



# Oregon

John A. Kitzhaber, MD, Governor

## Department of Human Services

*Aging and People with Disabilities*

*State Unit on Aging*

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December 28, 2012

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Dear Eva:

I am pleased to inform you that the Community Action Program of East Central Oregon's Area Plan on Aging for 2013 – 2016 has been approved for the period January 1, 2013 through December 31, 2016.

The State Unit on Aging staff looks forward to working with you in the implementation of the Area Plan. If you have questions or concerns, please do not hesitate to contact us.

I appreciate your dedication and commitment toward improving the lives of older Oregonians. Suanne Jackson will continue as the SUA staff liaison to your agency.

Sincerely,

Elaine Young  
Manager, State Unit on Aging

Cc: Suanne Jackson, SUA  
Patty Broker, CAPECO

**COMMUNITY ACTION PROGRAM**

**EAST CENTRAL OREGON**

**DISTRICT 12:**

**UMATILLA & MORROW COUNTIES**

**OLDER AMERICANS ACT AREA PLAN**

**For period of**

**JANUARY 1, 2013**

***to***

**DECEMBER 31, 2016**

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## **A-1 Introduction**

The Community Action Program of East Central Oregon (CAPECO) is a private non-profit corporation formed in October of 1987. Its purpose is to develop and provide various programs and services which target low and moderate income individuals in Umatilla, Morrow Gilliam, and Wheeler counties. It is governed by a nine (9) member board of directors comprised of three (3) elected officials, three (3) representatives of underserved populations, and three (3) private sector representatives. Among its varied responsibilities, CAPECO is the designated Area Agency on Aging (AAA) for Umatilla and Morrow counties. Operational responsibility for senior services rests with the AAA, the Board of Directors and direction from the local Senior Advisory Council.

The Umatilla-Morrow Area Agency on Aging is designated a Type A AAA which administers the Older Americans Act and Oregon Project Independence programs. The Retired and Senior Volunteer (RSVP) and Lifespan Respite programs are also part of the AAA.

Title XIX Medicaid programs, Supplemental Nutrition Assistance Program (formerly Food Stamps), and other entitlement programs are administered by local offices of the State of Oregon's Aging and People with Disabilities division (APD) of the Department of Human Services.

CAPECO's main office is located in Pendleton; however, staff, volunteers and personnel from other agencies are available on a regular basis at each of the focal points in the service area to ensure that the elderly are able to gain access to services and obtain information at a single location. CAPECO provides a toll free number throughout the district to expedite connecting seniors with services. Additionally, a variety of brochures are maintained at various locations in service area communities. Program intakes are conducted by appointment in the clients' homes.

America is aging. The 2010 U.S Census shows that there were more people over sixty-five in 2010 than in any previous decade. Between 2000 and 2010, this population increased at a rate of 15.1 percent, while the total U.S. population increased at a rate of 9.7 percent. . The senior population is expected to grow even faster, as members of the

Baby Boom generation (Those born between 1946 and 1964) continue to move into their golden years.

According to the U.S. Census Bureau, there were 9,872 people over 65 on April 1, 2010 (Census Day) in Umatilla County and 1,426 in Morrow County Oregon, 11,298 in total. Seniors over 65 make up 11 percent of the general population in Morrow County and 14 percent of the total in Umatilla County. The growth rate for the service area is expected to accelerate to 16 and 17 percent over the next twenty years. In 2010, there were 6,036 people between the ages of 65 and 74, 3,503 between the ages of 75 and 84 and 759 over the age of 85 living in Umatilla and Morrow counties. In twenty years, it is estimated there will be 10,576 people between 65 and 74, 6,700 people between 75 and 84 and 1,967 people over 85 living in the AAA service area. It is well documented that the vast majority of seniors wish to stay in their homes as long as possible.<sup>1</sup>

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<sup>1</sup> The 1999 AARP study *Fixing to Stay* concluded a majority of Americans age 45 and over want to remain in their current residence for as long as possible. In fact, 71 percent of respondents strongly agreed, and an additional 12 percent somewhat agreed, that they want to stay in their current residence as long as possible. If they need help caring for themselves, most respondents would prefer not to move from their current home (82%). Only a few expressed a preference for moving to a facility where care is provided (9%) or for moving to a relative's home(4%)[http://assets.aarp.org/rgcenter/il/home\\_mod.pdf](http://assets.aarp.org/rgcenter/il/home_mod.pdf).see also[http://articles.chicagotribune.com/1990-04-07/news/9001300688\\_1\\_elderly-aging-present-homes](http://articles.chicagotribune.com/1990-04-07/news/9001300688_1_elderly-aging-present-homes), and [http://www.boston.com/business/personalfinance/articles/2012/05/20/villages\\_help\\_seni](http://www.boston.com/business/personalfinance/articles/2012/05/20/villages_help_seni)

of Americans age 45 and over want to remain in their current residence for as long as possible. In fact, 71 percent of respondents strongly agreed, and an additional 12 percent somewhat agreed, that they want to stay in their current residence as long as possible. If they need help caring for themselves, most respondents would prefer not to move from their current home (82%). Only a few expressed a preference for moving to a facility where care is provided (9%) or for moving to a relative's home(4%)[http://assets.aarp.org/rgcenter/il/home\\_mod.pdf](http://assets.aarp.org/rgcenter/il/home_mod.pdf).see also[http://articles.chicagotribune.com/1990-04-07/news/9001300688\\_1\\_elderly-aging-present-homes](http://articles.chicagotribune.com/1990-04-07/news/9001300688_1_elderly-aging-present-homes), and [http://www.boston.com/business/personalfinance/articles/2012/05/20/villages\\_help\\_seni](http://www.boston.com/business/personalfinance/articles/2012/05/20/villages_help_seni) ors\_remain\_in\_their\_homes\_communities/?page=2

The nation, state and local service areas are preparing for this demographic shift, sometimes described as a “silver tsunami”. Planning now for the needs of the growing and diverse elderly population will make the transition easier.

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

The Area Agency on Aging’s mission is to coordinate, develop and maintain services that promote opportunities for the elderly to maintain their independence, dignity and choice. In pursuing this mission, the AAA is committed to the core values of integrity, stewardship, responsibility, respect, and professionalism.

To accomplish our mission we will:

Work as an agency and with others to create a complete and responsive system of services.

Plan, develop new programs as needed, improve upon the delivery of existing programs, educate the public, advocate with lawmakers, and provide direct services in a manner that involves older adults from all walks of life so that their interests are represented.

In fulfilling our mission we value:

Dignity: Respect for individual consumers of services and their caregivers

Choice: Consumers should have the opportunity to make informed choices about their care situations.

Independence: Consumers benefit from service approaches that empower them, family members and their communities to live full and independent lives, to the greatest extent possible.

Access to services for all consumers: We will strive to overcome barriers to access, such as language, social, geographical, or cultural/lifestyle isolation.

Respect for individual differences and cultural diversity

Providing consumers with opportunities for healthy aging

Providing opportunities for older adults to remain active in their communities

Helping consumers to be safe from neglect and exploitation

Our partners include the District 12 Department of Human Resources' office of Aging and Disability Services, Eastern Oregon Council of Independent Living, United Way, Stakeholders are health care and respite providers, clients, caregivers and family members.

### **A-3 Planning Process to Determine Service Priorities**

The planning process began in March, 2012. A needs assessment survey was distributed at senior centers in Pendleton, Hermiston, Milton-Freewater, Stanfield, Umatilla, Ukiah, and Weston in Umatilla County, and Heppner, Boardman, and Irrigon in Morrow County

The survey also was distributed at selected churches and through case managers and other professionals and providers who work directly with seniors in the region. The latter included case managers at the Center for Independent Living, Clear View Mediation Disability Resource Center and the Salvation Army as well as lawyers at Legal Aid Services of Oregon in Pendleton. Aging and People with Disabilities caseworkers in both Umatilla and Morrow counties were provided with copies of the survey for their clients.

A copy of the survey is included in Appendix C. It was designed to ascertain seniors' scope of need with respect to housing, in-home assistance, transportation, health, nutrition and finances. It also contains a section for those caring for someone over the age of 60.

Approximately 750 surveys were distributed and 277 returned; a thirty-seven percent return rate. Only fourteen caregiver surveys were completed. Little input was received from members of minority groups, and future planning efforts should specifically focus on obtaining input from this population.

Survey results revealed that many seniors in the region are doing well; over 70% own their own homes and are enjoying retirement. 39% percent have at least six month's living expenses in savings. The survey also revealed that 78% of respondents suffer from at least one chronic condition and that 14% have difficulty affording food. 12% percent have difficulty affording basic necessities: food, housing and utilities.

In April and early May, five community forums were held in Heppner, Hermiston, Pendleton, Milton-Freewater and Boardman at the senior centers there. Guest speakers were invited to discuss topics such as the Family Caregiver Support Program, Nutrition Counseling and Wellness Education, and Access to Nutrition (through the SNAP Program, USDA Farm Direct Nutrition Program vouchers, community gardens, congregate meal sites and Meals on Wheels). In-home care, Oregon Project Independence, volunteer and social opportunities, energy assistance, transportation and safety programs were also discussed.

Seniors who attended the forums were asked to answer the following open-ended questions in writing:

- 1 What does healthy aging mean to us as individuals and as a community?
- 2 What do you think we need to stay healthy as we age?
- 3 What do we need as a community to support us as we age?
- 4 What are the steps you think we need to take to achieve health as individuals as we age?

The general tenor of the responses to the first question was that healthy aging means doing what is necessary to stay independent so life can be enjoyed. Answers to the second question revolved around, exercise, good food and quality medical attention.

More community activities for seniors, assisted living facilities and better medical transportation for certain parts of the service area were common answers to the third question. Respondents also spoke to a general need for emotional support from their communities. Everything from better outreach and education about existing programs and services to worshipping God and fishing more were suggested as steps toward healthy aging.

In the course of the planning process, people active in the communities represented commented on what they saw as needs and opportunities for growth: forging private/public partnerships, collaboration, illustrating programs to seniors and demonstrating how to use them, perhaps through anecdotes or skits, rather than by simply explaining them, providing information about programs and services to trusted, active community members who will disseminate the information among seniors in their areas. There is a general consensus that, in a time of growing need and dwindling resources, working together to define and solve problems is imperative.

The plan was presented to and approved by the Advisory Council on August 29, 2012. The meeting also served as a public hearing. A notice appeared in the East Oregonian newspaper August 23, 2012. No members of the public attended the meeting. Advisory council members discussed the plan and proposed programs. They asked questions, but made no recommendations for changes to the plan. The plan was approved by the Board of Directors at its November meeting. It is the role of the Advisory Council and Board of Directors to advise the AAA regarding the plan.

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

Since this region has a large low to moderate income senior population, it is anticipated that the need for services will continue to increase. Economic uncertainty brings causes seniors to face struggles such as finding affordable housing, food insecurity, and the inability to afford in-home care, among others.

In the event of funding reductions AAA staff reviews cases for possible service outcomes and alternatives. The need of each individual is considered and whether they have options other than the AAA to receive the services they require (such as a friend or relative willing to provide care). Their ages and levels of need are also considered. Consumers might be referred to comparable services in the community when they exist.

Should the AAA receive additional discretionary funding, it would prioritize spending in this manner:

Develop a threshold for greatest need considering factors such as income, physical and mental disabilities, language barriers and cultural, social and geographic isolation.

Develop a process to identify and cost-effectively serve as large a population as possible within the above matrix, ensuring that seniors and adults with disabilities retain their independence.

Ensure sustainability through partnerships with other service providers, coordinating the process with their input.

Monitor the process for effectiveness and make changes as needed.

## **B-1 Profile of the Population to be Served by the AAA**

The Umatilla and Morrow counties service area covers 5,250 square miles. According to the U.S. Census Bureau, the estimated population for the two counties is 87,062.

Umatilla County, the larger of the two counties, has a population of 75,889. Of this total, 13,654 are age 60 or older. Approximately, 1,062 rank below the federal poverty level, and roughly forty percent ranked at or below 185% of the federal poverty level. The Umatilla County senior population is largely low to moderate income, and according to the Administration on Aging's definition, completely rural<sup>2</sup>.

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<sup>2</sup>: An area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum

Of the 9,440 persons who are 65 or older in Umatilla County, 489 are Hispanic.

491 speak a language other than English at home, and 312 speak English less than very well.

The 2010 Census shows that Hermiston has just barely surpassed Pendleton as Umatilla County's largest city with a population of 16,745 compared to Pendleton's 16,612, a difference of 133 persons.

Morrow County is a frontier county, with a population of 6 or fewer persons per square mile. Morrow County has a population of 11,173. Of this total, 2,123 are age 60 or older. 111 of them live below the federal poverty line. Of the 1,452 persons who are 65 or older, 77 are of Hispanic origin 159 speak a language other than English at home

According to Victoria Johnson of the Confederated Tribes of the Umatilla, there are 401 enrolled tribal members aged 60 and above.

As noted in the introduction on page 1, the senior population in Umatilla and Morrow counties is increasing at an accelerating rate. By 2030, the senior population between 65 and 74 years old is expected to increase by 57 percent, the population between 75 and 84 years old by 52 percent, and that over 85 years old by 39 percent.

At the same time we are seeing the ranks of older residents swell, seniors are expressing a preference to age in place at home (see discussion on page 2 above).

In recent years, there has been an increase in the number of Hispanic households in the service area. This trend portends the need better to engage Hispanic communities in planning for the needs of their seniors. The District 12 AAA is exploring methods for achieving Hispanic participation in planning efforts (see discussion on page 5).

As shown above, the service area is entirely rural, and approximately forty percent of the elder population lives at 185 percent of the federal poverty level or below. This data

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population of 50,000), and (2) an incorporated place or a census designated place with 20,000 or more inhabitants.

highlights the need for outreach calculated to reach those in need of services (see discussion on page 5-6 and 21-22 below).

## **B-2 Target Population**

As noted above, the AAA District 12 Service Area is entirely rural with a substantial low to moderate income population. Our survey results showed roughly 40% of respondents were living at or below 185% of poverty, and American Community Survey census tract maps for 2006-2010 show that, with the exception of much of Pendleton, at least 25% of the population lives at or below this level, including tracks where large numbers of seniors live.

Since large portions of the service area meet the greatest economic need and older individuals living in rural areas criteria, we will furnish materials about our programs to key individuals and organizations throughout the region: senior centers and involved volunteers, librarians, libraries, post offices, food pantries, hospitals nursing homes, and other places where information is disseminated. We have learned through past efforts and the experiences of others that people that are socially and geographically isolated often respond best to trusted members of their own communities when learning about and considering social services. Another AAA hired a local community resident through Title V as an Ombudsman who was very successful in performing program outreach. This may be something for this AAA to consider. (Please see p. 19 for further discussion of these issues).

The area's largest limited English-speaking population is Hispanic. Large concentrations of Spanish-speaking people live in north Morrow County and in the Milton-Freewater area in northern Umatilla County, both intensive agricultural areas. Those who have conducted surveys the region have not been especially successful in reaching this population. There is speculation that this is because there are many first generation immigrants who are not yet comfortable dealing with members of the mainline culture. There is talk of creating a task force to address better communicating with Hispanic communities, including elders and caregivers. The AAA, as a leader in addressing long

term care, is well-positioned to participate in this endeavor. It might even consider taking the lead.

In March of 2012, the Hispanic Leadership and Outreach Roundtable of Eastern Oregon sponsored a service agency training titled *Narrowing the Cultural Gap* in Hermiston, which was attended by Maria Mendoza, a Spanish-speaking CAPECO employee, who reports that the group will be offering future trainings.

St. Anthony's Hospital in Pendleton is exploring the possibility of conducting an Hispanic health assessment study and will be advising the AAA of opportunities to participate. We have translated our most comprehensive senior services brochure into Spanish and are considering putting non-discrimination language into future editions of our English language brochures. As noted in the plan section on family caregivers, we have notified the local branch of PFLAG (Parents and families of Lesbians and Gays) that we are interested in making a presentation about our services at one of their meetings. As we learn about underserved populations, we will attempt to make contact with them, usually by interacting with those members who are comfortable relating to the mainline culture.

### **B-3 AAA Services**

As a designated Area Agency on Aging, CAPECO receives money through the Older American's Act for planning, program development, advocacy and a variety of programs and services determined through a planning process to be addressing the greatest needs of the elderly in the service area.

Services are provided throughout Umatilla and Morrow counties at focal points, such as senior centers and provider offices, and in client's homes. The central functions of the AAA are carried out at the main office located in Pendleton. Focal points are staffed by volunteers or personnel from other agencies working collaboratively with the AAA and CAPECO. A toll free number is available that all residents may call to inquire about services.

The local AAA has been providing, and will continue to provide, a range of services to seniors so that they can choose those that best suit them. These services assist both the frail older person who can remain at home if they receive the right services as well as the seniors who are healthy and can benefit from activities and social opportunities provided by community-based programs such as local senior centers and volunteer prospects available through the Retired Senior Volunteer Program (RSVP).

The following services currently are available to people living in Umatilla and Morrow counties:

Information and Assistance: Provides current information on programs and services available. AAA employees endeavor to assess the problems and capacity of the individuals seeking assistance and to link those individuals to the services that best meet their needs.

Advocacy: We represent the interests of seniors by promoting programs and services for the elderly and their caregivers at the local, state and national levels.

In-home Care: Provides assistance with tasks essential to maintaining a household, such as grocery shopping, housekeeping, laundry and meal preparation.

Paid Respite Care: Provides a break from care giving responsibilities for family members who are caring a family member or friend aged 60 or older. There is no charge for this program. Voluntary contributions are accepted and used to expand program services.

Meals on Wheels: Mid-day and weekend meals are delivered to individuals who cannot shop or prepare their own meals. These meals are primarily delivered by volunteers who also provide a sense of security and social connection to the homebound individual.

Congregate Meals: Group meals are served at senior centers for the purpose of providing a nutritious meal in a social environment.

Chore Assistance: We offer help to persons having difficulty with one or more of the following activities: heavy housework, yard work, or sidewalk maintenance.

Case Management: Assistance in obtaining access to care or coordinating care for older persons who are experiencing diminishing functional capacities. This includes developing care plans, authorizing and arranging for services, follow-up and reassessment.

Legal Assistance: Legal advice, counseling, and representation by an attorney or other person acting under the supervision of an attorney.

Area Plan Administration: We perform administrative functions required to implement planned services, maintain required records, and fulfill the requirements of federal and state rules and the State Unit on Aging's policies and procedures.

Organization and Maintenance of Support Groups for Caregivers: We endeavor to engage in activities to organize and maintain support groups in order to provide assistance to caregivers and their families in making decisions and solving problems related to their care giving roles.

Supplemental Services to Caregivers: We offer services to provide assistance with Activities of Daily Living to complement the care provided by caregivers on a limited basis. Supplemental services include, but are not limited to, home repair/modification, assistive technologies, home delivered meals, and incontinence supplies.

Information for Caregivers: A service for unpaid caregivers that provides information on resources and service available to support the caregiv

Assistance in Gaining Access to Caregiver Services:

We assist caregivers, on a one-on-one basis, to obtain access to services and resources. To the maximum extent practicable, it ensures that the individuals receive services needed by establishing adequate follow-up.

Preventative Screening, Counseling and Referral:

We offer education about availability, benefits and appropriate use of Medicare preventative health service or other preventative health programs. We offer health risk assessment, screening and preventative health education.

Medication Management:

We offer screening and education to prevent incorrect medication use and dosage and adverse drug reactions, including individual medication reviews or group based programs that contain information on medication management.

Elder Abuse Awareness:

We engage in activities that promote understanding and increase public awareness of elder abuse. We stock publications put out by federal and state agencies as well as private concerns and the AARP explaining scams and investment swindles, and how to avoid them. Complaints of physical, emotional and financial abuse are fielded and investigated by the Department of Human Services' Adult Protective Services Division.

Reassurance: We make regular friendly telephone calls and/or visits to physically, geographically or socially isolated persons to determine if they are safe and well and to determine whether they require assistance.

Caregiver Training: Training provided to caregivers and their families that supports and enhances the care giving role.

Public Outreach and Education: We provide services or activities targeted to provide information to groups of current or potential clients and aging network partners regarding available services for the elderly.

Crime Prevention/Home Safety: We provide and promote activities that educate elders regarding crime prevention or that provide home safety devices such as smoke alarms.

Money Management: We provide assistance with financial tasks for seniors who are unable to handle their personal finances (e.g. banking, transactions, paying bills, taxes etc.).

### Nutrition Education:

A program to promote better health by providing accurate and culturally sensitive information about nutrition, or health as it relates to nutrition. Instruction is available to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietician or individual of comparable experience.

Oregon Project Independence (OPI): CAPECO administers Oregon Project Independence funds provided by the State of Oregon's General Fund. OPI serves Oregonians aged 60 and over who are not receiving Medicaid, but may be receiving QMB, SLMB (May pay premiums and co-pays for persons making up to 135% of poverty level) or SNAP. The purpose of the program is to promote independent living among those who might not otherwise be able to stay in their homes by providing needed in-home care. Costs are based on the amount of household income after deductions for medical expenses. Those whose income is between poverty level and 200% of that level pay a percentage of the hourly cost of service. Those with higher incomes pay the full cost of the service.

Other Programs or activities of the AAA:

Retired and Senior Volunteer Program (RSVP): Federal and local funds

This program encourages seniors to become actively involved in their communities by volunteering at certified work stations. Work stations outline duties to be performed and volunteers are paired to the work station according to their interests and abilities.

Other CAPECO services:

## **COMMUNITY SERVICES (CSS)**

Community Services Block Grant (CSBG): Federal Funds

Funding dollars are utilized to support the nutrition programs, emergency services , housing, self sufficiency and agency development.

Tribal Commodities Food Program (TCEP/FDIRP): Federal Funds

An alternative to Food Stamps, USDA Commodities are available to income eligible households residing on the reservation and for income eligible Native American households who live in Umatilla and Morrow counties. The Confederated Tribes of the Umatilla Indian Reservation contribute funds to meet the non-federal matching dollar requirements of this program.

Oregon Food Bank (OFB): State and Private Funds

Funds are received to help offset the expense of our agency being a regional coordinating agency (RCA) through the Oregon Food Bank network. RCA's receive USDA commodities, state appropriations, Share Our Strength and donated food products. The CSS receives a monthly shipment from OFB that is unloaded by staff and maintained in the CAPECO warehouse until distributed to our local food pantry affiliates and other certified agencies.

Food Program: Private Funds

Throughout the year, various state and local food drives contribute food and funds to assist in our mission of preventing hunger. Product is then redistributed to area food pantries and funds received allow the purchase of food otherwise not available.

Linkage: State Funds

Work with emergency food pantries to connect clients with services and resources.

Periodically, staff visit food pantries and interview recipients to determine unmet needs and then link them to services. Expands food resources for local food system.

Emergency Food and Shelter Grant (EF&SG): Federal Funds

Provides direct client payments for emergency rental/mortgage assistance for eligible residents of Umatilla Co.

Housing Stabilization Program: Federal Funds

Emergency Housing Assistance

Funds provide a dollar match to obtain funding from the Department of Human Services to assist homeless or at risk of being homeless families. Staff assists the household in developing a goal plan and through monthly visits assesses the client's progress in reaching their goals and identifying barriers preventing the household from acquiring a greater level of self reliance.

Emergency Shelter Grant Program (ESGP): Federal Funds

Provides monetary assistance to operate local shelters and warming stations, as well as counseling for homeless or at risk of being homeless households, including rental assistance and homeless outreach. Specific HUD eligibility requirements apply. Shelter funds are distributed to Domestic Violence and Tonya's House.

### State Homeless Assistance Program (SHAP): State Funds

Provides emergency lodging for individuals or families that become homeless or stranded in the service area, as well as counseling, and outreach services. Some of the funds are utilized as match for a Continuum of Care grant received from HUD to provide services and housing.

### Low-Income Rural Housing Fund (LIRHF): State Funds

A case management approach which allows rental subsidized payments for 6 months. These funds are coordinated with HTBA. Budget counseling is a big component of this program and allows households to eliminate debt burdens or create savings fund to obtain permanent housing or to become a homeowner.

### Home Tenant Bases Assistance (HTBA): Federal Funds

Subsidized rent for eligible households for a 6 month period. Requires matching dollars from LIRHF and/or EHA. Households need to qualify according to HUD established guidelines and the rental unit must meet housing quality standards prior to approval of assistance.

### Continuum of Care: Federal Funds

HUD grants acquired by CAPECO to assist homeless households gain permanent or transitional housing and life skills in an effort to eliminate homelessness and help them gain and retain stable housing.

Safeco Foundation: Private Funds

Provides funds to address homeless initiatives developed at monthly Home for Hope meetings addressing immediate concerns, priority measures derived from Homeless Summit and to help create the local ten year plan to end homelessness.

Homeowner Programs: Federal and State Funds

CAPECO is a regional housing center providing services for first time homeowners, mortgage foreclosure counseling, and mortgage assistance. Eligibility requirements vary based on program.

Dental Van: Private Funds

Mobile van unit provides monthly access for individuals needing dental assistance. Free to those without dental insurance and vouchers for those needing dentures.

Good Shepherd Foundation: Private Funds

One time prescription assistance for those low income Hermiston area individuals lacking health insurance to cover their prescription needs.

Low-Income Energy Assistance Programs (LIEAP): Federal Funds

Provides a one- time payment assistance for eligible households to offset the high cost of energy during the winter heating season. Assistance payments are made to the energy supplier on behalf of the eligible household.

Oregon Energy Assistance Program (OEA): State Funds

Provides payment assistance to Pacific Power for eligible households with past due or termination notices. Funds are public purposes charges paid by Pacific Power customers.

Cascade Gas Fuel Fund (PPC): Private Funds

Provides payment assistance to Cascade Gas for eligible households with past due or termination notices. Funds are public purposes charges paid by Cascade Gas customers.

Energy Education: Federal and State Funds

Workshop format provides participants information on how they can identify ways to reduce their energy consumption and high energy users in their home. In home assistance assists the household by installing low cost measures that help reduce energy usage and improve comfort.

Weatherization: Federal and State Funds

CAPECO has various grants to provide weatherization services to eligible households. Weatherization measures are determined by our certified auditor/inspector and validated based on a savings to investment ratio formula. Measures include but are not limited to insulation, ventilation and air sealing. Work is contracted to local licensed, bonded and insured contractors.

## **Work Force Investment Act Title 1B: Federal**

### Adult Program

Provides occupational/vocational job training, work readiness, work experience, job skills training, support services, job placement /retention and follow-up services to low-income adults age 18 or older with the ultimate goal of creating economic independence and family stability.

### Dislocated Worker Program:

Provides occupational/vocational, customized training, work-readiness, on-the-job training, job skills training, needs related payments, support services, relocation services, job search/placement/retention and follow-up services to individuals 18 years and older who have been terminated, laid off, or have received a notice of termination or lay-off.

### Youth Program:

Provides activities and services directed toward helping youth achieve academic and employment success. These services include work experience, work readiness, remedial education, tutoring skills, summer employment, alternative education, job shadowing, occupational skills training, leadership development, mentoring, counseling, support services, job placement/retention and follow-up services to low income youth 14 through 21 years of age.

Adult Education:

GED (General Educational Development (official name) ; also known as General Degree Equivalency).

English as a Second Language

Adult Basic Skills

These are available in conjunction with Blue Mountain Community College in Pendleton, Hermiston and Milton-Freewater.

Heppner Outreach:

Members of CAPECO's Work force Development staff travel to Heppner in south Morrow County on the third Wednesday of each month, setting up in Heppner City Hall. They administer Work Force Development programs and make referrals to other programs and services.

**B-4 Non CAPECO or-AAA Services in the Service Area**

**Department of Health and Human Services:**

Aging and People with Disabilities:

Offices in Umatilla County: Hermiston and Pendleton. No offices in Morrow County.

Services available: case management, Supplemental Nutrition Assistance Program (formerly food stamps), Farm Direct Nutrition Program vouchers, Medicaid, Medical Transportation (Brokerage).

Self-Sufficiency Offices: Supplemental Nutrition Assistance Program (formerly food stamps); Oregon Health Plan; Temporary Assistance to Needy Families (TANF)

Clinics (Low cost)

Hermiston Community Health Clinic

Irrigon Medical Clinic

Mirasol Family Health Center (Hermiston)

Pioneer Memorial Clinic (Heppner)

County Health Departments: Morrow: Boardman, Irrigon, And Heppner. Umatilla:

Pendleton Hermiston

Hospitals: Hermiston (Good Shepherd); Pendleton (St. Anthony's), Heppner (Pioneer Memorial).

Hospices: Pendleton, Hermiston, Heppner, Milton-Freewater

Mental Health and Substance Abuse Treatment:

Lifeways Clinics in Pendleton and Hermiston

Morrow County Behavior Health, Boardman

Umatilla County Mental Health and Substance Abuse Unit in Pendleton

Disability and Resource Centers:

Eastern Oregon Center for Independent Living in Pendleton

Clear View Mediation in Pendleton

Support Groups:

Alzheimer's

Good Shepherd Wellness Center, Hermiston Oregon

Bereavement:

Good Shepherd Wellness Center, Hermiston Oregon

St. Anthony's Hospital, Pendleton Oregon

Cancer Survivors

Good Shepherd Wellness Center, Hermiston Oregon (Breast Cancer)

St. Anthony's Hospital, Pendleton, Oregon

## Diabetes

Good Shepherd Wellness Center, Hermiston, Oregon

St. Anthony's Hospital, Pendleton, Oregon

## Free and Low Cost Transportation

Free or low cost Confederated Tribes of the Umatilla Busses

\$1.00 Taxi Tickets: City of Pendleton, City of Milton-Freewater, City of Hermiston

Let'er Bus Pendleton through the City of Pendleton

## Medical Transportation

RSVP Dial-a-Ride services through CAPECO

Care Van through Good Shepherd Hospital in Hermiston

Brokerage through Aging and People with Disabilities

## Employment

Work Source offices in Hermiston, Pendleton, and Milton-Freewater. No offices in Morrow County.

## **Gaps in Services and Needed Service Coordination/Partnerships**

Seniors in the service area have expressed a need for affordable housing close to grocery shopping. A partnership with local planners as well as the Umatilla Morrow County Housing Authority could help to address this need.

Because the District 12 Service Area is entirely rural, it is often necessary to travel extensive distances to gain access to needed services and rural residents tend to be very dependent on automobile transportation to meet their basic needs. As the older population ages and begins to outlive its ability to drive, it needs to find transportation alternatives. There is a discussion of related issues in the Mobility section on page 22 of this plan.

Another problem is that there is a general lack of awareness of transportation options currently available. A clearly written flyer describing alternatives in easy-to-understand language and placed in locations accessible to a cross-section of the service area population could help to remedy the situation.

In addition, transportation is not affordable to many seniors living in outlying areas of the service area. While the Confederated Tribes of the Umatilla operate free buses between the major towns in Umatilla County, they do not cover all frequently traveled routes and Morrow County does not have a bus system.

Seniors need access to quality caregivers. The District 12 AAA should develop partnerships with hospitals and other health-care service providers and create strategies to promote awareness of the National Caregiver Registry and the need for more qualified caregivers. Speaking to civic groups and organizations about the issue is one such strategy. Further, there is not adequate funding for in-home services for those who need help paying for them. There are presently over 80 households on the waiting list for Oregon Project Independence.

AAA staff sees a need for a program to teach life skills to widowed seniors, as many men lack domestic skills and many women cannot perform simple home repairs. A partnership with the local community college and/or senior centers may help to bring such a program to fruition.

The District 12 AAA is a Type A organization. It coordinates with the local offices of Aging and People with Disabilities (APD) primarily through interaction among caseworkers at both the AAA and APD. Interaction is evolving into something more formal. On August 20, 2012, the District 12 AAA entered into a Memorandum of

Understanding (MOU) with Umatilla and Morrow counties' Office of Aging and People with Disabilities. It provides that APD will provide training to CAPECO staff and provide a knowledgeable representative to attend AAA Advisory Council meetings to advise members of current APD operations and policies, to coordinate with CAPECO semiannual meeting with case managers to support information sharing and programmatic updates in each respective agency, and to consult with CAPECO personnel and administration to address system quality. In addition, CAPECO agrees to participate in training regarding services and eligibility criteria established and/or administered by APD on an on-going basis, provide training to APD personnel regarding services and programs administered by CAPECO and its AAA on an as-needed basis to ensure APD staff has basic program knowledge for information and referral, accept referrals of adult individuals and caregivers made by APD for the purposes of needs assessment and qualifications for case management and/or service delivery consistent with CAPECO's ability to do so, work with APD personnel and administration to address system quality and effectiveness, consult with APD personnel and administration to address system quality and effectiveness, and communicate receipt and ongoing status of referrals for all programs administered by the CAPECO AAA.

## C: LOCAL ISSUE AREAS, GOALS AND OBJECTIVES

### Issues:

#### C-1. Family Caregivers

**District 12 AAA endeavors to maintain and increase Independence and mobility for the Frail Elderly in the Service Area through strengthening and promoting AAA the Family Caregiver Support Program.**

Because of progress in medicine and nutrition resulting in healthier lifestyles, people are living longer than ever before. U.S Census data shows that in 2010 there were 1,759 people 85 and older living in the Umatilla and Morrow counties; 1,608 in Umatilla County and 151 in Morrow County. By 2030, this number is expected to increase by 70% to 2,515.

As people age, they become more susceptible to chronic disease and debilitating conditions leading to functional disabilities. Because of these, they may require help to carry on their daily lives. This is where caregivers come in.<sup>3</sup>

Our local survey revealed that an average of 78% of respondents suffer from at least one chronic or debilitating condition.

As adults advance in age, those in both caregiver and care receiver roles may require a range of support services such as home health care, home maker services (such as cleaning and laundry) transportation , respite and home-delivered meals.

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<sup>3</sup> According to a 2009 report, there are more than 42.1 million unpaid family caregivers , age 18 or over ,providing, on average, 18.4 hours of care per week for a chronically ill, disabled, or aged family member needing assistance with activities of daily living such as bathing or dressing. The estimated economic value of family care giving, assuming an average wage of \$11.16 per hour is \$450 billion dollars, nearly four times total Medicaid Long Term Support Services (LTS) in 2009 (\$119 billion), and more than twice the total paid for LTSS for 2009, regardless of the payer source. (\$203 billion). (Feinberg, Lynn et. Al, *Valuing the Invaluable: The Growing Contributions and Costs of Family Care giving*; AARP Public Policy Institute, 2011 Update.

Given the projected increase in the number of older adults in the next 20 years, the call for family care givers and the services needed to support them will become significantly greater.

## **Kinship Care Givers**

Kinship Caregivers are family members or friends raising children who are not their own. They represent an important and growing group of caregivers, both in Oregon and nationwide.

Kinship care can become necessary when parents are unfit or unready to take responsibility for their children because of substance abuse, abandonment, mental health issues or other behaviors that result in child abuse or neglect, or when a teenager is not ready to be a parent. Kinship care is recognized as preferable to other placement options such as foster care. Children in Kinship care situations have their cultural traditions supported and enriched, as family traditions are carried on in familiar surroundings by familiar people. Relationships built in kinship care will endure as family relationships because this is what they are.

Nationwide, the number of grandparents raising grandchildren rose 8 percent between 2000 and 2010. In Oregon, it rose by 9%, from 22,108 to 24,683. In Umatilla and Morrow counties, Census figures indicate that 676 grandparents are responsible for grandchildren under eighteen years old.

We have attempted to engage these grandparents by reaching out to school counselors with limited success. We will continue to try to reach them by providing brochures and flyers to schools in our service areas.

**Reaching out to family caregivers has been and continues to be a top priority of the local AAA.**

Currently, the District 12 AAA offers information and assistance for unpaid caregivers, referring them to resources such as the Family Caregiver Support Program (FCSP). We provide individual counseling, support groups, training, and Meals on Wheels as needed. In addition the program offers paid respite care to family caregivers up to \$350 per year. The caregiver portion of our survey reveals that respite care is the most sought after service and the AAA case manager confirms that it is our most popular.

We also offer supplemental services to caregivers including assistance with activities of daily living on a limited basis to complement services of the caregiver. These services include home repair/modification, assistive technologies (such as grab bars, walkers, wheel chairs and other devices needed for activities of daily living), home-delivered meals, and incontinence supplies.

The AAA case manager performs assessments and refers to services. He also is one of the instructors of the *Powerful Tools for Caregivers* class which is offered at least once a year in Hermiston, Pendleton, Milton-Freewater, and on the Confederated Tribes of the Umatilla Indian Reservation.

One of the goals for the 2008 to 2012 planning period was to strengthen support to ` by broadening the caregiver client base and educating employers on the needs of working caregivers. While there has been some increase in the caregiver client base, and we have been successful in offering the *Powerful Tools for Caregivers* classes in three communities and in partnering with the CTUIR to offer the course there, it is conceded that outreach and education about the needs of family caregivers to employers and the general public are areas that need improvement.

It can be difficult to assess an immediate impact of outreach efforts, since people generally do not begin to look for support services until they need them. Nonetheless, outreach is important because when the public is aware of available resources, they will know where to look when they need them. This plan includes goals and specific

objectives to speak to public service groups and employers about the Family Caregiver Support Program and outreach to particular targeted populations.

We will pay particular attention to these target groups identified by state and federal law:

### **Limited English- Speaking and ethnic caregivers, including Native Americans**

The area's largest limited English-speaking population is Hispanic. Large concentrations of Spanish-speaking people live in north Morrow County and in the Milton-Freewater area in northern Umatilla County, both intensive agricultural areas. Those who have conducted surveys the region have not been especially successful in reaching this population. There is speculation that this is because there are many first generation immigrants who are not yet comfortable dealing with members of the mainline culture. There is talk of creating a task force to address better communicating with Hispanic communities, including elders and caregivers. The AAA, as a leader in addressing long term care, is well-positioned to participate, and perhaps take the lead, in this endeavor.

In March of 2012, the Hispanic Leadership and Outreach Roundtable of Eastern Oregon sponsored a service agency training titled *Narrowing the Cultural Gap* in Hermiston, which was attended by Maria Mendoza, a Spanish-speaking CAPECO employee, who reports that the group will be offering future trainings.

Our brochure summarizing senior services has been translated into Spanish. We currently have two staff members who speak Spanish and are willing to help with translation. We have found, however, that they are often busy and cannot always drop what they are doing to translate for other CAPECO staff members. We will explore ways to improve our ability to communicate with Spanish speakers.

We are already participating in the annual Native America Caregiver's Conference with the Confederated Tribes of the Umatilla Indian Reservation (CTUIR). This regional conference was established in 2005 by a coordinating committee organized by the Oregon State Unit on Aging (SUA). District 12 AAA director Eva Mabbott serves on the advisory committee. In 2009, the AAA received a \$25,000 grant from Met Life to

establish base funding for the conference; Met-Life also paid for the Native Wellness Institute to provide training and nationally-recognized guest speakers. Since then, the local AAA has contributed time and talent to conference-related activities. In 2012, the AAA paid registration fees for three employees to attend this year's conference which was held in March, 2-2012 at the Wild horse Conference Center on the Confederated Tribes of the Umatilla Reservation. Since 2009, the Siletz, Warm Springs and Grand Ronde tribes have contributed to funding the conference at various venues throughout the region.

### **Caregivers who provide care to persons with Alzheimer's' Disease and people with other dementias**

We currently work with Alzheimer's support groups and will continue to provide information about our services through this outlet. The AAA case manager facilitates an Alzheimer's support group every month; the group meets in Pendleton for about 2 hours and provides information about Alzheimer's disease and also information about coping, and living with Alzheimer's. The AAA provides support services to family caregivers who are caring for someone with Alzheimer's disease through our FCSP program. Such services include: respite care, PTC classes, counseling, providing information & referral, etc. In-home care is also provided to Alzheimer patients through the OPI program. In addition, Meals-on-Wheels are also available to Alzheimer patients and their spouses. District 12 AAA will be continuing this successful program throughout the upcoming planning period. The Wellness Education Center at Good Shepherd Hospital in Hermiston also sponsors an Alzheimer's support group.

The District 12 AAA staff should look into the Star C program which provides free support to Alzheimer's patients and their caregivers and is currently a pilot project in Multnomah County, Oregon.<sup>4</sup>

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<sup>4</sup> <http://211info.org/blog/star-c-program-offers-free-support-people-caring-alzheimers-sufferers-multnomah-county>

### **Geographically isolated caregivers**

Since our service area is rural by definition and we have a large low and moderate income senior population, most all of our outreach is fashioned to reach those who are low income and/or geographically isolated. The District 12 AAA distributes brochures and information about its services through focal points such as senior centers and Department of Human Services' Aging and People with Disabilities and Self-Sufficiency offices as well as at health clinics and hospitals. We also attempt to make connections with local people active in their communities and have them distribute program information among others who are informed and active-such as volunteers at churches and food pantries- and Meals on Wheels drivers. Finding liaisons to ethnic communities and those with disabilities may be a way to penetrate barriers and inform these communities about programs and services. By reaching out to those who already have inroads into isolated communities and building relationships based on trust, we can more effectively reach these populations with program and service information. AAA staff already has identified some of the key individuals in the towns and communities in our regions, and by working with partners, should be able to identify others.

### **Caregivers in greatest economic need**

Since greatest economic need is defined as 185% of the federal poverty level, and 40% of survey respondents are at this level, we will distribute brochures broadly at senior centers, libraries, post-offices, food pantries, Self-Sufficiency and Aging and People with Disability offices, and other places where literature about is generally disseminated.

### **Lesbian, Gay, Bi-sexual and Transgender caregivers**

As noted in the section on the Target Populations, the District 12 AAA has attempted to make contact with the local chapter of PFLAG (Parents and Family of Lesbians and Gays) to arrange to attend a meeting to provide information about AAA programs and services.

## **Grandparents raising grandchildren**

The AAA has yet to work directly with grandparents over 55 raising children not their own. As noted above, it will reach out to them by providing school counselors in the district with information about the Family Caregiver Support Program and let these grandparents know that the program and services are available to them.

Assessment will be conducted by the AAA case manager, counseling and referrals offered as needed. If there is interest in establishing a support group, the case manager can arrange to establish one.

## **Seniors caring for seriously disabled individuals, including children**

The District 12 Area Agency on Aging will find these people through its partnership with Aging and People with Disabilities. The District 12 AAA will work with the local offices of Aging and People with Aging and People with Disabilities to identify caregivers with physical and mental disabilities who may need support. We will then contact them and attempt to engage them by providing program brochures for the Family Caregiver Support Program and the *Powerful Tools for Caregivers* class.

Service delivery partners that support family care giving activities include the local office of Aging and People with Disabilities as well as the Alzheimer's Foundation, the Eastern Oregon Center for Independent Living and Clear View Mediation Disability Resource Center.

The District 12 AAA does not keep a list of contractors that provide home repair and modifications or assistance with activities to the caregiver or other services related to family care giving.

**C-2. Visible and accessible senior services of primary importance in a rural service area with a large low and moderate income senior population. The District 12 AA is taking steps to move toward full participation in the statewide Aging and Disability Resource connections) ADRC) service delivery system.**

In rural areas, information and referral often takes place most effectively through word of mouth. Among the District 12 AAA's strengths are its relationships with other service providers in the region and the fact that residents are in the habit of looking out for each other. When help is needed, the small town resident generally consults a trusted community member who has his or her finger on the pulse of the populace. This trusted citizen will know where to turn for help. For example, in early 2012, a Umatilla County resident's partially disabled elderly neighbor faced a predicament when his adult daughter and caregiver had to go into the hospital for an operation. He would have no one to cook for him. The neighbor asked a friend who called the Area Agency on Aging to sign the elderly man up for Meals on Wheels while his daughter was away. In another instance, a man saw an old friend on the street that didn't seem like himself; the friend remembered that a CAPECO representative was conducting interviews at a local food pantry. He reported the incident to her and she reported it to a CAPECO case manager who quickly saw that the man got the help he needed.

This method of providing information and referral services works well as far as it goes, but there is much talk in the social service world about those who "fall between the cracks" in the system, and staff at the District 12 AAA worries about that, too. Being that the service area is entirely rural, not containing a single town with a population of at least 20,000, and that Morrow County is one of Oregon's frontier counties (population density 6 people or fewer per square mile), we continually grapple with whether information about our programs and services is getting to those who may need it in the far reaches of the region. The AAA would like to capitalize upon the promise of the ADRC to raise visibility about the full range of options that are available to seniors and

people with disabilities in the region. To do this, we are consulting with other agencies in the service area who serve seniors and people with disabilities to discuss how best we might move toward becoming a fully functioning ADRC and how responsibilities and costs will be shared.

Key elements of an ADRC are: Information, referral and awareness (including self-service), Options Counseling and Awareness, Health Promotions/Healthy Aging, streamlined Eligibility Determination for Public Programs, Person-Centered Care Transitions Supports, and Continuous Quality Improvement.

Potential partners include Heidi Eidler and Linda Valentine of Eastern Oregon Center for Independent Living (EOCIL), Paula Wallace and Victoria Johnson from the Confederated Tribes of the Umatilla Indian Reservation, Darrin Umbarger from Clear View Mediation Disability Resource Center and Dave Beebe of the local veteran's office. In addition, staff has been holding discussions with representatives of Community Connections, an AAA headquarter in La Grande, approximately 50 miles east of Pendleton and also the Malheur County AAA headquartered in Burns Oregon. Subjects of these discussions have been aligning funding for an ADRC and dividing responsibility for providing information and referral services.

Preliminary planning meetings were held in May and June of 2012. Staff is planning further meetings, to take place in the spring or summer of 2013 at CAPECO headquarters in Pendleton, where strategies to move forward will be proposed and developed.

The District 12 AAA faces challenges as it endeavors to move forward with this project: for a fully-functioning ADRC to emerge, current staff will require training and opening its collective mind to doing things differently than it has done in the past. This is already happening. Two staff members became AIRS certified in August 2012 and two more will be arranging to take the test in the near future. Also, in October and November, staff received options counseling training offered by Suanne Jackson, an ADRC program analyst and trainer from the State of Oregon's State Unit on Aging.

In addition, there is currently very little funding available for establishing an ADRC. As noted above, staff has begun to seek realignment of funding through discussions with principals at Community Connections in La Grande and with the Malheur County AAA.

Another challenge has been getting commitments from local partners to participate in delivering information and referral services. At the preliminary planning discussions held last spring, there were discussions about how these services would be provided and who might provide them. No commitments were made, and local partners may need assistance to facilitate discussions that will offer concrete alternatives and lead to commitments to perform services.

Access to the internet is key to an effective and efficient ADRC. AAA staff refers to the internet as “both a blessing and a curse” in this region, because many seniors are not computer literate. When an assembled group of elders is asked if they use a computer, generally, fewer than half of the hands go up. This sentiment is echoed by those at the Aging and Disabilities offices. Access to the internet is important, however, to service providers who use it to find information about both resources and the latest changes in law and policy trends. A system where local resources, public and private, are posted at the ADRC website and where case managers and key informants would be trained to use the website should work well for the region.

The internet is also a blessing for those in the region whose children help them find services from a distance. Just recently, a Umatilla County couple was referred to the local AAA because their son who resides in a southern state found it online. Full participation in the ADRC could enhance this process for both consumers and providers because complete and detailed resources would be assembled in one place online and trained staff would be available to direct consumers and their families to the programs that would suit them best. This kind of enhanced visibility of programs and services would also help to reach targeted populations through key informants and word of mouth practices that already operate in the region. The District 12 AAA seeks to become a fully functioning ADRC in order to enhance rather than replace what is already working well in the region.

### **C-3. ELDER RIGHTS AND LEGAL ASSISTANCE**

**We will endeavor to ensure the rights of older people, and to prevent their abuse, neglect and exploitation. Elder abuse is an under-recognized, sometimes hidden, problem that can take many forms from outright physical abuse to financial exploitation. We will educate both seniors and the general public about these issues and work with those who are advocating for abused seniors to raise awareness.**

At present, the District 12 AAA stocks pamphlets that address elder abuse and exploitation<sup>5</sup> and distributes them at senior centers and other sites. The case manager works one-on-one with clients to educate them about financial exploitation identify theft and other scams. He also works with the local office of Aging and People with Disabilities to address complaints of abuse. Each year, the Oregon Department of Human Services' local offices of Aging and People with Disabilities and Area Agencies on Aging investigate more than 11,000 complaints of elder abuse and neglect. During the period 1/1/2009 through 6/12/2012, the District 12 office of Aging and People with Disabilities received 1,414 complaints of elder abuse. In addition, the District 12 AAA recognizes the importance of supporting family caregivers and offering them respite, so their stress levels do not go unchecked, leading them to become perpetrators of abuse.

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<sup>5</sup> Oregon law defines elder abuse a

- Any physical injury caused by other than accident
- Neglect leading to harm
- Abandonment
- Willful infliction of physical pain or injury
- Unwanted sexual contact or the inability to consent to sexual contact;•

'Financial exploitation-wrongfully taking-or the threat of wrongfully taking money or property. (source; footnote)

At the District 12 AAA, we are currently involved in educating existing clients about all that abuse entails: besides physical abuse, seniors can fall prey to scams, fraud, financial exploitation and verbal abuse. Consumers are furnished with copies of brochures and apprised of the issues. We make them aware of legal aid services available in the region, and so integrate elder rights issues into our service delivery system. Legal Services are included in the AAA's brochure on senior services. During the 2013-2016 planning period, staff should ensure that Legal Service information is posted at all focal points in the region in order to facilitate connecting seniors with legal issues to appropriate resources. By educating the public about elder abuse, neglect and exploitation, the District 12 AAA will reach out to those who are not yet aware of the issues.

The District 12 AAA has a contract with the regional office of Legal Aid Services of Oregon (LASO) and makes referrals to LASO, providing some financial support. The AAA sometimes pays for legal services for those older clients who find LASO on their own. During the 2013-2016 planning period, the AAA will work with Legal Services Developer, Fred Steele, at the Oregon State Unit on Aging in order to better serve seniors in the region in these matters.

AAA employees are mandatory reporters of elder abuse. .Mandatory reporters include physicians, nurses, Oregon Department of Human Services employees, information and referral and outreach workers, licensed professional counselors; any public official who comes into contact with elderly persons in the performance of official duties; firefighters, peace officers and emergency medical technicians.

State law protects the confidentiality of all people reporting abuse whether or not they are mandatory reporters.

The AAA makes referrals to the local representative of the Ombudsman's office for individuals residing in long-term care facilities when it becomes aware of possible elder abuse there. Because representatives of the Ombudsman's office visit nursing facilities in the community, the AAA should consider making it a partner for the purposes of distributing literature.

Survey participants were asked two questions that touched on the issue of elder abuse: whether they were facing domestic violence and needed to leave, but did not have the resources and whether they felt unsafe in their homes and neighborhoods. No one admitted to facing domestic violence and only 6% reported feeling unsafe in their homes and neighborhoods.

It is estimated that there is six times more elder abuse than is reported, so it is possible that these figures do not accurately reflect the reality seniors are facing in our region.

On March 23, 2010, President Obama signed the Elder Justice Act into law-as part of HR 3590-the Health Care Reform Act. The Act creates the Elder Justice Coordinating Council, and establishes a 27-member advisory board to report on elder abuse, neglect and exploitation. It also creates a dedicated funding stream for Adult Protective Services' investigation activities.<sup>6</sup>

On June 21, 2011, Governor John Kitzhaber signed House Bill 2325 into law, creating the Oregon Elder Abuse work group for the purpose of studying and making legislative recommendations related to elder abuse. Thus elder abuse is becoming a focus of both federal and Oregon government.

In the future, local AAA staff should form a working group with staff from the local Aging and People with Disabilities offices to ascertain the nature of the complaints it is receiving. Staff members should then make presentations to members of the public at service organizations and other public venues such as libraries or community college campuses. Shelley Whitney, manager at the Pendleton Wells Fargo Bank, has offered to make a presentation about financial exploitation of the elderly from a banking perspective. Her phone number is (541) 276-1709.

In addition, staff should stay abreast of the progress of the Oregon Elder Abuse Work Group and stay current on elder abuse- related issues by attending webinars such as those at the National Center for Consumer Law's website:www.nclc.org, and as noted

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<sup>6</sup> [http://www.nhpf.org/library/the-basics/Basics\\_ElderJustice\\_11-30-10.pdf](http://www.nhpf.org/library/the-basics/Basics_ElderJustice_11-30-10.pdf)

above, should work with Legal Services Developer Fred Steele to define and prioritize issues.

In order to be effective in addressing and preventing elder abuse, AAA staff members must educate themselves, form strategic partnerships, continue to educate consumers, and educate the public as well.

## **C-4. HEALTH PROMOTION**

**The District 12 AAA will develop partnerships and work with new and existing partners to promote healthy aging through programs that promote nutrition and exercise to increase health, prevent falls, and avert or manage chronic conditions. We also will work to connect vulnerable seniors to programs and services to meet their basic needs.**

Another Issue that is a major tenet of the authorization of the Older American's Act and part of the role of an AAA is providing support to older adults by helping them to maintain and improve their health by offering health and nutrition programs that assist seniors to manage or delay the onset of chronic conditions, so that they may avoid complications remain active and in their homes for as long as possible.

Health promotion and disease prevention have become national priorities, evidenced by the creation of the National Prevention, Health Promotion and Public Health Council on June 10, 2010<sup>7</sup> which created the National Prevention Strategy<sup>7</sup>.

95% percent of senior health care dollars are spent on acute episodes related to out of control chronic conditions. In Umatilla and Morrow counties, an average of 78% percent of seniors surveyed reported at least one chronic condition. Most of these reported more than one. The most reported conditions for this survey are: High Blood Pressure: 58%, High Cholesterol: 31%, Arthritis: 28%, and Diabetes: 25%. The 2011

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<sup>7</sup> **The National Prevention Strategy's overarching goal is** Increase the number of Americans who are healthy at every stage of life. <http://www.healthcare.gov/prevention/nphpphc/strategy/report.pdf>.

Umatilla County Health Community Health Partnership Assessment study found that 13% of adults surveyed had Diabetes, while 27% of those 65 and older had been diagnosed with the disease. Incidence of Diabetes correlated strongly with incidence of obesity high blood pressure and high cholesterol, with 86% of Umatilla County residents diagnosed with Diabetes found to be obese. 77% had been diagnosed with high blood cholesterol and 57% with high blood pressure. The AAA survey also showed a correlation between Diabetes, high blood cholesterol, high blood pressure and obesity: 10% of those diagnosed with Diabetes had elevated blood cholesterol levels, 15% had high blood pressure, 22% had both, while 18% had both high blood pressure and blood cholesterol and were obese.

The Community Health Partnership study also found that nearly 32% of county residents had been told by a health professional that they had some form of arthritis, while 51% of those 65 and older had been diagnosed with the disease. As noted above, 28% of AAA survey respondents reported having arthritis. Managing chronic conditions is also a focus of the recently released Morrow County Health Improvement Partnership (CHIP)'s Health Assessment<sup>8</sup>.

The Community Health Partnership also found that chronic conditions such as Diabetes, high blood pressure and obesity were found at higher rates among Native Americans living in Umatilla County<sup>9</sup>.

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<sup>8</sup> The study issued the following recommendations:1. Now that a baseline of data has been established, a periodic review of local trends in health status, demographics or health resources changes should occur.2. Continue to educate the community on the value of personal, community and system health and encourage use of local health resources.3. Review needs for networking opportunities to strengthen the health care system (mental, oral, EMS and community-based or in-home care ).4. Build relationships to address other issues of importance to the community (for example: transportation; elder care services; access to health care services – financial, physical, cultural; development of North Morrow County assisted living facility and health education for youth).5. Utilize evidence-based programs/practices/interventions.6. Pursue the development of a community plan for succession, recruitment and retention of health care workforce.

<sup>9</sup> 2011 Umatilla County Community Health Assessment Report

## 78% OF SENIORS SURVEYED SUFFER FROM AT LEAST ONE CHRONIC CONDITION

### MOST FREQUENTLY REPORTED CHRONIC CONDITIONS:

51%	31%	28%	25%
High blood pressure	High cholesterol	Arthritis	Diabetes

All of these are chronic conditions that can be managed or prevented with proper diet and activity levels.

### **Evidence-based classes and programs can help to manage chronic diseases.**

Disease prevention and health promotion services are authorized under Section 361 of the Older Americans Act. Title 111D was established in 1987 to provide grants to states and territories based on their share of the population aged 60 or older for education and programs that support healthy life styles and promote healthy behaviors. Health education reduces the need for more costly medical interventions. Priority is given to serving elders living in medically underserved areas of the state or who are of greatest economic need. The most effective programs are evidence based. Currently the Older Americans Act defines evidence- based as interventions meeting a three-tiered system of criteria<sup>10</sup>. While it is the goal of the OAA to have all programs meet the highest level I criteria, meeting the minimal or intermediate criteria will satisfy requirements for FY 2012.

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<sup>10</sup> [http://www.aoa.gov/AoARoot/AoA\\_Programs/HPW/Title\\_111D/index.aspx](http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Title_111D/index.aspx)

A coalition of local service providers, the Community Action Health and Response Team (CHART) sponsored creation of the first evidence based class in this region: *Living Well with Chronic Conditions* .(also known as Stanford University's Chronic Disease Self-Management Program, or CDSMP). According to the information at the ARDC website, this is a six-week workshop that provides tools for living a healthy life with chronic conditions, including diabetes, arthritis, asthma and heart, disease. The course provides support for normal daily activities and dealing with the emotions that chronic conditions may bring about. It is one of the four evidence programs actively promoted by the Oregon Department of Human Services. The other programs promoted by DHS are *Arthritis Foundation Exercise and Aquatics Program*, *Tai Chi: Moving for Better Balance* and *Walk with Ease Program*.

*Living Well with Chronic Conditions* has been offered in both Pendleton and Hermiston, but often fails to attract many participants. The Hermiston classes are offered through the Wellness Education Program at Good Shepherd Hospital there, the Pendleton classes at the Head Start offices at the Hawthorne School in Pendleton, as Head Start is a primary sponsor. This program will allow low-cost intervention for those suffering from chronic conditions before complications arise that require expensive treatment. Developing a partnership with the Area Agency on Aging and other service providers while establishing a regional ADRC may help these service providers promote the program to those who may need it most. It could also lead to other evidence-based courses being offered in our region.

The City of Pendleton and St. Anthony's Hospital also offer classes that address disease prevention, as does the Health Education Center at Good Shepherd Hospital in Hermiston that likely meet the lower level criteria for evidence-based programs. Examples include St. Anthony's and Good Shepherd Diabetes education programs, exercise programs and the City of Pendleton yoga classes and walking programs.

Partnerships extend the reach of disease prevention and health promotion activities. They can include community health centers, state and local government agencies, centers for independent living, and public agencies. Partnerships are encouraged by the Oregon State Plan on Aging because they result in:

- Less duplication
- Enhancement of individual organizations' missions
- Cost-effectiveness
- New funding allies
- New advocacy partners
- Greater understanding of one another's services and strengths, and
- Greater visibility for individual organizations in the community

As noted in footnote 9, Morrow County's Community Health Improvement Program's Health Assessment Study recommended partnerships and evidence-based programs.

The District 12 AAA is in the process of developing partnerships with local actors in the public health and social service arenas, including the Umatilla and Morrow County Public Health departments, Eastern Oregon Center for Independent Living, Clear View Mediation, and Saint Anthony's and Good Shepherd Hospitals. AAA staff has attended meetings of the Umatilla County Community Health Partnership and is looking forward to becoming more involved in helping to identify and solve local service delivery problems.

A goal of the AAA's 2008 to 2012 plan was for it to reinforce its role as a key partner for long-term care in the community. It met the goal by participating in Family Day at the Confederated Tribes of the Umatilla Reservation and other events and by speaking to service organizations, such as Rotary, Lions, the Chamber of Commerce and the Blue Mountain Community College Alumni Association about AAA programs and services.

Outreach seems to be paying off for the AAA and CAPECO generally. In *its Umatilla County Community Health Assessment Report 2011*, the Umatilla County Health Partnership found that 51% of the 13% of county residents attempting to get help from a social service agency chose CAPECO. It would seem that CAPECO is gaining recognition as a leader and is well-positioned to take a leadership role in establishing a

team to evaluate existing conditions and to recommend next steps in line with local conditions and state and federal policy.

The AAA will work with interested and involved persons from within and outside of the agency to address coordination of evidence-based health promotion/disease prevention programs such as coordinated vaccination of seniors for pneumonia and influenza, (the survey shows that only an average of 50% of respondents are current on vaccinations and 52% current on tests such as mammograms and colonoscopies ), chronic disease self-management workshops and programming, active healthy life-style programming that promotes physical activity and preventing falls, social marketing for healthy aging and falls prevention activities, and healthy nutrition access and education. Falls prevention should be an area of focus because, according to the Center for Disease Control, one out of three adults age 65 and older falls each year, and among older adults, falls are the leading cause of injury death. They are also the leading cause of non-fatal injuries and hospital admissions, resulting in billions of dollars in medical expenses.

The Wellness Education Center at Good Shepherd Hospital in Hermiston is currently offering the evidence-based class: *Tai Chi: Moving for Better Balance*, in the region<sup>11, 12</sup>,

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<sup>11</sup> Developed by the Oregon Research Institute in Eugene, this simplified, 8-form version of T'ai Chi, offered in community settings, has been proven to decrease the number of falls and risk of falling in older adults. Classes meet 2-3 times/week for at least three months. Program outcomes include decreased falls, and a decrease in fear of falling. A two-day instructor training is offered in the Eugene area, and occasionally in other areas of the state with support from the DHS Public Health Division. For more information: Dr. Fuzhong Li at the Oregon Research Institute can be reached at [www.ori.com](http://www.ori.com) or (541) 484-2123, or contact Lisa Shields with the Public Health Injury Prevention Program at [lisa.m.shields@state.or.us](mailto:lisa.m.shields@state.or.us).

<sup>12</sup> Title 111D funding helps stimulate innovation by providing seed money to test new approaches and Disease Prevention and Health Promotion (DPHP) activities. The Aging Services Network leverages many other funding streams and in-kind contributions for DPHP programs, from both public and private sources. Key federal funding sources include programs funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Disease Control and Prevention, and the U.S. Department of Agriculture. Currently, the AA is receiving no seed money under Title 111D. Applying for such a grant is an issue the AAA and partners should consider. Other grants available for disease prevention and health promotion are listed at the Aging and People with Disabilities website: <http://www.oregon.gov/DHS/spwpd/sua/docs/fg-rc-sys-grant.pdf>, including grants available under the Affordable Care Act. (See discussion of fall prevention on p. 29).

and the District 12 AAA should consider referring clients to take this course and exploring offering it in Pendleton and other venues within the service area.

The AAA's preventative screening and medication management programs will continue through this planning period as Tier 1 programs. Medication management relies on pharmacists who offer brown bag sessions to consumers, and therefore it meets Tier 1 criteria. During the planning period, this program will be reviewed and either upgraded to a full evidence-based approach or cancelled.

### **Interagency and intra-agency Cooperation focusing on Person-centered Care**

The AAA has long been working with CAPECO's Community Services department when AAA clients need housing, food or help with utility bills. AAA staff should continue its collaboration with those who work in the Community Services department and with the Department of Human Services' Office of Aging and People with Disabilities. In addition, it should reach out to other service providers in the area as it is doing in its work on the Aging and Disability Resource Connections project. .

### **Seniors and Poverty**

There are approximately 3.5 million seniors living at or below the federal poverty level in the United States. In Oregon approximately 60,000 seniors live in poverty. 100 percent of poverty level for one person is an annual income of \$11, 170, for a couple it is \$15,130.

Survey results reveal that an estimated 41% of respondents are living at 185% of federal poverty level and therefore qualify as those who face greatest economic need and are a priority for AAA services.

Cost of living for one senior in Umatilla and Morrow counties is estimated to be: \$17,868

Given the cost of living, many are unable to meet their basic needs, even with an income of 150% of poverty (\$16,755). Working with community partners, CAPECO and the AAA may be able to help low and moderate income seniors meet their unmet needs.

The non-profit organization *Wider Opportunities for Women*, working with the Gerontology Institute at the University of Massachusetts, Boston, developed The Elder Economic Security Standard with the goals of measuring in a consistent way the income needed for seniors to achieve economic security, reflecting the cost of living for seniors who are aging independently in the community, and facilitating comparisons across localities and states. The Elder Index, a budget standard, is a conservative estimate of housing, food, transportation, health care and miscellaneous needs specific to seniors, and is estimated for the nation as a whole. Together, the BEST and Elder Index measure economic security needs across a lifetime. More information on the Elder Index is found in *The WOW-GI National Elder Economic Security Standard: A Methodology to Determine Economic Security for Elders*, found at [www.wowonline.org](http://www.wowonline.org)

The index can also illustrate the impact of public benefits upon senior poverty.

### **Example of Program Impact upon a senior receiving**

#### **Supplemental Social Security Income:**

2012 Index for Umatilla County, Oregon:	\$17,868
Subsidy for 1 bdrm apt based on FMV:	\$3,000
Older American's Act meals:	\$ 3,084
Average SNAP benefit:	\$900
Remaining expenses:	\$10,844

In this example, public benefits reduce expenses by 61 percent.

## Housing

Some of the region's seniors are thriving and enjoying retirement. 72% of those surveyed report owning their own homes and 39% have more than six months living expenses in savings. However, 17 percent of those surveyed face a housing burden; they pay more than 30% of their income toward housing. 59 percent of those so burdened are homeowners. Survey participants responding to this question reported highs of 30% in Heppner, 26% in Hermiston, 24% in Ukiah, and 23% in Boardman. A low of 5% was reported in Boardman, with Umatilla following with 9%, these being the only single-digit figures.

2010 Census figures indicate that 46% of renters in both Umatilla and Morrow counties face a housing burden of 30% or greater and that homeowners generally spend 20-21% of their income maintaining their homes.

46% of Professionals and case managers who work with seniors that were surveyed reported that a 30% housing burden is somewhat of a problem among their clients and 46% percent reported that it is a major problem.

The cost of housing can be a significant factor impacting low and moderate income seniors who either rent or still have mortgages on their homes.

An average of 13% of respondents need better access into or within their home. (There are highs of 24% and 27% in Ukiah and Stanfield respectively and lows of 0%, 3% and 5% in Umatilla, Pendleton and Boardman). An average of 9% of respondents needs major structural repairs (There are highs of 24%, 18%, in Ukiah and Stanfield respectively and lows of 0 and 2% in Umatilla and Pendleton. An average of 20% (High Ukiah (47%), Irrigon (32%) and Heppner (29% (; Low of 0% in Umatilla and Stanfield). need weatherization or other energy efficient improvements to their homes.

AAA collaboration with CAPECO Community Services will likely help many of those with unmet housing-related, food, and energy assistance needs.

**HOUSING BURDEN: SENIORS SPENDING MORE**

**THAN 30 PERCENT OF THEIR INCOME ON HOUSING. (% OF TOTAL: 17)**

<b>RENTERS: 41% *</b>	<b>HOMEOWNERS: 59%</b>
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\* The 2010 US Census found that 46% of renters in Umatilla and Morrow counties face a housing burden and that homeowners generally spend between 20 and 25% of their income on home maintenance and repair.

**Food**

Fourteen percent of survey respondents report not having enough money to buy food, while 12% report they cannot pay for basic needs, including housing, utilities and food. Half of those who responded to the case manager/professional survey reported that lack of money to supply basic needs was a major problem, and 33% of them said it was somewhat of a problem. 58% of professionals said lack of money to buy food was a major problem and 42% of them said it was somewhat of a problem. The survey reveals the following indicators of inadequate nutrition: while an average of 57% of those surveyed say they eat at least three servings of fruit and vegetables a day, 43% do not. A high of 73% of Pendleton respondents answered this question in the affirmative, while Ukiah saw a low of 43%. An average of 26% of respondents reported they had gained or lost ten pounds without trying; Hermiston in Umatilla County and Heppner in Morrow County tied for a high of 46%, while 10% of Pendleton respondents and 11% of those in Milton-Freewater reported such weight changes.

There is at least a substantial minority of seniors in the region whose basic needs for food and shelter are a matter of concern for them and for the professionals who work with them.

The Community Services Department of CAPECO has food programs, such as the Senior Commodities Program that can help with unmet needs, as does the Aging and

People with Disabilities office at the Oregon Department of Human Services which administers the Supplemental Nutrition Assistance and the Farm Direct Nutrition programs.

### PERCENTAGE OF SENIORS WHO CANNOT PAY FOR FOOD AND BASIC NEEDS

<b>FOOD: 14%</b>	<b>BASIC NEEDS: 12%</b>
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### Mobility

Automobiles are the preferred mode of transportation among seniors and an average 72% of survey respondents report that they currently drive. Since people are living longer and increasingly are outliving their ability to drive, local AAAs must be mindful of what is needed for them to obtain optimum mobility. Part of the solution lies in special transportation. An average 13% of survey respondents said they needed access to special transportation, the highest percentages in areas such as Heppner (27%) and Irrigon (29%) without public transportation systems in place. A concern among professionals who responded to the survey for professionals is that seniors who make only marginally too much income to qualify for Medicaid Brokerage medical transportation often have great difficulty finding transportation to appointments in the Hermiston/North Morrow County areas.

Increasingly, planners and policy analysts are focusing on improving the built environment to increase elder mobility and community engagement will decrease the need for driving while also lessening social isolation among seniors. AAA Advisory Committee member, Darrin Umbarger, of Clear View Mediation Disability Resource Center, has been working with the CTUIR to implement the Americans with Disabilities Act and the Blue Path Program at the Happy Canyon facility in Pendleton. He is

interested in creating a broader collaboration on the issue of communities that are accessible to persons with limited mobility.

Mr. Umbarger and AAA staff may want to advise city and county planners about the need to prepare for the ever-increasing senior population. During the planning period, AAA staff will arrange a meeting with planners to discuss these issues sometime this coming summer.

The National Association of Area Agencies on Aging (n4a) views older American's access to transportation as a top priority:

Older Americans represent the fastest growing demographic in our nation, and they have an increasing desire to participate in the work force, to age in place, and to access social and health services. Their ability to achieve these goals depends largely on their access to transportation.

To assure the availability and accessibility of transportation for seniors, the n4a recommends that Congress increase funding for transit programs and demonstration projects.<sup>13</sup>

## **C-5. OLDER NATIVE AMERICANS**

The local AAA has long been working to coordinate efforts with the Confederated Tribes of the Umatilla Reservation just outside of Pendleton and will continue to do so.

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<sup>13</sup> See n4a Policy Priorities 2012: Promote the Health, Security and Well-being of Older Adults

During the planning period, District 12 Staff will visit the CTUIR Meal site on a quarterly basis to provide access not only to a staff member, but to share announcements and on-going activity within the district. District volunteers will work the Yellowhawk Medical Center to identify those tribal elders who are in need of transportation services to attend medical appointments. Transportation will then be scheduled for the elder to be seen at the tribal clinic and/or attend wellness meetings including diabetes awareness workshops and healthy nutrition trainings. District 12 staff will participate in tribal elder dinners that are held twice per year by supplying service information and being available to schedule appointments for home visits, in-home meal determination, and wellness checks. CTUIR holds an end of summer celebration in August of each year. District 12 staff is a part of the planning process and on the day of the event, offer an informational booth and free blood pressure checks, along with File of Life Information.

Outreach is done to CTUIR members for the Powerful Tools for Care giving through the Department of Children and Family Services. Caseworkers within that department notify district personnel when a tribal member is in need of this class, and the CTUIR member is invited to participate in the next available class. If there is interest expressed by 10 or more individuals, district staff will schedule a specific workshop to meet that need.

1. The goal for partnership with the CTUIR is have their membership represented within our District 12 Advisory Council, on our Volunteer Program's Advisory Council, and have informational items available for distribution through Yellowhawk Medical Center. Advertising will also take place in the tribal monthly newspaper showing what services the District 12 Office can provide to CTUIR Members. A district staff member, presently the Program Director, will act as a liaison between the district and the tribe. This staff member will be the primary point of contact with tribal staff.

2. Since CTUIR is a self governed tribe, the District 12 AAA will offer itself to the Seniors Department with the Yellowhawk Medical Center as a partner for services rather than a primary service provider. Outreach will include money management services available to tribal elders, transportation services for medical/dental and grocery shopping, wellness checks on homebound individuals, and providing information on

available long term services to allow the elder to remain within their own home as long as possible with support services.

3. The primary goal is to provide accurate information on available services as a partner within the elder community. This will be done one-on-one through attendance monthly at the congregate meal site. The office of the Department of Children & Families will notify our office of an elder who would need a home assessment that will be done in conjunction with tribal staff to see what wrap around services would be available to keep the elder at home with support service.

The Senior Program Manager and other interested members of the tribes will be invited to AAA meetings concerning regional issues affecting elders. The District 12 AAA has built a strong relationship with the Confederated Tribes of the Umatilla and continues to strive to improve it.

## **C-6. NUTRITION SERVICES**

The Oregon Senior Nutrition Program is part of the continuum of care designed to support independent living of older Oregonians under Title 111 (Grants to State and Community Programs on Aging) and Title V1 (Grants for Native Americans) of the Older Americans Act (OAA).

Objectives of the AAA nutrition program include providing older adults with a means of living out their years in dignity by providing healthy, appealing meals; promoting health and preventing disease, and reducing malnutrition risk while improving nutritional status. We also endeavor to reduce social isolation and increase social interaction by linking older adults to community-based services and providing for meaningful community involvement, such as through volunteering. Senior centers are places where older adults get together to socialize as well as enjoy meals. Some of the centers, such as Pendleton and non-AAA affiliated Hermiston have thrift stores on the premises, and where talented seniors attend, they sometimes play music while others dance.

Nutrition programs funded by Title 111C of the Older Americans Act are some of the oldest and most widely recognized.

### **Congregate Meal Sites**

The District 12 AAA hosts seven congregate meal sites in Pendleton, Hermiston, Milton-Freewater, Weston, Stanfield, Ukiah, Irrigon and Heppner. In addition, congregate meals are provided at private senior centers in Boardman, Umatilla and Hermiston as well as at local churches and the Salvation Army in Pendleton.

At the AAA congregate meal sites, seniors 60 and over and their spouses, regardless of age or income, are eligible to receive meals. The suggested donation is \$3.50, but no one is refused a meal because of inability to donate. 27,948 congregate meals were served in Fiscal Year 2010-2011 at the AAA's seven meal sites in Umatilla and Morrow counties.

Meals are prepared at the meal sites by cooks who also prepare the menus. At some locations, such as Milton-Freewater, a site committee chooses menus from a book of compiled favorites.

All menus are reviewed by a registered dietician before meals are prepared. There have been complaints about the palatability of food, most recently in Pendleton. These are generally resolved by hiring new and better cooks. Applying the new nutrition standards should also assist in improving palatability.

### **Home-Delivered Meals**

To qualify for home-delivered meals, a senior must be 60 or older and homebound. Referrals come from doctor's offices, hospitals, rehabilitation centers and friends and family, among other sources. Staff has three days to meet with and assess a new client.

Intake questions include those listed in footnote 5<sup>14</sup>. In addition, a NAPIS<sup>i</sup> form is filled out at the initial intake meeting.

Home-delivered meals are prepared at the meal sites and either delivered hot or frozen. On Fridays, meal recipients in Pendleton receive a hot meal and two frozen meals they can heat up over the weekend. 20,581 home-delivered meals were served in Fiscal Year 2010-2011.

Staff and volunteers transport and distribute home-delivered meals and schedule reassurance and check in for each recipient. A staff member reports that she checks in with each meal recipient once a month, alternating between home visits and phone calls to establish contact.

Both Congregate and Home Delivered meals comply with the current *Dietary Guidelines for Americans* and provide at least 331/3 of the current Dietary Reference Intakes as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences<sup>15</sup>.

There were 48,529 total meals served (congregate and home-delivered) at an average cost of 8.45 per meal. Costs are higher in outlying areas such as Heppner and Ukiah (11.62 and 10.96 respectively), and lowest in Pendleton (7.41).

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<sup>14</sup> Person is 60 or older and homebound by reason of injury, illness, or an incapacitating disability or otherwise isolated, OR Person is the spouse or disabled dependent child of any age who resides with a senior who is eligible under this criteria, if it is in the best interest of the client, OR is a disabled person under 60 years of age who resides in a housing facility where a senior meal site is located, OR is 60 or older and physically or mentally unable to shop for or safely prepare meals to meet minimal nutrition requirements, OR is 60 or older and has an inadequate support system for food shopping or meal preparation, OR is 60 or older and is unable to tolerate a group situation due to physical or mental disability or substance abuse, OR is willing to eat the meal within a reasonable time, and lives within the service area boundaries designated by the AAA or service provider, OR lives outside the service area boundaries and can make arrangements to have a meal picked up and delivered to the eligible client's home.

<sup>15</sup> . . . Published by the Secretaries of the Department of Health and Human Services, and U.S. Department of Agriculture respectively.

Expenses for the program in Umatilla and Morrow counties for Fiscal Year 2010-2011 were \$410,258.16. USDA contributes \$31,850 annually through its Nutrition Services Incentive Program. Fundraising efforts include the Entrée Program which allows business to contribute \$100.00 toward a meal in exchange for advertising placed on each table or on reader boards. In Milton-Freewater, donors are sometimes invited to speak to diners. Last year, the program raised \$13,000.00. Also last year, Medicaid reimbursed the AAA \$91,336.15 for meals delivered to Medicaid eligible homebound seniors. It is estimated that door donations for meals covered an average of 22.5% of their costs.

The Congregate Meals program and Home-Delivered meals programs confer many benefits upon the older people in our region and enhance the quality of the lives of many that otherwise might have less access to healthy meals and social interaction.

Funding for these programs does not tend to fluctuate much and is expected to remain stable for the next three years. Efforts will be made to increase public awareness of the meals programs and their benefits and to raise funds and recruit volunteers through quarterly public service announcements. AAA staff and workers at senior centers have expressed an interest in more volunteers both to deliver meals and to assist with meal preparation and clean up.

## **Nutrition Education**

Nutrition Education is another component of Nutrition Services. It has been shown that evidence-based nutrition education programs can effectively improve diets and nutrition-related behaviors in older adults.

The Administration on Aging defines Nutrition Education as:

A program to promote better health by providing accurate and culturally

Sensitive nutrition, physical fitness, or health (as it relates to nutrition)

information and Oregon standards require that Nutrition Education be provided quarterly at congregate meal sites and annually for home-delivered meals recipients.

There has been some confusion in our service area about what Nutrition Education requires. Oregon Standards require more than just furnishing literature about healthy eating to meal site diners or home-delivered meal recipients. There also must be an instruction component<sup>16</sup>:

All local AAA nutrition education activities are overseen by Christine Poniewozik, registered dietician at St. Anthony's Hospital in Pendleton. Meal site coordinators have been advised of the requirements of proper nutrition education and are complying with them. Sometimes, outside speakers are brought to the meal sites.

For the 2013-2016 plan, AAA staff will create a work plan for providing nutrition education according to Oregon Standards. The plan will describe quarterly activities for

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<sup>16</sup> Ibid. p. Nutrition Education has to go beyond providing information alone, distributing newsletters or brochures that contain nutrition information from a trusted source do not constitute nutrition education unless they are accompanied by some form of instruction to a group or individual.

Instruction is defined as imparting knowledge or information.

a. In a congregate meal setting, this may include reviewing main concepts of nutrition education materials prior to the meal.

b. In a home setting, this may include reviewing educational materials that relate to the annual nutrition risk assessment or other relevant topics with a homebound client.

. Nutrition Education shall be planned and directed by a licensed dietician who is covered by liability insurance. Under the direction of the dietician, Individuals with comparable expertise or special training, i.e., cooperative extension agents or trained meal site coordinators may provide such experience. Nutrition education topics will be based on the needs of the participants and should be culturally appropriate. Teaching methods and instructional materials must accommodate the older adult learners e.g. large print handouts, demonstrations, Instruction to participants caregivers, or participants and caregivers in a group. or individual setting overseen by a dietician or individual of comparable expertise.

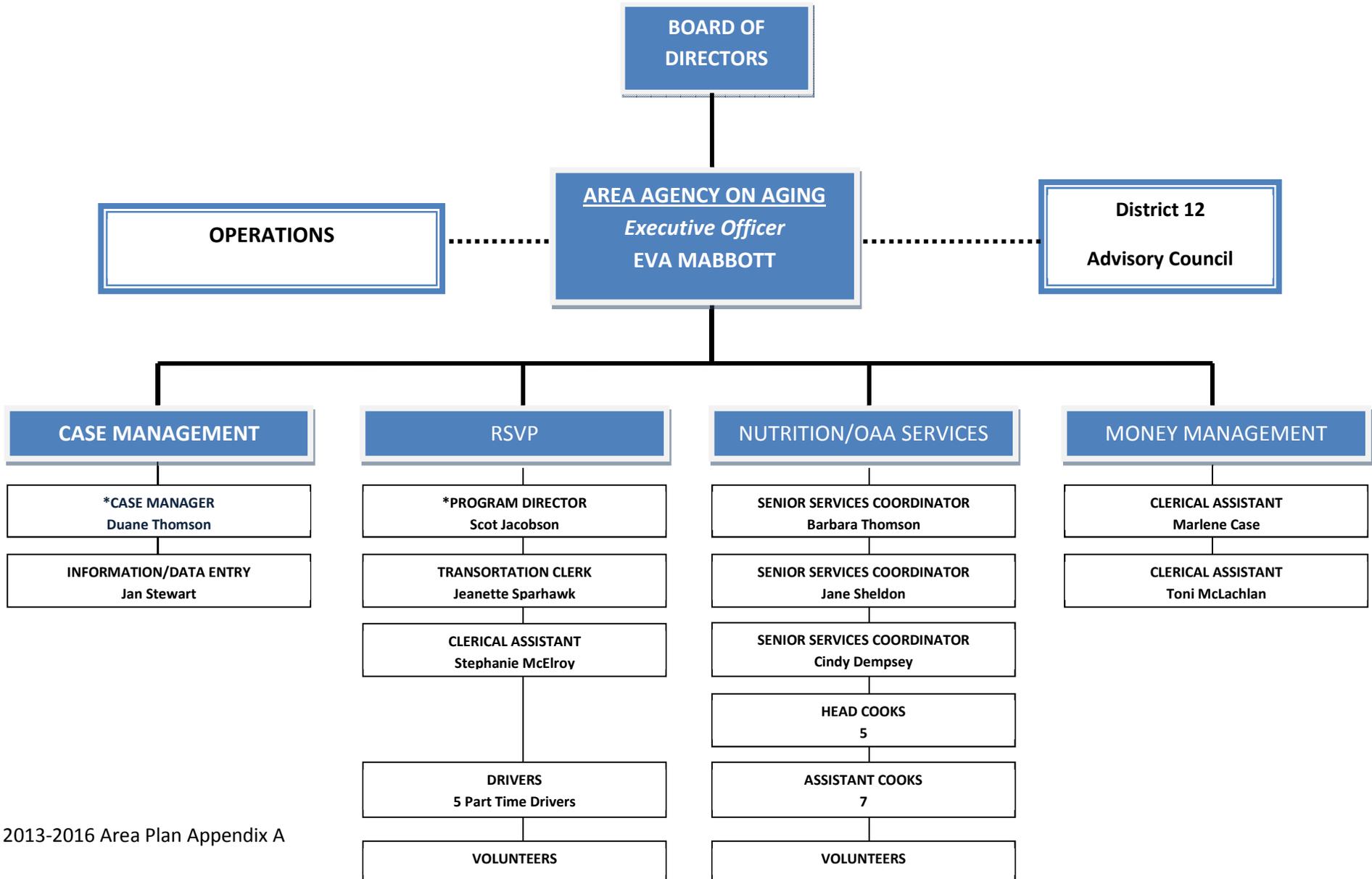
congregate meal sites and annual activities for home-delivered meals clients. It will be approved by the AAA's dietician.

Those who attended the forums on senior issues held in April and May made it clear that the senior center activities are important to them. Although the majority of attendees did not respond to the written questionnaire provided at the forums (see page 4 for questions and discussion), the food lines and conversations around the tables spoke for themselves at the congregate meals sites. .

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<sup>i</sup> National Aging Program Information System

# Community Action Program of East Central Oregon





# CAPECO BOARD OF DIRECTORS

Updated September 2012

SECTOR	COUNTY SERVED	ORIGINAL APPT. DATE	TERM EXP.	NAME
Private	Umatilla	9/08	7/16	Andy Millar, Chair 920 S. Main Mailing Address: PO Box 388 Milton Freewater, OR 97862 541-938-4485 Office 541-379-9735 Cell 541-938-0328 Fax <a href="mailto:amillar2012@gmail.com">amillar2012@gmail.com</a>
Public	Morrow	1/09	7/13	Leann Rea, Morrow County Commissioner, Vice-Chair 430 Frank Gilliam Dr., Heppner, OR 97836 541-676-5289 Phone 541-481-5922 Fax <a href="mailto:lnjrea@centurytel.net">lnjrea@centurytel.net</a>
Private	Umatilla	2/99	7/15	JueJue Withers-Lyons, Secretary / Treasurer Nixyaawii Governance Center 46411 Timine Way Pendleton, OR 97801 541-429-7180 Phone <a href="mailto:juejuewithers@ctuir.com">juejuewithers@ctuir.com</a>
Public	Umatilla	1/07	7/15	Hulette Johnson, Umatilla County Commissioner Approved Designee Umatilla Co. Courthouse 216 S.E. Fourth Pendleton, OR 97801 541-278-6205 Phone <a href="mailto:hjohnson@co.umatilla.or.us">hjohnson@co.umatilla.or.us</a>
Private	Morrow	4/10	7/13	George Koffler 78679 S. Highway 207 Hermiston, OR 97838 541-215-9247 <a href="mailto:georgekoffler@yahoo.com">georgekoffler@yahoo.com</a>
Public	Gilliam	5/02	7/12	Michelle Colby, Gilliam County Approved Designee PO Box 427 Condon, OR 97823 541-384-3767 Phone 541-965-0154 Cell <a href="mailto:michelle.colby@co.gilliam.or.us">michelle.colby@co.gilliam.or.us</a>
Low Income	Umatilla	10/11	7/16	Aaron Treadwell 110 NE 4 <sup>th</sup> Street Hermiston, OR 97838 541-564-6878 Phone <a href="mailto:atreadwe@umchs.org">atreadwe@umchs.org</a>
Low Income	Gilliam	9/11	7/13	Mary Thayer PO Box 151 Condon, OR 97823 541-384-3366 Phone 503-880-5839 Cell
Low Income	Morrow	1/09	7/15	Mike Pearson, Coordinator Columbia River Harvesters PO Box 801, Boardman, OR 97818 541-481-2456 Phone 541-490-6628 Cell <a href="mailto:pearsonmike@yahoo.com">pearsonmike@yahoo.com</a>

## ADVISORY COUNCIL ROSTER



**CAPECO-AREA AGENCY ON AGING**  
**Planning for the Aging: Community Survey**

Age Group: <input type="checkbox"/> Under 60 <input type="checkbox"/> 60-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75-84 <input type="checkbox"/> 85+
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <span style="float:right">Zip Code: _____</span>
Race/Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Other
Monthly Income: <input type="checkbox"/> ≤ \$903 <input type="checkbox"/> \$904-\$1,128 <input type="checkbox"/> \$1,129-\$1,806 <input type="checkbox"/> \$1,807-\$2,709 <input type="checkbox"/> ≥ \$2,710
Education: <input type="checkbox"/> Less than High School <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Graduate Degree or Higher

**Please rate the following items on your experience in the past 90 days**

**Housing – In the past 90 days**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| Yes                      | No                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Own your own home  |
| <input type="checkbox"/> | <input type="checkbox"/> | Rent   |
| <input type="checkbox"/> | <input type="checkbox"/> | Live with family or friends due to your financial or support needs               |
| <input type="checkbox"/> | <input type="checkbox"/> | Live with family or friends due to my health support needs                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Family or friends living with you do to their financial situation                |
| <input type="checkbox"/> | <input type="checkbox"/> | Raising grandchildren  |
| <input type="checkbox"/> | <input type="checkbox"/> | Live alone   |
| <input type="checkbox"/> | <input type="checkbox"/> | Homeless   |
| <input type="checkbox"/> | <input type="checkbox"/> | Living in a multi-generational household   |
| <input type="checkbox"/> | <input type="checkbox"/> | Pay more than 30% of your monthly income on housing                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Had to move to reduce monthly housing costs                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Need easier access into or within your home, such as ramp, shower grab bars, etc |
| <input type="checkbox"/> | <input type="checkbox"/> | Need structural changes or major repairs to home, such as new roof               |
| <input type="checkbox"/> | <input type="checkbox"/> | Need weatherization or other energy efficient improvements to your home          |
| <input type="checkbox"/> | <input type="checkbox"/> | Live in Section 8 or subsidized housing  |
| <input type="checkbox"/> | <input type="checkbox"/> | Needed to leave home due to domestic violence, but lacked necessary resources    |
| <input type="checkbox"/> | <input type="checkbox"/> | Feel unsafe in your home and/or neighborhood                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____   |

**In-Home Assistance – In the past 90 days**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| Yes                      | No                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have someone you can call in an emergency                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Would need assistance evacuating home during an emergency or natural disaster |
| <input type="checkbox"/> | <input type="checkbox"/> | Have someone that checks in regularly   |
| <input type="checkbox"/> | <input type="checkbox"/> | Need assistance to prepare meals  |
| <input type="checkbox"/> | <input type="checkbox"/> | Need assistance to do household chores such as cleaning, laundry, etc         |
| <input type="checkbox"/> | <input type="checkbox"/> | Need assistance with personal care such as bathing, eating, mobility, etc.    |
| <input type="checkbox"/> | <input type="checkbox"/> | Need assistance to manage medications   |
| <input type="checkbox"/> | <input type="checkbox"/> | Plan to move into an assisted living/nursing home within the next 6 months    |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____  |

**Transportation – In the past 90 days**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| Yes                      | No                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have a current driver's license and a dependable vehicle               |
| <input type="checkbox"/> | <input type="checkbox"/> | Public transportation not available in your area                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Inadequate amount of bus stops in well-lit, accessible locations       |
| <input type="checkbox"/> | <input type="checkbox"/> | Need of accessible/special transportation                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Currently drive  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have not been able to shop for groceries due to lack of transportation |
| <input type="checkbox"/> | <input type="checkbox"/> | Missed medical or other appointments due to lack of transportation     |
| <input type="checkbox"/> | <input type="checkbox"/> | Could not access transportation due to cost                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____   |

**Health/Nutrition – In the past 90 days**

Yes No

- Eat at least 3 servings of fruits and vegetables each day
- Have enough money to purchase the food you need
- Without wanting to, have you gained or lost more than 10 pounds
- Exercise at least 2x's per week
- Feelings of being depressed or hopeless that interfere with at least 1 aspect of life
- Currently smoke
- Have 3 or more drinks of alcohol per day
- Failed to go to the doctor/dentist due to cost or lack of insurance
- Failed to go to the doctor/dentist due to lack of doctors accepting Medicaid/Medicare
- Used Emergency Room or Urgent Care
- Current on tests such as mammogram, colonoscopy, prostate, etc
- Current on vaccinations, such as flu, pneumonia and hepatitis
- Other: \_\_\_\_\_
- I have the following diagnosis (Check all that apply):
  - Stroke  High Cholesterol  Major Depression
  - Coronary Heart Disease  Arthritis  Psychiatric
  - Diabetes  High Blood Pressure  Neurological
  - Cancer  Obesity  Brain Injury
  - Alzheimer's/Dementia  Asthma/COPD  Other: \_\_\_\_\_

**Financial – In the past 90 days**

Yes No

- Did not have enough money to pay for basic needs such as food, utilities, housing
- Did not have enough to pay for prescriptions or other medical needs
- Used a payday or car title loan
- Have a reverse mortgage
- Would like to retire, but cannot due to financial reasons
- Want to work, but not physically able
- Have an open bank account
- Have difficulty keeping track of bills and paying them on time
- Have at least 6 months of living expenses in savings
- Other: \_\_\_\_\_

**Caregivers**

*Fill out this section ONLY if you are a caregiver for someone over the age of 60.*

In total, how many hours per week do you spend giving care? \_\_\_\_\_

In total, how many hours per week are you paid for giving care? \_\_\_\_\_

What is your relationship to the person you are caring for? \_\_\_\_\_

Yes No

- Need information on services that might help you or the person you care for
- Need information on how to plan for Long-Term care needs
- Need caregiver education or training
- Need to learn more about a specific medical condition in relation your caregiving
- Need financial assistance to purchase specialized equipment
- Would you like to attend a caregiver support group
- Need a day program to provide help with daily care giving
- Need respite care to provide periodic relief
- Need personal counseling to deal with the stress of caregiving
- Familiar with the Homecare Commission Registry
- Have the resources to care for yourself
- Have the time to care for yourself
- Other: \_\_\_\_\_

*Please return survey by March, 31, 2012*

*CAPECO-Area Agency on Aging-721 SE 3<sup>rd</sup>, Suite D, Pendleton, OR 97801*

## List of Community Forums on Senior Issues

Heppner at St. Patrick's Senior Center:	April 4, 2012
Hermiston at Hermiston Senior Center:	April 24, 2012
Pendleton at Pendleton Senior Center:	April 25, 2012
Milton-Freewater at Milton-Freewater Senior Center:	April 27 ,2012
Boardman at Boardman Senior Center:	May 8, 2012

# **COMMUNITY FORUM**

## **ON ISSUES AFFECTING SENIORS**

**Where:** Milton-Freewater Senior Center  
311 N. Main Street  
Milton-Freewater Oregon

**When:** Friday, April 27<sup>th</sup>, 12p.m.

**What:**

**This will be a Discussion of the Area Agency on Aging's Plan for Senior Services for the next four years. Be involved in determining what those 60 and over will need to live their best lives.**

**Caregiver Support**

**Nutrition Counseling and Wellness education**

**Disability awareness**

**Access to nutrition**

**Volunteer and Social Opportunities**

**In-home care; Meals on Wheels**

**Help for those with limited income: Energy Assistance, Food and transportation programs**

**The forum will address these issues and more.**

**See you there!**

## **Report on Accomplishments from 2011-2012 Area Plan Update**

The 2008-2012 plan contained 10 goals. The state of completion for each goal was included in the 2011-2012 Area Plan Update. The first goal was to strengthen the leadership of the AAA Advisory Council. Measurable objectives were increasing attendance at meetings to 75% of membership, requiring selected members to participate in an informational campaign, while at least 25% of members were to participate in educating elected officials and advocating for AAA programs. Activities listed to accomplish these objectives were using Advisory Council members to record public service announcements on AAA programs and services, and in partnership with RSVP, conducting training on the roles of advisory council members. Members were required to report to local senior center boards about information relevant to their areas.

Training in conjunction with RSVP has taken place and Advisory Council members are reporting to their boards. However, they have not yet been involved in an active informational campaign involving local officials or public service announcements, and while Advisory Council board member attendance has increased to a high of 65% at some meetings, it has not yet reached 75%. The AAA will be renewing this goal for the 2013-2016 plan. Advisory Council member, Darrin Umbarger, will take the lead in encouraging other members to become more active in their communities and to assert stronger leadership.

The second goal was to reinforce the AAA as a key partner for long-term care in the community. The associated measurable objective was that the AAA would be

recognized as an integral partner in the delivery and coordination of services and as an advocate for programs and services for the elderly and disabled. Activities listed to accomplish this objective were to coordinate with the Confederated Tribes of the Umatilla to provide outreach and services to Native Americans, to participate in regional fairs, to speak to service organizations regarding programs and services, and to accept positions on advisory boards and committees. All of these activities were performed, the objective was met, and the AAA succeeded in accomplishing this goal. Since leadership is an ongoing process and leadership will be required to establish the partnerships recommended in the current plan, this goal will be renewed.

The third goal was that three staff members would be AIRS (Alliance for Information and Referral Services) certified. This goal has not been met, but will be renewed in the current plan. Three staff members are scheduled to take the certification test on August 22, 2012 in La Grande.

The fourth goal was that policy and procedures manuals would be reviewed and updated. Staff has instituted measures for reviewing and updating policy and procedures manuals and making necessary changes that have been incorporated into department protocol. The goal has been met and will not be renewed in the current plan.

The fifth goal was to provide education on preparing 72-hour emergency preparedness kits with the objective of increasing the number of households with emergency kits by 25% over two years. Activities to accomplish the objective focused on trainings on assembling kits and distributing informational flyers to clients and at focal points.

Surveys were distributed before and after the project to determine its effectiveness.

The project was completed in 2009. It was made possible by a specific grant that has expired, so this goal will not be renewed in the current plan.

The sixth goal was to enhance home-delivered meals by expanding hot and frozen meal choices. Objectives were to increase the number of clients and meals served by improving meal service and offering a greater variety of menu items, to meet with a dietician to review approved menus and to identify those that meet specific dietary needs, such as for diabetics, and to meet with cooks to develop a plan for monthly selection of menu items. Goals were accomplished by December 2008 and home-delivered meals increased by 34% over the previous year. (ask Barbara and Patti to see what is going on now relative to then).

Goal seven was to increase volunteer drivers for home-delivered meals. The measurable objective was to increase the number of volunteers to 10 over two years by working with RSVP, writing or interesting reporters in news articles and writing public service announcements, putting notices in church bulletins, speaking to civic organizations, and placing articles in other organizations, newsletters. Activities were completed and the number of volunteer drivers increased by 6. Since recruiting volunteer drivers is an ongoing process, the goal will be renewed in the current plan.

Goal eight was to promote participation in in-home services to the Confederated Tribes of the Umatilla with the measurable objective of providing Oregon Project Independence to at least 3 Native American households each year. Activities specified to meet this objective were speaking to elders at the Mission Senior Center

about OPI and other in-home services, distributing program brochures to the reservation, and working with senior services coordinators to recruit care providers who have experience with the culture of the participants.

The ninth goal was to strengthen support to family care givers with measurable objectives of broadening caregiver client base and educating employers on the needs of working caregivers. Activities listed to accomplish these objectives were providing *Powerful Tools for Caregivers* classes, one session each year to meet the needs of working caregivers, speak to a group of employers on the needs of working caregivers, and partnering with the CTUIR to conduct at least one training on the reservation each year.

The goal has been partially met in that the *Powerful Tools for Caregivers* classes are being offered and there are trainings held on the reservation. However, the task of helping employers understand the needs of working caregivers has not been addressed adequately and the caregiver client base has been broadened only marginally. This goal has been renewed in the current plan expanded to include outreach to specific populations of caregivers and education of the general public.

Goal ten was to effectively manage the programs, services and resources of the AAA, the measurable objective being to complete 100% of monthly reporting requirements. Activities listed to meet this goal were preparing the annual budget for the department, providing staff training, mentoring, performance reviews, staff meetings and individual conferences, including staff in reviewing policies and procedures, and assuring they have the resources needed to do their jobs, conducting program monitoring, case

staffing and completing reports. Since the goal has been met and procedures incorporated into department practices, the goal need not be renewed.

While efforts to reach out to CTUIR members are ongoing, due to funding limitations, OPI had, and continues to have a waiting list for the foreseeable future. The goal will be renewed with the condition that 3 Native American households will be enrolled in OPI if and when the funds become available.

## **Emergency Preparedness Plan for the District 12 Area Agency on Aging**

### **Potential hazards**

According to Umatilla and Morrow counties' hazard mitigation plans, the region faces a high probability (footnote) of these hazards: weather emergencies (winter, summer and wind storms), hazardous materials spills (major rail lines run through the regions and trains may be carrying hazardous materials. In addition, the area supports fertilizer manufacturing and other agriculture-related hazardous substances are regularly in use), flood, fire, and major transportation hazards (such as traffic pile-ups due to blowing dust obscuring visibility on Interstate 84). To a lesser extent, earthquakes, terrorism and a nuclear incident pose possible threats. Morrow County lists drought as a moderately high probability.

### **Chain of command**

If such an event were to trigger the need for the AAA to respond to an emergency situation, the chain of command would be as follows:

1. Eva Mabbott, Director of District 12 AAA. Day phone: 541 278-5681; Evening phone: 541 566-0338; Cell phone: 541 377-6202 (Cell not available when Eva is at home, as there are no towers in the vicinity).
2. Duane Thomson, Case Manager. Day phone: 541 278-5683; Evening phone (509) 529-0758; Cell phone: 541 377-2269/(509) 200-1786; Barbara's Cell:\ (509) 301-8483
3. Cindy Dempsey, Senior Services Coordinator. Day phone: 541 278-5682; Evening phone: 541 276-9078; Cell phone: 541 377-7011
4. Scot Jacobson, RSVP Director. Day phone: 541 278-5669; Evening phone: (541) 278-0615; Cell phone: 541 310-0249

The AAA is housed at the Community Action Program of East Central Oregon (CAPECO)'s main Pendleton location along with its Workforce department; the

Community Services' department's Energy and Emergency Assistance divisions also operate out of the facility. A plan for evacuating the building in the event of an emergency already exists. All staff should be familiar with this plan and where copies are posted. Managers would be well-advised to make a list of what they would want to take with them in the event they had to evacuate the building (keys, checks etc.).

### **Communication Plan and providing mission critical services**

AAA is a small department. Staff involved in administering Older American's Act programs consists of a case manager and two senior service coordinators in addition to the executive director. RSVP is also under the heading of the AAA as are three money management specialists. Besides RSVP Director, Scot Jacobson, that program employs an assistant, a transportation coordinator and a dispatcher. Staff members are used to communicating with each other, and in the event of an emergency would stay in touch by telephone and email if power sources were available. They regularly communicate with coordinators at the AAA sponsored senior centers. All staff has internet capability and telecommuting would be possible in the event staff could not make it to the office. Director Eva Mabbott does not have cell phone reception at her home in the Blue Mountains, but does have a generator, so could operate her computer and a plug-in phone in the event of a power outage.

The AAA has broached the topic of emergency preparedness with its clients and the region's senior population through education. It has distributed literature at the senior centers on how to prepare for an emergency, advising the diners to keep at least a three-day supply of non-perishable food and water on hand so they might "shelter in place". The primary mission-critical service the AAA provides is home-delivered meals to homebound seniors. These clients have also been educated on how to prepare for emergencies and have been provided with 72-hour emergency kits containing energy bars and water packets. The AAA obtained the kits through a grant and has made them available at senior centers where they have been available to buy on a sliding scale based on income. Because of its proximity to the Umatilla County Chemical Weapons Depot which closed this month (July 2012), there has been much information on emergency planning available through its now defunct Chemical Stockpile Emergency

Preparedness Program (CSEPP). The AAA staff obtained a copy of a film on preparing for emergencies from CSEPP that it will be showing at the senior centers periodically.

### **Agreements with first responders**

In the event of an emergency, the AAA will agree to make contact with the Umatilla County Emergency Management Office run by Jack Remillard.(541) 966-3706/jack.remillard@ucem.us. That office has an emergency preparedness plan in place and coordinates with Morrow County when the need arises. It is located at 4700 Pioneer Place in Pendleton. The Morrow County emergency manager is Steve Myron (541) 676-2502. AAA staff should contact these agencies to make arrangements in advance of any emergency so that is understood what the agencies can expect of each other.

### **Helping vulnerable populations to respond**

The AAA is working with Darrin Umbarger of Clear View Mediation Disabilities and Resource Center in Pendleton to form a group with the mission of educating about and preparing the region's vulnerable population for potential disasters. They are involving first responders such as the Red Cross and county sheriff's offices. They have prepared "premise files" to be filled out by those who may need help evacuating in the event of a disaster. AAA staff is in the process of distributing those to their clients who need such help. An average of 32% of survey respondents said they would need help with evacuation in the event of a disaster with highs of 84% and 69% in Umatilla and Heppner respectively.

## Local Community Focal Points

CAPECO  
721 S.E. 3rd, Suite D  
Pendleton, OR 97801  
541-276-1926  
1-800-752-1139

CAPECO-Hermiston  
456 E. Gladys  
Hermiston, OR 97801  
541-567-7889

St. Patrick's Senior Center  
183 N. Main  
Heppner, OR 97836  
541-676-9030

Pendleton Senior Center  
510 S.W. 10th  
Pendleton, OR 97801  
541-276-5313

Stanfield Senior Center  
225 W. Roosevelt  
Stanfield, OR 97875  
541-449-1332

Stokes Landing Senior Center  
195 W. Opal  
Irrigon, OR 97844  
541-922-3603

Milton-Freewater Senior Center  
311 N. Main  
Milton-Freewater, OR 97862  
541-938-3311

Weston Senior Center  
Community Center-Main  
Weston, OR 97886

Ukiah Senior Center  
100 W Despain  
Ukiah OR 97880  
(541) 427-3012

MEMORANDUM OF UNDERSTANDING  
BETWEEN  
CAPECO-Community Action Program of East Central Oregon-Area Agency on Aging  
And  
Department of Human Services  
Aging and People with Disabilities, Umatilla & Morrow Counties

**Purpose**

The Community Action Program of East Central Oregon, Area Agency on Aging, hereinafter CAPECO-AAA, and Oregon Department of Human Services, Division of Aging and People with Disabilities in Umatilla and Morrow Counties, hereinafter APD, agree that adults with chronic illness or are aged, who may be served by the Oregon Medicaid program should:

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

**Scope of Agreement**

**SPD agrees to:**

- Provide training to CAPECO-AAA personnel and volunteers regarding services and eligibility criteria established and/or administered by APD on an as needed basis to ensure CAPECO staff have basic programmatic knowledge for Information and Assistance.
- Refer individuals for assessment, case management and/or service delivery as deemed mutually appropriate by APD and CAPECO personnel.
- Provide a knowledgeable representative who will attend the Advisory Council Meetings to provide update of current APD operations and policies.
- Coordinate with CAPECO semiannual meeting with case managers to support information sharing and programmatic updates in each respective agency.
- Consult with CAPECO personnel and administration to address system quality and effectiveness.

**CAPECO agrees to:**

- Participate in training regarding services and eligibility criteria established and/or administered by APD on an on-going basis.

- Provide training to SPD personnel regarding services and programs administered by CAPECO and its AAA on an as needed basis to ensure APD staff has basic program knowledge for Information and Referral.
- Accept referrals of adult individuals and caregivers made by APD for the purposes of needs assessment and qualification for case management and/or service delivery consistent with CAPECO's ability to do so.
- Work with APD personnel and administration to expedite applications by assisting the applicant in providing all necessary information.
- Consult with APD personnel and administration to address system quality and effectiveness.
- Communicate receipt and ongoing status of referrals for all programs administered by CAPECO-AAA.

This memorandum of understanding may be modified at any time upon the written agreement of the parties. This memorandum of understanding shall be considered in force unless terminated by either of the parties giving thirty (30) days written notice and specifying the date thereof.

The parties have caused this Memorandum of Understanding to be signed by their duly authorized representatives on the dates indicated below.

*Lea Mammis*  
For CAPECO

*Gessie L. Anderson*  
For APD

Date *8/20/2012*

Date *August 20, 2012*

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

For the period of January 1, 2013 through December 31, 2016, the District 12 AAA accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) (P.L. 106-510) and related state law and policy. Through the Area Plan, District 12 AAA shall promote the development of a comprehensive and coordinated system of services to meet the needs of older individuals, and in cooperation with the Oregon Department of Human Services' Office of Aged and People with Disabilities, individuals with disabilities and serve as an advocacy and focal point for these groups in the Planning and Service Area.

The District 12 AAA assures that it will:

Comply with all applicable state and federal laws, regulations, policies and contract requirements relating to activities carried out under the Area Plan. conduct outreach, provide services in a comprehensive and coordinated system, and establish goals objectives with emphasis on:

- a) older individuals who have the greatest social and economic need, with particular attention to low income minority individuals and older individuals residing in rural areas;
- b) older individuals with significant disabilities;
- c) older Native Americans; and d) older individuals with limited English-speaking ability.

All agreements with providers of OAA services shall require the provider to specify how it intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas and meet specific objectives established by the District 12 AAA for providing services to low income minority individuals and older individuals residing in rural areas within the Planning and Service Area.

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

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

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

B. An assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides with services provided under Title VI of the Older Americans Act; and

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. Obtain input from the public and approval from the AAA Advisory Council on the development, implementation and administration of the Area Plan through a public process, which should include, at a minimum, a public hearing prior to submission of the Area Plan to DHS. The District 12 AAA 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.



Eva Mabbott, Director, District 12 AAA

9-28-12

Date



Advisory Council Chair

9-27-2012

Date



Legal Contractor Authority

AAA-Director

Title

## SERVICE MATRIX and DELIVERY METHOD

**Instruction:** Indicate all services provided, method of service delivery and funding source. (The list below is sorted numerically by service matrix number.)

<input type="checkbox"/> <b>#1 Personal Care</b> (by agency) Funding Source: <input type="checkbox"/> OAA <input type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds <input type="checkbox"/> Contracted <input type="checkbox"/> Self-provided Contractor name and address (List all if multiple contractors):  Note if contractor is a "for profit agency"
<input type="checkbox"/> <b>#1a Personal Care</b> (by HCW) Funding Source: <input type="checkbox"/> OAA <input type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds
<input type="checkbox"/> <b>#2 Homemaker</b> (by agency) Funding Source: <input type="checkbox"/> OAA <input type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds <input type="checkbox"/> Contracted <input type="checkbox"/> Self-provided Contractor name and address (List all if multiple contractors):  Note if contractor is a "for profit agency"
<input checked="" type="checkbox"/> <b>#2a Homemaker</b> (by HCW) Funding Source: <input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds
<input type="checkbox"/> <b>#3 Chore</b> (by agency) Funding Source: <input type="checkbox"/> OAA <input type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds <input type="checkbox"/> Contracted <input type="checkbox"/> Self-provided Contractor name and address (List all if multiple contractors):  Note if contractor is a "for profit agency"
<input type="checkbox"/> <b>#3a Chore</b> (by HCW) Funding Source: <input type="checkbox"/> OAA <input type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds
<input checked="" type="checkbox"/> <b>#4 Home-Delivered Meal</b> Funding Source: <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds <input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Self-provided Contractor name and address (List all if multiple contractors):  Note if contractor is a "for profit agency"

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

**#6 Case Management**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

**#7 Congregate Meal**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

**#8 Nutrition Counseling**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

**#9 Assisted Transportation**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

**#10 Transportation**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#11 Legal Assistance**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Oregon Legal Services

Note if contractor is a "for profit agency"

**#12 Nutrition Education**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#13 Information & Assistance**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#14 Outreach**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#20-2 Advocacy**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):  
various providers employed by the client  
Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):  
various providers employed by the client  
Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

Contractor name and address (List all if multiple contractors):  
various providers. Client reimbursed for supplemental items.  
Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

**#40-8 Registered Nurse Services**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

**#40-9 Medication Management**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

volunteer pharmacists as available

Note if contractor is a "for profit agency"

**#50-1 Guardianship/Conservatorship**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Oregon Legal Services and other professionals as recruited

Note if contractor is a "for profit agency"

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

**#60-1 Recreation**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

**#60-3 Reassurance**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#60-4 Volunteer Recruitment**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#60-5 Interpreting/Translation**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#70-2 Options Counseling**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#70-5 Newsletter**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Native Caring Conference, various presenters, Powerful Tools for Caregiving provided by AAA staff

Note if contractor is a "for profit agency"

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

**#72 Cash and Counseling**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

**#80-1 Senior Center Assistance**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

**#80-4 Financial Assistance**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

**#80-5 Money Management**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

RSVP

Note if contractor is a "for profit agency"

**#90-1 Volunteer Services**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

## **SECTION E-2 OREGON PROJECT INDEPENDENCE**

Provide the following information about the procedures your agency (or your contractor) uses in the OPI program:

a. Describe how the agency will ensure timely response to inquiries for service.

**Case Manager will make contact with potential client within 3 working days. A home visit to complete the assessment will be made as soon as possible but within 5 working days of day of contact.**

b. Explain how clients will receive initial and ongoing periodic screening for other community services, including Medicaid.

**All potential clients will first be screened for potential eligibility for Medicaid as a prior resource to OPI. If the client appears eligible, they will be referred to the local SPD office. Persons currently receiving Medicaid will not be deemed eligible for OPI services. Financial and resources will be reviewed at each redetermination to determine if they may become eligible for Medicaid. The case worker must be knowledgeable in all other services available in the community including OAA services that the person may be referred to.**

e. Describe how eligibility will be determined.

**Requests for OPI services will be referred to the case manager who will conduct an in-home assessment using CA/PS. Information will be gathered through the applicant and/or family member(s), and through observation. This interview will provide information on the mental, physical and medical condition of the person to determine the person's eligibility level**

f. Describe how the services will be provided.

**Direct in-home services and respite will be provided through the Client -employed Provider program. Other services such as home delivered meals are referred to the OAA program. The case manager will also provide other supports such as helping in locating medical aids such as walkers, installing grab bars, etc. and linking the client**

to other community resources such as transportation, recreational, supportgroups, etc.

g. Describe the agency policy for prioritizing OPI service delivery.

**Individuals must meet a need of level 12 or less. If a client rates above this level, the assessment will be reviewed for accuracy and in questionable circumstances will be revisited. There are times when the assessment may be completed when the client is having a “good” day and may not accurately reflect their situation on the whole.**

h. Describe the agency policy for denial, reduction or termination of services.

**Clients will be denied when they do not meet the established priority level or are receiving Medicaid services. Cases will be closed when they no longer have a need for OPI services, become eligible for Medicaid, move to a LTC facility, or die. Services may be reduced when funding does not allow us to serve at the level that they were approved. If reduction is necessary the AAA will retain current service level for those who are level 1 through 6. For those who are level 7-12, the AAA will determine the amount of reduction necessary to meet budget needs by applying an equal percentage cut.**

i. Describe the agency policy for informing clients of their right to grieve adverse eligibility and/or service determination decisions or consumer complaints.

**Clients will be given a written notice on all adverse actions and provided a copy of their right to grieve the action. Upon receipt of a written notice of grievance, the AAA shall schedule a meeting for review of the grievance. The client and/or representative will be notified by mail of the date, time and location of the meeting. This meeting shall be scheduled within 10 days of the receipt of the grievance. Within 5 working days of the conclusion of this meeting, the AAA Director shall inform the client or their representative of the decision.**

j. Explain how fees for services will be implemented, billed, collected and utilized.

**The case manager determines net income through the assessment process, taking into account any medical expenses paid out. The monthly net income is used to determine the fee, using the fee schedule established by the state. Clients not charged an hourly fee will be billed a \$5.00 minimum annual fee at the time of initial eligibility and at annual review. CAPECO-AAA bills the client for their fee monthly. The billings will be sent out by the 10<sup>th</sup> of the month following the service month. Fees collected will be used to expand service and used in the month received.**

k. Describe the agency policy for addressing client non-payment of fees, including when exceptions will be made for repayment and when fees will be waived.

**By the 25<sup>th</sup> of the month, the OPI case manager will obtain a list from the Finance Department of the clients who paid their monthly fee. The case manager will make contact with the clients who have not paid to advise them that payment must be made by the end of that month. If payment is not received by the end of the month service will be terminated. When there are circumstances of extreme hardship, the case will be referred to the AAA Director who may waive the fee.**

l. Explain how service providers will be monitored and evaluated.

**Since the services are provided through the Client-employed Providers, CAPECO does not monitor the providers. Service satisfaction is, however, monitored through contact with the client to determine if the services as authorized are being provided. If the client is unable to resolve a problem with their provider they are given the option of finding another provider or ask the case manager to review the case.**

## Emergency Preparedness Plan

In the event of a disaster within District 12, there are several responses that our agency will act on. Working in partnership with both Umatilla and Morrow County Government Services, District 12 is ready to provide supervision at designated relief shelters as established by county government. Limited transportation evacuation services are available for those individuals who have been identified by the counties disaster service offices. Primarily serving those who are current clients within the District's Service Plans such as Home Delivered Meal Clients, those individuals who use the congregate meal sites, and those who rely on the district's transportation service for their daily needs.

Designated district staff would report to their assigned sites in affected areas within the county that was in need. Such emergencies would include, but would not be limited to: Flood, Earthquake, Large Scale Fire, Extreme Heat, Severe Cold. Designated sites would include congregate meal sites, churches, schools, or other public/private facilities as designated by the county's emergency management service.

Limited transportation service would be provided by both paid staff and volunteers to operate both agency vehicles, and private automobiles to transport homebound individuals to designated shelters as needed.

Meal site staff would report to congregate meal sites to provide food service as needed for the specific disaster.

Communication would be established with the county's Emergency Command Center located in Pendleton Oregon at the Correctional Facility operate by the county. This center houses the 911 Dispatch Center for the area. Instruction will be communicated to District Staff by the Incident Commander or their designee.