



NORTHWEST SENIOR & DISABILITY SERVICES



AREA PLAN

JULY 1, 2025-JUNE 30, 2029

District #1 and #3
Serving Clatsop, Marion, Polk, Tillamook, and Yamhill Counties
NorthWest Senior & Disability Services (NWSDS)
Agency Administrative Office
3410 Cherry Ave NE
Po Box 12189
Salem, OR 97309-0189

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**NORTHWEST SENIOR & DISABILITY SERVICES
2025-2029 AREA PLAN**

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NWSDS services can be accessed by contacting its Aging and Disability Resource Connection (ADRC) or visiting one of its six service offices within its Planning and Service Area (PSA):

- **Aging and Disability Resource Connection (ADRC):**
 - Email at: information.nwsds@nwsds.org
 - **For All Service Areas:**
Phone: 503-304-3420, toll free: 1-866-206-4799
 - **TTY**
Toll-free: 1-888-370-4307
- **Adult Protective Services Abuse Reporting Line:**
 - **Clatsop, Marion, Polk, Tillamook, and Yamhill Counties:**
Toll-free: 1-800-846-9165
 - **Oregon's Abuse Reporting Hotline (in other Oregon counties):**
Toll-free: 1-855-503-7233
 - **Local Police Department (for help at any time)**
- **Dallas Office:** 260 NE Kings Valley Highway, Dallas, OR 97338
Phone: 503-831-0581.
- **McMinnville Office:** 300 SW Hill Road, McMinnville, OR 97128
Phone: 503-472-9441.
- **Salem Office:** 3410 Cherry Avenue NE, Salem, OR 97303
Phone: 503-304-3400.
- **Tillamook Office:** 5010 E Third Street, Tillamook, OR 97141.
Phone: 503-842-2770.
- **Warrenton Office:** 2002 SE Chokeberry Avenue, Warrenton, OR 97146
Phone: 503-861-4200.
- **Woodburn Office:** 2100 Progress Way, Woodburn, OR 97071

Online

www.nwsds.org

www.adrcoforegon.org

www.facebook.com/nwsds.org



ACKNOWLEDGEMENTS: 2025-2029 AREA PLAN

Area Plan Steering Committee

- Ruth McEwen
- Shirl Staats
- Carol Hankins
- Steven Manesis
- Kellie Thoelecke
- Tita Montero

Community Partners

- Service Integration Teams
- Comagine Health
- First Federal Bank
- Department of Veterans' Affairs
- Long-Term Care Ombudsman
- Confederated Tribes of Grand Ronde

NWSDS Participating Departments

- Aging and Disability Resource Connection
- Adult Protective Services
- Community Programs and Nutrition
- Options Counseling
- Health Promotion

This Area Plan serves as a comprehensive roadmap for the next four years, outlining the priorities and strategies that will guide the Agency in addressing the evolving needs of the communities it serves. It highlights the organization's commitment to meeting the challenges posed by changing demographics while fostering collaboration and expanding partnerships with other organizations within its Planning and Service Area (PSA). Additionally, the plan functions as a contractual agreement with the State of Oregon, ensuring the delivery of essential services and supports to older adults aged 60 and over, adults with disabilities aged 18 to 59, and family caregivers across the Agency's five-county service area.

It is important to note that the Area Plan is not a strategic plan that includes all services and projects offered by the Agency. Instead, it focuses primarily on the Oregon Project Independence (OPI)

program and services provided under the Older Americans Act (OAA). These services include critical areas such as information and assistance, family caregiver support, health and wellness initiatives, abuse prevention, senior nutrition, and other key focus areas identified by the Agency.



This plan incorporates insights from a community needs assessment, stakeholder engagement, and collaboration with local councils and partner organizations. It reflects NWSDS's commitment to equity, inclusion, and responsiveness to the diverse cultural and socioeconomic needs of the region.



Section

A

AREA AGENCY PLANNING AND PRIORITIES

A-1 Introduction

A-2 Mission, Vision, Core Values

A-3 Planning and Review Process

A-4 Prioritization of Discretionary

A-5 Service Equity

NorthWest Senior & Disability Services (NWSDS) is a local intergovernmental organization that helps seniors and people with disabilities in five counties: Clatsop, Marion, Polk, Tillamook, and Yamhill. These counties established NWSDS under an agreement permitted by state law. The State of Oregon also recognizes NWSDS as a Type B Transfer Area Agency on Aging (AAA) and an Aging and Disability Resource Connection (ADRC). This designation means NWSDS serves as a one-stop resource for services and support for older adults and people with disabilities in its service area.

The Agency is overseen by a five-member Board of Directors, comprising one elected county commissioner from each of the five counties. Two volunteer advisory groups, the Senior Advisory Council (SAC) and the Disability Services Advisory Council (DSAC), provide advice and recommendations to the Board.

The SAC includes 20 members, most of whom are over the age of 60, while the DSAC includes 15 members, most of whom have a disability. These advisory groups consist of a mix of community members, service users, service providers, local officials, and advocates for seniors and people with disabilities. Their role is to guide the Agency on its programs, policies, and services, to advocate for the needs of those it serves, and to assist in the development and implementation of the Area Plan.

NWSDS coordinates and provides a wide range of services, including:

- **Information and Assistance:** Helping people find the resources they need.
- **Case Management:** Providing support and planning for individual care needs.
- **Eligibility Determination:** Helping people access Medicaid, SNAP (food stamps), and other programs.
- **Adult Protective Services:** Investigating and preventing the abuse of vulnerable adults.
- **Licensing of Adult Foster Homes:** Ensuring safe and regulated care facilities.
- **Home-Delivered Meals:** Meals for seniors who cannot leave their

homes.

- **Senior Peer Mentoring:** Guiding adults 55 and older to address mild to moderate depression and anxiety.
- **Health Insurance Counseling (SHIBA):** Helping with Medicare and other insurance questions.
- **Money Management Assistance:** Help with budgeting and finances.
- **Family Caregiver Support:** Resources for those caring for loved ones.

The Agency also arranges a variety of long-term care services, including in-home care, respite care, adult day care, and placement in residential or nursing facilities. NWSDS is committed to helping older adults and people with disabilities live safely, independently, and with dignity in their communities.

The vision, mission, and core values of NWSDS guide every aspect of its work. Every day, the staff, volunteers, and contracted vendors strive to meet the needs of the individuals they serve, with a focus on dignity, independence, and health. To support these efforts, NWSDS provides leadership and professional development opportunities to help its team grow and thrive.

The management team participates in leadership training, gaining insights into cutting-edge strategies to better support staff at all levels. All employees engage in annual mandatory training and additional courses as needed to enhance both technical expertise and interpersonal skills. This commitment to continuous learning ensures the team is well-equipped to serve the community with excellence.

Driven by its core values, NWSDS seeks to be an innovative, nationally recognized leader in services for seniors and people with disabilities.

Since its founding in 1982, NWSDS has developed strong community partnerships with a variety of organizations, including health departments, local governments, senior and community centers, coordinated care organizations, universities, mental health professionals, and grassroots and non-profit groups. These collaborations have established NWSDS as a trusted and credible organization across Oregon and within the aging and disability services network. Together with its partners, NWSDS works to create a stronger, more supportive community for all.

MISSION

*Promote dignity, independence, and health;
honor choice and empower people.*

VISION

*To be innovative, nationally
recognized leader*

CORE VALUES

Integrity

Working honestly, ethically, and being accountable.

Professionalism

*Representing the agency and ourselves with pride, expertise,
and excellence.*

Service

Responding promptly to customer and community needs.

Compassion

Showing concern and respect for the well-being of others

The planning process for the 2025–2029 Area Plan included a thorough review of existing data and reports, along with extensive community engagement activities that incorporate a comprehensive approach to assessing needs, involving stakeholders, and developing actionable plans tailored to the diverse populations served. Residents from Clatsop, Marion, Polk, Tillamook, and Yamhill Counties contributed insights on community needs, strengths, emerging challenges, and potential program improvements.

An Area Plan Steering Committee, composed of six Advisory Council members (all of whom are local residents and partners) and one NWSDS management staff member, guided the planning, review, and completion of the plan.

Scope of Need

NWSDS assessed the scope of need across various populations, including older adults, individuals with disabilities, rural and urban residents, and minority communities. The needs assessment process involved a systematic review of service data, demographic trends, and feedback from community members to identify disparities in access and utilization. Particular attention was given to target populations most at risk of experiencing service gaps or barriers.

Needs Assessment Tools

To understand the strengths and gaps in focus areas, NWSDS employed a combination of surveys, interviews, and other tools designed to gather qualitative and quantitative data. These tools included:

- NWSDS Volunteer Satisfaction Survey (English and Spanish)
- NWSDS Community Online Survey (English, Spanish, and Russian)
- Family Caregiver Online Survey (English and Spanish)
- One-on-one phone interviews with Grand Ronde, Siletz, and other Tribal community members and partners

Stakeholder Consultation

The planning process actively engaged a broad spectrum of stakeholders, including:

- Consumers, representing the lived experiences of older adults and individuals with disabilities
- Members of minority and diverse communities
- Service providers, health care professionals, and advocacy groups

- Partner organizations such as local governments, Tribal representatives, and community-based organizations

Community Engagement Methods

Engagement methods included focus groups, community forums, and structured surveys designed to capture input from a wide range of voices. These forums provided opportunities for direct feedback on needs, challenges, and areas for improvement.

During the development process, workgroups convened for each focus area, including Advisory Council members, consumers, community members, volunteers, staff, and partners. These groups reviewed data and needs assessment findings, providing feedback and suggestions for goals and objectives.

The information collected from these activities identified critical issues faced by the diverse populations in the five-county service area. These findings shaped the focus areas of the Area Plan. Details on activities and timelines are available in [Appendix C](#).

Resources Utilized

To develop the plan's focus areas, the following sources were used to collect data, trends, and other relevant information:

- Statewide and Agency-wide Adult Protective Services (APS) referrals, investigations, and Computer-Aided Manufacturing (CAM) data on scams/fraud.
- Aging and Disability Resource Connection (ADRC) telephonic and online data, trends, and secret shopper reports.
- Nutrition Services satisfaction surveys and reports, and program data.
- Oregon Project Independence (OPI) waitlists and trends.
- U.S. Census Bureau.
- Community Needs Assessment and Community Health Improvement Plans (via counties).
- Statistical data provided by Community Services and Support Unit (CSSU), Aging and People with Disabilities (APD), American Association of Retired Persons (AARP) and Aging, Independence and Disability Program Data (AGID), Oregon Office of Rural Health, and Older Oregonians.

Cultural and Linguistic Inclusivity

To ensure inclusivity, all needs assessment documents were translated into Spanish and Russian and made available in additional languages upon request.

- Telephonic interpretation was provided for limited English speakers.
- Spanish, Russian, and American Sign Language (ASL) interpreters were available during the public hearing, accommodations with 48-hour advance notice offered for other languages or formats.
- Public notices and mailers were distributed in English, Spanish, and Russian.

Review and Adoption

Drafts of the plan were reviewed collaboratively with input from consumers, Advisory Council members, service providers, and community partners. This inclusive process ensured the plan was reflective of community needs and aligns with the mission of NWSDS. Final adoption of the plan occurs after a public comment period and approval from the NWSDS Board of Directors.

Through these efforts, NWSDS ensures that the Area Plan addresses the needs of its communities while fostering equity, independence, and quality of life for all.

Public Engagement and Plan Approval

The public hearing for the Area Plan was held via Zoom with a call-in option for remote participation. Summaries of the plan were translated into Spanish and Russian and made available alongside the English version on the Agency's website and in office lobbies.

The draft Area Plan was open for public input from January 30 to February 28, 2025. A joint public hearing of the Senior Advisory Council and Disability Services Advisory Council was held on March 20, 2025, after which the plan was recommended to the Board of Directors for approval. The Board formally adopted the plan on April 7, 2025.

After NWSDS fulfills its required services and contractual obligations, the Agency can use any residual funds to improve current services or start new programs. Decisions about how to spend these funds are guided by a list of priorities suggested by the advisory councils and approved by the Board of Directors. This process ensures that the extra funding goes toward the services that will have the greatest positive impact on the community.

The prioritized list of services recommended by the advisory councils is developed in conformance with a set of guiding principles, also approved by the councils:

- Older Americans Act (OAA) and Oregon Project Independence (OPI) services/programs funded by NWSDS should meet the overall goals of the Agency mission statement and strategic plan, as these are the documents that establish priorities, goals and objectives.
- OAA/OPI services/programs funded by NWSDS should be prioritized according to the basic necessities of life (e.g., food, shelter, etc.).
- OAA/OPI services/programs for which funding is sought must have an identifiable outcome and meet an identifiable need that cannot otherwise be adequately met by any other community resource.
- The funding of an identified need, service or program should not be excluded because it is not five-county wide.
- Costs for OAA/OPI services/programs should be in line with average costs of areas with similar demographics. Reasonable costs should meet the "prudent person" test.
- A supplementary service should not exceed the cost per unit of the primary service (e.g., meal site transportation unit cost compared to meal unit cost).
- Input and involvement from potential OAA/OPI service/program participants should be a part of the planning process and, when feasible, part of the recommendation process. Involvement of consumers in the evaluation and monitoring of programs and services is essential.
- Dependable, high-quality, cost-effective service to consumers and the public is an important desired outcome for all OAA/OPI services/programs. NWSDS should not only do the right thing, but also do things right.

- Whenever possible and allowable, discretionary funds used to develop new OAA/OPI services/programs should be used as seed money and will be time- limited.
- Emphasis should be placed on building and/or replicating partnerships that control costs, yet maintain the quality necessary to serve people well.
- NWSDS Senior Advisory Council members, in cooperation with the NWSDS Disability Services Advisory Council (DSAC) members, will educate the public about NWSDS services and programs. When applicable, such education will include information regarding funding cuts or proposed cuts that affect seniors and people with disabilities served in the Agency's five-county service area.

The Advisory Councils' prioritized list of services, recommended to, and adopted by, the Board, for the utilization of OAA/OPI discretionary funds is as follows:

1. **Home-Delivered Meals:** For consumers who are age 60 or older and are unable to make their own meals or travel to a meal site, NWSDS may be able to bring meals to their homes. Meals are hot or frozen, and volunteers deliver them from a congregate meal site.
2. **Personal Care/Home Care through OPI:** Personal care services include bathing/dressing, personal hygiene/grooming, ambulation/transferring, eating, and medication management. Home care tasks include housekeeping (vacuuming, mopping, cleaning bathroom), laundry (in home or out of home), meal preparation, shopping, and transportation. Every consumer must have at least one hour of personal care. Consumers have the option to choose personal care and home care services provided through a licensed in-home care agency that has a contract with NWSDS or through a Home Care Worker in good standing with the Oregon Home Care Commission.
3. **Information & Assistance:** Information and Assistance is offered through the ADRC (Aging and Disability Resource Connection), which has trained workers who help callers answer questions. They can tell callers about and connect them with programs and services that may be able to assist. This help is free. People contact the ADRC for many reasons, such as planning for the future. For example, an adult child may call to ask questions about caring for a parent. Others contact the ADRC for current needs, such as help with paying their medical and food costs.

Implementing the prioritized list of services will adhere to the following guidelines, as well:

- In an environment of shrinking resources, discretionary funds should not be used to create new programs/services, or to expand existing programs/services, except as it may create an efficiency or an economy that preserves consumer service or fulfills a higher priority need.
- Any available discretionary funding should first be used to maintain and/or backfill NWSDS highest-priority services or programs. Funding decisions will then be made on a case-by-case basis.

Existing Waitlists

As of January 1, 2025, a total of 102 consumers are currently on the OPI waitlist.

Consumers on the OPI waitlist will be prioritized for services based on their **Risk Assessment Score** and the length of time they have been on the waitlist. The waitlist is sorted first by Risk Assessment Score, to prioritize those with the greatest social and economic need, followed by waitlist duration.

NWSDS plays a crucial role in advancing **service equity**, ensuring that all individuals and communities, particularly those historically underserved or marginalized, have access to public resources and services.

1. Workforce Development

- **Equity and Inclusion Assessment:** NWSDS evaluates staff and volunteer experiences concerning equity and inclusion, focusing on both internal dynamics and interactions with consumers.
- **Agency Equity Plan:** The Agency has developed an Equity Plan, approved by the Office of Equity and Multicultural Services, to guide efforts in promoting inclusivity.
- **Staff Training:** A thorough training plan on equity and inclusion has been implemented for staff, ensuring they are equipped to serve diverse communities effectively.

2. Training on Oregon's History and Sociopolitical Context

- **Cultural Competency Training:** NWSDS ensures all staff receive annual Diversity, Equity, and Inclusion (DEI) training through the Cross-Cultural Health Care Program (CCHCP). These trainings are designed to enhance cultural competency and foster an inclusive work environment by equipping staff with the skills to effectively communicate across diverse populations. The program covers critical topics such as recognizing implicit bias, understanding systemic inequities, and addressing barriers to equitable service delivery.

3. Integration of Service Equity in Budgetary and Contracting Decisions

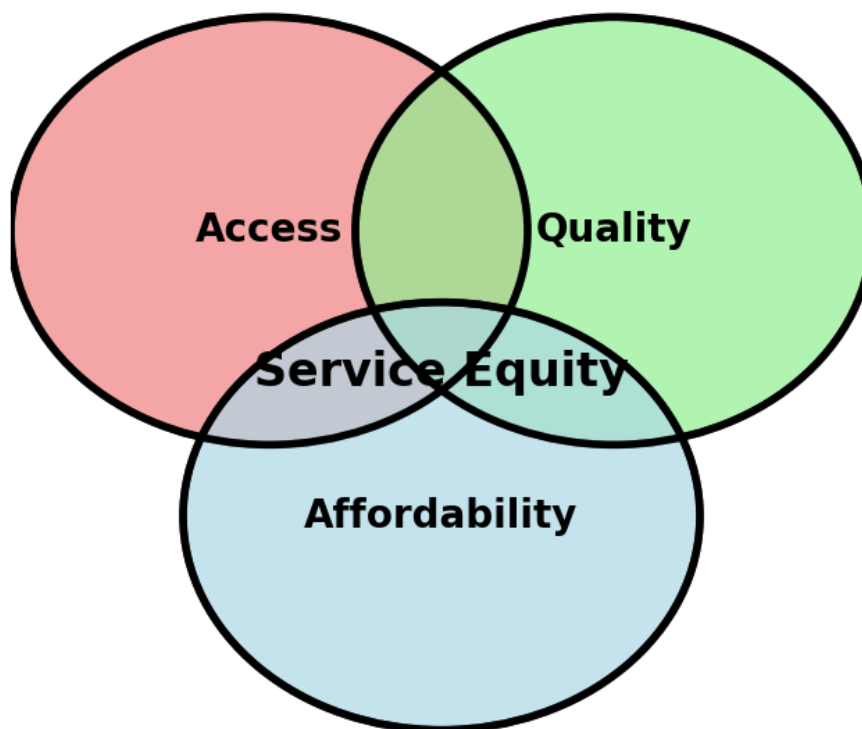
- **Equitable Resource Allocation:** NWSDS integrates service equity throughout its budgetary and contracting decisions by prioritizing equity-centered budgeting, including conducting impact assessments, establishing measurable equity metrics, and involving underrepresented populations in decision-making processes. Equity-focused implementation is achieved through regular monitoring, the designation of equity liaisons, and partnerships with community organizations. Data-driven policies and equity audits guide long-term strategies, supported by mandatory equity training for staff and contractors and transparent reporting of outcomes.

- Additionally, NWSDS engages diverse advisory committees and ensures accessible feedback mechanisms to promote accountability and alignment with community needs, addressing systemic disparities effectively.

4. Best Practices Identified and Used by the Agency

- **Community Engagement:** NWSDS actively engages with community partners, including the Confederated Tribes of Siletz Indians and the Confederated Tribes of Grand Ronde Indians, to offer culturally appropriate programs and services.
- **Health Promotion Programs:** The Agency collaborates with tribal communities to offer culturally appropriate and evidence-based health promotion programs, such as Senior Peer Mentoring and Otago Exercise Program, to address specific health needs.

Through these initiatives, NWSDS demonstrates a holistic approach to embedding equity and inclusion within its workforce development, training programs, budgetary decisions, and service delivery models.





Section

B

PLANNING AND SERVICE AREA PROFILE

[_B-1 Population Profile](#)

[B-2 Target Populations](#)

[B-3 AAA Services, Administration and Service Providers](#)

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

Current Demographics of the Planning and Service Area (PSA)

The Planning and Service Area (PSA) served by Northwest Senior and Disability Services (NWSDS) encompasses a diverse population, with key demographic highlights including:

1. Age Distribution 🧓 🧑:

- A significant portion of the population is aged 65 and older, reflecting the growing aging community within the PSA.
- There is a smaller but notable population of adults living with disabilities under the age of 65.

2. Rural and Urban Divide 🏡 🏙️:

- Many consumers reside in rural communities, where access to services can be more challenging due to geographic isolation.
- Urban centers within the PSA offer more comprehensive resources but may still face challenges in capacity and availability.

3. Socioeconomic Factors 💰 🏠 🍎:

- A substantial percentage of individuals are considered low-income, impacting their ability to access private care and support services.
- Housing and food insecurity are prevalent issues among many seniors and individuals with disabilities.

4. Diversity 🌍 🧑:

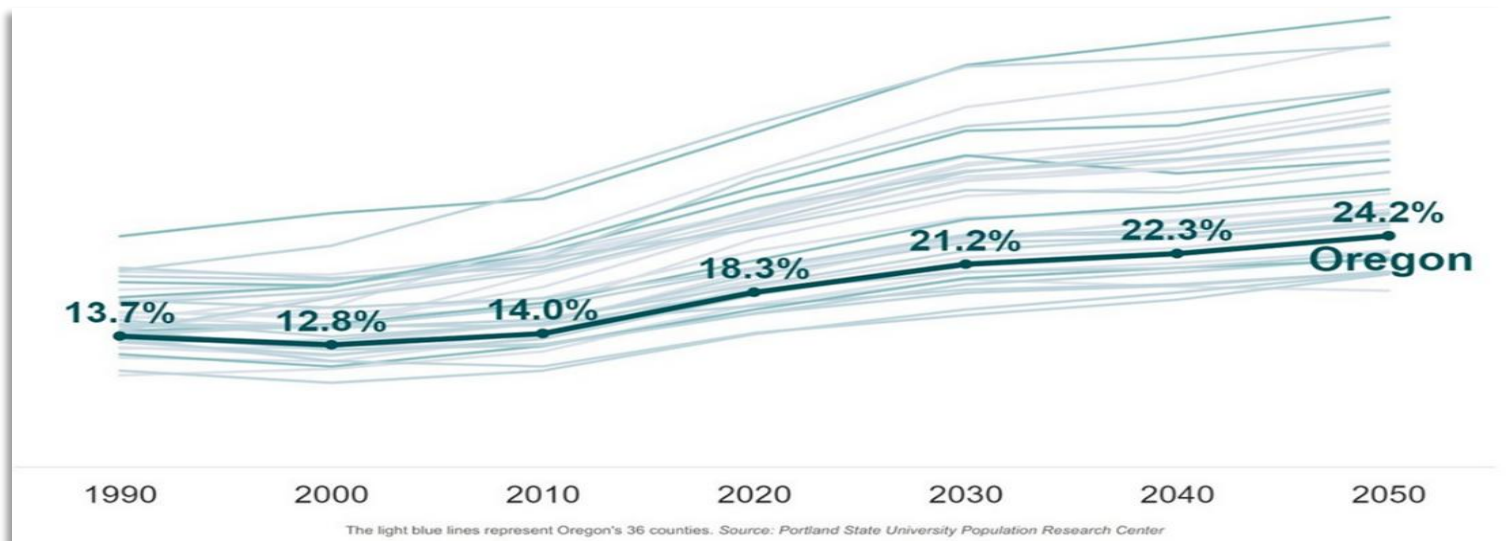
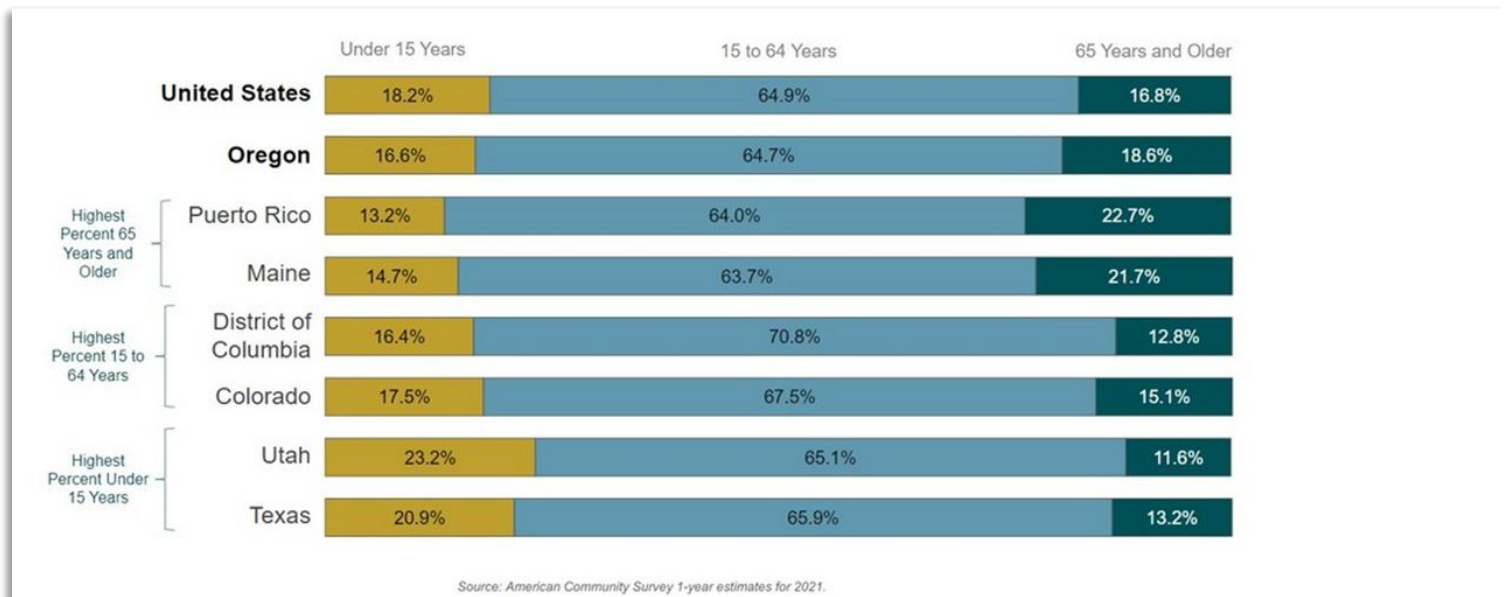
- The PSA population is predominantly White, but there is a growing representation of Hispanic/Latino, Native American, and other minority groups.
- Language barriers must be addressed, particularly for individuals who speak English as a second language.

5. Disability Status 🦿 🦽:

- A significant portion of individuals report living with disabilities, requiring tailored services and supports.

Emerging Trends

Several trends are shaping the future needs and priorities of NWSDS:



1. Aging Population:

- The population of seniors is growing rapidly, increasing demand for long-term care, in-home services, and health-related programs such as chronic disease management and preventive health initiatives.
- The desire of many seniors to age in place, requires the expansion of community-based services and supports.

2. Rising Diversity:

- The PSA is experiencing increased cultural and linguistic diversity. This trend emphasizes the need for culturally competent care and multilingual resources.

3. **Economic Pressures:**

- Inflation and rising housing costs are worsening financial challenges for seniors with fixed incomes and people with disabilities.
- Food insecurity remains a critical concern, particularly among low-income households

4. **Mental Health Focus:**

- Increased awareness of mental health needs highlights the importance of integrating mental health services into existing programs for seniors and people with disabilities.

5. **Caregiver Shortages:**

- A declining availability of professional caregivers and family caregivers is creating a gap in service delivery.
- Support for family caregivers, including respite care and training, is becoming a more significant focus.

6. **Technology Integration:**

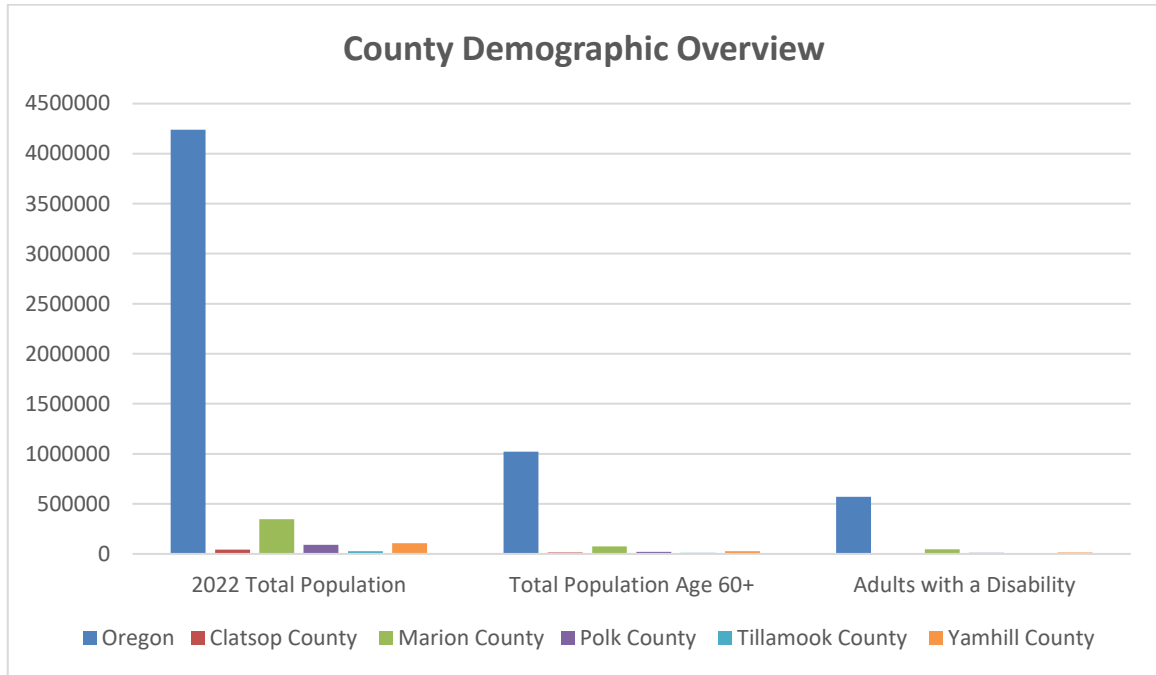
- There is a growing emphasis on using technology to bridge service gaps, such as telehealth and virtual resource navigation.
- However, digital literacy and access remain barriers for many older adults.

7. **Community Engagement:**

- Increasing efforts to involve community members in planning and service delivery are critical to ensuring services meet diverse needs.
- Promoting volunteering and focus group participation aims to enhance inclusivity and ensure equitable resource allocation.

¹Source: American Community Survey 1-year estimates for 2021. This chart compares the age distribution across the United States, Oregon, and selected states/territories, highlighting the percentages of the population under 15 years, between 15 to 64 years, and 65 years and older.

¹Source: Portland State University Population Research Center. This chart illustrates the projected growth in the percentage of Oregon's population aged 65 and older from 1990 to 2050, including trends across all 36 counties (light blue lines)



This chart provides an overview of the most recent key demographic metrics for the five counties served by Northwest Senior and Disability Services (NWSDS): Clatsop, Marion, Polk, Tillamook, and Yamhill. Among these, Marion County has the highest total population, with approximately **350,000** residents, followed by Yamhill County with around **110,000**, Polk County with roughly **87,000**, Clatsop County with about **40,000**, and Tillamook County with approximately **28,000**. Marion County also leads in the population aged 60 and older, with roughly **70,000** seniors, followed by Yamhill County at around **25,000**, Polk County at about **20,000**, Clatsop County at close to **10,000**, and Tillamook County with approximately **8,000**. Similarly, Marion County has the largest population of adults with disabilities, at around **60,000**, followed by Yamhill County with **15,000**, Polk County with roughly **13,000**, Clatsop County with about **6,000**, and Tillamook County with approximately **5,000**. These figures underscore Marion County’s significant share of seniors and adults with disabilities, while smaller counties like Clatsop and Tillamook demonstrate the need for tailored attention and localized resources.²

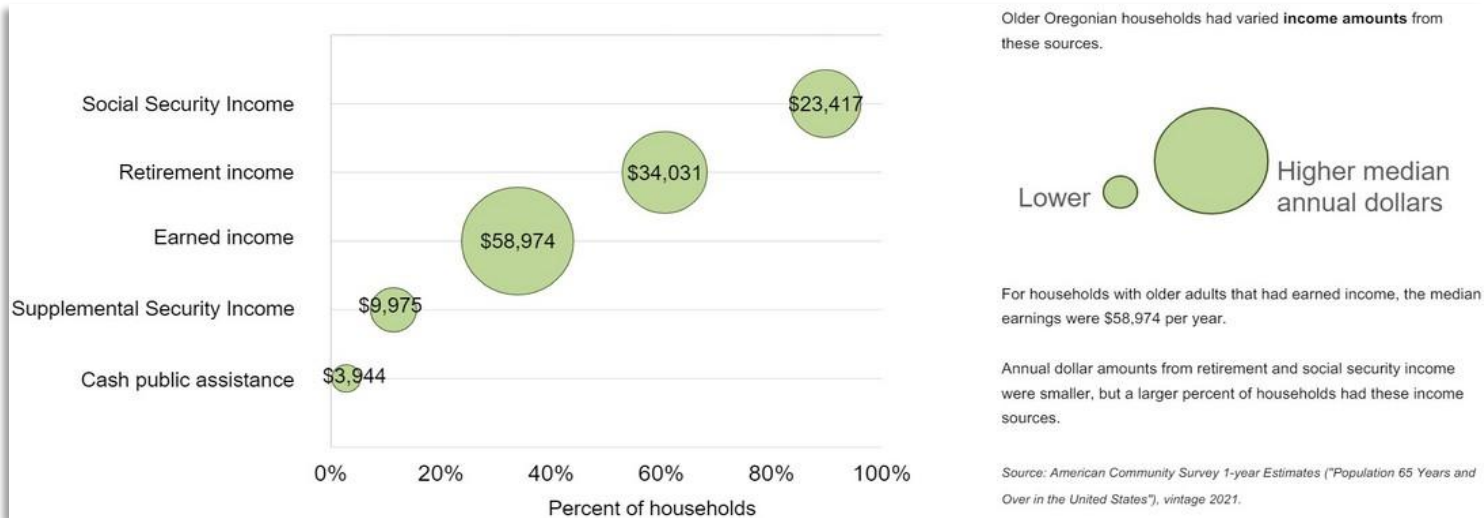
Demographic Summary of Five-County Service area

²Source: 2022 Demographic Data for NWSDS Five-County Service Area. This chart compares the total population, population aged 60 and older, and adults with a disability for Oregon and the five counties served by NWSDS: Clatsop, Marion, Polk, Tillamook, and Yamhill.

Metric	Clatsop	Marion	Polk	Tillamoc	Yamhill
Total Population Age 60 and Older	12587	75563	20875	9570	25469
Total Population 60 and Older in Poverty	1054.7	6116.6	2164.3	885.83	2139.4
Total Population Age 60 to 74	9448	54744	14584	7040	18120
Total Population Age 75 to 84	2324	14548	4490	1769	5161
Total Population Age 85 and Older	815	6271	1801	761	2188
Female Total	20494	171656	43965	13537	53070
Female Age 60 and Older	6630	41026	11008	5114	13868
Female 60 and Older in Poverty	405.39	2716.6	1289.8	581.16	1466.6
Male Total	20226	172381	42382	13592	53954
Male Age 60 and Older	5957	34537	9867	4456	11601
Male 60 and Older in Poverty	649.27	3400.1	874.52	304.67	672.83
Any Minority Total	6968.1	122408	20372	4552.4	25592
Any Minority Age 60 and Older	860.37	9856	2313.9	526.87	2614.3
Any Minority 60 and Older in Poverty	126.63	989.62	255.67	37.05	180.76
Hispanic Total	4029.3	77587	11754	3260.6	16137
Hispanic Age 60 and Older	381.64	4023.9	1006.5	223.96	1284.7
Hispanic 60 and Older in Poverty	64.98	428.64	178.82	30.94	101.66
Native American Total	1110.7	19849	3295	579.03	3158.8
Native American Age 60 and Older	235.11	3264.7	786.76	153.07	695.84
Native American 60 and Older in Poverty	37.35	418.42	72.95	0.73	54.42
Native Hawaiian Pacific Islander Total	374.4	4195.4	1145.4	150.57	1172.6
Native Hawaiian Pacific Islander Age 60 and Older	4.21	192.49	73.15	12.12	92.85
Native Hawaiian Pacific Islander 60 and Older in Poverty	0	0	0	0	0
Asian Total	613.34	11452	2651.9	284.65	2947.6
Asian Age 60 and Older	146.6	1293.3	327.47	100.44	306.03
Asian 60 and Older in Poverty	11.91	91.21	3.9	5.38	24.68
African American Total	504.3	6523.8	1059.8	146.32	1345.8
African American Age 60 and Older	62.92	350.47	11.1	2.44	26.6
African American 60 and Older in Poverty	2.3	33.27	0	0	0
Limited English Proficiency Age 18 to 64	676	26913	2702.4	750.5	4007.5
Limited English Proficiency Age 65 and Older	45.38	2919.6	444.2	34.57	362
Adults with a Disability Total (Age 18-64; 60 and Older)	8,095.71	72078	14537	5757	19617
Total Population under 185% FPL	10016	92729	21276	7271.5	23305
Population 60 and Older under 185% FPL	2812.3	16232	4602.1	2132	5567.2
Population 60 and Older Under 185% FPL	8727.1	45024	14885	6701.5	18241
Grandparents Age 60 and Older Responsible for Own Grandchildren Under Age 18	82	1152	112	41	571
Grandparents 60 and Older in Poverty Responsible for Own Grandchildren Under Age 18	17	153	7	36	60
Living Alone Age 60 and Older	4342.7	14227	4999.8	3077.7	5585.9

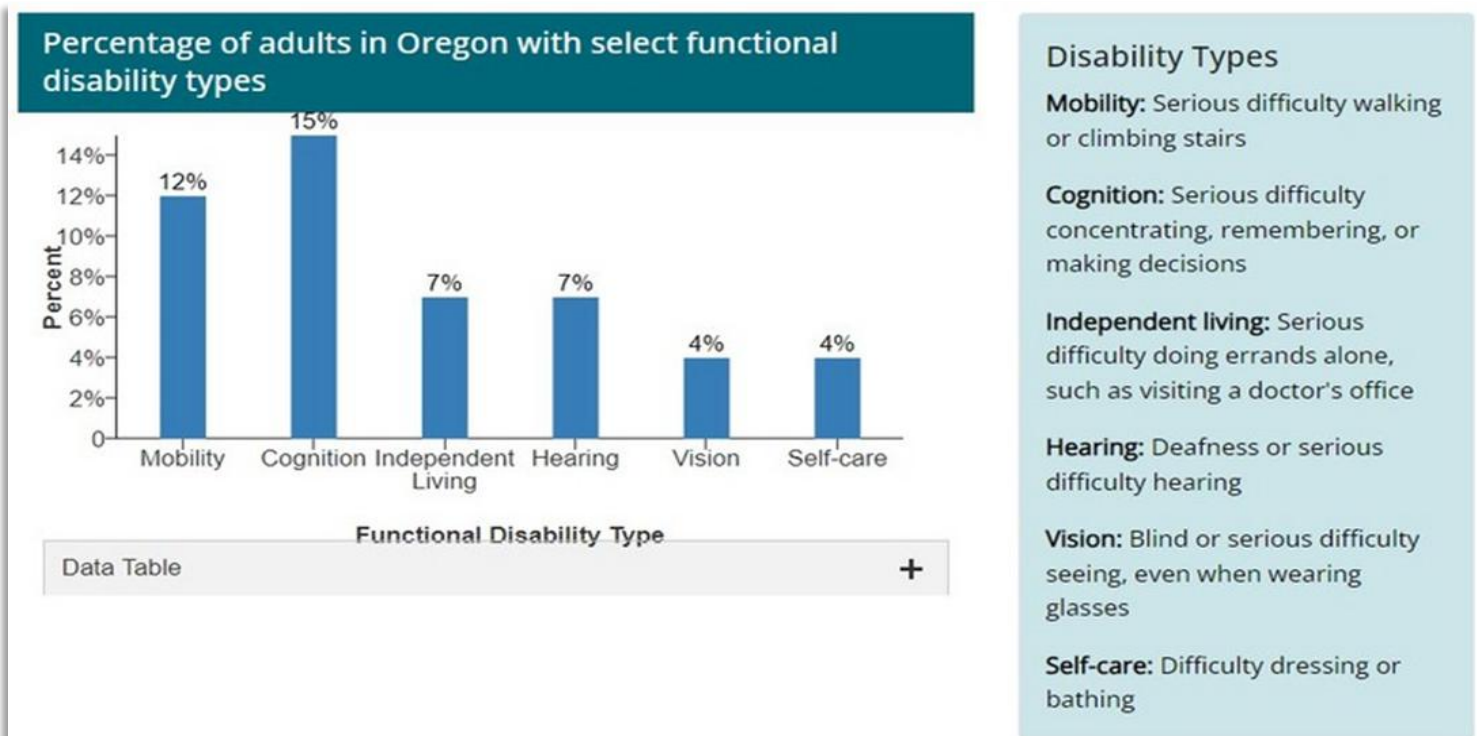
Source: Community Services and Supports Unit (CSSU). County-level data for Oregon detailing services and supports provided to seniors and individuals with disabilities, including demographic trends and resource allocation across the five-County Service Area.

Prioritizing Outreach and Services



1. Focus on Populations with High Poverty Rates:

- The data table above shows significant percentages of individuals aged 60 and older living in poverty,, including **10.37% in Polk County** and **8.09% in Marion County**.
- Outreach efforts focus on increasing access to benefits such as food assistance, housing support, and healthcare subsidies for these groups.



Source: American Community Survey 1-year Estimates, "Population 65 Years and Over in the United States," vintage 2021. This chart illustrates the distribution of income sources and median annual income amounts for older Oregonian households, highlighting variations in reliance on Social Security, retirement income, earned income, Supplemental Security Income, and cash public assistance.

2. Addressing Disability Needs:

- High percentages of individuals aged 60 and older with disabilities, particularly in **Marion County (60% of this age group)**, highlight the need for specialized services, including mobility assistance, in-home care, and accessible public facilities.
- Programs and resources are designed to ensure these individuals have access to healthcare, transportation, and caregiver support.

3. Prioritizing Rural Populations:

- Counties with high rural populations, such as **Tillamook and Polk**, face challenges like limited transportation options and fewer healthcare facilities.
- Outreach programs emphasize expanding ongoing assistance to bridge these geographic barriers.

4. Elderly in Advanced Age Brackets:

- Data indicates a growing need for resources among individuals aged **75 and older**, as these groups are more likely to require long-term care and in-home support.
- Plans are adjusted to allocate resources for memory care, hospice services, and caregiver training.

Community Outreach and Education Efforts

NWSDS continues to leverage opportunities to provide impactful community outreach and education across diverse settings. These efforts include participation in local health fairs, community housing forums, and county fairs, as well as delivering Public Service Announcements through local newspapers and radio stations. A number of Agency staff are actively involved in local networking groups, fostering collaboration and knowledge-sharing. As a well-established and widely recognized Agency among partners and public service providers across the PSA, NWSDS is often consulted and invited to contribute to the planning and development of other community programs that serve at-risk populations.

Culturally Inclusive Outreach and Services

To ensure inclusivity, Agency brochures and meal menus are routinely translated into Spanish and Russian, with other languages accommodated upon request. NWSDS employs 38 bilingual direct service staff fluent in English/Spanish and English/Russian, enabling effective communication and outreach to minority populations. Direct outreach efforts, such as resource fairs, are conducted in partnership with community providers to engage underserved populations. Additionally, increased outreach and dialogue with the two tribes, Grand Ronde and Siletz, within the PSA—particularly regarding nutrition, family caregiver support, and health promotion—are key priorities outlined in the Agency's goals and objectives.

NWSDS staff are actively involved in **Allies for Equality**, a network dedicated to providing culturally competent services to the LGBTQ+ community in Marion County. As part of their commitment to equity, NWSDS has integrated the documentary *Gen Silent* into its staff training curriculum to enhance awareness and understanding of LGBTQ+ aging issues. In the past, staff also participated in LGBTQ+ aging collaborative calls coordinated by AARP of Oregon.

Methods to Address Older Americans Act Priorities

NWSDS adheres to the priorities of the Older Americans Act by identifying, engaging, and serving targeted populations with the greatest social and economic needs. The Agency employs specific strategies to ensure services and funds are equitably distributed across the planning and service area (PSA), addressing the following priority groups

1. Older Individuals with the Greatest Economic and Social Need

- **Low-Income Older Adults, Including Low-Income Minority Individuals:**
 - Outreach efforts focus on areas with high poverty rates, particularly in rural and underserved regions.
 - Collaboration with community partners helps provide access to essential resources, including food, housing, and financial assistance.
 - Multilingual staff and translated materials, such as brochures and meal menus, ensure equitable access for non-English-speaking populations.
- **Older Adults with Limited English Proficiency:**
 - Employing bilingual staff fluent in Spanish and Russian allows for effective communication and resource navigation.
 - Partnerships with cultural organizations, such as local community centers, help build trust and address linguistic barriers.

2. Older Adults at Risk for Institutional Placement

- NWSDS provides in-home care services, caregiver support, and health promotion programs to help individuals age in place safely.
- Nutrition programs, chronic disease management classes, and home modification assistance, such as grab bar installations and wheelchair ramps, reduce risks of institutionalization.

3. Native American Older Adults

- NWSDS strengthens relationships with Grand Ronde and Siletz, focusing on culturally relevant programs in nutrition, health promotion, and family caregiving.
- Collaborative efforts include direct engagement through tribal liaisons and joint program development to address unique needs.

Equitable Funding Allocation

NWSDS utilizes a data-driven approach to ensure funding is distributed equitably across all target populations. Allocation decisions are informed by demographic data, community needs assessments, and direct feedback from stakeholders. By strategically distributing funding NWSDS ensures that resources are maximized to benefit the most vulnerable populations within the PSA.

Commitment to Equity and Inclusion

NWSDS remains committed to addressing the needs of targeted populations by continuously refining outreach strategies and services. By prioritizing vulnerable individuals with economic, social, and linguistic challenges, as well as minority and LGBTQIA2S+ older adults, the Agency ensures that resources are distributed equitably and effectively across the PSA. These efforts are rooted in collaboration, cultural competence, and a steadfast focus on the goals of the Older Americans Act.

The State of Oregon is home to 16 designated Area Agencies on Aging (AAAs). Among them, NWSDS stands out as one of four AAAs operating as a stand-alone Type B transfer Agency, which allows the organization to perform direct service delivery. In this capacity, NWSDS contracts with the Oregon Department of Human Services’ Aging and People with Disabilities (APD) Division to deliver programs such as the Older Americans Act (OAA), Oregon Project Independence (OPI), Medicaid, and the Supplemental Nutrition Assistance Program (SNAP) to older adults and adults with disabilities.

All AAAs, including NWSDS, are tasked with planning and coordinating a variety of community services for older adults, regardless of income. This is made possible through federal funding from the Older Americans Act and state funding from Oregon Project Independence, an in-home services program. OAA and OPI funding account for approximately 13% of the NWSDS budget, supplemented by community contributions and in-kind support. OAA funding is prioritized to meet the minimum requirements for services mandated by the Older Americans Act, while OPI and Title XIX funds are strictly allocated in accordance with the Agency’s contractual obligations with the state.

As a stand-alone Type B transfer AAA, NWSDS serves five counties that lack local field offices from the State of Oregon’s Aging and People with Disabilities. Consequently, NWSDS provides not only OAA services but also Medicaid eligibility determination and case management for Title XIX services, which constitute 87% of the Agency's budget.

Below is a summary of the services funded by OAA, Title XIX, and OPI that NWSDS provides, either directly or through contracts with community partners, within its five-county service area:

Service	Description	Funding
Adult Foster Home Licensing and Oversight	Oversight and regulation of Adult Foster Homes to ensure compliance with licensing standards and safety regulations.	Title XIX
Adult Protective Services	Intake, screening, and investigation of allegations of abuse, neglect, financial exploitation, involuntary seclusion, and restraint. Investigations are conducted both in communities and licensed care facilities.	Title XIX

Case Management	Support for Medicaid-eligible individuals to assess needs, develop personalized care plans, monitor health and living conditions, and ensure access to necessary services.	Title XIX
Elder Abuse Awareness	Public education and training to recognize and prevent elder abuse, including resources and guidance for individuals and businesses on identifying and reporting suspected abuse.	OAA
Family Caregiver Support	Counseling, training, and respite care services to assist family members and friends providing care to older adults or individuals with disabilities.	OAA
Health Promotion	Evidence-based programs designed to help individuals manage chronic health conditions, prevent falls, and maintain overall well-being. Services are offered across all five counties.	OAA
Long-Term Care Community Nursing	Registered nursing services for individuals receiving Medicaid-funded long-term care, focusing on managing complex medical conditions.	Title XIX
Nutrition Services	Programs offering home-delivered meals (e.g., Meals on Wheels), congregate dining experiences, and nutrition education to support health and reduce food insecurity.	OAA
Oregon Project Independence	In-home support services such as personal care, chores, adult day care, assistive technology, home-delivered meals, and service coordination for older adults who require limited assistance to remain independent.	OPI
Pre-Admission Screening	Evaluation of individuals entering nursing facilities to identify mental health or developmental disability needs, ensuring appropriate care plans are developed.	Title XIX
Program Eligibility	Assistance with eligibility determination for programs like the Oregon Supplemental Income Program, Oregon Health Plan, Medicare cost-sharing programs, and SNAP benefits.	Title XIX
Supportive Services	Comprehensive services offered through the ADRC, including advocacy, legal assistance, peer mentoring, options counseling, Medicare benefits counseling, and volunteer coordination.	OAA

In all, section D of this plan provides an in-depth look at specific services funded through the Older Americans Act (OAA) and Oregon Project Independence (OPI). These services are delivered either directly by NWSDS or through partnerships with community-based organizations and businesses. As a single point of entry for consumers seeking these programs, NWSDS leverages the Aging and Disability Resource Connection (ADRC) as the primary access point for community partners and referrals.

Although, NWSDS provides essential programs for seniors and people with disabilities, it has been faced with budget constraints that impact service delivery. Increased demand for Oregon Project Independence (OPI) led to additional funding for providers like Addus HomeCare, Inc. and Caring for the Coast in Fiscal Year 2023/2024. Similarly, the Older Americans Act (OAA) Nutrition Program required more funding to expand home-delivered and congregate meals, including a renewed contract with Trio Community Meals in Clatsop and Tillamook counties. With the integrated **ONE system** (Oregon Eligibility System), NWSDS serves a growing number of individuals across various age groups who require access to a broader range of state benefits beyond those directly provided by the Agency. The ONE system is designed to create a "no wrong door" approach for all Oregonians, ensuring seamless access to services. Through the system, individuals can schedule appointments at any district office, including NWSDS's six offices, apply online, and in many cases, receive real-time eligibility determinations via the Applicant Portal. Interviews, when necessary, can be conducted over the phone or in person, with all information captured in the ONE system for statewide accessibility. This ensures that consumers of all ages can receive assistance at the location most convenient to them.

NWSDS's ability to deliver a comprehensive array of programs and services is supported by a robust leadership structure and a dedicated team of 349 full-time staff members specializing in diverse roles (see [Appendix A](#) for the Organizational Chart). Two Executive Directors lead the Agency, overseeing both administrative and operational functions, working closely with a Human Resource Manager as part of the Executive Management Team. This team evaluates operational and program recommendations, conducts impact analyses of proposed policies, engages in strategic planning, and ensures compliance with current regulations and best practices.

The Executive Director of Programs shares supervisory responsibilities for Program Managers across the Agency's five-county service area with the Area Program Manager, who also oversees Medicaid program implementation. Under the Executive Director of Operations, Program Managers lead staff in the Agency's six full-service offices and

oversee specialized areas such as Community Programs, Adult Protective Services, Quality Assurance, Fiscal Services, Nutrition Services, and ADRC Services. Program development is a dynamic process, driven by emerging community needs and best practices, often in collaboration with local partners to align with OAA objectives.

Responding to Emerging Needs

Throughout the past few years, NWSDS has demonstrated agility and innovation in responding to crises like the COVID-19 pandemic, wildfires, heatwaves, and water distribution emergencies affecting parts of its service area. The Agency adapted by transitioning Family Caregiver Support Program support groups, Medicaid services, and OAA assessments to virtual platforms such as Zoom or phone consultations. Staff successfully navigated the shift to virtual service delivery and adapted resources to meet the changing needs of the community. These adjustments were accompanied by solid plans to reassure referral and funding sources while addressing heightened public health precautions.

The Agency also integrated local and national resources on technology barriers, such as limited internet access and low digital literacy, faced by older adults. To mitigate these challenges, NWSDS began developing contracts with telecommunications companies, ensuring equitable access to health education online classes for all community members, regardless of socioeconomic status

NWSDS continues to take an extensive and strategic approach to identifying qualified service providers for programs delivered directly by the Agency. These efforts begin with a deep understanding of community needs, achieved through regular assessments such as surveys, focus groups, and consultations with stakeholders. By analyzing demographic data and trends, NWSDS pinpoints service gaps and areas of high demand, ensuring its efforts are targeted and responsive to the needs of older adults, individuals with disabilities, and minority populations.

NWSDS actively engages with local organizations, including nonprofits, healthcare providers, and community-based groups, to build partnerships and identify providers that align with its mission. Participation in community forums, events, and networking groups strengthens connections to identify service gaps and foster collaboration.

To maintain transparency and inclusivity, NWSDS implements a fair procurement process by issuing Requests for Proposals (RFPs) or Applications (RFAs) to attract service providers with proven expertise in targeted areas such as nutrition, health promotion,

and caregiver support. The Agency ensures that this process is accessible to minority- and women-owned businesses, as well as culturally specific organizations, fostering equity and diversity in its provider network.

Service providers are rigorously evaluated based on their experience, cultural competence, capacity to serve diverse populations, and alignment with the Agency's goals and the objectives of the Older Americans Act. This vetting process includes reviewing references, prior performance, and measurable outcomes to uphold the highest standards of quality and accountability. [See Attachment C-Service Matrix and Delivery Method](#) for more information.

Collaboration with state and local agencies further strengthens the Agency's ability to identify reliable service providers. By sharing resources and insights with other governmental entities, NWSDS enhances its capacity to address community needs while avoiding duplication of efforts. Special attention is also given to engaging underrepresented providers, such as tribal organizations, LGBTQIA2S+ advocacy groups, and those serving rural or isolated communities. NWSDS supports these smaller organizations by offering technical assistance, such as application guidance and compliance training to help them meet qualification requirements.

Through these concerted efforts, NWSDS builds a robust network of service providers capable of delivering high-quality programs that address the unique and evolving needs of its planning and service area. This collaborative and inclusive approach ensures that resources are allocated where they are needed most, making a meaningful impact on the lives of those the Agency serves.

In the 2024 calendar year, the ADRC call center facilitated 29,843 referrals, connecting consumers to services offered by NWSDS and other community social service agencies. Of these referrals, 13,739 (46%) directed individuals to services provided by NWSDS, while the remaining 54% were to external social service agencies. Among the referrals to non-NWSDS services, the top categories were:

1. Health and Wellness
2. Medicare, Medicaid and Other Insurance
3. Family Caregiving & In-Home Services
4. Financial Assistance
5. Community Support and Recreation

To ensure the ADRC database remains comprehensive and up-to-date, NWSDS allocates a 0.5 FTE (Full-Time Equivalent) position for maintaining and updating resource information for the service area. Additionally, Agency staff actively participate in regular networking meetings to strengthen collaboration and resource sharing with:

- Older Adult Behavioral Health Workgroup in Marion, Polk, and Yamhill Counties
- 50+ Advisory Commission
- Salem Housing Authority
- Providence Care Transitions in Yamhill County
- Meal sites located within senior centers
- Grand Ronde Health & Wellness Center

Through strategic partnerships, active networking, and diligent resource database management, NWSDS staff maintain a deep understanding and high level of expertise regarding the social service delivery network within the service area.

Despite the strengths of its service network, NWSDS recognizes several notable service gaps that impact its ability to fully meet the needs of older adults and individuals with disabilities. Transportation remains a significant challenge, particularly in rural areas, where limited options for non-medical transportation create barriers to accessing essential services and social opportunities. Affordable and accessible housing is another critical gap, as rising housing costs and a lack of subsidized options make it difficult for many individuals to maintain safe and stable living arrangements.

Additionally, the region faces a shortage of mental health providers with expertise in geriatric and culturally responsive care, leaving many without adequate behavioral health resources. Workforce shortages further exacerbate service gaps, with a declining availability of in-home care workers and healthcare professionals limiting access to essential services.

Lastly, digital access remains an obstacle for many older adults who lack the internet connectivity or skills needed to utilize telehealth and online resources. These gaps are driven by systemic challenges such as funding constraints, geographic isolation, and workforce limitations, and addressing them requires sustained advocacy, collaboration, and resource development.

Section

C

FOCUS AREAS, GOALS AND OBJECTIVES

C-1 Information and Referral Services and
Aging and Disability Resource
Connection (ADRC)

C-2 Nutrition Services

C-3 Health Promotion and Behavioral Health

C-4 Family Caregiver

C-5 Legal Assistance and Elder Rights
Protection Activities

C-6 Older Native Americans

The **Aging and Disability Resource Connection (ADRC)** is the primary gateway for Oregonians and community partners seeking support through NWSDS. Offering multiple access points—including phone, online platforms like the ADRC resource database (maintained and regularly updated by ADRC specialists), and community outreach—the ADRC provides timely, person-centered assistance to seniors, individuals with disabilities, families, and caregivers. Its staff are highly trained and certified by Inform USA (formerly the **Alliance of Information and Referral Systems, AIRS**), ensuring the highest professional standards are upheld.

The ADRC collaborates with specialists, person-centered options counselors, and community organizations to address service gaps across NWSDS's five-county region. Key partnerships include entities such as **Intellectual and Developmental Disabilities of Oregon, Centers for Independent Living, Service Integration Teams**, and the **Oregon Department of Veterans' Affairs**. Staff and volunteers contribute to initiatives like satisfaction surveys, process improvements, and professional training events to enhance service delivery.

A cornerstone of the ADRC's mission is **community outreach**. Staff actively participate in events such as **Veteran Stand Downs, LGBTQ Pride celebrations, health fairs**, and **Tribal community gatherings**. To ensure equitable access, the ADRC employs bilingual specialists, offers translation services, and prioritizes rural communities through partnerships and **Service Integration Team** meetings. An enhanced website and active social media presence further extend the ADRC's reach, making resources more accessible to all.

Funding for the ADRC is derived from the **Older Americans Act (OAA), Medicaid**, and specialized grants. NWSDS upholds the quality of ADRC services through comprehensive training, compliance with state and federal standards, and regular staff performance reviews. Feedback from satisfaction surveys and stakeholders drives continuous improvement initiatives. Quality Assurance Specialists conduct reviews of information and referral contacts to ensure consumer satisfaction, proper intake practices, and compliance with ADRC's consumer-focused standards.

Dedicated to compassionate, culturally competent service, the ADRC strives to be a trusted resource for the communities it serves. NWSDS remains committed to expanding ADRC services, fostering strong partnerships, and securing sustainable funding to meet the evolving needs of Oregonians.

To enhance service accessibility, equity, and holistic support for underserved populations, the ADRC continues to collaborate with organizations serving rural communities, non-English speakers, LGBTQIA2S+ individuals, Tribal elders, and older adults living with HIV/AIDS. This effort will begin by strengthening partnerships with specialized organizations through formal agreements, coalition meetings, and advocacy efforts. The ADRC implements inclusive outreach and communication strategies by developing multilingual, culturally responsive materials, engaging trusted community leaders, and conducting mobile outreach in rural areas. Lastly, the ADRC will monitor and adapt its approach by tracking referral outcomes, gathering feedback from community partners and service users, and refining strategies to continuously improve service effectiveness.

The Aging and Disability Resource Connection (ADRC) framework for sustainability is designed to ensure long-term effectiveness, adaptability, and responsiveness in addressing the needs of older adults, individuals with disabilities, caregivers, and families. It emphasizes the delivery of high-quality services while remaining agile in adapting to evolving community demands and resource challenges. The framework's key components include:

- **Collaborative Partnerships:** Building strong, cooperative relationships with stakeholders to maximize resources and impact.
- **Continuous Quality Improvement:** Employing data-driven strategies to enhance service delivery and ensure adherence to consumer-focused standards.
- **Integrated Technology:** Leveraging tools such as the ADRC data in GetCare, the ADRC BI Dashboard, and insights from consumer satisfaction surveys to optimize operations and decision-making.

GOAL 1: FOCUS ON REACHING VULNERABLE POPULATIONS WHO HAVE LIMITED AWARENESS OF AND ACCESS TO LOCAL RESOURCES.

Objective 1.1:

Implement and evaluate new outreach strategies to improve engagement with underserved populations. .

Key Tasks

- A.** Distribute ADRC materials to at least one local Veterans’ office in each service area by the end of the fiscal year to increase awareness of Agency services and programs.

Lead Positions & Entity:
ADRC Program Manager, Service
Integration Teams, ADRC Specialists

Start Date	End Date
8/2025	6/2026

.....
Accomplishments or Updates:

- B.** Air targeted radio segments on local stations once a year to reach and engage Latinx and LGBTQ+ audiences, to increase calls from these communities by 10%.

Lead Positions & Entity:
ADRC Program Manager, Community
Programs Development Coordinator

Start Date	End Date
1/2026	7/2029

.....
Accomplishments or Updates:

- C. Distribute outreach materials five public organizations in rural communities each quarter..

Lead Positions & Entity:
ADRC Program Manager, ADRC
Specialists

Start Date	End Date
7/2025	6/2029

.....
Accomplishments or Updates:

- D. Conduct and document a secret shopper study by the end of the fiscal year, using a standardized evaluation form to assess service performance and identify at least three actionable areas for improvement.

Lead Positions & Entity:
ADRC Program Manager,
NWSDS Advisory Council
Monitoring Committee,
Advisory Council &
Public Affairs Specialist

Start Date	End Date
2/2027	6/2027

.....
Accomplishments or Updates:

Objective 1.2:

Implement community-focused initiatives such as public reports, community forums, or social media updates to promote Agency transparency and increase community engagement.

Key Tasks

- A. . Increase program referrals by 5% from participating in outreach events and community meetings across all service areas..

Lead Positions & Entity:
ADRC Program Manager,
Community Program Coordinators

Start Date	End Date
1/2026	1/2028

.....
Accomplishments or Updates:

- B. . Increase social media engagement by posting at least once per quarter about information and assistance services..

Lead Positions & Entity:
ADRC Program Manager, ADRC
Specialists, Advisory Council &
Public Affairs Specialist

Start Date	End Date
12/2025	12/2026

.....
Accomplishments or Updates:

- C. Distribute all necessary Agency materials to all meal site locations and home delivered meal recipients by the end of each quarter.

Lead Positions & Entity:
ADRC Program Manager, Nutrition
Program Manager

Start Date	End Date
7/2026	6/2029

.....
Accomplishments or Updates:

- D. . Provide necessary updates to all ADRC specialists on new and updated services and programs.

Lead Positions & Entity:
ADRC Program Manager,
ADRC Specialists

Start Date	End Date
8/2025	6/2029

.....
Accomplishments or Updates:

GOAL 2: COLLABORATE WITH COMMUNITY PARTNERS TO RAISE AWARENESS AND PROMOTE AGENCY SERVICES

Objective 2.1

Identify and engage with organizations to explore partnership opportunities and collaboratively address service gaps.

Key Tasks

- A.** Submit informational content about Agency services to five local organization newsletters each quarter.

Lead Positions & Entity:
ADRC Program Manager,
Center 50+ and Service Integration teams

Start Date	End Date
7/2026	6/2029

.....
Accomplishments or Updates:

- B.** Identify and establish contact with three for-profit and/or non-profit organizations that support older adults along the Oregon coast.

Lead Positions & Entity:
ADRC Program Manager

Start Date	End Date
3/2027	9/2028

.....
Accomplishments or Updates:

- C. Distribute Agency materials, such as brochures, to at least one local hospital, fire department, and home health agency annually.

Lead Positions & Entity:
ADRC Program Manager, ADRC Specialists

Start Date	End Date
7/2025	5/2029

.....
Accomplishments or Updates:

- D. . Deliver one presentation annually to local or state organization to raise awareness of Agency services.

Lead Positions & Entity:
ADRC Program Manager

Start Date	End Date
7/2025	6/2029

.....
Accomplishments or Updates:

NWSDS Nutrition Services provide essential support for older adults through **home-delivered meals** and **congregate dining centers**. Individuals aged 60 and older can enjoy freshly prepared, nutritious lunches at any of the Agency's 13 meal sites, which also foster social connections, activities, and access to resources. For individuals with mobility challenges or limited ability to cook or drive, the **home-delivered meals program** ensures hot, fresh meals are delivered by trained volunteer drivers, along with frozen meals for weekends. Eligibility for home-delivered meals is determined via an assessment.

NWSDS serves its five-county area through a well-structured production and delivery model. Central kitchens in **Salem** and **Pacific City**, operated by TRIO Community Meals (TCM), prepare fresh hot and deli-style meals for delivery to all meal sites. Frozen meals are distributed weekly to coastal regions (Clatsop and Tillamook Counties) and inland counties (Marion, Polk, and Yamhill). Each fall, shelf-stable meals are distributed in preparation for emergencies or inclement weather.

Congregate and home-delivered meal programs are managed by NWSDS staff, with exceptions in some locations. For example:

- **Seaside** services are contracted with Sunset Empire Parks and Recreation.
- **Newberg** services are managed by Chehalem Park and Recreation District.
- **Salem-Keizer** services are operated by Marion-Polk Food Share (MPFS), offering fee-based and donation-based meal options at locations like Center 50+ and South Salem Senior Center. Financial aid is available for those unable to pay.

The TCM contract, managed by NWSDS on behalf of a consortium of three Area Agencies on Aging (AAA), ensures smooth operations. Each AAA owns delivery trucks, while NWSDS maintains and funds the Salem kitchen, with fees shared by consortium members.

To expand access to fresh food, NWSDS collaborates with partners like the Oregon Food Bank's Brown Bag Program and local food banks. Partnerships in rural areas, such as with OSU Extension in Tillamook County, support cooking and fitness classes, while volunteer drivers distribute fresh produce and pantry items in Clatsop County.

Nutrition education for congregate and home-delivered meal recipients will be delivered through engaging and accessible methods tailored to their needs. Congregate meal participants will benefit from interactive cooking demonstrations provided through Oregon State University Extension Services (OSU), offering valuable insights into healthy eating. Additionally, informative and visually engaging flyers will reinforce key nutrition messages. For home-delivered meal recipients, education will be seamlessly integrated into meal services through printed handouts, wellness calls, and clear, easy-to-read nutrition labels on meal packaging.

NWSDS integrates its nutrition program with other Older Americans Act (OAA) services, offering caregiver support, Medicare counseling, and health promotion programs like Tai Chi and Diabetes Prevention. Nutrition staff receive cross-training in Mental Health First Aid and suicide prevention, ensuring holistic support for participants. Outreach efforts target underserved populations, with participation in events like Pride in the Park and partnerships with the Confederated Tribes of Grand Ronde.

The program also prioritizes sustainability by pursuing grants, donations, and community fundraising campaigns to support its vital mission of providing nutritious meals and resources to older adults.

See [Appendix G](#) for Meal Site Services, Locations, and Participation Overview.

GOAL 1: LEVERAGE OUTSOURCING SERVICES TO ENHANCE PROGRAM PLANNING

Objective 1.1

Host collaboration meetings with key partners and implement joint efforts annually to enhance service quality.

Key Tasks

- A.** Explore and initiate partnerships with at least two local restaurants to diversify and expand nutritious menu options. .

Lead Positions & Entity:
Nutrition Program Manager,
Community Programs Manager

Start Date	End Date
7/2026	6/2029

.....
Accomplishments or Updates:

- B.** Survey meal recipients annually to identify the top three most requested culturally specific meals and incorporate at least two of them into the regular menu rotation within the following quarter.

Lead Positions & Entity:
Nutrition Program Manager

Start Date	End Date
7/2025	6/2029

.....
Accomplishments or Updates:

C. Conduct outreach to senior and community centers biannually to promote congregate dining.

Lead Positions & Entity:
Nutrition Program Manager

Start Date	End Date
1/2026	7/2026

.....
Accomplishments or Updates:

GOAL 2: ENHANCE TRANSPARENCY TO FOSTER EFFECTIVE COMMUNICATION AND ACHIEVE BETTER OUTCOMES

Objective 2.1

Develop and implement engagement tools, and track their effectiveness through participation rates and user feedback.

Key Tasks

- A.** Create and distribute a minimum of three marketing materials such as flyers, brochures, or social media posts semiannually to promote the congregate meal program.

Lead Positions & Entity:

Nutrition Program Manager,
Community Programs Manager

Start Date	End Date
10/2025	4/2029

.....
Accomplishments or Updates:

- B.** Share nutrition program information once per quarter through social media, meal site locations, and submit content to at least two local publications semiannually.

Lead Positions & Entity:

Nutrition Program Manager,
Advisory Council & Public Affairs
Specialist

Start Date	End Date
1/2027	1/2029

.....
Accomplishments or Updates:

- C. Revise comment cards by the end of the next quarter to include questions that assess overall food quality and service..

Lead Positions & Entity:

Nutrition Program Manager,
Community Programs Manager,
TRIO Community Meals

Start Date	End Date
9/2025	6/2026

.....
Accomplishments or Updates:

Objective 2.2

Develop communication strategies such as simplified print materials, multilingual resources, or visual aids to improve information delivery, and assess effectiveness through participant feedback surveys.

Key Tasks

- A. Compile and update a comprehensive list of food resources for each county by the end of each calendar year, and distribute the updated list to home-delivered meals participants.

Lead Positions & Entity:
Nutrition Program Manager,
Nutrition Admin

Start Date	End Date
1/2026	12/2028

Accomplishments or Updates:

- B. Create and distribute a newsletter semiannually to home-delivered meals participants, including essential updates on services, nutrition, and community resources.

Lead Positions & Entity:
Nutrition Program Manager,
Community Programs Development
Coordinator

Start Date	End Date
7/2026	6/2029

Accomplishments or Updates:

- C. Monitor and manage in-house nutrition volunteers' food handler cards to ensure compliance with Oregon Health Authority regulations.

Lead Positions & Entity:

Nutrition Program Manager,
Community Programs Development
Coordinator

Start Date	End Date
12/2025	6/2029

.....
Accomplishments or Updates:

- D. Recruit at least five advisory council members to form an outreach team dedicated to volunteer recruitment for NWSDS programs to participate in a minimum of two recruitment events annually.

Lead Positions & Entity:

Community Programs Development
Coordinator, Advisory Council &
Public Affairs Specialist

Start Date	End Date
1/2027	1/2029

.....
Accomplishments or Updates:

NWSDS remains committed to providing emerging best practices, evidence-informed programs, and evidence-based initiatives with the highest standards of effectiveness. Over the next four years, this initiative will emphasize:

- Enhancing the self-management skills in seniors and individuals with disabilities, to help them effectively manage chronic health conditions.
- Supporting older adults in maintaining independence by offering in-home and community-based fall prevention programs.
- Expanding resources and programs that address common mental health conditions, such as anxiety and depression.
- Promoting health and wellness through programs designed to prevent the onset of chronic diseases.

Collaboration and Unique Offerings

NWSDS is an active participant in the Oregon Wellness Network (OWN), a hub under the Oregon Association of Area Agencies on Aging and Disabilities (O4AD) and the state's sole community care hub. OWN serves as a transformation center for long-term services and supports, working to sustain health promotion, fall prevention, and behavioral health services across Oregon's AAAs.

A standout feature of NWSDS's efforts is the Otago Exercise Program, which targets homebound older adults at moderate to high risk of falls. Unlike traditional exercise programs, Otago is delivered directly to consumers in their homes for up to one year. To enhance this program, NWSDS plans to integrate Motivational Interviewing, increasing the likelihood of participants' long-term adherence to exercises after program completion.

Behavioral Health and Mental Wellness

NWSDS has implemented innovative tools and programs to support behavioral health:

- Introduced a screening tool for case managers to identify consumers experiencing depression or anxiety. Consumers receive tailored behavioral health recommendations and resources.

- Developed a loneliness screening tool for ADRC staff to identify individuals facing social isolation. A comprehensive resource list was created to help consumers increase social connections.
- Offers the **Senior Peer Mentor Program**, providing peer-led support to older adults with mental health challenges.
- Conducted seven **Mental Health First Aid** training sessions in 2024, equipping staff across all service areas to identify, understand, and respond to common mental illnesses and co-occurring substance use disorders.

Evidence-Based Health Promotion Programs

NWSDS continues to provide a wide array of evidence-based programs, including:

Self-Management Programs

- Chronic Disease Self-Management Program (CDSMP), also known as “Living Well with Chronic Conditions” in Oregon.
- Diabetes Self-Management Program (DSMP), referred to as “Living Well with Diabetes.”
- Chronic Pain Self-Management Program (CPSMP), known as “Living Well with Chronic Pain.”
- Cancer: Thriving and Surviving Program (CTS).
- Spanish-language self-management programs like Tomando Control de su Salud (CDSMP) and Programa de Manejo Personal de la Diabetes (DSMP).
- Aging Well with HIV+ (AWHIV).

Fall Prevention Programs

- Otago Exercise Program (OEP).
- Tai Ji Quan: Moving for Better Balance.
- Matter of Balance Program.
- Stepping On: Falls Prevention Program.
- Walk with Ease Program.
- Enhance Fitness.
- AEA Arthritis Foundation Aquatic Program (AFAP).

Health Promotion and Disease Prevention

- National Diabetes Prevention Program (NDPP) and Medicare Diabetes Prevention Program (MDPP) in English and Spanish.

- Care Transitions Intervention (CTI).

Accessibility and Outreach

Programs are made accessible to at-risk populations across all five counties through partnerships with local providers or by training Agency staff for service delivery.

According to Healthy People 2020, promoting participation in physical activities, chronic disease self-management, and preventive health services can significantly improve health outcomes.

To engage consumers, NWSDS employs a multi-faceted approach, working closely with referral sources like primary care providers. Research highlights that primary care providers are effective at identifying and encouraging participation in health promotion programs such as NDPP.

Target Populations and Future Goals

NWSDS's priority populations include:

- The Confederated Tribes of Siletz Indians and the Confederated Tribes of Grand Ronde, with the goal of supporting culturally appropriate health promotion programs.
- Spanish-speaking older adults and individuals with disabilities. Identified needs include:
 - Home-based fall prevention programs like Otago.
 - Mental health services.

The Agency is expanding outreach efforts through bilingual community health workers to increase Spanish-speaking participants in NDPP. Future efforts will focus on engaging Pacific Islander and Russian/Ukrainian populations in Marion County.

Program Integrity and Sustainability

Ensuring the fidelity of evidence-based programs is a priority, NWSDS employs strategies like pairing experienced leaders with new ones and conducting mandatory updates for program leaders. For example, CDSMP updates were implemented in 2020, with virtual leader training introduced during the COVID-19 pandemic.

Participant feedback is actively collected through satisfaction surveys, and a monthly calendar of health promotion events is shared with local communities to encourage

participation. Despite financial challenges, NWSDS remains dedicated to sustaining these programs through partnerships, grants, and alternative funding methods.

GOAL 1: IDENTIFY AND ELIMINATE BARRIERS TO ENSURE THE CONTINUITY OF CARE SERVICES

Objective 1.1

Conduct a needs assessment and gather input from stakeholders to develop a foundational understanding of care needs that include identifying actionable improvements to enhance programs and services.

Key Tasks

- A.** Collaborate with community partners to recruit a minimum of 10 instructors for Self-Management Programs to improve participant health outcomes..

Lead Positions & Entity:
LTC Innovation Program
Manager, Regional Health
Promotion and Care
Transition Coordinator

Start Date	End Date
10/2025	10/2026

.....
Accomplishments or Updates:

- B.** Collaborate with local Coordinated Care Organizations (CCOs) to increase referrals to the Diabetes Prevention Program (DPP) and the Diabetes Self-Management Education and Support (DSMES) by 5%.

Lead Positions & Entity:
LTC Innovation Program
Manager, Regional Health
Promotion and Care
Transition Coordinator

Start Date	End Date
1/2026	1/2027

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Accomplishments or Updates:

Objective 1.2

Assess resource needs and secure funding or support to meet identified service gaps for individuals.

Key Tasks

- A. Deliver two Otago exercise class series in collaboration with Center 50+, on an annual basis.

Lead Positions & Entity:
LTC Innovation Program
Manager, Regional Health
Promotion and Care
Transition Coordinator

Start Date	End Date
2/2027	2/2029

.....
Accomplishments or Updates:

- B. Include a comprehensive list of five verified mental health resources for older adults on the Oregon Wellness Network (OWN) and NWSDS websites each year.

Lead Positions & Entity:
Senior Peer Mentor Coordinator,
LTC Innovation Program Manager

Start Date	End Date
9/2026	1/2029

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Accomplishments or Updates:

GOAL 2: EXPLORE STRATEGIES TO ENHANCE CONNECTION AND FOSTER ENGAGEMENT

Objective 2.1

Host health and wellness outreach events or educational sessions annually to achieve a higher satisfaction rate based on participant feedback surveys to gauge increased awareness and understanding.

Key Tasks

- A.** Distribute comprehensive program information to at least 15 healthcare providers across all service areas annually.

Lead Positions & Entity:
LTC Innovation Program
Manager, Regional Health
Promotion and Care
Transition Coordinator

Start Date	End Date
10/2026	1/2029

.....
Accomplishments or Updates:

- B.** Identify and add two new health and wellness resources to the NWSDS internal resource library semiannually..

Lead Positions & Entity:
LTC Innovation Program
Manager, Regional Health
Promotion and Care
Transition Coordinator

Start Date	End Date
7/2025	6/2029

.....
Accomplishments or Updates:

- C. Integrate person-centered, trauma-informed, and culturally sensitive approaches into at least 10% of health promotion activities such as workshops, wellness classes, and educational materials.

Lead Positions & Entity:

LTC Innovation Program
Manager, Regional Health
Promotion and Care
Transition Coordinator

Start Date	End Date
7/2025	1/2029

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Accomplishments or Updates:

The **Family Caregiver Support Program (FCSP)** is a free, two-year program that provides education and support, with an emphasis on self-care for unpaid family caregivers. The program serves caregivers who:

- Care for a loved one aged 60 or older, or someone living with dementia, including Alzheimer's disease or related neurological disorders.
- Are 55 years or older and care for an adult aged 18-59 living with disabilities.
- Are relatives aged 55 or older parenting a child (newborn to 18 years old) who are related biologically or through marriage, or adoption.

The latter two categories fall under the **Relatives as Parents Program (RAPP)**, which often supports low-income older adults raising multiple children, some of whom may also care for older adults or adults with disabilities.

Screening and Referral Process

Initial requests for services are handled by the **Aging and Disability Resource Connection (ADRC)**, where trained and informed USA certified staff screen caregivers and refer them to an FCSP specialist. The ADRC team includes a bilingual Spanish-speaking specialist and continuously undergoes training in cultural diversity to meet the needs of diverse populations.

Once screened, the referral is assigned to an FCSP specialist in the caregiver's region. These specialists conduct a **person-centered assessment**, either in the caregiver's home or at an Agency office, based on the caregiver's preference. This approach is critical, as highlighted by AARP's *Family Caregiving in Oregon* report, which notes that as of 2023, approximately 470,000 family caregivers in Oregon provide \$8.7 billion worth of unpaid care to older adults.

Eligibility and Program Design

The FCSP uses the holistic, person-centered assessment to determine eligibility. There are no income, resource, or citizenship requirements. Caregivers are not required to have formal family relationships with care recipients, making the program inclusive of non-traditional caregivers, such as LGBTQ+ individuals or non-legally married partners.

Eligible caregivers receive a written explanation of benefits in their preferred language or format and work with the specialist to create a personalized action plan and set achievable goals. Within a month of enrollment, specialists follow up to address questions, check progress, and review referrals.

The program operates as a two-year intervention, aligning with the Older Americans Act's design for short-term caregiver support. Since its adoption in 2019 following extensive evaluation, this model has continued to promote sustainability, reduce waitlists, and expand access to other caregivers. Participants may continue accessing training and support groups beyond the two years, as resources allow.

Core Services Provided by the FCSP

1. Training

- Specialists and contracted providers offer evidence-based training such as the **Savvy Caregiver series** program.
- Monthly caregiver training covers topics like disease-specific education (e.g., Parkinson's, Alzheimer's) and caregiving strategies (e.g., bathing, managing challenging behaviors).
- Training is delivered through group settings, collaborations with community experts, and personalized, one-on-one guidance during assessments.
- Training opportunities for caregivers will be expanded through the **Powerful Tools for Caregivers** program, helping more participants develop essential skills to navigate the challenges of caregiving with confidence and resilience.

2. Supplemental Services

- Reimbursement for supplemental expenses such as medical equipment, incontinence supplies, and school fees for children is available to enrolled caregivers.

3. Counseling and Support Groups

- Enrolled caregivers receive up to eight counseling sessions at no charge, with extensions based on individual circumstances and program availability. This service helps address stress, burnout, and compassion fatigue, which are common challenges for caregivers.
- FCSP hosts support groups tailored to local needs, including a group specifically for older relatives raising children in Marion County.

- Outreach efforts for support groups include social media, newsletters, and partnerships with senior centers and ADRC.

4. Respite Care & Access Services

- Caregivers can access reimbursement for respite care, allowing them to take breaks. Services can be provided in-home, in adult day centers, or through overnight stays at community-based facilities.

5. Information and Assistance

- Extensive outreach through social media, newsletters, health fairs, and service integration teams ensures caregivers are informed about available resources.
- NWSDS collaborates with the **Native Caring Conference Planning Committee** and tribal organizations to improve access for tribal elders and caregivers.

Commitment to Continuous Improvement

NWSDS values caregiver feedback, conducting surveys and focus groups to shape future program goals. Feedback from Native American elders and current caregivers have informed the Agency's ongoing efforts to reduce barriers and improve access for underserved communities.

By delivering tailored support, fostering community partnerships, and maintaining a person-centered approach, the FCSP empowers caregivers to navigate their roles with confidence and care.

GOAL 1; COMMUNICATE PROGRAM AND COMMUNITY RESOURCES TO SUPPORT BOTH NEW AND EXPERIENCED CAREGIVERS

Objective 1.1

Develop and publish a comprehensive outreach guide to inform and educate the general public about Agency services, and distribute it through community channels quarterly.

Key Tasks

- A.** Provide caregivers with handouts detailing counseling options to ensure ongoing support quarterly

Lead Positions & Entity:

OPI/OAA Program Manager,
Options Counselors

Start Date	End Date
7/2025	6/2029

.....
Accomplishments or Updates:

- B.** Partner with at least one Spanish-language radio stations to air annual segments promoting caregiver support resources for a 5% increase in Latinx caregiver inquiries.

Lead Positions & Entity:

OPI/OAA Program Manager,
Options Counselors, Community
Programs Development
Coordinator

Start Date	End Date
2/2026	2/2028

.....
Accomplishments or Updates:

- C. Design a multilingual RAPP flier in English, Spanish, and Russian, and share it on the Agency’s Facebook page quarterly

Lead Positions & Entity:

Options Counselors, Community Programs Development Coordinator

Start Date	End Date
1/2026	6/2029

.....
Accomplishments or Updates:

- D. Display program information in all NWSDS branch lobbies by the end of the next fiscal year, and provide caregiver support resource materials to all Agency staff.

Lead Positions & Entity:

Options Counselors

Start Date	End Date
1/2026	6/2026

.....
Accomplishments or Updates:

Objective 1.2

Conduct follow-up outreach to caregivers who have been referred to classes, events, or services within two weeks of the referral.

Key Tasks

- A. Send monthly reminder letters and emails regarding new program referrals, ongoing classes, and other relevant updates to caregivers

Lead Positions & Entity:
Options Counselors

Start Date	End Date
1/2026	6/2029

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Accomplishments or Updates:

- B. Conduct a satisfaction survey for program participants and implement a minimum of three program improvements based on survey findings..

Lead Positions & Entity:
OPI/OAA Program Manager,
Options Counselors, Advisory
Council & Public Affairs Specialist

Start Date	End Date
10/2027	4/2028

.....
Accomplishments or Updates:

- C. Provide an online feedback survey to all participants after each class, and review responses monthly to identify trends. s.

Lead Positions & Entity:

Options Counselors,
Advisory Council & Public
Affairs Specialist

Start Date	End Date
1/2027	6/2029

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Accomplishments or Updates:

GOAL 2: EXPLORE AND EXPAND OPPORTUNITIES TO PROMOTE FCSP/RAPP SERVICES

Objective 2.1

Promote program awareness by utilizing local, state, and national community platforms each quarter such as newsletters, websites, and social media.

Key Tasks

- A.** Provide four training sessions annually to Family Caregiver staff focused on enhancing delivery of the Powerful Tools for Caregivers program.

Lead Positions & Entity:

OPI/OAA Program Manager,
Options Counselors

Start Date	End Date
7/2025	6/2029

.....
Accomplishments or Updates:

- B.** Collaborate with one community partner every year to co-host educational events or distribute information promoting program services and community resources..

Lead Positions & Entity:

OPI/OAA Program Manager,
Options Counselors

Start Date	End Date
1/2026	1/2029

.....
Accomplishments or Updates:

- C. Share relevant updates in every edition of the Health & Wellness Newsletter and update the Agency website with new program content once per quarter.

Lead Positions & Entity:

Options Counselors

Start Date	End Date
7/2025	6/2029

.....
Accomplishments or Updates:

- D. Contribute annually to the Native Caring Conference Committee to support the family caregiver conference for Native American caregivers.

Lead Positions & Entity:

Options Counselors

Start Date	End Date
4/2026	4/2029

.....
Accomplishments or Updates:

NWSDS is dedicated to upholding the dignity, safety, and independence of older adults and individuals with disabilities across Clatsop, Marion, Polk, Tillamook, and Yamhill counties. Recognizing the unique vulnerabilities of these populations, NWSDS is committed to protecting them from falling victim to scams.

In 2023, the Federal Trade Commission reported that individuals lost a staggering \$10 billion to scams. For the vulnerable adults served, these scams can lead to devastating consequences, including the loss of dignity, independence, choice, and health. To advance the Agency's mission, NWSDS is intensifying efforts to prevent scams through community outreach, collaborating with local partners to create educational materials, and direct support for scam victims to help prevent future incidents.

Data-Driven Outreach to Address Local Needs

To maximize the impact of initiatives, NWSDS has analyzed county-specific data to identify areas with the highest economic and social vulnerabilities. Findings show that smaller counties, such as Tillamook and Clatsop, experience significantly higher abuse rates per capita than larger counties. For instance, Tillamook County has an abuse rate of 125.93 per 100,000 residents, and Clatsop County follows closely at 122.50 per 100,000, compared to Marion County's 88 per 100,000. These disparities suggest that economic and social factors contribute to the elevated abuse rates, underscoring the need to prioritize outreach efforts in these areas.

Focusing on High-Risk Groups

NWSDS recognizes that certain populations are particularly vulnerable to financial exploitation. Low-income and minority seniors often face targeted scams, while language barriers increase risks for those with limited English proficiency. Additionally, older adults in rural areas and those at risk of institutional placement are especially vulnerable due to social isolation and reliance on external support. Native American and LGBTQIA2S+ older adults also face unique vulnerabilities to culturally targeted scams.

NWSDS supports **Adult Abuse Multi-Disciplinary Teams (MDTs)** in its service area by facilitating collaboration, resource-sharing, and expertise integration among agencies working to protect vulnerable adults. This outreach strategy emphasizes culturally sensitive and inclusive resources designed to reduce common risks. By addressing the specific challenges faced by these high-risk groups, NWSDS aims to empower individuals with the knowledge and tools needed to protect themselves.

Proactive and Accessible Outreach

The Agency's goal is to increase awareness and empower older adults with practical scam prevention knowledge. NWSDS will conduct outreach initiatives at senior living communities, meal sites, and other community hubs. These efforts aim to connect those most at risk. To ensure inclusivity, NWSDS will provide materials in multiple languages and formats tailored to different cultural and linguistic needs.

To reach individuals unable to attend in-person events, NWSDS will collaborate with community partners to deliver educational materials directly to homes. Moreover, NWSDS will train in-home care providers to recognize and address scams empathetically, incorporating scam prevention into their visits.

Strengthening Community Collaboration

Partnerships are central to NWSDS' s approach. The Agency will work with organizations such as the Long-Term Care Ombudsman, banks, home health providers, meal delivery services, and veterans' assistance agencies to extend current outreach. Collaborative feedback and training will guide continuous improvements to counter evolving scam tactics. This will assist staff to identify and report cases of elder abuse, neglect, or long-term care concerns, while regular training enhances awareness and response accuracy.

Additionally, partnerships with Legal Aid Services of Oregon and the Oregon Law Center will ensure scam victims receive critical legal support, helping them navigate challenges that may affect their housing, health, and financial stability.

By combining data-driven strategies, inclusive outreach, and robust community collaboration, NWSDS is committed to reducing the prevalence of scams and protecting the dignity and independence of the populations served. Together, NWSDS works to create a safer and more resilient community.

GOAL 1: CONDUCT OUTREACH IN NWSDS SERVICE AREA BY VISITING AT LEAST ONE CONGREGATE MEAL SITE OR SENIOR LIVING COMMUNITY IN EACH COUNTY. THESE EFFORTS WILL FOCUS ON EDUCATING OLDER ADULTS, ESPECIALLY THOSE WITH THE GREATEST ECONOMIC AND SOCIAL NEEDS, ABOUT SCAM PREVENTION AND THE STEPS TO TAKE IF THEY FALL VICTIM TO A SCAM

Objective 1.1

Organize and coordinate two outreach events annually to deliver scam prevention education to targeted populations.

Key Tasks

- A.** Establish an outreach planning committee by the end of next fiscal year, composed of two APS staff, three community partners, and two representatives and hold bimonthly meetings to guide the planning and implementation of outreach events.

Lead Positions & Entity:
 Risk & Safety Manager,
 LTCO, Banks, Veteran’s Services,
 Legal Aid, Senior Medicare Patrol,
 Advisory Council Member

Start Date	End Date
9/2025	6/2026

.....
 Accomplishments or Updates:

- B.** Develop a detailed outreach event plan for each scheduled including schedules, locations, logistics, and accessibility accommodations..

Lead Positions & Entity:
 Risk & Safety Manager,
 LTCO, Banks, Veteran’s Services,
 Legal Aid, Senior Medicare Patrol,
 Advisory Council Member

Start Date	End Date
1/2026	1/2029

.....
 Accomplishments or Updates:

- C. Coordinate with site managers and community leaders to finalize event dates and secure venues for planned outreach events.

Lead Positions & Entity:

Risk & Safety Manager
LTCO, Banks, Veteran's Services,
Legal Aid, Senior Medicare Patrol,
Advisory Council Member

Start Date	End Date
1/2026	1/2029

.....
Accomplishments or Updates:

- D. Create and distribute outreach toolkit for staff and volunteers, including talking points and presentation materials with outreach team members trained on toolkit use and updates reviewed semi-annually

Lead Positions & Entity:

Risk & Safety Manager,
LTCO, Banks, Veteran's Services,
Legal Aid, Senior Medicare Patrol,
Advisory Council Member

Start Date	End Date
12/2025	6/2029

.....
Accomplishments or Updates:

- E. Hold a pre-event briefing with all staff and volunteers prior to event to review logistics, clarify roles and responsibilities, and provide guidance on respectful and supportive engagement. .

Lead Positions & Entity:

Risk & Safety Manager,
 LTCO, Banks, Veteran’s Services,
 Legal Aid, Senior Medicare Patrol,
 Advisory Council Member

Start Date	End Date
1/2026	6/2029

.....
 Accomplishments or Updates:

- F. Develop a written contingency plan for each outreach event addressing potential challenges such as low turnout or technical issues, and outlining at least two alternative strategies (e.g., virtual sessions, follow-up visits).

Lead Positions & Entity:

Risk & Safety Manger,
 LTCO, Banks, Veteran’s Services,
 Legal Aid, Senior Medicare Patrol,
 Advisory Council Member

Start Date	End Date
3/2026	6/2029

.....
 Accomplishments or Updates:

Objective 1.2

Create culturally and linguistically tailored scam prevention materials for each targeted population, providing clear guidance on the steps to take if an individual falls victim to a scam, and review materials annually with community input to ensure accuracy and relevance.

Key Tasks

- A.** Create and adapt three educational materials to highlight common scams targeting older adults, including specific guidance on immediate actions to take if scammed.

Lead Positions & Entity:

Risk & Safety Manager,
LTCO, Banks, Veteran's Services,
Legal Aid, Senior Medicare Patrol,
Advisory Council Member

Start Date	End Date
1/2026	5/2026

.....
Accomplishments or Updates:

- B.** Develop and publish a comprehensive "Scam Recovery Guide" including a step-by-step recovery and essential contact information, with annual updates to ensure accuracy.

Lead Positions & Entity:

Risk & Safety Manager,
LTCO, Banks, Veteran's Services,
Legal Aid, Senior Medicare Patrol,
Advisory Council Member

Start Date	End Date
6/2026	6/2027

.....
Accomplishments or Updates:

- C. Print and distribute the finalized materials at outreach events. Ensure accessibility at key community locations including congregate meal sites, assisted living facilities, home-delivered meal programs, libraries, and other community hubs frequented by older adults..

Lead Positions & Entity:

LTCO, Banks, Veteran’s Services,
Legal Aid, Senior Medicare Patrol,
Advisory Council Member

Start Date	End Date
1/2026	5/2029

.....
Accomplishments or Updates:

Objective 1.3

Conduct outreach visits to targeted locations, engaging older adults with customized scam prevention education annually.

Key Tasks

- A. Host a minimum of five interactive scam prevention sessions annually that include a presentation, Q&A segment, and distribution of educational materials,.

Lead Positions & Entity:

Risk & Safety Manager,
LTCO, Banks, Veteran’s Services,
Legal Aid, Senior Medicare Patrol,
Advisory Council Member

Start Date	End Date
7/2026	5/2029

.....
Accomplishments or Updates:

- B. Distribute follow-up materials of each scam prevention session to provide contact information for additional assistance, ensuring attendees know how to seek help if they fall victim to a scam.

Lead Positions & Entity:
 Risk & Safety Manager,
 LTCO, Banks, Veteran’s Services,
 Legal Aid, Senior Medicare Patrol,
 Advisory Council Member

Start Date	End Date
7/2026	5/2029

.....
 Accomplishments or Updates:

Objective 1.4

Assess the effectiveness of outreach activities collecting feedback from targeted populations, and review results quarterly to identify areas for improvement..

Key Tasks

- A. Distribute surveys to outreach participants immediately following each session to assess the relevance and impact of the educational content, with a goal of achieving at least a 60% response rate.

Lead Positions & Entity:
 Risk & Safety Manager,
 LTCO, Banks, Veteran’s Services,
 Legal Aid, Senior Medicare Patrol,
 Advisory Council Member

Start Date	End Date
7/2026	5/2029

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 Accomplishments or Updates:

- B. Share outreach findings and updates with community partners and stakeholders twice per year through formal reports or presentations.

Lead Positions & Entity:

Risk & Safety Manager,
LTCO, Banks, Veteran’s Services,
Legal Aid, Senior Medicare Patrol,
Advisory Council Member

Start Date	End Date
7/2026	5/2029

.....
Accomplishments or Updates:



GOAL 2: PARTNER WITH COMMUNITY ORGANIZATIONS THAT OFFER IN-HOME SERVICES OR HAVE DIRECT ACCESS TO HOMEBOUND INDIVIDUALS TO DISTRIBUTE TARGETED SCAM PREVENTION MATERIALS AND RESOURCES. THIS COLLABORATION AIMS TO ENHANCE AWARENESS AND STRENGTHEN PROACTIVE PREVENTION EFFORTS AMONG OLDER ADULTS AND PEOPLE WITH DISABILITIES WHO MAY BE MORE VULNERABLE DUE TO LIMITED MOBILITY

Objective 2.1

Establish partnerships with In-Home Care Agencies and community service providers and conduct biannual check-ins to evaluate partnership effectiveness.

Key Tasks

- A. Identify and connect with four organizations that provide in-home or mobile services to homebound individuals, such as home healthcare providers, in-home care agencies, home-delivered meal services, and veterans' assistance programs

Lead Positions & Entity:
Risk & Safety Manager,
Home Health, In-Home
Care Agencies, Hospice,
Meals on Wheels NorthWest,
Veteran's assistance

Start Date	End Date
1/2027	6/2027



Accomplishments or Updates:

- B. Conduct an initial meeting with each identified partner organizations to discuss their specific needs and preferred methods for delivering scam prevention resources to homebound consumers.

Lead Positions & Entity:

Risk & Safety Manager,
Home Health, In-Homer
Care Agencies, Hospice,
Meals on Wheels NorthWest,
Veteran’s assistance

Start Date	End Date
6/2027	12/2027

.....
Accomplishments or Updates:

- C. Establish formal collaboration agreements with each partner organizations within six months, ensuring their commitment to integrate scam prevention education into their routine visits or service calls for homebound consumers.

Lead Positions & Entity:

Risk & Safety Manager,
Home Health, In-Homer
Care Agencies, Hospice,
Meals on Wheels NorthWest,
Veteran’s assistance

Start Date	End Date
1/2028	6/2029

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Accomplishments or Updates:

Objective 2.2

Create and distribute accessible scam prevention materials designed for at-home use, and deliver them to homebound individuals through partner organizations annually.

Key Tasks

- A. Design two clear and user-friendly scam prevention materials tailored for at-home use. .

Lead Positions & Entity:

Risk & Safety Manager,
Home Health, In-Homer
Care Agencies, Hospice,
Meals on Wheels NorthWest,
Veteran's assistance

Start Date	End Date
10/2026	6/2027

.....
Accomplishments or Updates:

- B. Collaborate with partner organizations to distribute both digital and print versions of materials during in-home service visits.accessibility and ease of use.

Lead Positions & Entity:

Risk & Safety Manager,
Home Health, In-Homer
Care Agencies, Hospice,
Meals on Wheels NorthWest,
Veteran's assistance

Start Date	End Date
12/2026	12/2028

.....
Accomplishments or Updates:

- C. Develop and implement a standardized tracking tool to monitor the reach and frequency of scam prevention material distribution by each partner agency.

Lead Positions & Entity:

Risk & Safety Manager,
Home Health, In-Homer
Care Agencies, Hospice,
Meals on Wheels NorthWest,
Veteran’s assistance

Start Date	End Date
7/2027	12/2027

.....
Accomplishments or Updates:

Objective 2.3

Provide two training sessions and a standardized toolkit to all participating community partners to support effective engagement with homebound consumers. .

Key Tasks

- A. Conduct concise, targeted training sessions each year for partner staff who work directly with individuals in their homes, focusing on identifying and discussing common scams with empathy and clarity. .

Lead Positions & Entity:

Risk & Safety Manager,
Home Health, In-Homer
Care Agencies, Hospice,
Meals on Wheels NorthWest,
Veteran’s assistance

Start Date	End Date
6/2027	6/2029

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Accomplishments or Updates:

- B.** Provide partner organizations with an extensive "Scam Prevention Toolkit" containing quick-reference materials and conversation guides to support their in-home visits.

Lead Positions & Entity:

Risk & Safety Manager,
Home Health, In-Homer
Care Agencies, Hospice,
Meals on Wheels NorthWest,
Veteran's assistance

Start Date	End Date
6/2027	12/2028

.....
Accomplishments or Updates:

- C.** Arrange semi-annual support and feedback sessions with partners to address challenges in engaging consumers on scam prevention.

Lead Positions & Entity:

Risk & Safety Manager,
Home Health, In-Homer
Care Agencies, Hospice,
Meals on Wheels NorthWest,
Veteran's assistance

Start Date	End Date
6/2027	12/2028

.....
Accomplishments or Updates:

Objective 2.4

Evaluate the impact of outreach efforts on homebound consumers by conducting follow-up surveys or interviews with recipients annually, measuring changes in scam awareness, confidence in recognizing scams, and knowledge of available resources. .

Key Tasks

- A.** Solicit feedback from community partners, relevant staff, and a sample of at least 25 consumers annually to assess the relevance and effectiveness of scam prevention materials.

Lead Positions & Entity:
Risk & Safety Manager,
Home Health, In-Homer
Care Agencies, Hospice,
Meals on Wheels NorthWest,
Veteran’s assistance

Start Date	End Date
5/2026	5/2029

.....
Accomplishments or Updates:

- B.** Analyze feedback and distribution data to assess the materials' impact and explore opportunities to enhance or expand outreach efforts.

Lead Positions & Entity:
Risk & Safety Manager,
Home Health, In-Homer
Care Agencies, Hospice,
Meals on Wheels NorthWest,
Veteran’s assistance

Start Date	End Date
1/2029	5/2029

.....
Accomplishments or Updates:

- C. Compile findings into reports for stakeholders, highlighting successes, challenges, and recommendations to enhance scam prevention efforts for homebound consumers.

Lead Positions & Entity:
Risk & Safety Manager,
Home Health, In-Homer
Care Agencies, Hospice,
Meals on Wheels NorthWest,
Veteran’s assistance

Start Date	End Date
1/2029	5/2029

.....
Accomplishments or Updates:



Within the five counties served by NWSDS, two Native American Tribes stand out: the **Confederated Tribes of Siletz Indians** and the **Confederated Tribes of Grand Ronde**. These tribes, as sovereign and self-governing nations, offer a variety of services to their enrolled members, including medical care, housing assistance, and nutrition programs. Both tribes maintain independent contracts with the State of Oregon and the federal government. Recognizing their sovereignty, NWSDS works collaboratively with both tribes to enhance the services and resources available to their elders and caregivers.

Beyond these two tribes, **NWSDS supports many Native American tribes residing within its service area**. The **Chemawa Indian Health Center** notably serves members of the Confederated Tribes of Siletz Indians, the Confederated Tribes of Grand Ronde, and **over 100 other tribes**, as highlighted on their website.

NWSDS actively fosters collaboration and information-sharing with staff from the Siletz and Grand Ronde Tribes through **regular presentations** and **discussions** aimed at identifying **new partnership opportunities**. Staff also engage with community groups and events involving tribal representatives, such as:

- Monthly West Valley Service Integration Team meetings
- The Native Caring Conference, with active involvement as planning committee members and attendees
- Tribal meet-and-greet events hosted by Aging and People with Disabilities (APD)
- Savvy Caregiver Trainings
- Elder's Activity Center initiatives
- Additional caregiver training sessions and support networks

These direct interactions have strengthened communication and collaboration, enabling the exchange of information about programs and activities offered by both the tribes and NWSDS. This includes **sharing written outreach materials for programs serving Native elders**. Updates on upcoming caregiver training opportunities are also regularly provided

The Native Caring Conference has proven to be a vital platform for sharing resources with **family and kinship caregivers**, and gaining insights into the challenges Native caregivers face.

Building on these relationships and insights, NWSDS is dedicated to executing the activities outlined in its accompanying work plan. It also remains steadfast in its **commitment to supporting all family caregivers** through the continued offering of the **Savvy Caregiver program**.

2025-2029 Strategies for Tribal Engagement and Collaboration

1. Coordinating with Tribal Emergency Management

NWSDS will coordinate with Tribal emergency management by establishing clear communication channels and building strong partnerships with Tribal representatives. This includes developing joint emergency response plans, participating in cross-training and preparedness exercises, and ensuring culturally sensitive approaches that respect Tribal sovereignty. NWSDS will also share resources, such as emergency preparedness materials and logistical support, while engaging in regular meetings to discuss strategies, assess needs, and improve coordination. Memorandums of Understanding (MOUs), will outline roles and responsibilities, to formalize collaboration.

2. Outreach to Tribal Elders and Family Caregivers for Title III and VII Services

NWSDS will provide targeted outreach to Tribal elders and family caregivers regarding services available under Titles III and VII of the Older Americans Act (OAA) by collaborating closely with Tribal governments and community organizations. Outreach efforts will include culturally appropriate communication, such as in-person presentations, participation in Tribal events, and distribution of informational materials tailored to Tribal communities. NWSDS will also utilize existing relationships, such as those formed through the Long-Term Care Ombudsman Program and caregiver support networks, to identify and engage Tribal elders and family caregivers. Additionally, NWSDS will work with Tribal representatives to host workshops and training sessions that explain eligibility requirements and available services, ensuring equitable access to nutrition programs, caregiver support, elder rights protections, and other resources. Regularly scheduled meetings with Tribal leadership will ensure that outreach efforts remain aligned with Tribal priorities and needs.

3. Enhancing Communication and Support for Title VI Programs

NWSDS will establish robust communication opportunities with Title VI programs to ensure they are informed about Title III and other funding opportunities, and receive technical assistance for applying for these opportunities.

Regular virtual and in-person meetings will foster collaboration and provide a discussion forum. Email distribution lists will be used to share updates, application deadlines, and technical guidance promptly. NWSDS will also deliver presentations tailored to Tribal audiences at community events, Tribal meetings, and public hearings to explain funding opportunities and application processes. Additionally, NWSDS will offer one-on-one technical assistance sessions, either on-site or remotely, to support Title VI programs in preparing successful applications. By maintaining open and consistent communication, NWSDS will ensure that Title VI programs have the resources and knowledge to access and utilize available funding effectively.

4. Collaborating and Sharing Program Updates

NWSDS will facilitate collaboration and the sharing of program information and updates through regular communication with Tribal representatives and other stakeholders. Methods will include scheduled meetings, webinars, and workshops to discuss program changes and new initiatives. NWSDS will maintain email distribution lists to share timely updates, policy changes, and funding opportunities. Presentations at Tribal events and public hearings will provide additional platforms for disseminating information. These platforms will also provide opportunities for feedback. Collaborative efforts, such as co-hosting technical assistance sessions and community outreach events, will ensure that all parties remain informed and engaged. By fostering open dialogue and leveraging multiple communication channels, NWSDS will strengthen partnerships and ensure transparency in program updates and changes.

5. How Title VI Programs May Refer Individuals to Title III and VII Services

NWSDS will work closely with Title VI programs to establish clear referral pathways for individuals eligible for Title III and VII services. This includes providing Title VI staff with training on identifying eligible individuals and utilizing referral tools, such as standardized forms or online systems. Title VI programs can refer individuals during meetings, outreach events, or through direct communication with NWSDS staff via phone or email. NWSDS will also supply informational materials outlining the services available under Titles III and VII, ensuring that Title VI staff can share accurate and comprehensive details with Tribal elders and caregivers. Regular check-ins and collaborative workshops will help streamline the referral process and address any barriers, ensuring individuals receive timely support.

6. Providing Services in a Culturally Appropriate and Trauma-Informed Manner

NWSDS will ensure services are delivered in a culturally appropriate and trauma-informed manner by collaborating closely with Tribal leaders and community representatives to understand the unique cultural values, traditions, and histories of

the communities they serve. Staff will receive training on cultural sensitivity and trauma-informed care to recognize historical trauma and systemic inequities. This training will help staff address these impacts. Outreach materials and programs will be tailored to reflect Tribal languages, customs, and communication preferences, ensuring inclusivity and respect. Additionally, NWSDS will involve Tribal representatives in program development and decision-making processes to align services with community priorities. By creating safe, respectful, and supportive environments, NWSDS will build trust and effectively address the needs of Tribal elders and caregivers.

7. Communicating Opportunities for Title VI Participation in Advisory Councils and Workgroups

NWSDS will ensure that opportunities for Title VI programs to serve on advisory councils, workgroups, and boards, including the NWSDS's advisory councils, are communicated clearly and effectively. This will include distributing invitations and announcements through email lists, newsletters, and Tribal communication channels. NWSDS will also share these opportunities during regular meetings, webinars, and community events with Tribal representatives. Tailored presentations and outreach will highlight the importance of Tribal voices in shaping policies and programs. NWSDS will hold one-on-one conversations with Title VI program staff to encourage participation and address concerns. By maintaining consistent and open communication, NWSDS will ensure Title VI programs are fully aware of and empowered to participate in these critical decision-making roles.

GOAL 1: BUILD RELATIONSHIPS WITH TRIBAL LEADERSHIP TO UNDERSTAND AND ADDRESS THE SPECIFIC NEEDS OF TRIBAL COMMUNITY MEMBERS

Objective 1.1

Collaborate with community organizations to share supportive resources that raise awareness about health promotion and behavioral health services. .

Key Tasks

- A.** Connect with tribal leaders from two Tribal communities to build relationships and promote Agency programs by the end of the year.

Lead Positions & Entity:

LTC Innovation Program Manager,
Options Counselors

Start Date	End Date
8/2025	6/2026

.....
Accomplishments or Updates:

- B.** Provide at least one training sessions annually to local Tribal navigators focused on increasing awareness and understanding of Agency services. evaluations.

Lead Positions & Entity:

LTC Innovation Program Manager,
Options Counselors

Start Date	End Date
2/2026	2/2029

.....
Accomplishments or Updates:

- C.** Encourage direct engagement by having five Agency staff participate in Tribal community outreach events annually.

Lead Positions & Entity:
LTC Innovation Program Manager

Start Date	End Date
5/2026	5/2029

.....
Accomplishments or Updates:

- D.** Extend formal invitations to Tribal leaders from two Tribal communities to join Agency advisory councils.

Lead Positions & Entity:
LTC Innovation Program Manager,
Community Tribal leaders,
Options Counselors

Start Date	End Date
7/2026	7/2027

.....
Accomplishments or Updates:

GOAL 2: SHARE PROGRAM INFORMATION TO SUPPORT AND ENHANCE THE WELL-BEING OF NATIVE AMERICANS

Objective 2.1

Develop and implement ongoing service strategies that promote successful health outcomes, with each strategy evaluated based on participant feedback and outcome metrics such as increased access, improved self-reported health status, or service utilization rates.

Key Tasks

- A.** Collaborate with one local Tribe to support the development and implementation of a culturally appropriate mental health program, and integrate one active initiative with progress reviewed biannually.

Lead Positions & Entity:

LTC Innovation Program Manager,
Community Tribal leaders,
Senior Peer Mentor Coordinator

Start Date	End Date
1/2027	1/2029

.....
Accomplishments or Updates:

- B.** Provide a minimum of two training sessions annually for Tribal leaders to serve as mentors for community members facing mental health challenges.

Lead Positions & Entity:

LTC Innovation Program Manager,
Community Tribal leaders,
Senior Peer Mentor Coordinator

Start Date	End Date
10/2026	5/2029

.....
Accomplishments or Updates:

- C.** Establish partnerships with at least one licensed physical therapist to deliver fall prevention education and exercises to elders in the community, conducting a minimum of two group sessions or individual consultations annually.

Lead Positions & Entity:

LTC Innovation Program Manager,
Community Tribal leaders

Start Date	End Date
3/2027	9/2027

.....
Accomplishments or Updates:

- D.** Promote health and wellness programs within Tribal communities, including the Grand Ronde Elder Community by organizing two culturally relevant wellness events or activities annually.

Lead Positions & Entity:

LTC Innovation Program Manager

Start Date	End Date
1/2027	5/2029

.....
Accomplishments or Updates:

- E.** Distribute family caregiver support and paid care option information to Tribal communities through outreach events, printed materials, and partner collaborations each quarter...

Lead Positions & Entity:

LTC Innovation Program Manager,
Options Counselors

Start Date	End Date
7/2025	7/2026

.....
Accomplishments or Updates:



Section

D

OPI SERVICES AND METHOD OF SERVICE DELIVERY

D-1 Administration of Oregon
Project Independence (OPI)

D -2 Service Matrix and Delivery
Method

The Oregon Project Independence (OPI) program helps individuals maintain their independence by remaining in their homes, reducing the need for costly care facilities. The program serves older adults aged 60 and above, as well as individuals aged 19 to 59 with physical disabilities, through the OPI Pilot initiative.

The program's primary goals are to:

- Enhance quality of life and support independent living.
- Offer preventive and long-term care services to eligible individuals, reducing the risk of institutionalization while promoting self-determination.
- Serve frail and vulnerable older adults or individuals with physical disabilities who have limited access to other long-term care options.
- Maximize personal and community resources for those enrolled in the program.

OPI funds are limited. They are intended to supplement, rather than replace, existing support systems. These services provide valuable assistance, helping consumers maintain their independence. However, due to funding constraints, OPI services are not designed to fully address a consumer's complete care needs.

It's important to note that **OPI benefits are non-transferable between Area Agencies on Aging (AAA)**. If a consumer relocates outside the NWSDS region, their OPI services will be discontinued. To resume OPI benefits in the new area, individuals must submit a new request, complete the intake process, and may be placed on a waitlist, depending on availability.

Types and Amounts of Authorized Services Offered (OAR 411-032-0005 2 b A)

To ensure efficient use of resources, maintain consistency, and support NWSDS staff, the guidelines below outline authorized OPI services, hours and limits:

- **Older Adults (60+ years):** Case Managers may authorize up to **18 hours per month** (9 hours per two-week pay period).
- **Consumers (19–59 years) with Physical Disabilities:** Authorization may include up to **10 hours every 14 days** (20 hours every 28 days).

Service plans exceeding these limits require **Program Manager approval** and are typically intended for short-term needs lasting **1 to 3 months**.

Category	Details	Service Limits
Housecleaning or IADL/Self-Management Tasks	<ul style="list-style-type: none"> - Housekeeping: Vacuuming, mopping, cleaning bathrooms. - Laundry: In-home or out-of-home. - Meal Preparation. - Medication Management*: CIHA (minimum & substantial). - Shopping. - Transportation**: Non-medical/assisted transportation. - Other self-management tasks. 	A combination of ADL and IADL services may be provided, with a minimum requirement of one hour dedicated to personal care. However, the total hours must not exceed the maximum limits specified for each age group.
Personal Care Services/ADL Tasks	<ul style="list-style-type: none"> - Bathing/Dressing. - Personal Hygiene/Grooming. - Ambulation/Transferring. - Eating. - Medication Management*: CIHA (full assist). - Other daily living tasks. 	A combination of ADL and IADL services may be provided, with a minimum requirement of one hour dedicated to personal care. However, the total hours must not exceed the maximum limits specified for each age group.
Adult Day Care Services	<ul style="list-style-type: none"> - Marion County: Among Friends at Center 50+ and Blessed & Happy Adult Day Services. - Polk County: Grace Center for Adult Day Services. 	- 1 day per week. Additional days require Service Manager approval.
Home Delivered Meals (HDM)	- May be authorized if not otherwise provided and paid through OPI.	One meal per day.

Assistive Technology

- Installation of Emergency Response System (e.g., LifeLine).
- Payment for electronic or non-electronic medication reminder devices.
- Durable Medical Equipment (DME).

Manager approval required***

***Medication Management:** If full assistance is required for medication setup and the provider is a contracted in-home agency, service plan hours should be included in the ADL or personal care section to account for the higher rate of pay for the provider. Additional hours should be allocated to another ADL and noted in the comments section of the 546N.

****Mileage Reimbursement:** May be authorized for shopping assistance provided by a Home Care Worker (HCW) as part of a consumer's individualized care plan and specific needs. Contracted in-home agencies do not provide transportation services.

*****Manager Approval:** Managers may approve services locally and forward billing details to the Fiscal department for processing.

Chore Services

Chore services may include, but are not limited to the following categories:

- **Cleaning and Maintenance:**
 - Washing floors, windows, and walls.
 - Securing loose rugs and tiles to ensure safe access and egress.
- **Yard Work and Groundskeeping:**
 - Mowing and trimming lawns using a hand mower or power mower.
 - Cleaning grounds with a rake, broom, or hose.
 - Trimming shrubs and trees.
- **Sidewalk Safety:**
 - Clearing sidewalks of vegetation by trimming or cutting trees, bushes, and shrubs that overhang sidewalks, rights-of-way, or meter pits, which may cause hazards, obstructions, or visibility issues.
- **Home Accessibility and Safety Optimization:**
 - Cleaning areas to remove obstacles impeding ADL or IADL tasks.

Chore Service Guidelines:

- All chore services must be pre-approved by the Program Manager.
- Providers do not require a provider number but must supply an EIN (Tax ID) or Social Security number for payment.
- Providers must include the following information in their invoice:
 - OPI consumer name and prime number.
 - Type of service provided.
 - Vendor name and EIN (Federal Tax ID) or Social Security number.
 - Service cost.
 - Start date of service (or planned start date).
 - Indication of whether the service is one-time or ongoing.
 - Any additional relevant details.

Cost of Authorized Services per Unit (OAR 411-032-0005 2 b B)

Service Type	Provider	Rate
Home Care	Addus	\$38.08/hr
	Caring for the Coast	\$38.08/hr
	Caring for the Capitol	\$38.08/hr
	Clatsop In-Home Care	\$38.08/hr
	CEP HCW	\$24.83/hr
Personal Care	Addus	\$38.08/hr
	Caring for the Coast	\$38.08/hr
	Caring for the Capitol	\$38.08/hr
	Clatsop In-Home Care	\$38.08/hr
	CEP HCW	\$24.83/hr
Adult Day Services	Salem Center 50+	\$10.00/hr
	Grace Place	\$70.40/half-day, \$92.00/full-day
	Happy and Blessed Adult Day Services	\$109.00/full-day
Home-Delivered Meals	Warrenton Sr. Citizens (Warrenton)	\$7.06/meal
	Marion Polk Food Share OPI Contract	\$7.90/meal (up to Medicaid rate of \$12.25)
Assistive Technology		Determined on a case-by-case basis
Chore Services		Determined on a case-by-case basis

Fees for Home Care and Personal Care services are determined using the fee schedule published by the State of Oregon's Department of Human Services. Consumers receive a fee determination form that outlines the fee calculation and the maximum monthly contribution required, based on their income.

NWSDS fiscal staff issue monthly statements to OPI consumers who utilize the services of a Homecare Worker (HCW). For consumers who receive services through a contracted in-home care agency, the Agency bills the consumer directly and, remits the collected fees to NWSDS as outlined in the contract

All fees are deposited into a dedicated **OPI Program Income account** within the NWSDS accounting system used solely to support the OPI program

Timely Response to Inquiries for Services and Time Frames for Determination of OPI Benefits (OAR 411-032-0005 2 b C)

When a request for OPI benefits is received, an Aging and Disability Resource Connection (ADRC) Specialist initiates the process by creating a screening in the OR ACCESS system. This screening identifies the benefits or services the consumer is requesting and is assigned to the appropriate Case Manager. The Case Manager contacts the consumer within one to three business days. An appointment for an in-home assessment is then offered within 14 business days, unless a shorter timeframe is required. Following the in-home assessment, a determination regarding OPI benefits is made.

If OPI is closed to new intakes and a waitlist is in place, the ADRC Specialist completes a call module and offers the consumer the opportunity to complete an OPI Risk Information Tool to assess priority for services. This tool assesses the consumer's level of risk. The OPI/OAA Program Manager maintains the waitlist database, which includes:

- New applicants,
- Consumers who have been previously closed from the OPI program and wish to reapply, and
- OPI consumers moving to the NWSDS service area from a county not served by NWSDS.

Initial and Ongoing Periodic Screening for Other Community Services
(OAR 411-032-0005 2 b D)

NWSDS oversees both Medicaid and non-Medicaid community services. Although OPI staff specifically administer the OPI program, all direct service staff are cross-trained to provide comprehensive support across all services, regardless of funding source.

When consumers first contact NWSDS, they are assisted by an ADRC Specialist, a certified Information and Referral professional. The ADRC Specialist screens consumers to determine if the consumer may be eligible or interest in other services, both within NWSDS and in the broader community.

The OPI program is designed to help consumers remain in their homes. OPI-funded services often supplement existing personal or community support systems. Due to the limitations of OPI funding and scope, Case Managers provide a thorough explanation of all available options, which may include Medicaid, private pay services, and other programs, such as demonstration projects.

Case Managers conduct annual in-home reassessments to evaluate the consumer's needs and ensure appropriate services are provided. Consumers are given their Case Manager's contact information and encouraged to reach out if there is a change in their condition. In such cases, a reassessment may occur earlier, while maintaining the maximum level of services available.

To support service management, NWSDS utilizes "TASC" (Tracking Assignments and Screenings for Consumers), a state-integrated system that allows managers to monitor cases and service usage. This system prompts follow-up with consumers to ensure proper utilization of services .

Determining Eligibility (OAR 411-032-0005 2 b E)

Case Managers may authorize OPI-funded services for consumers who demonstrate a need for assistance and meet specific criteria based on the DHS/APD CAPS assessment tool. Eligibility requires a **Service Priority Level (SPL)** of **17 or lower**, or **18 or lower** for individuals aged 19 to 59 under the Pilot Program.

Eligibility Criteria:

- **Age Requirements:**
 - Consumers aged 60 or older.
 - Consumers under 60 diagnosed with Alzheimer’s disease or a related disorder.
 - Individuals aged 19 to 59 with a physical disability (for OPI Pilot).
- **Program Restrictions:**
 - Consumers may not be receiving financial assistance or Medicaid benefits, except for SNAP, Qualified Medicare Beneficiary (QMB), or Supplemental Low-Income Medicare Beneficiary (SLMB) programs.

Consumers are evaluated to determine whether their needs can be met through alternative resources. Consumers are supported in accessing other resources before OPI services are authorized. However, a consumer’s decision not to utilize alternative resources will not result in denial of OPI benefits.

For certain services, such as adult day services, assistive technology, or transportation, Program Manager approval is required before authorization.

Process for Providing Services (OAR 411- 032-0005 2 b F)

Based on the assessed needs of the consumer and in collaboration with them, the Case Manager will develop a personalized Service Plan, which may include the following services:

- **Homecare** or other IADL/self-management tasks.
- **Personal care** or other ADL tasks.
- **Adult Day Services.**
- **Home-delivered meals.**
- **Assistive Technology** (requires management authorization).
- **Chore Services** (requires management authorization, 25 hr. maximum).

The actual number of homecare and personal care hours, will be determined by the consumer's identified needs and living situation. These hours cannot exceed the maximum allowed. Consumers have the option to receive these services through:

- A licensed in-home care agency contracted with NWSDS, or
- A Home Care Worker in good standing with the Oregon Home Care Commission.

Adult Day Services are available through programs contracted with NWSDS. These services are limited to one day per week and are provided in addition to authorized homecare and personal care hours.

Assistive Technology and **Chore Services** are sourced through local vendors, with at least three quotes obtained to ensure cost-effectiveness.

Prioritizing OPI Service Delivery (OAR 411- 032-0005 2 b G)

Service Prioritization for OPI Consumers

Services for consumers receiving OPI benefits will be prioritized in the following order:

1. **Personal care** or other ADL tasks.
2. **Home-delivered meals.**
3. **Homecare** or other IADL/self-management tasks.
4. **Assistive Technology** (requires management authorization).
5. **Chore Services** (requires management authorization).
6. **Adult Day Services.**

Waitlist Prioritization

Consumers on the OPI waitlist will be prioritized for services based on their **Risk Assessment Score** and the length of time they have been on the waitlist. The waitlist is sorted first by Risk Assessment Score, to prioritize those with the greatest need, followed by waitlist duration.

Denial, Reduction or Termination of Services
(OAR 411-032-0005 2 b H)

OPI Caseload Reduction Process

Attrition will be the primary method used to reduce existing OPI caseloads. During the one-year reassessment of all OPI cases, staff will identify consumers who may:

- Be eligible for service reduction or termination.
- Have their needs met through alternative resources.
- Transition to the Medicaid program.

Case Managers will conduct home visits to reassess service plans and discuss voluntary service reduction with the consumer and/or their representative.

If additional funding reductions are necessary, NWSDS may adjust the Priority Level criteria for authorizing OPI-funded services.

Support for Consumers with Terminated Services

Consumers whose services are terminated will be referred to a NWSDS Options Counselor **when appropriate**. The counselor will work with the consumer to develop an action plan utilizing natural supports and community resources, in alignment with the goals of OAR 411-032-0001.

Consumers' Right to Grieve Adverse Eligibility, Service Determination Decisions and Consumer Complaints (OAR 411-032-0005 2 b I)

Notification and Grievance Process for OPI Service Changes

If a new OPI applicant is denied eligibility or if an existing consumer's service plan is reduced or terminated, the Case Manager will review the decision with the consumer. A **Notice of Service Changes/Denial**, including information about other available services and the **Notice of Right to Grievance Review**, will be sent to the consumer at least **14 days before** service reduction or termination. Copies of these notices will also be provided to the Program Manager.

Consumers have **10 calendar days** from the notice date to file a grievance about the decision.

Handling Consumer Complaints

All consumer complaints are taken seriously and addressed by the Program Manager and Community Programs Manager. Additionally, the Agency provides a **Consumer Comment Form**, which is available to anyone interacting with the Agency, offering a formal avenue for feedback or concerns.

Fees for Services (OAR 411-032-0005 2 b J)

Fees for Home Care and Personal Care services are based on the fee schedule published by the State of Oregon's Department of Human Services. Each consumer receives a **fee determination form** outlining their fee calculation and maximum monthly payment.

NWSDS fiscal staff issue monthly statements to all OPI consumers with pay-ins. Collected fees are deposited into NWSDS's **OPI Program Income account**. These funds are exclusively allocated to support the OPI program.

Consumer Non-Payment of Fees (OAR 411-032-0005 2 b K)

A minimum **one-time fee of \$25.00** is required for OPI consumers whose income does not mandate a cost share under the sliding fee schedule. Consumers are encouraged to contribute toward the cost of services as outlined in the OPI regulations. This contribution helps support the continued availability of services across the community and reflects the shared investment in maintaining high-quality care for older adults and adults with disabilities..

While this one-time fee is encouraged as part of the Oregon Project Independence funding model, the inability or failure to pay will not result in a denial or reduction of services. Consumers will not be disqualified from receiving support based solely on non-payment of this fee.

Consumers are strongly encouraged to contribute as they are able toward the cost of their services, in alignment with OPI regulations. These contributions—whether through cost shares or voluntary payments—help sustain the program and expand service access to others in need.

As always, NWSDS is committed to ensuring that financial limitations do not become a barrier to care. Staff are available to discuss payment questions, explore accommodations, and work collaboratively with consumers to support continued participation in the program.

Monitoring and Evaluating Service Providers (OAR 411-032-0005 2 b L)

Monitoring and evaluating service providers is a critical aspect of maintaining high-quality services and ensuring that providers meet their contractual obligations. Consumer satisfaction surveys will continue to gather feedback from individuals receiving services.

NWSDS remains committed to monitoring service providers on an annual basis through audits or consumer satisfaction surveys. Additionally, a database is regularly updated and maintained to record complaints and incidents reported by consumers via Case Management staff.

Conflict of Interest Policy for any Direct Provision of Services for which a Fee is Set
(OAR 411-032-0005 2 b M)

For home-delivered meals provided to OPI consumers, OPI funds may be used to purchase services offered by NWSDS, which creates a potential benefit to the Agency. By applying Medicaid rates, NWSDS ensures that it does not gain an undue financial benefit from the use of OPI funds.

Policy Adjustments with the Implementation of Oregon Project Independence-Medicaid (OPI-M)

Aging and People with Disabilities (APD) is expanding the Oregon Project Independence (OPI) Program by leveraging Medicaid funds through the Oregon Project Independence-Medicaid (OPI-M) demonstration project, which launched in June 2024. Full implementation is anticipated by mid-2025.

During this demonstration phase, NWSDS will continue administering the current OPI and OPI Pilot programs while gradually integrating OPI-M. This new initiative will offer enhanced in-home caregiver hours and additional support services for Medicaid Long -Term Services and Supports (LTSS) populations, utilizing both state and federal funding.

After the demonstration project concludes and program details are finalized, OPI-M will be incorporated into the next NWSDS area plan.

Prioritizing Vulnerable Populations When a Waitlist is Not in Effect

NWSDS prioritizes vulnerable populations for the Oregon Project Independence (OPI) program, as outlined in state regulations and guidelines. The program's design ensures that resources are allocated to individuals most at risk, aligning with the core mission of supporting independence and preventing institutionalization for those with the greatest needs. This prioritization is achieved through the following key approaches:

- Service Priority Level (SPL)
- Focus on Frail and At-Risk Populations
- Equity in Access
- Inclusion of Specific Populations
- Certain vulnerable groups are explicitly included, such as:
 - Older adults aged 60 and over.
 - Individuals under 60 diagnosed with Alzheimer's disease or related disorders.
 - Individuals aged 19–59 with physical disabilities (under the OPI Pilot).
- Preventative and Interim Services

NWSDS prioritizes vulnerable populations for OPI by focusing outreach and resources on individuals with the highest need for support, ensuring equitable access, and leveraging tools like SPL scores to guide service delivery. This approach underscores the program's goal to assist those most at risk of losing their independence.

D-2 Services provided to OAA and/or OPI consumers (Service Matrix and Delivery Method)

1. Personal Care (by agency)

- **Funding Source:** OAA OPI Other Cash Funds: Pay-ins
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**
 - Addus Healthcare, Inc. 3400 Warrenville Road, Ste 100, Downers Grove, IL 60515-1765; For Profit
 - Caring for the Coast, 1230 Marine Drive, Ste 308, Astoria, OR 97103; For Profit
 - Caring for the Capitol, 675 Orchard Heights Rd. NW #230, Salem, OR 97304; For Profit
 - Clatsop Care In-Home Services, 646 16th St., Astoria, OR 97103; For Profit

1a. Personal Care (by HCW)

- **Funding Source:** OAA OPI Other Cash Funds

2. Homemaker (by agency)

- **Funding Source:** OAA OPI Other Cash Funds: Pay-ins
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**
 - Addus Healthcare, Inc. 3400 Warrenville Road, Ste 100, Downers Grove, IL 60515-1765; For Profit
 - Caring for the Coast, 1230 Marine Drive, Ste 308, Astoria, OR 97103; For Profit
 - Caring for the Capitol, 675 Orchard Heights Rd. NW #230, Salem, OR 97304; For Profit
 - Clatsop Care In-Home Services, 646 16th St., Astoria, OR 97103; For Profit

2a. Homemaker (by HCW)

- **Funding Source:** OAA OPI Other Cash Funds: Pay-ins

3. Chore (by agency)

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**
 - Addus Healthcare, Inc. 3400 Warrenville Road, Ste 100, Downers Grove, IL 60515-1765; For Profit
 - Caring for the Coast, 1230 Marine Drive, Ste 308, Astoria, OR 97103; For Profit
 - Caring for the Capitol, 675 Orchard Heights Rd. NW #230, Salem, OR 97304; For Profit
 - Clatsop Care In-Home Services, 646 16th St., Astoria, OR 97103; For Profit
 - Various community vendors on an as-needed basis utilizing quotes

3a. Chore (by HCW)

- **Funding Source:** OAA OPI Other Cash Funds

4. Home-Delivered Meal

- **Funding Source:** OAA OPI Other Cash Funds: Donations and fundraisers
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**
 - TRIO Community Meals LLC, 100 Valley Drive, Pearl, MS 39208; For Profit
 - Marion-Polk Food Share, 1660 Salem Industrial Drive NE, Salem, OR 97301, Not-for-Profit
 - Chehalem Park and Recreation District, 125 S. Elliot Street, Newberg, OR 97132, Local Govt.
 - Sunset Empire Park and Recreation District, 1140 Broadway, P.O. Box 514, Seaside, OR 97318. Local Govt.
 - Warrenton Senior Citizens, P.O. Box 192, Warrenton, OR 97146; Not-for-Profit.

- Providence Hospital-Seaside; Not-for-Profit.

5. Adult Day Care/Adult Day Health

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**
 - City of Salem, Center 50+, 2615 Portland Road, Salem, OR 97301; Local Govt.
 - Blessed and Happy Adult Day Services, 870 Alvina St., Salem, OR 97306; For Profit
 - Grace Center, 980 NW Spruce Ave., Corvallis, OR 97330: For Profit

6. Case Management

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):** N/A

7. Congregate Meal

- **Funding Source:** OAA OPI Other Cash Funds: Donations and fundraisers
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**
 - TRIO Community Meals LLC, 100 Valley Drive, Pearl, MS 39208; For Profit
 - Marion-Polk Food Share, 1660 Salem Industrial Drive NE, Salem, OR 97301, Not-for-Profit
 - Chehalem Park and Recreation District, 125 S. Elliot Street, Newberg, OR 97132, Local Govt.
 - Sunset Empire Park and Recreation District, 1140 Broadway, P.O. Box 514, Seaside, OR 97318. Local Govt.

8. Nutrition Counseling

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided

- **Contractor name and address (list all if multiple contractors):**

9. Assisted Transportation

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**

10. Transportation

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**

11. Legal Assistance

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**
 - Legal Aid Services of Oregon, 105 High St. NE, Salem, OR 97301; Not-for-Profit
 - Oregon Law Center, 230 NE Second Avenue, Ste F, Hillsboro, OR 97124; Not-for-Profit

12. Nutrition Education

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**
 - Marion-Polk Food Share, 1660 Salem Industrial Drive NE, Salem, OR 97301, Not-for-Profit
 - Chehalem Park and Recreation District, 125 S. Elliot Street, Newberg, OR 97132, Local Govt.
 - Sunset Empire Parks and Recreation-Seaside
 - Oregon State University Extension Services, MOU in Tillamook only

13. Information & Assistance

- **Funding Source:** OAA OPI Other Cash Funds

- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**

14. Outreach

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**

15/15a Information for Caregivers

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**
 - City of Salem, Center 50+, 2615 Portland Road, Salem, OR 97301; Local Govt.

16/16a Caregiver Access Assistance

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**
 - City of Salem, Center 50+, 2615 Portland Road, Salem, OR 97301; Local Govt.

20-2 Advocacy

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**

20-3 Program Coordination & Development

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**

30-1 Home Repair/Modification

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided

- **Contractor name and address (list all if multiple contractors):**

30-4 Respite Care (IIB/OPI)

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**

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):**
 - Addus Healthcare, Inc. 3400 Warrenville Road, Ste 100, Downers Grove, IL 60515-1765; For Profit.
 - City of Salem, Center 50+ (English and Spanish Adult Day Services), 2615 Portland Road, Salem, OR 97301; Local Govt.
 - Enrolled consumers engage the service and are reimbursed by NWSDS.

30-6/30-6a Caregiver Support Groups

- **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):**
 - City of Salem, Center 50+ (Miracle Café), 2615 Portland Road, Salem, OR 97301; Local Govt.

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):**
 - Enrolled consumers engage the service and are reimbursed by NWSDS

40-2 Physical Activity and Falls Prevention

- **Funding Source:** OAA OPI Other Cash Funds

- Contracted Self-provided
- **Contractor name and programs (list all if multiple contractors):**
 - Yemaly Alexander (DPP, DSMP, CTS)
 - Your Best Self Fitness, LLC (Otago, Tai Chi)
 - LaNay Eastman (Tai Chi)
 - Sunset Empire Park & Recreation Dist. (Arthritis Aquatics, Tai Chi, Otago, and DPP)
 - Tillamook YMCA (Tai Chi, DPP, CDSMP, DSMP, Enhanced Fitness Otago)
 - Kimberly Edger (Otago)
 - Christine Edick (DPP, CDSMP, DSMP)
 - Barbara Fields (CDSMP, DSMP, DPP)
 - Familiar Foods (CDSMP, DSMP, DPP)
 - Katie Gavin (Tai Chi)
 - Lydia Jackson (CDSMP, DPP)
 - Larry Johnson (DPP, CDSMP, DSMP)
 - Tracy Johnston (Tai Chi)
 - Brenda Johnson (CPSMP, DPP)
 - Jill Mulligan (Otago)
 - HWY PT Clinic, LLC (Otago)
 - Kim Reynolds (CDSMP, DPP)
 - Maria Pila-Rodriguez (CDSMP)
 - Rod Stanley (Otago)
 - Judy Sundquist (DPP, MNT)
 - AIM-4-Access (CDSMP, DSMP, CTS)
 - Zoraya Uder (DPP, CDSMP & DSMP)
 - Erin Zellmer (CDSMP, DSMP, DPP)
 - Karen Smith (Tai Chi)
 - Kathy Vos (CDSMP, DSMP)
 - Lavinia Goto (Otago, Taichi and Master Trainer for SMP, DDPP and all other health promotion programs statewide - employee)
 - Elevate Physical Therapy LLC (Otago)

40-3 Preventive Screening, Counseling and Referral

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**

40-4 Mental Health Screening and Referral

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**

40-5 Health & Medical Equipment

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**
 - Assured Independence, 3125 Colby Ave Ste B, Everett WA 98201; For Profit Agency
 - Columbia Medical Alarm, PO Box 745, Beaverton OR 97075; For Profit Agency
 - American Medical Alert, 471 S Baldwin St Ste 2B, Woodland Park, CO 80863; For Profit Agency
 - Phillips Life Line, 111 Lawrence St, Framingham MA 01702; For Profit Agency
 - Medscope, 1818 Market St., Suite 1200, Philadelphia, PA 19103; For Profit Agency
 - Pacific Medical Supply, 1090 Commercial St NE, Salem OR 97301; For Profit Agency
 - Self-provided blood pressure cuffs for PT and weights to consumers for Otago

40-8 Registered Nurse Services

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**

40-9 Medication Management

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**
 - HomeMeds/Partners in Care Foundation
 - Kate Fredricks (Pharmacist), for profit

50-1 Guardianship/Conservatorship

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**

50-3 Elder Abuse Awareness and Prevention

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**
 - Legal Aid Services of Oregon, 105 High St. NE, Salem, OR 97301; Not-for-Profit
 - Oregon Law Center, 230 NE Second Avenue, Ste F, Hillsboro, OR 97124; Not-for-Profit

50-4 Crime Prevention/Home Safety

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**

50-5 Long Term Care Ombudsman

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**

60-1 Recreation

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**

60-3 Reassurance

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**

60-4 Volunteer Recruitment

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**

60-5 Interpreting/Translation

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**
 - Professional Interpreters, 4049 Market St. NE, Salem OR, For Profit Agency
 - CTS Language Link, 911 Main Street #10, Vancouver, WA 98660. For Profit Agency
 - Voiance (Cyracom), 5780 N Swan Rd, Tucson, AZ 85718, For Profit Agency
 - A5Interpreting, 1115 Madison St. NE, #1609, Salem, OR 97301, For Profit Agency
 - Willamette Sign Language Interpreting Service, 2670 Maple Ave NE, Salem, OR 97301, For Profit Agency
 - Oregon Certified Interpreters Network Inc., 680 NW Altishin Pl, Beaverton, OR 97006, For Profit Agency

70-2 Options Counseling

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**

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):**
 - Enrolled consumers engage the service and are reimbursed by NWSDS

70-5 Newsletter

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**

70-8 Fee-based Case Management

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**

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):**
 - City of Salem, Center 50+, 2615 Portland Road, Salem, OR 97301; Local Govt

70-10 Public Outreach/Education

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**

71 Chronic Disease Prevention, Management/Education

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided
- **Contractor name and programs (list all if multiple contractors):**
 - Yemaly Alexander (DPP, DSMP, CTS)
 - Your Best Self Fitness, LLC (Otago, Tai Chi)
 - LaNay Eastman (Tai Chi)
 - Sunset Empire Park & Recreation Dist. (Arthritis Aquatics, Tai Chi, Otago, and DPP)

- Tillamook YMCA (Tai Chi, DPP, CDSMP, DSMP, Enhanced Fitness Otago)
- Kimberly Edger (Otago)
- Christine Edick (DPP, CDSMP, DSMP)
- Barbara Fields (CDSMP, DSMP, DPP)
- Familiar Foods (CDSMP, DSMP, DPP)
- Katie Gavin (Tai Chi)
- Lydia Jackson (CDSMP, DPP)
- Larry Johnson (DPP, CDSMP, DSMP)
- Tracy Johnston (Tai Chi)
- Brenda Johnson (CPSMP, DPP)
- Jill Mulligan (Otago)
- HWY PT Clinic, LLC (Otago)
- Kim Reynolds (CDSMP, DPP)
- Maria Pila-Rodriguez (CDSMP)
- Rod Stanley (Otago)
- Judy Sundquist (DPP, MNT)
- AIM-4-Access (CDSMP, DSMP, CTS)
- Zoraya Uder (DPP, CDSMP & DSMP)
- Erin Zellmer (CDSMP, DSMP, DPP)
- Karen Smith (Tai Chi)
- Kathy Vos (CDSMP, DSMP)
- Lavinia Goto (Otago, Taichi and Master Trainer for SMP, DDPP and all other health promotion programs statewide - employee)
- Elevate Physical Therapy LLC (Otago)

72 Cash and Counseling

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided
- **Contractor name and address (list all if multiple contractors):**

73/73a Caregiver Cash and Counseling

- **Funding Source:** OAA OPI Other Cash Funds
- Contracted Self-provided

- Contractor name and address (list all if multiple contractors):

80-1 Senior Center Assistance

- Funding Source: OAA OPI Other Cash Funds
- Contracted Self-provided
- Contractor name and address (list all if multiple contractors):

80-4 Financial Assistance

- Funding Source: OAA OPI Other Cash Funds
- Contracted Self-provided
- Contractor name and address (list all if multiple contractors):
 - Food and Disaster Emergency Supply boxes (self-provided)

80-5 Money Management

- Funding Source: OAA OPI Other Cash Funds
- Contracted Self-provided
- Contractor name and address (list all if multiple contractors):

90-1 Volunteer Services

- Funding Source: OAA OPI Other Cash Funds
- Contracted Self-provided
- Contractor name and address (list all if multiple contractors):
 - Northwest Christian Church, 2315 Villa Road, Ste 100, Newberg, OR 97132



Section

E

AREA PLAN BUDGET

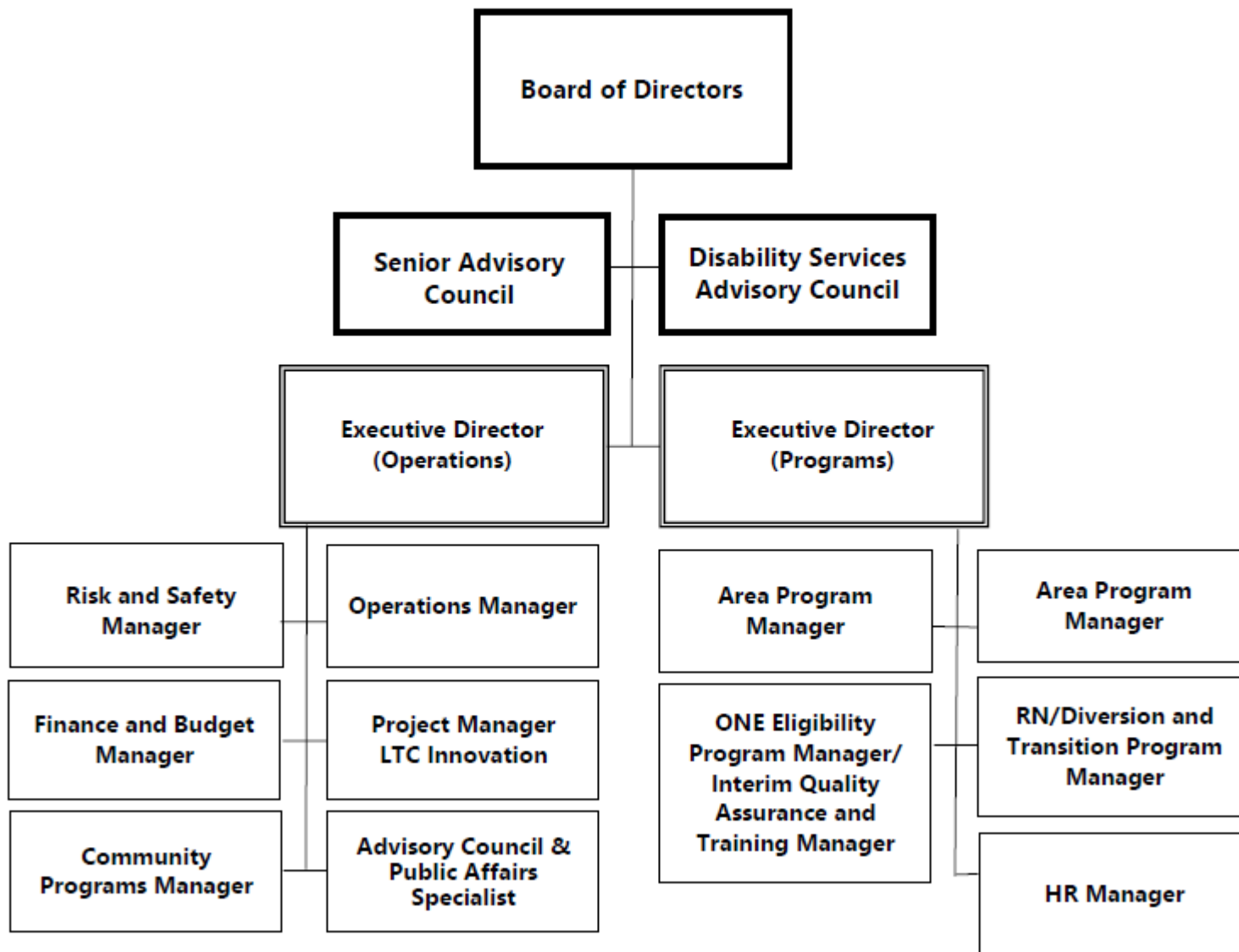
Please refer to the accompanying document for additional information.

APPENDICES

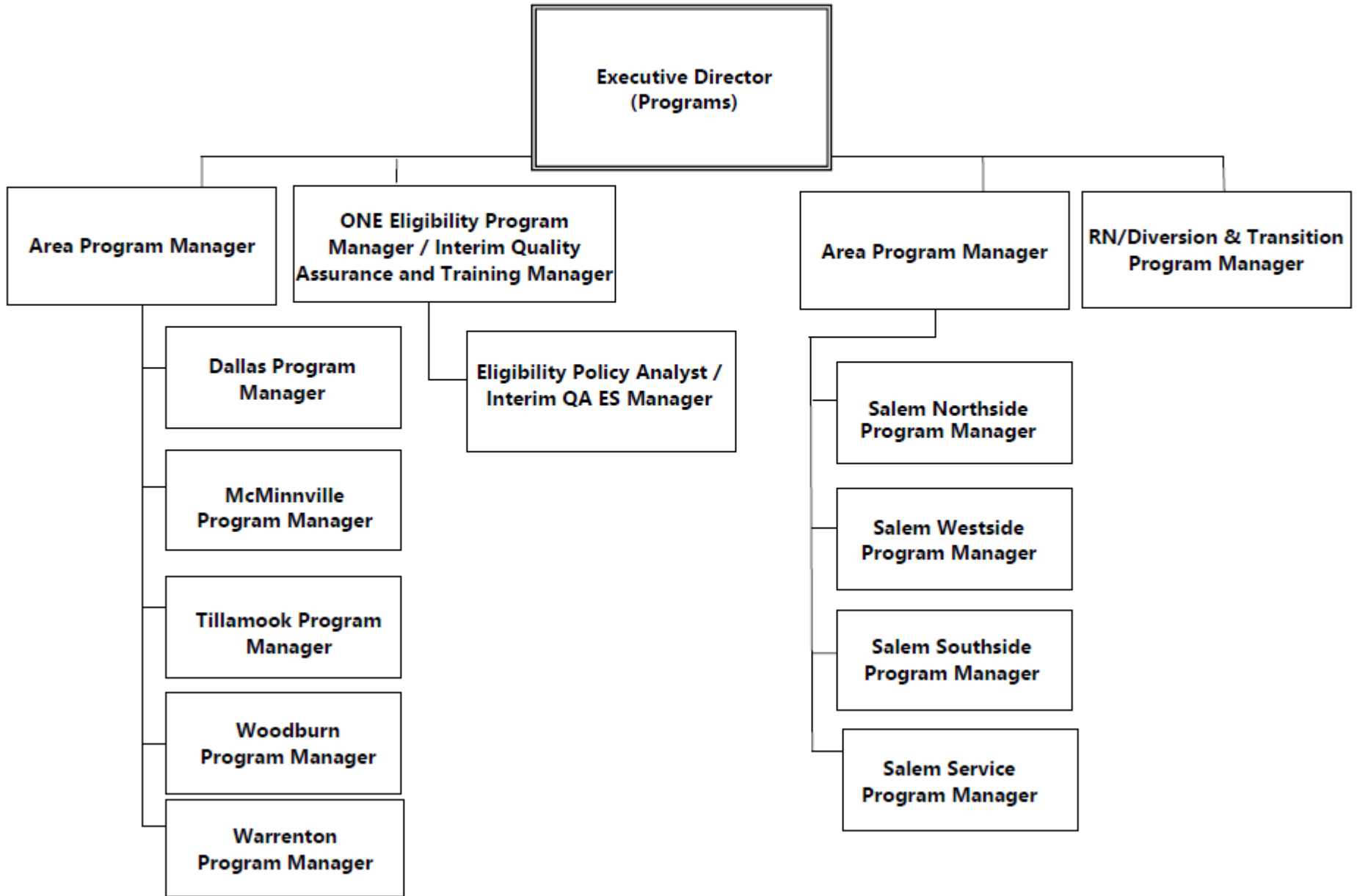
- Appendix A:** [Organizational Chart](#)
- Appendix B:** [Governing Body and Advisory Councils](#)
- Appendix C:** [Public Process](#)
- Appendix D:** [Final Updates on Accomplishments of 2021-2025 Area Plan](#)
- Appendix E:** [Final Updates on Service Equity Plan Accomplishments](#)
- Appendix F:** [Emergency Preparedness Plan](#)
- Appendix G:** [Meal Site Details: Services, Locations, and Participation Overview](#)
- Appendix H:** [Conflict of Interest Policy\(ies\)](#)
- Appendix I:** [Partner Memorandums of Understanding](#)
- Appendix J:** [Statement of Assurances and Verification of Intent](#)

APPENDIX A
ORGANIZATIONAL CHART

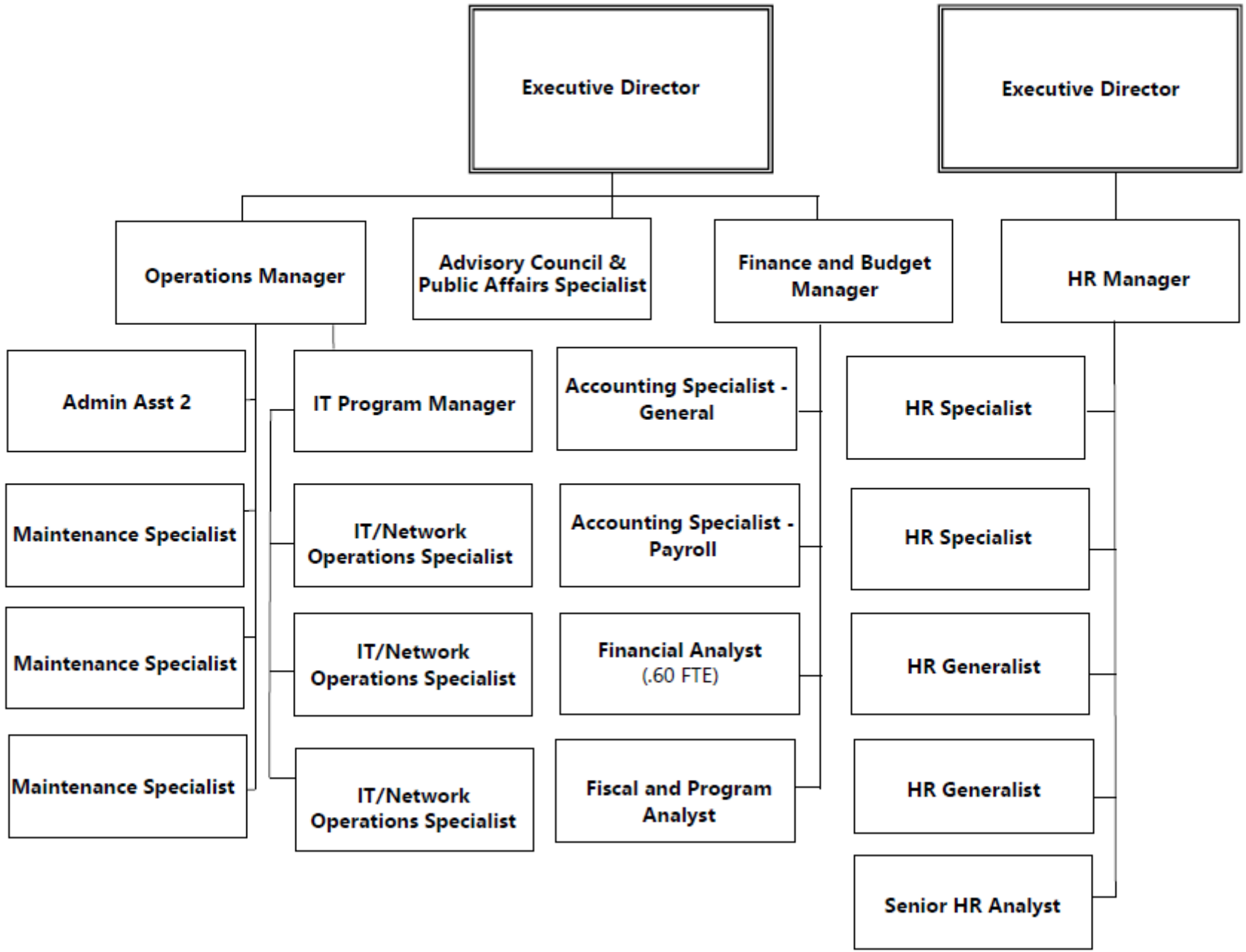
Northwest Senior and Disability Services



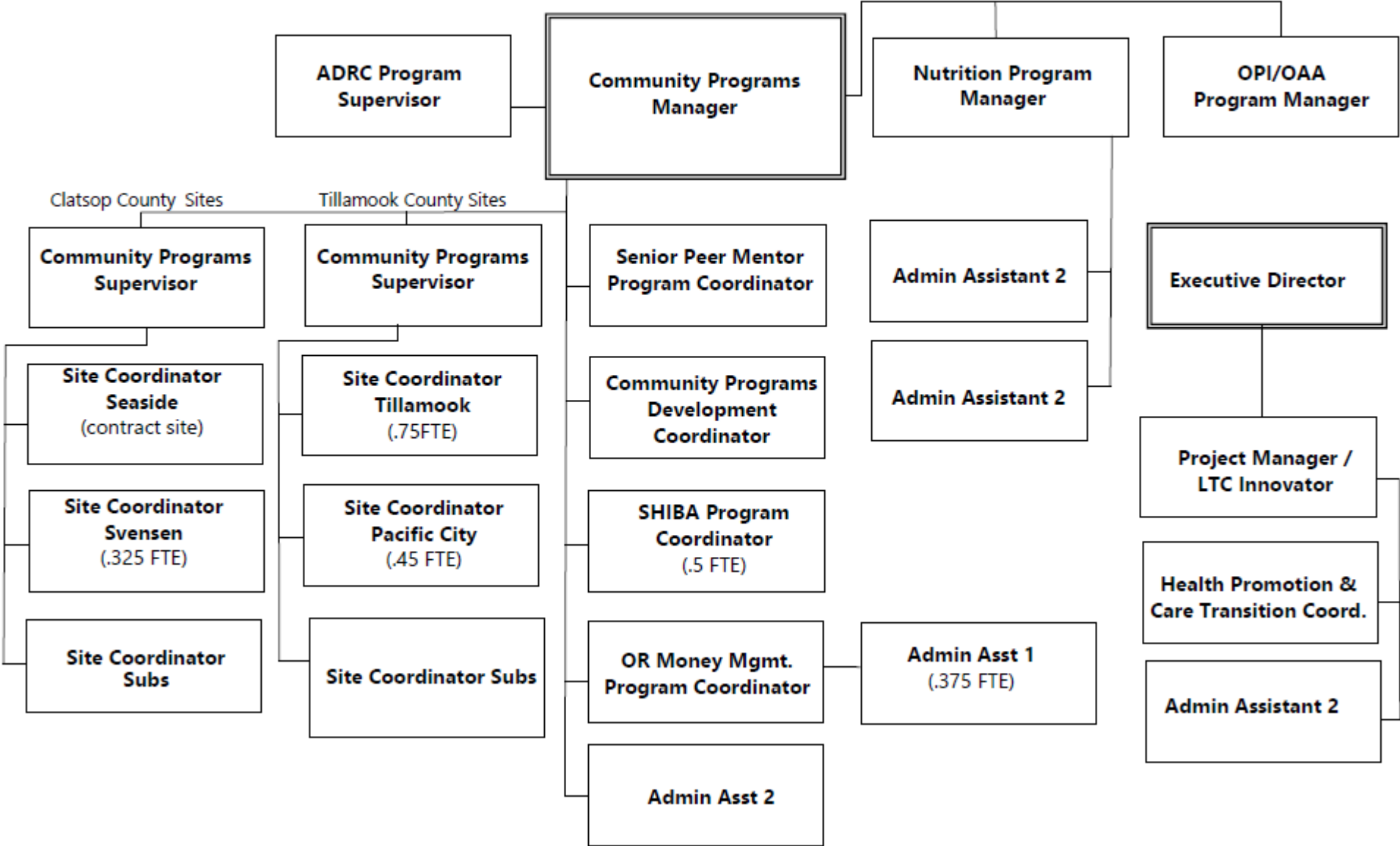
NWSDS Service Programs



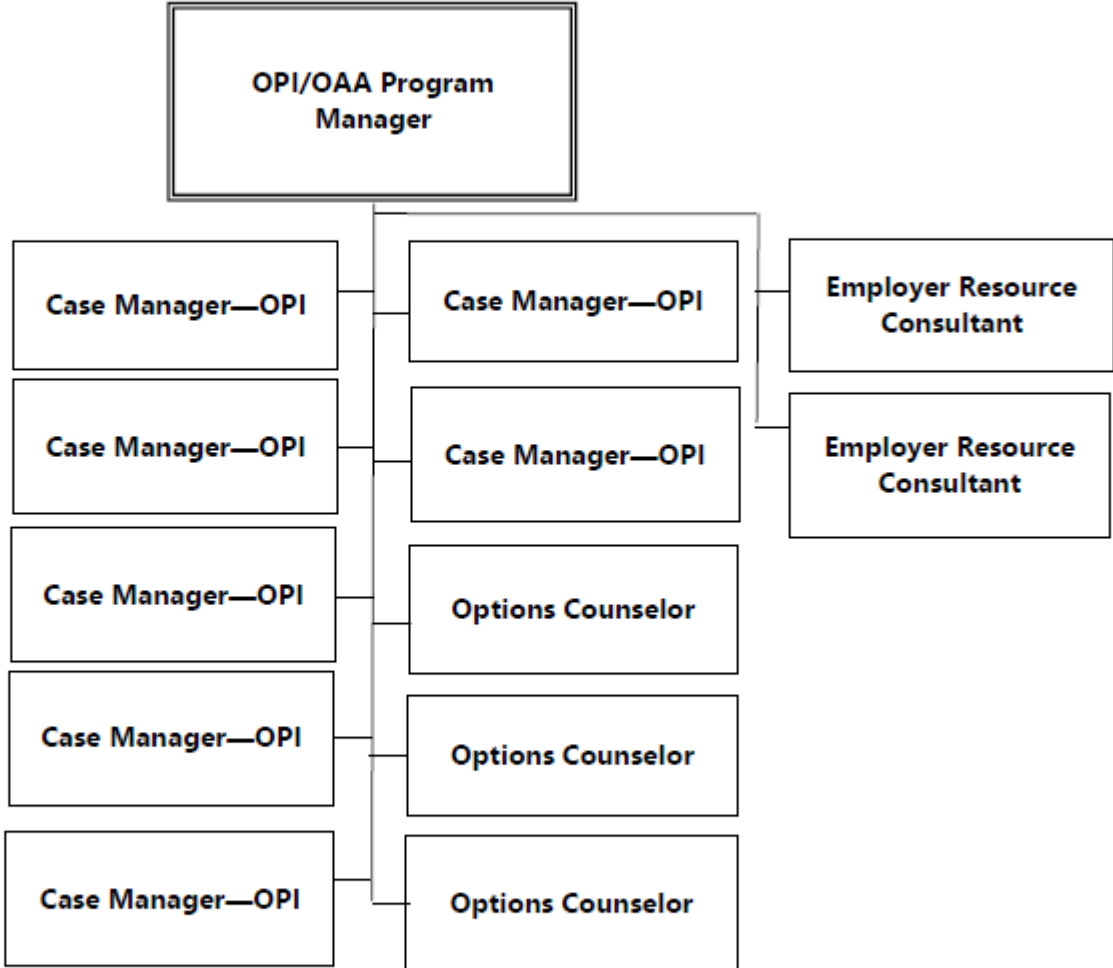
Administration Unit



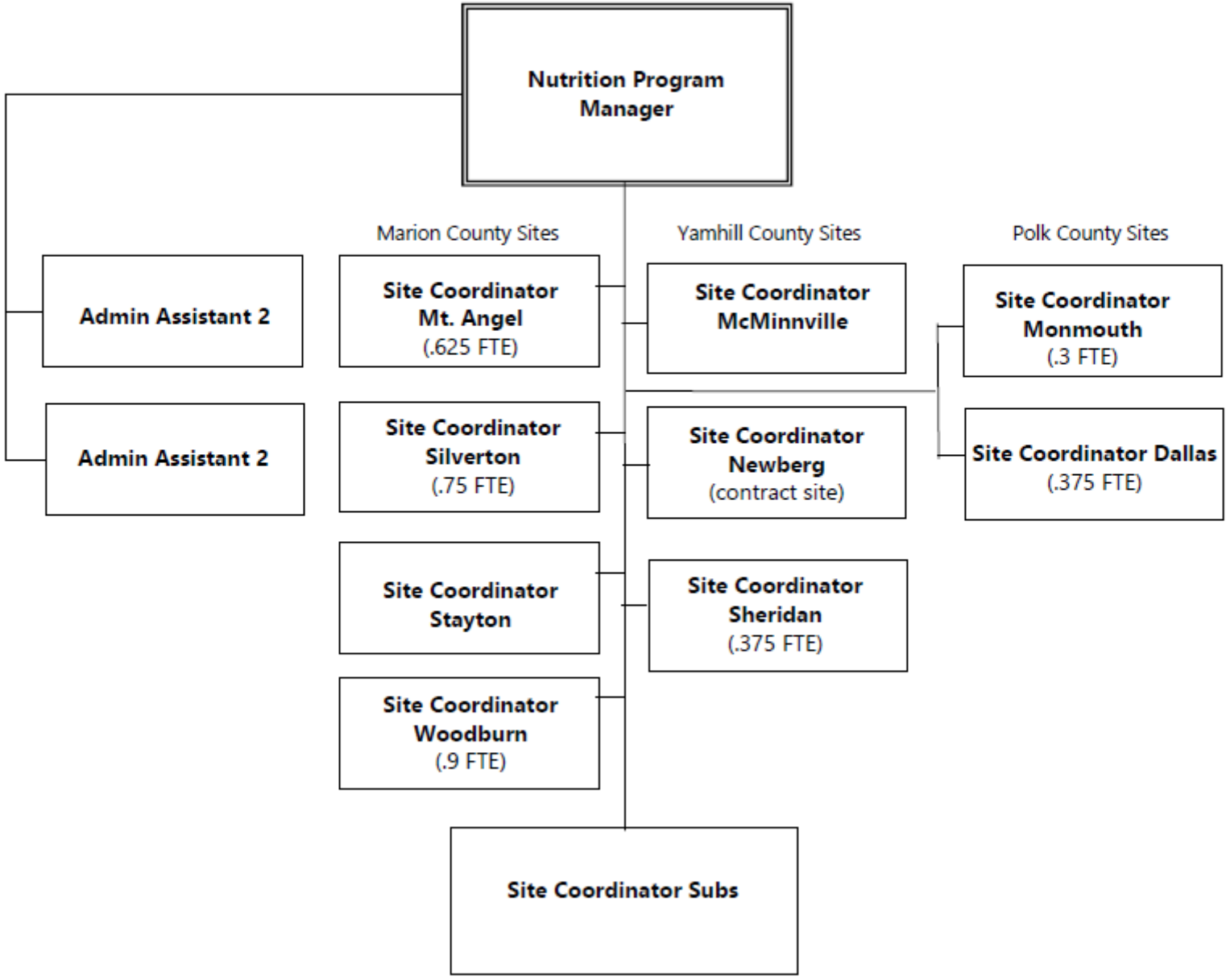
Community Programs Unit



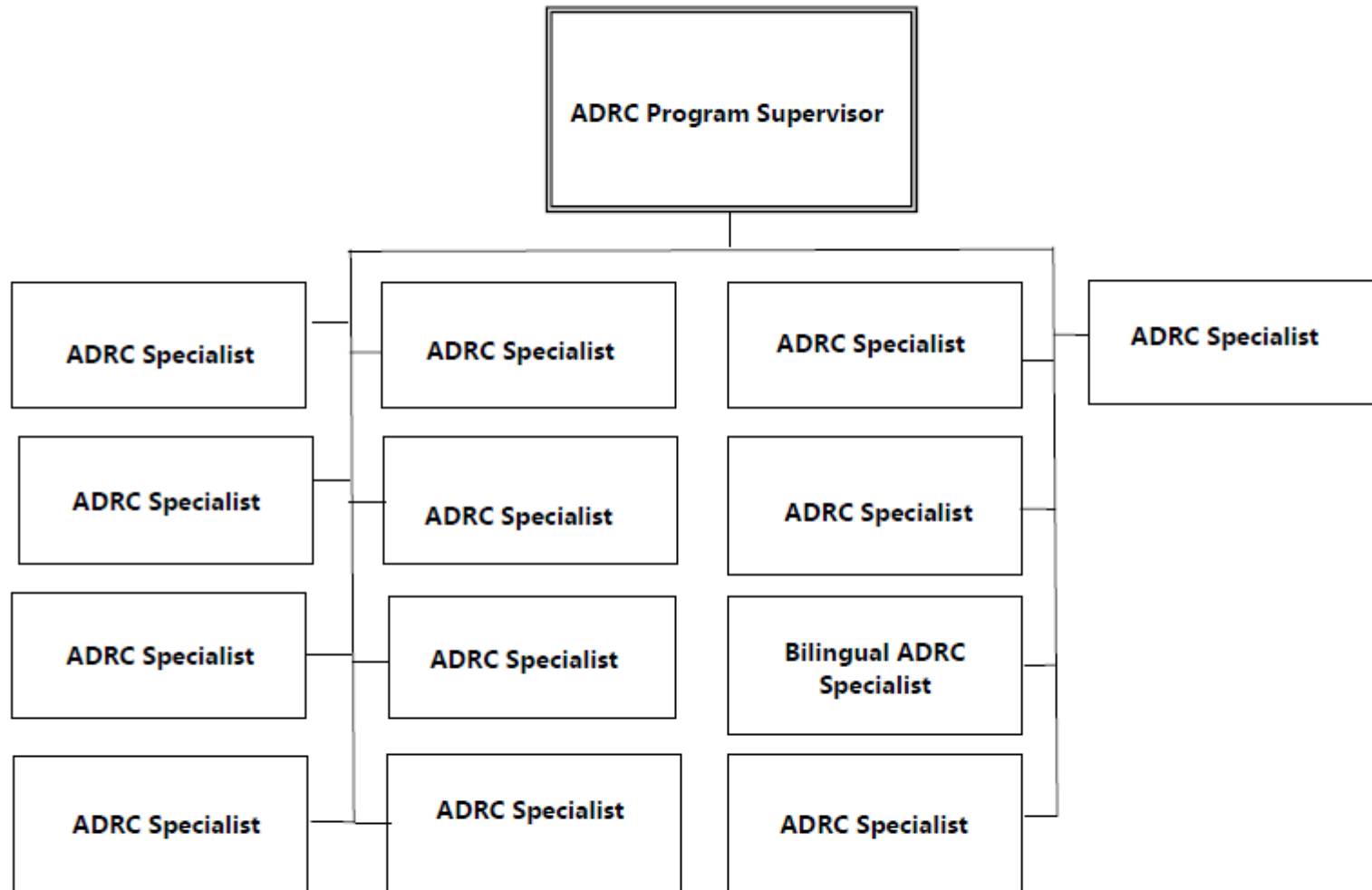
Oregon Project Independence/Older Americans Act



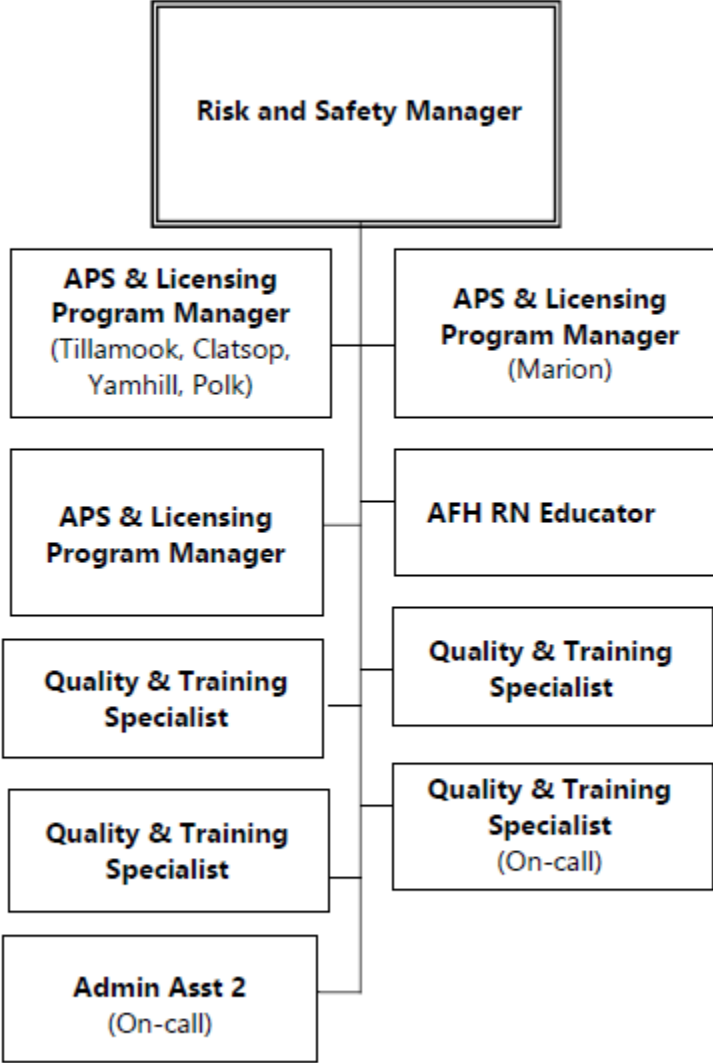
Valley Nutrition Services Unit



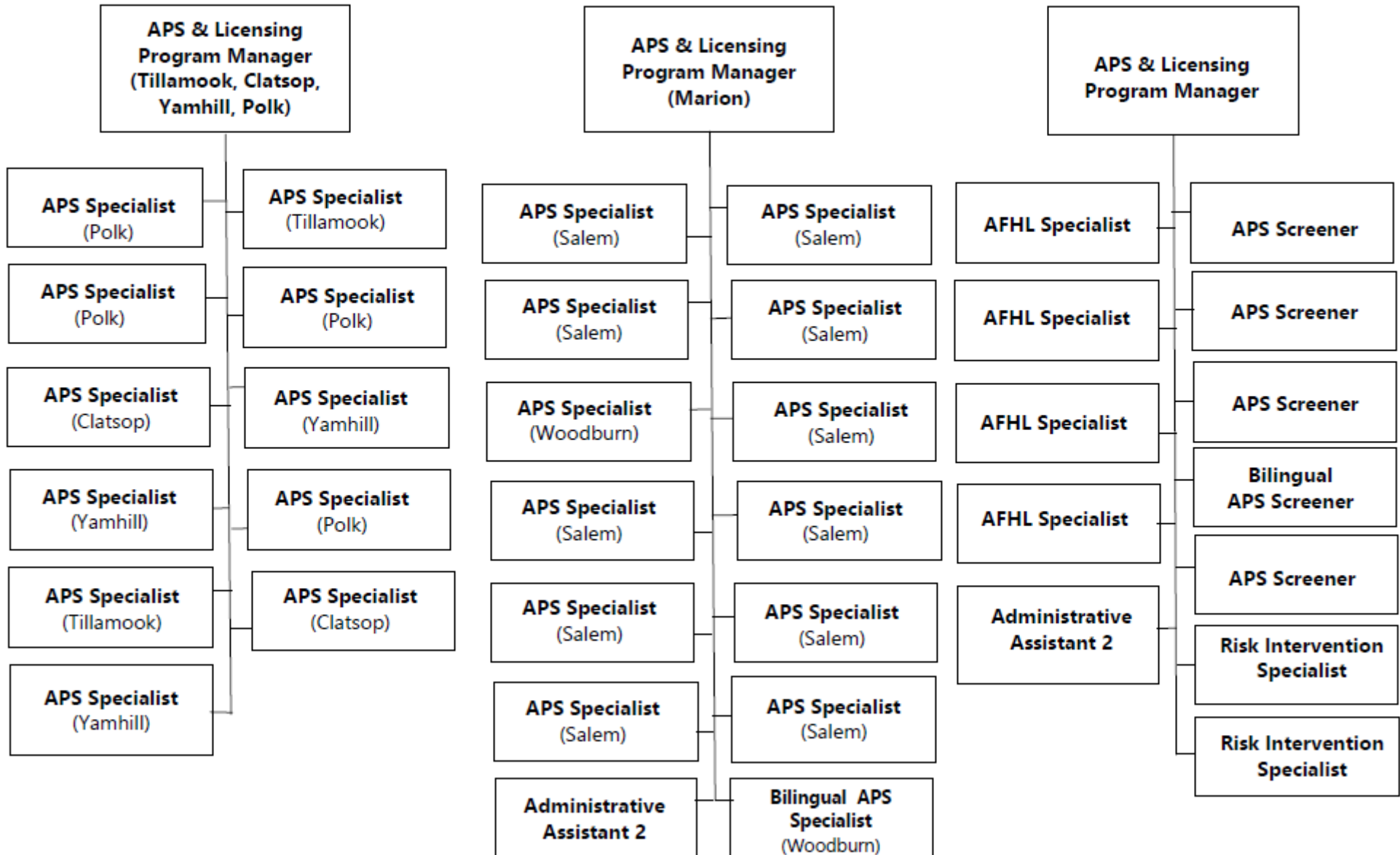
ADRC Unit



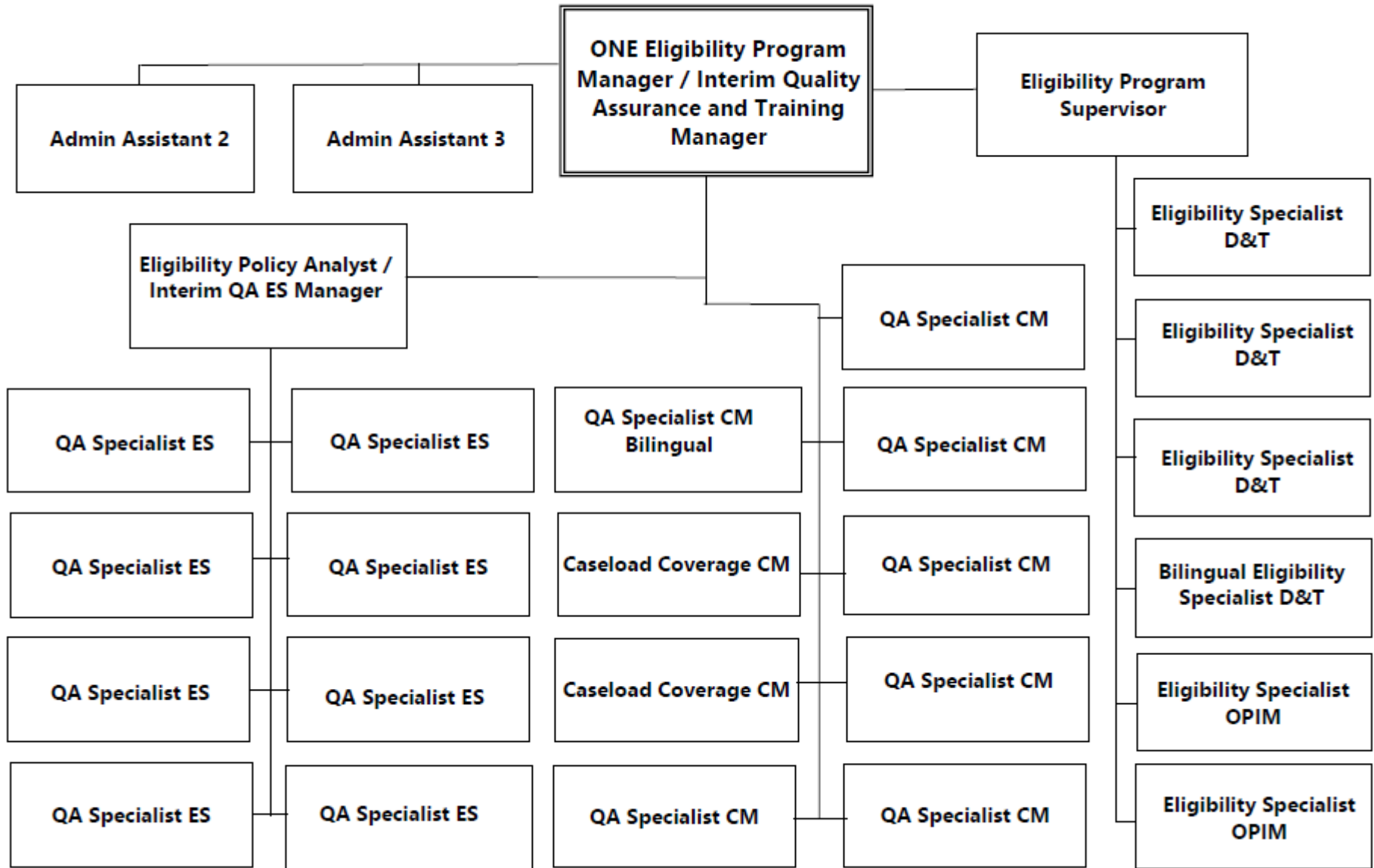
Adult Protective Services and Licensing Unit



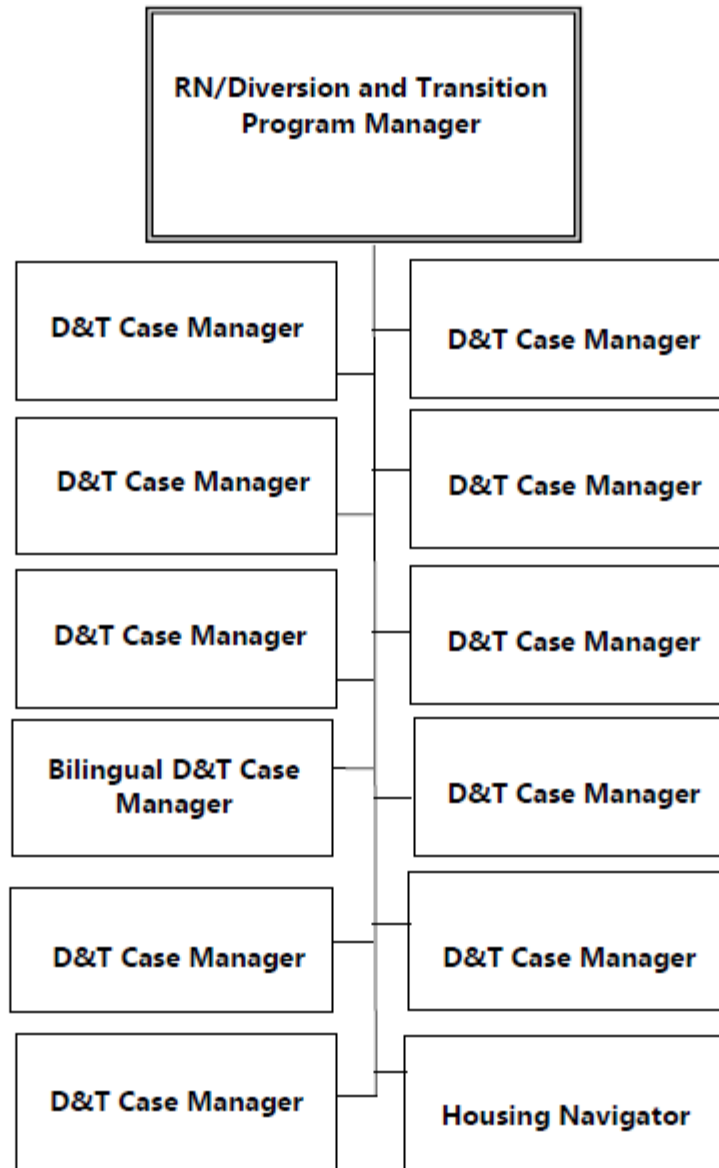
Adult Protective Services and Licensing Unit



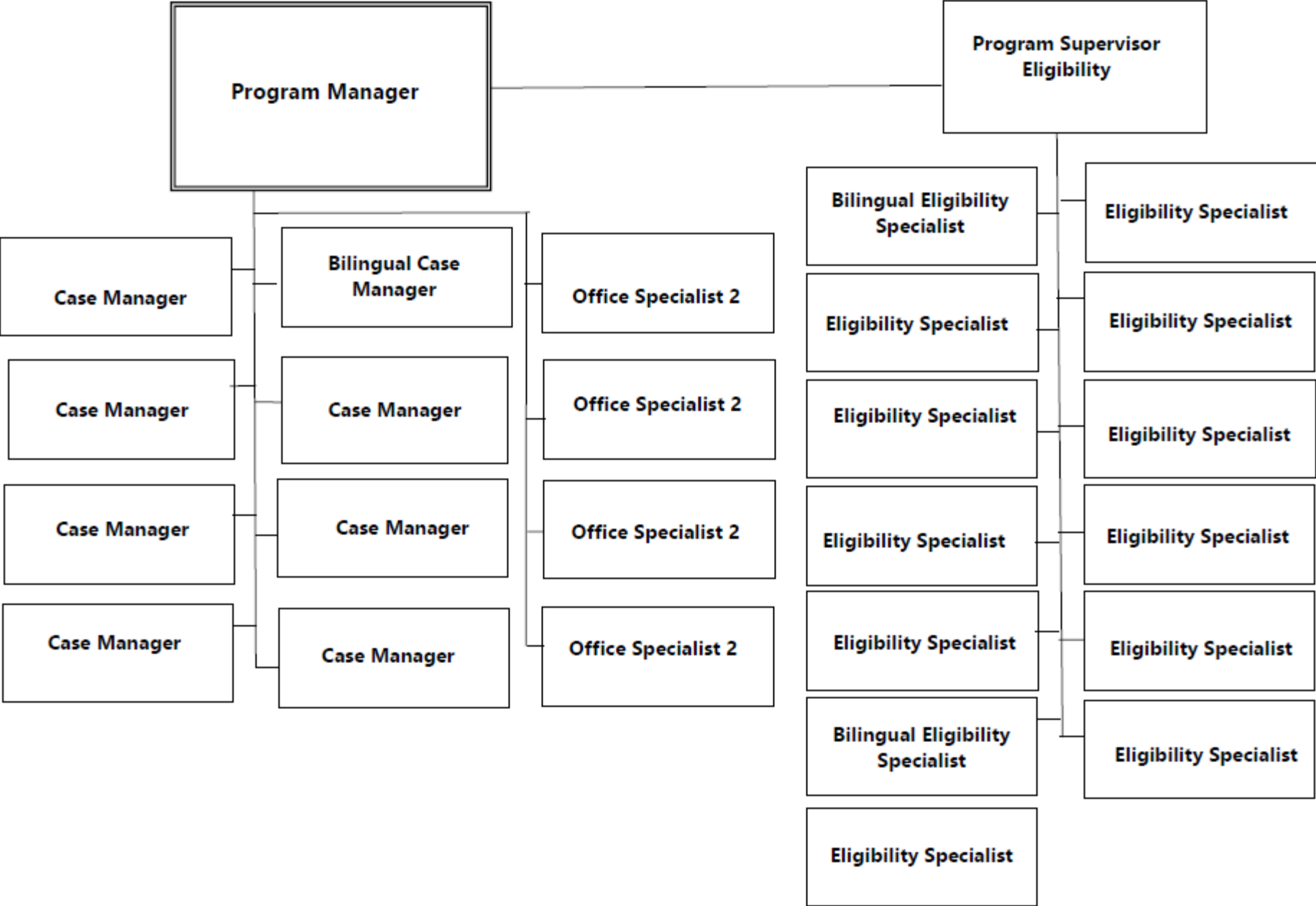
Quality Assurance and Training



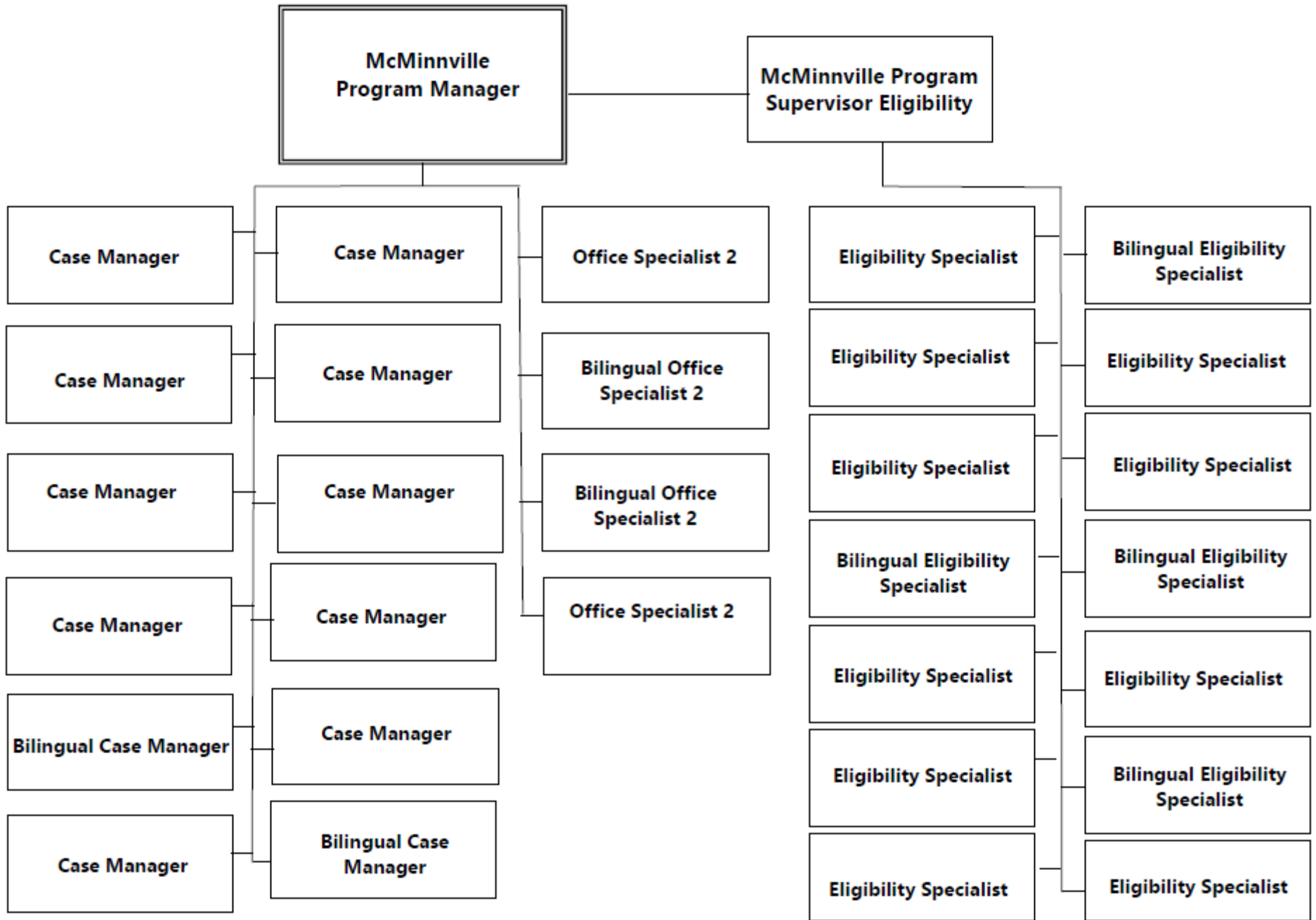
Diversion and Transition Unit



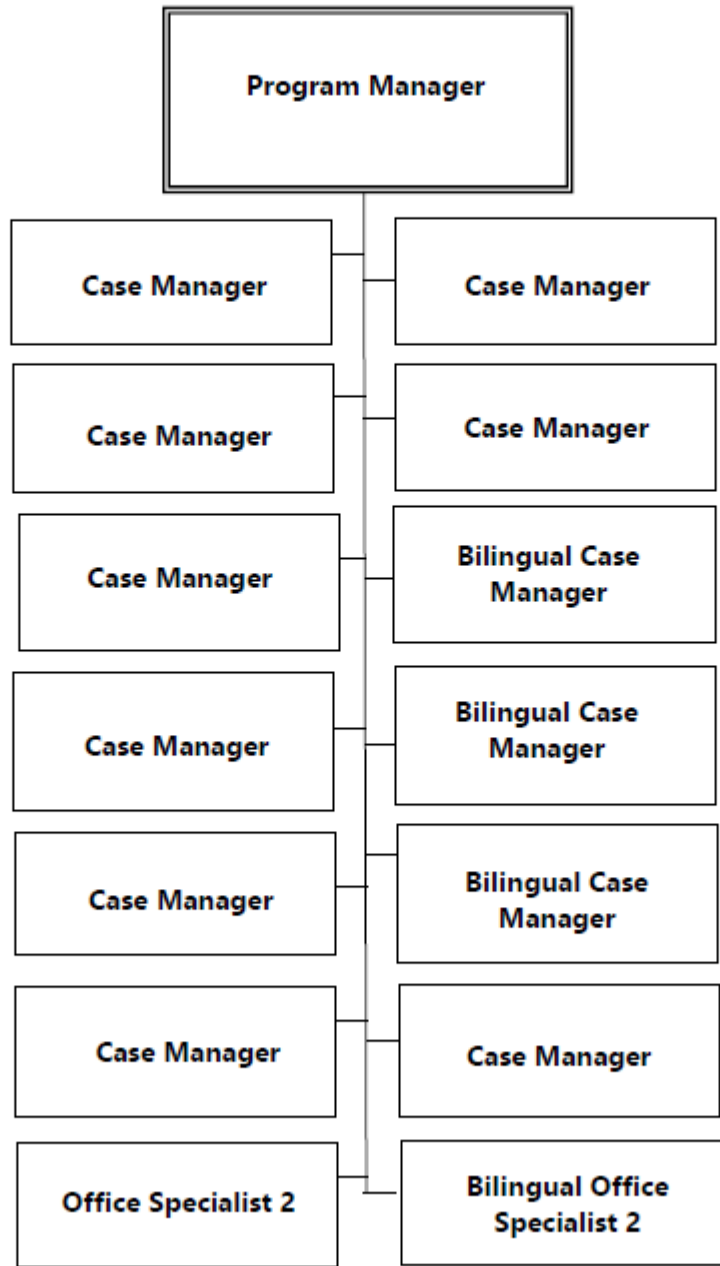
Dallas Unit



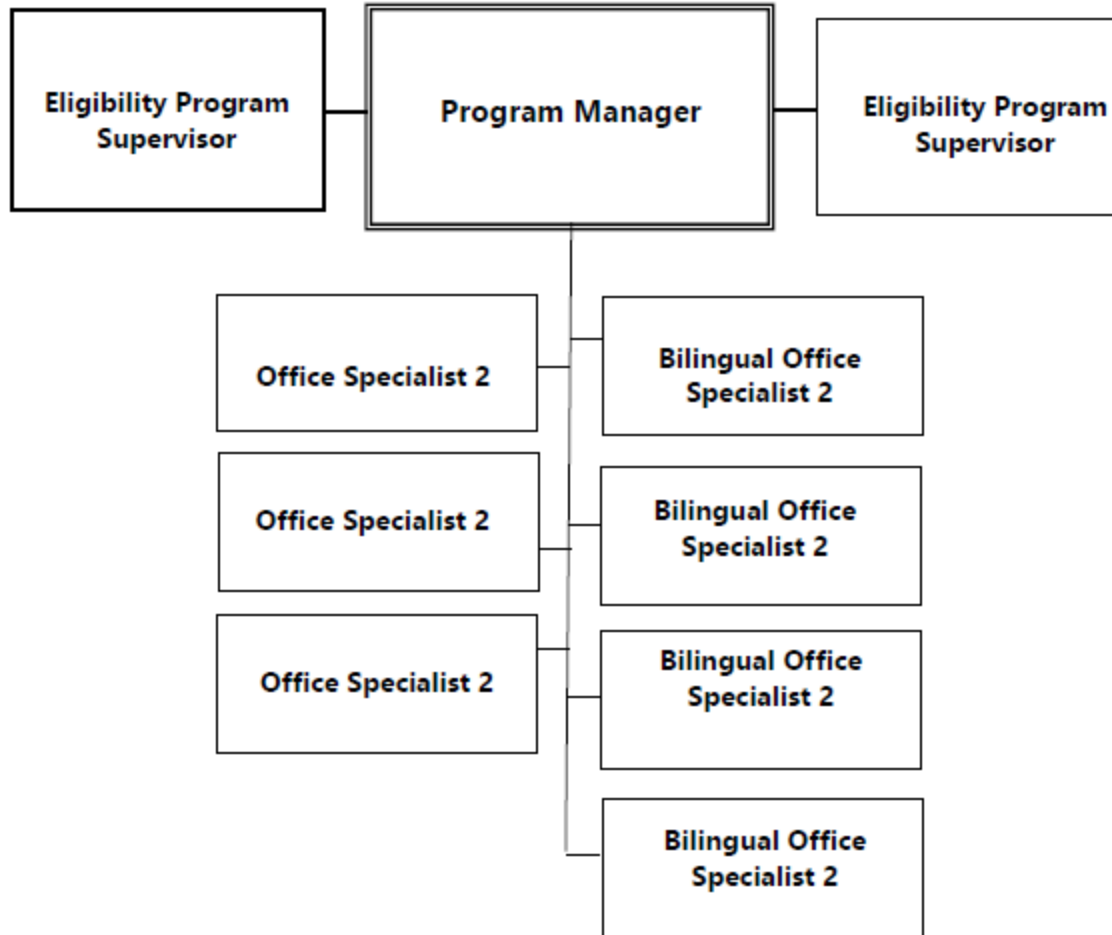
McMinnville Unit



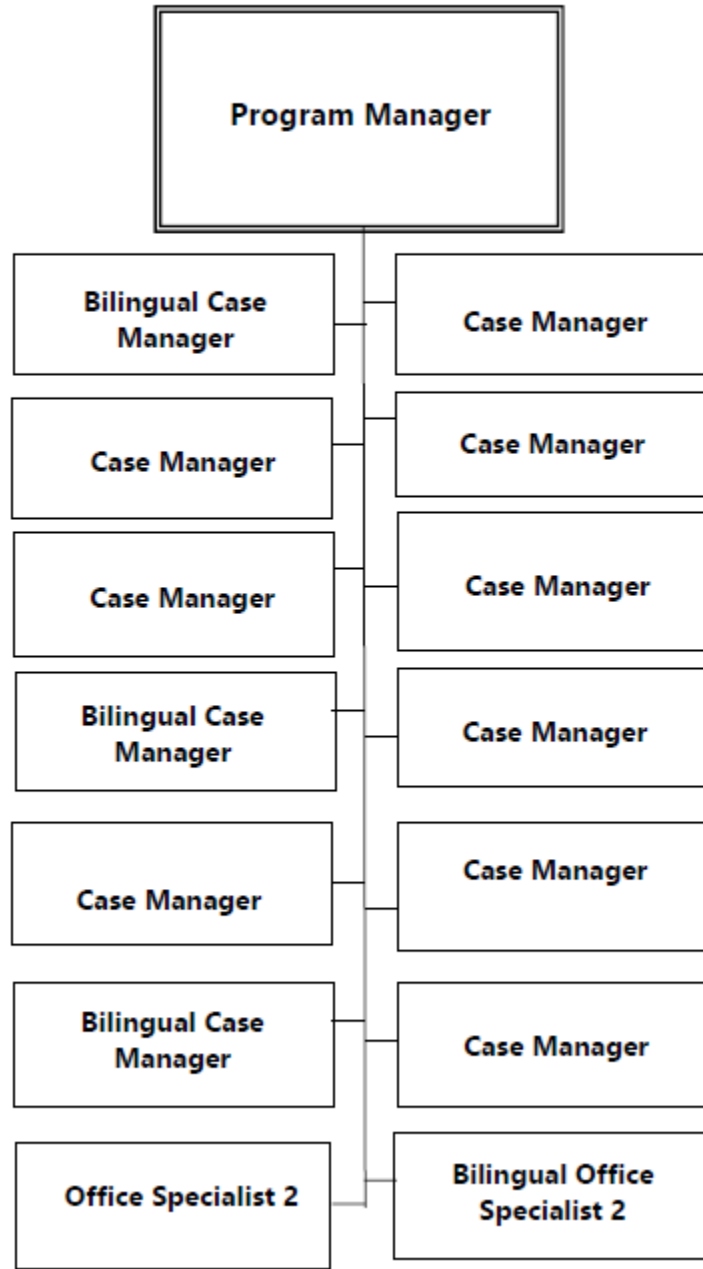
Salem Northside Unit



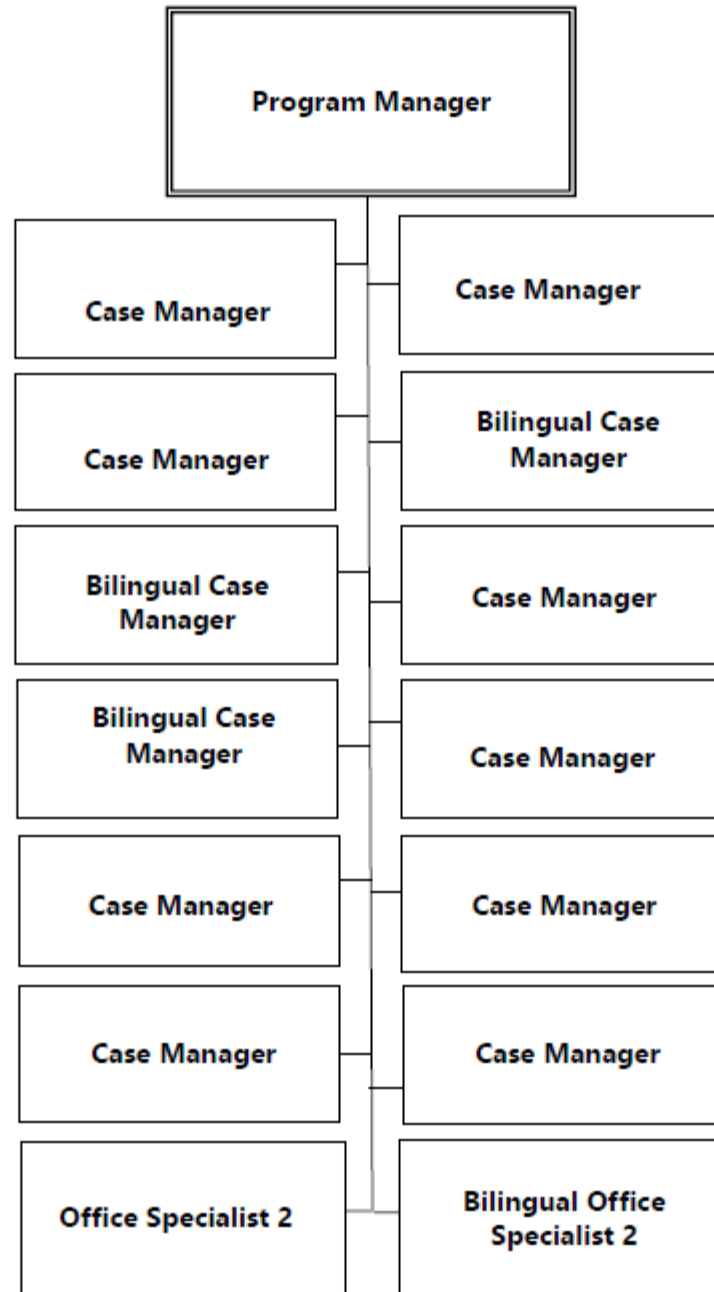
Salem Service Unit



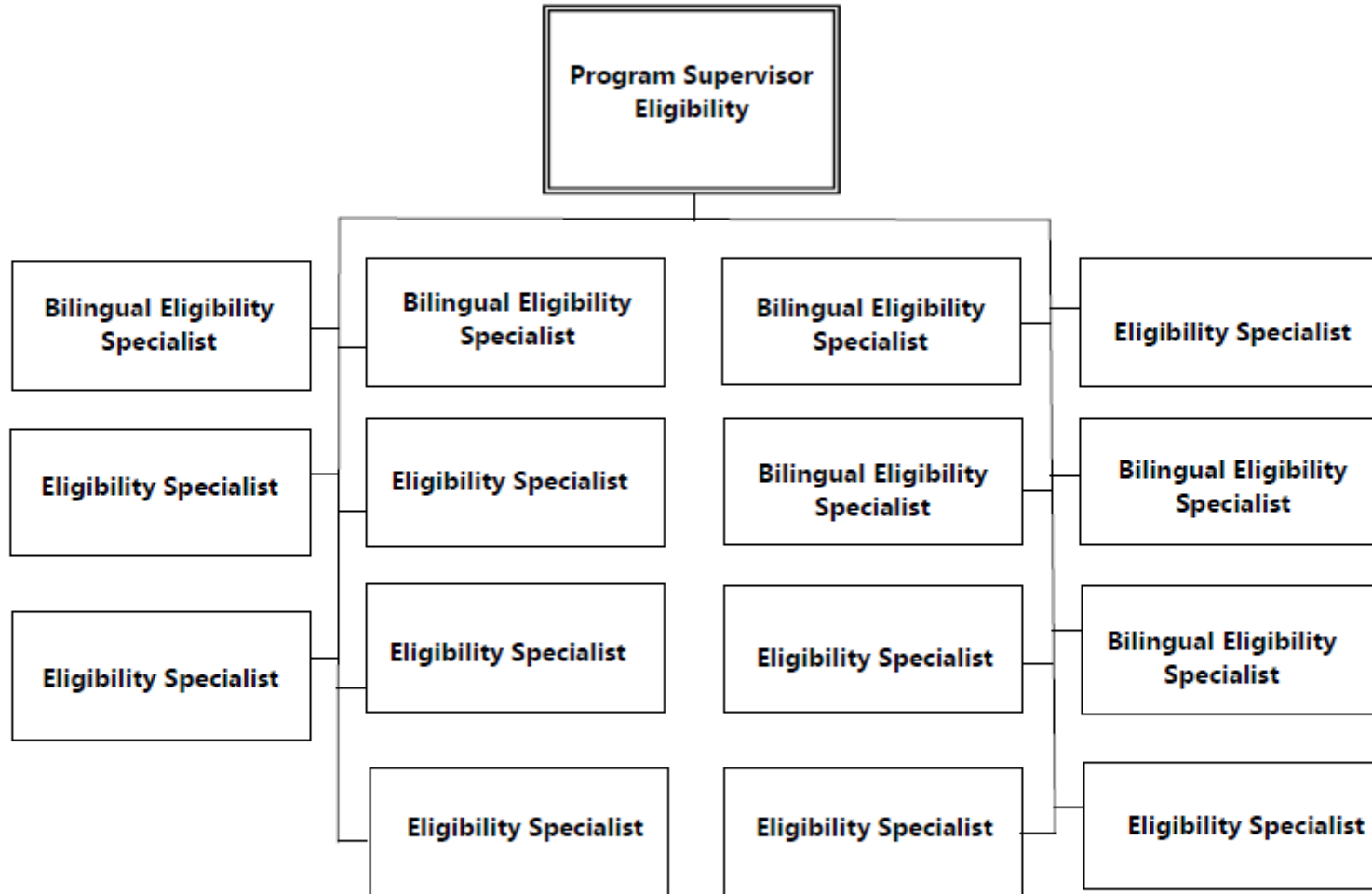
Salem Southside Unit



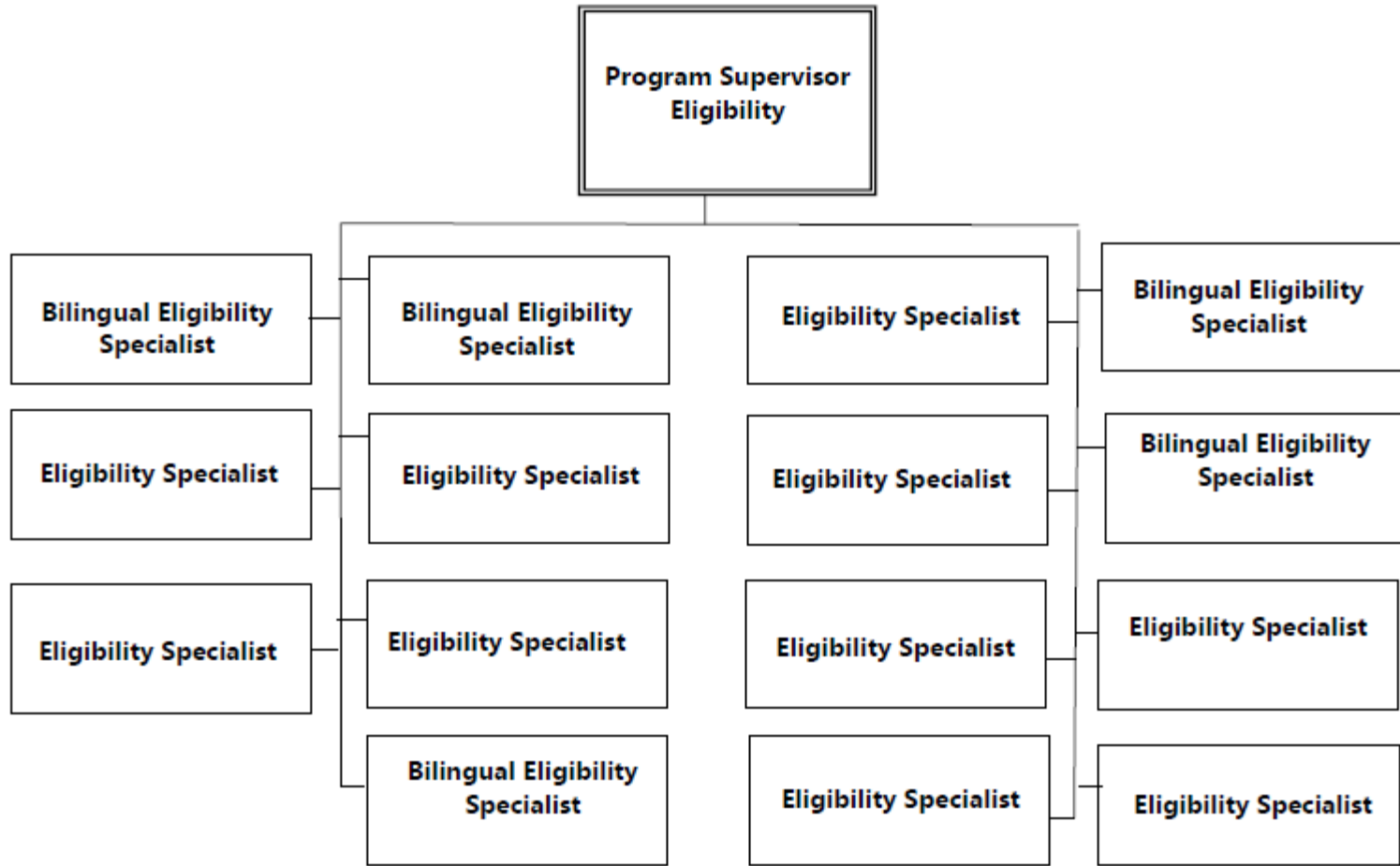
Salem Westside Unit



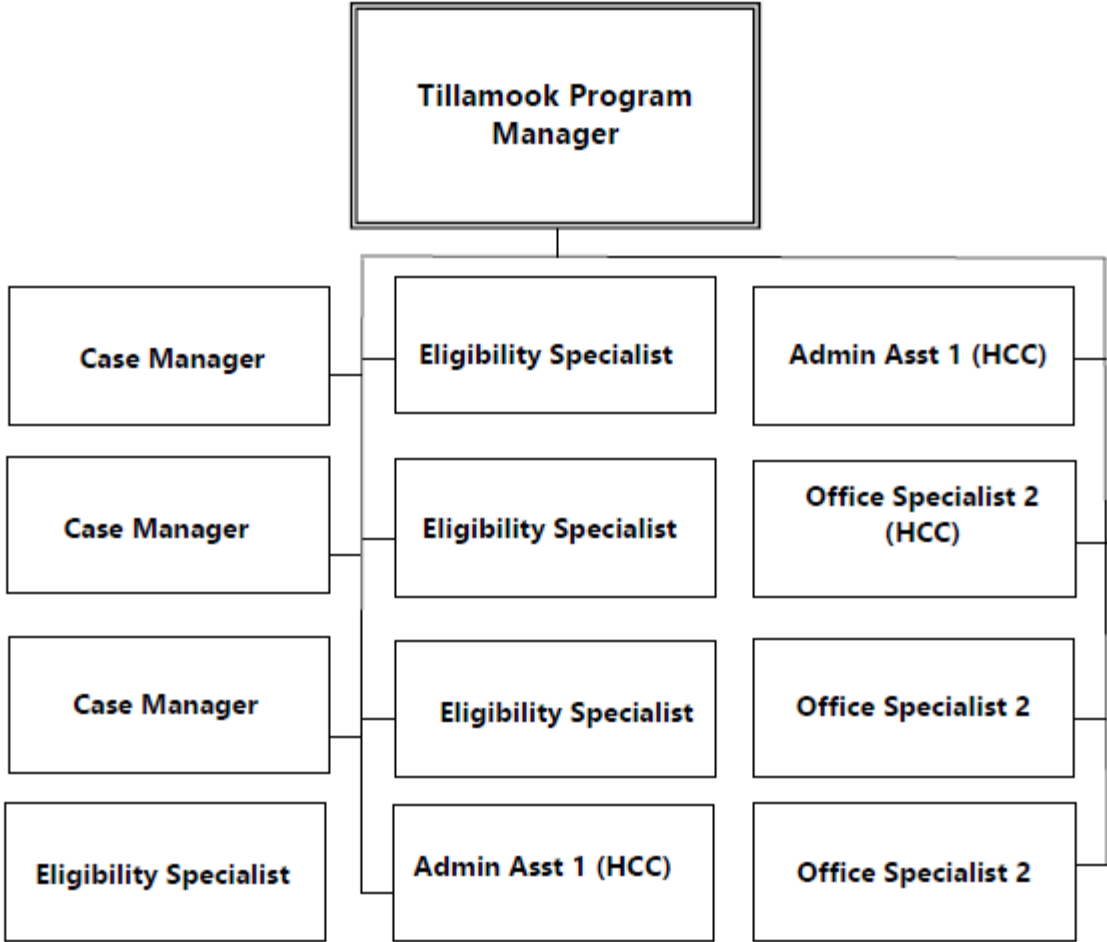
Salem ES Unit 1



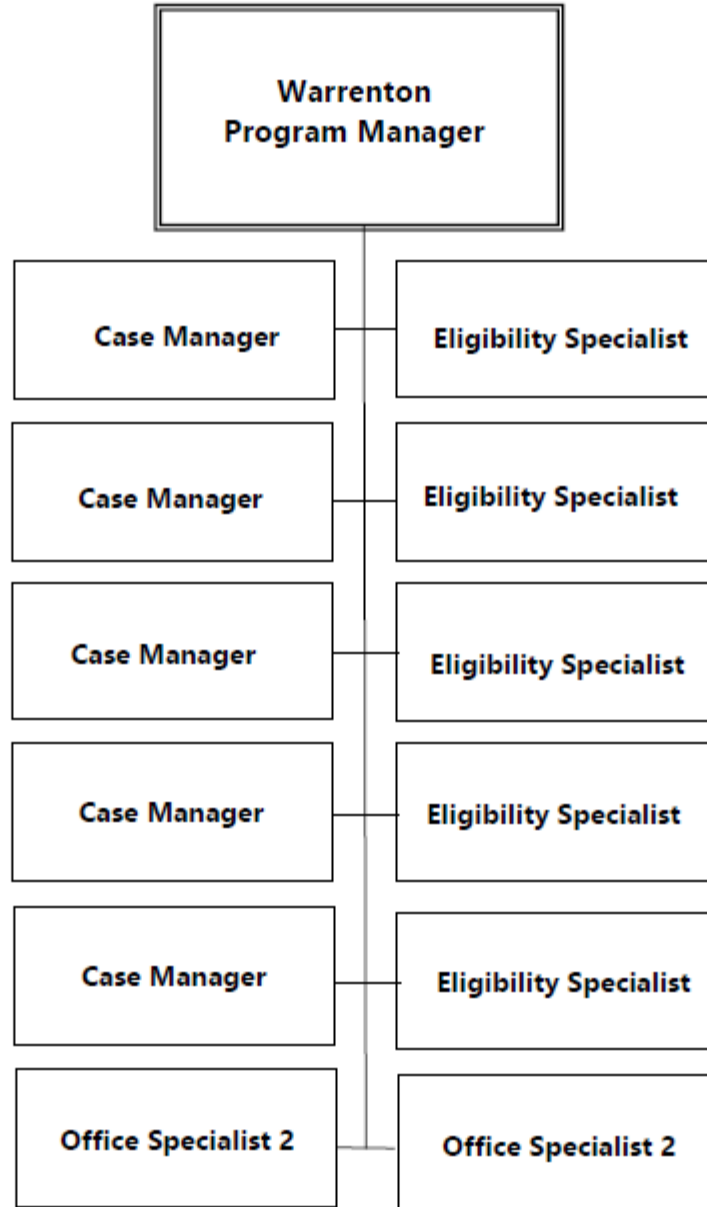
Salem ES Unit 2



Tillamook Unit



Warrenton Unit



APPENDIX B
GOVERNING BODY AND ADVISORY COUNCILS

BOARD OF DIRECTORS



**Commissioner
Courtney Bangs**
Clatsop County

800 Exchange St Ste 410
Astoria OR 97101
cbangs@co.clatsop.or.us
(971) 286-0175

Term End Date: 12/2028



**Commissioner
Craig Pope**
Polk County

850 Main St
Dallas, OR 97338
pope.craig@co.polk.or.us
(503) 623-8173

Term End Date; 12/2026



**Commissioner
Danielle Bethell**
Marion County

PO Box 14500
Salem, OR 97309
dbethell@co.marion.or.us
(503) 588-5212

Term End Date: 12/2028



**Commissioner
Erin Skaar**
Tillamook County

201 Laurel Avenue
Tillamook, OR 97141
eskaar@co.tillamook.or.us
(503) 842-340

Term End Date: 12/2028



**Commissioner
Mary Starett**
Yamhill County

535 E 5th St
McMinnville, OR 97128
starrettm@co.yamhill.or.us
(503) 434-7501

Term End Date: 12/2026

NWSDS SENIOR ADVISORY COUNCIL (SAC)

Council Member	Term Expiration	Start Month/Year
Tita Montero	June 30, 2025	October 2021
Angela Plowhead	June 30, 2026	July 2016
Heather Wechter*	June 30, 2026	December 2016
Amador Aguilar	June 30, 2026	May 2018
Shirl Staats*	June 30, 2026	December 2005
Betty Sledge	June 30, 2025	December 2017
Lacey Plasker	June 30, 2025	June 2021
Carol Hankins (VC)	June 30, 2025	September 2009
Helen Anderson	June 30, 2025	June 2023

***Also on the DSAC**

County	# of Seats	Vacancy #
Clatsop County	2	1
Marion County	9	6
Polk County	3	1
Tillamook County	2	2
Yamhill County	3	0

NWSDS DISABILITY SERVICES ADVISORY COUNCIL (DSAC)

Council Member	Term Expiration	Start Month/Year
Donna Davis	June 30, 2025	June 2015
Kathy Eckert-Mason	June 30, 2026	June 2008
Judi Richards	June 30, 2025	December 2005
Heather Wechter*	June 30, 2026	December 2016
Steven Manesis (VC)	June 30, 2026	December 2014
Monica Adams	June 30, 2025	January 2021
Shirl Staats*	June 30, 2026	December 2005
Kellie Thoelecke	June 30, 2026	February 2024

***Also on the SAC**

County	# of Seats	Vacancy #
Clatsop County	2	0
Marion County	2	2
Polk County	2	0
Tillamook County	2	2
Yamhill County	2	2
At Large	5	1

APPENDIX C: PUBLIC PROCESS

The public process involved extensive community engagement and transparency to develop the Area Plan. This included steering committee meetings with Advisory Council members and executive staff. Additional efforts involved focus groups with diverse stakeholders, and surveys targeting caregivers, volunteers, and community partners. Public hearings were held, with notices disseminated through various channels to encourage participation. Feedback collected through surveys, interviews, and focus group discussions was analyzed to identify community needs and refine program goals. The draft Area Plan was made available for public review, ensuring that the final document reflected the input and priorities of the communities served.

Area Plan Steering Committee Meetings

Committee Members:

- 6 NWSDS Advisory Council members
- 1 NWSDS Executive Management staff

Meeting Dates:

- May 28, 2024
- July 29, 2024
- September 30, 2024
- December 16, 2024
- February 24, 2025

Information and Assistance/ADRC

Focus Group Members:

- 2 Advisory Council Members
- 1 NWSDS Program Manager
- 2 NWSDS ADRC Specialists
- 2 Community Partner

Meeting Dates:

- June 17, 2024
- July 15, 2024
- September 16, 2024

Group Recommendations

- Target Underserved Populations: Develop strategies to better serve Hispanic and Native American populations, which have been identified as significantly underserved.
- Expand Outreach Locations: Utilize independent care facilities, radio stations, Monmouth Resource Center, and Center 50+ as hubs for sharing information about services.
- Leverage Volunteers and Community Partners: Provide agency materials to volunteers, home health agencies, and community partners to increase service awareness.
- Computer Classes: Offer training for older adults to improve digital literacy and accessibility, addressing survey feedback regarding technology challenges.
- Virtual Access Support: Enhance resources to support seniors with limited access to technology, such as providing step-by-step guides for virtual services.
- Expand Rural Services: Collaborate with transportation providers to address accessibility challenges in rural areas, particularly outside West Salem.
- Explore Partnerships: Work with local organizations and government programs to subsidize transportation for seniors and disabled individuals in remote locations.
- Granular Data Analysis: Continue gathering data by zip code and demographic groups to better understand service gaps and develop targeted outreach.
- Unmet Needs Analysis: Investigate why certain needs remain unmet, particularly for underserved populations, and adjust strategies accordingly.
- Survey Insights: Use community survey results to inform outreach and program development, ensuring they address identified gaps and barriers.

Nutrition Services

Focus Group Members:

- 1 NWSDS Advisory Council Member
- 2 NWSDS Program Manager
- 1 Nutrition Admin
- 2 Program Supervisors
- 1 Nutrition Site Coordinator

Meeting Dates:

- June 26, 2024
- October 23, 2024

Group Recommendations

- Ensure demographic data of nutrition recipients is available and regularly reviewed to better understand service reach and inclusivity.
- Include personalized questions in participant surveys to gain insights on socialization and isolation challenges.
- Collect detailed data on dietary preferences and cultural food needs to enhance menu planning.
- Develop partnerships with hospitals and NGOs to support post-discharge meal delivery services for seniors and other consumers.
- Explore pilot programs to test the feasibility and effectiveness of home meal services after hospital discharge.
- Investigate and implement solutions to ensure food remains hot during transport to maintain meal quality.
- Consider partnerships with transportation services for reliable and timely delivery.
- Promote participation in congregate meals
- Increase creativity in promoting congregate meals through engaging activities and events at senior or community centers.
- Leverage feedback from meal site coordinators to identify successful strategies for increasing attendance.
- Utilize the shared feedback form to regularly collect input from nutrition recipients.
- Review feedback to identify and address areas for improvement in service delivery.
- Prepare and review demographic data at the next meeting to inform targeted strategies.
- Develop a structured follow-up process to ensure action items from meetings are addressed promptly.

Health Promotion and Behavioral Health

Focus Group Members:

- 1 NWSDS Advisory Council Member
- 1 NWSDS Program Manager
- 2 Program Coordinators
- 3 Community Partners
- 1 NWSDS Contractor

Meeting Dates:

- June 18, 2024
- August 13, 2024
- September 10, 2024

Group Recommendations

- Develop a curriculum tailored for Medicaid recipients participating in the DPP.
- Utilize the Oregon Wellness Network for broader engagement and ease of access.
- Address the gap in insurance coverage for extended participation in DPP by leveraging grants or alternative funding.
- Partner with culturally specific organizations, such as Kaamulan Tribe, for better outreach and participation among Native American communities.
- Reintroduce programs like Otago at community hubs to improve local engagement.
- Provide incentives and support to increase the number of licensed mental health providers.
- Focus on reducing loneliness by incorporating it as a key aspect of mental health initiatives.
- Promote the use of mental health tools and evidence-based workbooks to bridge the gap between clients and providers.
- Develop partnerships with organizations like Kaiser Permanente and Opal to expand access to mental health services.
- Include targeted outreach to marginalized groups, such as LGBTQ+ communities, for loneliness and mental health support.
- Leverage resources from tribal organizations like Kaamulan Tribe and the Grand Ronde Council for culturally specific services.
- Enhance collaboration with local tribal leaders to improve services for Native Americans.

Family Caregiver

Focus Group Members:

- 1 NWSDS Advisory Council Member
- 1 Program Manager
- 2 Options Counselors

Meeting Dates:

- June 24, 2024
- August 5, 2024

Group Recommendations

- Expand Communication Channels: Increase outreach through social media, email campaigns, and reminder letters to caregivers for effective engagement.
- Bilingual Services: Prioritize Spanish-speaking caregivers by creating bilingual support groups, providing materials in Spanish, and involving bilingual case managers.
- Outreach Partnerships: Collaborate with community partners such as churches, hospitals, and local organizations to increase program visibility.
- Technology Support: Provide computer access and technical assistance to family caregivers, enabling participation in online classes and resources.
- One-Pager Information: Develop a concise, visually appealing one-pager summarizing services for distribution at community events and partner locations.
- Counseling Services: Address the need for mental health counselors and explore reimbursement options for online counseling to support caregivers.
- Incorporate Tools and Training: Utilize resources like the "Powerful Tools for Caregivers" program and partner with organizations like Oregon Care Partners for training sessions.
- Additional Staff or Assistants: Explore the possibility of hiring or contracting assistants to follow up with referrals and provide ongoing support.
- RAPP Outreach: Strengthen outreach efforts for Relatives as Parents Program (RAPP), including targeted materials and support groups such as "Parenting a Second Time Around."

Elder Rights & Legal Services Protection Activities

Focus Group Members:

- 1 NWSDS Advisory Council Member
- 1 Program Manager
- 2 Program Coordinator
- 3 Community Partners

Meeting Dates:

- June 20, 2024
- July 25, 2024
- August 15, 2024
- September 19, 2024
- October 24, 2024

Group Recommendations

- Target Specific Populations: Focus on rural residents, individuals 65+, and non-Native speakers who are statistically more vulnerable to abuse and scams.
- Community Locations: Conduct outreach in meal sites, senior centers, libraries, and facilities with significant Hispanic populations.
- Enhanced Materials: Distribute brochures, tray liners with scam prevention tips, and resource packets at meal sites and through home-delivered meals (HDM).
- Scam Prevention: Partner with local law enforcement, AARP Fraud Fighters, and organizations like the Alzheimer's Association to raise awareness about scams.
- Workshops and Mini-Fairs: Host events with concise presentations and distribute materials, focusing on financial literacy and fraud prevention.
- Leverage Technology: Use digital platforms to share videos, presentations, and educational content in facility lobbies and community centers.
- Legal Assistance for Scam Victims: Explore partnerships with law schools or legal aid organizations to support individuals who have been scammed.
- Crisis Helplines: Promote existing resources like the Alzheimer's Association helpline and explore the development of a helpline for caregivers.
- Volunteers and Staff: Recruit volunteers to assist with outreach and help individuals learn about fraud prevention.
- Materials for Non-Native Speakers: Tailor scam prevention resources to the needs of non-Native

Older Native Americans

Focus Group Members:

- 1 Advisory Council Member
- 1 NWSDS Program Manager
- 2 Options Counselors

Meeting Dates:

- June 17, 2024
- September 17, 2024
- October 4, 2024

Group Recommendations

- Increase Outreach: Enhance communication and visibility of available programs to older Native Americans who may not be aware of resources like Medicare counseling, health and wellness classes, or support groups.
- Local Resource Centers: Establish more accessible community resource centers in rural areas, such as Grand Ronde, with trained staff to guide elders on services and programs.
- Diabetes and Fall Prevention Programs: Expand culturally tailored classes like "Tai Chi for Diabetes" and "Walk with Ease" at elder centers to promote physical health.
- Behavioral Health Services: Introduce more culturally appropriate behavioral health providers and counseling services for anxiety, depression, and dementia.
- In-Home Care Coordination: Increase training for in-home care providers and create a dementia care coordinator role to better support elders with cognitive health issues.
- Elder Housing Support: Develop a housing navigator role to assist homeless elders in accessing long-term care (LTC) facilities or elder foster care.
- Expand Housing Options: Advocate for additional tribal elder housing to reduce the current five-year waitlist and prioritize elders with limited income.
- Cultural Programming: Increase opportunities for cultural engagement through elders' clubs, cultural classes, and social health activities.

SURVEY RESULTS SUMMARY

Survey Title: Monitoring Committee ADRC Specialist Secret Shopper Results

Survey Date: January-March 2022

Total Scenarios Assigned: 60

Surveys Returned: 15 (25% response rate)

Complete Surveys: 12 (20% of total scenarios assigned)

Summary of Key Findings

1. Overall Insights:

Customer Service Metrics:

- 100% of respondents noted that the secret shopper's concerns/requests were clearly acknowledged.
- 92% indicated that specialists asked how they could help and closed the call in a friendly manner.
- 83% stated that the specialist provided all pertinent referral information.

Call Outcomes:

- 17% of calls were answered on the first attempt.
- 31% of scenarios never reached an ADRC Specialist despite multiple attempts.

Key Service Practices:

- 67% of calls included paraphrasing requests for clarification.
- 75% of calls included geographic-specific information requests.
- Loneliness screenings were completed in only 43% of eligible calls.

Challenges Identified:

- Low participation due to volunteer discomfort with role playing scenarios.
- Frustration with phone tree difficulties and multiple call attempts to reach a specialist.
- Scenarios were sometimes too vague or lacked demographic data

2. Top Priorities Identified:

Improving Accessibility:

- Address difficulties in reaching ADRC Specialists by refining the phone tree system and improving first-call success rates.

Enhancing Volunteer Engagement:

- Reduce workload for volunteers by recruiting more participants.
- Provide clearer and more personalized scenarios to increase comfort and effectiveness.

Increasing Screening Completion Rates:

- Focus on completing loneliness screenings in all eligible calls to better address consumer needs.

Developing Evaluation Practices:

- Explore practices used by other ADRCs to improve consumer experience monitoring.

Improving Communication Transparency:

- Disclose the secret shopper project to ADRC staff to foster transparency and reduce perceptions of deception.
- Conduct regular check-ins with volunteers to ensure engagement and address challenges.

Survey Title: Family Caregiver Support Program Consumer Survey

Survey Date: October 2023

Number of Respondents: 60 caregivers participated in the survey, representing a response rate of 44% from 137 individuals contacted

Summary of Key Findings

1. Overall Insights:

High Satisfaction:

- 76% of respondents rated their experience with the Family Caregiver Support Program (FCSP) as "Very Satisfied" or "Extremely Satisfied."
- Caregivers expressed gratitude for the program, citing its instrumental role in providing resources and support.

Highly Valued Services:

- Respite Services emerged as the most utilized and appreciated service, with 33% identifying it as the most helpful.
- Information and referrals, support groups, and supplemental services like home-delivered meals were also widely used.

Communication Challenges:

- A few respondents highlighted difficulties in accessing services, including delayed responses and unclear communication about available resources.

Training Preferences:

- Respondents preferred in-person (40%) and virtual self-paced (40%) training formats over live virtual sessions (20%).

2. Top Priorities Identified:

Expanding Respite Services:

- Suggestions to increase availability and funding for respite care to meet the rising cost of caregiving and provide broader support.

Improving Communication:

- Recommendations to audit and enhance communication, particularly at the initial stages of caregiver engagement.
- Develop an automated acknowledgment system to confirm receipt of inquiries and set response time expectations.

Addressing Service Gaps:

- Expand outreach efforts to underserved counties like Yamhill and Clatsop.
- Increase visibility of FCSP on the Aging and Disability Resource Center (ADRC) website.

Enhancing Training Topics:

- Caregivers expressed interest in additional training on topics like mental health/behavioral health, caregiver fatigue, loneliness, and dementia.
- Promoting Accessibility:
- Improve access to information about services through more outreach, better collaboration with healthcare providers, and culturally appropriate materials.

Survey Title: TRIO Survey Results for Nutrition

Survey Date: Fall 2023

Total Surveys Completed: 1,300 across 35 communities.

Focus on NWSDS: 370 respondents provided feedback specifically for the Agency

Summary of Key Findings

1. Overall Insights:

High Satisfaction Levels:

- 92% of respondents were willing to recommend the food program to others.
- The overall customer satisfaction rate (Very Satisfied + Satisfied) for NWSDS was 78%.

Positive Impacts:

- 91% of respondents reported that the meals helped them maintain independence.
- 89% said the meals allowed them to remain in their own homes.

Top Performing Areas:

- Baked Desserts: Scored the highest satisfaction (89% favorable).
- Fresh Fruit Desserts: Rated favorably by 86% of respondents.

Areas for Improvement:

- Vegetables had one of the lowest satisfaction rates (70% favorable).
- Bread & Rolls satisfaction dropped by 12 percentage points compared to previous years.

2.Top Priorities Identified:

Address Lower Scoring Items:

- Focus on improving the quality and taste of vegetables and breads/rolls to elevate satisfaction in these areas.

Enhance Communication and Engagement:

- Share results with community members and gather further insights to address specific concerns.

Target Continuous Improvement:

- Maintain high-performing areas such as baked desserts while identifying innovative approaches to improve underperforming items.

Expand Program Visibility:

- Promote the program's benefits, emphasizing its role in helping participants maintain independence and health.

Survey Title: NWSDS Community Survey

Survey Date: August-September 2024

Number of Respondents: 29 (28 English; 1 Spanish)

Summary of Key Findings

1. Overall Insights:

Demographics and Accessibility:

- A majority of respondents have never received services from NWSDS (64.29%).
- A significant portion lives in rural communities (50%) or identifies as low-income (35.71%).
- Most respondents identify as White (78.57%) and are aged 65 or older (53.57%).
- There is limited representation from other racial or ethnic groups and younger demographics.

Community Services:

- Respondents expressed mixed satisfaction regarding the availability of services in their community. Many rated their community as "Fair" or "Good" for older adults and people with disabilities.
- 10.71% of respondents strongly agree there are enough community services available.
- Understanding of how to request services is low, with 53.57% disagreeing or strongly disagreeing.

Loneliness and Inclusion:

NWSDS 2025-2029 AREA PLAN

- The average loneliness rating was 4.0 on a scale of 1 (low) to 10 (high).
- Inclusivity was rated at 53% on average, indicating room for improvement in creating equal access to opportunities and resources.

Volunteering and Focus Groups:

- Opportunities for volunteering in the community were viewed as "Sometimes" available (32.14%).
- 53.57% of respondents are not interested in focus group participation.

Top Priorities Identified

Information & Assistance (64.29%):

- The most selected priority area, emphasizing the need for accessible community resources.

Nutrition Services (Food Security) (42.86%):

- Highlighting the importance of addressing food security among respondents.

Health Promotion & Behavioral Health (42.86%):

- Reflecting interest in promoting health and addressing mental health and disabilities.

Elder Rights & Legal Assistance (50%):

- Acknowledging the need for protection and prevention from abuse and neglect.

Interview Title: Indigenous and Tribal Community Interview Results

Interview Date: October-November 2024

Number of Respondents Reached: 5 out of 8

Summary of Key Findings

1. Overall Insights:

Familiarity with NWSDS Services:

- Respondents were generally familiar with some services but lacked awareness of specific programs like Medicare Counseling and Health and Wellness classes.

Resource Gaps:

- Significant gaps in home and community-based services were noted, particularly for in-home care, behavioral health, and elder-specific resources.
- Tribal members often bypass tribal health benefits due to negative past experiences or lack of awareness.

Priority Needs:

- Increased training for community health workers and navigators to better support tribal members.
- Greater access to elder housing, dementia care coordination, and mental health services.

Health and Wellness:

- Interest in culturally relevant programs such as Tai Chi, diabetes prevention classes, and fall prevention initiatives

Barriers to Service Utilization:

- Lack of outreach, transportation challenges, and limited visibility of resources contribute to underutilization.

2. Top Priorities Identified:

Expand Outreach and Education:

- Increase program visibility through brochures, outreach events, and culturally tailored materials distributed at tribal elder centers.

Enhance In-Home Care and Support Services:

- Provide training for in-home caregivers and establish dementia care coordinators to meet growing needs within the tribal population.

Address Housing and Homelessness:

- Develop elder housing options and explore placing homeless elders in long-term care facilities through state-supported initiatives.

Promote Health and Wellness Programs:

- Expand offerings like "Living Well with Diabetes" and Tai Chi classes while ensuring access to physical therapy and other specialty care services.

Increase Behavioral Health Resources:

- Establish culturally competent behavioral health services and support for issues such as tobacco cessation, anxiety, and depression.

Improve Navigation and Case Management:

- Train navigators on service expectations and ensure case managers visit tribal communities more frequently.

Secure Additional Funding:

- Advocate for increased tribal funding to support expanded programs, in-home care, and activities.

Survey Date: October-November 2024 (Various Days)

Number of Respondents: 134 of 425

Summary of Key Findings

• **Overall Insights & Top Priorities Identified:**

Volunteer Support and Recognition:

- Ensuring volunteers feel appreciated and supported by coordinators and the organization.
- Continued efforts to recognize contributions.

Role Clarity and Training:

- Providing clear communication about responsibilities and adequate training.
- Helping volunteers feel prepared and capable of fulfilling their roles.

Growth and Involvement:

- Empowering volunteers to have a meaningful impact.

Program Organization:

- Improving program structure and ensuring volunteers have the necessary tools and resources.

Retention and Recruitment:

- Understanding barriers to continued volunteering and enhancing outreach to potential new volunteers.

Note: A comprehensive survey for the Oregon Project Independence (OPI) and Oregon Project Independence-Medicaid (OPI-M) programs will be conducted throughout the duration of this Area Plan. This survey will aim to gather valuable insights from program participants, caregivers, and stakeholders.

Key objectives of the survey will include:

- Evaluating participant satisfaction with OPI and OPI-M services.
- Identifying gaps in service delivery, including accessibility and quality.
- Understanding the impact of these programs on participants' independence and quality of life.
- Gathering feedback on additional services or support that could enhance program outcomes.

The results of the survey will be analyzed and used to inform strategic planning, resource allocation, and program enhancements. By incorporating feedback directly from those served, this survey will ensure that OPI and OPI-M continue to align with the evolving needs of the community.

DRAFT PLAN FOR PUBLIC REVIEW AND FEEDBACK

Draft Plan Available for Public Comment

From January 30, 2025, to February 28, 2025, the draft plan was made available for public review and feedback. It was prominently posted on the NWSDS website, shared on Facebook, and displayed in Agency lobbies and meal sites to encourage community participation and input.

Public Hearing

Notice of the public hearing was published across multiple local and regional outlets to ensure widespread community awareness. Publications included:

- **Clatsop County:** *Daily Astorian*
- **Marion County:** *Business Tribune, Woodburn Independent, Canyon Weekly, and KeizerTimes*
- **Tillamook County:** *Headlight Herald*
- **Polk County:** *Itemizer-Observer*
- **Yamhill County:** *News-Register*

These efforts aimed to engage residents across all counties served and provide ample opportunity for public participation in the process.

Key Milestones in the Area Plan Approval Process

- **February 28, 2025:** A public hearing was conducted via Zoom by the NWSDS Advisory Councils.
- **March 20, 2025:** The Advisory Councils provided a recommendation for approval to the Board of Directors.
- **April 7, 2025:** The NWSDS Board of Directors formally adopted the Area Plan.
- **April 8, 2025:** The final plan was submitted to the Oregon Department of Human Services (ODHS) and the Community Support & Services Unit (CSSU).

APPENDIX D:

FINAL UPDATES ON ACCOMPLISHMENTS OF 2021-2025 AREA PLAN

These accomplishments reflect the Agency's dedication to innovation, equity, and collaboration in meeting the diverse needs of its service area. By building partnerships, adapting to challenges, and prioritizing underserved populations, the Agency has made meaningful strides toward improving the quality of life for seniors and people with disabilities

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

The ADRC has made significant strides in enhancing access to resources and services for seniors and people with disabilities. Partnerships with organizations like the Oregon Department of Veterans' Affairs have been instrumental in improving service delivery, particularly for rural veterans. An additional BL S ADRC Specialist was added to the team in 2024, and outreach campaigns expanded access to Russian and Spanish-speaking communities, addressing language barriers and fostering inclusivity.

Public awareness efforts included launching new social media platforms, revamping the Agency's website, and hosting culturally specific resource fairs to connect diverse populations with vital services. The ADRC began utilizing the UCLA Loneliness Scale, which can facilitate referrals to the Senior Peer Mentor Program. Additionally, the ADRC incorporates REALD questions into its process. Furthermore, secret shopping projects provided valuable insights into customer experiences, resulting in actionable improvements.

The ADRC's commitment to equity is evident in its targeted outreach and partnerships. By collaborating with local organizations and leveraging technology, the ADRC has built a foundation for continuous improvement, ensuring that underserved populations receive timely and effective support. These efforts highlight the ADRC's dedication to fostering dignity, independence, and choice for all consumers.

Nutrition Services

The Nutrition Services program has addressed hunger and food insecurity through innovative partnerships and adaptive strategies. Collaborations with local food banks and organizations provided seniors with fresh produce, grocery bags, and nutrition education tailored to their needs. During the pandemic, the program adapted congregate meal sites into drive-thru services, maintaining uninterrupted access to nutritious meals while ensuring participant safety.

Innovative initiatives included exploring pilot programs for pet food delivery and medically tailored meals. These efforts demonstrated a commitment to meeting the holistic needs of older adults. Additionally, partnerships with Oregon State University Extension Programs offered cooking classes to empower seniors with practical nutrition knowledge.

Outreach efforts expanded to rural and underserved areas, promoting equitable service delivery. Volunteers played a critical role in meal preparation and distribution, highlighting the program's community-driven approach. By integrating health education with meal services, the Nutrition Program addressed social determinants of health, promoting overall well-being for seniors and people with disabilities.

The medically tailored meal program, aimed at providing customized nutritional support for individuals transitioning from hospital care or managing chronic conditions, could not proceed due to the inability to secure grant funding. This setback limited the Agency's capacity to pilot the initiative, which was intended to address specific dietary needs and improve health outcomes for vulnerable populations. Despite the program's potential, the lack of financial resources prevented its implementation, emphasizing the need for alternative funding strategies to support innovative health-focused initiatives.

Health Promotion Programs

Health Promotion Programs expanded access to evidence-based services across all five counties, ensuring that rural and underserved communities received equitable care. Programs such as Tai Chi and Walk with Ease were adapted for virtual platforms during the pandemic, showcasing the Agency's ability to innovate under challenging circumstances. These virtual programs provided continuity for participants while addressing barriers to in-person attendance.

The Agency's partnership with the Oregon Wellness Network (OWN) was pivotal in securing funding and resources to sustain these programs. OWN's statewide network provided additional support, enabling the Agency to reach more consumers. Health Promotion Programs also included initiatives to address chronic disease management, fall prevention, and behavioral health, demonstrating a comprehensive and impactful approach to wellness.

Efforts to expand outreach targeted underrepresented populations, including Native Americans and Spanish-speaking communities. By integrating culturally tailored programming and leveraging community partnerships, the Agency ensured that Health Promotion Programs addressed diverse needs and fostered inclusivity.

Family Caregiver

The Family Caregiver Support Program (FCSP) strengthened its support for caregivers through comprehensive training and outreach. Savvy Caregiver Training sessions, conducted in collaboration with Tribal partners, reached caregivers across all five counties. Evidence-based programs like Aging Mastery, Powerful Tools for Caregivers and WISE (Wellness Initiative for Senior Education) equipped caregivers with essential skills.

The program expanded its outreach efforts through newsletters, social media, and radio campaigns. These channels highlighted the importance of caregiver education and increased awareness of available resources. Counseling services, support groups, and respite care were promoted as key components of, caregiver support.

Targeted initiatives focused on diverse populations, including Spanish-speaking and rural caregivers, ensuring that services were equitably accessible . By addressing the unique challenges faced by caregivers, the FCSP demonstrated a deep commitment to fostering resilience and well-being among this vital group.

Elder Rights and Legal Assistance

Elder Rights and Legal Assistance prioritized protecting vulnerable seniors from financial exploitation and abuse. Educational campaigns raised awareness about scams and provided consumers with practical tools to recognize and prevent victimization. Partnerships with Legal Aid enhanced staff training on legal resources and referral processes, ensuring that seniors received timely and effective support.

The program emphasized outreach to at-risk populations, including those in rural areas. The Agency addressed barriers to legal assistance by creating targeted materials and fostering community partnerships. Additionally, the program explored innovative solutions, such as creating an online resource tool to identify scams.

These efforts underscored the Agency's commitment to safeguarding seniors' rights and promoting their independence. By addressing both preventive measures and responsive support, Elder Rights and Legal Assistance strengthened protections for some of the most vulnerable members of the community.

Older Native Americans

The Agency's initiatives for Older Native Americans focused on culturally specific programs and collaborations. Partnerships with the Confederated Tribes of Siletz Indians and the Confederated Tribes of Grand Ronde facilitated

tailored services, such as dementia caregiver training. These programs addressed the unique needs of Tribal elders while fostering trust and community engagement.

Outreach efforts included participation in Native events like powwows and health fairs, to enhance visibility and accessibility. Collaborative initiatives emphasized culturally adapted health promotion and caregiver support programs. By building strong relationships with tribal communities, the Agency enhanced its capacity to serve Native American elders and their families effectively.

The Wisdom Warriors Program, a culturally tailored initiative designed to support Native American elders through chronic disease self-management and health promotion, faced significant challenges due to staffing shortages. These issues impacted the program's ability to recruit and retain trained facilitators, limiting its implementation and outreach efforts. Despite its potential to address critical health disparities within Native American communities, the lack of dedicated personnel hindered its effectiveness, illustrating the critical need for increased staffing resources to sustain such culturally vital programs.

Equity and Inclusion

Equity and Inclusion efforts addressed systemic disparities and fostered diversity within the Agency. The Equity and Inclusion Committee led initiatives to eliminate structural barriers and promote equitable access to services. Comprehensive training plans equipped staff with the skills needed to diverse community needs.

Outreach targeted underserved populations, including immigrants, non-English speakers, and rural residents. By leveraging data to identify disparities and developing culturally tailored materials, the Agency ensured its programs were inclusive and responsive. These efforts demonstrated the Agency's dedication to social justice and equitable service delivery.

The purpose of the service equity plan is to acknowledge the significance of equity and inclusion by showing how these facets strengthen services and build unified environments.

Equity and inclusion at NorthWest Senior and Disability Services are defined as:

- All consumers have equal access to services. For example, offering services in consumers' native language, delivering culturally specific outreach and resources, and reducing barriers to accessing services.

Underserved populations not being served equitably will be targeted with outreach efforts to ensure equal access and inclusion., All consumers deserve a person-centered approach to services.

- Creating an environment and culture where staff and volunteers apply an equity lens in their daily interactions with consumers and one another.

These key components are indicated throughout the plan to emphasize the connection between of culture, resources, and outreach for staff and target populations.

NWSDS strives to fulfill the goal of equity and inclusion among both consumers and staff members. Although, current services are effective, the Agency much addressed certain inequities such as expanding resources to rural communities lacking access to benefits from all qualified programs, increase awareness about the Agency outside of established community partnerships, and enhancing outreach to underrepresented communities for job and volunteer recruitment.

Mission and Goals

NWSDS' Equity and Inclusion Committee (EIC) was established in 2020 to advance the mission of NWSDS and Oregon's Department of Human Services. By leading and empowering the Agency to integrate equity, diversity and inclusion into all aspects of the Agency, including service equity, health equity and staff equity and inclusion.

To accomplish the APD service equity goals of:

- 1) Increasing outreach efforts targeted to culturally specific populations, and
- 2) Engaging and increasing staff that are engaged in service equity efforts to foster empathy and strive for social justice in all their work.

NWSDS must examine how equity will continue to improve outcomes for the populations it serves. Further equipping staff to serve and embrace the diverse communities that reside in the five counties under NWSDS through trainings and open dialogue, and apply an equity and inclusion lens for leading and hiring decisions, will strengthen the ability to achieve these goals.

Milestones and Actions

The Agency has made strides to actively support the goals and objectives of this plan. NWSDS continues to bridge gaps to mitigate and improve equity through valuable resources and partnerships. An approach of effective communication through outreach has had a great impact on the Agency and communities.

Outreach efforts made through Options Counselors and the VAC5 grant opportunity for older Native American and Latinx communities have increase awareness of the Agency's services and programs.

The NWSDS Equity and Inclusion Committee adapted an inclusive message poster to center its commitment in maintaining an unbiased environment for staff, volunteers and consumers.

In addition, for more inclusivity and engagement, the EIC continues to collaborate on sessions providing staff opportunities to share experiences, identify barriers, and promote social justice.

Service Equity Plan Summary

The challenges encountered while implementing the NWSDS service equity plan were addressing some of the limitations within the Agency. Utilizing recent information helped create a problem statement illustrating the need and value of inclusivity. These limitations underscored the importance of resources, outreach, and community awareness. These factors were detrimental in establishing an effective plan.

The Equity and Inclusion section of the Area Plan focuses on developing a platform that emphasize the relationship of transparency between staff and the community where service and social equity defines the Agency's goals for its consumers and partners. The updates to this section's narrative made to fulfill the plans criteria, include;

- Integrating staff diversity, equity, and inclusion (DEI) trainings to better serve the diverse populations within the areas.
- Creating signage for all to know the meaning of inclusion at NWSDS.

Equity and Inclusion revisions of the Area Plan are ongoing as NWSDS continues to support the work of service equity through planning, engagement, and expansion.

Most of the Agency's current service equity work was integrated into the 2021-2025 Area Plan. The work shows the progress of empowerment among staff, consumers, and volunteers to effectively understand the experiences and complexities of the diverse communities served by NWSDS.

During the development of the Service Equity Plan, the top priority was to represent equity and inclusion within the NWSDS 2025-2029 AREA PLAN

Agency. This priority continues to take effect in everyday operations among Agency staff. The Equity & Inclusion Committee (EIC) has discussed different options to motivate staff in understanding the true meaning of diversity where they would feel more comfortable in sharing work-related experiences with their colleagues.

The idea of Agency unit discussions was brought to the forefront as an effective practice for social and cultural awareness. These discussions aim to encourage greater employee engagement on equity and inclusion during meetings and trainings. The Agency wanted to create a learning environment that would essentially reflect the perspective of staff so that NWSDS may provide services in a well-rounded manner to encompass inclusive behavior.

**Emergency Preparation
And
Continuous Process Improvement**

Every preparedness plan is a work-in-progress. A major tenet of emergency preparedness is to learn from every event and use that knowledge to develop a more effective response in the future events. Feedback on our plan is critical so we can also learn from experience. We would like to know what worked well, what didn't, what is missing, and what doesn't make sense.

Please direct any feedback to Kim Hunt at kim.hunt@nwds.org

APPLICABLE TO ALL SITUATIONS

This manual covers actions NorthWest Senior and Disability Services (NWSDS) will take to ensure staff and partners respond appropriately to consumer needs in emergency situations. The actions are based on the universally accepted “**all hazards**” approach to emergency preparedness and response planning. The manual is comprised of two sections: 1) Emergency Preparedness; and 2) Emergency Response.

NWSDS’ response to an emergency will, in large part, depend on access to technology. The loss of technology will impact communication by telephone, the use of computer systems for research and communication, and information to the public. This manual covers alternative sources of communication.

GUIDING PRINCIPLES

- A. Every incident will be different, both in severity and in length of impact. The response needs to be flexible and meet the needs of the incident.
- B. Safety of staff is the first goal. Every task should be evaluated for safety.
- C. Efforts should be taken to mitigate damage to property.
- D. Responses should be in conjunction with local emergency authorities and/or Oregon State Emergency Operations Center.
- E. Lines of authority should be clear to all.
- F. Communication is vital. Keep local and state partners and authorities informed.
- G. Documentation of the event and all steps taken, decisions made, and funds expended are very important. You may want to designate someone to track expenditures.

- H. Every event is stressful on all, including staff. People’s emotional health should be supported. If the response to the event is likely to last more than a couple of days, plans should be made to rotate staff (including leadership) to allow for periods of rest.
- I. Plan ahead. If there is a chance that needed tasks cannot be done with current resources, contact local partners and the state early. If rules or contract provisions need a waiver, contact the state. If the event is severe or long enough, it is important to designate staff to plan ahead while others manage the current situation.
- J. Set up a regular briefing at the beginning and end of each day (or at shift change) to keep everyone informed of the status of the situation, actions being taken and anticipated actions needed soon.

EMERGENCY PREPAREDNESS

ASSESSMENT OF POTENTIAL HAZARDS

The possibility of potential hazards will vary across our diverse geographical planning and service area. Primary risks will be identified between valley and coast offices.

Valley

- K. Primary potential hazard for the valley area is severe weather:
 - a . Ice storms in the winter;
 - b . Rain causing localized flooding; and
 - c . High winds.
 - Additional hazards include threat of earthquake and forest fires. Coast

L. Greatest threat is tsunami.

M. Other hazards:

a . Severe weather including occasional ice, wind, rain/flooding and forest fire.

TRIGGERS TO ACTIVATION OF THE PLAN

This plan will be activated if any of the following occur. This could be caused by weather or another natural event, a man-made event or a pandemic. The extent of activation will be decided by the Incident Command Team (ICT).

N. The county emergency manager requests activation or the participation of an office in response to an event.

O. An office is unable to complete any of its mission critical duties for 2 business days. This could be caused by power, phone, or computer outages or staff shortage.

P. An office must be evacuated or is otherwise unusable for more than a couple of hours or entails significant damage to its structure.

Q. An event causes or probably will cause an evacuation of a significant number of either consumers or vulnerable citizens. (This will be determined by the person with the authority to activate the plan.)

An event causes or probably will cause either significant damage or put at risk the health and safety of a significant number of either consumers or vulnerable citizens. (This will be determined by the person with the authority to activate the plan.)

R. Any other event that management or the most senior person available decides warrants activation of this plan.

ACTIVATION AUTHORITY

The following members of the NWSDS Incident Command Team (ICT) have the authority to activate the plan. This list of ICT members involved will be worked in the order given below and the activation decision will fall to the 1st person that is available:

S. Charlene Gibb

charlene.gibb@nwsds.org

503-304-3401

T. Carl Gomoll

carl.gomoll@nwsds.org

503-304-3483

U. Devrey Hachenberg

devrey.hachenberg@nwsds.org

503-304-3657

If contact with the ICT is not possible, activation of the plan will fall to the Program Managers in locally affected offices.

ACTIVATION NOTIFICATIONS

The person activating the plan will determine how many and who will be notified.

If activation is initiated by a member of the ICT, notification to Offices and Agency Staff will be determined by the scope and nature of the emergency.

- If the emergency is widespread (ex.: earthquake) ICT will notify all Managers and the IT team. IT will send out a FlashAlert and update the phone system with a message/ Managers will be responsible for connecting with their staff.
- If the emergency is localized (ex; weather related such as winter storm or flooding), ICT will only notify Managers in the affected area(s) and the IT team. IT will send out a FlashAlert and update the phone system with a message/ Managers will be responsible for connecting with their staff.

If ICT is not available to make the decision to activate the plan, the decision will fall to Managers either individually or as a group. Scope of notification will be determined as described in items 1 & 2 listed above.

COMMUNICATION PLAN

The Advisory Council and Public Affairs Specialist will act as Public Information Officer for emergency preparedness and in the event of an emergency. The Public Information Officer will coordinate with each office and develop a working relationship with local emergency management, so that when the Plan is activated, communication occurs regularly both to and from the NWSDS office and ICT.

Communication with Staff

In an emergency event, all staff affected will receive a FlashAlert to their phones or they will be able to check the nwds.org website for FlashAlert updates. In addition, there will be a recorded message with instructions for staff calling into their home office, as long as the office phone system is operational.

When the local office phone system is not operational, staff should try other options, including:

- Call your Manager (home or cell)
- Call your local office FAX line, if someone is in your office, they will know to answer this line as it will be the only functioning phone.
- Call the NWSDS Salem Office
- Call another NWSDS Office
- Call one of your co-workers

Communication with Partners

When the Plan is activated, the following entities may need either notification or regular updates as applicable. They also may need/be able to provide assistance. This will be directed by the ICT and Public Information Officer.

V. ODHS and/or APD

a. APD Safety Manager

- b. For all events that require the activation of the plan (closure or impact on an office, activities limited to only mission critical functions, or emergency planning for either consumers or the larger community of vulnerable Oregonians), the ODHS central office will be notified when feasible and safe: AAA.Closures@odhs.oregon.gov, NICKI.J.HOLMES@odhs.oregon.gov

W. NWSDS Facilities – Carl Gomoll

X. Information systems – Carl Gomoll

Communication with Emergency Response

NWSDS Public Information Officer and Managers will maintain ongoing relationships with local Emergency Managers, law enforcement, fire departments and emergency responders. NWSDS will participate in local response exercises and planning. These planning exercises should include broad discussions regarding the vulnerable populations we serve and discuss certain high-risk populations that would require specialized response(s) by NWSDS and emergency responders. When appropriate, Agency maintained lists of high-risk consumers should be shared with emergency responders so appropriate triage can occur in the response activities.

In the event of an event triggering the activation of the NWSDS Emergency Response Plan, the Public Information Officer or local Manager will connect with the local identified Emergency Operations Commander. At a minimum, the following will be discussed/communicated with the Emergency Operations Center:

- Y. Current situations of Agency operations, including Agency resources available to help local recovery activities
- Z. Shared list of high-risk consumers and planned actions for follow-up and check-in
- AA. Any facility issues necessitating assistance or help from the Emergency Operations Center
- BB. Date/Time of next update

Regular updates and communication with the local EOC will be the responsibility of the onsite Manager or the Public Information Officer. Regular updates will also be provided to a member of ICT.

Communication with Consumers

Preparing the Homebound Consumer

In the event of an emergency, priority will be given to homebound consumers at high risk currently receiving in-home services through Medicaid or Oregon Project Independence (OPI), as well as home-delivered meal (HDM) consumers.

Medicaid and OPI Consumers

For consumers identified to be at high risk in the event of a natural disaster/extreme weather or power outage, the Case Manager will add the consumer to NWSDS' high-risk report.

Case Managers will distribute emergency preparedness information to all in-home consumers, sharing the importance of preparation (Attachment A). For example, for consumers who use a ventilator, Case Managers will discuss the importance of gasoline for generators. Case Manager will receive direction based on different care needs.

Home-Delivered Meal Consumers

NWSDS' Emergency Preparedness Plan for Senior Meals and Home Delivered Meals will be used for home-delivered meal consumers. The plan covers shelf stable meals and emergency meal menus.

Other Homebound Consumers

Senior Centers

The Aging and Disability Resource Connection (ADRC) will regularly distribute emergency preparedness information to senior centers (Attachment A). The ADRC will encourage senior centers to post and distribute the information.

General Public

NWSDS will offer emergency preparedness information on its website, <http://nwsds.org/> (Attachment A). The ADRC will share emergency preparedness information with consumers when conducting outreach (Attachment A).

Communication with Other Key Entities

NWSDS will also coordinate with other key entities, including hospitals, shelters, and service organizations. This will allow NWSDS to gain an understanding of their emergency preparedness and how best to collaborate in the case of an emergency.

Nutrition Providers

NWSDS' Emergency Preparedness Plan for Senior Meals and Home Delivered Meals will be used for home-delivered meal consumers. The plan covers an emergency plan which includes how volunteers will be used in an emergency.

In-Home Care Agencies

In-home care agencies play an important role in providing vital services to consumers. Should an in-home care agency be unable to provide service, the in-home care agency will:

- Contact consumers to cancel and reschedule service.
- Verify consumer health and safety in the event services cannot be delivered.

- Call 911 in the event a consumer is in distress.

Others

For the purpose of emergency preparedness, NWSDS will maintain communication appropriate for the situation with the following agencies/organizations/partners to keep aware of key staff to reach out to in the case of an emergency.

CC. Community Services and Supports Unit (formerly State Unit on Aging)

DD. Oregon Home Care Commission

EE. Coordinated Care Organizations

FF. Hospitals

GG. Other local partners impacted and/or able to help with responses

Alternate Communication System

In any significant disaster, regular phone service may be impacted. Frequently cell phone systems are overwhelmed and towers may be damaged. If power is out, corded phones may still work. Out-of-state calls may work when in-state calls don't. It is likely that multiple methods may need to be tried and may work sporadically. It is recommended that all methods are tried and retried. If phones are unavailable, the following procedures will be used:

HH. *Cell phones.* You may find coverage on high ground or near an undamaged tower, as long as

there is power to the tower.

II. *Satellite phones*. Despite the promise, these may be difficult to use. However, some local public health departments and some State offices have them. Additionally, most local emergency operations centers will have them.

JJ. *Email*. This has actually been found to be more reliable than phones. You would need power (some offices have backup generators) for the computers and connection to the internet (data lines). Several NWSDS Offices have laptop computers with wireless broadband capability for internet connectivity. These units will be viable as long as cell towers are still functioning.

a . Please see the Emergency Action Plan for your office for specific information on laptops and backup generators.

KK. *Texting*. Texts have been found to go through even when cell phone calls havenot.

LL. *Zoom Chat*: If computers and internet are operational, Zoom has a chat feature and all managers have access to the Emergency Manager Chat.

MM. *Faxes*. Requires power and operational telephone lines, but worth trying. NOTE: using the corded phone on your FAX machine usually works when the power is off and the office phone system goes down when power is lost.

NN. *Messenger*. For communication locally, such as with your emergency manager, you may need to resort to foot or in-person.

OO. *Voice Over Internet Protocol (VOIP)*. Phone systems over the internet, may be available. A common one is Skype.com that is free if the call is to another computer, not phone.

NWSDS Staff Roles

Program Managers

Program Managers shall have on hand a current report of consumers at high risk. In the event of an emergency, the report should be securely shared with the local EOC. Previous reports should be confidentially shredded upon receipt of the most current report.

Case Managers

Case Managers should work with Program Managers in the event of an emergency to identify consumers at high risk, such as consumers with mechanical needs (ventilators, oxygen, dialysis, and IV medications). Training will be given upon hire and annually on how to identify consumers at high risk. Case Managers may be asked to provide telephone reassurance when field visits are not possible.

Nutrition Staff

Nutrition staff should work to communicate with nutrition providers to ensure the NWSDS' Emergency Preparedness Plan for Senior Meals and Meals on Wheels is followed.

Adult Foster Home Licensors

AFH Licensors should work to communicate with AFH providers to ensure the Emergency Preparedness Plan each provider has created for their AFH is followed.

Aging and Disability Resource Connection (ADRC)

The ADRC shall work with local EOCs to provide information about warming/cooling shelters, delivery

of food/water, and other relevant information to the public.

Emergency Supplies

The following supplies maintained at NWSDS offices are checked quarterly by the officesafety committee. They must be located in a clearly marked area.

PP. Flashlight

QQ. First Aid Kit

RR. Safety Vests

SS. Weather radio

TT. Battery operated radio

UU. Landline phone

VV. List of high-risk consumers (updated monthly)

WW. Paper applications

XX. Back up EBT machine

YY. Branch Managers will have petty cash specifically for emergencies in their safe.

Training

NWSDS will:

- ZZ. Attend training and/or maintain contact with local Emergency Operations Centers annually.
- AAA. Review emergency preparedness with Case Managers upon hire and annually.
- BBB. Distribute emergency preparedness information to consumers in the month of September during National Preparedness Month.
- CCC. Maintain the NWSDS Emergency Procedures Manual for each office annually.
- DDD. Complete annual drills using emergency scenarios and drill standards.

Review of Plan

NWSDS will solicit input on emergency preparedness planning and response annually. NWSDS will review and update (as needed) this manual annually.

EMERGENCY RESPONSE

AUTHORITY

Agency Incident Commander

An Agency Incident Commander will be appointed by the ICT every time the plan is activated. The person named may vary depending upon the type of incident or the scope of the event. The Agency Incident Commander will be designated by the ranking member of the NWSDS Management Team.

The duties overseen by the Agency Incident Commander include:

- EEE. Assessing and triaging the incident
- FFF. Naming a Response Team, when the situation warrants one based on the FEMA Incident Command System. Located in Appendix B.
- GGG. Determining the response activities
- HHH. Assigning duties
- III. Documenting the response
- JJJ. Authorizing and tracking expenditures
- KKK. Ensuring the safety of the Response Team
- LLL. Ensuring the accurate sharing of information with all parties
- MMM. Planning for the next phase of the response
- NNN. Planning for and authorizing the deactivation of the response
- OOO. Communication / Updates

Law Enforcement/ Emergency Management Contacts

Managers at all NWSDS Offices **EXCEPT SALEM** are the primary contacts for local law enforcement and emergency management individuals. Law Enforcement Agency/Emergency Management contact for Salem will be designated by ICT. This person will triage the situation, gather any needed information, determine the appropriate agencies to be contacted, and keep the Agency Incident Commander informed of all contacts and decisions.

Media Notification

The Public Information Officer will coordinate media notification and response, dependent upon local partners, agreements, severity of the event, etc. The following are examples that may or may not be appropriate for a given area.

The Public Information Officer will be the sole coordinator for direct contact with the media. All requests from the media shall be referred to them. All information and press releases will be shared with the Agency Incident Commander. All contacts will be documented.

A listing of newspapers, radio, TV stations, (including addresses and phone numbers) will be maintained at NWSDS Salem by the Public Information Officer.

State APD Coordination

Anytime the plan is activated, APD will be notified as soon as possible. If assistance is likely to be needed from either the state APD or other local offices, the state should be contacted as soon as possible.

The designated NWSDS Incident Commander will be tasked to work with the Public Information Officer to coordinate with the state APD office.

APD will then designate a single point of contact and will take responsibility to keep needed other state partners (including state field manager, other state organizations, other APD/DHS staff, as decided upon in the original call) informed to minimize the impact on the local office.

OFFICE AFFECTED

Alternate Sites

If an office is deemed not usable for a reason other than lack of funds, staff may be asked to report to an alternate site within 40 miles or less from their regular work location via FlashAlert, phone system, or Management. The alternate sites will be predetermined for each office and adjusted during an event based on details of the event and impacted areas. Please see below section "Expectations for Staff Reporting to Work During a Partial- or Full-Day Office Closure" for more information.

Security of Assets

Building Security

In all instances, staff safety is most important. Never should staff be put in danger. If a building is unsafe, staff should not enter until an inspector, first responder or other official says it is safe to re-enter. The designated Agency Incident Commander will be notified of this situation.

Many NWSDS exterior office doors are equipped with locks and/or electronic key pads to limit entry (for specific office information, [see the individual office EAPs on the Agency Intranet here](#)). In the event of loss of power and the office has no back-up generator, the electronic key pads will no longer work. In this situation, entrance to the building will only be possible with the use of a key. All Manager and Assistant Managers should have an exterior door key in their possession at all times. If the Manager/Assistant Manager is not available to open the office and the office is equipped with a "knock box", fire department personnel will be able to open the box & use the key inside to open the building. For security purposes in this situation, it is recommended that only one door to the office (probably the main door) should remain unlocked and be monitored by staff.

If the building is physically damaged, but deemed safe for staff to enter by local inspectors, proceed with an on-site assessment of the damage. Pass the results of the assessment to the NWSDS Incident Commander and wait for further instructions.

Cars

Cars are to remain locked when not in use. Use of cars will be prioritized to assure fulfillment of the Mission Critical Functions with the Agency Incident Commander having final decision-making authority. All cars should be monitored to keep fuel tanks at least ½ full.

Petty Cash/EBT Cards and Machines

Petty cash is kept in the safe in reception. OS2 staff and Managers know the codes. One of the EBT machines is in the reception area. All staff must sign off when finished using the machine. The spare EBT machine is kept in the locked file cabinet near the receptionist's desk. In the event that the office needs to be relocated, the EBT machine/s shall be taken to the alternate site.

The EBT cards are kept in the safe reception. They must be logged in and out of the safe.

Privacy of Protected Information and Security of Sensitive Information

Even in an emergency or event requiring relocation of the office, all reasonable steps should be taken to protect the security of consumer information and other important information, both paper-based and electronic.

Office Closure

Authority to Close

NWSDS will curtail services and close office facilities only under hazardous conditions or inclement weather that interferes with normal agency operations.

The decision to close any NWSDS office will be made by a member of the ICT based on their availability. A list of ICT members and their contact information is listed earlier in this document.

Notification of Closure

The ICT or at their direction, the designated Agency Incident Commander, may deem it appropriate to provide office closure information to designated media outlets for dissemination to the public. A contact list for designated media outlets will be kept at the Salem Office for use by the Public Information Officer when needed. APD must also be notified of any delay or closure as soon as possible.

In an emergency event, all staff affected and subscribed will receive a FlashAlert to their phones. Those who do not have FlashAlert on their phones can find the information on the agency website. In addition, there will be a recorded message with instructions for staff calling into their home office, as long as the office phone system is operational, and the website will be updated with closure information for consumers and staff to access.

Expectations for Staff Reporting to Work During a Partial- or Full-Day Office Closure

All staff are considered essential for business continuity and if safe, should attempt to report for duty unless otherwise notified. Notification of delay or closure of an office will be posted by 6am.

Should it become necessary to close a worksite early or for the full day, managers and supervisors will attempt to reassign employees scheduled to work at the closed office to an alternate worksite that is 40 miles or less from the employee's regular location, including a telework site.

Employees scheduled to work in the office on a given day are expected to report to the office at the designated opening time, even if they have a telework arrangement. Due to the unpredictable nature of adverse weather conditions and disruptions resulting in office closures, employees may not change their assigned work location for that day or substitute their in-office days during adverse weather.

Employees scheduled to telework on the day their main office is closed, delayed in opening, or closes early are expected to work their hours as scheduled.

Staff should make their own decision regarding their safety and ability to travel to the office during an event keeping their personal safety as a priority. Employees who choose to be absent or who come in later and/or leave earlier than the designated office opening/closure time are expected to contact their manager as they normally would for any other absences. When an employee determines the need to arrive late or leave early, the absence will be charged to vacation or personal leave balance. If the employee has exhausted available leave, the employee's leave will be leave without pay. Health leave may not be used for adverse weather.

Notification of Consumers

Phones: When safe and feasible, IT will update the main messages to inform callers of conditions and office availability. Closed offices will forward phones to designated office when possible. Messages will be retrieved and calls returned according to priority of need.

Notices: Notices will be posted on all entrances to the building and at all meal sites.

Website: The website will be updated with any office closure information.

Continuity of Operations/Business Continuity

NWSDS must ensure critical business functions and public services continue or are restored as quickly as possible despite interruption by an emergency, disaster or other unplanned event, either natural or manmade. NWSDS serves many Oregonians in our designated service areas who are dependent upon our services for basic needs. We must be prepared to respond to an emergency of any level in order to ensure the safety, health and well-being of Oregonians receiving services, vulnerable residents, employees and volunteers.

As always, the first priority is the safety of staff, volunteers, and consumers in the office.

Mission Critical Services/Functions

Every event is different. The following mission critical services may need to be prioritized based on the needs of the local population and the available resources. If the following services/functions cannot be performed within 24 hours, request additional resources from other NWSDS offices, local emergency management or the APD central office.

- PPP. Eligibility Determination – both Medicaid Financial and Service eligibility
- QQQ. SNAP (food stamps) Eligibility Determination and Issuing Benefits
- RRR. D-SNAP (Disaster SNAP) Eligibility Determination and Issuing Benefits
- SSS. Authorization of Services and Placement
- TTT. Payment of Providers
- UUU. Protective Services and Complaint Investigations
- VVV. OPI eligibility and authorization of services
- WWW. Senior Nutritional Programs (Meals on Wheels delivered and congregate)

Alternative Work Strategies

The Agency Incident Commander or designee, in consultation with a member of NWSDS ICT, will determine the appropriate strategy and prioritize the use of resources to continue to provide services to individuals we serve during an event. For strategies that are outside current policies, contact the APD Field Services Manager for variance approval.

Recovery of Office Functions

As early as possible, the designated Agency Incident Commander will start planning to re-establish normal office functions.

- XXX. If the building has been evacuated, get an estimate of when the office could be re-occupied. Consider the establishment of an interim office location if the office will need significant repairs.
- YYY. If the building has been evacuated for safety concerns, contact local Emergency Management for an inspection, they will likely have set up an inspection team.

RE-OPENING OF OFFICES

In the event offices are closed, offices will reopen as soon as possible to provide the following.

- ZZZ. Information and assistance
- AAAA. Telephone reassurance
- BBBB. Assistance to local EOCs
- CCCC. Information about consumers

DE-ACTIVATION OF PLAN AND LEARNING

As soon as the event begins to stabilize, the person or team responsible for planning needs to start planning for de-activation and return to business as usual. This may involve a complete de-activation or a step-down approach. The Agency Incident Commander has the authority to de-activate the plan. As part

2025-2029 NWSDS AREA PLAN

of the de-activation, there needs to be a de-activation communication plan that communicates with all partners with consideration of notification of the media.

As part of the de-activation, there should be a document produced that summarizes the response to include at least the following information:

DDDD. Description of the event.

EEEE. Summary of the different actions taken in the response, including a timeline.

FFFF. An accounting of the resources expended, including an accounting of staff time.

After the event, there should quickly be a debrief scheduled with all major players to create an after-action plan. The goal is to determine what worked well and what didn't with a listing of lessons learned. The Emergency Preparedness Plan should be revised to reflect these needed changes.

APPENDIX

Glossary and Acronyms

Aging and People with Disabilities (APD): Oregon’s Aging and Disability Services under the Oregon Department of Human Services (ODHS). NWSDS as an Area Agency on Aging is under the APD umbrella.

Emergency Action Plan (EAP): Office-specific action plan to use in the event of an emergency. Each NWSDS office and building has an EAP with relevant contact information, evacuation routes, and instructions for different types of emergencies. EAPs for each office and building [can be viewed on the Agency Intranet here](#). Please note that you must be connected to the Agency server to access the Agency Intranet.

Incident Command Team (ICT) – NWSDS Managers who have the authority to activate The Plan in an event of an emergency. The ICT includes Charlene Gibb, Carl Gomoll, and Devrey Hachenberg. The ICT will appoint an Incident Commander and members make take a roll within the Incident Command Structure.

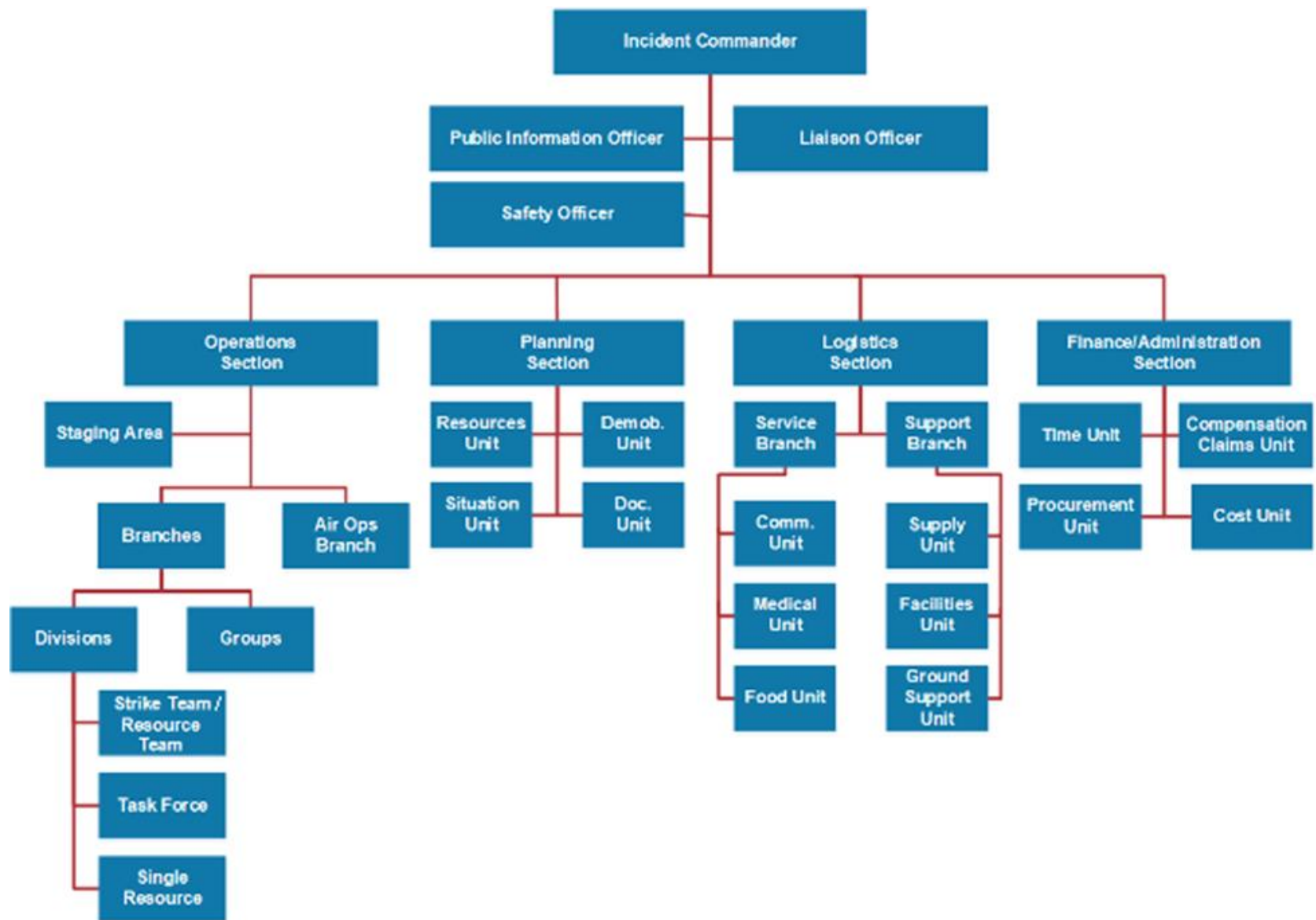
FEMA Incident Command Structure and Definitions

The Incident Command Structure (ICS) organization:

- a. Is typically structured to facilitate activities in five major functional areas: Command, Operations, Planning, Logistics, and Finance/Administration
- b. Is adaptable to any emergency or incident to which domestic incident management agencies would be expected to respond
- c. Has a scalable organizational structure that is based on the size and complexity of the incident

However, this flexibility does NOT allow for the modification of the standard, common language used to refer to organizational components or positions.

For NWSDS purposes, we will not use all of these positions, but it is preferable we use the same language and structure for ease of communication when coordinating with State and Federal Emergency Response and Management Systems.



- d. **Incident Commander (IC):** The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and the release of resources. The IC has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site.
- e. **Command Staff:** The Command Staff consists of:
 - i. **Liaison Officer:** A member of the Command Staff responsible for coordinating with representatives from cooperating and assisting agencies. The Liaison Officer may have Assistants.
 - ii. **Public Information Officer:** A member of the Command Staff responsible for interfacing with the public and media or with other agencies with incident-related information requirements.
 - iii. **Safety Officer:** A member of the Command Staff responsible for monitoring and assessing safety hazards or unsafe situations, and for developing measures for ensuring personnel safety. The Safety Officer may have Assistants.
- f. **General Staff:** The organization level having functional responsibility for primary segments of incident management (Operations, Planning, Logistics, Finance/Administration). The Section level is organizationally between Branch and Incident Commander. Sections are as follows:
 - i. **Operations Section:** The Operations Section responsible for all tactical operations at the incident. The Operations Section includes:
 - 1. **Branch:** That organizational level having functional, geographical, or jurisdictional responsibility for major parts of the incident operations. The Branch level is organizationally between Section and Division/Group in the Operations Section,

and between Section and Units in the Logistics Section. Branches are identified by the use of Roman numerals, by function, or by jurisdictional name.

2. **Division:** That organization level having responsibility for operations within a defined geographic area. The Division level is organizationally between the Strike Team and the Branch.
 3. **Group:** Groups are established to divide the incident into functional areas of operation. Groups are located between Branches (when activated) and Resources in the Operations Section.
 4. **Unit:** That organization element having functional responsibility for a specific incident planning, logistics, or finance activity.
 5. **Task Force:** A group of resources with common communications and a leader that may be preestablished and sent to an incident, or formed at an incident.
 6. **Strike Team/Resource Team:** Specified combinations of the same kind and type of resources, with common communications and a leader.
 7. **Single Resource:** An individual, a piece of equipment and its personnel complement, or an established crew or team of individuals with an identified work supervisor, that can be used on an incident.
- ii. **Planning Section:** Responsible for the collection, evaluation, and dissemination of information related to the incident, and for the

preparation and documentation of the Incident Action Plan. The Planning Section also maintains information on the current and forecasted situation, and on the status of resources assigned to the incident. This Section includes the Situation, Resources, Documentation, and Demobilization Units, as well as Technical Specialists.

- iii. **Logistics Section:** The Section responsible for providing facilities, services, and materials for the incident. Includes the Service Branch (Communications Unit, Medical Unit, and Food Unit) and Support Branch (Supply Unit, Facilities Unit, and Ground Support Unit).
- iv. **Finance/Administration Section:** The Section responsible for all incident costs and financial considerations. The Finance/Administration Section includes the Time Unit, Procurement Unit, Compensation/Claims Unit, and Cost Unit.
- v. **Intelligence/Investigations (I/I) Function:** Some incidents involve intensive intelligence gathering and investigative activity, and for such incidents, the Incident Commander or Unified Command may reconfigure intelligence and investigations responsibilities to meet the needs of the incident. The purpose of the Intelligence/Investigations function is to ensure that intelligence and investigative operations and activities are properly managed and coordinated.

MEAL SITE DETAILS: SERVICES, LOCATIONS, AND PARTICIPATION OVERVIEW

CLATSOP COUNTY

MEAL SITE NAME	ADDRESS	DAYS/ TIMES OF SERVICE	AVERAGE PARTICIPATION	MEAL DELIVERY FREQUENCY	ADDITIONAL SERVICES
Seaside Bob Chisholm Community Center	1225 Avenue A Seaside, 97103	M-F; 11:45AM	173	Once a day	Shelf-stable and frozen pick-up available
Svenson Wickiup Grange Hall	92683 Svenson Market Rd Svenson, 97103	Wed & Th; 11:45AM	140	Once a day	Shelf-stable and frozen pick-up available
Warrenton Community Center	170 SW 3rd St Warrenton, 97146	M & Th; 12:00PM	49	Once a day	Shelf-stable and frozen pick-up available

MARION COUNTY

MEAL SITE NAME	ADDRESS	DAYS/ TIMES OF SERVICE	AVERAGE PARTICIPATION	MEAL DELIVERY FREQUENCY	ADDITIONAL SERVICES
Mt. Angel Senior Center	195 Charles St Mt. Angel, 97362	M-F	42	Once a day	Shelf-stable and frozen pick-up available
Silverton Senior Center	1115 Westfield Silverton, 97381	M-F; 11:30AM	110	Once a day	Shelf-stable and frozen pick-up available
Stayton Community Center	400 West Virginia St Stayton, 97381	M,W,F; 11:30AM	152	Once a day	Shelf-stable and frozen pick-up available
Woodburn First Presbyterian Church	950 Boones Ferry Rd Woodburn, 97071	M-Th; 11:30AM	194	Once a day	Shelf-stable and frozen pick-up available
S. Salem, W. Salem, Keizer MPFS @ Ctr 50+	2615 Portland Rd NE Salem, 97301	M-F; 11:30AM	241	Once a day	Shelf-stable and frozen pick-up available

POLK COUNTY

MEAL SITE NAME	ADDRESS	DAYS/ TIMES OF SERVICE	AVERAGE PARTICIPATION	MEAL DELIVERY FREQUENCY	ADDITIONAL SERVICES
Dallas Senior Center	817 SW Church St Dallas, 97338	M, W, F; 11:30AM	194	Once a day	Shelf-stable and frozen pick-up available
Monmouth Senior Center	180 Warren St. S Monmouth, 97361	M & W; 11:30AM	92	Once a day	Shelf-stable and frozen pick-up available

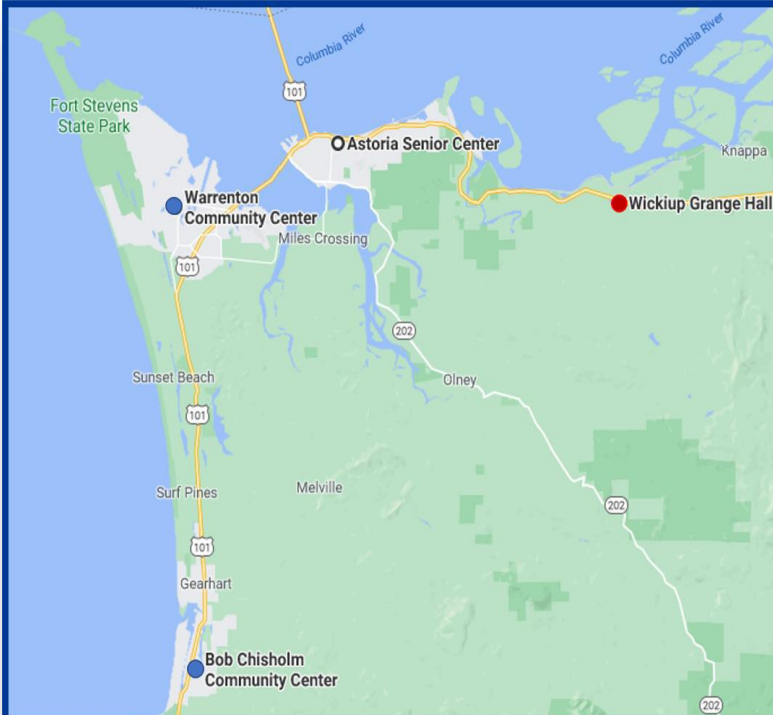
TILLAMOOK COUNTY

MEAL SITE NAME	ADDRESS	DAYS/TIMES OF SERVICE	AVERAGE PARTICIPATION	MEAL DELIVERY FREQUENCY	ADDITIONAL SERVICES
Pacific City Kiawanda Community Center	34600 Cape Kiawanda Drive Pacific City, 97135	M-F; 12:00PM	36	Once a day	Shelf-stable and frozen pick-up available
Tillamook Senior Center	316 Stillwell Tillamook, 97141	M-F; 12:00PM	178	Once a day	Shelf-stable and frozen pick-up available

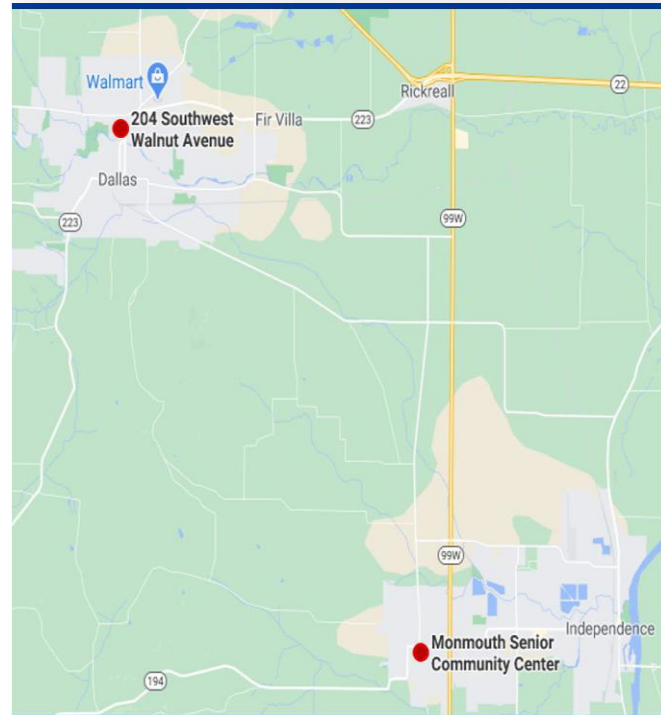
YAMHILL COUNTY

MEAL SITE NAME	ADDRESS	DAYS/ TIMES OF SERVICE	AVERAGE PARTICIPATION	MEAL DELIVERY FREQUENCY	ADDITIONAL SERVICES
Newberg Chehalem Senior Center	101 W Foothills Dr, Newberg, 97132	M-F; 11:45AM	245	Once a day	Shelf-stable and frozen pick-up available
McMinnville Cooperative Ministries	544 NE 2nd St McMinnville, 97128	M-Th; 12:00PM	92	Once a day	Shelf-stable and frozen pick-up available
Sheridan United Methodist Church	234 Bridge St Sheridan, 97378	M, W, F; 11:30AM	77	Once a day	Shelf-stable and frozen pick-up available

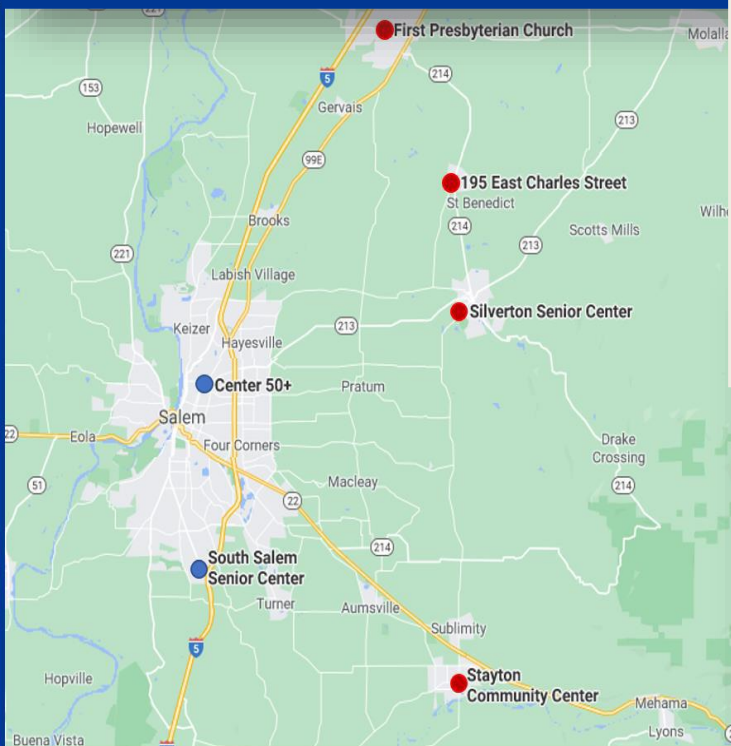
Meal Site County Service Area Maps



Clatsop County Meal Sites

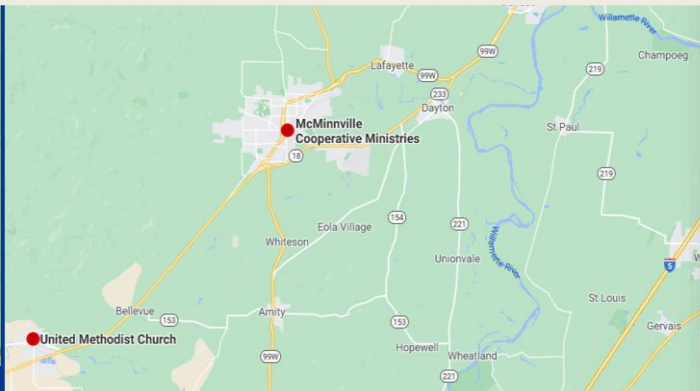


Polk County Meal Sites
(West Salem served by Center 50+)

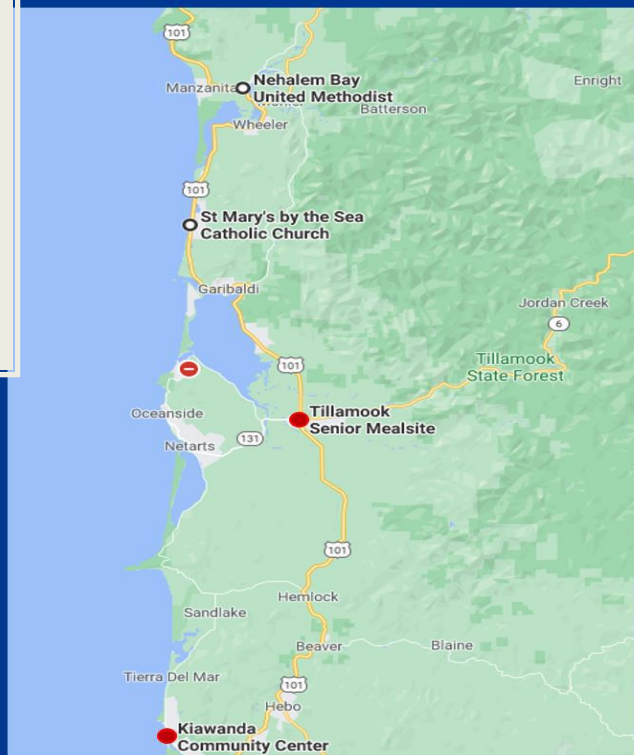


Marion County Meal Sites

- NWSDS MEAL SITE
- NWSDS CONTRACT
- NOT A NWSDS MEAL SITE



Yamhill County Meal Sites



Tillamook County Meal Sites

APPENDIX H: CONFLICT OF INTEREST POLICY(IES)

Conflict of Interest Compliance

NWSDS operates in strict alignment with federal and state guidelines to ensure transparency, accountability, and ethical service delivery. Our conflict-of-interest policies are designed to prevent bias, ensure fairness in service allocation, and uphold public trust in our programs. These policies apply to all facets of our organization, including staff, contractors, and any self-provided services.

OAA and OPI Services Conflict of Interest Policy

For OAA and OPI-funded services, NWSDS enforces conflict of interest policies that:

- **Ensure impartial service provision:** Individuals involved in service delivery or decision-making do not have personal or financial interests that could influence program eligibility determinations or service authorizations.
- **Mandate disclosure and recusal:** Employees, contractors, and advisory council members must disclose any potential conflicts and recuse themselves from decisions where conflicts may exist.
- **Maintain service neutrality:** NWSDS ensures that no undue influence is exerted in the selection or oversight of service providers, particularly when services are self-provided by the Area Agency on Aging (AAA).
- **Conduct regular reviews and audits:** Compliance monitoring and periodic audits ensure adherence to all conflict-of-interest regulations.

Conflict of Interest Policy for Contractors and AAA Staff

When NWSDS directly provides services that would otherwise be contracted, we follow additional safeguards to mitigate conflicts of interest:

- **Separation of roles:** Staff responsible for service assessments and eligibility determinations are independent from those providing direct services to avoid any conflict.
- **Competitive procurement processes:** Contracted services are awarded through fair and open bidding to prevent favoritism or undue influence.
- **Oversight and reporting:** Regular oversight mechanisms, including independent reviews and stakeholder input, ensure that self-provided services maintain the same level of integrity and impartiality as contracted services.

APPENDIX I:
PARTNER MEMORANDUMS OF UNDERSTANDING

Intentionally left blank, not applicable to NWSDS.

STATEMENT OF ASSURANCES AND VERIFICATION OF INTENT

For the period of July 1, 2025 through June 30, 2029, NorthWest Senior and 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, NorthWest Senior and Disability Services 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 agency 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.

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;

(5) 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 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;

(A) 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;

(B) 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;

(C) 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;

(D) 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;

(E) 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;

(6) 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;

(7) 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);

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

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to

supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

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

(10) 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;

(11) 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.

(12) 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;

(13) 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;

(14) 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;

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

(16) 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;

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

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

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

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

Section 306 (e)

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

The agency 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 agency 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.

4/7/2025

Dwight Hackenberg

Date

Executive Director of Operations

4/8/2025

AMADOR AGUILAR - A

Date

Senior Advisory Council Chair

4/8/2025

Steven Manesis

Date

Disability Services Advisory Council Chair

4/8/2025

Commissioner Craig Pope

Date

Board of Directors Chair

vii-GLOSSARY

1. Aging and Disability Resource Connection (ADRC)

A central hub for seniors, individuals with disabilities, families, and caregivers seeking support, resources, and services. It provides person-centered options counseling, information, and referrals.

2. Adult Protective Services (APS)

A service designed to investigate and prevent the abuse, neglect, or exploitation of vulnerable adults.

3. Area Agency on Aging (AAA)

A regional organization that plans and coordinates services and supports for older adults, persons with disabilities, and caregivers under the Older Americans Act (OAA).

4. Congregate Meal Program

A program offering freshly prepared, nutritious meals at central locations to promote health and socialization for older adults.

5. Discretionary Funds

Additional funds available to the Agency after fulfilling required services, used for enhancing existing services or starting new programs.

6. Family Caregiver Support Program (FCSP)

A two-year program offering education, training, and support to unpaid family caregivers who care for older adults, individuals with disabilities, or children under 18.

7. Medicaid Services

State-administered services that provide healthcare coverage and long-term care options for individuals and families with low income and resources, including in-home and community-based care.

8. Medicare Counseling

Personalized assistance provided to individuals and families to help navigate Medicare benefits, select plans, and manage coverage options through trained counselors or resources such as SHIBA (Senior Health Insurance Benefits Assistance).

9. Money Management

Programs offering assistance to older adults and individuals with disabilities in managing their finances, such as budgeting, bill paying, and fraud prevention, to promote financial stability and independence.

10. Older Americans Act (OAA)

A federal law that funds services for older adults, including nutrition programs, caregiver support, health promotion, and elder rights protection.

11. Oregon Project Independence (OPI)

A state-funded program that helps older adults and individuals with disabilities maintain independence by providing in-home support and services.

12. Oregon Project Independence-Medicaid (OPI-M)

A Medicaid demonstration project expanding the OPI program to include additional services for Medicaid-eligible individuals.

13. Relatives as Parents Program (RAPP)

A subset of the FCSP that supports relatives aged 55 or older who are parenting children under 18, providing resources and assistance.

14. Service Equity Plan

An Agency-wide initiative to ensure equitable access to services for historically underserved or marginalized communities, with a focus on diversity and inclusion.

15. Senior Peer Mentor Program

A program supporting older adults experiencing mild to moderate anxiety or depression through peer-led interventions.

16. Title III and Title VI Programs

Funding streams under the OAA:

- **Title III:** Services for older adults, including nutrition, transportation, and elder rights.
- **Title VI:** Nutrition and supportive services for Native American elders.

17. Savvy Caregiver Program

An evidence-based training series providing caregivers with essential skills to manage caregiving challenges effectively.

18. Tai Ji Quan: Moving for Better Balance

An evidence-based fall prevention program adapted for seniors to improve balance and reduce the risk of falls.

19. Walk with Ease Program

A health promotion program designed to encourage physical activity and improve the well-being of older adults.

20. Nutrition Program

A service offering home-delivered meals and congregate dining to improve access to nutritious food for older adults and individuals with disabilities

