarding	Research specialized Options Counseling programs.	Senior Connections Unit Manager and Program Manager	June 2028
	Identify the skills, training, and number of staff required to deliver specialized OC. Review technology, materials, and workspace requirements to support the program.	Senior Connections Unit Manager and Program Manager	June 2028

specialized OC implementation. Aligns with S&DS's mission to improve service accessibility and consumer satisfaction by addressing specific community needs.	Calculate the initial and ongoing costs of implementing specialized OC, including staffing, training, and operational expenses.	Program Manager	June 2028
	Determine if specialized OC will be adopted.	Program Manager and Deputy Director	June 2028
	Explore potential funding sources such as grants, community partnerships, or budget reallocations to support specialized OC.	Development Coordinator, Program Manager, and Contracts Manager	December 2028
	Develop an Implementation Plan (if approved): Create a phased implementation plan with timelines, goals, and metrics for. Pilot Program (if applicable): Design and launch a pilot program to test specialized OC services and evaluate outcomes before full-scale implementation.	Senior Connections Unit Manager and Program Manager	June 2029
	Accomplishment or Update:		

Nutrition Services

Title III-C Nutrition Program under the Older Americans Act (OAA) aims to reduce hunger, food insecurity, and malnutrition; promote socialization; and improve the health and well-being of older adults. It is the only federally supported program designed to meet the nutritional and social needs of older adults in the country. Nutrition Services, such as Congregate Meals and Home Delivered Meals,

are provided across Lane County to meet the core requirements and goals of the OAA. The Senior Meals Program is a nutrition wellness program which helps Lane County adults aged 60 and up maintain their independence by providing healthy meals and opportunities to develop and maintain vital social connections. S&DS operates nine Café 60 Meal Sites throughout Lane County and provides nutritious meals, friendly visits, regular safety and wellness checks, and access to a myriad of other community-based services to seniors in their home through the Meals on Wheels program. S&DS contracts the Meals on Wheels Program & Delivery in the city of Eugene to FOOD for Lane County through a competitive procurement process.

The chart below lists Café 60 dining sites and locations where Home Delivered Meals (HDM) are provided, along with service schedule.

Site	Address	Congregate Schedule	HDM Delivery Schedule	Average Participation
Coburg	I.O.O.F. Hall 9119 Willamette St., Coburg, OR	Wednesday 12:00pm	NA	Cong: 33
Cottage Grove	Community Center 700 E Gibbs Ave., Cottage Grove, OR 97424	Tuesday, Wednesday, Thursday 11:30am	Tuesday, Wednesday, Thursday	Cong: 165 HDM: 761
Creswell	Crestview Villa 350 S. 2nd St., Creswell, OR 97426	Monday, Wednesday, Friday 11:30am	Monday, Wednesday, Friday	Cong: 181 HDM: 450
Eugene	NorthWest Neighbors 1221 Jacobs Dr., Eugene, OR 97402	Monday through Friday 11:30am	Monday through Friday	Cong: 474 HDM: 279
Florence	Florence Senior Center 1570 Kingwood St., Florence, OR 97439	Monday, Wednesday, Friday 11:15am	Monday, Wednesday, Friday	Cong: 84 HDM: 880
Junction City	Viking Sal Senior Center 245 W. 5th Ave., Junction City, OR 97448	Monday, Wednesday 11:30am	Monday, Wednesday, Friday	Cong: 33 HDM: 1,001
Oakridge	Church of the Nazarene 48187 Highway 58, Oakridge, OR 97463	Tuesday, Thursday 11:30am	Tuesday, Thursday	Cong: 127 HDM: 480
Springfield	Willamalane Adult Activity Center 215 W. C St., Springfield, OR 97477	Monday through Friday 11:30am	Monday through Friday	Cong: 674 HDM: 3,846
Veneta	Fern Ridge Service Center 25035 W. Broadway,	Monday, Wednesday, Friday 11:00am	Monday, Wednesday, Friday	Cong: 170 HDM: 548

	Veneta, OR 97487			
Eugene Meals on Wheels	FOOD For Lane County 770 Bailey Hill Road, Eugene, OR 97402	NA	Monday through Friday	HDM: 12,335

With the recent OAA regulations update in 2024 allowing 25% of OAA C-1 Congregate funding to support carry out meals for congregate consumers, S&DS will submit an Area Plan amendment in FY26 to use OAA C-1 Congregate funding for carry out meals.

Partnerships & Sustainability

LCOG is a partner in an interagency consortium with NorthWest Senior & Disability Services (NWSDS) and Oregon Cascades West Council of Governments (OCWCOG) that procure food services for congregate and home delivered meals programs in a seven-county area. NWSDS operates as the lead agency. The consortium is in year one of a five-year agreement with TRIO Community Meals (TRIO) to operate three central kitchens located in Salem, Newport, and Eugene. The consortium's pooled meal volume results in reduced unit prices. Meal participants have a choice between two fresh entrees each day and a choice of the day of delivery to meet their specific needs, preferences, and personal choice. Detailed analysis of the daily menu is provided to meal sites and available online. The menu created by TRIO, in collaboration with the consortium staff, meets the dietary requirements for diabetics and heart healthy individuals.

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

S&DS could not operate the Senior Meals Program without community partners and a pool of 250+ volunteers. In FY24, volunteers donated 23,705 hours of their time to support the Senior Meals Program by portioning meals, serving meals at the Café 60s, and delivering meals to those in their homes. The volunteers delivering meals are sometimes the only interaction home delivered meal consumers see each day. The Café 60 sites across the county are housed in community centers and housing locations for a nominal fee, with some spaces donated entirely in-kind like the Homes for Good locations and the City of Junction City.

The Senior Meals Program relies on fundraising dollars to sustain normal operations and to meet the growing need for nutrition services. The program conducts various year-round fundraising campaigns to support the program and in FY24 fundraising activities grossed $271,859. In the years following the COVID-19 pandemic, S&DS has had to increase its fundraising efforts due to pandemic-era funding being no longer available. With federal funding continuing to not meet the nutrition needs of the

county, in FY25, a Development Coordinator was hired to support these efforts and focus on increasing fundraising dollars in the years to come.

Nutrition Education

The Senior Meals Program provides nutrition education to all participants who receive meals. Senior Connections Area Coordinators provide MOW recipients nutrition education at the time-of-service enrollment and annually thereafter. This includes a document titled *About the Senior Meals Menu*. This tool is used to further educate participants about menu options and ordering meals. Nutrition Education is also provided quarterly at our congregate Café 60 meal sites by the Meal Site Coordinator. Menus are distributed monthly to congregate and MOW recipients. Menus contain nutritional analysis that is developed by a contracted dietitian.

Coordination with Other Services

The ADRC is at the forefront of information on aging and disability services in Lane County for consumers. Those inquiring about MOW and Café 60 services are directed to the ADRC contact number where their potential needs are communicated, and community referrals are provided. Senior Connections Area Coordinators perform in-home assessments for OAA MOW delivered in Springfield and other outlying communities throughout Lane County, whereas FFLC completes the OAA MOW assessments for Eugene. Case management and service assessments are conducted using a person-centered methodology, placing the consumer at the controls of their case planning activities. Area Coordinators are also the access point for consumers to the S&DS Family Caregiver Program, Money Management Program, Options Counseling, other AAA services and referrals to outside community resources.

Challenges and Barriers

The cost of providing OAA nutrition services has increased drastically while federal funding has remained stagnant, which has impacted the agency's ability to meet the growing need for meals across the county. As the number of older adults continues to increase yearly, so does the demand and need for these programs. In Lane County, 13.2% of the population is food insecure, compared to 9.8% of the population of Oregon as cited by the 2023 Food Insecurity in Oregon Report[6]. Across Oregon, 10.8% of the population of adults 60+ are food insecure according to the 2022 Feeding America Report, Food Insecurity Among Seniors[7]. 208 people in the 2024 Community Needs Assessment reported that they didn't have enough money to buy the food that they need.

Program growth is restricted by stagnant federal funding, unpredictable state funding, minimal local government support, and the availability of grant funding as LCOG is an intergovernmental agency, not a 501(c)3 registered non-profit. At the same time, certain costs are non-negotiable, such as food

[6] Oregon Hunger Task Force. "Status of Hunger in Lane County." Lane County Fact Sheet, 2023. https://www.oregonhungertaskforce.org/wp-content/uploads/2023/04/2023LaneCountyFactSheet-1.pdf

[7] Feeding America. "Food Insecurity Among Seniors and Older Adults in 2022." https://www.feedingamerica.org/sites/default/files/2024-07/Food%20Insecurity%20Among%20Seniors%20and%20Older%20Adults%20in%202022.pdf

inflation and providing a livable wage to S&DS employees. There continues to be limited funding for capital investments or improvements to significantly expand, enhance, and target underserved populations.

Congregate dining sites provide the opportunity for social connection for older adults. Social connection has been proven to promote positive health outcomes for individuals through biological, psychological, and behavioral processes. The lack of social connection poses a significant risk to individual health and longevity. Our Epidemic of Loneliness[8] states that loneliness and social isolation increase the risk of premature death by 26%, are associated with increased risk of diseases, and are associated with increased risk for anxiety, depression, and dementia. 1 in 2 adults over the age of 60 are at risk of social isolation, and 1 in 3 older adults experience loneliness according to the Suicide Prevention Resource Center[9]. Connection to the Café 60s for daily nutrition and social connection decreased during the COVID-19 pandemic due to mandated closures and has been slow at attracting older adults back to the in-person program after reopening.

S&DS continues to focus on volunteer recruitment, retention, and appreciation. Any loss of volunteers, funding or partnership is felt deeply, with a significant impact on the program and consumers. Due to the nationwide volunteer shortage in FY24, S&DS has increased staffing costs to continue service levels where volunteers used to fill this need. S&DS does not own the facilities used for meal sites and relies on local organizations with adequate facilities to commit the space and time to operate the program in their communities. In recent years, the organizations have increased the facility use costs more frequently, putting additional strain on this already underfunded program. The lack of adequate and affordable community facilities creates additional barriers to continued congregate participation and MOW growth.

Opportunities

S&DS maintains its membership with the Meals on Wheels America Association (MOWA) which is a national organization of community-based senior nutrition programs. They offer market research, assistance with branding and fundraising, training, and grant opportunities to partner organizations. MOWA created a multi-year national campaign, End the Wait[10], to bring awareness to the waiting lists that senior nutrition programs across the country have for nutritious meals due to the sheer volume of need and limited funding. This campaign aims to serve more and serve better by removing waitlists and increasing partnerships for funding and resources. S&DS will take part in this campaign to support the Senior Meals Program locally.

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[8] United States Department of Health and Human Services. "Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community." Washington, D.C.: U.S. Department of Health and Human Services, Office of the U.S. Surgeon General, https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf, 2022.

[9] Education Development Center. "Reducing Loneliness and Social Isolation among Older Adults." University of Oklahoma Sciences Center: Suicide Prevention Resource Center. https://sprc.org/wp-content/uploads/2022/12/Reducing-Loneliness-and-Social-Isolation-Among-Older-Adults-Final.pdf, July 2020.

[10] https://www.mealsonwheelsamerica.org/end-the-wait

S&DS is committed to reducing hunger and food insecurity among older adults, promoting their health and wellbeing. The challenges and opportunities identified have led to the following goals:

1. Increase public awareness of the Senior Meals Program by enhancing outreach efforts and improving community engagement
2. Strengthen volunteer recruitment and retention strategies to support S&DS programs by increasing the volunteer pool and improving retention rates
3. Increase revenue for the Senior Meals Program through diversified funding sources, including community donations, grants, and partnerships
4. Expand the service boundaries of the Home Delivered Meals program to reach underserved seniors in outlying areas of Lane County

Goal 1: Increase public awareness of the Senior Meals Program by enhancing outreach efforts and improving community engagement

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe Month & Year
Achieve a 5% increase in meal participation rates at Café 60 and reach a minimum of 500 community members through outreach campaigns. Utilize existing resources, collaborate with community partners, and deploy targeted outreach strategies to promote the program. Expanding public awareness supports the mission to reduce food insecurity and enhance the well-	Conduct a needs assessment to identify areas with low program awareness or participation. Develop a public awareness campaign strategy, including goals, target audiences, and outreach methods.	Nutrition Coordinator, Unit Manager and Program Manager Unit Manager, PIO, and Executive Assistant	June 2027
	Create promotional materials, including flyers, brochures, and social media content, emphasizing the program's benefits. Engage local media (radio, TV, and newspapers) to highlight the program through public service announcements and feature stories.	Unit Manager, PIO, and Executive Assistant	December 2027
	Brainstorm and identify opportunities to bring additional services and/or	Nutrition Coordinator, Senior Meal Site Coordinators, Unit	December 2027

being of seniors in the community.	entertainment in during meal service at Café 60s	Manager, Program Manager	
	Partner with senior centers, community organizations, healthcare providers, and faith-based groups to promote the program. Create Senior Meals Program email list to inform about program offerings. Inform CCO's of Senior Meals Program offerings.	Unit Manager and Program Manager Program Manager, Unit Manager, Nutrition Coordinator	Quarterly beginning Quarter One (Jan-Mar) 2028 December 2027 Quarterly beginning Quarter One (Jan-Mar) 2028
	Host a minimum of 2 community events to share information about the program	Unit Manager and Outreach & Volunteer Coordinator	Annually by 2027
	Enhance the program's online presence by updating the website and utilizing social media platforms for targeted outreach. Share testimonials and success stories from program participants to build community interest.	Unit Manager, PIO, Executive Assistant, Nutrition Coordinator and Program Manager	June 2028
	Track participation rates monthly to measure progress toward the 5% increase goal. Monitor the reach and engagement of outreach efforts (e.g., website visits, social media metrics, event attendance).	Unit Manager	December 2028

	Collect feedback from participants and partners to assess the effectiveness of the campaign.		
	Develop a calendar of recurring outreach activities to maintain ongoing awareness. Document best practices and lessons learned to guide future campaigns. Share outcomes and successes with stakeholders to secure continued support and funding.	Unit Manager, Program Manager, PIO, Executive Assistant, Development Coordinator, Outreach & Volunteer Coordinator	June 2029

Goal 2: Strengthen volunteer recruitment and retention strategies to support S&DS programs by increasing the volunteer pool and improving retention rates.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe Month & Year
Hold 4 recruitment events targeting new volunteers and increase volunteer retention rates by 10%. Develop targeted recruitment campaigns, provide meaningful engagement opportunities, and implement recognition programs to attract and retain	Review existing recruitment and retention strategies to identify strengths, weaknesses, and areas for improvement. Collect feedback from current and past volunteers to understand motivations, challenges, and factors influencing retention.	Community Outreach & Volunteer Coordinator, Contracts Manager, Program Manager, PIO Contract Manager and Executive Assistant	January 2026
	Create targeted marketing materials and campaigns tailored to specific demographics, such as	Community Outreach & Volunteer Coordinator, Contracts Manager, Program Manager,	June 2026

volunteers. A robust and engaged volunteer workforce is essential for delivering high-quality services and supporting the community.	retirees, students, and community groups. Collaborate with local organizations, schools, and faith-based groups to promote volunteer opportunities. Post volunteer opportunities on websites, social media, and volunteer recruitment platforms to expand outreach.	SMP Unit Manager, Senior Connections Unit Manager, PIO	
	Implement a standardized onboarding program to provide new volunteers with the tools and knowledge needed for success. Launch a volunteer recognition program, including annual events, awards, and personalized acknowledgments.	Community Outreach & Volunteer Coordinator, Contracts Manager, SMP Unit Manager, Senior Connections Unit Manager, Nutrition Coordinator	June 2026
	Monitor the number of new volunteers recruited and retention rates quarterly to measure progress toward the 10% retention increase goals. Gather ongoing feedback from volunteers to refine recruitment and retention strategies. Evaluate the impact of volunteer engagement strategies on program	Community Outreach & Volunteer Coordinator and Contracts Manager	Annually

	performance and adjust as needed.		
	Accomplishment or Update:		

Goal 3: Increase revenue for the Senior Meals Program through diversified funding sources, including community donations, grants, and partnerships.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe Month & Year
Increase the Senior Meals Program revenue each year by 5%. Use targeted fundraising campaigns, grant applications, and sponsorship opportunities to meet the revenue goal. Increased revenue supports the sustainability and expansion of the Senior Meals Program to meet the nutritional needs of older adults.	Solicit corporate sponsorships	Development Coordinator	June 2028
	Expand direct mail fundraising campaign	Development Coordinator	June 2028
	Diversify fundraising efforts to increase opportunities to increase funding	Development Coordinator	June 2028
	Research and apply for funding opportunities when available	Development Coordinator	June 2028
	Accomplishment or Update:		

Goal 4: Expand the service boundaries of the Home Delivered Meals program to reach underserved seniors in outlying areas of Lane County

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe Month & Year
Extend service coverage to include at least 2 new rural communities. Leverage existing resources, partnerships, and volunteer networks while identifying additional funding sources to support expansion. Expanding service boundaries aligns with the mission to reduce food insecurity and provide equitable access to meals for all seniors.	Conduct a needs assessment to identify underserved areas and the potential number of new clients. Evaluate the program's current capacity, including staffing, volunteers, and infrastructure, to determine requirements for expansion.	Nutrition Coordinator, Unit Manager, Program Manager	June 2027
	Engage rural meal site coordinators and volunteers about expansion and brainstorm opportunities	Unit Manager, Program Manager, Meal Site Coordinators, Nutrition Coordinator	June 2027
	Engage local organizations, community centers, and healthcare providers in the target areas to support the expansion. Formalize partnerships for outreach, volunteer recruitment, or shared resources like transportation.	Nutrition Coordinator, Unit Manager, Program Manager	June 2027
	Identify and apply for grants or funding opportunities to support expansion efforts. Recruit and train additional volunteers to manage increased delivery demands.	Unit Manager, Program Manager, Development Coordinator Outreach & Volunteer Coordinator, Meal Site Coordinators	June 2027

	Secure necessary equipment (e.g., delivery vehicles or storage) for expanded routes.	Unit Manager, Program Manager	
	Pilot expanded service in one new area to refine delivery processes and address logistical challenges. Gradually roll out services to the additional communities based on the pilot's findings. Promote the expanded service through targeted outreach campaigns in new areas.	Meal Site Coordinators, Unit Manager	June 2028
	Evaluate the cost-effectiveness of the expansion and make adjustments as needed.	Unit Manager, Program Manager	June 2029
	Establish a long-term plan for maintaining service in the expanded areas, including ongoing funding and volunteer support. Document successful practices and challenges to guide future expansions.	Program Manager	June 2029
	Accomplishment or Update:		

Health Promotion

To live out the mission of S&DS and provide services that promote independence, dignity, and choice, S&DS provides health promotion programs throughout Lane County. Health Promotion Programs, specifically evidenced based or evidenced informed programs, are proven to improve the quality of life

for participants, increase self-efficacy in managing one's health, increase independence, improve mental health, reduce pain, reduce hospital costs and doctor visits, and many more benefits to support older adults and people with disabilities according to the National Council on Aging[11]. As the number of older adults increases, this also increases chronic illnesses and decreases functioning. According to the World Health Organization, healthy aging does not mean that people need to be disease-free, rather healthy aging ensures coordinated care that manages disease with a focus on individuals' personal goals and optimizing functional abilities[12].

S&DS uses OAA Title III-D Disease Prevention and Health Promotion funds to implement and provide Stanford University's Chronic Disease Self-Management Program, known as *Living Well*, and the Arthritis Foundation program, *Walk with Ease*. The *Living Well* program is a series of six evidence-based, peer-led workshops designed to provide participants with tools to better manage their chronic conditions and live independently for as long as possible. *Walk with Ease* is a structured walking program designed to help people improve their mobility and reduce pain. S&DS also offers *Powerful Tools for Caregivers*, a series of six classes to support caregivers by teaching them how to take care of themselves while being a caregiver to someone else. S&DS offers these three classes throughout the year to the community.

S&DS has an ongoing partnership through an MOU with Oregon Wellness Network (OWN), a network hub under the Oregon Association of Area Agencies on Aging & Disabilities (O4AD). OWN supports the programming at S&DS by supplying the class materials required for each program and providing the required umbrella licensure, oversight, and certification. In 2024, S&DS became a partner organization in a coalition with Oregon Health & Sciences University to develop more accessible *Walk with Ease* offerings in Lane County through a National Inclusive Community Implementation Program (NiCIP) grant and to reach underserved communities with this programming, providing classes virtually and in person to reach people where they are. S&DS receives funding to attend NiCIP planning meetings with partners across the county, conduct needs assessment activities, and engage with local community partners to collaborate on expanding *Walk with Ease* and making it more accessible to underrepresented populations. Through the partnership meetings listed in Section B-2 and through partnerships with OWN and OHSU, S&DS engages with community members and partners across networks to advocate for the health and well-being of older adults and people with disabilities.

Challenges & Barriers

S&DS has strived to provide disease prevention and health promotion programming where consumers live, with special consideration for rural communities. During the COVID-19 pandemic, the Disease Prevention Health Promotion Programs were cancelled and put on hold for 2+ years. S&DS works continuously to reengage the community following the pandemic, but participation and awareness of these programs continues to be low. The Senior Connections Unit continues to work closely and

[11] National Council on Aging. "About Evidence-Based Programs." https://www.ncoa.org/article/about-evidence-based-programs/; February 17, 2022.
[12] World Health Organization. "Healthy Ageing and Functional Ability." https://www.who.int/news-room/questions-and-answers/item/healthy-ageing-and-functional-ability; October 26, 2020.

collaborate with program organizers as well as S&DS management to strategize on how to better engage prospective clients.

Federal and state funding remains stagnant for Title III-D programs, which puts a strain on resources to support the staffing needs for this work. Consistently, these programs rely on volunteers to help lead our health promotion classes. As previously reported, S&DS continues to be challenged with recruiting adequate volunteers for these programs. Without an adequate number of staff and volunteers, S&DS is unable to meet the needs of the community for health promotion programs.

The S&DS Community Needs Assessment showed that 192 people are interested in group health promotion programs to improve their overall health and wellness.

Program Sustainability

The Title III-D program relies on community partnerships and grant funding to operate and expand services. In the next four years, S&DS will work to establish partnerships with local organizations and health plans to help fund, refer consumers, and engage with health promotion programs. S&DS will continue to research grant opportunities to reduce the funding gaps for these services.

S&DS has set a goal of increasing public awareness of its Health Promotion Programs offered to ensure the community is aware of these programs, to sustain the programs, and to expand the programs throughout the county.

Goal 1: Increase public awareness of S&DS Health Promotion programs by implementing targeted outreach and engagement strategies

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe Month & Year
Hold a minimum of 4 community promotional activities and increase program enrollment by 5%. Utilize existing resources, staff, and partnerships to design and execute an effective awareness campaign. Expanding awareness supports the mission	Identify target audiences and determine the specific Health Promotion programs to highlight. Develop a comprehensive outreach plan, including goals, timelines, and methods for engagement.	Disease Prevention Health Promotion Coordinator, Unit Manager, Program Manager	June 2027
	Create marketing materials, including brochures, social media posts, and videos, that	Disease Prevention Health Promotion Coordinator, Unit Manager, Program Manager	June 2027

of promoting health and wellness among seniors and individuals with disabilities.	detail the benefits of the programs. Collaborate with PIO to publish stories or air public service announcements about the programs.		
	Partner with local organizations, healthcare providers, and community centers to promote the programs through their networks. Host a minimum of 4 community events, such as health fairs, workshops, or informational sessions, to increase visibility.	Disease Prevention Health Promotion Coordinator, Unit Manager, Program Manager	June 2027
	Create partnership MOU for organizations to train as an S&DS provider of disease prevention health promotion programs	Contracts Manager, Program Manager	June 2027
	Establish training process for community partner organizations	Unit Manager, Program Manager	June 2027
	Create disease prevention health promotion programs reporting structure for community partner organizations	Contracts Manager, Program Manager	June 2027
	Train/Onboard community organizations	Disease Prevention Health Promotion Coordinator, Unit Manager	January 2028

	Enhance the online presence of S&DS Health Promotion programs by updating the website and utilizing targeted social media campaigns. Use testimonials and success stories from program participants to create compelling digital content.	Disease Prevention Health Promotion Coordinator, Unit Manager, Program Manager	January 2028
	Track metrics such as event attendance, website traffic, social media engagement, and enrollment numbers. Conduct surveys to measure awareness levels and gather feedback on outreach effectiveness. Evaluate progress quarterly to ensure the 5% enrollment increase and 100-person outreach goals are on track.	Disease Prevention Health Promotion Coordinator, Unit Manager, Program Manager	December 2028
	Establish recurring promotional activities, such as annual events or seasonal campaigns.	Disease Prevention Health Promotion Coordinator, Unit Manager, Program Manager	December 2028
	Accomplishment or Update:		

Family and Unpaid Caregiver Support

As of 2020, there are approximately 53 million family caregivers in the United States, which is 21% of the overall population according to the AARP Caregiving in America 2020 report[13]. As the population profile shows (Section B-1), the number of older adults will drastically increase over the next few decades, resulting in the number of caregivers needed to support this population as many older adults and people with disabilities rely on family caregivers for necessary support. Unpaid family caregivers (informal caregivers) are spouses, partners, children, other family members and friends who provide critical services to older adults so that they can age in place and remain in their communities. They provide transportation, food preparation, housekeeping, personal care, and are major providers of long-term care for older adults across the nation.

Informal caregivers are providing critical care while managing their own lives, which can create emotional, physical, relational, and financial stressors. Many caregivers are juggling employment and their caregiving duties, which creates work-related strains, on top of the other stressors. With an aging nation, grandparents raising grandchildren creates additional strains as they navigate their care and the child's. In Lane County, there are 2,100 grandparents raising grandchildren according to the 2023 American Community Survey[14].

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

- Information and Assistance – Information and access to services that are available in local communities to support caregivers and their needs;
- Respite Care – This service enables caregivers to be temporarily relieved from their caregiving responsibilities. S&DS annually renews contracts with two licensed agency respite providers to provide diverse respite options for the caregiver and care recipient;
- Respite Stipends – This service is provided only to Older Relative Caregivers raising grandchildren. These stipends allow caregivers to choose their respite provider, such as an agency, registered home care worker, family member, trusted friend, or neighbor. The selected provider follows a care plan developed by the caregiver, care recipient, and Senior Connections

[13] AARP and the National Alliance for Caregiving. "Caregiving in the United States 2020." Washington, D.C.: AARP. May 2020. https://www.aarp.org/content/dam/aarp/ppi/2020/05/full-report-caregiving-in-the-united-states.doi.10.26419-2Fppi.00103.001.pdf

[14] U.S. Census Bureau. "Population 60 Years and Over in the United States." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0102, 2022, https://data.census.gov/table/ACSST5Y2022.S0102?q=Lane County, Oregon. Accessed on July 28, 2024.

Area Coordinator. This allows for increased consumer choice, flexibility in rural areas, culturally or linguistically appropriate options, and the ability to cluster services into a chosen timeframe;

- Support Groups – Referrals are provided to appropriate community support groups provided by partner agencies, evidence-based programming, and training for caregivers and care recipients, counseling, and similar community supports;
- Caregiver Education – Through III-D Health Promotion and Disease Prevention funds, Powerful Tools for Caregivers is a referral option for caregivers for information, assistance, and support.
- Supplemental Services – Based on availability of funds, this may include but is not limited to home delivered meals, assistive technology, and durable medical equipment.

The core elements of the FCSP that S&DS does not provide are due to the limited OAA funds to support this work and services. Appendix C details if the services listed above are provided directly or by contract.

Provision of Services to Underserved Populations

To support caregivers across Lane County, S&DS prioritizes outreach to underserved caregivers to ensure that information and supports about the Family Caregiver Support Program are known. The program maintains a balance of 25% rural and 75% urban services to caregivers. Senior Connections Area Coordinators conduct outreach, assessments, and case management for caregivers at all S&DS offices and outstations. State-provided program literature is provided in English and Spanish. Linguistic support for non-English and non-Spanish caregivers is provided through internal translation protocols or an external translation service. Information about family caregiver programs is available at all outreach events and outreach has been prioritized to underserved populations, tabling at locations where S&DS FCSP has less reach.

Service and Risk Assessment

Initial requests for services are screened by the ADRC staff, who are trained on community and S&DS programs that are available to support the caregiver and care recipient. If the consumer needs additional support, they can also be referred to the Options Counseling program to receive assistance with decision making regarding long term care options, depending on what is important to and for the care recipient and caregiver.

Consumers referred by the ADRC to the FCSP will then receive an assessment in the home conducted by an Area Coordinator to support the service planning for caregiving services. Area Coordinators receive annual trainings on how to provide services and conduct assessments in a person-centered and trauma-informed manner. It is important to note that S&DS currently uses an internally developed assessment, and the Oregon Department of Human Services is finalizing a statewide FCSP assessment as of October 2024. Once approved, this assessment will be required and incorporated into the program standards and will prioritize services based on assessed risk score. The current S&DS risk assessment that Area Coordinators conduct with the caregiver and care recipient in their home considers physical, cognitive, developmental/intellectual, and mental disabilities; isolation; economic need; complexity of care for care recipients at risk of institutionalization; and multigenerational care amongst its measures.

Once the assessment is complete, the Area Coordinator works with the caregiver to review a list of services and options that best meet their specific needs and creates a service authorization to the appropriate agencies. These assessments are conducted annually to ensure services are meeting the needs of the recipients and to connect to additional services and supports as identified through the assessment. The FCSP has a close relationship with Adult Protective Services (APS), resulting in significant participation from caregivers and care recipients who are at risk for abuse or self-neglect.

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

- Need for support for caregivers
- Lack of diverse respite care options, including adult day programming
- Need for support, training, and respite for caregivers of care recipients with complex care needs outside of dementia such as mental health, traumatic brain injury, developmental and intellectual disability and self-neglect
- Need for robust outreach to underserved and priority populations
- Funding to support the growing needs of the community for caregiver services

These gaps have led to the following goals:

1. Increase public awareness of the Family Caregiver Support Program through targeted outreach and engagement efforts.
2. Develop and deliver caregiver training and education sessions to support family caregivers in managing their caregiving responsibilities.

Goal 1: Increase public awareness of the Family Caregiver Support Program through targeted outreach and engagement efforts

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe Month & Year
Hold a minimum of 4 outreach events with emphasis on priority and rural populations. Utilize existing community connections, staff resources, and media platforms to design and execute an effective outreach	Assessment and Planning: Identify target audiences, including caregivers, healthcare providers, and community organizations. Develop an outreach strategy with clear goals, tactics, and timelines.	Unit Manager, Program Manager	January 2026

campaign. Expanding awareness will help caregivers access needed support and improve program participation, ultimately enhancing caregiver well-being.	Outreach Campaign Development: Design and produce promotional materials, such as brochures, flyers, and social media content, highlighting the program's benefits. Coordinate with PIO to feature stories, ads, or public service announcements about the program.	Unit Manager, Program Manager, Executive Assistant, PIO	June 2026
	Partner with healthcare providers, senior centers, and support organizations to distribute program materials and raise awareness. Host at least 4 community events, such as workshops, informational sessions, or caregiver support groups, to promote the program directly.	Community Outreach & Volunteer Coordinator, Contracts Manager	June 2026 Annually
	Enhance the Family Caregiver Support Program's online presence by updating the website and launching targeted social media campaigns. Share testimonials and success stories from caregivers to increase program appeal.	Unit Manager, Program Manager, Executive Assistant, PIO	December 2026

	Track key metrics such as outreach event attendance, website traffic, social media engagement, and referral numbers. Gather feedback from caregivers and partners to assess outreach effectiveness and adjust strategies as needed. Evaluate progress quarterly to ensure goals are met.	Unit Manager, Program Manager	January 2027
	Develop a plan for ongoing outreach, including annual events and continued digital engagement.	Unit Manager, Program Manager, Executive Assistant, PIO	June 2027
	Accomplishment or Update:		

Goal 2: Develop and deliver caregiver training and education sessions to support family caregivers in managing their caregiving responsibilities

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe Month & Year
Provide two trainings per year for caregivers, one of which will be in a rural area, and increase participant satisfaction by 10% as measured by post-training surveys. Utilize existing resources, staff, and	Survey caregivers to identify common training needs and preferred learning formats. Analyze existing training resources to determine gaps and areas for improvement.	Disease Prevention Health Promotion Coordinator, Unit Manager	July 2027

partnerships to create and facilitate training sessions for caregivers. Providing caregiver education will enhance caregivers' ability to manage responsibilities and improve their overall well-being.	Create a comprehensive caregiver training curriculum, covering topics such as self-care, managing caregiving tasks, and accessing community resources. Design training materials such as handouts, slides, and online content to support in-person and virtual sessions.	Disease Prevention Health Promotion Coordinator, Lead Worker, Unit Manager	September 2027
	Schedule and host at least 2 training sessions (both in-person and virtual) in various locations throughout the year to reach a wide range of caregivers. Promote the training through community partners, social media, and direct outreach to caregivers.	Disease Prevention Health Promotion Coordinator, Volunteers	December 2027
	Track participation rates and gather feedback from participants after each training session through surveys. Evaluate caregiver satisfaction, aiming for a 10% increase in positive feedback.	Disease Prevention Health Promotion Coordinator, Unit Manager	January 2028
	Offer ongoing support through caregiver support groups, online forums, or one-on-one follow-ups to reinforce training content and	Disease Prevention Health Promotion Coordinator, Volunteers	September 2028

	provide further assistance. Provide additional resources or advanced training sessions based on caregiver feedback and evolving needs.		
	Develop a plan to continue offering caregiver training on a regular basis, including funding sources or partnerships for long-term support.	Disease Prevention Health Promotion Coordinator, Unit Manager	January 2029
	Accomplishment or Update:		

Legal Assistance and Elder Rights Protection Activities

According to the National Center on Elder Abuse, 1 in 10 people aged 60 and older experienced some form of abuse in community settings during the past year and rates of elder abuse are predicted to increase as the nation's older adult population drastically increases[15]. Abuse can take one of five forms: physical abuse, psychological/emotional abuse, sexual abuse, financial abuse, and neglect. Abuse, regardless of type, tends to take place where the person lives, in their own home or other community-based care settings and institutions. Unfortunately, only 1 in 24 cases of abuse are reported to authorities[16].

The APS Unit within S&DS is responsible for responding to all allegations of abuse or neglect involving people aged 65 years or older and people with physical disabilities aged 18 years or older. S&DS APS staff screen and triage reports of abuse and neglect that are received through email, the abuse hotline, or reported in person at the S&DS office in Eugene. Reports that do not rise to the level of investigation receive consultation and referral to other programs in the community for support, which may include but is not limited to the Long-Term Care Ombudsman. Reports that rise to the threshold for potential abuse are assigned to S&DS APS Investigators who conduct interviews with the alleged victim, alleged perpetrator, and relevant witnesses; review any documented or physical evidence; and determine the facts of each case based on the available evidence. Following these activities, APS Investigators conclude whether the majority of the evidence indicates that the incident occurred and whether the alleged abuse or neglect is substantiated, unsubstantiated, or inconclusive. In the event of substantiated

[15] National Council on Aging. "Get the Facts on Elder Abuse." July 8, 2024. https://www.ncoa.org/article/get-the-facts-on-elder-abuse/

[16] U.S. Department of Health and Human Services. "Prevalence of Elder Mistreatment." Washington, D.C.: Administration for Community Living; https://ncea.acl.gov/prevalenceofeldermistreatment#gsc.tab=0; Accessed November 5, 2024.

allegations, APS staff work to intervene and support the safety of the victim, but sometimes are limited in ways they can support given the victim's personal choice and S&DS' regulatory scope.

Financial abuse and neglect of care by caregivers represent the two most common abuse types reported locally in Lane County. The charts below show the S&DS APS Unit data on abuse allegations and residential types for fiscal year 2023.

Abuse Allegation	Investigated	Substantiated
Potential Financial Exploitation	631	18%
Potential Neglect by Caregiver	1,038	25%
Potential Verbal Abuse	483	20%
Potential Self Neglect	584	19%
Potential Sexual Abuse	40	10%
Potential Abandonment	5	0%
Other Reasons	49	5%
Totals	3,063	22%

S&DS Prevention Efforts

Prevention efforts are essential tools to help prevent adult abuse and protect the most vulnerable community members. Continuous education, money management services, and older adult legal services programs are effective means of preventing abuse and providing stabilization after abuse has occurred.

S&DS implements and supports many abuse prevention efforts in Lane County. In addition to operating the local APS Unit, S&DS APS staff educate the community on abuse types and how to report suspected abuse and collaborate with other organizations to provide abuse prevention education with an emphasis on financial exploitation. Trainings focus on recent scams and fraud tactics, provide information on the types and signs of elder abuse, and how to report elder abuse. As S&DS operates the APS Unit in Lane County, internal streamlined referral protocols exist for staff to report suspected abuse through an internal electronic referral system. At S&DS, all staff are trained mandatory reporters and receive internal ongoing trainings from the APS Unit to learn how to identify signs of abuse and how to report abuse. The APS Unit also holds internal drop-in hours for S&DS staff to ask questions about the work of APS or to staff any situations with the APS team. APS staff receive yearly training on how to provide services and interact with consumers in a person-centered and trauma-informed manner. APS staff also serve in local and state Multi-Disciplinary Teams (MDT) and workgroups. These efforts focus on abuse prevention, detection, and intervention. MDTs bring together community partners such as the local District Attorney's office, law enforcement, fire departments and EMTs, and mental health providers to provide the opportunity to support law enforcement and partners in the criminal justice system. S&DS supports this work by participating on the MDT and advocating on behalf of older adults and adults with disabilities and reinforcing the need for investigations and prosecutions of crimes against this population, with the goal of mitigating identified issues and finding solutions.

S&DS operates the Oregon Money Management Program, a staff and volunteer-based program that provides bill pay and representative payee services to adults 60 and older and adults with disabilities, and consumers who have Medicaid. This service fills a critical need to help safeguard vulnerable adults' finances from financial abuse and exploitation.

Every four years, S&DS releases a request for proposal to procure a service provider to provide older adult legal services. In 2024, through a public procurement process, S&DS selected the Oregon Law Center to provide these services in Lane County through its Senior Law Program. The Senior Law Program is an integral key stakeholder and partner in all elder abuse intervention and prevention work, including financial abuse and guardianship improvements. This program provides free legal consultation on non-criminal legal issues to older adults through pro bono attorneys and program staff. Additional assistance may be targeted to those with the most economic and social need. The types of cases handled by Senior Law Program staff focus on public benefit income maintenance, health care issues, long-term care issues, and basic needs such as nutrition, housing, and utilities. The Senior Law Program provides materials in Spanish and has on-site bilingual staff that assist consumers. The Older Adult Legal Services contract specifically requires that all legal services provided under this contract must comply with the requirements of the OAA and Oregon's program standards. To ensure compliance, service providers are required to submit monthly reports and participate in annual program monitoring.

To ensure the Agency's mission is met, S&DS will focus its efforts in the next four years on these goals:

1. Increase awareness of financial abuse and available protective services through targeted outreach and education campaigns
2. Increase knowledge of Adult Protective Services (APS) by offering both internal and external training opportunities for staff and community partners

Goal 1: Increase awareness of financial abuse and available protective services through targeted outreach and education campaigns

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe Month & Year
Hold 2 trainings about scams and financial abuse annually, both for internal staff and external partners. Leverage community partnerships, media, and educational materials to promote	Develop a comprehensive outreach plan with defined goals, target audiences (e.g., seniors, caregivers, community organizations), and tactics for raising awareness.	Unit Managers, Program Manager	June 2026

awareness and resources. Raising awareness will empower individuals to recognize and report financial abuse, enhancing protection and support for vulnerable populations.	Identify key messaging that emphasizes the signs of financial abuse and the resources available through protective services.		
	Create educational materials (flyers, brochures, social media content, videos) about financial abuse, its impact, and protective services. Partner with PIO to run public service announcements, feature stories, and interviews on the topic of financial abuse.	Unit Managers and Lead Workers	September 2026
	Partner with local organizations, senior centers, and healthcare providers to distribute materials and host information sessions. Organize at least 2community events, such as workshops or town halls, to educate the public about financial abuse and available protective services.	Unit Managers and Lead Workers	January 2027
	Launch a social media campaign highlighting the signs of financial abuse, real-life examples, and how to access protective services.	Unit Manager, Program Manager, Executive Assistant, PIO	Annually

	Update the website with easily accessible resources, reporting tools, and educational content.		
	Track the number of community members reached through events, social media, and printed materials. Collect feedback from event attendees and partners to assess the effectiveness of the campaign and adjust messaging or strategies as needed.	Unit Manager, Lead Workers	January 2027
	Develop a long-term plan to keep financial abuse awareness ongoing through annual events, educational programs, and digital updates. Foster relationships with key stakeholders to ensure continued outreach and support for protective services. Share success stories and campaign outcomes with the community to reinforce the importance of protecting vulnerable individuals.	Unit Manager, Program Manager	September 2027
	Accomplishment or Update:		

Goal 2: Increase knowledge of Adult Protective Services (APS) by offering both internal and external training opportunities for staff and community partners

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe Month & Year
Provide 2 trainings to internal staff and external community partners, with a 15% satisfaction rate on knowledge gained. Utilize existing training resources, collaborate with experts, and schedule accessible training sessions for both internal staff and external partners. Enhancing knowledge of APS will improve service delivery and strengthen the community's ability to identify and respond to cases of adult abuse and neglect.	Conduct a survey of internal staff and external partners to identify knowledge gaps related to APS services, protocols, and reporting procedures. Prioritize training topics based on the survey results and any recent trends in APS cases.	Unit Manager, Program Manager	January 2027
	Design a comprehensive training curriculum that includes APS protocols, legal considerations, reporting processes, and resources available for both internal and external stakeholders. Create training materials such as slides, handouts, and online resources for easy access and reference.	Lead Workers, Unit Managers	June 2027
	Schedule and host at least 2 internal training sessions for staff on APS protocols and procedures. Organize at least 2 external training events for community partners, such as healthcare providers, senior	Lead Workers, Unit Managers	September 2027, annually

	centers, and law enforcement, to improve their understanding of APS. Offer both in-person and virtual training options to ensure accessibility.		
	Track attendance and participation rates for both internal and external training sessions. Use pre- and post-training surveys to assess participants' knowledge and satisfaction, targeting a 15% positive response rate on knowledge gained. Evaluate the effectiveness of the training sessions quarterly and make necessary adjustments based on feedback.	Lead Workers, Unit Managers	September 2027, annually
	Develop a plan for ongoing training and periodic refreshers to ensure continued APS awareness among staff and community partners.	Unit Managers, Lead Workers	January 2028
	Accomplishment or Update:		

Older Native Americans

According to the U.S. Census Bureau, An Aging Nation report, the number of American Indian and Alaska Native Elders aged 65 and older is projected to nearly double in the next 30 years, from 720,000

in 2020 to 1,264,000 by 2050[17]. Programs and services for older adults across the country need to be inclusive and engaged with this growing population of Older Native Americans. As this population ages, the need for community-based services and supports drastically increases to ensure they can live in their community for as long as possible. There are over 6,000 American Indian and Alaska Native aged 60 and older who reside in Lane County.

LCOG S&DS' planning and service area is unique as it overlaps with four federally recognized Tribes, the most of any AAA in Oregon. Though the service areas overlap, there are no major Tribal Centers within Lane County as all the Tribal Centers are within other AAA service areas. These four Tribes provide services for their respective Lane County members: the Coquille Indian Tribe; the Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians (CTCLUSI, Title VI grantee); the Cow Creek Band of Umpqua Tribe of Indians (Title VI grantee); and the Confederated Tribes of Siletz Indians (Title VI grantee). Outstations exist in Lane County for CTCLUSI and the Confederated Tribes of Siletz Indians. All four Tribes provide services for Tribal Elders. Services include socialization activities, nutritional programming such as congregate meals, in-home care, caregiver support, and financial and health benefits. All Tribes also have a wealth of other general programming available to Tribal Elders. Title VI grantees receive Older Americans Act funds to support the provision of nutrition and supportive services for Older Native Americans.

S&DS is committed to supporting the Tribes and Tribal members in Lane County. In the last Area Plan period, S&DS focused on cultivating the relationships with the Tribal Navigators to support connecting case managed Older Native Americans to the appropriate services. S&DS worked closely with the Tribal Navigators serving CTCLUSI, Coquille, and Cow Creek to develop a regular occurring regional check-in, including representation from Oregon Cascades West, Roseburg APD office, North Bend APD office, and South Coast Business Employment Corporation (SCBEC) AAA. This meeting occurs once a month and serves as a resource for Tribal Navigators to ask questions about specific consumer needs, ask general questions about navigating S&DS services, share referrals for services, and discuss any service barriers and gaps. S&DS facilitates this meeting to help maintain a consistent bridge with our Tribal Navigator partners and partner agencies who have tribal lands in their service areas outside of Statewide and Regional Meet and Greets. The S&DS liaisons work closely with Tribal Navigators to offer timely assistance and follow up with internal S&DS staff and APD policy staff when issues arise. The S&DS liaisons also support ADRC staff when service referrals for Tribal members are received to help coordinate and connect the members to the appropriate services and supports. During the last Area Plan period, S&DS encountered staff turnover rates and vacancies within the Tribal Navigator program as a barrier to connecting with all four Tribes. S&DS recognizes that the Tribal Navigator program through ODHS is not the only way to connect with the Tribes and limits who receives services. Over the next four years, S&DS plans to build relationships with Tribal Elders, their caregivers, social services providers, and tribal emergency management to provide information about services to those who do not connect or do not qualify for services through the Tribal Navigator program. To further identify

[17] United States Census Bureau. "An Aging Nation: The Older Population in the United States." May 2014. https://www.census.gov/content/dam/Census/library/publications/2014/demo/p25-1140.pdf

service barriers and gaps, S&DS staff will connect with the tribal staff within each of the Tribes to receive feedback on their needs, how best to serve them, and to pursue activities, including outreach and education, to increase access to programs and services for Older Native Americans. During the recruitment period for the S&DS Advisory Councils, S&DS staff will share opportunities with tribal staff to participate on these councils as another way to receive feedback on the needs of Older Native Americans across Lane County. S&DS aims to coordinate with the two outstations in Lane County to bring services on site, if indicated as a need by the Tribes. Each staff member at S&DS receives yearly training on how to provide services and connect in a person-centered and trauma-informed manner.

The goals for the next four years for S&DS as it relates to identified service barriers for Older Native Americans are:

1. Increase coordination with Tribal emergency management teams to improve collaboration and preparedness for emergency response efforts.
2. Provide targeted outreach to Tribal elders and family caregivers to raise awareness of services for which they may be eligible through SDS.
3. Identify and share funding opportunities with Tribal communities to support collaborative initiatives and improve access to resources.
4. Develop and implement a process to share information about newly available programs, program changes, and how to access resources with Tribal Elders and Tribal Navigators.
5. Enhance agency awareness and improve internal processes to ensure the effective delivery of services to Tribal Elders.
6. Create and implement opportunities for Tribal Elders to serve in advisory capacities to provide input on programs and policies that impact their communities.

Goal 1: Increase coordination with Tribal emergency management teams to improve collaboration and preparedness for emergency response efforts.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe Month & Year
Establish working relationships with at least 2 Tribal emergency management teams. Use outreach efforts, joint planning, and training sessions to	Coordinate with the OREM Tribal Emergency Coordinator to determine who the Tribal contacts are for Emergency Management and what systems & processes are already in place.	Unit Manager, Tribal Liaison	June 2026

strengthen coordination and communication channels. Enhanced coordination supports effective emergency response, ensuring the safety and well-being of Tribal communities and aligning with organizational emergency preparedness goals.	Contact the Tribal Emergency Management Contacts to determine how S&DS can coordinate efforts to reduce duplication of actions and cross refer as appropriate and desired. Assess current emergency response protocols for potential gaps in coordination with Tribal teams.	Unit Managers, Tribal Liaison	December 2026
	Schedule quarterly meetings to maintain open communication and monitor progress toward shared goals.	Unit Manager, Tribal Liaison	June 2027
	Accomplishment or Update:		

Goal 2: Provide targeted outreach to Tribal elders and family caregivers to raise awareness of services for which they may be eligible through SDS.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe Month & Year

Conduct a minimum of 2 outreach events to the Tribal community. Use culturally informed outreach strategies, collaborate with Tribal leaders, and leverage existing community events to ensure effective engagement. Outreach increases access to vital services for Tribal elders and caregivers, promoting equity and meeting community needs.	Schedule and conduct meetings with Tribal representatives to understand community needs and preferred communication methods. Explore available outreach opportunities for the tribes served by the PSA to ensure they are aware of programs S&DS offers. Possible opportunities could include local newspapers, newsletters, radio ads, tabling, or connecting with the tribal clinic's Social Workers. This will be Tribe dependent.	Unit Manager, Tribal Liaison, Community Outreach & Volunteer Coordinator	June 2026
	Design brochures, flyers, and digital materials tailored to Tribal elders and family caregivers, incorporating input from Tribal communities that outlines programs and services of S&DS and provides information about how to apply in addition to basic eligibility information	Unit Managers, Lead	June 2027

	Host an in-person or virtual educational sessions in collaboration with Tribal leaders to present available services and answer questions. Partner with Tribal communities to present information at 2 existing community events, such as powwows or health fairs.	Unit Manager, Tribal Liaison, Community Outreach & Volunteer Coordinator	December 2027
	Work with Tribal Navigators to establish clear pathways for elders and caregivers to access services and information about the process to become a paid homecare worker including how to navigate the application and background check process.	Unit Managers	January 2028
	Accomplishment or Update:		

Goal 3: Identify and share funding opportunities with Tribal communities to support collaborative initiatives and improve access to resources.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe Month & Year
Identify at least 2 relevant funding opportunities, share them with Tribal communities, and collaborate on at least	Regularly review federal, state, and private grant opportunities that align with the needs of Tribal communities and shared goals.	Unit Manager, Tribal Liaison, Program Manager, Development Coordinator, Contracts Manager	June 2027

1 application or project. Leverage existing partnerships and communication channels to identify opportunities and foster collaboration. Sharing and collaborating on funding opportunities enhances service delivery and strengthens relationships with Tribal communities.	Compile and maintain a list of potential funding sources, updating it quarterly.		
	Identify Tribal leaders or designated representatives to receive funding information	Unit Managers, Program Manager, Contract Manager	June 2027
	Coordinate and collaborate on applying for funding opportunities	Unit Manager, Tribal Liaison, Program Manager, Development Coordinator, Contracts Manager	June 2027
	Accomplishment or Update:		

Goal 4: Develop and implement a process to share information about newly available programs, program changes, and how to access resources with Tribal Elders and Tribal Navigators.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe Month & Year
Share information a minimum of twice a year about any new programs, program changes, or resources with Tribal Elders and Navigators. Utilize existing communication channels, partnerships, and community events	Collaborate with Tribal leaders to determine the best methods to share information and address community needs	Unit Managers, Tribal Liaison	December 2025
	Design culturally appropriate materials that detail new programs, changes, and access steps. I.E. ADRC, OPIM, ERC	Unit Managers, Lead Worker	December 2026

to effectively disseminate information. Ensuring Tribal Elders and Navigators are informed about new programs and changes improves access to resources and enhances service delivery in Tribal communities.	Host at least 2 in-person or virtual informational events for Tribal Elders and Navigators to explain program updates and answer question	Unit Managers, Lead Worker, Outreach & Volunteer Coordinator	Annually
	Accomplishment or Update:		

Goal 5: Enhance agency awareness and improve internal processes to ensure the effective delivery of services to Tribal Elders.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe Month & Year
Conduct at least 2 internal training sessions, review and update key service protocols, and establish regular feedback loops with Tribal representatives. Use existing partnerships with Tribal communities and agency resources to implement improvements and training. Strengthening awareness and processes will improve service accessibility	Provide two trainings to all staff related to issues impacting Older Native Americans. Training 1 focus would be a sensitivity training with current and historical context Training 2 would be a presentation on the APD Tribal Navigator Program	Unit Manager, Tribal Liaison, Program Manager	Annually starting June 2026
	Evaluate current gaps in agency knowledge and service delivery for Tribal Elders. Collaborate with Tribal leaders to identify barriers and	Unit Manager, Tribal Liaison, Program Manager, ADRC	July 2026

and quality for Tribal Elders.	opportunities for improvement.		
	Evaluate internal process to better identify tribal members receiving services. This will allow S&DS to connect them with Tribal Navigator services.	Unit Manager, Tribal Liaison, Program Manager, ADRC	July 2026
	Update GetCare reporting system to ensure contacts for various tribals social services are current	ADRC Unit Manager	July 2026
	Accomplishment or Update:		

Goal 6: Create and implement opportunities for Tribal Elders to serve in advisory capacities to provide input on programs and policies that impact their communities.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe Month & Year
Establish at least two advisory opportunities for Tribal Elders and recruit a minimum of 1 participant. Leverage existing relationships with Tribal leaders and resources to identify and engage Tribal Elders. Involving Tribal Elders in advisory roles will ensure programs and services are culturally relevant and aligned with community needs.	Collaborate with Tribal leaders to define advisory opportunities and identify Elder participants. Hold meetings with Tribal representatives to outline the purpose, scope, and goals of advisory roles. Create clear descriptions of advisory positions, including time commitments and expected contributions,	Unit Manager, Contracts Manager	July 2026

	Explore groups and community partners to connect with to identify Tribal elders interested in serving in advisory capacities, such as being on the Advisory Councils. Share information about advisory roles through Tribal councils, newsletters, and community events	Unit Manager, Tribal Liaison, Contracts Manager	July 2025 – June 2029
	Accomplishment or Update:		

Underserved Populations

S&DS, as the AAA for all of Lane County, provides critical services to older adults and people with disabilities to promote and maintain their dignity, independence, and choice as they age and live in their communities. Ensuring all people who need these critical services can access and receive them is dependent on whether the services are known in the community, knowing how to connect to the services, and ensuring the services that are provided are benefiting the community.

As the diversity grows in the U.S., so do the needs and preferences of the community's population, including how to connect. According to the ACL Profile of Older Americans 2023 report[18], 25% of people 65 and older were members of underrepresented groups – 9% were African American, 5% were Asian American, 0.6% were American Indian and Alaska Native, 0.1% were Native Hawaiian/Pacific Islander, and 0.9% identified as being of two or more races. By 2044 half of all Americans will belong to an underrepresented group and 1 in 5 Americans will be foreign born. Estimates indicate nearly 3 million older adults identify as LGBTQIA2S+ in the U.S.

Many older adults have experienced a lifetime of systemic discrimination and prejudice, and due to their race, ethnicity, disability, immigration status, socioeconomic status, gender identity, sexual orientation, education and/or occupation have lacked access to critical social services. The LGBTQIA2S+ Oregon Older Adult Survey[19] conducted in 2021 found that the most common challenges they experience in accessing services include: difficulty in applying or fear of not meeting qualifications, high costs, services experienced or perceived as not being LGBTQ+ inclusive, and the lack of availability and

[18] United States Department of Human Services. "2023 Profile of Older Americans." Washington, D.C.: Administration for Community Living. May 2024; https://acl.gov/sites/default/files/Profile%20of%20OA/ACL_ProfileOlderAmericans2023_508.pdf
[19] Oregon Department of Human Services. "LGBTQ+ Older Adult Survey Report." Aging & People with Disabilities, September 2021; https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/se1129024.pdf

difficulty locating and accessing services. To minimize the barriers, an outreach plan to reach the priority populations of the OAA in the most meaningful way will be created during this Area Plan period.

Another barrier to receiving services is connecting to services. Though Lane County has a large geographic area, Live Healthy Lane, the Community Health Improvement Plan for Lane County, states that since the population is concentrated this creates disparities in access to health and human services in rural communities[20]. S&DS has three full-service offices in the more populated communities in Lane County, however, those in the smaller communities must connect via phone or travel a distance to the offices for in-person services. Along with rural communities, many individuals connect to services in locations where they work and congregate, including established community centers and trusted organizations within their communities. S&DS aims to partner with community organizations to reduce barriers and improve access to its' services by bringing them on site to their locations. In this process, S&DS will prioritize locations that serve underrepresented communities and target populations of the OAA. This model of partnership and service delivery allows consumers to have immediate connection to S&DS without having to navigate barriers while experiencing the frustration, uncertainty, and stress of meeting their basic needs. S&DS is also committed to ensuring that our workforce is representative of the planning and service area and those that S&DS serves to create a conducive environment for individuals to accept community services and supports. The Agency provides interpretation and translation services for consumers whose primary language is not English.

To best serve the community and to understand community needs, S&DS plans to hold yearly community forums and focus groups to connect and discuss unmet needs as it relates to aging and living with disabilities in the community. This will guide the planning for S&DS and collaborations in the Area Plan period. S&DS will ensure the priority populations of the OAA and the organizations that serve them are included in these events as planning processes that are inclusive and responsive to a wide range of backgrounds, experiences, and beliefs will help to ensure that the service delivery can meet the needs of the diverse community and can remain effective over time.

The goals for reaching underserved populations are:

1. Focus outreach to underserved populations, including target populations of the OAA
2. Increase opportunities for consumers to connect to S&DS services outside of the full-services offices in Lane County to reduce barriers to accessing and receiving services
3. Ensure the S&DS Workforce is reflective of the communities it serves, and the priority populations are connecting to services
4. Ensure community feedback is gathered to support service planning for S&DS

Goal 1: Focus outreach to underserved populations, including target populations of the OAA

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe Month & Year

[20] Live Healthy Lane. "Lane County Community Health Improvement Plan (CHP) 2021-205." 2021. http://www.livehealthylane.org/uploads/6/9/3/5/69353783/live_healthy_lane_chp_2021-2025.final-updated_6.14.21.pdf

Participate in a minimum of 4 tabling opportunities per year to reach underserved populations	Identify locations of tabling opportunities	Community Outreach & Volunteer Coordinator	December 2025
	Establish communication with tabling hosts	Community Outreach & Volunteer Coordinator	Annually
	Table at identified opportunities at least quarterly	Community Outreach & Volunteer Coordinator	Annually
	Track number of people reached at tabling events	Community Outreach & Volunteer Coordinator	Annually
	Accomplishment or Update:		

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe Month & Year
Provide S&DS overview presentations to a minimum of 4 rural communities, multicultural groups, congregations, associations, reaching OAA target populations.	Research locations and groups	Community Outreach & Volunteer Coordinator	July 2025 – June 2029
	Contact locations/groups in the community	Community Outreach & Volunteer Coordinator	July 2025 – June 2029
	Schedule presentations with interested groups and locations	Community Outreach & Volunteer Coordinator	July 2025 – June 2029
	Promote presentations through various advertising strategies	Community Outreach & Volunteer Coordinator	July 2025 – June 2029
	Present to the community at least quarterly	Community Outreach & Volunteer Coordinator	July 2025 – June 2029
	Accomplishment or Update:		

Goal 2: Increase opportunities for consumers to connect to S&DS services outside of the full-services offices in Lane County to reduce barriers to accessing and receiving services.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe Month & Year
Utilize the Mobile Outreach Services Vehicle at a minimum of 2 locations per month, to provide services throughout	Research locations to take the vehicle	Unit Managers, Program Managers, Contracts Manager	July 2025 – June 2029
	Contact locations	Unit Managers, Program Managers, Contracts Manager	July 2025 – June 2029

Lane County, with a focus on rural areas.	Schedule Mobile Outreach Vehicle at interested locations	Unit Managers, Program Managers, Contracts Manager	July 2025 – June 2029
	Promote Mobile Outreach Services through various advertising strategies	Unit Managers, Program Managers, Executive Assistant, PIO	July 2025 – June 2029
	Create a public facing calendar for the Mobile Outreach Vehicle Schedule	Program Managers, Contracts Manager, IS	July 2025 – June 2026
	Accomplishment or Update:		

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe Month & Year
Provide S&DS services at a minimum of 2 community partner locations in Lane County per month.	Research locations	Unit Managers, Program Managers, Contracts Manager	July 2025 – June 2029
	Contact locations/hosts	Unit Managers, Program Managers, Contracts Manager	July 2025 – June 2029
	Establish an MOU with community partner	Contracts Manager	July 2025 – June 2029
	Promote onsite services and locations through various advertising strategies	Unit Managers, Program Managers, Executive Assistant, PIO	July 2025 – June 2029
	Accomplishment or Update:		

Goal 3: Ensure that the S&DS workforce reflects the diversity of the community it serves, and that priority populations are effectively connected to services.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe Month & Year
Achieve a workforce diversity rate that mirrors the demographic	Conduct anonymous optional survey to obtain current demographic data of S&DS staff	Human Resources	July 2025 – June 2029

composition of Lane County by December 31, 2027. Use targeted recruitment strategies, employee development programs, and outreach initiatives to engage priority populations and diversify the workforce. A diverse workforce ensures that services are culturally competent and better aligned with the needs of the community.	Obtain demographic data from state systems on consumers who have received services in the past year	Contracts Manager	July 2025 – June 2029
	Review S&DS staff and consumer demographic data and areas and identify if the workforce is reflective of the community and gather input	Contracts Manager, Program Managers, Equity & Inclusion Committee	July 2025 – June 2029
	Review consumer data to measure if priority populations are connecting to services	Contracts Manager	July 2025 – June 2029
	Collaborate with community groups representing priority populations (e.g., Tribal, low-income, and minority communities) to recruit candidates. Ensure job postings are inclusive and appeal to a diverse range of applicants. Share job openings through community organizations, schools, and job fairs in priority areas.	Human Resources, Deputy Director, Program Manager, Unit Manager	
	Implement regular training programs for current employees on cultural awareness and inclusive practices. Develop mentorship or employee resource	S&DS Managers	Annually

	groups to support underrepresented staff. Introduce initiatives such as career development pathways and employee recognition to retain diverse talent.		
	Conduct focus groups or surveys with priority populations to identify barriers to service access. Create and implement targeted outreach campaigns to increase awareness of S&DS services within priority communities. Establish mobile outreach services or satellite offices to reach underserved areas.	Contracts Manager, Community Outreach & Volunteer Coordinator	Annually
	Track the diversity of new hires and overall staff composition quarterly. Monitor the number of priority population members connecting to services through outreach programs. Evaluate the success of recruitment and outreach efforts through surveys and feedback from employees.	Contracts Manager, Human Resources	Annually
	Accomplishment or Update:		

Goal 4: Ensure community feedback is gathered to support service planning for S&DS.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe Month & Year
Host one Community Forum as it relates to aging and living with a disability annually to identify unmet needs of the community.	Identify location of event	Contracts Manager, Unit Managers	July 2025 – June 2029
	Create agenda and timeline for event, schedule presenters	Contracts Manager, Unit Managers	July 2025 – June 2029
	Schedule and Promote event through various advertising strategies	Contracts Manager, Executive Assistant, PIO	July 2025 – June 2029
	Gather community input on unmet needs of the community during the event	Contracts Manager, Unit Managers, Program Managers	July 2025 – June 2029
	Review and incorporate feedback into agency planning	Unit Managers, Program Managers	July 2025 – June 2029
	Hold event yearly, if successful and well attended	Contracts Manager, Unit Managers	July 2025 – June 2029
	Accomplishment or Update:		

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe Month & Year
Hold a minimum of 2 focus groups and listening sessions throughout the community annually.	Identify community locations for focus groups and listening sessions	Contracts Manager, Program Managers	July 2025 – June 2029
	Contact community organizations and schedule focus groups and listening sessions.	Contracts Manager	July 2025 – June 2029
	Create Focus groups and listening sessions questions and feedback template	Contracts Manager, Program Managers, Equity & Inclusion Committee	July 2025 – June 2029
	Conduct focus groups and listening sessions at least yearly	Contracts Manager, Unit Managers, Program Managers, Equity & Inclusion Committee	July 2025 – June 2029

	Accomplishment or Update:

Goal 5: Increase service connectivity for veterans in Lane County by improving access to programs and resources available through S&DS and local partner organizations.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe Month & Year
Increase the number of veterans receiving services by 10% through outreach, partnerships, and system improvements. Enhance outreach efforts, streamline service referral processes, and strengthen collaborations with veteran-focused organizations. Improving service connectivity will ensure veterans in Lane County have timely access to essential services and support.	Contact Department of Veterans Affairs	Contracts Manager, Program Managers, Division Director	July 2025 – June 2026
	Establish MOU with DVA	Contracts Manager	July 2025 – June 2026
	Create referral process and template to be used by DVA for S&DS services	Unit Managers, Program Managers	July 2025 – June 2026
	Accomplishment or Update:		

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe Month & Year
Increase funding to support Veterans' services and programs at S&DS by 15%.	Research funding opportunities	Development Coordinator	July 2025 – June 2029
	Apply for funding opportunities	Development Coordinator	July 2025 – June 2029
	Implement new programs and services, if funded	Unit Managers, Program Managers	July 2025 – June 2029
	Accomplishment or Update:		

Section D – OPI Services and Method of Service Delivery

D-1 Administration of Oregon Project Independence (OPI)

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

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

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

If OPI services are denied, the applicant receives a denial letter informing them of the reasons along with their appeal rights. If OPI services are reduced or closed, the consumer receives a letter at least 10 days before the proposed action that notes which services are impacted. This letter contains the reasons for the action and the consumer's appeal rights, includes the formal grievance process, and includes the contact information for the Case Manager if there are general questions about the notice.

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

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

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

Unit cost per service is as follows (follows current Oregon Medicaid reimbursement rate):

- Agency Personal Care: $38.08 per hour
- Agency Homecare: $38.08 per hour
- State Homecare Worker: $25.10 per hour
- Home-Delivered Meals: $12.54 per meal
- Emergency Response Equipment: Price per unit varies, with an average cost of $36.58 in Fiscal Year 2024

The OPI Classic program does not have income or resource limits and is widely accessible to individuals who qualify based on service need as long as there is space in the program. OPI operates on a sliding fee scale in a cost-share model. The process and calculation of fees is determined by ODHS using a standardized ODHS OPI fee determination form. S&DS charges and collects fees for personal care, and homecare, whether the consumer has a State Home Care Worker (HCW) or an agency providing care.

For consumers opting for a State HCW, fees are assessed based on actual State HCW hours. Program income is reinvested in the local OPI program to stretch services to more consumers. Fees may be waived based on ability to pay, hardships, and other extenuating circumstances as determined by a case manager or as staffed with management. Consumers that do not pay their fee are reviewed quarterly and are contacted by a case manager. If good cause is not determined for failure to pay, the consumer may have their services terminated with a 10-day notice. Consumers are sent a warning letter providing them an additional month to pay the fee or make other arrangements with S&DS prior to closure. All closure notices provide information on the consumer's appeal rights. For consumers who present the case manager with a hardship, such as medical expenses, behind on bills, emergency household expenses, the case manager will consult with their manager on whether the fee can be waived.

Please see Oregon Administrative Rules 411-032-0000 through 411-032-0050 for additional detail on OPI state regulations. See Appendix F for the OPI Conflict of Interest Policy.

Oregon Project Independence - Medicaid

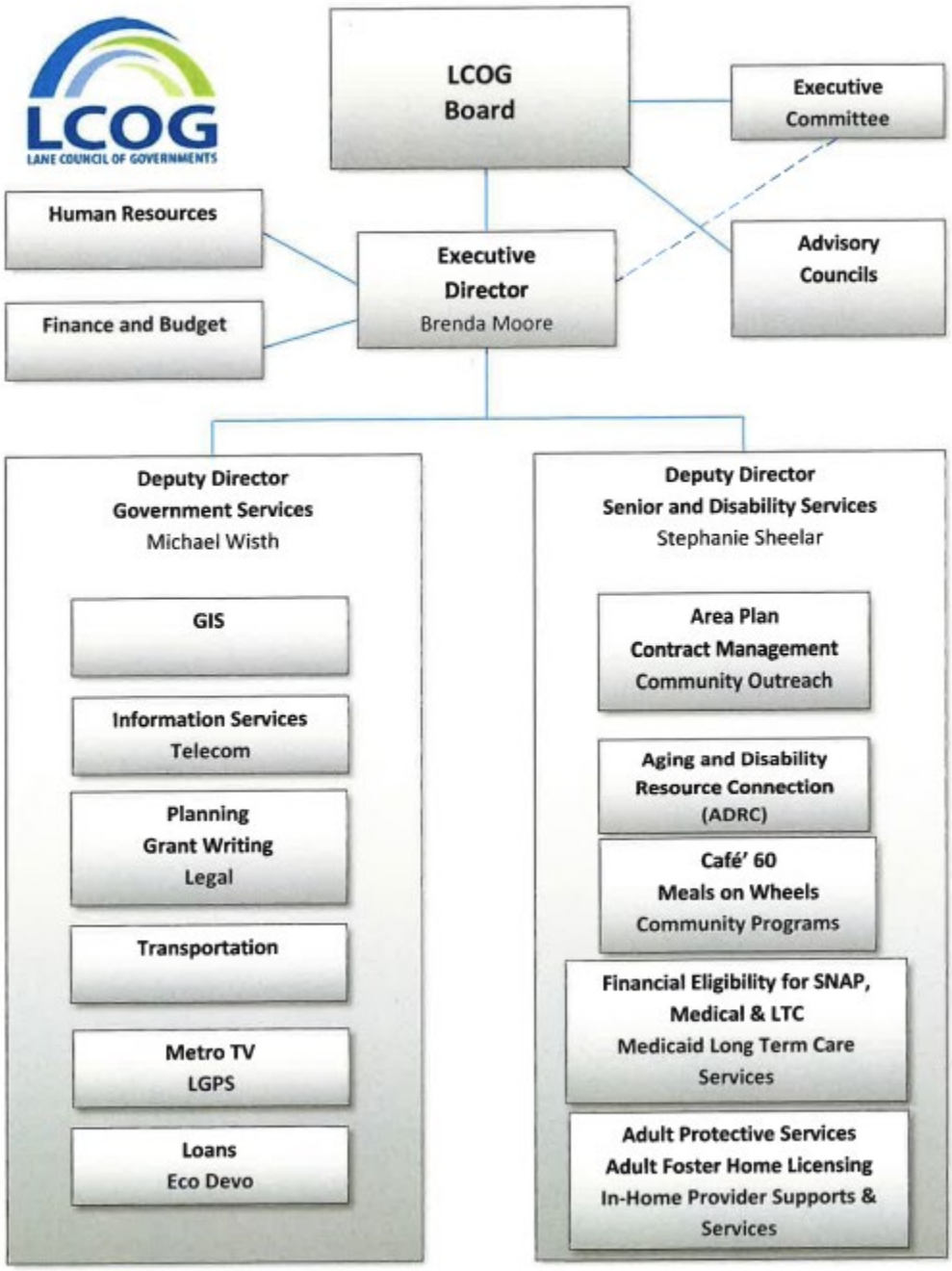
OPI- Medicaid (OPI-M) is a new expanded OPI program with Medicaid blended funds which is anticipated to roll out to the public in the Spring of 2025. At this time, the OPI Classic program will remain as outlined above. However, the OPI-M program has more robust services including a maximum of 40 hours of in-home care per two-week period depending on need. The OPI-M program does have income and resource limits, but they are considerably higher than the Medicaid limits. S&DS anticipates that a number of OPI Classic consumers will choose to migrate to the new OPI-M program. However, there will be some individuals who choose to remain in the OPI Classic program or cannot qualify for the new blended OPI-Medicaid program.

Section E – Area Plan Budget

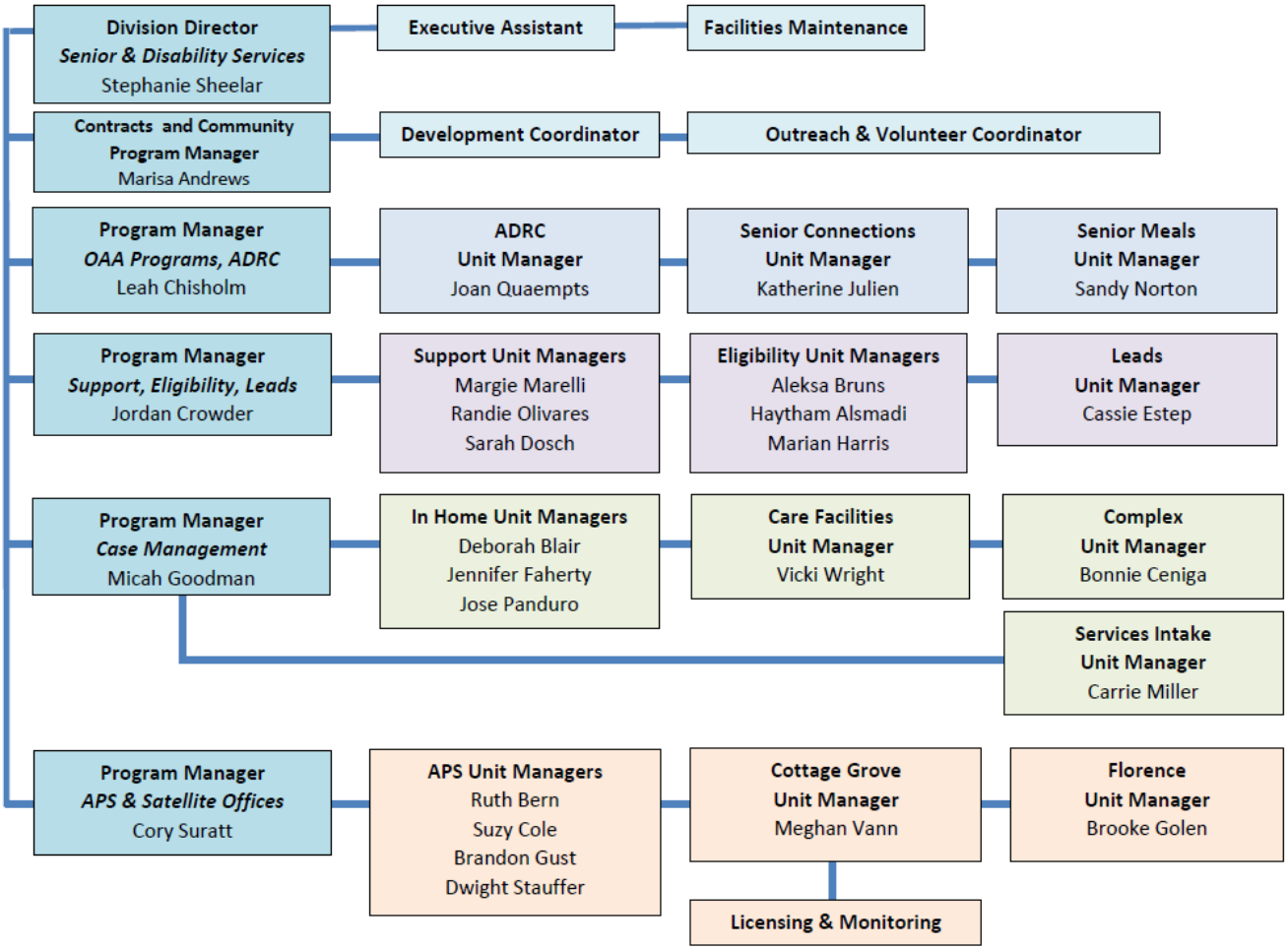
Click here to view the FY26 LCOG S&DS Area Plan Budget.

Appendices

Appendix A Organizational Chart



S&DS Organization Chart *Updated 01.06.2025*



Appendix B Advisory Council(s) and Governing Body

Lane Council of Governments Board of Directors	
City of Coburg	Nancy Bell
City of Cottage Grove	Candace Solesbee
City of Creswell	Nicholas Smith
City of Dunes City	Ed McGuire
City of Eugene	Randy Groves
City of Florence	Robert Ward
City of Junction City	Kenneth Wells
City of Lowell	Maureen Weathers
City of Oakridge	Bryan Cutchen
City of Springfield	Kori Rodley
City of Veneta	Robbie McCoy
City of Westfir	Neal Choiniere
Emerald People's Utility District	Patti Chappel
Eugene Water and Electric Board	Sonya Carlson
Fern Ridge Library District	Steve Recca
Heceta Water PUD	Carl Neville
Junction City RFPD	Vacant
Lane Community College	Kevin Alltucker
Lane County	Heather Buch
Lane Education Services District	Sherry Duerst-Higgins
Lane Library District	Vacant
Lane Transit District	Pete Knox
Port of Siuslaw	Vacant
Rainbow Water and Fire District	James (Jim) McLaughlin
River Road Park and Recreation District	Curt Kendall
School District 19	Ken Kohl
School District 4J	Maya Rabasa
School District 40	Vacant
School District 45J3	Jeff Gowing
School District 52	Ashley Espinoza
School District 68	Alyssa Brownlee
Siuslaw Public Library District	Donna Oshel
Western Lane Fire & EMS Authority	Keith Stanton
Willamalane Park and Recreation District	Greg James

Disability Services Advisory Council (DSAC) 75% living with a Disability	**Senior Services Advisory Council (SSAC) 77% Senior**
Jeanne Barter	Judy Yvonne Dashney
Melanie Carlone	Elene Gleason

Alison Hunter	Katy Lenn
Lynne Schwartz	Kay McDonald
Mason Williams	Daniel Reti
Jason Bowman	Dianne Roberston
Ken Neubeck	Barbara Susman
Scooter Milne	Cynthia Poindexter
	Lee Leonard

Appendix C Public Process

Area Plan Advisory Council Planning & Budget Committee Meetings – 5 Advisory Council members and Contracts Manager

- February 27, 2024
- September 17, 2024
- October 11, 2024
- January 6, 2025

External Focus Groups

Focus Groups were conducted during June and July of 2024 with a variety of rural locations and underserved populations. Focus Groups were held at the following locations:

- Irving Grange – June 28, 2024
- Community Supported Shelters – July 25, 2024
- HIV Alliance LGBTQIA2S+ – May 31, 2024
- Oakridge Café 60 – July 20, 2024
- Junction City Café 60 – July 29, 2024
- Fern Ridge Service Center – July 24, 2024
- Cottage Grove Community Center – July 23, 2024

The following questions were asked of focus group participants:

1. What does your housing situation look like right now? What is working/what isn't? What has been your experience finding and maintaining your housing? What kind of support do you need? Rural: Where does someone go for housing support in your community?
2. If you noticed a family member, friend, neighbor having a hard time taking care of themselves, what services would you call? What would make it easier to find resources and help? What barriers have you run into while trying to get help?
3. What challenges have you faced trying to meet your basic needs? What has been your experience in getting and keeping in-home care?
4. What are your greatest challenges as a caregiver? Rural: What resources for caregivers are there in your community?
5. What types of activities or errands do you need transportation to in your community? How do you get around when your usual transportation is not available? What is your most significant unmet need/barriers for transportation in your community? Rural: What transportation services are offered for individuals who do not drive?
6. Do you have someone to call in an emergency? In case of an emergency, do you use life sustaining medical equipment that needs to be charged/plugged in? In case of an emergency, such as power outage or evacuation, do you have a plan and supplies? What would help you be better prepared for emergencies?

7. What do you know about Senior & Disability Services? What kinds of services have you utilized in the past year? What are some barriers to accessing Senior & Disability Services? What was your experience accessing S&DS services? What types of services would support you as you age in place, in your community?

Overall themes expressed during the focus groups:

- Ability to maintain housing and remain in their home is getting more difficult as they age
- Housing costs and lack of affordable housing
- Accessing S&DS offices while living in rural locations is a challenge
- Need for service navigation support as they are trying to access services
- Need to advertise programs and services in ways that are most meaningful to the rural communities
- Lack of public transportation in rural communities
- ADRC is not widely known
- Fear of discrimination based on housing status
- Lack of mental health resources
- Wait time for in-home services and supports
- Fear of discrimination based on identifying as LGBTQIA2S+
- Best place to access services are the locations people already congregate at and trust in the community

Community Needs Assessment

The Community Needs Assessment was created with the help of the following groups:

- Planning & Budget Committee
- Director's Planning Group
- Unit Managers
- Continuous Improvement Committee
- Equity & Inclusion Committee
- Employee Engagement Committee
- OAA Senior Connections staff
- ADRC Staff

The community needs assessment was available from March 18th, 2024 through June 14th, 2024 and received 674 responses. See Attachment A for the survey that was used and an overview of the data. It was available and shared in the following ways:

- Posted in S&DS lobbies in Eugene, Florence, and Cottage Grove
- Posted on social media, websites
- Emailed to all community partners, contractors, volunteers, 34 city government officials within Lane County, Trillium Community Health Plans, PacificSource

- Handed out at all assessments and reassessments of case managed consumers and Older Americans Act consumers
- Available at all Café 60s
- Press Release to all local news contacts

S&DS Staff Survey

A staff survey was available for three weeks to give all S&DS staff an opportunity to share what unmet needs for their consumers that they encounter the most during the course of their work, what barriers exist as they serve consumers, and in what ways they think S&DS can better serve the community.

Public Process

The draft Area Plan was available on the LCOG website for public input from December 4, 2024 through January 2, 2025. Availability of the Plan and a request for comments was announced via news releases, social media, broad partner organization email blasts, and the general public.

A public hearing was held via Zoom with a hybrid in-person option on December 18, 2024. Feedback was considered and incorporated into the final Plan. Public Hearing Notice was published in the following locations: LCOG website, social media, public service announcements, and the Register Guard.

Advisory Councils recommended approval to the LCOG Board of Directors on January 17, 2025.
Area Plan adopted by the LCOG Board of Directors on February 28, 2025.
Final plan submitted to ODHS/CSSU on March 14, 2025.

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

The following are the final updates to the 2021-2025 S&DS Area Plan. As the Service Equity Plan was created using the 2021-2025 Area Plan goals, so the final update to the Service Equity Plan is a part of the following sections:

ADRC

Goal 1: Increase, enhance, and sustain ADRC partnerships

Participate in community outreach opportunities, Conduct external training on ADRC topics, and develop outreach to underserved populations: The S&DS Community Outreach & Volunteer Coordinator participated in 49 outreach activities to promote the ADRC and bring awareness to the program for the community. In FY24 through this process, S&DS reached more than 3,500 people with information about the ADRC and how to connect to community-based services. Tabling and presentations about S&DS services and the ADRC were provided across the county and S&DS prioritized outreaching to communities that have never been outreached to. 22 of the outreach events provided were to underserved populations, which reached 1,780 consumers. Through various networking opportunities in the community, S&DS has been able to provide information to community partners across the county on the services available and information about the ADRC.

Goal 2: Conduct a consumer driven ADRC program evaluation

Administer a consumer response program evaluation, use survey findings to inform ADRC Program: In FY24, S&DS conducted an ADRC Secret Shopper Survey process to monitor the consumer experience when contacting the ADRC. Findings and information from this process have been shared with the ADRC Program Manager and have informed additional trainings for ADRC staff.

Goal 3: Increase consumer connection to the ADRC

Develop internal protocol to prevent barriers to the ADRC and enhance a person-centered and culturally sensitive approach to service: Language Link and translation service protocols were put in place and ADRC staff participated in annual cultural awareness trainings. Additionally, the outreach events noted in Goal 1 assisted with increasing consumer connection to the ADRC as each outreach event provides information about the ADRC and how to connect.

Goal 4: Increase Options Counseling presence in the community

Develop community outreach opportunities, increase Options Counseling availability, and develop outreach to underserved populations: At each tabling event, S&DS provides information about Options Counseling, see Goal 1 for outreach opportunities and updates. To have a shared understanding of Options Counseling across the agency, the ADRC Lead and Senior Connections Lead set up a reoccurring check in. During the previous Area plan period, S&DS ensured that all Older Americans Act staff were trained as Options Counselors to ensure that this service was available to all that needed this one-on-one care planning.

Nutrition

Goal 1: Continue Quality MOW and Congregate meal services county-wide via community and volunteer engagement and support

Continue direct mail fundraising for Senior Meals and MOW, Increase total number of volunteers by 10%, Increase total number of volunteer program hours by 5%: To sustain normal operations, S&DS continued the various fundraising efforts which garnered $271,859 in FY24 and S&DS staff were tasked with creating other fundraising activities. These events included partnering with the Eugene Emeralds to receive a portion of ticket sales, hosting two bowling tournaments, and others which brought in $15,110 to the Senior Meals Program. In FY25, S&DS hired a Development Coordinator to focus and prioritize funding opportunities for the Senior Meals Program to sustain and in time enhance the nutrition programs. The nutrition programs rely on volunteers to carry out the tasks of the meal programs, including meals on wheels delivery and serving meals at the nine Café 60s. In FY22, S&DS hired a Community Outreach & Volunteer Coordinator who focuses on recruiting and onboarding volunteers to support the nutrition programs. During the pandemic, the volunteer pool went from 400 to 200 volunteers. In FY24, there were 264 active volunteers supporting the Senior Meals Program. The volunteers for the Senior Meals Program provided 23,705 hours of service to support the program.

Goal 2: Prioritize creating an accessible environment for underrepresented populations to increase participation in the meal programs.

Emphasize senior meal efforts to serve the Latino/a community, enhance efforts to prioritize the Native American community, and provide cultural competency training to the Senior Meals team: During the previous Area Plan period, S&DS built relationships with tribal partners through monthly Tribal Navigator meetings and attendance at the quarterly Oregon Regional Tribal & AAA Gathering. S&DS attempted to outreach and connect with the community organizations providing culturally specific services to the Latino/a community; however, the community organizations were not interested at this time. Senior Meal Program staff received annual cultural competency and equity trainings annually through the previous Area Plan period.

Goal 3: Conduct a consumer driven Senior Meals Program Evaluation

Administer a consumer response program evaluation for the Native American & Latino/a community and use survey findings to inform the Senior Meals Program: In FY25, the registration forms for the Senior Meals Program were updated to include a section where consumers would evaluate the program and service they receive. Survey findings have not yet been collected and analyzed.

Goal 4: Explore expanding MOW delivery areas to rural communities

Evaluate current MOW boundaries, identify rural community partners to explore partnerships, and gather ideas for non-traditional services: During the previous Area Plan period, S&DS focused on sustaining the nutrition services in Lane County. With the end of the American Rescue Plan Act funding

during the COVID-19 pandemic, there were county wide waitlists for meals on wheels due to limited funding. Due to this, S&DS did not expand services or search for new service delivery locations.

Goal 5: Explore alternatives to current Nutrition Education efforts

Evaluate Oregon Nutrition Standards and create new content and methods of communication: During the previous Area Plan period, S&DS adopted using the Senior Meals Program's Food Service Provider to provide Nutrition Education materials, which are created by a Registered Dietician.

Family Caregiver Program

Goal 1: Increase community awareness of the Family Caregiver Support Program

Create an outreach plan and develop an internal and external understanding of the Family Caregiver Program: Due to limited federal funding for family caregiver services, S&DS maintained a waitlist for caregiver services through FY24 of the Area Plan period. S&DS provided information about these programs, ensuring the community was aware of the supports available for informal caregivers throughout the county. In FY24, S&DS provided this information at each of the 49 outreach events. In FY25, S&DS was able to lift the waitlist for family caregiver services as the budget was reviewed monthly and managed effectively. During this period, S&DS created their own Family Caregiver Support Program application as the state had not yet released their application. This application has helped S&DS prioritize services and ensure those most in need of services received them.

Goal 2: Administer a consumer Family Caregiver Support Program Evaluation

Conduct a consumer response program evaluation and use findings to inform program: In November of 2021, a consumer survey was conducted for the Family Caregiver Support Program.

Goal 3: Create effective Family Caregiver Support processes

Create an efficient application process and communicate with consumers on respite expectations: The Senior Connections Unit during the previous Area Plan period created a procedure manual for the Family Caregiver Support Program to outline the process for the program. The communications to consumers on respite expectations were no longer needed due to program changes.

Health Promotion Programs

Goal 1: Administer a consumer Health Promotions & Evidenced-Based program evaluation

Conduct a consumer survey for program participants and use survey findings to inform future program focus: Due to the COVID-19 pandemic, Health Promotion programs were cancelled for two years to ensure the safety of staff and participants. In FY21, S&DS hired a Disease Prevention Health Promotion Coordinator to rebuild the health promotion programs. In FY22, S&DS began offering virtual classes to the community and in FY23, S&DS began offering in person and hybrid health promotion programs. Each of these programs provided a survey to participants who completed the programs to ensure that

these classes were meeting their needs. Many consumers reported their overall health and self-management improved after the classes.

Goal 2: Conduct public education and training opportunities for Health Promotion programs

Conduct internal and external trainings on Health Promotion: Disease Prevention Health Promotion Coordinator provided presentations about the Health Promotion programs to the Advisory Councils at S&DS, to S&DS staff at huddles and Unit Meetings during this Area Plan period.

Elder Rights and Legal Assistance

Goal 1: Administer public education and training opportunities regarding abuse and prevention

Conduct internal and external trainings on APS topics: S&DS focused on training staff and the public on various Adult Protective Services (APS) topics during the last Area Plan period. APS presented at the S&DS all staff meetings, unit meetings, and New Employee Orientations on identifying the signs of abuse, how to report abuse, and what the APS unit is responsible for. Each June during Elder Abuse Awareness Month for the entire Area Plan period the APS team provided information about elder abuse to the public. There was a Let's Talk About Abuse Tuesdays, a partnership training on abuse and scams with the Department of Justice and AARP, trainings at ALF/MC facilities, Trillium Community Health Plan, FOOD for Lane County, Lane County Bar Association.

Goal 2: Strengthen community partnerships and collaboration opportunities

Explore possibilities of establishing a Rapid Access Network and develop reciprocal training partnerships: Establishing a Rapid Access Network was not identified as an active priority towards the end of the Area Plan period. S&DS staff work across units and have worked internally on expedited processes to support APS involved individuals to navigate our systems and access services. APS staff continued to participate in High-Risk Team meetings monthly in which individual cases are staffed with community partners, which strengthens channels of communication with community partners when a coordinated response is needed to support access to services. APS staff provided reciprocal trainings to six community partners during the previous Area Plan period.

Goal 3: Establish guardianship advocacy and resource opportunities

Advocate for public guardianship and establish opportunities for funding: This goal was discontinued in 2023 due to Oregon having a well-established public guardianship program with known funding sources. However, S&DS staff during the previous Area Plan period did have an opportunity to provide public testimony to the Oregon Legislature regarding Oregon Public Guardianship funding. Additionally, the APS team continued to attend the Working Interdisciplinary Networks of Guardianship Stakeholders (WINGS) quarterly meeting to continue to advocate for public guardianship.

Older Native Americans

Goal 1: Increase engagement with local Tribal communities and representatives

Coordinate with Tribal Liaisons and educate Tribal members and representatives on S&DS services: During the previous Area Plan period, S&DS established a relationship with the ODHS Tribal Navigators to streamline connecting Medicaid case managed Older Native Americans to services provided by S&DS. S&DS management also attends quarterly Tribal gatherings with all Area Agencies in Oregon, ODHS, Tribal representatives, and ODHS Tribal Navigators which has helped increase partnership investments, collaboration, and visibility. S&DS provided the overview training on S&DS services at the CTCLUSI Tribal Edlers Conference in 2023 and tailored the training with tribal members to best meet their needs.

Goal 2: Improve service connectivity with local Tribes

Create an internal and external roadmap for accessing services and focus on Older Native American needs: S&DS participates in a monthly navigator meeting to help expedite benefit navigation and reduce barriers to services. With the partnerships mentioned in Goal 1, there has been greater awareness of services available to the Tribes and how to connect to them.

Underserved Populations

Goal 1: Increase community partnerships with the Latino/a Community

Develop and strengthen relationships with community partners serving the Latino/a community and educate community partners on S&DS services: Through the S&DS outreach efforts during the previous Area Plan period, S&DS prioritized outreaching to communities that S&DS hasn't served or outreached to. S&DS provided information about services and supports at 49 outreach events in FY24, and 22 of these events were provided to people living with HIV/AIDS, low-income residents, veterans, older adults living with dementia, people experiencing homelessness, Latino/a community, those identifying as LGBTQIA2S+, and food insecure populations. S&DS made many efforts to connect with the local organization serving the Latino/a community to connect their constituents with S&DS services, bringing them on site and making them accessible to the Latino/a community. These efforts haven't resulted in any tangible service delivery operations, but information has been provided when needed in the future.

Goal 2: Increase community engagement for those who identify at LGBTQIA2S+

Conduct educational trainings with community partners, build internal processes for inclusivity, conduct strategic outreach to LGBTQIA2S+ community, and participate in LGBTQIA2S+ activities: S&DS staff during the previous Area Plan period received annual trainings from community partners on LGBTQIA2S+ topics and providing trauma-informed services. S&DS staff also continued to participate in annual SAGE trainings that are specifically about LGBTQIA2S+ older adults. The S&DS Community Outreach and Volunteer Coordinator during this Area Plan review period participated in the annual Eugene PRIDE event, connecting with over 900 people each year.

Appendix E - Emergency Preparedness Plan

Purpose

S&DS has a responsibility to maintain critical operations and services in times of crisis. Though no plan can anticipate all the situations and conditions that may occur during an emergency, the purpose of this Emergency Response Guide is to provide policies and protocols to be followed in times of internal and external disaster.

An **internal event** is limited to circumstances which only impact S&DS personnel, equipment, or facilities, and may or may not be the result of an external event. Please refer to the Continuity of Operations Plan (COOP) for additional details.

External events are those events that occur outside the influence or control of our division. These events have the potential to impact staff, citizens, or communities within our region.

Examples of events include, but are not limited to:

- Pandemic influenza or another pandemic
- Natural disasters (earthquake, tornado, fire, flood, winter weather event)
- Accidents
- Technological failures, including Cyber Security
- Violence or criminal behavior
- Events related to foreign or domestic acts of aggression

Plan Activation and Deactivation

Plan Activation

Emergency Procedures may be activated based on the potential scope of the incident. The LCOG Executive Director and S&DS Division Director, in consultation with the Incident Command System (ICS) and advisors will determine whether Emergency Procedure activation is necessary and will oversee the activation of any portion of the Emergency Procedure.

See "Incident Command System (ICS) – Tasks by Role" chart for detailed activities during plan activation.

If S&DS staff are personally impacted by the event, EAP resources will be offered by their direct supervisor.

Plan Deactivation

The Incident Command System will monitor the imminent threat posed by the emergency and when appropriate will deactivate the Emergency Procedure. Deactivation includes:

- Designated Call Support will complete their assigned tasks and transition to routine work.
- Finance will be notified when emergency expenditures have ended or are no longer in effect.
- Public Information Officer will notify media of deactivation of plan, as appropriate.
- ODHS will be notified of deactivation and provided updates as they are applicable.

- Notice of response will be given to S&DS Advisory Councils and contract service providers.
- ICS will meet to delegate final tasks related to the emergency response.

Following the deactivation of the plan, the ICS will meet to debrief and identify staff who were involved in the coordination of the emergency response. The ICS will then schedule a debrief with response teams and staff to identify and discuss Strengths, Weaknesses, Opportunities, and Threats (SWOT).

Incident Command System (ICS) – Overview of Roles

Incident Commander

Leads the response. Appoints and empowers team leaders. Sets tone and standards for each response. Encourages teamwork and communication.

Safety & Security Officer	**Public Information Officer**	**External Partners Liaison**
Focuses on the safety of all people responding to the incident.	Works with the media; distributes messages to public and local community.	Links to and supports external partners and organizations.

Operations & Planning Team

Handles key actions. Gathers information, thinks ahead and keeps all team members informed and communicating.

Logistics Team

Finds, stores and distributes all necessary resources to respond appropriately.

Finance & Administration Team

Tracks all expenses, claims, and activities. Acts as a record keeper for the incident.

Incident Command System (ICS) - Chain of Command

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

When leading a response, the chain of command will work together to ensure responsibilities are delegated to each Incident Command System (ICS) role. The span of control should be limited to 5 to 7 people. In addition to the ICS, an S&DS Response Team (SRT) will be created, with active defined roles (*see S&DS Response Team*).

LCOG Executive Director
S&DS Division Director
S&DS Program Managers
S&DS Contracts Manager
S&DS Unit Managers
S&DS Executive Assistant

Incident Command System (ICS) – Tasks by Role

Incident Commander

The S&DS Division Director has overall authority for the plan as it applies to the S&DS Division of LCOG and will coordinate with various other key personnel to oversee implementation, maintenance, evaluation, and revisions of the plan and shall report to the LCOG Executive Director on all emergency management matters. The Incident Commander may assign any of these duties to a delegated ICS member as the situation calls for.

- Assess and triage the incident.
- Identify key audiences and determine who needs to be informed of the situation and in what order (both on and off site).
- Activate the S&DS Response Team (SRT) and determine the activities of the SRT.
- Assign duties.
- Plan for the next phase of the response.
- Plan for the deactivation of the response.
- Coordinate public communications with the LCOG Public Information Officer (PIO) while at the scene. **The Incident Commander and PIO are the only staff who shall provide statements to media personnel.**
- Coordinate with the LCOG Executive Director and other LCOG staff housed at the LCOG main office, satellite offices, or other locations as needed.
- Defer to the LCOG Executive Director for any of these duties, should the LCOG Executive Director so order.

Safety and Security Officer

The Safety and Security Officer focuses on the safety of all people responding to the incident and works directly with the Incident Commander.

Internal Emergencies

- Ensure accurate accounting of S&DS personnel on the scene.
- Ensure constant contact with the ICS and S&DS employees.
- This role may be delegated to the assigned Accountability Officer for the impacted location.

External Emergencies

- Monitor the event for safety considerations for staff who may be in the impacted area.
    - This may include air quality, evacuation, and other disasters that could pose an imminent safety risk to staff.
- This role may be delegated to the Program Manager overseeing operations in the impacted area, such as rural or satellite offices and/or Senior Meals sites.

Public Information Officer

The Public Information Officer (PIO) works directly with the Incident Commander. This role is delegated to the LCOG Public Information Officer and the S&DS Executive Assistant who will collaborate on executing tasks.

- Works with Incident Commander to relay pertinent information regarding our response to the public through social media, website updates, and if necessary, press releases and other communication to the media.
- Oversees and implements the External and Internal Notification portions of the Emergency Response Communication Plan (*see Logistics – Communication Plan*).

External Partner Liaison

The LCOG Executive Director and S&DS Division Director are responsible for receiving available emergency communications and for contacting the Lane County Emergency Manager for follow up, if appropriate. The designated External Partner Liaison works directly with the Incident Commander and is responsible for:

- Coordination with the Social Services Emergency Liaison from ODHS Office of Resilience and Emergency Management (OREM).
    - This may include assessing consumers who have received Medicaid services either by S&DS or Oregon Health Authority (OHA) in impacted areas.
    - Note: OREM will provide and maintain emergency resources through the 2-1-1 system.
- Coordination with host site staff when field response is activated, such as Community Resource Centers or Emergency Evacuation Shelters.
- Coordination with ODHS Oregon Eligibility Partnership (OEP).
- Coordination with members of the Lane County Community Organizations Active in Disaster (COAD) as appropriate.

Operations & Planning Team

The Operations & Planning Team will implement activation of the SRT, and other assigned activities of the emergency response.

- Hold regular check ins with Call Support and/or Field Response Teams, at minimum once daily.
- Coordinate with the Safety and Security Officer to ensure staff in the field are accounted for.
- Provide updates to public facing units, such as ADRC and Division Support, should they receive requests for information from consumers. **Reminder: all media requests must be referred to the Incident Commander or Public Information Officer.**

Logistics Team

The Logistics Team is responsible for developing the emergency response for each situation, based on circumstances and need. This may include:

- Addressing increased staff responsibilities, diverting tasks, coordinating consumer information with designated Call Support, and maintaining communication with the Incident Commander.
- Planning for the next phase of the response.

Finance & Administration Team

The Finance & Administration team acts as record keeper for all emergency operations and as a liaison between the ICS and SRT. They are responsible for creating call trackers and call scripts, setting up appropriate Teams Channels/Chats for collaboration, and tracking communication internally and externally, such as when the Lane County EOC is notified.

Finance

- Notifies fiscal of emergency expenditures to ensure correct coding takes place.
- Notifies fiscal staff of overtime, if approved.
- Notifies fiscal if S&DS is offered funding outside of our usual funding streams for emergency planning and/or management.

Administration

- Collects data to create trackers.
- Works alongside Call Support to provide data reports to appropriate entities.
- Monitors for updated consumer data and assists with case narration in GetCare and Oregon Access.

Operations & Planning – S&DS Response Teams (SRT)

S&DS provides a critical role in outreach and contact with consumers to identify their status on health and safety during emergencies.

Call Support

To allow frontline staff and those actively working in the field to focus on immediate duties, a designated Call Support group has been created. Call Support will provide phone outreach and contact to prioritized consumers who are identified as being in the emergency area. Call Support will update the Emergency Call Tracker, making note of who contacted a consumer and any information to be included in case narration. Call Support will be included in regular check ins with the ICS.

The Call Support team includes but is not limited to:

- S&DS Executive Assistant
- S&DS Contracts Manager
- S&DS Outreach & Volunteer Coordinator
- S&DS Development Coordinator
- S&DS Lead Workers
- S&DS Emergency Response Staff Volunteers (if during business hours, manager approval needed)

Prioritized Consumers

Consumers that should have prioritized contact in emergency situations in their area include:

- In-Home Consumers under active case management
- OPI Consumers under active case management
- Current consumers of OAA Programs
- Current consumers of the Senior Meals Program
- Current APS consumers on a case-by-case basis

- Consumers on the S&DS Disaster Registry based on emergency and identified need(s)

During fire emergencies, consumers in Level 2 Be Ready and Level 3 Go Now evacuation zones will be contacted by Call Support. Consumers in Level 1 Be Set or surrounding areas not under evacuation warning and who are known to be high risk will be contacted by their ongoing Case Manager or Area Coordinator, such as those consumers on the S&DS Disaster Registry.

During fire emergencies, the S&DS Division Director or designee will be responsible for forwarding names/addresses of consumers we are unable to contact that are in evacuation zones to the Lane County Emergency Operations Center (EOC) so Search and Rescue can go out for a welfare check and identify any additional needs. For other emergencies, the S&DS Division Director or designee will be responsible for forwarding names, contact information, and unmet needs to the Lane County EOC for collaboration with partners. The S&DS Executive Assistant or designee will be responsible for forwarding names of case managed consumers with unmet needs to the Medicaid Case Management Program Manager or Service Managers team for assigned case manager follow up.

Call Support Tracking
All documents related to the emergency will be housed in Microsoft Teams under the group "SDS Emergency Management, General." This includes a Master Emergency Call Tracker and Master Emergency Call Script. This group is open to all S&DS staff and includes members of both the ICS and the SRT. Communication and collaboration may take place via chat or posts on this channel. (*See Finance & Administration– Master Emergency Call Tracker*.)

Call Scripts
Call scripts will be available to designated Call Support to streamline processes and reduce miscommunication between consumers, case managers, and emergency personnel. Call scripts will be created for each individual emergency by the Finance & Administration Team. Call scripts will be based on the emergency and will follow the items on the Emergency Call Tracker (*see Finance & Administration – Master Emergency Call Script*).

Field Response Team
To divert high-risk or high-medical need consumers from entering emergency shelter, or to evaluate consumer needs in an emergency, a designated Field Response team has been created. Field Response will respond in-person to shelter(s) or resource center(s) when called upon by Lane County Emergency Management, Red Cross, OREM, or the Incident Commander.

The Field Response Team includes but is not limited to:
- S&DS Eligibility Staff
- S&DS ADRC Staff
- S&DS Lead Workers
- S&DS Bilingual Staff
- S&DS Emergency Response Staff Volunteers (if during business hours, manager approval needed)

Field Response Team Supplies

Field Response will coordinate with the S&DS Contracts Manager or designee to pick up outreach supplies. Staff are responsible for bringing their own laptops. Supplies may include wireless hot spots, folding table and chairs, clipboards, business cards, and agency brochures or forms.

SRT Check Ins

During plan implementation, regular check ins will be scheduled by the Incident Command System and/or SRT, at a minimum once daily, to:

- Check on progress of calls and/or in-person outreach
- Share updates on emergency/disaster
- Share updates from Central Office
- Share updates from local EOC
- Share resources
- Adjust plan as new information comes available

Logistics – Communications Plan

Notification of Emergency Situation

Upon learning of a confirmed or potential emergency that may affect our service area or branch, the S&DS Division Director or designee will notify the ODHS Community Service and Support Unit (CSSU) Manager and the designated Safety Coordinator at ODHS for any office closures or pertinent updates that will impact other branches, and vice versa.

Warnings or External Notifications

External warning communications systems that may provide information by the LCOG Executive Director, S&DS Division Director, or designee as needed during the emergency include:

- Hardline telephones
- Cellular phones
- Television networks
- Public radio
- Emergency radio systems used throughout Lane County
- Weather alert networks
- Internet, including social media

This includes sending information to the Flash Alert system as necessary.

Internal Notification

Upon learning of a confirmed or potential emergency that may affect staff or facilities, the LCOG Executive Director and S&DS Division Director are responsible for making appropriate internal notifications.

S&DS may request an internal list of all employees with their contact information from Human Resources. The calling tree plan follows the supervisory chain. Human Resources is expected to maintain current contact information in the event a calling tree is initiated.

S&DS employees are encouraged to contact their supervisors by phone, access the LCOG website for office updates, access the Flash Alert system, watch local news, and access the Lane County Emergency Management website for additional information in the event of an emergency.

Office Closures

The S&DS Division Director or designee will send communications to ODHS via AAA emergency closures email (AAA.Closures@odhs.oregon.gov) per Action Request Transmittal APD-AR-21-002 and will include the following information:

- Name of AAA
- Reason for closure
- Estimated time AAA will be closed
- Contingency plan(s) for how consumers will be served during the closure, including case management, APS, Licensing & Monitoring, and HCW vouchers.
- Any other pertinent information
- Contact information for person in charge during the closure

Logistics – Closure Considerations

The considerations detailed below are specific to the Senior Meals Program, however, will also be used to determine cancellation of outdoor events or activities. The Incident Commander, in coordination with the ICS, will determine if closures are necessary.

For Senior Meals: The OAA Program Manager, in coordination with the Senior Meals Unit Manager and the contracted Food Service Provider, will determine meal site closures before 6:00 a.m. on the service day.

Wildfire Evacuations

Determination will be based on the highest evacuation level, regardless of where the evacuation boundary lies. If the meal site, meal service area, or S&DS office is located within an evacuation zone:

- Level 3: GO NOW evacuation – Closed
- Level 2: BE SET evacuation – Closed
  This determination is based on guidance from Lane County Emergency Management that people needing additional help should act as though it was Level 3 and GO NOW.
- Level 1: BE READY evacuation – Business as usual.
  For Senior Meals, business as usual unless a higher level is activated within the service area.

Wildfire Smoke

Oregon OSHA Wildfire guidelines will be used to determine protections for staff and/or site closures. Considerations will be made based on local Air Quality Index (AQI) numbers, the meal site or office's proximity to the disaster, and health risk to consumers, volunteers, and staff.

- Hazardous AQI (301 and above) – Café 60 congregate dining will close, and the meal site will continue to deliver Meals on Wheels to homebound consumers. If able, the meal site may reduce the number of delivery days. Considerations will be made based on frozen food availability and staffing levels. Outdoor outreach events will be cancelled. Offices will operate business as usual.

- Unhealthy – Very Unhealthy AQI (151 to 300) – Masks will be available to Meals on Wheels volunteers and staff who deliver meals or whose tasks include working outdoors. Mask distribution will be based on supply availability and only one mask will be provided per week. We recommend and encourage staff and volunteers to have their own masks available for use in the instance we are unable to procure and distribute when air quality becomes Unhealthy, or if they would like a mask more frequently than one time per week.

Winter Inclement Weather

The LCOG Executive Director will make a determination for closure based on local school district closures before 6:00 a.m.

Due to time restrictions with food delivery, Meal Sites are not eligible for delayed opening. The OAA Program Manager or Senior Meals Unit Manager will communicate the determination to the Site Coordinator or Substitute, who will then communicate to all Meals on Wheels participants who would be getting delivery and volunteers. Notification to the Site Coordinator must occur 30 minutes prior to the start of their shift. Host sites will notify the OAA Program Manager or S&DS Contracts Manager if they decide to close, in which case the Meal Site will close. The Meals on Wheels contracted provider for Eugene will make their determination based on 4J School District closures.

Finance & Administration – Data and Reporting

The S&DS Division Director or designee will report our response to ODHS upon plan activation. Upon learning of a confirmed or potential emergency that may affect our service area or branch, the ODHS Safety Manager or designee will provide a report of Medicaid consumers in the impacted area(s) for outreach. The S&DS Contracts Manager or designee will run a report in GetCare (*see Finance & Administration – GetCare OAA Emergency Response Report*) to identify OAA consumers in the impacted area(s).

The Finance & Administration team may coordinate GIS mapping through Power BI or the state Emergency Response Management System (ERMS) as available.

Data Maintenance

During plan implementation and following deactivation of plan, the Finance & Administration team will monitor for updated consumer data collected during Call Support outreach or through the ONE System. When contact has been made with a consumer, case narration will be entered by the Finance & Administration team who has access to Oregon Access and/or GetCare systems (*see Finance & Administration – Case Narration Template*). When a consumer cannot be contacted by the phone number(s) on the initial report, the ONE System may serve as a secondary source for consumer contact information to ensure due diligence. Updated contact information will be entered as necessary and within 30 days of deactivation of plan.

Finance & Administration – Fields for Call Support Tracker

- Assigned Caller (caller should select up to 3 rows at a time for contact)
- Date of Contact & Time
- Contact Notes
- Consumer Name (First and Last)

- Contact Information (Primary Phone, Secondary Phone, Address including City and Zip Code)
- Program Type (Medicaid or OAA)
- Case Manager or Area Coordinator Assigned (if applicable)
- Durable Medical Equipment (Yes or No)
- Evacuation Plan (Yes or No)
- What is the Evacuation Plan? Include where they will go and how they will get there.
- Special Transportation Needs (Yes or No) – If yes, what kind.
- Medication on Hand (Yes or No)
- How are prescriptions received
- Livestock or Animals to Shelter (Yes or No)
- Smoke Respite Needed (Yes or No)

Finance & Administration – Master Call Script (English)

Hello. Is this (consumer's name)? My name is (your name) and I'm from Senior and Disability Services here in Lane County. I understand there is a (safety measure) in your area because of (disaster type/risk). I'm calling to ensure you have a preparedness plan and to help with resources.

In case of a Level 3 "Go Now" evacuation or power outages, do you have any **durable medical equipment** that requires electricity?

> **If Yes:** Do you have a generator or plan to keep your equipment running in the event there is an outage?
>
> **If No:** Is there somewhere you can go that will provide electricity?

Do you have a **plan if evacuation is needed or if it is no longer safe to stay in your home?**

> **If Yes:** Where would you go in the event of an evacuation (the more information the better)? How would you get there? Would you need assistance getting there?
>
> > **If Yes for Assistance:** Do you have any **special transportation needs**, such as a lift van?
>
> **If No:** Is there somewhere you can go? How would you get there? Would you need assistance getting there?
>
> > **If Yes for Assistance:** Do you have any **special transportation needs**, such as a lift van?

Do you have **enough medication** on hand in case of an evacuation?

How do you receive your prescriptions? (i.e. pick up pharmacy, delivery, mail service) Will you be able to receive your medication in case of an evacuation or if it is no longer safe to stay in your home?

Do you have any **livestock, domestic pets, or a companion or service animal** that would require shelter in case of an evacuation?

Have you been affected by the **air quality** from the smoke? (as applicable)

Thank you for going over these questions with me. Please remember to gather medications and medical equipment in preparation for potential evacuation. **The State of Oregon is contracted with 2-1-1 to provide real-time resources in emergency events. If you are in need of further assistance or resources, please call 2-1-1 to speak to a customer service representative or visit their website at 211.org.**

Finance & Administration – Master Call Script (Spanish)

Hola. ¿Es (nombre del consumidor)? Mi nombre es (su nombre) de la oficina de Servicios para Personas Mayores y Discapacitados. Entiendo que hay un (medida de seguridad) en su área debido a (tipo de desastre/riesgo). Le llamo para asegurarme de que tenga un plan de preparación y para ayudar con recursos.

En caso de una evacuación de nivel 3 "Vaya ahora" o cortes de energía, ¿tiene algún equipo médico duradero que requiera electricidad?

Si la respuesta es sí: ¿Tiene un generador o planea mantener su equipo en funcionamiento en caso de que haya un apagón?

Si la respuesta es No: ¿Hay algún lugar al que pueda ir que le proporcione electricidad?

¿Tiene un plan en caso de que sea necesaria una evacuación o si ya no es seguro quedarse en su casa?

Si su respuesta es sí: ¿A dónde iría en caso de una evacuación (es mejor obtener la máxima información posible)? ¿Cómo llegaría allí? ¿Necesitaría ayuda para llegar?

¿Tiene alguna necesidad especial de transporte, como una furgoneta elevadora?

Si la respuesta es no: ¿Hay algún lugar al que pueda ir? ¿Cómo llegaría? ¿Necesitaría ayuda para llegar?

¿Tiene alguna necesidad especial de transporte, como una furgoneta elevadora?

¿Tiene suficiente medicación a mano en caso de una evacuación?

¿Cómo recibe sus recetas? (es decir, recogida en farmacia, entrega, servicio de correo) ¿Podrá recibir su medicamento en caso de una evacuación o si ya no es seguro quedarse en su casa?

¿Tiene ganado, mascotas domésticas o un animal de compañía o de servicio que requeriría refugio en caso de una evacuación?

¿Se ha visto afectado por la calidad del aire debido al humo? (según corresponda)

Gracias por repasar estas preguntas conmigo. Recuerde reunir medicamentos y equipo médico en preparación para una posible evacuación. El estado de Oregón tiene un contrato con el 2-1-1 para proporcionar recursos en tiempo real en eventos de emergencia. Si necesita más ayuda o recursos, llame al 2-1-1 para hablar con un representante de servicio al cliente o visite su sitio web en 211.org.

Finance & Administration – GetCare OAA Emergency Response Report

Older Americans Act (OAA) data is stored in GetCare. To run a report of OAA consumers, follow these steps.

1) Log into GetCare
2) Navigate to Operations – Reporting – Custom Export Reports
3) In the Custom Type box, select Client
4) Select these Report Fields:
    a. Identification
        i. GC ID
        ii. Last Name
        iii. First Name
        iv. Date of Birth
        v. Address
        vi. Address Line 2
        vii. City
        viii. State
        ix. Zip
        x. County
        xi. Phone Number
    b. Contacts
        i. Contact Last Name
        ii. Contact First Name
        iii. Contact Phone Number
5) Select these Client Filters:
    a. The dates you want to input are the past 6 months from today's date.
    b. Region – Lane Region
    c. Provider – LEAVE BLANK
    d. Enrollment Status – Enrolled
    e. Check the Received more than 0 units box
6) Select XLS
7) Run Report

The report will run in the background and will appear on your GetCare Dashboard when complete. The report will provide you with every OAA Consumer in the past 6 months who received an OAA service. This list will be long, and you will need to remove duplicates in the data.

1) Open Excel file.
2) Select all data.

3) Press the remove duplicates button.
4) Remove duplicates only by GetCare ID which is the first column.
5) With the data still selected, Insert Table (with headers).

The data can now be narrowed down by Zip Code for the affected areas and then uploaded into Power BI (if needed).

Finance & Administration – Case Narration Template

When Contact is Made with a Consumer

Late Entry: [DATE] S&DS Call Support Response Team reached out to consumer to support emergency preparedness. Consumer is in an area that is on alert for potential [emergency response action]. S&DS staff worked to provide details related to the response and to ensure consumer is aware of automated alert system (Lane Alerts). S&DS Staff inquired whether consumer would require additional assistance. Specific consumer emergency response needs are being tracked separately to support a coordinated response effort. Current emergency response measures and associated resources can be found on the Lane County website. Consumer indicated the following plan: "[Insert plan from call tracker]."

When Consumer Could Not Be Contacted

Late Entry: [DATE] S&DS Call Support Response Team attempted to reach consumer to support emergency preparedness. Consumer is in an area that is on alert for potential [emergency response action]. Consumer did not answer the phone. [Insert: Left voicemail requesting return call OR unable to leave voicemail.] When contact can be made, the most current emergency response measures and resources can be identified on the Lane County website.

Appendix F Conflict of Interest

OPI & OAA Contract Conflict of Interest Statement:

If CONTRACTOR is currently performing work for the State of Oregon or the federal government, CONTRACTOR by signature to this Contract declares and certifies that: CONTRACTOR's Work to be performed under this Contract creates no potential or actual conflict of interest as defined by ORS 244 and no rules or regulations of CONTRACTOR's employing agency (state or federal) would prohibit CONTRACTOR's Work under this contract. CONTRACTOR is not an "officer," "employee," or "agent" of LCOG S&DS, as those terms are used in ORS 30.265.

LCOG Conflict of Interest Policy:

This policy applies to LCOG staff, the governing Board, S&DS Advisory Councils, and awardees who have responsibilities relating to the agency's grants and contracts:

8.14 CONFLICT OF INTEREST

LCOG recognizes the rights of employees to engage in activities outside of their employment that are of a private nature and related to our business. However, the employee must disclose any possible conflicts so that LCOG may assess and prevent potential conflicts of interest from arising. It is not possible to specify every action that might create a conflict of interest. Therefore, if LCOG management or an employee has any question whether an action or proposed course of conduct would create a conflict of interest, the manager or employee should contact the relevant Division Director, or Human Resources Manager to obtain advice on the issue. The purpose of this policy is to protect employees and LCOG from any conflict of interest that might arise.

Definitions

Conflict of Interest: An action that is reasonably certain to result in a financial benefit or detriment to an employee, a relative, member of the employee's household or a business with which the employee or employee's relative or member of the employee's household is associated.

Potential Conflict of Interest: Any action where any employee takes action that reasonably could be expected to have a financial impact on that employee, a relative, member of the employee's household or a business with which the employee or employee's relative or member of the employee's household is associated.

Member of an Employee's Immediate Family: Same definition as in the Bargaining Agreements.

Attempting to Influence: Any action by an employee designed to affect the status of a case involving a client with whom an employee has or has had a personal relationship, or who is a member of the employee's immediate family, or household. Actions may include, but are not

limited to, determination of eligibility; extent or duration of benefits or services; and provisions of an S&DS client's care plan; and any authorization for services for the client.

Employee Actions in an Official Capacity: No employee shall further their personal gain through the use of confidential information gained in the course of, or by reason of, their official position or activity, nor shall they provide such information to any other person, except in response to a subpoena, official investigation, or a release according to law.

No employee shall access confidential records or computerized records for personal use or any other reason not within the scope of their employment. Unauthorized access to said records is a violation of LCOG's standards of conduct and, as such, shall be cause for disciplinary action, up to and including termination.

For S&DS employees the following provisions also apply: If assigned the case of a client with whom an employee has or has had a personal relationship, or who is a member of the employee's immediate family, or household, the employee shall immediately make written notice to the immediate supervisor requesting to be relieved of the case.

Following consultation with the S&DS Director or a Program Manager, the employee's Manager may reassign the case to another worker, including a worker in another S&DS office, or may choose to manage the case themselves.

No employee shall attempt to influence the worker responsible for managing the case of a client with whom the employee has a personal relationship, or who is a member of the employee's immediate family or household. Attempting to influence the assigned worker shall be a violation of LCOG's standards of conduct and, as such, shall be cause for disciplinary action, up to and including termination.

Notwithstanding this provision, an employee, on their own time, may advocate on behalf of a client with whom they have a personal relationship to communicate factual information about the client with the case worker, provided the employee is listed as an "emergency contact" for the client in S&DS' records.

If the case manager believes that an employee is attempting to influence the level of services or plan of care approved for a client with whom the employee has a personal relationship, the case manager shall inform their Manager.

If, after discussing their concerns with the family member's case manager according to this policy, the employee is not satisfied with the case manager's services, the employee may discuss their concerns with the case manager's Manager.

No employee shall be licensed as a Relative Adult Foster Home provider. Similarly, no employee shall be paid as a Client Employed Provider (CEP) for the provision of care to a relative or a member of the employee's household. (Note: An employee may be paid as a CEP

for the provision of care to S&DS clients not covered by this policy, provided he/she adheres to the provisions of LCOG's outside employment policy.)

Conflict Of Interest Certification: S&DS employees are required to read and sign the "Conflict of Interest Certification" as a condition of employment. The certificate shall be kept in the employee's personnel file in LCOG's Human Resources Department.

Reporting Conflict Of Interest: An employee perceiving an actual or potential conflict of interest must immediately report this information to their Manager.

An employee managing a case involving a client with whom another employee has a personal relationship, or who is a member of that employee's immediate family, or household, shall immediately report to their Manager any attempts by the employee to influence the other employee on the handling of the case.

Appendix G Partner Memorandum of Understanding

As LCOG S&DS is a Type B Area Agency on Aging in Oregon, the requirement to provide the Partner MOU's is not applicable.

Appendix H Statement of Assurances and Verification of Intent

Please see Attachment D for the signature page of the Statement of Assurances and Verification of Intent.

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

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

OAA Section 306, Area Plans

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

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

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

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

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

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

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

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

(4) (A)(i)(I) provide assurances that the area agency on aging will— (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

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

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

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

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

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

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

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

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

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

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2026 in carrying out such a program under this title;

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

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

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

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

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

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

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

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

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

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

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2026; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2026.

Section 306 (e)

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

LCOG S&DS further assures that it will:

With respect to legal assistance — (A)

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

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

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

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

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

(i) public education to identify and prevent abuse of older individuals;

(ii) active participation of older individuals participating in programs under the OAA through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iii) referral of complaints to law enforcement or public protective service agencies where appropriate;

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

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

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

(A) to utilize in the delivery of outreach services under OAA section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under the OAA; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

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

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

Have policies and procedures regarding conflicts of interest and inform the State agency if any conflicts occur which impact service delivery. These policies and procedures must safeguard against conflicts of interest on the part of the area agency, area agency employees, governing board and

advisory council members, and awardees who have responsibilities relating to the area agency's grants and contracts.

Obtain input from the public and approval from the AAA Advisory Council on the development, implementation and administration of the Area Plan through a public process, which should include, at a minimum, a 30- calendar day or greater time period for public review and comment on the Area Plan and a public hearing prior to submission of the Area Plan to ODHS. The LCOG S&DS shall publicize the hearing(s) through legal notice, mailings, advertisements in newspapers, and other methods determined by the AAA to be most effective in informing the public, service providers, advocacy groups, etc.

06/19/2025	Stephanie Sheelar
Date	Director
06/19/2025	Dianne M Robertson Dianne M Robertson (Jun 19, 2025 09:25 PDT)
Date	Advisory Council Chair
06/19/2025	 Brenda MOORE (Jun 19, 2025 09:02 PDT)
Date	Legal Contractor Authority
	LCOG Executive Director
	Title

Attachment A - Community Needs Assessment Survey

Lane Council of Governments (LCOG) Senior & Disability Services would appreciate your assistance to better understand what services are needed to ensure that those facing aging or disability issues – or those who are caring for someone facing these issues – are able to live where they want as independently as possible. The survey should only take about 10 minutes of your time to complete.

DISCLOSURE: We will be asking about your race, ethnicity, abilities, and other characteristics to make sure everyone receives the highest quality of services. You can answer these questions any way you want. You can always choose not to answer a question. No identifying information is being collected and your responses are confidential.

If you have any questions regarding the survey, please contact Marisa Andrews at 541-682-4512 or email mandrews@lcog.org.

Thank you for your help so we can better serve you and our community.

Demographics

City in which you live _____ **Zip Code** _____

Age _____ **Do you live with a disability?** ☐ Yes ☐ No

Which of the following best describes your racial or ethnic identity? (check all that apply)

☐ Hispanic or Latino/a/x ☐ American Indian/Alaskan Native ☐ White
☐ Native Hawaiian/Pacific Islander ☐ Black/African American ☐ Other
☐ Middle Eastern/North African ☐ Prefer not to answer

What gender do you identify?

☐ Man ☐ Transgender ☐ Questioning ☐ Prefer not to answer
☐ Woman ☐ Non-binary ☐ Other

Do you identify as LGBTQ+? ☐ Yes ☐ No **Are you a Veteran?** ☐ Yes ☐ No

Services

Have you heard of Senior & Disability Services? ☐ Yes ☐ No
Have you used services through Senior & Disability Services? ☐ Yes ☐ No
Did you have difficulty accessing services through Senior & Disability Services? ☐ Yes ☐ No
Were you satisfied with the services you received? ☐ Yes ☐ No
Have you heard of the ADRC (Aging & Disability Resource Connection)? ☐ Yes ☐ No
Have you used or called the ADRC? ☐ Yes ☐ No
Have you heard of Adult Protective Services (APS) available through Senior & Disability Services? ☐ Yes ☐ No
Do you have access to a computer or smart phone? ☐ Yes ☐ No
Do you have reliable access to the internet? ☐ Yes ☐ No

Household/Living Arrangements

Where do you currently live? (please select one)

☐ My own house or apartment ☐ An assisted living facility
☐ A house or apartment that I rent ☐ A residential care facility
☐ A family member or friend's home ☐ A skilled nursing facility
☐ An adult foster home facility ☐ I am currently experiencing homelessness

If you are living in a home with someone, what is their relationship to you?

☐ Children or Grandchildren ☐ Spouse/Significant Other ☐ Friend ☐ Other

If you live with others, what are your reason(s)? (check all that apply)

□ Your financial needs □ Their financial needs
□ Your health needs □ Their health needs
□ I prefer to live with others

Are you currently raising a relative under the age of 18 in your home? □ Yes □ No
Do you have someone you can call in an emergency? □ Yes □ No
In case of an emergency, do you use life sustaining medical equipment that needs to be charged/plugged in? □ Yes □ No
In case of an emergency, such as power outage or evacuation, do you have a plan and supplies? □ Yes □ No

Transportation
Do you currently drive? □ Yes □ No
If no, do you receive assistance with transportation? □ Yes □ No
If you receive assistance with transportation, who currently assists you? (check all that apply) □ Family □ Friend(s) □ Public Transportation (bus) □ Taxi □ Volunteer(s)

To what kinds of activities do you travel? (check all that apply)
□ Banking □ Church □ Medical/Dental/Vision/Hearing
□ Pay Bills □ Recreation/Social □ Shopping
Do you miss activities because of transportation issues? □ Frequently □ Sometimes □ Never

Health/Nutrition
How would you rate your physical health? □ Excellent □ Good □ Fair □ Poor
How would you rate your satisfaction with your life? □ Excellent □ Good □ Fair □ Poor
Are you lonely? □ Yes □ No □ Sometimes
Have you had difficulty finding (select all that apply)
□ Primary Health Care Provider □ Specialist □ Mental Health Provider
Have you had trouble going to the doctor/dentist due to lack of places accepting Medicaid/Oregon Health Plan? □ Yes □ No
Have you had trouble going to the doctor/dentist due to lack of places accepting Medicare? □ Yes □ No
What health services are you NOT accessing that you need? (select all that apply)
□ Alternative Health □ Doctor □ Mental Health
□ Dentist □ Eye Care □ Physical/Occupational Therapy
Are you able to afford all of your prescriptions? □ Yes □ No

Do you have enough money to buy the food that you need? □ Yes □ No
Are you able to prepare meals yourself? □ Yes □ No

Do you need help managing a chronic condition (such as diabetes, heart disease, arthritis)? □ Yes □ No
Are you interested in taking group health improvement classes? □ Yes □ No

Care
Does a relative, friend or family member currently help you with tasks? □ Yes □ No
Do you have enough help with tasks? □ Yes □ No
If no, which tasks do you need help with? (check all that apply)
□ Bathing □ Eating □ Personal hygiene/grooming
□ Dressing □ Housekeeping □ Medication management

□ Eating □ Shopping □ Administering medication

Financial

In the last 90 days:

Have you needed help dealing with legal issues? □ Yes □ No
Have you had or do you expect to have difficulty paying for housing? □ Yes □ No
Have you had or do you expect to have difficulty paying for in-home care? □ Yes □ No
Have you had difficulty keeping track of bills and paying them on time? □ Yes □ No
If yes, do you have someone you trust to help you manage your finances? □ Yes □ No
Have you had or do you expect to have enough to cover your next month of bills if income suddenly stopped? □ Yes □ No

Fill out this section ONLY if you provide care for someone over the age of 60.

Do you currently provide care for an aging loved one or an adult with a disability?
□ Yes □ No
If yes, whom do you assist?
□ Parent □ Neighbor □ Child
□ Spouse/Significant Other □ Friend □ Other
Do you work fewer hours in paid employment due to your caregiving responsibilities?
□ Yes □ No
Do you need caregiver education or training? □ Yes □ No
Would you like to attend a caregiver support group? □ Yes □ No
Do you need respite care to provide periodic relief from caregiving duties? □ Yes □ No

For information on services and community resources call our Aging and Disability Resource Connection (ADRC) at 541-682-3353 or visit www.adrcoforegon.org.
If you or someone you know may be a victim of abuse within Lane County, call Adult Protective Services at 541-682-4140, email abusereporting@lcog.org or visit our office at 1015 Willamette Street, Eugene OR 97401.
If it is an emergency please dial 9-1-1. To report abuse in other Oregon Counties, call Oregon's Abuse Reporting Hotline at 1-855-503-SAFE (7233).

Please return this survey by June 12, 2024.
You may return this form to any Senior & Disability Services staff member, or if you prefer, mail to Senior & Disability Services, 1015 Willamette Street, Eugene OR 97401

Attachment B – Community Needs Assessment Data

Rural - 215 Responses	Number	Percent
Heard of S&DS	203	94%
Live with a disability	119	55%
Have used S&DS Services	121	56%
Have had difficulty accessing S&DS Services	44	20%
Were not satisfied with our services	36	17%
Have heard of APS	159	74%
Have heard of ADRC	58	27%
Have used the ADRC	32	15%
Have access to smart phone or computer	190	88%
Have reliable internet	185	86%
Experiencing Homelessness	12	6%
Living with others	116	54%
Live with others due to their own financial needs	37	17%
Raising someone under the age of 18	12	6%
Do not have anyone to call in an emergency	34	16%
Have life sustaining equipment that needs power	40	19%
Do not have an evacuation/emergency plan	94	44%
Currently Drive	145	67%
Who don't drive and receive transportation assistance	53	25%
Rely on Public Transportation	10	5%
Who don't drive and who frequently or sometimes miss activities/appointments	115	53%
Poor satisfaction with life	18	8%
Good satisfaction with life	86	40%
Fair satisfaction with life	79	37%
Excellent satisfaction with life	28	13%
Lonely yes or sometimes	129	60%
Have had difficulty finding a mental health provider	42	20%
Have had difficulty finding primary health provider	59	27%
Have had difficulty finding a specialist	54	25%
Don't have enough money to buy the food they need	65	30%
Unable to prepare meals	62	29%
Need help managing a chronic condition	84	39%
Interested in taking a group health promotion program/class	51	24%
Need dental care	65	30%
Need mental health services	36	17%
Unable to afford prescriptions	45	21%
Rely on others to help with tasks	102	47%

Do not have enough help with tasks	90	42%
Have needed help with legal issues	44	20%
Have or expect to have difficulty paying for housing	63	29%
Have or expect to have difficulty paying for home care	86	40%
Have or expect to have difficultly managing bills/paying on time	51	24%
Don't have anyone to help with managing bills	21	10%
Don't expect to be able to cover their bills if income suddenly stopped	116	54%
Excellent health	8	4%
Fair health	95	44%
Good health	76	35%
Poor health	31	14%

Metro - 455 Responses	**Number**	**Percent**
Heard of S&DS	254	56%
Live with a disability	416	91%
Have used S&DS Services	265	58%
Have had difficulty accessing S&DS Services	118	26%
Were not satisfied with our services	101	22%
Have heard of APS	322	71%
Have heard of ADRC	149	33%
Have used the ADRC	80	18%
Have access to smart phone or computer	410	90%
Have reliable internet	390	86%
Experiencing Homelessness	13	3%
Living with others	249	55%
Live with others due to their own financial needs	99	22%
Raising someone under the age of 18	24	5%
Do not have anyone to call in an emergency	56	12%
Have life sustaining equipment that needs power	75	16%
Do not have an evacuation/emergency plan	222	49%
Currently Drive	288	63%
Who don't drive and receive transportation assistance	116	25%
Rely on Public Transportation	46	10%
Who don't drive and who frequently or sometimes miss activities/appointments	234	51%
Poor satisfaction with life	50	11%
Good satisfaction with life	195	43%
Fair satisfaction with life	152	33%
Excellent satisfaction with life	45	10%
Lonely yes or sometimes	284	62%

Have had difficulty finding a mental health provider	118	26%
Have had difficulty finding primary health provider	133	29%
Have had difficulty finding a specialist	125	27%
Don't have enough money to buy the food they need	143	31%
Unable to prepare meals	101	22%
Need help managing a chronic condition	193	42%
Interested in taking a group health promotion program/class	142	31%
Need dental care	134	29%
Need mental health services	160	35%
Unable to afford prescriptions	103	23%
Rely on others to help with tasks	222	49%
Do not have enough help with tasks	183	40%
Have needed help with legal issues	110	24%
Have or expect to have difficulty paying for housing	152	33%
Have or expect to have difficulty paying for home care	167	37%
Have or expect to have difficultly managing bills/paying on time	108	24%
Don't have anyone to help with managing bills	55	12%
Don't expect to be able to over their bills if income suddenly stopped	253	56%
Excellent health	24	5%
Fair health	200	44%
Good health	160	35%
Poor health	63	14%

Caregiving - Rural	**Number**	**Percent**
Is a caregiver	50	
Work fewer hours due to caregiver needs	16	32%
Need caregiver assistance/training/education	15	30%
Need a support group for caregivers	14	28%
Need respite care services	20	40%

Caregiving - Metro	**Number**	**Percent**
Is a caregiver	81	
Work fewer hours due to caregiver needs	24	30%
Need caregiver assistance/training/education	20	25%
Need a support group for caregivers	34	42%
Need respite care services	33	41%

72 identified as LGBTQIA+	**Number**	**Percent**
Live with a disability	57	79%

Have used our services	28	39%
Have difficulty accessing our services	28	39%
Were satisfied with our services	20	28%
Have heard of ADRC	33	46%
Have used the ADRC	19	26%
Have heard of APS	59	82%
Fair or poor satisfaction with life	37	51%
Lonely sometimes or yes	54	75%

24 currently experiencing homelessness	**Number**	**Percent**
Live with a disability	19	79%
Have heard of S&DS	21	88%
Have used our services	16	67%
Have difficulty access our services	16	67%
Were satisfied with our services	13	54%
Have heard of the ADRC	6	25%
Have used the ADRC	4	17%
Have heard of APS	14	58%
Raising someone under 18	2	8%

Attachment C – Service Matrix and Delivery Method

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

☐ **#5 Adult Day Care**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

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

☐ **#20-2 Advocacy**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

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

☒ **#9 Assisted Transportation**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☒ Self-provided

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

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

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☒ Self-provided

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

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

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

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

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

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☒ Self-provided

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

☒ **#30-5/30-5a Caregiver Respite**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☒ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency): New Horizons In-Home Care Solutions 3125 Chad Dr., Suite 290, Eugene, OR 97408 (for-profit). Addus HealthCare, 1142 Willagillespie Rd., Eugene, OR 97401 (for-profit)

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

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

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

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

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☒ Self-provided

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

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

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

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

☐ **#70-9/70-9a Caregiver Training**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

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

☒ **#6 Case Management**

Funding Source: ☒ OAA ☒ OPI ☐ Other Cash Funds

☐ Contracted ☒ Self-provided

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

☐ **#3 Chore** (by agency)

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

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

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

☒ **#7 Congregate Meals**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☒ Self-provided

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

[x] **#80-4 Consumable Services**

Funding Source: [x] OAA [ ] OPI [x] Other Cash Funds

[ ] Contracted [x] Self-provided

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

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

Funding Source: [x] OAA [ ] OPI [ ] Other Cash Funds

[ ] Contracted [x] Self-provided

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

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

Funding Source: [ ] OAA [ ] OPI [ ] Other Cash Funds

[ ] Contracted [ ] Self-provided

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

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

Funding Source: [x] OAA [ ] OPI [ ] Other Cash Funds

[ ] Contracted [x] Self-provided

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

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

Funding Source: [x] OAA [ ] OPI [ ] Other Cash Funds

[ ] Contracted [x] Self-provided

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

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

Funding Source: [ ] OAA [x] OPI [ ] Other Cash Funds

[x] Contracted [ ] Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency): Assured Independence, 3125 Colby Ave, Suite B, Everett, WA 99201
Alert Medical Alarms, 100 West Ave, Ste. 901s, Jenkintown, PA 19046

[x] **#4 Home Delivered Meals**

Funding Source: [x] OAA [x] OPI [ ] Other Cash Funds

[x] Contracted [x] Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency): FOOD For Lane County, 700 Bailey Hill Rd, Eugene, OR 97402.

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

Funding Source: [ ] OAA [ ] OPI [ ] Other Cash Funds

[ ] Contracted [ ] Self-provided

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

[x] **#2 Homemaker** (by agency)

Funding Source: [ ] OAA [x] OPI [ ] Other Cash Funds

[x] Contracted [ ] Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency): New Horizons In-Home Care Solutions 3125 Chad Dr., Suite 290, Eugene, OR 97408 (for-profit). Addus HealthCare, 1142 Willagillespie Rd., Eugene, OR 97401 (for-profit)

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

[x] **#13 Information & Assistance**

Funding Source: [x] OAA [ ] OPI [ ] Other Cash Funds

[ ] Contracted [x] Self-provided

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

[ ] **#60-5 Interpreting/Translation**

Funding Source: [ ] OAA [ ] OPI [ ] Other Cash Funds

[ ] Contracted [ ] Self-provided

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

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

Funding Source: [x] OAA [ ] OPI [ ] Other Cash Funds

[x] Contracted [ ] Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency): Lane County Legal Aid/Oregon Law Center, 101 East Broadway Suite 200, Eugene, OR 97401

[ ] **#8 Nutrition Counseling**

Funding Source: [ ] OAA [ ] OPI [ ] Other Cash Funds

[ ] Contracted [ ] Self-provided

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

[x] **#12 Nutrition Education**

Funding Source: [x] OAA [ ] OPI [ ] Other Cash Funds

[ ] Contracted [x] Self-provided

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

[x] **#70-2 Options Counseling**

Funding Source: [ ] OAA [ ] OPI [x] Other Cash Funds

[ ] Contracted [x] Self-provided

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

[ ] **#900 Other – Computer Technology Expense**

Funding Source: [ ] OAA [ ] OPI [ ] Other Cash Funds

[ ] Contracted [ ] Self-provided

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

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

Funding Source: [ ] OAA [ ] OPI [x] Other Cash Funds

[ ] Contracted [x] Self-provided

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

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

Funding Source: [ ] OAA [ ] OPI [ ] Other Cash Funds

[ ] Contracted [ ] Self-provided

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

[ ] **#901 Other (specify)**

Funding Source: [ ] OAA [ ] OPI [ ] Other Cash Funds

[ ] Contracted [ ] Self-provided

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

☐ **#14 Outreach (14 Outreach; 70-5 Newsletter; 70-10 Public Outreach/Education)**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

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

☒ **#1 Personal Care** (by agency)

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

☒ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency): New Horizons In-Home Care Solutions 3125 Chad Dr., Suite 290, Eugene, OR 97408 (for-profit). Addus HealthCare, 1142 Willagillespie Rd., Eugene, OR 97401 (for-profit)

☒ **#1a Personal Care** (by HCW)

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

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

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

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

☒ **#60-3 Reassurance**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☒ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency): Lane Community College, Senior Companion Program, 101 W. 10th Ave, Suite 133, Eugene, OR 97401

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

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

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

☐ **#72 Self-Directed Care**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

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

☐ **#80-1 Senior Center Assistance**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

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

☐ **#10 Transportation**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

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

☐ **#60-4 Volunteer Services**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

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

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

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

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