



Oregon

John A. Kitzhaber, MD, Governor

Department of Human Services

Aging and People with Disabilities

State Unit on Aging

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December 19, 2012

Brenda Durbin, Director
Clackamas County Social Services
2051 Kaen Road 1st Floor
Oregon City, OR 97045



Dear Brenda,

I am pleased to inform you that the Clackamas County 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. Jan Karlen will continue to be the SUA liaison to your agency.

I appreciate your dedication and commitment toward improving the lives of older Oregonians.

Sincerely,

Elaine Young
Manager, State Unit on Aging

Cc: Jan Karlen, SUA



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Health, Housing
& Human Services



CLACKAMAS COUNTY

SOCIAL SERVICES DIVISION

OLDER AMERICANS ACT AREA PLAN

2013-2016

**CLACKAMAS COUNTY SOCIAL SERVICES
2013-2016 AREA PLAN**

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SECTION A – AREA AGENCY PLANNING AND PRIORITIES

A – 1 Introduction:

Clackamas County Social Services is a division within the larger Clackamas County Department of Health, Housing and Human Services that includes Behavioral Health, Public Health, Community Development, the Housing Authority, Community Solutions (workforce programs) and Children Youth and Families.

Clackamas County Social Services (CCSS) was created through the merger of the Area Agency on Aging and the Community Action Agency in the spring of 1982. The Area Agency on Aging (AAA) and the Community Action Agency (CAA) combine advocacy, program coordination and development activities with social programs to provide opportunities and services for the elderly, people with disabilities, low-income persons, rural residents, and minority individuals in Clackamas County. In addition to being an AAA and a Community Action Agency, CCSS includes the County Developmental Disability Program, the County Veterans Service Office, and the Volunteer Connection.

The Board of County Commissioners appoints an Area Agency on Aging Advisory Council (AAAAC). The AAA Advisory Council consists of representatives of the general public who reside, work or serve those who live within the boundaries of Clackamas County. Over 50% of AAAAC members are aged 60 and over.

Purpose of the AAA Advisory Council is to:

- Serve as an advisory body to the Director of the Clackamas County Area Agency on Aging
- Advise the Clackamas County Area Agency on Aging on all matters relating to the development and administration of the Clackamas County Area Plan and advise the AAA on Area Plan operations conducted under the Plan and provide input on other areas of importance to the senior population
- Review all requests for Clackamas County Area Agency on Aging Older Americans Act funding and make the findings of the AAA Advisory Council known to the applicant, the County and the State
- Evaluate the effectiveness of programs funded under the Clackamas County Area Plan and seek the advice of the service recipients, general public and service providers on services needed and how to improve existing services
- Advocate for maintenance and improvement of existing services and for the creation of additional needed services for Clackamas County senior residents

Service Delivery Network

Clackamas County is a large and diverse county, covering 1,879 square miles with 17 incorporated cities and towns, as well numerous unincorporated communities. The more urbanized northern section of the county contrasts sharply with the rural and frontier nature of the southern and eastern portions of the county. In order to serve seniors residing in all areas of the county, Clackamas County Social Services utilizes a single entry approach, working with a comprehensive network of ten Senior, Adult or Community Centers, to ensure that every senior in Clackamas County has easy access to information and services. (Please note, for ease of reading each Center will be referred to as a Senior Center even if their true title is Adult Center or Community Center). In 2010, Clackamas County launched the Clackamas Resource Connection, an Aging and Disability Resource Center (ADRC), to provide additional services for all residents of Clackamas County.

In addition to the services and programs offered by CCSS, the service delivery system in Clackamas County includes a number of organizations including ten Senior Centers, Senior Citizens Council, four branch offices of DHS/APD (State Department of Human Services/Aging and Persons with Disabilities), the Senior Community Service Employment Program (Title V) and Legal Aid Services of Oregon. CCSS has contractual relationships or active MOUs with all of these organizations.

Focal Points

Nine of the ten Senior Centers are classified as Focal Points. Focal Points are expected to operate five days a week (a minimum of 32 hours per week), and to adhere to the Clackamas County Policy on Aging (available in Attachment K). Focal Points combine people, services and activities. The typical Focal Point offers meals three to five times a week, information and assistance, community outreach, client assessment, transportation, social services, legal counseling, health promotion activities, recreation and social programs. The Focal Points in Clackamas County are:

- * Canby Adult Center
- * Estacada Community Center
- * Gladstone Senior Center
- * Lake Oswego Adult Community Center
- * Milwaukie Center
- * Molalla Adult Community Center
- * Pioneer Community Center
- * Sandy Senior and Community Center
- * Wilsonville Senior Center

The Hoodland Senior Center does not have the capacity to fulfill the Focal Point criteria so is considered an Access Point.

Clackamas County Social Services Programs

- Clackamas Resource Connection – connecting seniors, persons with disabilities, their families and caregivers, with information about needed services
- Oregon Project Independence (OPI), a state funded program for those not financially eligible for Medicaid and who need assistance to remain living independently in their homes
- Family Caregiver Support (FCSP) – helping unpaid family caregivers with information, support and respite
- Transportation Reaching People (TRP) – providing transportation to seniors and persons with disabilities to medical, shopping, work, and other vital appointments
- Retired Senior Volunteer Program (RSVP) – helping seniors stay active and engaged in their communities through volunteer services
- Senior Companion Program (SCP) – providing stipends to low-income older adults so they can stay independent while providing companionship and support to other seniors
- Senior Health Insurance Benefits Assistance (SHIBA) – helping Medicare beneficiaries understand their health insurance benefits
- Gatekeeper – training community members to identify the signs of abuse or neglect and how to follow up with concerns
- Money Management – assisting older adults and individuals with disabilities who need help with budgeting, balancing checkbooks, and bill paying
- Energy Assistance – seniors and persons with disabilities are prioritized populations for this program, which assists low-income households to pay their utility bills

Other Senior Programs Operating in Clackamas County

- DHS/APD – providing Medicaid Long Term Care services and Adult Protective Services
- Senior Citizens Council – providing guardianship services and health equipment loans
- Legal Aid Services of Oregon – providing legal services to low-income seniors
- Senior Community Service Employment Program – assisting low-income people over the age of 55 with skill training and job search activities
- Clackamas County Behavioral Health Division provides services to seniors experiencing mental health and addiction issues. In addition to counseling and crisis services, Clackamas County has initiated two campaigns. The first helps seniors understand the importance of preventing the misuse of prescription medications. The second helps the community understand mental health in an effort to reduce the stigma of mental illness

Services to Younger Persons with Disabilities

Several of the programs operated by CCSS serve younger persons with disabilities. This includes TRP (Transportation Reaching People), SHIBA and Money Management.

Coordination and Planning

Coordination and planning among all providers of services to seniors in Clackamas County occurs in a number of venues, both ongoing and ad hoc.

The Transportation Consortium convenes all Clackamas County providers of special needs transportation three times a year to coordinate services, share best practices, and meet with representatives from Ride Connection. CCSS prepares annual Special Transportation Fund (STF) funding requests for Consortium members. CCSS also participates in regional Special Needs Transportation coordination by participating in the RTCC (Regional Transportation Coordinating Council) and several AAAAC members sit on the Special Transportation Fund Advisory Committee (STFAC). CCSS staff and advisory council members have also participated in the update of the Clackamas County Transportation Service Plan.

CCSS Administrative Services Manager and Contract Specialist meet quarterly with all aging services contractors to review changes to program requirements, coordination of services, and to share best practices. The Client Service Coordinators at all senior centers are required to attend at least four of the monthly Information and Referral Networking meetings and meet as a group after the I&R meetings to share best practices and staff cases.

CCSS has a good working relationship with the local DHS/APD office. There is a Memorandum of Understanding between CCSS and DHS/APD around Clackamas Resource Connection referrals between the two agencies. The DHS/APD District Manager regularly attends AAAAC meetings, and both offices are working closely together to maximize opportunities under the Coordinated Care Organization model.

The Adult Center Liaison sub-committee of the Clackamas County AAAAC regularly reviews and comments on services provided by contractors, and reports its findings to the full council at the annual council training.

A – 2 Mission, Vision, Values:

The Social Services Division seeks to provide quality services and meaningful opportunities for elderly, disabled, and low-income residents of Clackamas County. Through citizen participation and the efforts of the boards, staff, and volunteers, we recognize the importance of planning and coordinating with other agencies and organizations, and the importance of developing new programs and approaches to effectively meet identified needs. Finally, we recognize the vital role of advocacy. Individual advocacy helps to guarantee rights and ensure access. System-wide advocacy--on the local, state, and federal level--helps to ensure a broad focus on the important issues affecting the populations we are committed to serve.

All participants (clients; board, committee and task force members; volunteers and paid staff; contract agencies and other organizations; the general public) shall be treated with dignity and respect.

Anticipation, responsiveness, and innovation are expected in working with each other on the needs of the elderly, disabled, and low-income people of Clackamas County. An open environment, one that is non-bureaucratic and accessible is expected; participants will have every opportunity to be involved in decision making (except as relates to legitimate confidential matters).

A – 3 Planning and Review Process:

Clackamas County Social Services initiated a comprehensive senior needs assessment in August of 2009. In partnership with AARP Oregon and OSU Extension Service, *engAGE in Community* has documented community need and has worked with hundreds of county residents to help make Clackamas County more age-friendly.

Components of the needs assessment include:

- One-on-one interviews with over 100 seniors who utilize senior center services and activities, and seniors residing in low-income housing
- A county-wide telephone survey
- Community asset and barrier inventories and community conversations in six Clackamas County communities
- An in-depth analysis of the needs of Hispanic seniors in Clackamas County

engAGE in Community assessments include areas essential for age friendly foundations and infrastructures.

- Physical environment - outdoor spaces and buildings, transportation, housing
- Social environment - respect and social inclusion, social participation, communication and information
- Service environment - employment opportunities and community support and health

Persons and groups consulted:

engAGE in Community has provided a way for seniors, their advocates and caring networks to express what they need to age successfully in the community of their choice. Key project partners include Clackamas County Social Services, Oregon State University Extension, Family and Community Health-Clackamas County, and AARP Oregon. Survey tools and project assessment planning consultants include but are not limited to *engAGE in Community* key partners, Portland State University (PSU) Survey Research Lab and School of Community Health: Institute on Aging, the *engAGE in Community* Steering Committee, Clackamas County's ADRC staff, the Clackamas County AAA Council, and Focal Point (senior and community center) directors.

Please see Appendix I for a comprehensive analysis of the Community Assessment and Telephone Survey results, and Appendix J for the full Hispanic report.

In summary, the community assessment, one-on-one interview, and telephone survey results found that:

Transportation

The most commonly mentioned barrier in community conversations was transportation. This contrasts to the results of the telephone survey, where nearly 54% of respondents indicated that there is adequate public transportation in the county, and 60% indicated that there is adequate special needs transportation. This discrepancy may be attributable to the fact that those who participated in community conversations are more interested in, and therefore more knowledgeable about, the actual sufficiency of public and special needs transportation than is the general public.

Nearly all of the telephone survey respondents (98%) indicated that they seldom or never use public transportation. Reasons stated include that they prefer to use a personal vehicle; public transportation is not convenient; bus stops are not close by; or there is no public transportation in the area where they live.

Housing

The majority of telephone survey respondents agreed or strongly agreed that housing options, including long-term care, is available in their community (67% for general housing options, 78% for long-term care). As with transportation, information gathered through community asset mapping and community conversations contrasts to what was found in the telephone survey. Community members mentioned affordability, energy efficiency and accessibility as barriers to aging in community. Twenty-four of the 106 individuals who participated in one-on-one interviews had moved in the last three years. Reasons for moving include needing a smaller or more accessible housing unit, changes in family composition, and financial concerns.

Social Inclusion

Opportunities for community involvement by residents of all ages and abilities make for stronger communities. Social activity is a positive factor in healthy aging. The vast majority of telephone respondents (87%) agree that there is respect, kindness and courtesy shown in their community. Of all the questions asked, this one had the most positive responses in terms of the importance placed on social inclusion. Some of the barriers to social inclusion mentioned during community conversations included challenges due to sensory differences, mobility barriers, and the cost of attending some events. Similarly, 78% of those who participated in one-on-one interviews felt part of a social community. Responses varied somewhat depending on the size of the community in which the respondent lived. While 99% of those living in urban environments reported being part of a social community, 71% of those living in suburban areas felt a part of a social community.

Hispanic Seniors

The population of Hispanics in Clackamas County tends to be younger than the general population, due in part to migration patterns and a desire by some older Hispanics to return to their country of origin as they age out of the workforce. For those seniors who do reside in Clackamas County, placing an emphasis on independence when promoting age-friendliness may not have the desired effect in a community where, for many, great importance is placed on the group rather than the individual. Many people interviewed for the study expressed their feelings that Hispanics respect their seniors more than does the overall US population.

Many of the Hispanic seniors interviewed for this survey reported feeling marginalized and isolated. While there is a Spanish speaker employed by the Clackamas Resource Connection, this resource is not yet well known in the Hispanic community. Many feel that a single point of entry for information and access to services is needed.

The report recommends that the county, through partnership with other organizations that serve Hispanics, develop a venue where seniors can gather informally to share information, socialize and access programs.

Data and information from engAGE in Community are included throughout this Plan.

Review Process

The Area Agency on Aging Advisory Council provided excellent feedback as members reviewed portions of the plan. Members of advisory councils at senior centers will also review the Plan before it is adopted by the Clackamas County Board of Commissioners.

A – 4 Prioritization of Discretionary Funding:

Clackamas County Social Services prioritizes discretionary OAA and non-OAA funding for programs and services that protect vulnerable seniors and provide opportunities for seniors to remain engaged in their communities through volunteer service.

Non-OAA Discretionary Funding

The top goal for the Clackamas County Board of Commissioners is to keep vulnerable residents safe. To move forward on this goal the BCC has adopted an Abuse Prevention Initiative that funds a variety of programs, including programs to help vulnerable children and women experiencing domestic abuse.

In response to the needs of vulnerable seniors, the county's Abuse Prevention Initiative includes funding for the Senior Citizens Council to serve an additional 25 people in their guardianship program. Funds have also been provided for forensic accountant services to aid in the prosecution of those who financially take advantage of vulnerable residents, and to revive the Gatekeeper Program for Clackamas County.

OAA Discretionary Funding

Services funded by OAA IIIB discretionary dollars include Guardianship, Money Management Program, and volunteer recruitment activities that benefit a number of programs that serve seniors, including volunteer-based transportation services, Senior Medical Patrol and the Senior Health Insurance Benefits Assistance (SHIBA) programs.

Process for Determining Priority Services

Criteria

Programs that serve those seniors who:

- Have incomes under 185% of Federal Poverty Level
- Have a physical or mental disability
- Are geographically or socially isolated
- Are members of a minority population

These criteria are based on the priority populations as described in the Older Americans Act and reflect the rural nature of Clackamas County. The overall goal of all OAA funded programs is to help people live independent, socially connected lives.

Factors influencing the prioritization of services include the need to maintain existing, high functioning programs and those that leverage other funding sources including CSBG (Community Services Block Grant) and CNCS (Corporation for National and Community Service).

Methods used to weigh elements will be based on the relative size of the various populations within Clackamas County. According to the 2010 Census and American Community Survey, 36% of the county's senior population lives in rural areas, 9% have incomes below the federal poverty level, 24% have a disability and 4% are members of minority populations.

Implementation

In the event of significant funding increases or decreases, AAA staff would review all available data on existing programs that inform the criteria and factors mentioned above. Qualitative data, including client surveys, would also be reviewed to augment the objective data. The Area Agency on Aging Advisory Council (AAAAC) would play a key role in any decision to de-fund a program.

SECTION B – PLANNING AND SERVICE AREA PROFILE

B – 1 Population Profile:

Number of Persons 60 and Over

Oregon is beginning to see the first baby boomers join the age group of “older adults”, and in the coming years both the State of Oregon and Clackamas County’s population will include an increasing percentage of older adults. The Clackamas County total population grew by 11% between 2000 and 2010. During this same time frame the 60 + population of the county grew 51%. The 60+ population now represents 20% of the total Clackamas County population. Between 2000 and 2010, the median age in the county grew from 37.5 years of age to 40.6 years of age. The 2010 US Census Bureau data indicates that the 60-64 age group almost doubled with an increase of 94.5% between 2000 and 2010. As the chart below indicates, the Clackamas County 85+ population also increased significantly.

Clackamas County 2000 & 2010 Comparison

Source: US Census Bureau 2010 & 2000

Tabulated by Population Research Center, Portland State University

Population/Age Group	2000	2010	% Change
Total Clackamas Population	338,391	375,992	11.1%
60 to 64 years	12,753	24,803	94.5
65 to 69 years	9,874	17,227	74.5
70 to 74 years	9,042	11,224	24.1
75 to 79 years	8,145	8,210	0.8
80 to 84 years	5,482	6,722	22.6
85 years and over	4,885	7,848	60.7
Total 60+	50,181	76,034	51.5%

Rural Population Over 60

According to the 2010 Census, the over 60 population in the rural parts of Clackamas County is 28,036, or 36% of the 60+ population. Thirty-one percent of all county residents reside in rural areas.

Number of Minority Persons 60 Plus

Race and ethnic data from the 2010 Census, encompassing all age groups, indicates that 91% of the county population is white alone or in combination with another race. For the aging population of Clackamas County, the minority population represents just 4% of the over 60 age groups. The following chart shows the Census for major racial groups and their representation in Clackamas County.

2010 Census Clackamas County
Source: 2010 Census Data

	Number	Percent	Number 60 +	Percent of Population
Total Population (all races)	375,992	100%	76,034	20.2%
				Percent of 60+ race group
Race	Number	%	Number 60 +	
White alone or in combination	342,641	91.1	72,947	95.9
Black or African American alone or in combination	5,342	1.4	348	0.46
American Indian & Alaska Native alone or in combination	7,068	1.9	828	1.09
Asian alone or in combination	18,167	4.8	2,061	2.7
Native Hawaiian & other Pacific Islander alone or in combination	1,934	0.5	122	0.2
*Two or more races	13,740	3.6	737	0.9

*Note: This grouping can be in multiple categories per Census tabulation of data.

The Hispanic population of the county also shows a higher percentage of Hispanics in the total population than the 60+ age group. Hispanic residents make up 13% of the total Clackamas population. Of the 60+ population, only 5% are Hispanic.

Clackamas County 2010: Hispanic or Latino
Source: 2010 Census Data

	Number	Percent of County
Total Clackamas County Population	375,992	100
People who are Hispanic or Latino	29,138	12.9
60 plus total population who are Hispanic or Latino	1,450	4.90%
60 plus males who are Hispanic or Latino	684	2.3
60 plus females who are Hispanic or Latino	766	2.6

Native American Population

The Native American/Alaska Native population in the county is 7,068, approximately two percent of the county's population. The 2010 census identified 828 elders of American Indian/Alaska Native descent. This represents 1.09% of the over 60 population, a slightly lower percentage than the total population. There are no recognized tribal lands within the Planning and Service Area (PSA).

Number of Persons with Limited English Proficiency

In Clackamas County, data from the American Community Survey reports that 6.5% of the 60 and over population speak a language other than English. Three percent of those over 60 speak English less than very well. The largest ethnic group with limited English proficiency in Clackamas County is the Spanish-speaking population.

Adults with Disabilities

The 2010 American Community Survey reports that an estimated 47,166 non-institutionalized persons with disabilities reside in Clackamas County. 18,717, or 24%, of those persons are over the age of 65. This translates to nearly 40% of those aged 65 and over having a disabling condition.

Clackamas County: Disability Status

Source: 2010 American Community Survey

Population/Age	Number	Percent of County Population
Total Population	375,575	
With a disability	47,166	12.6
	Number	Percent of Persons with Disability by Age
Under 18 with a disability	5,200	11.02
18 to 64 years of age	23,249	49.29
With a disability 65 years and over	18,717	39.68

Number of Low-Income Persons

In Clackamas County 38,265 individuals, or about 10 percent of the population, have income levels below the federal poverty line. Nine percent of the over 55 population have incomes below the poverty level.

Clackamas County

Source: 2010 American Community Survey

Age	Number in Poverty	Percent in Poverty	
All Ages	38,265	10.2	
	Males	Females	Total
55 to 64	1,774	2,213	3,987
65 to 74	645	470	1,115
75 years and over	343	1,563	1,906
Total	2,762	4,246	7,008

Federal Poverty Level 2012		
Family Size	Annual	Monthly
1	\$11,170	\$931
2	\$15,130	\$1,261
3	\$19,090	\$1,591
4	\$23,050	\$1,921
5	\$27,101	\$2,258

60 Plus Population in Labor Force

The 2010 Census data indicates that for the 60+ population in Clackamas County, 29,158 individuals (38%) are still working. The largest group of working seniors is between 60 and 64 years of age.

Clackamas County

Source: 2010 American Community Survey

Employment Status for Population 60 Years and Over

Age	Number in Labor Force	Percent of Total Labor Force
60 to 64	20,416	10.3
65 to 69	5,514	2.8
70 to 74	2,468	1.2
75 years and over	760	.3
Total	29,158	14.6

In summary, the Clackamas County senior population is growing much faster than the general population. Seniors in Clackamas County are more likely to live with low-incomes than does the general population, even as 38% are still active in the workforce. The minority population is quite low, which creates challenges to providing support in culturally appropriate ways. The large number of seniors living in rural areas also creates challenges for service delivery since Clackamas County lacks a robust public transportation system.

As Clackamas County's population of older residents grows and experiences high levels of disability, resources at the state and national levels are shrinking. In response to these two trends, CCSS launched engAGE in Community in 2010. The goal of engAGE is to create more age-friendly communities in Clackamas County by educating county residents on what it takes to remain in your community of choice as you age, and to provide community members with the tools they need to help make their communities more age friendly. As part of the engAGE process a report that specifically explores the experiences of Hispanic elders in Clackamas County was produced. The findings of the report will be used in coming years to create programming that will better meet the needs of the Hispanic elder population.

B – 2 Target Population:

In Clackamas County, outreach about available services, coupled with the provision of high quality Information and Referral services, ensure that all interested seniors and their caregiving networks are aware of available services. A network of ten senior centers provide services throughout the PSA including residents living in remote sections of the county. The Clackamas Resource Connection (CRC), which is the Aging and Disability Resource Center (ADRC) for Clackamas County, is in contact with an average of 150 callers each month. In addition, CRC staff regularly attend health and information fairs where information on services to seniors is made available. RTZ, the call tracking software used by ADRCs in Oregon, will be operational in Clackamas County by July 2012. As a result, more complete data on race, income, and other caller demographic data will be available in future Area Plan updates.

Seniors and persons with disabilities who are at risk of institutionalization are served by the Clackamas Resource Connection (CRC), Oregon Project Independence (OPI), the Family Caregiving Support Program, Senior Companion Program and the Money Management Program. Home delivered meals through the senior centers, and guardianship services provided by the Senior Citizens Council, serve seniors who are at risk of institutionalization. These services are funded in part by CCSS.

Over 12,000 low-income individuals over the age of 55 were served through Clackamas County's Community Action Program.

Ongoing training on current issues in aging and disability is provided to CRC staff. Topics include Options Counseling, services to individuals with developmental disabilities, Medicare, and Guardianship. The issue of responsiveness to the lesbian, gay, bisexual, transgender (LGBT) senior community is growing in importance. In response, CCSS provided training for CRC staff on issues important to LGBT seniors. Staff from Aging and Disability Services providers and the DHS/APD offices were invited to participate. All CRC staff are AIRS certified.

Follow-up from the recently completed Hispanic Senior Report will result in higher numbers of minority residents receiving services in the future.

Accurate and comprehensive data is one way to confirm that ethnic minorities, people living with low incomes, and other underserved populations are receiving the support that they need. Information on programs for which data is available on the number of low-income and minority clients served is included below. Better data collection methods have been implemented that will result in more complete data in the future.

Program	#/% of low-income participants	#/% of minority participants
OPI	46/73%	1/<1%
Congregate Meals*	Data Not Available	53/2.26% (Based on Registered Participants)
Home Delivered Meals*	193/15%	51/4%
Senior Companion Program	24/100%	Data not available
SHIBA	519/32%	Data not available
Money Management	295/99%	Data not available

* Data pulled from FY10/11 SPR report

B – 3 AAA Administration and Services:

Clackamas County Social Services (CCSS), as the designated Area Agency on Aging for the Clackamas Planning and Service Area (PSA), administers federal and state funded programs. CCSS provides some services directly and contracts with local organizations for others. All services are administered through the central administrative office located in Oregon City at the County's Public Services Building. Direct services are also provided from this location. An overview of unique services offered through the Clackamas County AAA is described below.

Advocacy

The Joint Advocacy Committee – Social Service facilitates a monthly meeting of members of County Health, Housing and Human Services Department and DHS/APD sponsored advisory committees to discuss and take action on State legislative and Congressional issues that impact the populations represented by the committees. Committees involved include: Area Agency on Aging Advisory Committee, Community Action Board, Mental Health and Addictions Advisory Committee, Veterans Advisory Council, Youth Provider Network, Developmental Disabilities Council, and DSAC. Activities include sponsoring a biennial candidate's forum, visiting legislators, and writing letters to lawmakers and op-ed pieces.

Aging and Disability Resource Center and Information and Referral

The Clackamas Resource Connection (CRC) provides focused, intensive one-on-one information and referral services to older residents of the county seeking assistance. CRC also serves persons with disabilities, along with family members and caregivers. The CRC offers Options Counseling on how to find the best long-term care option for each individual circumstance, and offers short-term case management services to a small number of individuals. The CRC includes one Spanish-speaking staff member. CRC staff makes regular presentations at information and health fairs and hosts monthly Information and Referral Networking meeting. Written I&R material is available in both Spanish and Russian. Additionally, Clackamas County has begun to produce a series of 10 minute videos addressing a variety of issues of concern to vulnerable populations. The first one focused on the impact of hunger and resources in the community available to combat hunger. Social Services is also a key partner in a prescription drug mis-use campaign targeted to seniors, their family members and care givers.

Volunteerism

Clackamas County maintains an online database that helps connect county residents interested in volunteering with opportunities that meet their skills and interests. Social Services' Volunteer Connection maintains the database.

Planning and Coordination

Clackamas County Social Services facilitates the Transportation Consortium. The Consortium submits coordinated applications for STF funding and discusses how to expand and better coordinate Special Needs Transportation in Clackamas County. Social Services has recently completed a Transportation Report that examines gaps and identifies opportunities to expand transportation resources throughout the county. Social Services' staff also participate in regional planning efforts including the Regional Transportation Coordinating Council and the STF Advisory Council.

engAGE in Community is a partnership between Clackamas County Social Services, OSU Extension and AARP Oregon with a goal to increase the “age-friendliness” of Clackamas County communities. engAGE has educated hundreds of county residents on the importance of creating age friendly communities and has worked with six communities to map the assets and barriers to place based aging.

Protecting Vulnerable People

Clackamas County Social Services funds a Gatekeeper program where individuals who come into contact with potentially vulnerable individuals learn the signs of abuse or self neglect and how to access resources. Social Services’ staff and advisory committee members participate in the Multidisciplinary Team (MDT). Social Services operates the largest volunteer run Money Management program in the state. This service ensures that the basic needs of at-risk clients are met while providing maximum independence. County General funds have been allocated to secure the services of a Forensic Accountant to aid in the development of financial abuse cases prosecuted by the District Attorney. Social Services’ SHIBA program is a recipient of a Medicare Patrol grant to help prevent and identify Medicare fraud.

Role in Disaster Response

Social Services Volunteer Connection staff are the designated lead in establishing volunteer centers in the event of a disaster. I&R staff have a mandated role to play in mass care and shelter during disasters.

Transportation

Special Needs Transportation is provided by the CCSS Transportation Reaching People program (TRP) as well as through reimbursement contracts with designated Focal Points. The TRP program’s primary focus is volunteer-based transportation dispatched throughout the county to provide transportation to seniors and persons with disabilities. In addition to providing staff support to the Clackamas County Transportation Consortium, CCSS is actively engaged in seeking ways to enhance special needs transportation through grant writing, travel training, program development, and participating in planning and policy development initiatives at the county, regional, and state levels.

Funding Constraints

Social Services is able to operate a diverse set of programs by accessing over 50 separate funding sources, including federal, state, county and foundation. Reductions in any of these funding sources is possible considering the current economic conditions and the uncertainty at the federal level. However, the diversity of funding received by Social Services allows for some flexibility in the face of any funding reductions.

An associated concern is the inability to keep up with demand. Clackamas County experienced a 50% increase in its senior population between 2000 and 2010. Program enrollment may need to be capped in some programs if demand exceeds staff’s capacity to successfully administer programs.

Details on Older American Act funded programs

The major programs/services administered by the AAA are described below. The numbers identifying each service correspond to the listing found in the Section E-Service & Method of Service Delivery. For a detailed breakdown of which services funded under Older Americans Act (OAA) and Oregon Project Independence (OPI) are provided directly and which are contracted, see Section E-1.

OAA TITLE III-B FUNDED SERVICES

AREA PLAN ADMINISTRATION (Matrix #20-1) - Area Agency administrative functions are required to implement the planned services, maintain required records, fulfill the requirements of federal regulation, state rules, and state unit policies and procedures; and to support the Advisory Council. Administration duties include such responsibilities as bidding, contract negotiation, reporting, reimbursement, accounting, auditing, monitoring, and quality assurance. (OAA 301-308)

AAA ADVOCACY (Matrix #20-2) - Monitor, evaluate, and, where appropriate, comment on all policies, programs, hearings, levies, and community actions which affect older persons. Represent the interests of older persons; consult with and support the State's long-term care ombudsman program; and coordination of plans and activities to promote new or expanded benefits and opportunities for older persons. (45 CFR 1321.61(b)(1-5))

CASE MANAGEMENT (Matrix #6) - A service designed to individualize and integrate social and health care options for or with a person being served. Its goal is to provide access to an array of service options to assure appropriate levels of service and to maximize coordination in the service delivery system. Case management must include four general components: access, assessment, service implementation, and monitoring. A unit of service is one hour of documented activity with the identified individual.

TRANSPORTATION (Matrix #10) - Transportation to older persons who are unable to manage their transportation needs independently. A unit of service is one one-way ride provided to an individual.

LEGAL ASSISTANCE (Matrix #11) - Legal advice or representation provided by an attorney to older individuals with economic or social needs, including counseling or other appropriate assistance by a paralegal or law student acting under the direct supervision of an attorney, or counseling or representation by a non-lawyer where permitted by law. Assistance with will preparation is not a priority service except when a will is part of a strategy to address an OAA-prioritized legal issue. Priority legal assistance issues include income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination. Legal services may also include assistance to older individuals who provide uncompensated care to their adult children with disabilities and counsel to assist with permanency planning for such children. A unit of service is one hour of documented activity with the identified individual.

Note: Legal assistance to family caregivers is to be reported as Matrix #30-7 or #30-7a Supplement Services. OAA 102(a)(33); OAA 307(a)(11)(E), 3321(a)(6)

INFORMATION & ASSISTANCE (Matrix #13) - A service that (a) provides individuals with information on services available within the communities; (b) links individuals to the services and opportunities that are available within the communities; (c) to the maximum extent practicable, establishes adequate follow-up procedures. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov). A unit of service is one documented contact with an individual.

OUTREACH TO INDIVIDUALS (Matrix #14) – Services or activities that provide information to individuals, in a one-on-one setting, regarding available services for the elderly. These include active discussions of the benefits of all County and State DHS programs. A unit of service is one contact.

GUARDIANSHIP/CONSERVATORSHIP (Matrix #50-1) - Performing legal and financial transactions on behalf of a client based upon a legal transfer of responsibility (e.g., as part of protective services when appointed by court order) including establishing the guardianship/conservatorship. (Definition developed by AAA/SUA workgroup.) A unit of service is one hour.

REASSURANCE (Matrix #60-3) - Regular friendly telephone calls and/or visits to physically, geographically or socially isolated individuals to determine if they are safe and well, if they require assistance, and to provide reassurance. (Definition developed by AAA/SUA workgroup.) A unit of service is one documented contact with an individual.

VOLUNTEER RECRUITMENT (Matrix #60-4) - One placement means one volunteer identified, trained and assigned to a volunteer position. Definition developed by AAA/SUA workgroup. A unit of service is one placement.

OPTIONS COUNSELING (Matrix #70-2) - Counseling that supports informed long-term care decision making through assistance provided to individuals and families to help them understand their strengths, needs, preferences and unique situations and translates this knowledge into possible support strategies, plans and tactics based on the choices available in the community. (Based upon NASUA's definition.) A unit of service is one hour.

PUBLIC OUTREACH/EDUCATION (Matrix #70-10) - Services or activities targeted to provide information to groups of current or potential clients and/or to aging network partners and other community partners regarding available services for the elderly. Examples of this type of service would be participation in a community senior fair, publications, publicity campaigns, other mass media campaigns, or presentations at local senior centers where information on OAA services is shared, etc. A unit of service is one activity.

MONEY MANAGEMENT (Matrix #80-5) - Assistance with financial tasks for seniors who are unable to handle their personal finances. (i.e. banking transactions, paying bills, taxes, etc.). (Definition developed by AAA/SUA workgroup.) A unit of service is one hour.

OAA TITLE III-C AND NSIP FUNDED SERVICES

HOME-DELIVERED MEAL (Matrix #4) - A meal provided to a qualified individual in his/her place of residence that meets all of the requirements of the Older Americans Act and state and

local laws. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov) A unit of service is one meal delivered.

Note: 45 CFR 1321.69(b) states: The spouse of the older person, regardless of age or condition, may receive a home-delivered meal if, according to criteria determined by the Area Agency, receipt of the meal is in the best interest of the homebound older person. Refer to Section 3.b. of the OAA Nutrition Program Standards for additional eligibility requirements www.oregon.gov/DHS/spwpd/sua/ .

CONGREGATE MEAL (Matrix #7) - A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the Older Americans Act and state/local laws. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov)

Note: OAA 339(2)(H) permits AAAs to establish procedures that allow the option to offer a meal, on the same basis as meals provided to participating older individuals, to individuals providing volunteer services during the meal hours. OAA 330(2)(I) allows for meals to spouses of eligible participants and to individuals with disabilities regardless of age who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided. Refer to Section 3.a. of the OAA Nutrition Program Standards for additional eligibility detail www.oregon.gov/DHS/spwpd/sua/ .

NUTRITION EDUCATION (Matrix #12) - A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietician or individual of comparable expertise. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov) A unit of service is one session per participant.

OAA TITLE III-D FUNDED SERVICES

PHYSICAL ACTIVITY AND FALLS PREVENTION (Matrix #40-2) - Programs based on best practices for older adults that provide physical fitness, group exercise, and music, art, and dance-movement therapy, including programs for multi-generational participation that are

provided through local educational institutions or community-based organizations. Programs that include a focus on strength, balance, and flexibility exercise to promote physical activity and/or prevent falls, and that have been shown to be safe and effective with older populations are highly recommended. (OAA 102(a)(14) E, D, F.) A unit is one class session.

PREVENTIVE SCREENING, COUNSELING, AND REFERRALS (Matrix #40-3) - Education about the availability, benefits and appropriate use of Medicare preventive health services or other preventive health programs. Health risk assessments and screenings, and preventive health education provided by a qualified individual, to address issues including hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density and nutrition screening. Health information on on-going and age-related conditions including osteoporosis, cardiovascular diseases, diabetes, and Alzheimer's disease and related disorders. (OAA 102(a)(14) (A-B),(H)& (J).) A unit is one session per participant.

MEDICATION MANAGEMENT (Matrix #40-9) - Screening and education to prevent incorrect medication and adverse drug reactions, including individual medication reviews or group-based programs that contain information on medication management (including Stanford's

Chronic Disease Self-Management program (Living Well). (OAA 102(a)(14) I) & (H.R. 2764; P.L. 110-161) A unit is one session per participant.

OAA TITLE III-E FUNDED SERVICES

INFORMATION FOR CAREGIVERS (Matrices #15 & 15a) - A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov) A unit of service is one group activity.

CAREGIVER ACCESS ASSISTANCE (Matrices #16 & 16a) - A service that assists caregivers in obtaining access to the available services and resources within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov) Note: Case management and information and assistance to caregivers are an access service. A unit of service is one documented contact with an individual.

RESPIRE (Matrix #30-4, 30-5 and 30-5a) – Services that offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for unpaid caregivers served under the Family Caregiver Support Program. Respite care includes: (1) in-home respite (personal care, home care, and other in-home respite); (2) respite provided by attendance of the care recipient at a senior center or other non-residential program; (3) institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps. To be eligible for caregiver respite, the care recipient must either: (1) be unable to perform at least two activities of daily living (ADL's) without substantial human assistance, including verbal reminding, physical cueing OR (2) due to a cognitive or other mental impairment, require substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or another individual. A unit of service is one hour of service.

CAREGIVER SUPPORT GROUPS (Matrices #30-6 & 30-6a) - Peer groups that provide an opportunity to discuss caregiver roles and experiences and which offer assistance to families in making decisions and solving problems related to their caregiving roles. (DHS/SPD/SUA definition) A unit is one session per participant.

CAREGIVER SUPPLEMENTAL SERVICES (Matrices #30-7 & 30-7a) - Services provided on a limited basis that complement the care provided by family and other informal caregivers. Examples of supplemental services include, but are not limited to, legal assistance, home modifications, transportation, assistive technologies, emergency response systems and incontinence supplies. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov) Note: Supplemental service priority should always be given to caregivers providing services to individuals meeting the definition of 'frail'. A unit of service is one activity.

CAREGIVER COUNSELING (Matrices #70-2a & 70-2b) - Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (of individual caregivers and

families). (AoA Title III/VII Reporting Requirements Appendix –www.aoa.gov) A unit is one session per participant.

CAREGIVER TRAINING (Matrices #70-9 & 70-9a) - Training provided to caregivers and their families that supports and enhances the caregiving role. For example: Powerful Tools training; Communicating Effectively with Health Care Professionals; conferences, etc. (A session for conferences would be equal to one day's attendance at the conference). (DHS/SPD/SUA definition.) A unit is one session per participant. Note: This does not include training to paid providers.

OAA TITLE VII-B FUNDED SERVICES

ELDER ABUSE AWARENESS AND PREVENTION (Matrix #50-3) - Public education and outreach for individuals, including caregivers, professionals, and para-professionals on the identification, prevention, and treatment of elder abuse, neglect, and exploitation of older individuals. Training is provided for individuals in relevant fields on the identification, prevention, and treatment of elder abuse, neglect, and exploitation, with particular focus on prevention and enhancement of self determination and autonomy. (Definition based on OAA 721(b)(1, 2, & 6))

OPI FUNDED SERVICES

CASE MANAGEMENT (Matrix #6) - A service designed to individualize and integrate social and health care options for or with a person being served. Its goal is to provide access to an array of service options to assure appropriate levels of service and to maximize coordination in the service delivery system. Case management must include four general components: access, assessment, service implementation, and monitoring. A unit of service is one hour of documented activity with the identified individual.

PERSONAL CARE (Matrices #1 Contracted & #1a HCW) - In-home services provided to maintain, strengthen, or restore an individual's functioning in their own home when an individual is dependent in one or more ADLs, or when an individual requires assistance for ADL needs. Assistance can be provided either by a contracted agency or by a Homecare Worker paid in accordance with the collectively bargained rate. (OAR 411-0032) A unit of service is one hour of documented activity with the identified individual.

HOMEMAKER (Matrices #2 Contracted & #2a HCW) - Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov) A unit of service is one hour of documented activity with the identified individual.

B – 4 Community Services Not Provided by the AAA:

The following programs are administered by Clackamas County Social Services through its role as a Community Action Agency, County Developmental Disability Program, County Veterans Service Office and the Volunteer Connection.

Community Action Programs: Community Action Programs address the causes and conditions of poverty in a community. At Social Services, Community Action Programs include:

- Increasing the availability of special needs housing - Staff work cooperatively with the County's Community Development Department, Behavioral Health Division, Housing Authority and state agencies to develop housing to close gaps in the supportive housing continuum
- Addressing homelessness - Through the Homeless Council and Homeless Policy Council, CCSS develops and expands services to those experiencing homelessness and strives to change policies in order to lessen the impact of homelessness on families and communities. CCSS also operates the Fair Housing Program for Clackamas County
- Low-income energy assistance - Assistance is provided to help low-income households to pay their utility bills. Seniors and persons with disabilities are prioritized populations for this program

County Developmental Disability Program: The Clackamas County Developmental Disability Program offers residents with developmental disabilities and their families an array of services including case management, eligibility and intake, adult protective services, quality assurance and program development.

County Veterans Service Office: The Clackamas County Veterans Service Office (CVSO) assists and advocates for military veterans and their families to help them obtain financial and medical benefits from the Veterans Administration. CCSS also staffs the county's Veterans Advisory Council.

Volunteer Connection:

The Volunteer Connection (VC) connects interested county residents with volunteer opportunities in their community. The VC also provides direct services through a variety of programs that rely heavily on volunteers to deliver services

- Transportation Reaching People – Volunteers provide rides to seniors and persons with disabilities to medical appointments and essential errands
- Money Management – Volunteers assist older adults and persons with disabilities who need help budgeting, balancing their checkbook and paying their bills. The support that this program offers can help people remain living independently in the community
- Senior Health Insurance Benefits Assistance (SHIBA) – Certified volunteers provide information to Medicare beneficiaries on enrollment, billing, supplemental insurance policies and access to prescription discount programs

- Senior Companion Program – Senior Companions receive a small stipend to provide assistance, transportation and companionship to low-income seniors and persons with disabilities
- RSVP – The Retired Senior Volunteer Program connects individuals 55 and over to meaningful volunteer opportunities that make an impact in their community
- LifeSpan Respite Care - This program is coordinated in concert with OAA Family Caregiver Support programs. The program provides information and referral services and limited respite care to caregivers needing respite care and/or supplemental services where no other programming or support is available. Caregiver training, assistance and support are provided by Social Services' Family Caregiver Program Coordinator
- Healthy Start – Volunteers support new parents as hospital visitors and playgroup coordinators

Clackamas County Social Services' Role in Significant County and Regional Initiatives

Transportation

Clackamas County Social Services works with senior centers, Ride Connection and representatives of the five transit systems that operate in Clackamas County to coordinate and expand special needs transportation services to seniors and persons with disabilities in Clackamas County. CCSS takes the lead in writing and submitting Special Transportation Fund (STF) applications.

CCSS staff and members of the Area Agency on Aging Advisory Committee (AAAAC) sit on the Regional Transportation Coordinating Committee (RTCC) and the Special Transportation Fund Advisory Committee (STFAC) and are helping to develop the county's Transportation Service Plan.

Health Care Transformation

A number of county staff, including the directors of both the Department of Health Housing and Human Services and Clackamas County Social Services participated in the development of the Coordinated Care Organization (CCO) for the Portland metropolitan region. As the CCO model develops further there will be ongoing involvement by county staff and advisory committee members.

Regional ADRC Development

Directors and staff from the Area Agencies on Aging from Clackamas, Columbia, Multnomah and Washington Counties have met for over a year to develop a regional Aging and Disability Resource Center. The four counties have submitted a joint application for federal funding for a Care Transitions Program. Care Transition Programs assist individuals who are leaving the hospital or skilled nursing facilities to safely transition back to their home and reduce the risk of re-hospitalization.

Multi-Disciplinary Team (MDT)

CCSS staff participate in the MDT facilitated by the District Attorney's office.

Emergency Preparedness for Vulnerable Adults

CCSS staff participated in the development of a countywide Emergency Response Plan to meet the needs of persons with disabilities in the event of a natural or man-made disaster. CCSS staff are also key players in the response to disaster, including managing spontaneous volunteers and providing information and referral services.

Community Health Improvement Plan

The CCSS director has participated in the development of the county's Community Health Improvement Plan.

Other Agencies that Serve Seniors and Persons with Disabilities

State Department of Human Services/Aging and Persons with Disabilities (DHS/APD Offices)

CCSS has a good working relationship with the DHS/APD offices in Clackamas County. The two offices are working in coordination with regional partners to develop MOUs with the newly formed CCO. CCSS has an MOU with DHS/APD for CRC referrals, and two of the more rural SPD offices offer CCSS office space for Energy Assistance appointments. APD staff are invited to attend CRC trainings and the District Manager for Clackamas County regularly attends Area Agency on Aging Advisory Council meetings.

Senior Centers

CCSS works with a network of ten senior centers to deliver services to residents throughout the county.

Senior Citizens Council

The Senior Citizens Council provides guardianship services to seniors. Most of their guardianship clients have extremely low incomes.

SECTION C – ISSUE AREAS, GOALS AND OBJECTIVES

C – 1: Family Caregivers

Family support is key to successful aging in place and decreased institutionalization of individuals with long-term care needs. Nationally, 66% of older persons rely on unpaid family caregivers for some level of support.

The county wide telephone survey determined that 32% of those reporting caregiving responsibilities “never” or “seldom” receive the support they need. Eighty percent of participants who participated in the one-on-one interviews and who, as a group, had lower incomes and more frailty than the telephone respondents, indicated that their care needs were not being adequately addressed. The need for family caregivers will grow since the population of those aged 85 and over is the third fastest growing cohort in the county, and 40% of those 65 and over have at least one disabling condition.

The Hispanic Report found that most Hispanic seniors rely on family to provide care, and for more traditional families this is generally a positive experience that reflects a culture of multi-generational households and respect for elders. However, some respondents indicated that, as their children became more acculturated, their interest in providing care for an older loved one diminished.

It is also important to note that many newly returning veterans have significant care needs, and veterans of past wars are aging and will need additional assistance.

The Program: The Family Caregiver Support Program (FCSP) helps unpaid family caregivers by providing emotional support, respite care stipends, educational classes, information and access to other programs.

The services provided by FCSP in conjunction with its partners help promote healthy aging, aging in place and family caregiver self-care. This holistic approach to care can delay or avoid client entry into the Medicaid system, provide an alternative to individuals at risk of institutionalization, and support the needs of family caregivers. Caregivers who participate in FCSP programs report reduced stress and depression, and are able to keep their loved ones in their home longer.

Some family caregivers find that asking for help is very difficult. The program strives to help family caregivers understand that seeking help proactively can have tremendous benefits to their own stress and depression and their loved one’s quality of care. Additional barriers reported include geographic access to services, time commitment, availability of respite care, and transportation. Some family caregivers also find it difficult to find time to complete the required paperwork, submit proper receipts, or even ask for help. The amount of funding available restricts the FCSP’s ability to assist caregivers on an ongoing basis.

Screening and Assessment: The FCSP program utilizes a phased screening and assessment tool called “Road Mapping”. The process includes five major components:

- The **initial assessment** involves an intake by phone or in-person that is tailored to address the time constraints of family caregivers and is focused on getting basic needs addressed
- The FCSP Coordinator summarizes each initial assessment with **benchmarks for future care** and action planning

- An **in-depth evaluation** for services is developed based on the specific needs of each caregiver. This generates a resource packet of applicable programs and services available to support the caregiver’s care and action planning efforts
- A **care/action plan** is developed that helps facilitate the “road mapping” needed to increase the caregivers’ capacity to care for themselves and their loved ones
- An **evaluation** of each care/action plan is done on an annual basis that screens for increased knowledge of services and resources, self management skills, and reduction in stress

Clackamas County’s implementation of the Seven Core FCSP Elements.

Core Element #1: Information Services and Group Activities

FCSP participates in information and referral meetings, resource fairs and community events designed to highlight services for family caregivers.

Core Element #2: Specialized Family Caregiver Access to Services (one-on-one)

Each caregiver who contacts FCSP receives specific information pertaining to his or her caregiving situation. One-on-one sessions are done by phone or in person. In some cases, a home visit is scheduled to further assess the need for services. The FCSP process specifically recognizes each family caregiver’s individual needs and differences.

Core Element #3: Counseling

Counseling is done through referral and the use of Supplemental Services grants when they are available.

Core Element #4: Training

Powerful Tools for Caregivers and Living Well with Chronic Conditions workshops are provided directly through the FCSP. Other trainings are available through FCSP and partner agencies on topics of relevant and applicable nature. Trainings are also available through the Supplemental Service component of the FCSP, which further supports the unique needs of each family caregiver and the issues he or she is currently facing.

Core Element #5: Support Groups

FCSP does not directly manage support groups or networks. Program staff works to empower family caregivers to create sustainable ways to keep each other connected, engaged, informed and mentored.

Core Element #6: Respite Care

Respite care is provided through grants to family caregivers. Grants of up to \$250 per year for each qualified participant are available as funding allows. The use of the grant funds are self-directed by the caregiver and can include personal care, adult day services, overnight placement, homemaking services, and errand running. While use is self-directed, all services must fall within the FCSP standards.

Core Element #7: Supplemental Services

As with respite care, supplemental services are provided through grants of up to \$250 and are intended as flexible enhancements to caregiver support. Examples of services include home repairs, assistive technologies, caregiver survivor kits, professional consultations, training materials, emergency response systems, and legal assistance.

Issue Area: Family Caregiver Support

Profile: The Family Caregiver Support Program (FCSP) works in partnership with numerous local community organizations to complement the network of services available to Clackamas County family caregivers. Senior centers, non-profits, faith-based organizations, government agencies, Oregon Project Independence and many other programs collaborate on outreach projects and services such as resource fairs, workshops, support groups, Powerful Tools for Caregivers and Living Well with Chronic Conditions. FCSP conducts a road mapping assessment of each client’s case to determine which services would be applicable and makes recommendations on how to access services needed immediately and over time. FCSP offers direct information services and group activities, specialized one-on-one service screening, referrals to counselors, training, support group referrals, and limited grants for respite and support services.

Problem/Need Statement: In order to provide Clackamas County family caregivers with the relief they need and to tailor service to unique situations and individual characteristics of caregivers, FCSP will continue to engage in outreach efforts focused on marginalized individuals and groups of caregivers. FCSP’s specific efforts to address barriers identified by Clackamas County family caregivers are summarized below:

Issue Area: Family Caregivers Self-Care Resources/ Addressing barriers to participation in the program.					
Goal: Provide tailored self-directed support and services with respect for unique situational and individual characteristics including but not limited to cultural, socio-economic, geographical and other differences of FCSP program participants and beneficiaries.					
Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2013-2016 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
Increase by 10% each year, for four years, the number of individuals from underserved populations accessing Family Caregiver services.	Assess current outreach plan and implement changes to effectively reach underserved populations.	FCSP Coordinator	Prior to 1/1/13 start of Area Plan	6/30/13	
	Analyze the screening and assessment process and make applicable changes to reduce access barriers.	FCSP Coordinator	Prior to 1/1/13 start of Area Plan	6/30/16	
	Evaluate the effectiveness of the outreach plan through an annual survey that includes documenting the number of caregivers from underserved populations served	FCSP Coordinator	7/01/13		
<ul style="list-style-type: none"> • Families affected by Alzheimer’s • Ethnic minorities 					

<ul style="list-style-type: none"> •LGBT seniors and families •Families affected by mental illness •Social and geographically isolated caregivers •Caregivers will assess functional and access needs 	<p>For each underserved population:</p> <ul style="list-style-type: none"> •Conduct baseline analysis on FCSP client demographics •Convene community conversations with family caregivers and service partners around diversity and service equity •Hold focus groups on population specific needs to ID improvement areas in service delivery •Implement targeted messaging based on community conversations and focus groups <p>Conduct an evaluation of efforts to assess service access changes by targeted caregiver populations</p>	<p>FCSP Coordinator, VCP Program Manager at CCSS</p>	<p>1/1/13</p>		
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C – 2 Information and Assistance Services and Aging & Disability Resource Connections (ADRCs)

The Census Bureau anticipates that by 2050, one American in 20 will be 85 years old or older, compared to one in 100 today. From 2000 to 2010, the number of people in Clackamas County ages 60 to 64 years increased 94.5%. During that same time period the number of persons aged 65 to 69 increased by 74.5%.

Because many seniors, their families and caregivers, as well as younger people with disabilities, do not know where to turn when they are faced with increasing needs associated with aging and disability, Clackamas County made the decision to create an Aging and Disability Resource Center in keeping with a national trend. ADRCs are single point-of-entry, highly visible and trusted places to which all people can turn for a full range of long-term support options and information. Typically, components of an ADRC include specialized information and assistance (I&A) including a self-service component, options counseling, healthy aging opportunities, streamlined eligibility determination for public assistance, continuous quality improvement activities and care transitions supports.

The mission of the Clackamas County ADRC, the Clackamas Resource Connection, is to provide consumers with expert cost-effective pre-crisis planning for long-term needs emphasizing consumer self-determination. Although the Clackamas County-based program serves anyone who requests assistance, the Clackamas County program's *target* population is seniors and people with disabilities who are not Medicaid eligible but who cannot afford or are not inclined to purchase this type of service from the private sector. Much of the service provided is short term and informational in nature. More intensive and comprehensive options counseling, and short-term case management services are provided to those actively seeking assistance in a change in their level of care due to frailty or the advancement of disease.

The Clackamas Resource Connection comprises I&R Specialists in aging and the Oregon Project Independence Program. Clackamas County Social Services' Volunteer Connection programs including the Lifespan Respite Family Caregiver Program, RSVP and Senior Companion, Transportation Reaching People, SHIBA are also a part of the Clackamas Resource Connection. The County Veterans Service Office is, as well. Community partners with whom the Clackamas Resource Connection works closely are the adult centers, Seniors and People with Disabilities, Senior Citizens Council and various providers of behavioral health services. Relationships are developing with hospitals, other medical providers and private entities such as long-term care facilities, which provide key resources to seniors and people with disabilities.

Clackamas County Social Services supports the statewide ADRC initiative and has also been participating with Area Agencies on Aging in Columbia, Multnomah and Washington Counties and local hospital systems on ADRC readiness activities and on an application to CMS to provide care transitions services.

The Clackamas Resource Connection works closely with 211 to ensure referrals are made appropriately. CRC staff is responsible for updating web-based information and referral guides and in attending numerous health and information fairs.

Clackamas County was able to establish an ADRC by realigning existing funding. Historically Social Services has used both OAA and CSBG (Community Services Block Grant) funds to support a comprehensive Information and Referral system that includes trained staff, an on-line database, and regular involvement in community health and resource fairs. In August of 2010, after months of discussion and planning with 211 Info and various stakeholders, Social Services transferred to 211 Info the responsibility of answering 211 calls from Clackamas County. This change allowed the existing I&R staff to focus their efforts on addressing the concerns of seniors, persons with disabilities, their families and caregivers. Since the transfer of responsibilities I&R staff (now ADRC staff) have received Options Counseling training along with other specialized training in issues relating to age and disability. Current federal and county funding is sufficient to maintain current capacity. As call volumes increase there will be a need to identify other funding sources in order to ensure that all county residents who are in need of ADRC services receive them.

Issue Area: Information and Assistance Services and Aging and Disability Resource Connection (ADRC)

Profile: The ADRC in Clackamas County, Clackamas Resource Connection was implemented in the summer of 2010. Program design, engagement of an advisory committee, streamlining of the referral process, outreach, staff training including Options Counseling and other activities occurred simultaneously.

Problem/Need Statement: The software program that was selected as infrastructure to the ADRC, called RTZ, has not yet been implemented by the Clackamas County CRC. This software has the capacity to provide a discrete listing of available resources and includes a call module. In order to operate effectively, the CRC needs the ability to track calls, provide the community with a comprehensive resource list, and produce reports that will help determine needs. The implementation of the RTZ software, as well as a comprehensive Quality Improvement Plan, is critical to the ongoing enhancement of the CRC.

Issue Area: Information and Assistance Services and Aging and Disability Resource Connection					
Goal: Implement and fully utilize the RTZ software					
Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2013-2016 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
By January 1, 2013, CRC staff is fully trained in the use of RTZ.	Training CRC staff in use of RTZ call module.	CCSS Program Manager and CRC Staff	Prior to 1/1/13 start of Area Plan	6/30/13	
By June 1, 2013, the resource listing is up to date.	Populating RTZ with Clackamas County resources; listing is accurate and comprehensive.	RTZ Staff and CRC Data Specialist	Prior to 1/1/13 start of Area Plan	6/30/13	
By December 1, 2013, RTZ reports are being regularly reviewed and used to track program outcomes.	Management review of RTZ reports.	CCSS Program Manager and CRC Staff	7/1/13	Ongoing	
	Analyze generic RTZ reports for usefulness and create custom reports as needed.	CCSS Program Manager and Director	3/1/13	12/31/13	

Issue Area: Information and Assistance Services and Aging and Disability Resource Connection					
Goal: Improve quality and effectiveness of Clackamas Resource Connection by creating and maintaining a Quality Improvement Plan.					
Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2013-2016 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
A minimum of 12 CRC staff trainings each year.	Schedule and deliver one relevant training per month.	CRC Staff	Prior to 1/1/13 start of Area Plan	Ongoing	
Twice yearly client satisfaction surveys indicate continual improvement of client satisfaction.	Conduct semi-annual client satisfaction survey	ADRC Advisory Board Members	Prior to 1/1/13 start of Area Plan	Ongoing	
Annual Quality Improvement Plan	Create Quality Improvement Plan that includes RTZ data, survey results and other pertinent information.	CRC Program Manager	1/1/14	Annual Updates	

C – 3: Elder Rights and Legal Assistance

Clackamas County Social Services (CCSS) works with a number of community partners to assist older adults in meeting their needs to ensure their rights on issues including income security, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

Legal Assistance

In order to support the legal rights of seniors residing in Clackamas County CCSS contracts with Legal Aid Services of Oregon (LASO) for legal assistance to low-income seniors. This contract also supports services to family caregivers of any age who are providing care for a family member age 60 or older, or a county resident over the age of 55 providing care for grandchildren under the age of 18. On April 1, 2012, the LASO Oregon City office was closed due to funding reductions. The LASO Portland office will be the regional provider of legal assistance to low-income residents of Clackamas and Multnomah Counties.

In addition to contracted legal assistance services through LASO, the Focal Points within the AAA participate in the Senior Law Project. The Senior Law Project assists those 60 and over with access to local volunteer attorneys who donate one afternoon a month on a rotating basis to provide pro bono 1/2 hour appointments. Clients needing further help on the original consultation matter, who have an income below 125% of the Federal Poverty Level, may have continued pro bono assistance but are responsible for any out-of-pocket expenses. A person may have additional appointments if or when other matters arise. Since these services are not funded under the OAA contracts, participants are able to consult on their estate planning needs. Estate planning is not an eligible legal service under the OAA funded legal assistance program. Since many seniors wish to consult with a legal professional prior to completing estate planning documents, the Senior Law Project gives low-income seniors that opportunity.

Elder Rights

Clackamas County Social Services has worked with a network of ten senior centers over many years to develop an integrated system to serve seniors. This network has continued to work to improve systems to protect elder rights by utilizing the local gatekeepers and the “natural network” within the community to protect seniors from abuse, neglect, isolation, and exploitation. Towards this end, staff and trained volunteers at each senior center regularly conduct reassurance checks on elders who may be at risk and assist them in maintaining the highest degree of independence possible and, when needed, provide a referral if they feel it will be helpful for the individual.

Clackamas County Social Services facilitates the Gatekeeper Program. This program educates community members to keep their eyes and ears alert for seniors and people with disabilities who are at risk, particularly those who are isolated, living alone and potentially in need of some type of assistance to maintain their independence. The program provides training to community members who have regular contact with the public, such as postal workers, utility workers, bank tellers, and health care professionals. Trained community members know how to identify people at risk and to call the Clackamas Resource Connection.

CCSS contracts with the Senior Citizens Council of Clackamas County (Senior Citizens Council) for guardianship, guardianship diversion, and case management services for seniors who are at risk of abuse or exploitation, or have been evaluated to be incapable of making competent decisions about their wellbeing. OAA funding to this organization assists individuals at risk of exploitation or abuse to maintain the highest degree of independence possible. During Fiscal Years 2011-12 and 2012-13, this local non-profit was awarded a Board of County Commissioners grant to increase the capacity and sustainability of this program.

Senior Citizens Council of Clackamas County serves clients throughout Clackamas County. Of the clients served, 50% have incomes at or below Federal Poverty Level; 58% have been diagnosed with dementia; 34% have a diagnosed mental illness or other mental/cognitive disability; and 10% also have a physical disability. Senior Citizens Council also serves veterans and their surviving spouses. Eighty percent of their clients have no family, family is unavailable, or is inappropriate to provide assistance because family members have put their own interests above the needs of the at-risk person.

In an effort to further coordinate elder abuse prevention, CCSS is a participant in Computer Assisted Audit Techniques (CAATS). CAATS brings together providers of service to seniors and persons with disabilities (including the local SPD office) along with staff from the District Attorney's office, to review cases of clients who are at risk of self-neglect, abuse, or exploitation. The goal of CAATS is to prevent abuse and neglect while maintaining the highest degree of independence possible for the individual. In addition, CCSS staff and AAA Advisory Council members participate on the local Multi-Disciplinary Team (MDT).

Issue Area: Elder Rights and Legal Assistance

Profile: Legal services for older adults seeking assistance in ensuring their rights on issues such as income security, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

Problem/Need Statement: The closure of the Legal Aid Service of Oregon (LASO) office in Oregon City has the potential to create barriers to low-income older adults seeking legal assistance.

Issue Area: Legal Assistance					
Goal: Reduce barriers to low-income older adults seeking legal assistance					
Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2013-2016 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
No decline in the number of seniors accessing legal assistance in service area.	Distribute information about accessing Legal Aid Services through their Portland office.	Region Manager LASO-Portland and CRC Staff	1/1/13	Continuous	
	Provide transportation to older adults to access appointments for legal services.	Transportation Reaching People at CCSS	1/1/13	Continuous	
	Ensure eligible residents know how to access legal services through Clackamas Resource Connection, Citizen News, and other information outlets.	CRC Staff at CCSS	1/1/13	Continuous	

Issue Area: Elder Rights and Legal Assistance

Profile: The Gatekeeper Program educates community members to keep alert for seniors and people with disabilities who are at risk of abuse, neglect, or exploitation; particularly those who are isolated, living alone and potentially in need of some type of assistance to maintain their independence. The Gatekeeper Program also educates community members on who to call when abuse or neglect is suspected.

Problem/Need Statement: Increase public awareness of elder rights and prevention of abuse and increase understanding of who to call when abuse or neglect is suspected.

Problem/Need Statement: The Gatekeeper Program is funded through June of 2013. There will be an ongoing need to provide Gatekeeper information after the program is gone.

Issue Area: Elder Abuse Awareness with Gatekeeper Program					
Goal: Increase number of Clackamas County residents who understand the signs of abuse or neglect among vulnerable populations and who know who to call when abuse or neglect is suspected.					
Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2013-2016 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
500 community members participate in Gatekeeper training	Conduct at least 12 Gatekeeper trainings each year.	Gatekeeper Coordinator - CCSS	1/1/13	6/30/13	
	Conduct satisfaction surveys after each training to determine effectiveness of training program.	Gatekeeper Coordinator - CCSS	1/1/13	6/30/13	
Gatekeeper page on CCSS website receives a growing number of "hits" annually	Identify other entities to receive Gatekeeper materials in various venues.	Gatekeeper Coordinator - CCSS	1/1/13	6/30/13	
	Maintain Gatekeeper information on Clackamas County website.	CRC and Admin Staff - CCSS	1/1/13	Ongoing	

C – 4: Health Promotion

Clackamas County Social Services, in partnership with a network of ten senior centers and other community partners, has a long history of providing health promotion activities to older adults in Clackamas County. Of the ten senior centers in the network, nine have full senior center facilities and offer a wide variety of classes that promote physical activity, access to preventative health screenings and social interaction. Many sites offer chronic disease specific support groups and assist in the coordination of influenza and pneumonia vaccinations. All ten senior centers offer evidence-based, self-management programs in partnership with CCSS.

Social activity has been shown to increase an individual's health outcomes. Seventy-three percent of all respondents to the telephone survey indicated that events and activities in their community are available to people of all ages. Sixty-six percent reported that they felt that these activities and events are an important part of their community. Community conversation participants noted that, in one community, there is a lack of support for Hispanic residents. Others commented on a lack of social activities in the evening hours. Many participants noted the key role that their local senior center plays in facilitating social interactions.

A similar number (65%) of those participating in one-on-one interviews indicated that they socialize as much as they would like. For those who do not socialize as much as they would like, reasons include lack of transportation and health concerns. Fifty-nine percent indicated they got as much physical activity as they should. The majority indicated that poor health limited their ability to exercise.

Physical Activity

The nine senior centers that offer classes promoting physical activity have offerings such as Tai Chi and yoga classes at beginner and intermediate levels, and Sit and Be Fit, a long-standing senior fitness program. The tenth center, which does not have an actual senior center facility, assists Hoodland area seniors with scholarships to the local health club to participate in classes that promote physical activity.

Sit and Be Fit is a non-profit organization that produces this award winning exercise series. Each exercise program is carefully researched and designed by host Mary Ann Wilson, RN, and a team of physical therapists, doctors, and exercise specialists. *Sit and Be Fit* has been broadcast since 1987 on PBS stations to over 82 million U.S. households annually and is recognized by the National Council on Aging (NCOA) as a "Best Practice" program in health promotion and aging. This exercise is peer led at the sites that continue to offer this long-standing program. When possible this program participates in studies to evaluate participant benefit. In the last 10 years the program has been part of a Medicare Primary and Consumer-Directed Care (PCDC) Demonstration Study.

While the Tai Chi offered at the senior centers is not the Tai Chi: Moving for Better Balance program that was developed and studied by the Oregon Research Institute it should be noted that studies conducted in both the US and abroad have documented that Tai Chi may be an economical and effective exercise program for improving balance and balance confidence in older adults. Tai Chi has also been documented to be helpful in the treatment of several medical conditions when combined with standard treatment.

The Better Bones & Balance program continues at the Wilsonville Community Center, under the name Healthy Bones & Balance. This program is so popular with the older adults in Wilsonville they now offer a “Returning Students” class for those who wish to continue the program.

A variety of other fitness/physical activity classes are offered throughout the network of senior centers. These range from seated classes for people who do not want to be on the floor to the high-energy Zumba and Zumba Gold for those who really want to get their blood moving.

Health Promotion

Regular wellness programming offered at each center includes a foot care clinic to provide basic foot care for those who need assistance with foot care or may be at risk of foot issues due to medical conditions. Blood pressure screenings and hearing clinics to have hearing and hearing aids checked are provided by volunteer nurses or nursing students. The senior center network partners with various providers to offer coordinated influenza and pneumonia vaccinations.

Several centers have support groups specific to chronic disease. The most common are those for persons with arthritis or diabetes. These support groups offer support and education specific to the chronic condition. This assists participants in their effort to learn to manage their chronic health conditions. Workshops that target specific healthy aging issues are offered throughout the county by the AAA and by senior centers.

In addition to the support group offerings, the AAA has a trained Living Well with Chronic Conditions (LWwCC) facilitator and several Powerful Tools for the Caregiver (PTC) facilitators who provide these evidence-based self-management courses throughout the county. These courses are scheduled periodically at senior centers, churches and other locations throughout the county. Classes are offered weekdays, evenings, and weekends as appropriate for a particular group of participants. This is done in an attempt to make these evidence-based self-management courses accessible to all who wish to participate. The PTC course is funded through OAA Title III-E. To further increase caregiver participation, the Family Caregiver Program Coordinator works to ensure that caregivers are aware that stipends are available to pay for respite services so that they may attend.

In an effort to raise awareness and address the emotional and mental health wellbeing of the area’s seniors, the AAA is working with the county’s Behavioral Health Division to implement VIEWS (Volunteers Involved for the Emotional Well-being of Seniors), a peer counseling program. This program will initially be offered in the North Clackamas urban service area with plans to expand throughout the county as the program and the ability to support it grows. The AAA is also partnering with Community Health and the Oregon Pharmacy Association to raise awareness of issues around prescription drug misuse among seniors.

With the advent of social media sites many of the senior centers in the Clackamas County network have developed Facebook pages to increase their marketing of activities and events including but not limited to healthy aging workshops.

Issue Area: Health Promotion

Profile: Studies demonstrate that providing health promotion services, including physical activity programs, can decrease or delay a person’s need for long-term care services. Some physical activity programs have been shown to reduce the risk of falling.

Problem/Need Statement: Many older adults do not have access to, or are not aware of the availability of, low-cost or no-cost evidence-based programming to assist them in their efforts to maintain or improve their health-promoting behaviors.

Issue Area: Health Promotion					
Goal: Increase access to evidence-based physical activity programming					
Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2013-2016 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
Increase by 5% each year number of seniors participating in OAA funded physical activity programs.	Maintain and distribute a list of low-cost and no-cost evidence-based health promotion physical activity services to targeted populations.	CCSS Admin Staff, CRC Staff, Seniors Centers and Community Partners	1/1/13	Ongoing	
	Promote Living Well with Chronic Conditions self-management series	CCSS Admin Staff, CRC Staff, Seniors Centers and Community Partners	1/1/13	Continuous	
Increase by 5% each year the number of no-cost, low-cost programs offered.	Work with OAA contracted providers to access low-cost, no-cost evidence-based health promotion physical activity programs.	CCSS Admin Staff, Seniors Center Staff	1/1/13	Continuous	

C – 5: Older Native Americans

The 2010 census data counted 828 Native American county residents who are over the age of 60. There are no recognized tribal lands within the service area. Clackamas County Social Services reaches out to organizations throughout the metropolitan area that provide services specifically targeted to the older Native American population. NAYA Family Center and the Native American Rehabilitation Center are regularly invited to attend monthly Information & Referral Networking meetings. This networking meeting provides a forum for a variety of community organizations to share information and to stay up-to-date on aging and other services offered in the AAA service area.

Issue Area: Older Native Americans

Profile: While there are no recognized tribal lands within the Clackamas County service area, the 2010 census identified 828 county residents over age 60 who are Native American.

Problem/Need Statement: Due to the small number of older Native Americans living in Clackamas County, developing programming specific to the population is not feasible. Current state computer systems do not allow us to track participation in existing programs by ethnic group.

Issue Area: Older Native Americans					
Goal: Increase participation by Native American seniors by reducing barriers to older Native Americans in accessing services and partnering with neighboring counties when appropriate					
Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2013-2016 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
Increase participation of older Native Americans in OAA funded programs.	Outreach to Native American community leaders.	Social Services Director	3/1/13	Ongoing	
	Outreach to programs and organizations that provide targeted services to Native Americans.	Social Services Director and Program Manager	5/1/13	Ongoing	
	Develop capability to pull demographic data from Oregon ACCESS that is service specific.	SUA Staff / CCSS Admin Staff	1/1/13	1/1/14	
	Provide assistance to older Native Americans in accessing services.	Clackamas Resource Connection Staff at CCSS	1/1/13	Continuous	

C – 6: Nutrition Services

The study, “The Causes, Consequences, and Future of Senior Hunger in America” conducted jointly by the University of Kentucky Center for Poverty Research (UKCPR) and Iowa State University, with funding support from the Meals on Wheels Association of America (MOWAA), documents that 11.4% of all seniors nationally experience some form of food insecurity. While some seniors are at higher risk of food insecurity than others, this study documents that senior hunger issues cross the income spectrum. Among those seniors identified as being more likely to be at risk of hunger were those that live alone, are at or below the poverty line and, surprisingly, were between 60 and 64 years old. The state ranking information ranks Oregon 29th in food insecurity among seniors with a rate of 5%.

Nutritional risk and food insecurity issues carry dire consequences. The lack of adequate nutrition increases functional dependency, morbidity, mortality and utilization of health care resources. Having access to adequate nutrition or nutritional support is a key component to health, functioning, and quality of life. The Senior Nutrition Services Program assists the older adults in Clackamas County in meeting their nutritional needs.

Meal Service

Clackamas County Social Services (CCSS) contracts for all nutrition services. The network of ten senior centers operates the OAA/NSIP funded meal sites. These sites provide both congregate dining and Home-Delivered Meals (HDM) for their service area as well as being responsible for the provision of nutrition education. Nine of the ten sites are designated Focal Points with the tenth site, the Hoodland Senior Center, operating as a designated Access Point. This network creates a well-known, accessible place for seniors and their families to turn for information, services, and opportunities that further reduce a senior’s risk of food insecurity and isolation. All ten centers are also the Medicaid HDM provider for their area, further enhancing coordinated service efforts.

In order to meet the needs of the diverse communities served by the network, the program delivers services in a variety of ways. Five of the meal sites choose not to cook on site, so the AAA contracts with a food service provider on their behalf. Meals are prepared by a cook-chill system and delivered chilled by the food service provider the day prior to serving. Meals are then finished off at the meal site and then either packaged to be delivered hot, or served on-site for congregate dining. Each meal site manager orders meals in writing a week or more in advance of delivery. These sites package HDM on site for delivery to their HDM participants. Hot meals are delivered weekdays with frozen meals provided for weekends. Sites have the option of purchasing frozen meals directly from the contracted food service provider in order to offer greater meal variety to participants. This system provides an economy of scale in the production of the meals. The meal sites, the food service provider and AAA program staff have quarterly meetings to plan the menus for the next quarter. A registered dietitian is on staff with the food service provider and is part of these meetings. Each meal is evaluated to ensure compliance with program requirements regarding nutrients.

Four sites cook on-site. These sites produce both HDM and congregate meals. These sites also provide frozen weekend meals to HDM participants. If they choose, frozen meals can be purchased directly from the contracted food service provider for weekend meals to

supplement their HDMs and increase the variety to participants. Each of these sites submit their menus to the AAA's contracted registered dietitian who analyzes and evaluates each meal for compliance with program requirements regarding nutrients. CCSS partners with the County's Community Health Division for this service. The cooks from these sites, the contracted registered dietitian, and AAA program staff meet quarterly to share information and address challenges.

The Hoodland Senior Center does not have a facility that can accommodate a congregate meal site. This center provides nutrition services to seniors living east of the Sandy Senior & Community Center's Alder Creek Drive boundary continuing east on the Hwy 26 corridor to Government Camp. Congregate dining is offered twice a week and participants meet at a restaurant in the Villages of Mt. Hood. The Center alternates between two restaurants and participants are offered a limited menu in an effort to meet the program standards. For the HDM participants, the Welches Grade School provides and packages the meals during the school year. During the summer when school is out three of the local restaurants provide meals. This center also coordinates with the neighboring Sandy Senior and Community Center to purchase and provide frozen HDMs for participants as suitable.

Nutrition Education

The required nutrition education component of the Senior Nutrition Service Program is provided by the senior center network. This service is not funded as a separate activity of the Senior Nutrition Service Program but is part of the contract scope of work under Meal Site Management.

Each site provides nutrition education information, at a minimum, quarterly through newsletter articles or brochures with instruction. These articles are obtained from recommended sources per the Senior Nutrition Program Standards. When nutrition education is provided via a center's newsletter, discussion of the material is part of the programming for congregate participants. Speakers with backgrounds in nutrition make presentations at congregate meals, workshops, health promotion events and chronic conditions support groups. Special nutrition education events and presentations at support groups allows for the dissemination of information on specific nutrition education topics that meet the specific, targeted needs of participants in these programs.

Issue Area: Nutrition Services

Profile: Seniors who have been identified as being more likely to be at risk of hunger are those who live alone, are at or below the poverty line and are between the ages of 60 and 64.

Problem/Need Statement: Nutritional risk and food insecurity issues carry dire consequences. The lack of adequate nutrition increases functional dependency, morbidity, mortality and utilization of health care resources.

Issue Area: Nutrition Services					
Goal: To reduce nutritional risk and food insecurity of program participants while improving quality of life					
Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2013-2016 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
Increase community awareness of various meal programs.	Work with meal sites, Clackamas Resource Connection and other community contacts and sources to maintain a primary listing of available nutrition services to targeted populations.	Clackamas Resource Connection staff	1/1/13	Continuous	
Increase participation of older racial minorities and other underserved populations.	Develop reporting tools within Oregon ACCESS that will pull client demographics by site/provider so that changes in racial minority participation and participation by younger seniors (aged 60 to 69) can be documented, tracked, and monitored by site.	SUA Staff / CCSS Admin Staff	6/1/13	1/1/15	
	Outreach to community leaders of specific minority groups, including LGBT seniors, to raise awareness of the program.	AAA Program Staff	6/1/13	Continuous	

Issue Area: Nutrition Education

Profile: As life expectancy increases, the need for accurate and culturally sensitive nutrition information and instruction to promote better health and encourage improved nutrition behaviors also increases.

Problem/Need Statement: There is a growing need for education on how to eat well to maintain or improve one’s health. Providing accurate information or a trusted resource to turn to with questions is critical to the wellbeing of an aging population in this era of information, and misinformation, overload.

Issue Area: Nutrition Education					
Goal: To increase access to appropriate nutrition information to program participants to encourage better self-care.					
Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2013-2016 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
Increase awareness of nutrition education services.	Work with meal sites, Clackamas Resource Connection and other community contacts to develop and share a listing of available nutrition education services to targeted populations.	AAA Staff / Contracted Meal Site Staff	1/1/13	Continuous	
Each meal site to provide nutrition education quarterly.	Work with meal sites to access and provide appropriate nutrition education to congregate and HDM participants as well as making information available to participants of other services.	SUA Staff / AAA Program Staff	1/1/13	12/31/13	

C – 7: Transportation

Transportation is frequently identified as one of the barriers that prevent seniors from remaining in their homes. If a senior is unable to drive due to health issues such as low vision or due to the expense of maintaining a vehicle, that person loses the ability to meet certain basic needs. Transportation is essential for access to medical care, food, recreation, social services and other goods and services that allow individuals to remain independent.

Clackamas County encompasses 1,879 square miles. One eighth of the county is urban, the remainder is suburban, small town and rural. Five different transit agencies serve the county (TriMet, SMART, South Clackamas Transit District, Sandy Area Transit and Canby Area Transit). An estimated 14% of the county's population is without public transportation. This compares to 0.7% of the population in Multnomah County and 4.2% in Washington County who are without public transportation.

As Clackamas County's population ages, the demand for transportation will continue to grow. Public transit services are only available within very constrained service boundaries so there will continue to be unmet needs for other forms of transportation for seniors.

Services

Clackamas County Social Services, through a partnership called the Clackamas County Transportation Consortium, provides funding to nine senior and community centers in Welches, Sandy, Molalla, Canby, Oregon City, Milwaukie, Gladstone, Lake Oswego and Estacada. Each of the centers provides individual and group rides within and outside of their service district boundaries. They assist seniors in accessing medical services, congregate meals, shopping and other needs.

The Social Services Division also has two internal programs: Transportation Reaching People (TRP) and Catch-a-Ride (CAR). TRP/CAR use both paid drivers and volunteers to "fill in the gaps" in service for the center programs and help seniors and persons with disabilities who live outside of a public transit or senior center service district get rides for medical appointments and other needed services. CAR also provides rides to low-income households seeking employment and educational opportunities.

During Fiscal Year 2010/11, the network of the Clackamas County Transportation Consortium provided over 86,000 rides to seniors and persons with disabilities with 432,000 vehicle miles logged.

The Clackamas County Department of Health, Housing and Human Services (H3S) has identified accessible and reliable transportation as one of the most frequently listed barriers that prevent clients from accessing essential services such as medical appointments, education and employment opportunities. Many of the divisions within H3S provide some level of transportation-related assistance to their clients, ranging from contracting for taxi services to providing direct rides with county owned vehicles.

H3S will analyze current transportation options available to clients of H3S programs, particularly those directly offered by or paid for by the divisions; recommend strategies to enhance coordination and increase cost effective service delivery between divisions; and identify gaps in service and potential service models to fill those gaps for future service planning. Clackamas County Social Services staff are a key part of this project.

Transportation Reaching People's success depends on a dedicated pool of volunteer drivers who are willing to devote their time and their own personal vehicles to assist others. Many TRP volunteer drivers are seniors themselves and will be eventually unable to assist with driving activities.

Transportation programs, along with many other programs statewide, struggle with securing stable and adequate funding. The Transportation Consortium services are funded through a combination of Older American Act funds and State of Oregon Special Transportation Funds (STF). STF funds have been diminishing over time. The Oregon Department of Transportation is partnering with a variety of organizations, including local transit providers and the Oregon Transit Association, to seek stable sources of funding for special needs transportation, as well as examine strategies such as better coordination of services. Clackamas County Social Services staff are participating in these efforts and ongoing advocacy efforts are important to this work.

Issue Area: Transportation

Profile: Transportation is an essential need for seniors who can no longer drive. Transportation allows individuals access to vital services, such as medical care, nutrition services, and shopping. A department wide transportation study is being conducted by the Health, Housing and Human Services Department which will be completed by June, 2012. The intent of this study is to focus on identifying gaps in service and provide recommendations for improved service.

Problem/Need Statement: Lack of transportation continues to be listed as a significant barrier to accessing services for seniors and persons with disabilities in Clackamas County. TriMet and other public transportation providers are reducing service levels. In order to maintain the viability of the Transportation Reaching People program, new volunteers will need to be recruited and current volunteers will need to be retained.

Issue Area: Transportation					
Goal: Expand transportation options					
Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2013-2016 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
Maintain the number of rides provided by Consortium members.	Work with OAA, TriMet, rural transit districts and other community partners to effectively coordinate services and leverage existing resources for cost-effective service delivery.	AAA Program Staff	1/1/13	Continuous	
	Work with local, state and federal sources to advocate for stable, long-term solutions to increase funding and resources available for transportation of seniors and persons with disabilities.	AAA Program Staff	1/1/13	Continuous	
	Implement recommendations from H3S transportation study to improve coordination and increase service options.	AAA Program Staff	1/1/13	12/31/2014	
	Participate in regional planning and coordination groups such as RTCC.	AAA Program Staff, Advisory Board	1/1/13	Continuous	
	Continue participation as a lead organization in the Clackamas County Transportation Consortium to improve coordination between providers	AAA Program Staff	1/1/13	Continuous	

C – 8: Volunteering

The Need: Local volunteers play an important role in providing services to Clackamas County residents. Challenging economic conditions and a growing population of seniors provide opportunities for increased volunteer engagement during a time of increasing demand for volunteer services. The Clackamas County Volunteer Connection Program (VCP) works with numerous community partners to provide meaningful opportunities for volunteer engagement. Volunteering builds the capacity of Clackamas County's local community to enhance the quality of life throughout neighborhoods and communities. It gives volunteers a sense of connectedness and benefits their overall health. It gives Clackamas County clients a network of services which otherwise would not be available without volunteers' time, skills, and passion. VCP engages volunteers at multiple levels including grassroots projects, ongoing and long-term placements, referrals to agency partners, developing volunteer leaders, spontaneous projects and much more. In order to effectively engage potential and affiliated volunteers, VCP works with its community partners on targeted outreach through directed marketing, focusing on multigenerational opportunities for harder to reach and underrepresented individuals. Furthermore, VCP is engaged in equitable service enhancement efforts intended to streamline access to CCSS programs and services for both clients and volunteers. In order to deliver great volunteer engagement opportunities supporting social service solutions, VCP must continuously reinvent itself in response to community needs, demographic changes, economic and health conditions and trends, and emerging efforts of local partner organizations.

The Program: Since 1986, Volunteer Connection Program (VCP) has been a vital link in Clackamas County for volunteer placement and volunteer engagement. VCP is a program provided by Clackamas County Social Services. VCP connects potential volunteers with opportunities to serve throughout the county. Approximately 750 volunteers are registered directly with VCP as volunteer drivers, senior companions, youth mentors, emergency volunteers, support aides and many other support roles. VCP also offers a one-stop volunteer referral service through www.clackamasvolunteers.org where local organizations post volunteer opportunities and volunteers are matched with those opportunities via a profile assessment. The program also provides direct service to county residents through a variety of volunteer led initiatives. VCP works in cohort with 200+ community organizations to provide meaningful volunteer opportunities with local senior centers, food pantries, youth and family oriented programs, homelessness reduction effort programs, and many other community support programs. VCP improves the quality and delivery of social services in Clackamas County through volunteer opportunities, advocacy, education, empowerment and partnerships with public, private, faith-based and non-profit agencies. VCP strives to strengthen the community by increasing and fostering opportunities for individuals and families to be self-reliant and live healthier, safer and more socially connected. In 2011, VCP volunteers contributed over \$1,600,000 in-kind time to support critical services for individuals and families.

Issue Area: Volunteer Engagement

Profile: In Clackamas County volunteer engagement efforts add value throughout the community. Numerous organizations rely on volunteer supported programs including local non-profits, government agencies, faith-based organizations, emergency management, and public safety networks. Since 1986, VCP has been a vital link between volunteer placement and volunteer engagement in Clackamas County. VCP connects potential volunteers with opportunities to serve throughout the county. Approximately 750 volunteers are registered directly with VCP as volunteer drivers, senior companions, youth mentors, emergency volunteers, support aides and many other supportive roles. VCP uses a one-stop volunteer referral service through www.clackamasvolunteers.org where local organizations post volunteer opportunities and volunteers are matched with those opportunities via a profile assessment.

Problem/Need Statement: In order to deliver great volunteer opportunities, VCP must continuously evolve to respond to Clackamas County's needs, demographic changes, economic and health conditions and trends, and emerging efforts of local partner organizations. Although Oregon and national volunteer participation statistics are strong, improvement can be made in how volunteer opportunities are structured, advertised, and communicated. Engagement of volunteers who are harder to reach and are typically unrepresented can also be improved. Based on a VCP 2012 volunteer survey, Clackamas County knows that most of the VCP volunteers are 55+, very few are members of ethnic minorities, less than 1% of volunteers speak a language other than English, and less than 15% live in a rural area. To improve engagement strategies, VCP is developing a communications strategy. The strategy will help clarify VCP brand identity, audiences, key messages, and outreach tools, all needed to engage volunteers and to focus on underrepresented communities who are currently less engaged in CCSS programs.

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 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.

9/10/12

Date


Brenda Durbin
Director, AAA

9/10/12

Date


Glenn Koehrsen
Advisory Council Chair

9/22/12

Date

CLACKAMAS COUNTY
Commissioner Charlotte Lehan, Chair
Commissioner Jim Bernard
Commissioner Jamie Damon
Commissioner Ann Liningger
Commissioner Paul Savas

Signing on Behalf of the Board


Cindy Becker, Director
Health, Housing, and Human Services Dept

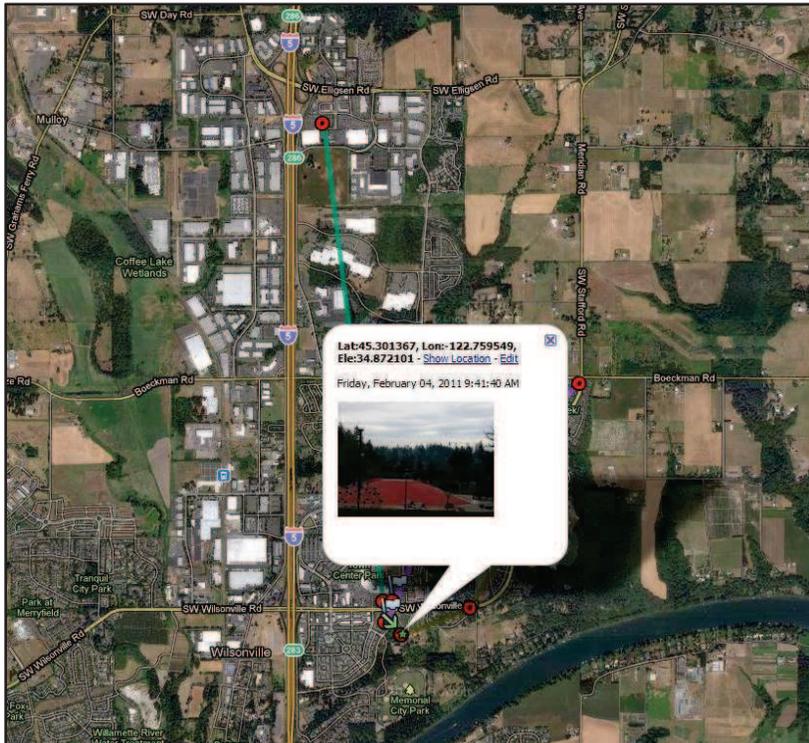


**Integration of +60y Population
Perceptions with Community
engAGE MAPPS Results
Clackamas County, Oregon**

This report was generated by Deborah H. John, Ph.D., Extension Family and Community Health Faculty, OSU Extension Service, Clackamas County, OR. The report includes data collected during the 2010-2011 engAGE in Community MAPPS processes and is provided to Clackamas County Social Services to support the development of the Area Plan.

Clackamas County engAGE MAPPS Report

Clackamas County is located in north central Oregon and is part of the Portland Metropolitan area. There are many geographical features in Clackamas County such as Mt. Hood, Mt. Hood National Forest, the Bull Run Watershed, and multiple rivers such as the Willamette, Sandy, Clackamas, Pudding, Molalla, and Salmon. The county covers 1,879 square miles, with one-eighth of the land being urban and the rest rural. The transportation network in Clackamas County, which includes Interstate 205, Interstate 5, Highway 26 and Highway 84, as well as mass transit provided by TriMet and Amtrak, link the county with the greater Portland Metropolitan area and the Pacific Northwest. Oregon City is the county seat for Clackamas County.¹ At the recent census, the population of Clackamas County was 375,992; 191,756 (51%) female and 184,236 (49%) male. The population of residents 65 years and over is 13.6%. Slightly less than 85% of residents are white, with Hispanics (7.7%) as the largest minority group.²



engAGE in Community

In 2011, Clackamas County Social Services and Extension Family and Community Health have partnered with 5 communities to assess assets and residents' perceptions of current and future resources required to improve the livability or 'age-friendliness' of these communities within Clackamas County. Information gathered from and by local residents will be used to support the creation of an *Area Plan for Aging*. Within local communities, the project objectives were to (1) provide data to inform 'age-friendly' multi-

sector planning efforts, (2) assess and increase community capacity, resources, and relevance for evidence-based 'age-friendly' practices, (3) provide basis for current and future actions, and (4) share results with community audiences. This report is a summary of *engAGE in Community MAPPS* (Mapping Attributes: Participatory Photographic Surveys) activities conducted in late 2010 and across 2011 with the communities of Hoodland, Canby, Wilsonville, Oregon City, and Damascus.

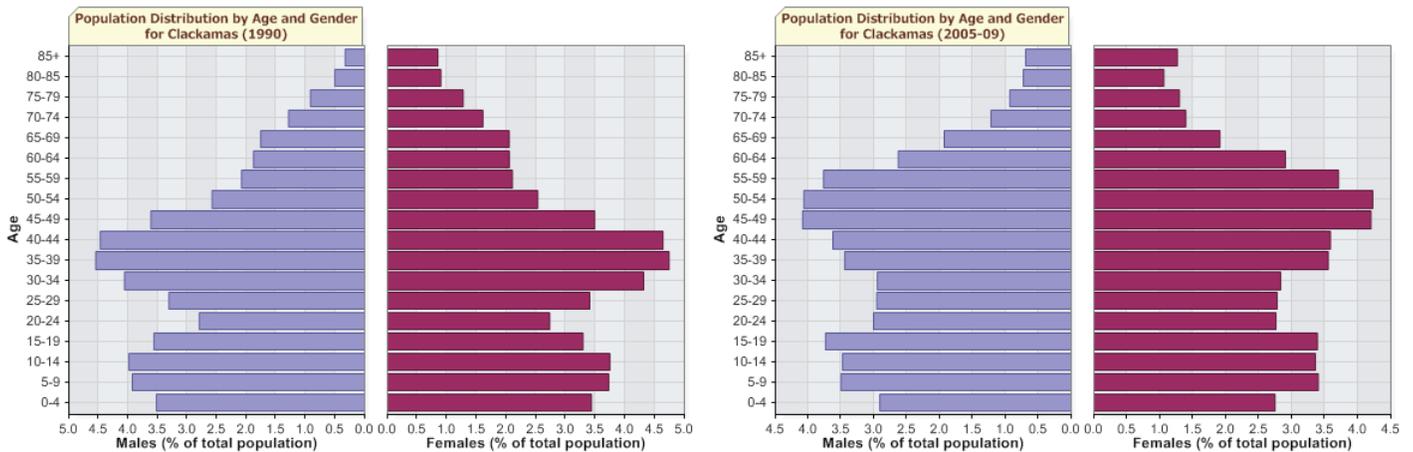
¹<http://www.clackamas.us/>

² U.S. Census Bureau, 2005-2009 American Community Survey

Relevance for Clackamas County

Our nation is aging. The US Census Bureau projects that by 2050 one of 20 people will be 85 years old or older compared to one in 100 today.³ Oregon is no exception. In 2009, Oregon’s Department of Human Services reported that within one generation the population of adults aged 75 years and older will increase by approximately 170 percent. The importance of focusing on aging populations and aging resources is evident. An aging population is driving our demographic transition and the concept of ‘aging in place’ is reported a top priority for older adults across the nation.⁴ Clackamas County is a mostly rural place, and is one of 3 counties that include the Portland metropolitan urban growth boundary. In Clackamas County, between 2005 and 2015 the number of people aged 65 and over will increase by nearly 20,000. Many of those folks live outside of the urban growth boundaries and in small rural communities, which may burden the current individual, family, and community resources. Perceived or real, the quality of the community environment affects the ability of County residents to live and grow older actively and successfully in their residence and community of choice. Estimates are that by 2015 more than 40 percent of adults living Clackamas County and County communities will be over the age of 50 (see chart). Planning for an older population in the future requires local input with an understanding the current community supports and barriers to place-based aging as well as a commitment to change – increasing supports and removing barriers so that all residents have the choice to live well and age in their community place.

Population Distribution by Age and Gender for Clackamas County for 1990 vs. 2005-2009



Source: Oregon Communities Reporter

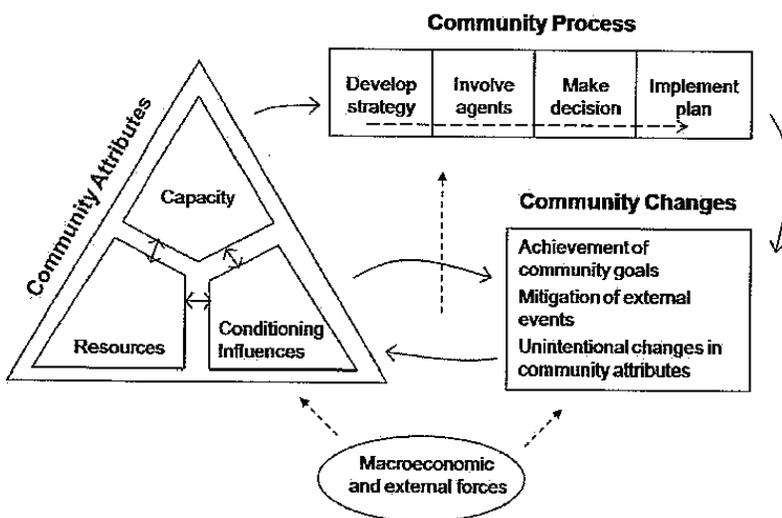
engAGE in Community Methods

Research has shown that health promotion and disease prevention actions can help those who are aging well, as well as people with chronic conditions and those who are at risk for serious

³ U.S. Census Bureau, 2005-2009 American Community Survey

⁴ AARP Research and Strategic Analysis, 2010 Report

health problems—even very late in life. And, we increasingly recognize that encouraging communities to create and improve environmental supports will reinforce behavioral choices that enhance health and well-being for people of all ages. *engAGE in Community* is a campus-community partnership for health with the aim of understanding and creating an age-friendly Clackamas County. To this end, the key partners, Clackamas County Social Services, Oregon State University Extension Family and Community Health-Clackamas County, and AARP Oregon, applied a community-based participatory action research design. Community-based participatory action research relies on methodologies that are used to address research objectives with meaningful participation by community members with a goal of improving areas of concern within the community.⁵ Generally, these approaches target social conditions to facilitate change in a particular domain. These approaches focus on capacity building involving all relevant community stakeholders, followed by community processes involving issue identification, strategy development, decision-making, and implementation to facilitate community change and, in turn, enhance the opportunity for individual level change in targeted areas. The figure presents such a model and provides a visualization of the action areas for *engAGE in Community*.

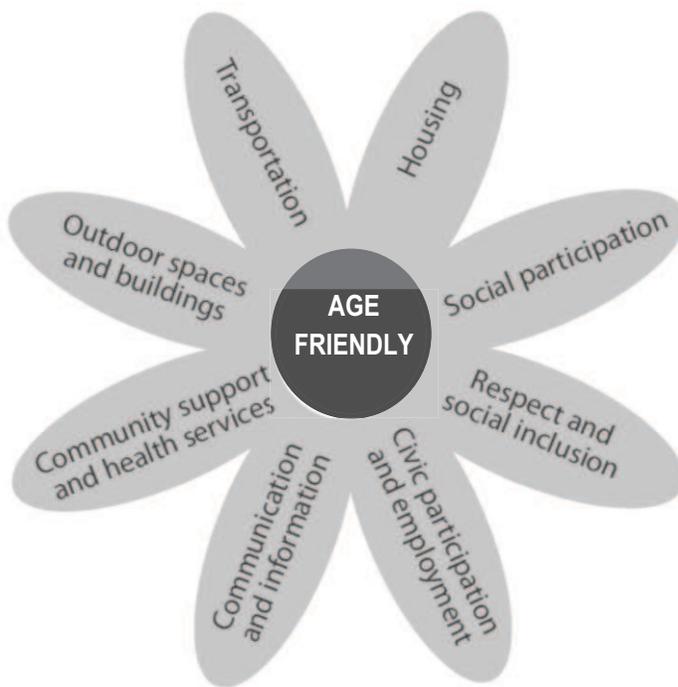


The goal of *engAGE in Community* is to affect community change through strategies such as increasing community capacity, enabling positive conditioning influences, and increasing/ improving resources to establish Clackamas County as an age-friendly place, an Oregon County where adults can age actively and successfully in their residence or community of choice. For this project, we applied the model with a focus

on identifying County attributes (i.e. resources, capacities, and conditioning influences) across communities (n=5) related to supporting place-based aging. We assessed community capacity (e.g. community readiness for an aging population), community resources (e.g. assets in areas of transportation, housing, etc.), and conditioning influences (e.g. community landscape, economic profile, demographic profile, & residents’ perceptions, beliefs & values, interests/needs for aging in place).

⁵ Israel, Eng, Schultz, & Parker, 2005

To support **engAGE in Community** outcomes, the World Health Organization’s (WHO) age-friendly community model was adopted as the project’s theoretical framework.⁶ The WHO model categorizes the topical features of age-friendly places into 8 observable focus areas, including transportation, housing, outdoor spaces and buildings, social participation, respect and inclusion, civic engagement and employment, health care and services, and communications and information. These eight aspects of community life overlap and interact. Respect and social inclusion are reflected in the accessibility of the buildings and public spaces; range of opportunities that the community offers to older people for social participation, entertainment or civic engagement. Social participation, in turn, influences respect and social



inclusion, as well as communications and access to information. Quantity and quality of housing options affect the nature and necessity for community support services, while social, civic and economic participation partly depend on the accessibility and safety of outdoor spaces and public buildings. Transportation as well as communication and information particularly interact with the other areas: without transportation to support mobility or adequate means of obtaining information to allow people to meet and connect, other community facilities and services that could support active, place-based aging are

simply inaccessible. The figure depicts the WHO age-friendly topic areas. We organized those focus areas within 3 environmental categories – physical, social, and service – and gathered information from County residents about the environmental attributes of their local communities that support or hinder older adults’ lifestyle choices and participation in all aspects of community life.

Information was collected using multiple methods – face-to-face interviewing older residents who rely on aging supports such as adult and senior centers and Latino elders and families, telephone surveying a representative sample of Clackamas County adults, and community attribute mapping using our MAPPS tool. A key objective of attribute mapping was to engage local residents and partner with communities to develop collaborations and design projects to improve healthy aging options for ALL Clackamas County people and every community.

⁶ WHO Global age-friendly cities: a guide, 2007

Community-engaged participatory methods empower people in communities to determine what supports residents need and want in order to age healthfully, actively and successfully in their place of choice, and to use their voices to encourage and enact change.

Telephone Survey

In response to a random digit dialed telephone survey conducted by Portland State University's Survey Research Lab for *engAGE in Community*, respondents voluntarily rated a series of statements depicting community characteristics. They were first asked to rate how strongly they agreed or disagreed with a statement depicting a characteristic of their community using a four-point scale, with response options including "strongly disagree", "disagree", "agree", and "strongly agree." Respondents were then asked how important each community characteristic was to them using a four-point scale, with response options including "not important", "somewhat important", "important", and "very important."

Demographic Characteristics of engAGE Telephone Survey Sample of Adults +60 Years and Older

Of the 210 respondents ranging in age from 60 to 93 years (78.1% were 65 or older), more were female (60.0%) than male (40.0%), most were in "excellent" or "good" health (78.6%), lived in "one" or "two" person households (87.6%), white (91.4%) and non-Hispanic (98.1%), and lived in Of +60y respondents, 17.6% reported yearly total household income before taxes of less than \$25,000.

Community Characteristics of engAGE Telephone Survey Sample of Adults +60 Years and Older

Of the 210 respondents, 51.5% reported living in a suburban or urban area in the County, 18.1% in a small town (2500 to less than 10000), and 30.4% in a remote area or small rural town (less than 2500). The most frequently reported city or town in which one lived or closest to one's residence was: Milwaukie (13.8%), Lake Oswego (13.3%), and Oregon City (11.9%).

Mapping Attributes: Participatory Photographic Surveys (MAPPS)

To collect information about the actual community features, we recruited, trained, and deployed local residents as members of our community-engaged participatory action research teams. The local *engAGE MAPPS* teams were trained to map attributes of their community using participatory photographic surveys. The MAPPS method integrates photography, participatory community mapping using global positioning system (GPS) technology, and residents' voiced experiences of their community place to explore, understand, and improve community livability. MAPPS *engages people* in participatory processes that are grounded in *their lived experience of place* in order to *generate and transfer knowledge* about how the attributes of people interact

with attributes of place to determine people's health and lifestyle behaviors and affect health and quality of life outcomes.

The purpose for using MAPPS was to help people explore and strengthen their healthy aging environments and policies, and communicate diverse perspectives and experiences among community members and with local, county, and state decision-makers. MAPPS helped to uncover the supports and barriers that people encounter as they navigate their community place - the physical, social, and service environments where they enact their activities of daily living. MAPPS mobilized and involved local people where they live, work, and play to assess physical, social, and service environment supports or hindrances to aging actively and successfully in their residence and community of choice. The resident-engaged activity raised awareness of people's different perceptions of their local community as a place to live for all ages and identified environmental factors that affect neighborhood livability - community supports and barriers to aging actively and successfully in place. MAPPS makes public people's personal experiences of navigating the social and physical community environment, includes an integrated set of tools through which people can explore and communicate their experience in a collective voice to local decision-makers. *engAGE MAPPS* was employed as an engagement, assessment, planning, and action tool.

engAGE MAPPS Methods

Between November 2010 and November 2011, 5 Clackamas County communities participated in *engAGE MAPPS* projects. One additional community region (i.e. North Clackamas Parks & Recreation District) completed MAPPS in March 2012. From the 6 MAPPS communities, 62 volunteers contributed to our MAPPS assessments by individually photographing and mapping (i.e. geocoding) the features of the area that they perceived as either supportive or hindering place-based aging for community residents; over 630 community features were photographed and mapped; over 220 County residents and stakeholders participated in community conversations and contributed to the narrative commenting on the physical, social and service attributes of their community places within Clackamas County.

PHYSICAL ENVIRONMENT

The physical environment is an important determinant of physical and mental health for everyone. The three physical environment topic areas are outdoor spaces and buildings, transportation, and housing. As key features of a community's physical environment, they have a strong influence on personal mobility, safety from injury, security from crime, health behavior and social participation.

General Themes

The physical environment in Clackamas County is rich with natural and built amenities providing supports for and challenges to age-friendliness. Some of the obvious features of the physical environment, Mount Hood, the Willamette River and Interstate 5 (I-5), Portland metropolitan/urban built environment vs. rural/remote landscape features, and industrial vs. agricultural vs. tourist economies divide and segment the County affecting the experiences of residents across all physical environment topic areas (i.e. transportation, housing, and outdoor spaces and buildings). Attributes of the physical environment were the most frequently mentioned topics during community conversations, particularly transportation (most frequently discussed barrier) and housing supports and concerns.⁷ Walkability, including pedestrian safety, and accessibility were the most frequently discussed conditions related to outdoor spaces and buildings.

TRANSPORTATION

Regardless of the mode, access to transportation allows people to participate in social, cultural, civic, and recreational activities, as well as enabling activities of daily life such as working, shopping or going to appointments.

Survey Results

Public transportation

Slightly over half of the respondents (53.8%) believed that there is adequate public transportation available in their community. However, there were also quite a few respondents (41.9%) who did not think public transportation was adequate. The ratings of importance were fairly evenly distributed, with 51.5% reporting that having adequate public transportation is “important” or “very important” and 48.1% reporting that it is “somewhat important” or “not important.”

Special Needs Transportation

Respondents were asked their opinion about the adequacy of special needs transportation in their community. Special needs transportation is defined as any type of transportation for people with cognitive or physical disabilities, the elderly, or anyone who is unable to drive. Examples include Tri-met Lift or Senior Center vans. Over half (60.5%) of the respondents “agree” that special needs transportation is adequate in their community. It is important to note that approximately one-fifth (18.1%) of the respondents could not rate this item. Importance rating revealed slightly more respondents rating the special needs transportation as

⁷ Photographed environmental features prompted dialogue, which often centered around the physical feature before discussions about the influence of the physical environment with the social and/or service environment aspects.

“important” or “very important” (57.1%) and slightly fewer rating it as “somewhat important” or “not important” (41.9%).

Driver Network

Respondents were asked about the availability of a driver network. A driver network is defined as either a formal or informal network, which will provide a ride for people who cannot drive themselves. Over half (52.8%) of the respondents “agreed” that such a service is available; however, approximately one-quarter (23.3%) were not sure if such a service is available in their community. Ratings of importance of having a driver network available were fairly evenly distributed across the range of response options, with slightly more residents reporting that it is “important” or “very important” (57.6%) than those reporting that it is only “somewhat important” or “not important” (39.5%).

Roads

Respondents were asked if roads in their community are clearly marked with visible signs. The majority of respondents either “agree” or “strongly agree” (88.1%) the roads are clearly marked with visible signs. Additionally, this was important to the majority of respondents, with most (88.1%) reporting that having clearly marked roads is “very important” or “important.”

PERSONAL USAGE OF PUBLIC TRANSPORTATION IN CLACKAMAS COUNTY

Respondents were asked how often they use Clackamas County public transportation. Almost all respondents (97.7%) either “never” or “seldom” use Clackamas County public transportation. Only 2.4% of the respondents reported using public transportation more consistently.

If respondents stated that they “seldom” or “never” use Clackamas County public transportation, they were asked to provide their reasons. The most common reason was “preferring to use a car” (37.6%), followed by public transportation being generally “not convenient” (12.7%), “stops not close” (12.2%), or no public transit (9.5%).

PERSONAL USAGE OF ASSISTED OR SPECIAL NEEDS TRANSPORTATION

Respondents were asked how often they use assisted or special needs transportation, such as Tri-met Lift or senior center vans. Almost all +60y respondents (98.5%) “never” or “seldom” use assisted or special needs transportation. By far, the most common reason was “not having the need for it” (76.2%).

PERSONAL DRIVING HABITS

When asked about driving habits, +60y respondents reported “always” driving (55.2% vs. 57.4%) in comparison to all respondents; another third (31.0% vs. 31.3%) of respondents

reported that they “frequently” drive. Very few +60 respondents or all respondents reported “never” (9.5% vs. 5.9%) or “seldom” (4.3% vs. 5.4%) driving. Respondents were asked follow-up questions to determine why they “seldom” or “never drive” and how they usually get around town. The most commonly stated reasons for +60y respondents were “not being [physically] able to drive” (41.4%), “don’t have vehicle” (13.8%), “gave up driving; age; don’t have license” (10.3%) and “not having the need; someone else drives” (6.9%).

MAPPS Thematic Findings

Across Clackamas County communities, the route maps reflected a strong dependence on a personal automobile to access the resources within the community and across the County. Some community environments provided active transportation (i.e. walking/bicycling) and/or public transit supports but with gaps in connectivity and/or low use. When faced with the inability to drive one self, older residents (and others) encounter less than optimal or no viable transportation choices, which makes aging in place more difficult in Clackamas County.

Supports

- Free or low cost public transit provided locally or regionally, including bus and light rail
- Amtrak platform (Oregon City), which is accessible
- Adequate parking
- Neighborhood improvements that support walking and bicycling, such as signage, crosswalks, sidewalks, and bike lanes

Barriers

- Limited transit routes and low ridership likely due to restricted time and destination options for older residents and others who do not/cannot drive themselves
- Lack of seats or shelters at transit stops
- Lack of active transportation supports, such as sidewalks, trails, and paths, and/or signage; lack of neighborhood connectivity across active transportation supports; “Many residents walk on the roads because there is nowhere else to walk in the community.”
- Pedestrian and bicyclist safety concerns, including automobile traffic congestion, speed, and absence of traffic calming features; pedestrian safety issues at crosswalk and intersections, specifically the amount of time pedestrians are allotted to cross busy roadways
- No local taxi cab service
- No or limited transportation options beyond senior center bus and/or medical cab, which restricted time and destination options for older residents and others who do not/cannot drive themselves
- Business and commercial services inaccessibility due to traffic congestion, parking, and transit routing

OUTDOOR SPACES AND BUILDINGS

Creating supportive and accessible built environments, including age-friendly outdoor spaces and building design, can enhance physical well-being and quality of life, accommodate

individuality and independence, foster social interaction and enable people to conduct their daily activities.

Survey Results

Public Buildings

Residents were asked their level of agreement with how accessible public buildings are to people with different abilities. Public buildings were defined as any building that is accessible to the general public. This could include privately-owned buildings such as stores. The majority of respondents reported that they “agree” or “strongly agree” (86.7%) that public buildings in their community are accessible to people with different abilities. Additionally, the majority of respondents (65.3%) felt that providing access to public buildings for people with different abilities was either “important” or “very important”.

Walkability

Respondents were first asked their level of agreement with how walkable their community is. Walkability was defined as having well-maintained sidewalks and paths. Respondents +60 years were almost evenly split, with 46.2% disagreeing and 50.9% agreeing that their community is walkable. Ratings of importance of having a walkable community were fairly evenly distributed across the range of response options with 52.8% reporting “not” or “somewhat important” and 47.2% rating walkability as “important” or “very important.”

PERSONAL WALKING AROUND NEIGHBORHOOD

Respondents were asked how often they walk around their neighborhood. In comparison to a majority (58.6%) of all respondents, less than half (48.1%) of +60y respondents reported that they “frequently” or “always” walk around their neighborhood. A larger proportion (51.0%) of +60y respondents reported that they “seldom” or “never” walk around their neighborhood. The most common reasons for “seldom” or “never” walking were “no sidewalks” (12.1%) and “I physically can’t walk or have a hard time walking” (23.4%).

MAPPS Thematic Findings

Community discussions revealed a shared desire improved accessibility of outdoor spaces and walkability to promote active aging and personal mobility, social and cultural participation, and community vitality. As one participant stated “We always have to use a motorcar, which is not always what older people prefer doing. It is not [our] big pleasure in life to drive around alone from place to place and never see anybody...”

Supports

- Community aesthetics, including historic old town and buildings, city-supported parks, downtown improvements and shops, art and cultural installations, and cemeteries

- Libraries, community centers, including adult and senior services
- Community environmental policies (e.g. improvements to outdoor environments and natural landscapes supported by local and regional public and private industry resources, improving availability, accessibility, and affordability of nature, active recreation and play spaces for all residents)
- Community gardens, rural and open space, shared land-use policies and practices
- Accessibility of public services, such as fire department, police, and city hall
- Public and privately supported walking paths and trails, and accessible pedestrian and mobility supports (e.g. elevator, ramps, disability/senior parking)

Barriers

- Outdoor spaces and building accessibility and pedestrian safety
- Discontinuous, disconnected, and/or non-destination roadways, sidewalks, and paths that limit use for non-vehicular transportation
- Parking lots and commercial centers that are difficult and unsafe to navigate; more accessible parking at farm stands and other rural sites (e.g. grange halls, churches)
- Absence of public meeting places, policies supporting shared use of public buildings (e.g. schools, public lands), and/or community or recreational centers
- Neighborhood isolation and land-use planning and policies
- Resourcing new/improvements to outdoor spaces and buildings, like continuous sidewalks and pedestrian safety supports, community gardens and farmers' markets, and community/adult centers
- Commercial vacancies
- Walkability of commercial districts, described as having few or unmaintained sidewalks and/or recreational walking/biking supports that don't require driving; lack of crosswalks, signage and pedestrian safety supports
- Sidewalks that need maintenance and are inaccessible for people with mobility differences or disabilities
- Lack of seats and shelters at transit stops
- Parks and outdoor spaces that are inaccessible for older adults and others who use mobility assistance devices, such as walkers, strollers, and/or chairs/scooters

HOUSING

A range of affordable housing options and supports for living independently for as long as possible contribute to the ability of community members to age in place. Community conversations centered on housing underscored the importance of enabling older people to remain independent and having a range of options for residing in their community.

Survey Results

Housing Options

Respondents were asked how much they agreed that there is a range of housing options

available that meets the needs of a variety of abilities and lifestyles. The majority of respondents reported that they “agree” or “strongly agree” (66.7%) that these type of housing options are available in their community. A small group of respondents (7.6%) was not sure about this item. Again, ratings of importance of having a variety of housing options available were fairly evenly distributed across the range of response options, with slightly more residents reporting that it is “important” or “very important” (59.0%) than those reporting that it is only “somewhat important” or “not important” (39.7%).

Long-Term Care

Respondents were asked their level of agreement regarding the availability of long-term care options in their community. Examples of long-term care include assisted living facilities and foster care. Over three-quarters of the respondents either “agree” or “strongly agree” (77.6%) that long-term care is available in their community. A small group of respondents (7.6%) was not sure about this item. The majority (71.4%) of respondents believe that having long-term care available in their community is “very important” or “important.”

MAPPS Thematic Findings

While a large majority of Clackamas County older residents live in their own homes, all participants agreed that adequate, accessible and affordable housing and assisted living options are important community attributes. An absence of housing options that meet a variety of needs and lifestyles results in disturbed family and social networks for the community member with evolving housing requirements. Participants often expressed an additional need for energy efficient housing improvements to make housing utilities more cost effective.

Supports

- Affordable 55+ housing and assisted living facilities
- Planned residential communities identified as “model[s] of what there should be more of” because of features such as garden space, nature trails, neighborhood safety, walking/public transit access to community resources, green and sustainable design, and other features supporting independence and community

Barriers

- Absence of enough affordable and accessible housing to support the current and future needs of an aging society
- Absence of safe and clean rental options
- Primarily single-family and owner occupied homes; need for multi-family and mixed-use residential neighborhoods
- Transient nature of seasonal workers affects availability of affordable year-round housing

- Differing opinions as to the desirability of manufactured homes as affordable, accessible housing options and regarding policies regarding long-term living, particularly in more affluent and/or resort communities
- Negative perceptions of seasonal workers' long-term investment in local community
- Land use plans and policies that affect residential development (i.e. hinder development of modular/mobile home communities, smaller single occupancy residences, low density multi-family residences, and universal design)
- Lack of connectivity between neighborhoods because of environmental attributes like the river and major roadways.
- Isolated, low-income neighborhoods; real and perceived crime and safety concerns

SOCIAL ENVIRONMENT

The social environment is about the interactions between and among people in communities. Social participation and social support are strongly connected to good health and well-being throughout life. Three topics reflect different aspects of the social environment and of culture that affect participation and mental wellbeing. Respect and social inclusion deals with the attitudes, behavior and messages of other people and of the community as a whole towards older people. Social participation refers to the engagement of older people in recreation, socialization, and cultural, educational and spiritual activities. Civic participation and employment addresses opportunities for citizenship, unpaid work and paid work; it is related to both the social environment and to the economic determinants of active, successful aging.

General Themes

Though community members desire to see more social opportunities, they perceive the County to be well-resourced with community and adult centers, faith groups, theatres, and music venues. Residents are proud of Clackamas County history and the many historical sites. While the social environment emerged a strong supporting attribute for the age-friendliness of Clackamas County communities, respectful, inclusive, and intergenerational social and cultural participation and civic engagement opportunities were frequently discussed within the context of areas for improvement. Volunteerism and opportunities for civic engagement were cited as valued and necessary resources.

RESPECT AND INCLUSION

Older persons want to do more than simply continue to reside in their communities—they want to be able to contribute to, and benefit from, community life. Communities that promote social participation and inclusion are better able protect the health of their citizens, including those who are older and alone.

Survey Results

Respect, Kindness, and Courtesy

Respondents were asked their opinion on whether or not they thought people in their community show respect, kindness, and courtesy towards each other. The vast majority of respondents either “agree” (64.3%) or “strongly agree” (23.3%) that there is respect, kindness, and courtesy shown in their community. The importance ratings for this item were strikingly different than most of the other items in the survey. The vast majority of respondents thought that this aspect of their community is “very important” (58.6%) or “important” (31.4%). Less than 10% of respondents said that respect, kindness, and courtesy shown in the community is either “not important” (4.3%) or “somewhat important” (4.3%) to them.

Inclusion in Community Life

Respondents were asked whether or not everyone, regardless of age, is valued and included in community life. The majority of respondents either “agreed” (64.8%) or “strongly agreed” (11.4%) that everyone is valued and included in community life. Again, respondents were clear about this being important, with the majority rating this item as either “very important” (46.2%) or “important” (33.8%).

Input on Public Issues

Respondents provided their opinions on whether seniors are asked for their input on public issues. The majority of respondents (65.7%) either “agreed” or “strongly agreed.” It is important to note that 10.0% of residents did not know or have an opinion about senior input on public issues. Most of the respondents believed that receiving input from seniors on public issues is either “very important” (45.2%) or “important” (32.4%).

MAPPS Thematic Findings

Supports

- A community center, as oppose to a senior center, in order to include all age groups and support intergenerational socialization
- Community residents commented on the value of community centers and libraries as a place for members to congregate, recreate, eat meals together, and attend classes. “I strongly believe that if we have a community center that is accessible for everyone, that will bring our community together.”
- Land that is shared by community members; members perceive community as a family
- Large increase in elder residents in Clackamas County should encourage discussion as to how to plan for an aging population

Barriers

- Difficulty of supporting inclusion for all individuals, regardless of age and ability difference, in every situation

- Not enough outreach opportunities and supports for seniors, people with ability and/or sensory differences
- Many of the community features and social, cultural, and civic participation attributes that support and enrich the social environment require a critical mass in order to be sustainable
- Economic costs of some social and/or cultural activities
- Cost of living and physical environment accessibility emerged as key factors that excluded some community members from full participation/high quality of community life.
- School districting creates separation across people, families, and neighborhoods, and discourages integration in the community.
- Some areas are not as easily accessible for older adults and others with mobility differences, specifically parks and walking paths, which may exclude or discourage participation in some outdoor social activities.

SOCIAL PARTICIPATION

Social networks, social participation and feelings of belonging are important to healthy living, disease prevention and the prevention of isolation among all people. Older people who remain active in society and socially connected are happier, physically and mentally healthier, and better able to cope with life's ups and downs.

Survey Results

Events and Activities

Respondents were asked whether a range of outdoor and indoor events and activities are available for people of all ages in their community. The majority of respondents (72.9%) either “agreed” or “strongly agreed” these events and activities are available in their community. Additionally, most respondents (65.7%) reported that having these events and activities available to everyone in their community was either “very important” or “important” to them.

Educational Classes

Respondents were asked about the range of courses and educational classes offered in community locations. The vast majority of respondents either “agreed” (63.8%) or “strongly agreed” (18.1%) that there is a range of courses and educational classes offered. In addition, the majority of respondents (70.0%) reported that these were “very important” or “important” offerings in their community.

PERSONAL PARTICIPATION IN SOCIAL ACTIVITIES

Respondents were asked how often they participate in social activities. For the purpose of this survey, *social activities* included any type of socializing or activities done with other people. The majority of respondents (63.3%) reported “frequently” or “always” participating in social activities. However, over one-third of the respondents reported “seldom” (27.6%) or “never”

(9.0%) participating. The most common reasons were “not being interested” (36.4%) and “having no time” (15.6%).

MAPPS Thematic Findings

Supports

- The social relationships emerged as the most important asset within one small, rural community, connecting people in community to place despite the absence of physical and service environment supports.
- A strong emphasis on people, place, and community with social networks that are described as “great” and a sense of belonging that is as “good as family.”
- Pride in the community and its history; sense of “home town pride”
- Organizations, natural and built environment features that support social and cultural activities, such as parks, playgrounds, and camp grounds; visual and performing arts; adult community and swim centers, library, movie theater, commercial gathering places (i.e. restaurants, coffee shops)
- Adult centers offer intergenerational events and activities, senior/community meal support, and outings
- Many areas are readily accessible and inclusive for older adults and others with ability differences.
- Strong sense of traditional community supported through historic features and acts, such as grocery delivery, postal drop boxes, murals, aesthetically pleasing historic preservation, and downtown improvement plan
- Culture of gardens, gardening, and community garden
- Community events hosted by event centers, local churches, Granges, continuing education and lifelong learning centers, public parks, “probably something happening every weekend”
- Small, locally owned businesses support community life

Barriers

- In-commuting, “people who come here come to work and they have lunch and then they go home.”
- Transient nature of tourist and tourism workers
- Shortage of social participation opportunities specifically targeted toward older adults, including “night life”
- Absence of supports for Hispanic/Latino residents
- Commercial vacancies and “at times, the downtown streets are like a ghost town”
- Some policies, rules, and costs that limit inclusion and/or create barriers to volunteerism, like fishing license requirements for pond fishing preventing intergenerational participation and paperwork required for volunteering
- Slow pace of rural progress
- Perceived community safety/criminal activity in public places, “there has been trouble at this park but it seems to be under control”

- Accessibility of facility hosting the event
- Costs associated with fee-based recreational programs and facilities
- Policies and regulations, such as lighting restrictions
- Instability of social venues and businesses, which come and go because they are not economically viable.

CIVIC PARTICIPATION, VOLUNTEER AND EMPLOYMENT OPPORTUNITIES

Older adults have a great variety of skills, knowledge and time to contribute to their communities in a range of areas, including civic participation, volunteer activities and paid employment. Their participation is linked not only to the economic prosperity and viability of their communities, but also to maintaining their own mental and physical health, and social connectedness.

Survey Results

Volunteer Opportunities

The majority of respondents either “agreed” (64.8%) or “strongly agreed” (17.6%) that there is a wide range of volunteer opportunities available in their community. A small group of respondents (8.6%) did not know how to answer this item. The majority (67.6%) of respondents felt that having volunteer opportunities available in their community was “very important” or “important.”

MAPPS Thematic Findings

Supports

- Volunteer organizations and opportunities for civic engagement through volunteerism were referenced as a necessary resource.
- Various civic engagement supports, such as committees, volunteer (e.g. Elders in Action), and faith groups
- Certain businesses in the community support local charities.

Barriers

- Tourist economy and summer seasonal workers limit year round employment opportunities and employer stability.
- Much of the ‘work’ is done by volunteers via community organizations, such as faith groups, clubs, local sponsorships, and individuals.
- Need for more and easier access to volunteer opportunities for older people who are not working in order for them to stay active and engaged in community life.
- Volunteerism was mentioned in the context of food and school-based needs, specifically the difficulty getting credentials (i.e. paperwork) and volunteering in schools.
- Volunteer training and support were identified as areas for improvement.

- Feeling their voices are not being heard in the community regarding city planning and finding resources for desired community improvements and public centers

SERVICE ENVIRONMENT

Health and support services, including communication and information systems, are vital to maintaining health, independence, and connectivity in the community. These two topic areas, communication and information and community support and health services, involve both social environments and health and social service determinants.

General Themes

Clackamas County is perceived to be well resourced in the area of community supports and health services as well as communication and information services. However, barriers within communities were identified in both health and medical services and communications that affected perceptions of the ability of residents to age-in-place differently among communities.

COMMUNICATION AND INFORMATION

Keeping people informed—not only about community events, but about broader community information—allows older persons to be better connected to their community and supports them in their daily activities.

Survey Results

Information

Respondents were also asked if they thought that information about local events, programs and services is easily available. The majority of respondents either “agreed” (62.9%) or “strongly agreed” (19.0%) that this information is easily available. Comparably, the majority of respondents (69.0%) viewed having access to information about local events, programs, and services as being “very important” or “important.”

MAPPS Thematic Findings

Supports

- An informal network of bulletin boards, email lists, newsletters, and the local newspaper supported community communications.
- Informal communications supported by community organizations and volunteer networks seem to work effectively in times of distress, such as extended power outage
- Community communication plans
- Various communication supports, including traditional (postal drop boxes, post office, newspaper/newsletters, bulletin boards, library) and new information technologies (WIFI, computer stations, email/listserv)
- Community education
- Communication networks are supported via traditional and new information technologies

Barriers

- Community residents had a hard time articulating how information was communicated and received among local folks.
- Formal communication plan/network is needed (i.e. hotline) to support information sharing.
- Finding current information about community resources or events can be difficult and is influenced by increasing costs and changes in information technologies that require specialized equipment and skills
- Communications often require people to “know where it is or who to ask to try and find it”
- Limited/targeted community input on important issues/decisions “people should attend these meetings and give their input”
- Inadequate attention to research, planning, informed decision-making, and implementation of plans - “Plan! Learn from other cities. Address in the planning meeting– research what other communities have done so that after 3 or 4 years we don’t regret what money and time was spent.”
- Absence of formal and informal bi-directional communications between residents and key public/private decision-makers/stakeholders
- Advances in technologies that require acquisition of new skills
- Signs are outdated and certain traffic advisory signs are difficult to see and/or read.
- Bus schedules posted at bus stops are difficult to read because the print is small and lighting is poor or non-existent.

COMMUNITY SUPPORT AND HEALTH SERVICES

Whether or not older people are able to age in place depends upon a number of factors, including the availability of support and services that meet a variety of needs. These include professional services, such as health and personal care, lifestyle supports, such as exercise, respite, food, and money, and emergency or contingency plans.

Survey Results

Health Care

Respondents were asked about the availability of health care, including mental health services, in their community. Although over half of respondents either “agreed” (52.4%) or “strongly agreed” (9.0%) that health care is available in their community, about one-quarter (22.8%) either “disagreed” or “strongly disagreed” about the availability of health care, including mental health services. More clearly, three-quarters (75.8%) of respondents said that having access to health care in their community is “very important” or “important.”

In-Home Visitor Program

To conclude this series of questions about their community perceptions, respondents were asked about the importance of having an in-home visitor program available in their community

for people who cannot leave their homes. The majority of +60y respondents (vs. all respondents) said having an in-home visitor program in their community was either “very important” (50.5% vs. 48.6%) or “important” (31.0% vs. 29.2).

MAPPS Thematic Findings

Supports

- Local health care and health-related services, like medical, dental, health therapy, vision, pharmacy, ambulance, and alternative health services are available but reported to be under-utilized by local residents.
- Service districts (property tax base) provide resources for some desired services, such as library and parks
- Health care facilities providing urgent care and health care services
- Local health care providers, allied health services, and pharmacies
- Emergency response system (fire department/EMT) with good response record
- Long term/Alzheimer care facilities, including adult day care
- Meals on Wheels, emergency food and community meals programs, local ODHS office

Barriers

- Absence of home health care and medical supply vendors within communities for those who need these services, which would improve the ability of residents to age-in-place
- Location at the “end of the county service area” provides a challenge for many community residents across most service areas.
- Absence of local health care and health-related services, like medical, dental, health therapy, vision, pharmacy, ambulance, and alternative health services
- Limited and less convenient transportation to health care and necessary services from community to locations providing necessary services (e.g., Sandy, Oregon City)
- Support services other than health services that are necessary for high quality community life, such as postal service, utilities, county services, food assistance programs, emergency shelters, structured exercise/therapy programs, grocery stores, police, and automobile maintenance are sparse, limited in availability, or provided at (perceived) higher cost in some Clackamas County communities in comparison to others
- Increasing costs of necessary goods and services amidst economic hardship, “seventy people in line for food yesterday”

Survey Results

PERSONAL HEALTH HABITS OF +60 ADULTS

STRENGTH AND BALANCE ACTIVITIES

Respondents were asked how often they engage in physical activities/exercises to improve strength and balance. A majority (71.0%) of +60y respondents reported that they “frequently” or “always” engage in strength and balance activities. Of the 28.5% of +60y respondents who

reported that they “seldom” or “never” engage in strength and balance activities, the most common reasons were “physical inability” (31.7%), “engage but not for those reasons” (15.0%) and “don’t have time” (13.3%).

FRUIT AND VEGETABLE CONSUMPTION

Respondents were asked how often they eat fruit and vegetables. Most all (96.6%) of +60y respondents reported that they “frequently” or “always” eat fruits and vegetables.

CAREGIVING

Of the 210 +60y respondents, 27 (12.9%) reported being a caregiver for an adult family member or friend. Of the 27 caregivers, one-third (33.3%) reported “never” or “seldom” getting needed support, including breaks from caregiver responsibilities.

EMERGENCY PLAN AND MONEY TO MEET BASIC NEEDS

Most +60y respondents “agreed” or “strongly agreed” that they have an emergency plan (77.6%) and enough money to meet their basic needs (91.0%).

Clackamas County Emergency Plan

for Serving People with Access and Functional Needs

**Final Draft
June 2011**



Prepared for:
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Acknowledgments

The *Clackamas County Emergency Plan for Serving People with Access and Functional Needs (EPAFN)* is designed as an annex to the County’s adopted Emergency Operations Plans. Its preparation has been a collaborative endeavor spearheaded by two of the County’s departments — Emergency Management and Health, Housing and Human Services.

We are most grateful to the members of the Disaster Planning Group that met over a two-year period (despite the local outbreak of the H1N1 swine flu virus and natural disasters that disrupted the planning process) to discuss various considerations, strategies, and resources for serving people with access and functional needs in Clackamas County in the event of an emergency. These discussions and the information resources contributed by individual group members helped to shape the backbone of this EPAFN. County staff on the team included: Dan Potter, Housing Asset Manager, Housing Authority of Clackamas County; Galina Burley, Human Services Manager, Social Services Division; Martha Spiers, Behavioral Health Crisis Services Manager; Martha Nielsen, Primary Care Nursing Supervisor; Larry MacDaniels, Emergency Medical Services Supervisor; Teresa Christopherson, Administrative Services Manager, Social Services Division; Liz Bartell, Social Services Program Manager; Scott France, Tobacco Prevention and Education Program Coordinator; and Molly Cunningham, Human Services Specialist. Other team members included: John Coffey, representing the State of Oregon Department of Human Services, Seniors and People with Disabilities Division; and Glenn Koehrsen, chair of the Area Agency on Aging (AAA) Advisory Council and Marilyn Rank, AAA Advisory Council member. Tim Heider, Clackamas County’s Public Affairs Coordinator, was very helpful in generating ideas for communication and outreach to serve people in the community with access and functional needs in times of emergency.

We also appreciate the comments and suggestions from various community stakeholders who reviewed drafts of the EPAFN to help refine this final draft version.

Finally, our thanks to Tamara Gilbert, communications consultant and owner of Creative Openings, who organized, researched, wrote, and designed the EPAFN as a working document to guide future County emergency operations.

June 2011

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Chapter 1: Introduction

1.1 Overview and Purpose

The mission of Clackamas County Department of Emergency Management (CCEM) is to coordinate and integrate prevention, mitigation, preparedness, response and recovery activities that increase emergency management capabilities to prevent loss of life and minimize impacts from disasters.

Every day “routine” emergencies are handled effectively in Clackamas County by emergency responders as part of their daily duties. However, whenever an unforeseen incident or planned event, the size or complexity of which is beyond that which is normally handled by routine operations, Clackamas County invokes its Emergency Operations Plan (EOP). Using an established framework for emergency operations in advance of any natural or man-made disasters that may impact unincorporated areas of the County, incorporated municipalities, or a combination thereof, the EOP offers guidance for incidents related to a broad spectrum of hazards that exceed the response or resource capabilities of front line responders. By setting up a structure to manage emergency response operations and interagency coordination, delineate clear lines of authority, and define roles and responsibilities as well as specify protocols for maintaining, reviewing, training and exercising the EOP, Clackamas County aims to safeguard its residents and work force in times of emergency.

The CCEM operates under the premise that every individual who lives or works in Clackamas County shares responsibility to prepare for disasters. Thus the EOP also includes a public education component to encourage community and workplace readiness.

In the aftermath of Hurricane Katrina, emergency managers across the country have refined their planning processes to prepare for meeting the access and functional needs of people with physical or mental disabilities, limited English speakers, children separated from adult caregivers, frail elderly people, etc., from the onset of an emergency and through the recovery period. The intention is to integrate such access and functional needs considerations into the overall emergency planning process. In Clackamas County, the approach to this new level of planning is person-centered, seeking to answer the question: *How can we help individuals maintain their functional independence, dignity and community connections in the midst of an emergency and its aftermath?* To find answers, the County Departments of Emergency Management and Health, Housing and Human Services have teamed up to identify County population groups that may have access and functional needs, to discuss considerations for meeting these needs, to inventory the available resources for serving people with such needs in an emergency situation, and to engage local stakeholders in the planning development and review process.

The purpose of this *Clackamas County Emergency Plan for Serving People with Access and Functional Needs* (EPAFN) is to serve as an annex to the adopted EOP. It is designed to include considerations, specific information, and resources that will be useful in emergency planning and response for delivering services to people with access and functional needs.

The EPAFN is organized into five chapters:

- Chapter 1 provides the working definition of persons with access and functional needs for the purpose of emergency planning and operations and includes an overview of salient features of Clackamas County.
- Chapter 2 focuses on considerations for emergency evacuations with respect to persons with access and functional needs in the County, including: some of the known facilities where such individuals may be living, different types of communications that may be needed to reach individuals, sheltering in place, transportation access, and medical management.
- Chapter 3 encompasses information on sheltering and mass care, including: federal accessibility guidelines and physical site setup considerations, communications considerations, accommodation of service animals, transportation from the shelter for essential services, and systems for managing adaptive equipment, supplies and medication.
- Chapter 4 outlines an education and outreach strategy aimed at encouraging persons with access and functional needs and their caretakers to take proactive measures for emergency planning.
- Chapter 5 identifies some of the areas for further training of groups that will be involved in the implementation of the EPAFN.

The end of most EPAFN chapters includes some online resources for quick reference as well as a list of internally developed documents that comprise the Appendices of the EPAFN. (See p. viii for full list of Appendices.)

1.2 Definition and Rationale

1.2.1 Definition

For the purpose of this EPAFN, the definition of populations with access and functional needs in Clackamas County is as follows:

Persons limited in their ability to take emergency protective action (evacuation, sheltering in place) or tolerate extended isolation from routine support networks due to physical, mental health, sensory, cognitive, or developmental conditions. Individuals with cultural and language barriers, known homeless camps and unaccompanied children are also considered vulnerable during disasters and recovery.

1.2.2 Rationale

Federal laws uphold civil rights and nondiscrimination policies for all people. From the perspective of emergency management in Clackamas County that means that people with access

and/or functional needs must be able to access and benefit from emergency programs, services, and activities available to the general population. While equality is fundamental, a “one size fits all” approach does not work since the access and functional needs of individuals are different. Additional preparations or enhanced services may be necessary to meet these needs. For example, bathing facilities and sleeping areas in mass shelters must be accessible for people with physical disabilities or evacuation notices in areas with a largely Spanish-speaking population should be distributed bilingually (English/Spanish).

The County’s definition above seeks to establish a flexible framework that addresses a broad set of common function-based needs irrespective of specific diagnosis, statuses, or labels (e.g., the elderly, quadriplegic, or transportation disadvantaged). When the routines of daily living are disrupted by an emergency situation, some population groups that may normally function independently may have additional needs during and after an incident in functional areas including but not limited to: maintaining independence, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who have disabilities, who live in institutionalized settings, who are elderly, who are unaccompanied children, who are from diverse cultures who have limited English proficiency or are non-English speaking, or who have limited transportation resources.

As an emergency situation unfolds, more people with access and functional needs may emerge. For example, a child may become separated from a parent or guardian after an earthquake, someone’s eyeglasses may be missing or broken making it difficult for the person to see, or a person who uses a wheelchair and lives independently may be not be able to recharge the wheelchair batteries without access to a backup generator during a prolonged power failure. Some pregnant women or obese persons may have limited mobility that may make it difficult for them to evacuate in an emergency. These needs may be only temporary as solutions are found to help these people on a case-by-case basis.

The County Health, Housing and Human Services Department (H3S) may assist incorporated cities and community groups to identify people with access and functional needs so that the Emergency Operations Center (EOC) activated by CCEM can respond to the needs of these people as they arise.

1.3 County Overview

1.3.1 Terrain

Clackamas County is both rural and urban in character. The county encompasses an area of 1,868 square miles (according to 2000 data), with one-eighth of the land area incorporated and the remainder unincorporated or publicly owned. Elevations range from a low of 55 feet on the shores of the Willamette River in Oregon City to a high of 11,235 feet at the peak of Mt. Hood in the northeast. Major rivers include the Willamette, Clackamas and Sandy. With over 3,700 farms, Clackamas County has more farms than any other county in Oregon and is ranked second

highest in agricultural sales in the state¹. Native forests cover more than two-thirds of the county's land, and the county leads the nation in Christmas tree production.

1.3.2 Population

Clackamas County is one of the most rapidly growing counties in Oregon with an estimated population of 375,992 — about 10 percent of the state’s population and part of the Portland metropolitan area according to 2010 U.S. Census Bureau data. Clackamas is the third most populous county in the state, trailing only Multnomah and Washington counties, both of which border Clackamas. The overwhelming majority of the population is white (88.2%), according to 2010 U.S. Census Bureau data. Table 1 shows population subgroups in Clackamas County that are most likely to require additional support to meet their access and functional needs in the event of an emergency.

Table 1: Clackamas County Demographic Facts

LEP	Figure	Source
Hispanic	7.7%	2010 U.S. Census Bureau data
Speakers of language other than English at home	9.6%	2000 U.S. Census Bureau data
Persons with a disability	15%	2000 U.S. Census Bureau data
Persons 65 and older	13.1%	2009 U.S. Census Bureau data
Homeless Persons	3,614	2009 Clackamas County Homeless Count

1.3.3 Residences

Approximately one half the county’s population lives in unincorporated areas, with the other half residing in the following 16 incorporated communities (listed from most populated to least): Lake Oswego, Oregon City, Tualatin, West Linn, Milwaukie, Wilsonville, Canby, Gladstone, Damascus, Happy Valley, Sandy, Molalla, Estacada, Johnson City, Rivergrove, and Barlow.

1.3.4 Transportation Systems

With a geographic span of about 60 miles from east to west and 40 miles from north to south, Clackamas County has an extensive transportation network linking the county to the Portland metropolitan area and the greater Pacific Northwest. The county’s 1,436-mile road system includes 276 urban road miles, 1160 rural road miles, and 150 bridges. Interstate 5 runs north to south through the western part of the county, while U.S. Highway 26 is the major east-west thoroughfare. Interstate 205 serves as a bypass route east of Interstate 5, connecting from Tualatin to Portland International Airport and to Vancouver, Washington. A Union Pacific railroad line travels north and south the length of the county carrying both passengers and freight. Urban Clackamas County is served by a regional accessible transit system (TriMet) and

¹ Clackamas County Soil and Water Conservation District, "Clackamas County Agriculture and Sustainable Economic Strategy Executive Summary" (Fall 2007) <<http://www.conservationdistrict.org/packets/greenribbon.pdf>>.

various city-contracted bus systems. Clackamas Town Center is a major transit hub that connects buses to the Portland-bound MAX Green line light rail system. TriMet also operates the LIFT program, a paratransit service for people who are unable to use regular buses or trains due to a disability or disabling health condition.

Clackamas County maintains a limited vehicle fleet of busses and vans to support County services. These vehicles may be available for deployment during emergencies. Volunteers who provide support services through the County’s Volunteer Connection program may also serve as a transportation resource during times of emergency.

1.3.5 Hospitals

Four hospitals are located in Clackamas County as shown in Table 2.

Table 2: Hospitals in Clackamas County

Hospital	Capacity	Location	Phone
Kaiser Sunnyside Medical Center	216	10180 SE Sunnyside Road Clackamas	(503) 652-2880
Providence Willamette Falls Medical Center	143	1500 Division Street Oregon City	(503) 656-1631
Legacy Meridian Park Medical Center	132	19300 SW 65th Avenue Tualatin	(503) 692-1212
Providence Milwaukie Hospital	77	10150 SE 32 nd Avenue Milwaukie	(503) 513-8300

The two closest Oregon trauma hospitals are located in Portland as shown in Table 3.

Table 3: Regional Trauma Hospitals

Hospital	Location	Phone
Legacy Emanuel Hospital & Health Center	2801 N Gantenbein Avenue Portland	(503) 413-2100
Oregon Health & Science University	3181 SW Sam Jackson Park Rd Portland	(503) 494-9000

1.3.6 Other Populations

Oregon law requires facilities such as nursing homes and hospitals to have their own emergency management plans. The emergency access and functional needs of these populations are addressed first by the care facility and coordinated with the Clackamas County Department of Emergency Management (CCEM). However, in the midst of an emergency, jurisdictions or facilities may call on Clackamas County for resources, and the County will prioritize its resources and will assist if possible.

Persons incarcerated in the County jail will be managed by the County Sherriff's Office in coordination with CCEM.

Chapter 2: Evacuation

Emergencies such as fires, floods, or gas leaks may require the evacuation of people from their homes and places of work to a safer, temporary location. Other emergency situations, such as a snowstorm or a release of hazardous materials may require that people shelter-in-place. For people who may have access and functional needs there are many facets in emergency evacuation planning to consider for supporting their needs.

2.1 Identifying Populations

Being prepared is the best defense in a disaster. Clackamas County is committed to identifying and educating groups that may require additional response assistance based on their access or functional needs. In every disaster, personal preparedness has proven to be vital to survival in many cases. To assure that persons with access and functional needs are prepared, the County will develop an education campaign for those individuals and their caretakers. The goal is that when disaster strikes they will already have emergency plans and adequate supplies in place and can communicate their needs to those who will be assisting with their care during an evacuation and in shelters.

Determining the location of fixed population groups, which will likely require additional response assistance based on their access or functional needs, is essential for emergency planning. Clackamas County coordinates with service provider organizations to identify places where groups live that may have functional needs such as nursing homes, known homeless encampments, and residential care facilities. These population groups are identified and mapped by the County's Geographic Information Systems (GIS) Division. At present, the County does not support an individual registry due to the shortcomings of voluntary registries, including: the inability to maintain up-to-date data, the resistance among some residents to put sensitive information into a government database, and the misunderstanding by residents that if they register they will immediately be rescued and cared for by emergency responders.

2.1.1 GIS Mapping

The County's GIS mapping of groups that are likely to have access and/or functional needs includes: hospitals, dialysis centers, nursing homes, known homeless camps, residential care facilities, and residences of the County's developmentally disabled clients. This documentation, for internal use only, is stored by the County Geographic Information Systems, a division of the County Information Services Department and will be accessed by GIS staff assigned to the incident during the occurrence.

The Social Services Division of the County Health, Housing and Human Services (H3S) Department also maintains a developmental disability emergency preparedness risk list as part of its emergency planning.

2.1.2 County-Owned Facility

Hillside Manor, owned by the Housing Authority of Clackamas County, is 100-unit low-rent public housing project for seniors and persons with disabilities built in 1970. This nine-story high-rise is located at 2889 SE Hillside Street in Milwaukie and is Clackamas County's tallest building. Over 70% of the residents are disabled and about 15% are disabled seniors. Most of these residents will likely have access and/or functional needs during an emergency. As part of their job duties, property managers work closely with local authorities (HUD, fire, police, medical) to keep the buildings safe and learn how best to respond to emergency situations. Various staff members have attended training on variety of topics related to emergency response. Hillside Manor serves as an annual training site for Clackamas Fire District #1 to refine its skills in dealing with high rise fires and emergencies. (For more details about the facility, see Appendix A.)

2.1.3 Assisted Living Facilities

Clackamas County is home to 17 **licensed assisted living facilities** spread over 12 different cities serving a total capacity of 1,324 seniors and people with disabilities. These facilities comprise nearly 12% of all licensed assisted living facilities in Oregon and nearly 12% of the statewide capacity that serves this population. (For more details on facility locations, see Appendix B.)

Assisted living facilities are complexes that offer individual apartments with private bath and kitchenette for seniors and adults with disabilities. Three meals a day are served in dining areas, but residents can choose to eat in their rooms if they are not able to make it to the dining area. Facilities vary in size. Some have memory care units for dementia patients. Care is provided based on individual needs.

All assisted living facilities in Oregon must be licensed by the Oregon Department of Human Services. Oregon law requires each facility to have a written emergency preparedness plan for all hazards; address the medical, supplies and equipment needs of residents during and after a possible evacuation; prepare sufficient supplies and provisions for sheltering in place for a minimum of three days; conduct drill of the emergency preparedness plan at least twice a year; and annually review or update the emergency preparedness plan.

2.1.4 Residential Care Facilities

There are 57 **licensed residential care facilities** in 15 different cities in Clackamas County serving a total capacity of 2,811 seniors and people with disabilities. These facilities comprise about 13% of all such facilities in Oregon and account for 12% of Oregon's capacity to serve this vulnerable population. (For more details on facility sites, see Appendix C.)

These residential care facilities range from 10-bed to 120-bed units in Clackamas County. They offer long-term care with a full range of services, including meal preparation, personal care and activities.

All residential care facilities in Oregon must be licensed by the Oregon Department of Human Services. Oregon law requires each facility to have a written emergency preparedness plan for all hazards; address the medical, supplies and equipment needs of residents during and after a possible evacuation; prepare sufficient supplies and provisions for sheltering in place for a minimum of three days; conduct drill of the emergency preparedness plan at least twice a year; and annually review or update the emergency preparedness plan.

2.1.5 Nursing Facilities

Clackamas County has 17 **licensed nursing facilities** (also known as nursing homes) in nine cities within its borders. These facilities have the capacity to serve over 1,000 seniors and people with disabilities and comprise 10% of all such facilities in Oregon. Overall, they account for 8% of the state's capacity to serve this population. (For more details on County facilities, see Appendix D.)

Nursing facilities are the highest, most expensive level of care for those in need. They are long-term care facilities that provide twenty-four hour skilled nursing, assistance with activities of daily living, health services and a number of activities. Their goal is to integrate custodial care with nursing, psycho-social and rehabilitative services on a continual basis. Some facilities offer specialized programs for residents with advanced stages of Alzheimer's disease or other dementia.

All nursing facilities must be licensed by the state of Oregon, Department of Human Services. Oregon law requires each facility to have a written emergency preparedness plan for all hazards; address the medical, supplies and equipment needs of residents during and after a possible evacuation; prepare sufficient supplies and provisions for sheltering in place for a minimum of five days; conduct drill of the emergency preparedness plan at least twice a year; and annually review or update the emergency preparedness plan. (For more details, see Appendix D.)

2.1.6 Adult Foster Homes

There are 138 **licensed adult foster homes** (AFHs, also known as adult care homes) that provide residential care primarily for elderly or disabled persons who need assistance to varying degrees with activities of daily living. The number of AFHs spread across 18 different communities in Clackamas County represents seven percent of the total throughout Oregon. The levels for which they are licensed (1, 2, or 3) depend on the degree of support they provide to residents. (For list of facilities and their levels of care, see Appendix E.)

AFHs are required to develop emergency evacuation plans, revise them as necessary to reflect the current conditions or capabilities of residents, and rehearse the plan with all occupants. Within 24 hours of arrival, any new resident or caregiver must be shown how to respond to a smoke alarm, shown how to participate in an emergency evacuation drill, and receive an orientation to basic fire safety. New caregivers must also be oriented in how to conduct an evacuation.

2.1.7 Other Facilities

The County H3S Department maintains a contact list of mental health housing resources (see Appendix F), including:

- Six structured sites owned and operated by Northwest Mental Health Management Services, Inc.
- Six structured sites owned and operated by other service providers.
- Six adult foster homes.
- Seven apartment complexes with supported housing.
- Various family housing complexes and HUD-subsidized apartments.

2.2 Alert and Notification

At issue is how to convey emergency information to people who are living independently and have special communications needs (1) due to hearing or visual impairments, cognitive impairments, a combination of impairments, or (2) due to limited English proficiency (LEP) or (3) because they are less accessible due to homelessness or living in more isolated rural areas of the County. Both the medium for conveying the message and the content of the message are important to consider. “Knowing how to provide a warning message that will be well received and using a credible ‘voice’ to deliver it are major steps toward motivating community members (including people with disabilities) to respond appropriately.”² Using a combination of communication techniques is more effective than relying on one method alone. Social networks should also be considered as a communications tool.

Staff working in residential facilities, assisted living facilities, or nursing homes will generally know best how to communicate emergency information to residents who have impairments or speak another language.

2.2.1 Messaging to Persons with Hearing Impairments

The County’s Reverse 9-1-1 system is capable of sending an emergency automated phone call to all landlines tied into the 9-1-1 database and cell phones and VOIP lines that have been entered in the system by county residents within the borders of Clackamas County. This system includes TDD/TTY functionality so that a person with a hearing or speech impairment using a telecommunications device for the deaf (TDD) can read the message as a typed display when a call is received and type a message in response.

² Effective Emergency Management: Making Improvements for Communities and People with Disabilities (Washington, D.C.: National Council on Disability, August 2009) 93.

The County routinely uses Telecommunications Relay Services and Speech-to-Speech Services for communicating to individuals with hearing and speech disabilities. The County Social Services Division of H3S has a TTY device for staff use.

Both Clackamas County Government Channel, carried by 11 cable operators in Clackamas County, and the Emergency Alert System routinely use closed captioning to display the audio portion of program for television broadcasts.

For deaf people who sign, the likely language they speak is American Sign Language (ASL). This does not translate directly to English. Therefore, for emergency broadcasts over the television it is important to make preparations for securing ASL interpreters for on-camera emergency duty.

Research shows that 50 percent of deaf and hard-of-hearing students graduating high school in the U.S. read at or below fourth-grade levels.³ Therefore, communications for persons with hearing impairments should be simple and clear and incorporate universal symbols and/or graphic images.

For door-to-door notifications, it is helpful to use facial expressions and hand gestures as visual cues⁴ and to bring along notepads and pens or pencils for communication with persons with hearing impairments.

2.2.2 Messaging to Persons with Visual Impairments

Alternative information formats for conveying emergency information to persons with visual impairments may include: large print (using a sans serif font of at least 18 points in size), Braille, audiocassettes or CDs. For broadcast media, consistent, unique, specific tones, music, and voice tags (i.e., “this is a special report”) should precede emergency announcements.

During door-to-door notification it is important to find out whether the person uses a service animal since service animals must be evacuated with the person.

2.2.3 Messaging to Persons with Cognitive Impairments

People with limited cognitive abilities may find it difficult to comprehend emergency information. Some people who may not understand may become confused, stressed or combative. Simple, short, jargon-free sentences with basic information and use of universal symbols or graphic images in printed materials are helpful. In face-to-face communications, allowing extra time for the person to process the message and repeated explanations can be helpful. Caregivers may be great resources for conveying information to those they assist.

³ Greg Levidas, "RIT - NTID - NTID News." Rochester Institute of Technology National Technical Institute for the Deaf. <http://www.ntid.rit.edu/media/full_text.php?article_id=1289>.

⁴ Note: Facial expressions and gestures are not always a universal language. Some may be culturally specific.

2.2.4 Messaging to Persons with Limited English Proficiency

All recipients of federal funds and all federal agencies are required by law to take reasonable steps to provide meaningful access to persons with limited English proficiency (LEP). In disasters where the Federal Emergency Management Agency (FEMA) is likely to have oversight, language accessibility is an issue to consider.

According to U.S. Census Bureau data from 2000, less than 10% of the population in Clackamas County speaks a language other than English at home. An Urban Institute 2003 report found an overlap between linguistically isolated households and Census tracts within which poor immigrants are concentrated — most notably in the eastern part of Clackamas County.⁵

The predominant non-English languages spoken in Clackamas County are Spanish and Russian. Translation services would be needed to provide emergency notification messages in Spanish and Russian to these limited English speakers. Radio announcements in Spanish on local Spanish music AM/FM radio stations can be an effective tactic for emergency messaging. Bilingual written materials are especially useful so that readers can see both languages side-by-side for better understanding. Timely distribution of the messages is important, so door-to-door outreach with appropriate bilingual speakers in areas known to have high concentrations of Spanish or Russian language speakers may be appropriate. Use of universal symbols or graphic images in printed materials is helpful. The County H3S already contracts with three translation services to support the needs of clients using behavioral health or community health services. All three offer telephone translation services; one of the service providers, Immigrant & Refugee Community Organization (IRCO), also offers in-person translation services. (See Appendix G.)

2.2.5 Messaging to Homeless Persons

Persons who are homeless are likely to be out of the bounds of mass communications systems for receiving emergency alerts and notifications. The two primary sources of information about the location of homeless persons in Clackamas County are the participants in Clackamas County Continuum of Care services and the Clackamas County Social Services Program Manager, who is ultimately responsible for the County's homeless count. The Homeless Council has a list-serve of most programs that serve homeless people in Clackamas County. Programs not on the list-serve are likely known to Clackamas County Social Services staff.

For emergency notification purposes, the Clackamas County Social Services Director is designated to notify homeless service providers for emergency outreach duties. The Clackamas County Social Services Program Manager serves as back-up.

2.2.6 Messaging to Persons Living in Isolated Areas

Alerting and notifying people who live in the more rural and mountainous eastern regions of the County pose a challenge during an emergency where speedy response is critical. Possible

⁵ Katherine Lotspeich, et al., *A Profile of the Foreign-Born in the Portland, Oregon Tri-County Area* (Washington, D.C.: Urban Institute, 2003) 10.

messaging tactics for consideration may include: door-to-door outreach; ham radio operators; portable reader boards; community bulletin boards; AM/FM radio station announcements; reverse 9-1-1 calls, including cell phones.

2.3 Sheltering in Place

In some emergency situations, such as a chemical accident or a terrorist attack, an incident commander may call upon the community nearest the danger zone to go indoors with their children and animals, seal their homes, and stay inside for a prolonged period. Under normal conditions, some people may need a caregiver to help them with tasks of daily living like getting dressed, eating and bathing. Others may rely on battery-powered equipment, like wheelchairs or door openers, or on daily in-home food delivery or prescriptive medicines. During the course of an emergency, basics such as water or power may not be available for extended periods of time. For people who have access and functional needs, sheltering in place presents new hurdles.

While emergency preparedness for the general population can be challenging, there may be additional considerations for people with functional needs. Stockpiled items — like food, water, and a week’s worth of medicines that needs to be rotated periodically — may be a difficult investment for people with limited resources. Obtaining an extra supply of medications may be hard for low-income people with limited medical insurance or none at all.

Persons who have mental health conditions and live independently (not in a group home setting) may need reassurance during a shelter-in-place situation. To meet this need, the County may consider having mental health providers train volunteers to offer support at emergency call center operations. People who are staffing the EOC and the call bank need to have detailed information about the County’s health and social care systems and how to access them.

Other considerations for sheltering in place include finding ways to support the needs of people:

- who cannot perform the tasks of sealing the premises,
- whose caregivers are not able to enter the premises,
- who pick up medications or money according to a regular schedule that has been pre-empted by the emergency,
- who are homeless and may not have a place in which to shelter readily,
- who receive food boxes on a daily basis,
- who need provisions and care for their service animals or pets,
- who receive medical treatments (e.g., chemotherapy or kidney dialysis) and have to maintain strict schedules. Such people have limited capacity to shelter in place and may need transportation to medical centers.

2.4 Transportation

Once an evacuation has been ordered to protect public safety, access to transportation is crucial to ensure that persons who have physical disabilities or mobility limitations or those who have no personal transportation resources can be moved safely out of harm's way. Logistics are complex due to a variety of factors including: locating people who need to be transported; the medical condition of the individual; vehicle accessibility; space for durable equipment, pet and service animal needs; forced transport; and liability issues.⁶ Also, transportation systems often can become strained during an evacuation: more people may need transportation than available resources can support⁷ and lift-equipped vehicles may be not be readily available.

Clackamas County has an Omnibus Agreement in place with cities and special districts within the county for mutual aid during emergency situations, including transportation emergencies. (See Appendix H.) The County has begun an inventory of buses and vans, operated by cities and public or non-profit paratransit service providers, which may be available (some with lifts) for emergency transportation duty. (See Appendix I.) Vendor contracts with local transportation services still need to be established by the County with those entities.

Planning considerations for emergency transportation systems that encompass support for persons with access and functional needs include:

- Clarification of which entities are dependent upon the same transportation service providers and protocols for deployment.
- Identification of areas of the county that are heavily dependent upon auxiliary transportation based on regular routes of service providers such as Meals-on-Wheels or Ride Connection.
- Protocols for transporting people without transportation resources from rural parts of the County.
- Protocols for lifting and transporting excessively obese persons.
- Protocols for transporting personal supplies, medications, durable equipment, and service animals along with their owners to facilitate access and functional needs at the destination point.
- Protocols for transporting persons in need of caregivers together with their caregivers.

⁶ California Emergency Management Agency, *Guidance on Planning and Responding to the Needs of People with Access and Functional Needs— Evacuation/Transportation*
<<http://www.calema.ca.gov/WebPage/oeswebsite.nsf/0/2CFAF4A91788559B8825749B00808695?OpenDocument>>.

⁷ Nusura, *Be Ready to Go: Evacuation Transportation Planning Tips for People with Access and Functional Needs*
<http://www.nusura.com/media/projects/Cal_EMA_Toolkit/resources/individuals/evac_tips.pdf>.

- Protocols for communicating with people who refuse to follow evacuation orders.
- Coordination of transportation resources with neighboring jurisdictions.

In addition, during extreme heat, cold and/or unhealthy air, people with access and functional needs may need transportation to cooling and warming centers. Typically, such conditions do not meet the criteria for a state/federal declaration but the consequences of an individual not getting to a center can cause significant health risks and may be catastrophic.⁸

2.5 Medical Management

During an emergency, as people without transportation resources of their own are evacuated to safety, some may be dependent upon medications, durable equipment (e.g., wheelchairs, walkers, respirators, etc.), or consumable supplies (diapers, oxygen, syringes, catheters, special diet foods, batteries, etc.) that support their tasks of daily living. Considerations for medical management for people with access or functional needs during the transportation and evacuation phase of the emergency include:

Protocols for advising people prior to departure of what types of personal items and information to prepare and bring with them. Health and medical information should include:

- list of primary care physician and, if appropriate, mental health professionals,
- copies of medical records describing the person’s condition and medical equipment needs (i.e., medical supplies, oxygen, special monitoring devices, etc.),
- bringing their medications in original bottles,
- list of medicines and dosages,
- list of allergies,
- list of emergency contacts (i.e. relatives, caregivers, etc.)
- list of the type and models number of medical devices (such as pacemakers),
- medical insurance or Medicaid/Medicare cards,
- a copy of Physician Orders for Life Sustaining Treatment (POLST) to provide orders to Emergency Medical Services, if appropriate. (Some records may already be filed and available online through the Oregon POLST registry.)

⁸ California Emergency Management Agency, *Guidance on Planning and Responding to the Needs of People with Access and Functional Needs— Evacuation/Transportation*
<http://www.calema.ca.gov/WebPage/oeswebsite.nsf/0/2CFAF4A91788559B8825749B00808695?OpenDocument>.

- Protocols for bar code labeling of medicines, equipment, or supplies that are to be transported with the person who uses them.
- Protocols for deploying vehicles with adequate space for equipment and supplies.
- Protocols for keeping medications cool, if needed, during transport.

2.6 Resources

2.6.1 General

1. *Enhancing Emergency Needs Preparedness for Special Needs Populations, A Toolkit for State and Local Planning and Response* by RAND Health Center for Public Health Preparedness (2009). Overview of strategies for access and functional needs populations. http://www.rand.org/pubs/technical_reports/TR81.html

2.6.2 Communications Issues

1. *ADA Best Practices Tool Kit for State and Local Governments*, Chapter 3: General Effective Communication Requirements Under Title II of the ADA. Specifies Americans with Disabilities Act requirements for effective communications with persons who have different types of disabilities that may impair communications. <http://www.ada.gov/pcatoolkit/chap3toolkit.htm>
2. *When Words Are Not Enough*, Woodside, California Fire Protection Unit's communication tools for individuals who have various physical, psycho-social, developmental, and learning disabilities that may be adversely affecting communication. <http://www.woodsidefire.org/pdfs/Manual.pdf>
3. Appendix A: Compendium of Emergency Risk Communications for Vulnerable Populations in the *RAND Working Paper on Enhancing Emergency Preparedness, Response, and Recovery Management for Vulnerable Populations*, Prepared for the United States Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (June 2008). Contains over 300 Internet references on communications and emergency preparedness for emergency planners, first responders and persons with access and functional needs. http://www.rand.org/content/dam/rand/pubs/working_papers/2008/RAND_WR581.pdf
4. Federal guidance on Limited English Proficiency (LEP). <http://www.lep.gov/faqs/faqs.html>

2.6.3 Evacuation and Transportation Issues

1. California Emergency Management Agency, *Guidance on Planning and Responding to the Needs of People with Access and Functional Needs—Evacuation/Transportation* <http://www.calema.ca.gov/WebPage/oeswebsite.nsf/0/2CFAF4A91788559B8825749B00808695?OpenDocument>
2. *Overview: Understanding Evacuation and Transportation for People with Access and Functional Needs*, information developed by Nusura by California Emergency Management Agency includes video and legal references for ADA compliance for providing public services to people with access and functional needs. http://www.nusura.com/media/projects/Cal_EMA_Toolkit/overview3.html
3. *Transportation Disadvantaged Populations: Actions Needed to Clarify Responsibilities and Increase Preparedness for Evacuations* a report by the U.S. Government Accountability Office to Congressional Subcommittees (2006). Discusses barriers for emergency transportation of people without access to transportation resources and strategies for reaching these populations. http://www.umaryland.edu/healthsecurity/mtf_conference/Documents/Additional%20Reading/Session%206/GAO%20Transportation%20Disadvantaged%20Populations.pdf

2.7 Appendices

Appendix A: Hillside Manor Information

Appendix B: Assisted Living Facilities in Clackamas County

Appendix C: Residential Care Facilities in Clackamas County

Appendix D: Nursing Facilities in Clackamas County

Appendix E: Adult Foster Homes in Clackamas County

Appendix F: Health, Housing and Human Services Department List of Mental Health Housing Resources

Appendix G: Summary of Interpreter Contracts

Appendix H: Intra-County Mutual Aid Agreement

Appendix I: County Transit Resources

Chapter 3: Sheltering and Mass Care

3.1 Specific Shelter Needs

During a major disaster people may need to evacuate their homes and places of work and be relocated on a temporary basis to the safety of mass care shelters. In Clackamas County, the American Red Cross is responsible for activating and managing mass care and feed operations at the shelter sites and for providing basic health and behavioral health services to people in the shelters.⁹ These general population shelters, in compliance with the Stafford Act, the Post-Katrina Emergency Management Reform Act, and federal civil rights laws must be capable of supporting and integrating people with access and functional needs into the mass care setting. CCEM and the American Red Cross have so far identified four mass sheltering sites for potential use in Clackamas County. At the very least, the shelter sites must meet the federal guidelines for Americans with Disabilities Act (ADA) accessibility, including:

- Entrances
- Routes to all services/activity areas
- Routes within toilet rooms
- Passenger drop off and pick up areas
- Parking
- Sidewalks and walkways
- Shelter entrances, hallways, and corridors
- Check in/information areas
- Sleeping areas
- Restrooms, showers, and toilet stalls, including portable toilets
- Public telephones
- Drinking fountains
- Eating areas
- Medical first aid areas

⁹ Clackamas County, Oregon, Emergency Operations Plan Emergency Support Function Annex 6: Mass Care, Emergency Assistance, Housing and Human Services (April 2010) 6-3.

- Recreation areas

General shelter sites need to be prepared to provide functional assistance to people who:

1. need caregivers to maintain independence in tasks of daily living,
2. have conditions that affect their mobility,
3. have chronic but stable respiratory conditions (heart disease, asthma, emphysema, allergies, etc.),
4. have temporary limitations (post surgery, accident injuries, pregnancy, etc.)
5. require dialysis or chemotherapy treatments.
6. have cognitive limitations or behavioral health conditions.

General shelter sites are not for people who require intensive medical care. Clackamas County needs to establish protocols for determining what types of health conditions and treatments are not appropriate for mass care shelters and where those individuals should be placed. This includes individuals who are unable to maintain their health or daily living activities due to a lack of adequate personal assistance services (PAS) within a mass shelter setting. It is likely that such individuals may be placed in a nursing facility of appropriate skill level to meet the person's needs or in a hospital, if necessary.

As part of its emergency planning process, the American Red Cross coordinates with the County on evaluating potential shelter sites in Clackamas County with regard to ADA compliance standards.¹⁰ This evaluation minimally ensures the facility provides adequate space and essential utility services to maintain the health and safety of shelter residents with functional needs. It also assesses what equipment and services will be brought on site (i.e. emergency generators, refrigeration units, accessible portable restrooms and wash stations) for emergency shelter operations.

According to the County's Emergency Operations Plan, County H3S is responsible for coordinating transportation, health and medical services, behavioral health and social services for shelter operations and for coordinating medical and social services for "special needs populations and vulnerable clients" so that they can maintain their functional independence during emergencies.¹¹

Considerations for providing services to people with access and functional needs at general shelter sites include site set up; staffing resources; management of medications, pharmaceuticals

¹⁰ A detailed checklist for emergency shelter compliance with ADA standards is available at <http://www.ada.gov/pcatoolkit/chap7shelterchk.pdf>.

¹¹ Clackamas County, Oregon, Emergency Operations Plan Emergency Support Function Annex 6: Mass Care, Emergency Assistance, Housing and Human Services (April 2010) 6-3.

and supplies; communications resources; transportation resources; and provisions for service animals. These considerations will be discussed in the sections that follow.

3.2 Site Setup

In addition to the ADA accessibility standards other physical considerations for site accommodations include:

1. Provision of back-up generators for durable equipment, such as wheelchairs and respirators, and batteries for adaptive devices such as hearing aids.
2. Provision of at least one non-chemical toilet for people with chemical sensitivities.

3.2.1 Food Service

Besides providing meals and snacks all shelter residents, shelter operations should consider preparation of special meals for people who are diabetic, are on low-sodium diets, or require pureed foods as well as meals for infants and children. Other dietary considerations may include meals for people who are vegetarians, kosher, or have particular food allergies (e.g., peanuts, wheat, milk, etc.).

To prepare for emergency food service, the County should consider contracting as needed with local organizations that have demonstrated capacity for providing meals and snacks to large populations, such as: hospitals; local restaurants, cafeterias, caterers; schools, or non-profits with a feeding crew (e.g., Meals on Wheels, local food banks, etc.).

The County will obtain waivers as needed from state and federal governments for people eligible for food vouchers from the WIC (Women, Infants and Children) Program and possible support from the Oregon Department of Human Services for those who qualify for the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps).

3.2.2 Considerations for Persons with Behavioral Health Conditions

1. Shelter staff should coordinate with mental health professionals regarding cot placements for people with behavioral health conditions, e.g., avoiding middle of the room spaces which may cause undue anxiety.
2. Some people with behavioral health conditions may need to be placed (with family members) in an area where they can receive enhanced support services or be monitored as necessary.

3.2.3 Considerations for Persons with Developmental Disabilities

Some people with developmental disabilities work in vocational shelter programs or attend day programs in Clackamas County sponsored by Edwards Center in Milwaukie, Albertina Kerr Center in Oregon City, SERP Enterprises in Oregon City, and Exceed Enterprises in Milwaukie

and Gladstone. These sites already meet ADA accessibility standards and have functional kitchens. It may be appropriate to use these spaces as emergency shelters for people who participate in programs at these sites since they are already familiar and comfortable with the surroundings. More adaptive aids, such as Hoyer lifts and transfer beds, may be needed at the sites to support the functional needs of those who use wheelchairs.

3.3 Staffing

The County's Emergency Shelter Plan, currently under development, contains details regarding sheltering including staffing, equipment, shelter layout, etc. To meet the functional support needs of people in emergency shelters, protocols need to be established for:

1. A staffing structure within the shelter to provide organization and oversight of security, logistics, food and water service, and sanitary and waste systems.
2. Staffing the shelter site with people who have in-depth knowledge of the populations they serve, their needs, services, and resources including health, housing, benefit programs, and disaster aid programs.
3. Intake staff to assess the functional and medical needs of people as they arrive at the shelter to determine whether they can be supported at the shelter site or should be transported to a more appropriate medical facility.
4. Inclusion of a licensed medical professional (i.e., licensed registered nurse, physician, advanced registered nurse practitioner or physician assistant) as part of the on-site shelter staff team.
5. Providing personal assistance services (PAS) in the shelter setting.
6. Providing emotional support for people affected by the trauma of the emergency. The shelter should prepare for screening of mental health issues. Trauma literature should be available at shelters.
7. Enabling case managers to locate their clients at shelters without breaching confidentiality issues.

The County may consider establishing cross-functional assessment teams consisting of professional staff from the County and from local community organizations trained and experienced in providing different types of services to persons with functional needs. These teams may be deployed to shelters to conduct initial functional needs assessments and oversee the service provision for persons in need of functional support at shelters.

3.3.1 Personal Assistance Services

FEMA guidance states that “General population shelters should be prepared to provide sufficiency of care for all residents.”¹² This includes personal assistance services (PAS). People who need help with the tasks of daily living due to their physical or mental health conditions usually rely upon the support of unpaid family or friends as “caregivers” or paid “personal care assistants” (PCA) also known as personal and home care aides. During an emergency, the caregiver or PCA may not be available. In a mass sheltering situation, providing support for those who need help with non-medical tasks of daily living is critical to help them maintain their pre-emergency level of functional independence. Tasks may include: grooming, eating, bathing, toileting, dressing and undressing, transferring, taking medications, and assisting in communications. Considerations for providing PAS in the shelter setting include protocols for:

1. Identifying at intake who is need of PAS and for what types of daily living activities.
2. Determining at intake whether the person is accompanied by his or her usual caregiver or PCA and, if not, whether the person knows how to contact the caregiver or PCA.
3. Locating caregivers in the shelter nearby the persons they assist.
4. Maintaining updated lists of local agencies that specialize in providing in-home care by trained PCAs.
5. Procuring and storing adaptive equipment and supplies needed for PAS.

To facilitate deployment of trained PCAs during an emergency, the County should consider establishing vendor agreements with local PAS provider agencies for services at shelters.

3.3.2 Volunteer Support

Clackamas County operates Volunteer Connection, a volunteer recruitment, screening and placement service, which matches volunteer interests with community service opportunities both in the County’s own programs and in those of countywide non-profits. Volunteer deployment during an emergency is coordinated under Annex J of the County’s Emergency Operations Plan and includes additional vetting and deployment under the Volunteer Reception Center strategy.

In addition to currently vetted and trained volunteers, the County values support of spontaneous volunteers. To accommodate people who often come forward during emergencies to help in their community, Volunteer Connection would mobilize the Volunteer Reception Center (VRC). VRC could be established virtually and, if need be, at a physical location. Through VRC, spontaneous volunteers will have an opportunity to register for volunteer opportunities. These volunteers

¹² FEMA, “Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters” Appendix 5: Guidance for Providing Personal Assistance Services (November 2010): 142
<http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf>

would then be deployed with partnering non-profit agencies that assume full responsibility, including screening, for the new recruits. Some of the assigned tasks may support emergency shelter operations. Medically trained volunteers would be referred to the Clackamas County Medical Reserve Corps, which is overseen by the Clackamas County Health Services Emergency Preparedness Coordinator.

3.4 Communications Access

On-site communications resources to support people with visual and hearing impairments as well as those with limited English proficiency may include:

1. Multilingual and Braille shelter signs.
2. Multilingual, large and high contrast print and audio information distribution as well as readers.
3. Writing supplies (e.g., notepads, pens and pencils).
4. Communications devices for to aid people with hearing impairments such as hearing aids and hearing aid batteries of different sizes, TTY/TDD phones, captioned telephones (CapTel), or video relay services for American Sign Language phone conversations.
5. Interpreter and translation services for spoken languages such as Spanish or Russian as well as American Sign Language (ASL) and computer assisted real-time translation (CART) for people with hearing disabilities by a trained reporter using a stenotype machine, notebook computer and real-time software.
6. Equipment and programs that make computers accessible to people who are deaf, blind, or those with intellectual or mobility disabilities.

The County should consider establishing service provider contracts with translation and interpreter services, including ASL and CART, and vendor contracts with firms that supply and set up adaptive communication devices and computer equipment and software as described above. Templates for shelter signage (multilingual and Braille) can be developed and produced in advance.

3.5 Service Animals

3.5.1 Determining Service Animals

According to the U.S. Department of Justice's updated guidance on implementation of ADA regulations that took effect on March 15, 2011, a service animal is defined as

Any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this

definition. The work or tasks performed by a service animal must be directly related to the handler's disability. Examples of work or tasks include, but are not limited to, assisting individuals who are blind or have low vision with navigation and other tasks, alerting individuals who are deaf or hard of hearing to the presence of people or sounds, providing non-violent protection or rescue work, pulling a wheelchair, assisting an individual during a seizure, alerting individuals to the presence of allergens, retrieving items such as medicine or the telephone, providing physical support and assistance with balance and stability to individuals with mobility disabilities, and helping persons with psychiatric and neurological disabilities by preventing or interrupting impulsive or destructive behaviors. The crime deterrent effects of an animal's presence and the provision of emotional support, well-being, comfort, or companionship do not constitute work or tasks for the purposes of this definition.¹³

Under the new law, reasonable accommodation may need to be made for disabled persons who use a miniature horse that has been individually trained to do work or perform tasks for his or her benefit. However, to allow flexibility in situations where using a horse would not be appropriate, the final rule does not include miniature horses in the definition of "service animal," just dogs.

Although emergency shelters generally do not allow residents or volunteers to bring their pets or other animals inside, people who use service animals do need to be accommodated. Service animals are not pets and, therefore, are not subject to restrictions that apply to pets or other animals. There is no limitation on the size or breed of dogs that may be used as service animals.

Often service animals are easily identifiable because they wear special attire (harnesses, capes vests, scarves or patches) or because they can readily be seen performing functions for the persons with visible disabilities they accompany.

As people check into the emergency shelter, staff needs to determine whether any animals they bring are service animals for the purpose of functional support. When the situation is not apparent, individuals can be asked about how the animal assists them, not about their disability or symptoms. Appropriate questions are

1. Is this a service animal required because of a disability?
2. What does your service animal do for you?
3. What work or tasks has the animal been trained to perform?¹⁴

¹³ Federal Register, "Nondiscrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities," Vol. 75, No. 178 Rules and Regulations (September 15, 2010): 56236. <<http://www.gpo.gov/fdsys/pkg/FR-2010-09-15/pdf/2010-21824.pdf>>

¹⁴ FEMA, "Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters" (November 2010): 29 <http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf>

If the person is nonverbal, these questions can be asked of the people accompanying the individual.

The ADA does not permit shelter staff to question a person's need for a service animal or exclude a service animal on the grounds that shelter staff or volunteers can provide the assistance normally provided by the service animal. Under ADA regulations, shelter staff may not require a license, certification, identification tag or any other type of documentation for a service animal. However, while at the emergency shelter, staff can provide the service animal with some kind of visible identification that designates it as a service animal to staff and other shelter residents.¹⁵

3.5.2 Accommodating Service Animals

The shelter should consider setting up an identification system, i.e. using photographs, to ascertain service animals and their handlers in case of separation. In setting up emergency shelter sites that comply with ADA standards, consideration should be given to:

1. Setting up areas where service animals can be housed, exercised and toileted and developing appropriate signs (large print English, Braille, graphics, Spanish and Russian) for those spaces.
2. Setting up vendor contracts to supply food, supplies (water bowls, leashes, collars, etc.), and pet carriers to emergency shelter sites as needed.¹⁶
3. Setting up service agreements with local veterinarians to treat service animals that have been injured during the emergency.

Protocols should be established for situations in which shelter staff may need to separate a person from his or her service animal or exclude the person and animal from the shelter, such as:

1. When the animal is a direct threat to the health or safety of others. For example, an animal acting aggressively toward others may be a direct threat.
2. When the animal's presence will result in a fundamental alteration in the shelter's programs and services. For example, if the person with a disability has been injured or is otherwise unable to care for the animal and there is no one with the person who is willing or able to care for the animal, the responsibility of caring for the animal may result in a fundamental alteration of the shelter's programs and services.

Even in situations such as described above, shelter personnel should make every effort to keep the person with a disability and his or her service animal together. For example, shelter personnel could send the person and animal to an off-site location.¹⁷

¹⁵ Ibid.

¹⁶ Ibid.

3.6 Transportation

Once people have been safely evacuated to mass care shelters in the wake of a disaster, shelter staff need to have options at hand to transport people with specific functional needs to (and from) other places in the community. For example:

- Some individuals may need to continue with their regularly scheduled kidney dialysis treatments or chemotherapy appointments while they are in an emergency shelter.
- Some individuals may need to be transferred to medical shelters if medical needs are identified.
- Pregnant women may begin labor.
- Some individuals may need to go to places of work or to recovery assistance sites.

These needs should be coordinated with the Logistics Unit of the EOC.

Considerations should be given to:

1. Establishing service agreements with lift-equipped paratransit services.
2. Coordinating volunteer support with the County's Transportation Reaching People program and resolving concerns related to the County's inclement weather policy and liability issues.

3.6.1 Ambulance Services

The County's Ambulance Service Contingency Plan (April 2008) establishes three ambulance service areas (ASA), each served by a separate provider.

1. Canby Rural Fire Protection District (RFPD) provides ambulance service in the Canby Fire District.
2. Molalla RFPD provides ambulance service in the Molalla Fire District
3. American Medical Response (AMR) provides emergency and non-emergency ambulance service to the rest of the County as well as emergency service to in the Clackamas ASA, as established through a franchise agreement with the County.

In the event of an emergency, AMR services to the County include wheelchair transportation, emergency and non-emergency ambulance transportation, and a unit designed to safely transport obese patients.

¹⁷ "Animals in Shelters -- Service Animals versus Pets." Disability Law and Advocacy Center of Tennessee. <<http://kc.vanderbilt.edu/tnpathfinder/Shortcut%20to%20Pathfinder12.pdf.lnk.pdf>>.

To cope with urgent situations, three other fire agencies within the County have agreed to make additional ambulance resources available for emergency service within one to two hours after a request by the County. (See Table 4.) Additional preparation time would be needed for any extended operations.

Table 4: Fire Agency Ambulance Resources

Fire District	Available Ambulances
Clackamas County Fire District	2
Tualatin Valley Fire and Rescue	2
Lake Oswego Fire District	1
Total	5

3.7 Equipment, Supplies and Medication

3.7.1 Equipment and Supplies

During the evacuation process, some people with functional needs may arrive at the emergency shelter with or without taking items such as eyeglasses, hearing aids, or medications. Other items that some people routinely use to help them with activities of daily living may be not be able to be transported or they may be broken upon arrival. Individuals and/or their caregivers must assume responsibility for managing their own health care and any medical procedures they have been managing in the home setting. The mass care emergency shelter needs the ability to procure supplies of emergency durable medical equipment (DME), assistive technology (AT) and consumable medical supplies (CMS) as commonly needed by people with disabilities to support their independence. Considerations should be given to:

1. Developing vendor agreements with DME, CMS, AT suppliers.
2. Establishing procedures for shelter residents to request DME, CMS or AT or equipment repairs.
3. Establishing protocols for DME, CMS, AT storage and retrieval.
4. Developing a comprehensive list of DME, CMS, and AT items to stock, including quantities and suppliers. (See sample list in Table 5.)
5. Securing emergency power sources for equipment such as power wheelchairs or oxygen concentrators.
6. Coordinating with the Clackamas County Fire District to access and use the County’s two spare generators.

Table 5: Sample Equipment and Supplies List

Mobility Equipment	Bathroom Equipment
Wheelchairs (junior, adult and large sizes; manual and power models)	Shower chairs
Walkers and safety rollers	Commode chairs
Walking canes and quad canes	Raised toilet seats
Folding white canes (for the blind)	Bathtub seats
Crutches	Eating Supplies and Equipment
Portable ramps	Baby formula and food
Transfer boards	Flexible straws
Hoyer lift	Large-handled eating utensils
	Two-handled drinking mugs
Other Supplies	
Ostomy supplies	Simple support surfaces (egg crate padding, lambs wool pads)
Diabetic supplies	Bedpans, urinals, emesis basins
Adult and baby diapers	Magnifiers
Gloves	Hearing aids and batteries
Catheters and draining bags	Dog leashes and collars
Gauze pads	
Bandages	
Oxygen, portable tanks, regulators, tubing	
Incontinence pads	

3.7.2 Medication

The fact that an individual has or requires medications is not a basis for excluding him or her from a general population shelter. Shelter plans need to ensure that people have access to their medications. The County should develop protocols for obtaining, storing, controlling and dispensing prescriptive and over-the-counter medications and for providing refrigeration for medications such as insulin. Protocols should also be developed for proper collection and disposal of medical wastes. Other considerations include:

1. Coordination with area pharmacies and licensed medical professional staff to fill prescriptions of medications that have been consumed while at the shelter or prescriptive medicines that the resident did not take upon evacuation.
2. Advance coordination with local pharmacies and hospitals to stock two basic types of medications commonly used to treat mental disorders (i.e., anti-psychotics/mood stabilizers and anti-anxiety agents) to enable health care providers to treat people quickly on a temporary basis when their usual medication has run out or they have no prescription available.

See this chapter’s Resources section for suggested lists of medications and supplies.

3.8 Resources

3.8.1 Shelter Site Setup

1. FEMA's *Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters* (November 2010), pp. 1-48 in http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf
2. U.S. Justice Department, Civil Rights Division, Disability Rights Section, *ADA Checklist for Emergency Shelters* (July 26, 2001) contains detailed information for ensuring accessibility in all areas of a shelter site. See pp. 49 – 126 in http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf
3. Kansas Department of Social and Rehabilitation Services, *Assisting Individuals with Functional Needs During Evacuation and Sheltering* (January 15, 2009). See Attachment 7, pp 35 – 46 for sample client intake form. http://www.kdheks.gov/cphp/download/Assisting_Individuals_with_Functional_Needs.pdf
4. U.S. Justice Department, Civil Rights Division, Disability Rights Section, *ADA Checklist for Emergency Shelters* (July 26, 2001). See Appendix 2, pp. 115-116 for vendor services to support functional needs http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf

3.8.2 Food Service

1. FEMA's *Guidance on Planning for Personal Assistance Services in General Population Shelters* (November 2010). See p. 155 for sample one-day menu to meet various dietetic needs. http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf
2. Missouri Department of Health and Senior Services, *A Public Health Guide for Emergency Shelters in Missouri for Shelter Coordinators and Staff* (April 2008). See p. 9 for food handling sanitation checklist. <http://health.mo.gov/emergencies/ert/pdf/emergencyshelterguide.pdf>

3.8.3 Personal Assistance Services

1. FEMA's *Guidance on Planning for Personal Assistance Services in General Population Shelters* (November 2010). See pp. 127 – 166. http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf

3.8.4 Communications Access

1. Kansas Department of Social and Rehabilitation Services, *Assisting Individuals with Functional Needs During Evacuation and Sheltering* (January 15, 2009). See Attachment 6, p. 34 for suggested signage for inside the shelter. http://www.kdheks.gov/cphp/download/Assisting_Individuals_with_Functional_Needs.pdf

3.8.5 Service Animals

1. This site provides a synopsis of the updated ADA regulations regarding service animals. <http://www.servicedogcentral.org/content/node/297>
2. Disability Law and Advocacy Center of Tennessee, *Animals in Shelters — Service Animals versus Pets*. This site provides a flow chart to guide decision-making service animals. <http://kc.vanderbilt.edu/tnpathfinder/Shortcut%20to%20Pathfinder12.pdf.lnk.pdf>

3.8.6 Equipment, Supplies and Medication

1. U.S. Justice Department, Civil Rights Division, Disability Rights Section, *ADA Checklist for Emergency Shelters* (July 26, 2001) See Appendix 3 on p. 117 for sample list of durable medical equipment in http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf
2. U.S. Justice Department, Civil Rights Division, Disability Rights Section, *ADA Checklist for Emergency Shelters* (July 26, 2001) See Appendix 4 on pp. 118 - 123 for sample list of consumable medical supplies in http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf
3. Kansas Department of Social and Rehabilitation Services, *Assisting Individuals with Functional Needs During Evacuation and Sheltering* (January 15, 2009). See Attachment 8, pp 37 – 43 for suggested supplies and generic medications. http://www.kdheks.gov/cphp/download/Assisting_Individuals_with_Functional_Needs.pdf

3.9 Appendices

Appendix J: Medical Supply Resource List

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Chapter 4: Education and Outreach

4.1 Purpose and Goals

Educating the community about their roles and responsibilities in emergency preparedness is a daunting task. Education and outreach for people with access and functional needs as well as the people who routinely provide assistance to them are important for the community's overall ability to remain viable in the face of a disaster. This chapter outlines a preliminary strategic plan for communicating with key audiences so that they can become more aware of what they can do to prepare for emergencies and create action plans. The County's goals in pursuing education and outreach on emergency preparedness for people with access and functional needs are twofold:

1. To strengthen emergency preparedness among known population groups in Clackamas County that may have access and functional needs so that they may maintain their functional independence in emergency situations to the fullest extent possible.
2. To promote networks of community support for persons who may need additional assistance during times of emergency.

4.2 Target Audiences

Target audiences are the key groups of people that the strategic communications plan seeks to reach. In this case, the audiences fall into two categories: primary and secondary.

4.2.1 Primary Audiences

The primary audience consists of people who are responsible for their own emergency preparations to the fullest extent possible. This includes adults with known access or functional needs such as persons with physical disabilities (e.g., hearing impairments, visual impairments, mobility impairments), persons dependent on life-sustaining medical treatments (e.g., dialysis, oxygen, chemotherapy, etc.), persons with cognitive or developmental disabilities, persons with behavioral health conditions, persons with limited English proficiency (LEP), homeless persons, and persons living in remote parts of Clackamas County. Seniors living independently in the community should also be considered in this audience since they are likely to have to cope with access or functional needs as they age.

4.2.2 Secondary Audiences

Secondary audiences consist of people who may exert an influence on the primary audience. Such *influencers* include: caregivers and personal care assistants, homeless service providers, senior center staff, community/neighborhood organizations, and faith-based groups.

4.3 Messaging

The main messages for education and outreach relate to building a Go Kit and developing an emergency support network. Table 6 aligns target audiences with key messages.

Table 6: Key Messages for Audiences



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SECTION E - SERVICES AND METHOD OF SERVICE DELIVERY

E – 1 Services provided to OAA and/or OPI clients:

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 checked="" type="checkbox"/> #1 Personal Care (by agency) Funding Source: <input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds <input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Self-provided Contractor name and address (List all if multiple contractors): Adams & Gray, DBA: Marquis at Home (for profit agency) 7644 Mohawk, Bldg. J, Ste. A Tualatin, OR 97062 Note if contractor is a “for profit agency”
<input type="checkbox"/> #1a Personal Care (by HCW) Funding Source: <input type="checkbox"/> OAA <input type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds
<input checked="" type="checkbox"/> #2 Homemaker (by agency) Funding Source: <input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds <input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Self-provided Contractor name and address (List all if multiple contractors): Adams & Gray, DBA: Marquis at Home (for profit agency) 7644 Mohawk, Bldg. J, Ste. A Tualatin, OR 97062 Note if contractor is a “for profit agency”
<input checked="" type="checkbox"/> #2a Homemaker (by HCW) Funding Source: <input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds
<input checked="" type="checkbox"/> #3 Chore (by agency) Funding Source: <input type="checkbox"/> OAA <input type="checkbox"/> OPI <input checked="" 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”

#3a Chore (by HCW)

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"

#4 Home-Delivered Meal

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Canby Adult Center (non-profit); Estacada Community Center(non-profit); City of Gladstone-Gladstone Sr. Ctr; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec.-Milwaukie Ctr.; City of Molalla-Molalla Adult Comm. Ctr.; City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr. (see Appendix F for address and phone numbers)

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):

Canby Adult Center (non-profit); Estacada Community Center(non-profit); City of Gladstone-Gladstone Sr. Ctr; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec.-Milwaukie Ctr.; City of Molalla-Molalla Adult Comm. Ctr.; City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; City of Wilsonville-Wilsonville Comm. Ctr.; and Senior Citizens Council of Clackamas County (non-profit) (see Appendix F for address and phone numbers)

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):

Canby Adult Center (non-profit); Estacada Community Center(non-profit); City of Gladstone-Gladstone Sr. Ctr; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec.-Milwaukie Ctr.; City of Molalla-Molalla Adult Comm. Ctr.; City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr. (see Appendix F for address and phone numbers)

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):

Canby Adult Center (non-profit); Estacada Community Center(non-profit); City of Gladstone-Gladstone Sr. Ctr; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec.-Milwaukie Ctr.; City of Molalla-Molalla Adult Comm. Ctr.; City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr. (see Appendix F for address and phone numbers)

Note if contractor is a "for profit agency"

#11 Legal Assistance

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Legal Aid Services of Oregon, Portland Regional Office, 921 SW Washington, Ste. 500, Portland, OR 97205

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):

Canby Adult Center (non-profit); Estacada Community Center(non-profit); City of Gladstone-Gladstone Sr. Ctr; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec.-Milwaukie Ctr.; City of Molalla-Molalla Adult Comm. Ctr.; City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr. (see Appendix F for address and phone numbers)

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):

Canby Adult Center (non-profit); Estacada Community Center(non-profit); City of Gladstone-Gladstone Sr. Ctr; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec.-Milwaukie Ctr.; City of Molalla-Molalla Adult Comm. Ctr.; City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr. (see Appendix F for address and phone numbers)

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 (IIIB/OPI)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#30-5/30-5a Caregiver Respite

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

City of Lake Oswego – Lake Oswego Adult Comm. Ctr.; North Clackamas Parks & Rec-Milwaukie Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr. (see Appendix F for address and phone numbers)

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):

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):

Canby Adult Center (non-profit); Estacada Community Center(non-profit); City of Gladstone-Gladstone Sr. Ctr; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec.-Milwaukie Ctr.; City of Molalla-Molalla Adult Comm. Ctr.; City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr. (see Appendix F for address and phone numbers)

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):

Canby Adult Center (non-profit); Estacada Community Center(non-profit); City of Gladstone-Gladstone Sr. Ctr; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec.-Milwaukie Ctr.; City of Molalla-Molalla Adult Comm. Ctr.; City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr. (see Appendix F for address and phone numbers)

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):

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):

Senior Citizens Council of Clackamas County, P.O. Box 1777, Oregon City, OR 97045

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):

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):

Canby Adult Center (non-profit); Estacada Community Center(non-profit); City of Gladstone-Gladstone Sr. Ctr; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec.-Milwaukie Ctr.; City of Molalla-Molalla Adult Comm. Ctr.; City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr. (see Appendix F for address and phone numbers)

Note if contractor is a "for profit agency"

#60-4 Volunteer Recruitment

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#60-5 Interpreting/Translation

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#70-2 Options Counseling

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#70-5 Newsletter

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#70-8 Fee-based Case Management

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#70-9/70-9a Caregiver Training

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#70-10 Public Outreach/Education

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Canby Adult Center (non-profit); Estacada Community Center(non-profit); City of Gladstone-Gladstone Sr. Ctr; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec.-Milwaukie Ctr.; City of Molalla-Molalla Adult Comm. Ctr.; City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr. (see Appendix F for address and phone numbers)

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):

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"

E - 2 Administration of Oregon Project Independence:

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

Case manager returns all calls within 24 hours during the work week.

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

Initial comprehensive, strengths-based assessments including CAPS (CAPS is a statewide system to determine functional abilities) are completed at least yearly on each client, and as needs change. At the time of assessment and at any other time requested by the client, the case manager and client will discuss all options of care including Medicaid and private-pay options. The case manager will make a referral to the appropriate program with the client's consent. The case manager will facilitate any referrals including assisting with completing applications and gathering pertinent information for programs such as Medicaid Long Term Care, home delivered meals, food stamps, Alzheimer's Association, Senior Companion, Tri-Met Lift, Transportation Reaching People, local churches, Family Caregiver Support, Oregon Telephone Assistance, Medicare, SHIBA, Senior Citizens Council and mental health providers. The case manager will advocate on behalf of the client with such programs as necessary.

- c. Describe how eligibility will be determined.

After the initial OPI Risk Assessment is administered, a follow-up home visit is made which includes a CAPS assessment. The CAPS assessment ultimately determines eligibility. The Clackamas County OPI program serves SPL levels 1-18. The Clackamas County OPI program provides a level of service that is adequate to meet the safety, nutrition, and home and personal care needs of OPI clients. Most clients have a high degree of need and receive up to 45 hours of assistance each month.

- d. Describe how the services will be provided.

Clients can choose either an in-home care worker or a worker from a contracted agency. When the OPI budget allows, other services such as respite care, home repair/modification, DME, and home delivered meals will be provided by the appropriate contractor(s). The OPI case manager sees each client once a year, at a minimum. A small number of "case management only" clients may be seen each year.

- e. Describe the agency policy for prioritizing the service delivery.

A wait list is kept for potential OPI clients. Reassessment occurs as program capacity allows. The OPI case manager administers the OPI risk assessment tool to each individual on the OPI wait list. Those individuals with the highest risk scores will be served first, as funding is available.

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

Potential or current clients may be denied or terminated from services for various reasons. They may fail to meet the survival priority level, refuse to engage in services, act out inappropriately toward the OPI staff, as examples. Reduction of service may occur if a client's condition improves and needs decrease. A family member may increase involvement, taking on additional responsibilities for the provision of care. Following Medicaid standards, a ten day notice of reduction or termination of services is given. The case manager always consults with the supervisor before making these decisions.

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

The Clackamas County Social Services grievance policy applies. Notice will be given within 24 hours of an assessment leading to an adverse eligibility decision, via verbal contact with a client. Written notice is provided within three business days.

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

Each annual OPI assessment includes a fee determination. In some cases monthly fees are assessed. In these situations, the case manager generates fee coupons. Each client is mailed 12 coupons and 12 envelopes. Clients are asked to send payments via US mail to the OPI case manager. Those who are not assessed monthly fees are required to pay \$5.00 per year. Annually, a request for this annual fee and an envelope are sent to those who are not assessed monthly fees. Receipt of all fees is narrated in the client record. The fees comprise a discretionary fund that provides needed goods and services to enrolled OPI clients, at the case manager and supervisor's discretion.

- i. 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.

Non-payment of fees will be tracked by the case manager. If a client is in arrears for three consecutive months, there will be a discussion with the client regarding the reason for non-payment, and a remedy put in place. Once the remedy has been put in place, clients must follow the plan. If the plan is not successful and three months elapse, the client may be terminated from the program. Exceptions to billing may be made on a case-by-case basis in consultation with the supervisor.

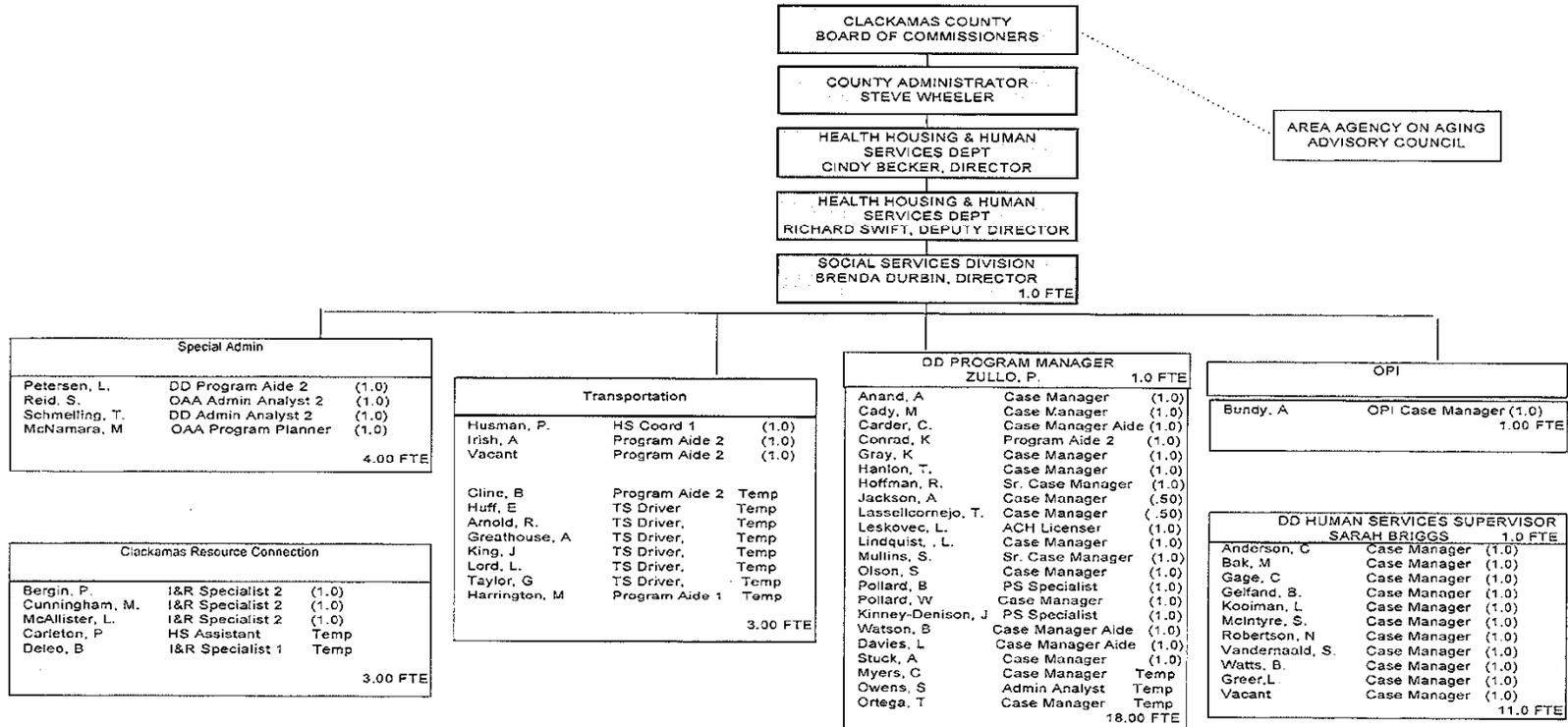
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- K: Clackamas County Policy on Aging
- L: Acronym List

Appendix A Organizational Chart

August 21, 2012

HEALTH HOUSING & HUMAN SERVICES DEPT
SOCIAL SERVICES DIVISION
ADS Org Chart
FISCAL YEAR 2012 / 2013



Total FTE 38

Appendix B
Advisory Council(s) and Governing Body

AGENCY'S GOVERNING BODY

Agency's Governing Representative Name & Contact Information	Date Term Expires (if applicable)	Title/Office (if applicable)
Charlotte Lehan	12/31/12	Chair, County Commissioner
Jim Bernard	12/31/14	County Commissioner
Jamie Damon	12/31/12	County Commissioner
Ann Lininger	12/31/12	County Commissioner
Paul Savas	12/31/14	County Commissioner

AREA AGENCY ADVISORY COUNCIL

Name & Contact Information	Date Term Expires	Category of Representation
Berg, Valerie 215 Greenridge Drive 315 Lake Oswego, OR 97035	6/30/2014	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input checked="" type="checkbox"/> <u>Under 60</u>
Bering, Rika 21215 S. Sweetbriar Rd. West Linn, OR 97068	6/30/2014	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input checked="" type="checkbox"/> <u>Under 60</u>
Breiling, Mary 17685 S. Holly Lane Oregon City, OR 97045	6/30/2014	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Brothers, Sharon K. 5281 Windsor Terrace West Linn, OR 97068	6/30/2013	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input checked="" type="checkbox"/> <u>Under 60</u>

Name & Contact Information	Date Term Expires	Category of Representation
Buckley, Lora 68590 E. Birdie Ln, Po Box 257 Welches, OR 97067	6/30/2014	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Burns, Ellen 7550 Charolais Court Gladstone, OR 97027	6/30/2012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Cavataio, Pat PO Box 1717 Sandy, OR 97055	6/30/2014	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Christensen, Yvonne 16802 S. Redland Road Oregon City, OR 97045	6/30/2015	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Graebert-Rodriquez, Gabriele 170 Linn Ave. Oregon City, OR 97045	6/30/2014	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Jones, Dick 3205 SE Vineyard Rd. Oak Grove, OR 97267	6/30/2012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input checked="" type="checkbox"/> Family Caregiver <input checked="" type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Koehrsen, Glenn 15144 S. Graves Rd. Mulino, OR 97042	6/30/2013	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Lasko, Bethany 13281 SE 119th Ct Clackamas, OR 97015	6/30/2014	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input checked="" type="checkbox"/> Under 60

Name & Contact Information	Date Term Expires	Category of Representation
Lowe, Joseph 39635 Dubarko Rd. Sandy, OR 97055	6/30/2012	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input checked="" type="checkbox"/> <u>Under 60 & Disabled</u>
Petersen, Charles 17971SE River Rd, #302 Milwaukie, OR 97267	6/30/2012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input checked="" type="checkbox"/> <u>Disabled</u>
Renk, Marilyn 15115 SE Bartell Rd Boring, OR 97009	6/30/12	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Tobias, Daphne 39706 Evans St. Sandy, OR 97055	6/30/2014	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Youso, Marlene 2422 Pimlico Drive West Linn, OR 97068	6/30/2015	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public

Appendix C Public Process

An overview of the Area Plan was presented at all meetings. This included an Executive Summary that outlined why the Area Plan is required and how the funds are used. A public comment period for comments, questions, and/or objections was also part of these meetings. All comments, questions, and/or objections were noted.

City and Hearing Location: Milwaukie, NCPR-Milwaukie Center

Date: 8/10/12

Number in Attendance: 12

Number of 60 y/o+: 7

City and Hearing Location: Estacada, Estacada Community Center

Date: 8/16/12

Number in Attendance: 12

Number of 60 y/o+: 7

City and Hearing Location: Oregon City, Clackamas County Development
Services Building

Date: 9/10/12

Number in Attendance: 25

Number of 60 y/o+: 15

City and Hearing Location: Oregon City, Clackamas County Public Services
Building

Date: 9/27/12

Number in Attendance: 21

Number of 60 y/o+: 9

Appendix D
Report on Accomplishments from 2011-2012 Area Plan Update

<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p> <p style="text-align: center;">GOAL DESCRIPTION</p>	<p style="text-align: center;">MEASURABLE OBJECTIVES</p>	<p style="text-align: center;">ACTIVITIES</p>	<p style="text-align: center;">DURATION</p>	<p style="text-align: center;">(Complete this column as achieved and submit this section with your annual AP updates)</p> <p style="text-align: center;">OUTCOMES/ ACCOMPLISHMENTS</p>
<p>[X]A [X]B [X]C <input type="checkbox"/>D <input type="checkbox"/>E</p> <p>Increase nutrition services for elderly county residents.</p>	<p>\$X raised annually for senior center meal programs.</p>	<p>Provide information, resources, and marketing to support fundraising efforts of new non-profit, Clackamas County Meals on Wheels.</p>	<p>Ongoing</p>	<p>FY07/08 CCMOW & the Meal Sites sold Entertainment Books. Total funds raised by the Meals Sites \$2,800; total funds raised by CCMOW \$1,800. Also sold books in FY08/09 FY09/10, and FY10/11 raising over \$6,000 each year. This activity raises awareness of the program as well as being a fund raiser.</p> <p>All Meal Sites participate in the MOWAA March for Meals campaign. This effort is to both fund raise and raise awareness of the program and it's needs.</p> <p>FY08/09 The Milwaukie Center site was honored by MOWAA for its March for Meals campaign rising over \$25,000.</p>

<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p> <p>GOAL DESCRIPTION</p>	<p>MEASURABLE OBJECTIVES</p>	<p>ACTIVITIES</p>	<p>DURATION</p>	<p>(Complete this column as achieved and submit this section with your annual AP updates)</p> <p>OUTCOMES/ ACCOMPLISHMENTS</p>
<p>Increase nutrition services for elderly county residents. (con't)</p>				<p>FY09/10 The program received a \$20,000 grant from Kaiser Permanente to increase client consumption of fruits & vegetables.</p> <p>The partnership between the meal sites, CCMOW, and AAA continues to grow and develop.</p>

<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p> <p>GOAL DESCRIPTION</p>	<p>MEASURABLE OBJECTIVES</p>	<p>ACTIVITIES</p>	<p>DURATION</p>	<p>(Complete this column as achieved and submit this section with your annual AP updates)</p> <p>OUTCOMES/ ACCOMPLISHMENTS</p>
<p>[X]A [X]B [X]C <input type="checkbox"/>D <input type="checkbox"/>E</p> <p>Engage local advocates to monitor, evaluate and comment on issues affecting older persons.</p>	<p>On an annual basis: 10 communications with local officials</p> <p>10 communications with state legislators</p> <p>10 communications with federal lawmakers and/or administration officials</p> <p>(Note – communications may be in person, via phone or email.</p>	<p>Annual advocacy training</p> <p>Create and distribute information for advocates to use</p> <p>Monthly advocacy meetings</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<p>10 Residents and AAA-AC members participated in the O4AD Advocacy Day at the Legislature</p> <p>8 Letters to the Editor were written by AAA-AC Advocacy members to local papers</p> <p>3 AAA-AC Members met with the Board of County Commissioners (BCC) regarding concerns and issues around the Transfer of the Medicaid Long-term Care program back to the State</p> <p>1 BCC member attended an AAA-AC meeting FY09/10, FY10/11 & FY11/12.</p>

<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p> <p>GOAL DESCRIPTION</p>	<p>MEASURABLE OBJECTIVES</p>	<p>ACTIVITIES</p>	<p>DURATION</p>	<p>(Complete this column as achieved and submit this section with your annual AP updates)</p> <p>OUTCOMES/ ACCOMPLISHMENTS</p>
<p>[X]A [X]B [X]C [X]D [X]E</p> <p>Increase access to special needs, community based transportation services in the county.</p>	<p>Number of rides provided increases 2% each year.</p> <p>Number of riders increases 2% each year.</p> <p>Amount of funding allocated to special needs transportation increases 2% each year.</p>	<p>Quarterly meeting of the Clackamas County Transportation Consortium (CCTC) to ensure coordination and sharing of best practices.</p> <p>Participate in regional RTCC meetings.</p> <p>Submit STF grant applications.</p> <p>Submit one transportation related grant application annually in addition to STF grants.</p> <p>Post transportation information on agency website.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>By June, 2008</p>	<p>In comparing FY07/08 to the same time period in FY08/09 we see a slight increase in Rides and a decrease is in the average miles per ride.</p> <p>The number of Riders FY07/08 compared to FY06/07 decreased by 9.89%. We are also seeing a decrease in comparing FY07/08 to the same time period in FY08/09.</p> <p>Received continued STFF for FY07/08, FY08/09, FY09/10 & FY10/11 and FY11/12 to continue services</p> <p>Received funding (STFD & BETC) for Mt Express – new service in Welches area.</p>

<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p> <p>GOAL DESCRIPTION</p>	<p>MEASURABLE OBJECTIVES</p>	<p>ACTIVITIES</p>	<p>DURATION</p>	<p>(Complete this column as achieved and submit this section with your annual AP updates)</p> <p>OUTCOMES/ ACCOMPLISHMENTS</p>
<p>[X]A [X]B [X]C [X]D <input checked="" type="checkbox"/>E</p> <p>Increase awareness of issue of abuse, exploitation and neglect against seniors and adults with disabilities.</p> <p>Increase coordination between various entities that come into contact with adults who are being abused, neglected or exploited.</p>	<p>On an annual basis;</p> <p>3 public presentations</p> <p>3 in-service trainings</p> <p>1 training for Clackamas County law enforcement CIT.</p>	<p>Participate on County MDT, which includes law enforcement, DA, code enforcement, animal control, senior council, and local hospitals.</p> <p>Participate in and nominate individuals for Everyday Heroes campaign.</p>	<p>Ongoing</p> <p>Ongoing</p>	<p>Director of the AAA is a participating member of the MDT.</p> <p>Abuse Awareness is provided as part of the Family Caregiver training program. 4 Presentation were given in FY08/09.</p> <p>FY11/12 The Gatekeeper training program was re-initiated to provide Abuse Awareness training to the community at large.</p>

<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p> <p>GOAL DESCRIPTION</p>	<p>MEASURABLE OBJECTIVES</p>	<p>ACTIVITIES</p>	<p>DURATION</p>	<p>(Complete this column as achieved and submit this section with your annual AP updates)</p> <p>OUTCOMES/ ACCOMPLISHMENTS</p>
<p><input type="checkbox"/>A <input type="checkbox"/>B <input checked="" type="checkbox"/>C <input checked="" type="checkbox"/>D <input checked="" type="checkbox"/>E</p> <p>Provide services that appeal to and are accessible to low-income ethnic minority individuals</p>	<p>Increase the percentage of minority seniors who participate in Older American Act services by 2% each year.</p>	<p>Provide translation services.</p> <p>Employ minority and bi-lingual staff</p> <p>Provide program material in Spanish and Russian</p> <p>Participate in Hispanic Interagency Networking Team.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<p>We continue to contract for translation services as needed.</p> <p>We have staff who speak Spanish, Russian, and Chinese</p> <p>Our Community Resource Guide is printed in English, Spanish and Russian for distribution around the County</p>

CONTINUITY OF OPERATIONS PLAN (COOP)

CLACKAMAS COUNTY H3S - SOCIAL SERVICES DIVISION

DRAFT

FOR OFFICIAL USE ONLY

NOTICE: This document contains information pertaining to the deployment, mobilization, and tactical operations of the Clackamas County H3S - Social Services Division in response to emergencies. It is exempt from public disclosure under Oregon state law.

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I. INTRODUCTION

The mission statement as provided by the Clackamas County H3S - Social Services Division is as follows:

The Social Services Division seeks to provide quality services and meaningful opportunities for elderly, disabled and low-income residents of Clackamas County. Through citizen participation and the efforts of the Board, staff and volunteers, we recognize the importance of planning and coordination with other agencies and organizations, and the importance of developing the vital role of advocacy. Individual advocacy helps to guarantee rights and ensure access. System-wide advocacy--on the local, state and federal level--helps to ensure a broad focus on the important issues affecting the populations we are committed to serve.

Provide Medicaid Services to seniors and people with disabilities; and a variety of services to people who have low incomes.

A. Purpose

This Continuity of Operations Plan (COOP) has been created for the Clackamas County H3S - Social Services Division. The Continuity of Operations Plan establishes policy and guidance to ensure the execution of the mission-essential functions for the Clackamas County H3S - Social Services Division in the event that an emergency threatens or incapacitates operations; and the relocation of selected personnel and functions of any essential facilities of the Clackamas County H3S - Social Services Division are required. Specifically, this COOP is designed to:

- Ensure that the Clackamas County H3S - Social Services Division is prepared to respond to emergencies, recover from them, and mitigate against their impacts.
- Ensure that the Clackamas County H3S - Social Services Division is prepared to provide critical services in an environment that is threatened, diminished, or incapacitated.
- Provide timely direction, control, and coordination to the Clackamas County H3S - Social Services Division leadership and other critical customers before, during, and after an event or upon notification of a credible threat.
- Establish and enact time-phased implementation procedures to activate various components of the "Plan".
- Facilitate the return to normal operating conditions as soon as practical, based on circumstances and the threat environment.
- Ensure that the Clackamas County H3S - Social Services Division COOP is viable and operational, and is compliant with all guidance documents.
- Ensure that the Clackamas County H3S - Social Services Division COOP is fully capable of addressing all types of emergencies, or "all hazards" and that mission-essential functions are able to continue with minimal or no disruption during all types of emergencies.

B. Applicability and Scope

The provisions of this document apply to the Clackamas County H3S - Social Services Division and its offices. Support from other organizations as described herein will be coordinated with the Director as applicable. This document applies to situations that require relocation of mission-essential functions of the Clackamas County H3S - Social Services Division as determined by

the Director. The scope does not apply to temporary disruptions of service during short-term building evacuations or other situations where services are anticipated to be restored in the primary facility within a short period. The Director will determine situations that require implementation of the COOP.

C. Supersession

No current COOP in place, this will be the COOP once finalized.

D. Authorities

- Federal Continuity Directive 1 - November 6, 2007 - Federal Executive Branch National Continuity Program and Requirements - Federal Continuity Directive 1 (FCD1) provides direction to the Federal executive branch for developing continuity plans and programs. Continuity planning facilitates the performance of executive branch essential functions during all-hazards emergencies or other situations that may disrupt normal operations. The ultimate goal of continuity in the executive branch is the continuation of National Essential Functions (NEFs).
- Federal Continuity Directive 2 - February 2008 - Federal Executive Branch Mission Essential Function and Primary Mission Essential Function Identification and Submission Process - Federal Continuity Directive 2 (FCD2) implements the requirements of Federal Continuity Directive 1, ANNEX C. It provides guidance and direction to Federal executive branch departments and agencies for identification of their Mission Essential Functions (MEFs) and potential Primary Mission Essential Functions (PMEFs). It includes guidance and checklists to assist departments and agencies in assessing their essential functions through a risk management process and in identifying potential PMEFS that support the National Essential Functions (NEFs) - the most critical functions necessary to lead and sustain the nation during a catastrophic emergency. FCD2 provides direction on the formalized process for submission of a department's or agency's potential PMEFS that are supportive of the NEFs. It also includes guidance on the processes for conducting a Business Process Analysis (BPA) and Business Impact Analysis (BIA) for each of the potential PMEFS that assist in identifying essential function relationships and interdependencies, time sensitivities, threat and vulnerability analyses, and mitigation strategies that impact and support the PMEFS.
- Continuity Guidance Circular 1 - January 21, 2009 - Continuity Guidance for Non-Federal Entities - Continuity Guidance Circular 1 (CGC1) provides direction to non-federal entities for developing continuity plans and programs. Continuity planning facilitates the performance of essential functions during all-hazards emergencies or other situations that may disrupt normal operations. By continuing the performance of essential functions through a catastrophic emergency, the State, local, territorial, and tribal governments (non-Federal Governments entities or NFGs) support the ability of the Federal Government to perform National Essential Functions (NEFs), continue Enduring Constitutional Government, and ensure that essential services are provided to the Nation's citizens. A comprehensive and integrated continuity capability will enhance the credibility of our national security posture and enable a more rapid and effective response to, and recovery from, a national emergency.

E. References

- National Response Framework (NRF)
- National Incident Management System (NIMS)
- Oregon State Emergency Operations Plan (SEOP)

F. Policy

The Clackamas County H3S - Social Services Division recognizes and acknowledges that the protection of its assets and business operations is a major responsibility to its employees and respective jurisdiction. Therefore, it is a policy of the Clackamas County H3S - Social Services Division that a viable COOP be established and maintained to ensure high levels of service quality and availability. It is also a policy of the Clackamas County H3S - Social Services Division to protect life, information, and property, in that order. To this end, procedures have been developed to support the resumption of time-sensitive business operations and functions in the event of their disruption at the facilities identified in this plan. The Clackamas County H3S - Social Services Division is committed to supporting service resumption and recovery efforts at alternate facilities, if required. Likewise, the Clackamas County H3S - Social Services Division and its management are responsible for developing and maintaining a viable COOP that conforms to acceptable insurance, regulatory, and ethical practices and is consistent with the provisions and direction of other Clackamas County H3S - Social Services Division policy, plans, and procedures.

II. CONCEPT OF OPERATIONS (CONOP)

A. Objectives

The objective of this COOP is to ensure that a viable capability exists for Clackamas County H3S - Social Services Division to continue essential functions across a wide range of potential emergencies, specifically when the primary facility is either threatened or inaccessible. The objectives of this COOP include:

- To ensure the continuous performance of essential functions/operations during an emergency.
- To protect essential facilities, equipment, records, and other assets.
- To reduce or mitigate disruptions to operations.
- To reduce loss of life, minimize damage and losses.
- To identify and designate principals and support staff to be relocated.
- To facilitate decision-making for execution of the COOP and the subsequent conduct of operations.
- To achieve a timely and orderly recovery from the emergency and resumption of full service to all customers.

B. Planning Considerations and Assumptions

In accordance with continuity guidelines and emergency management principles/best practices, a viable COOP capability:

- Must be maintained at a high-level of readiness.
- Must be capable of implementation, both with and without warning.
- Must be operational no later than 12 hours after activation.
- Must maintain sustained operations for up to 30 days.
- Should take maximum advantage of existing local, State or federal government infrastructures.

C. COOP Execution

This section outlines situations that can potentially lead to activation of the COOP due to emergencies or potential emergencies that may affect the ability of the Clackamas County H3S - Social Services Division to perform its mission-essential functions from its primary and other essential facilities. This section also provides a general description of actions that will be taken by the Clackamas County H3S - Social Services Division to transition from normal operations to COOP activation.

COOP Activation Scenarios

The following scenarios would likely require the activation of the Clackamas County H3S - Social Services Division COOP:

- The primary facility or any other essential facility of the Clackamas County H3S - Social Services Division is closed for normal business activities as a result of an event or credible threat of an event that would preclude access or use of the facility and the surrounding area.
- The area in which the primary facility or any other essential Clackamas County H3S - Social Services Division facility is located is closed for normal business activities as a result of a widespread utility failure, natural disaster, significant hazardous material incident, civil disturbance, or terrorist or military threat or attack. Under this scenario, there could be uncertainty regarding whether additional events such as secondary explosions or cascading utility failures could occur.

The following scenario would NOT require the activation of the Clackamas County H3S - Social Services Division COOP:

- The primary facility or any other essential facility is temporarily unavailable due to a sudden emergency such as a fire, bomb threat, or hazardous materials emergency that requires the evacuation of the facility, but only for a short duration that does not impact normal operations.

COOP Activation

The following measures may be taken in an event that interrupts normal operations, or if such an incident appears imminent and it would be prudent to evacuate the primary facility or any other essential facility as a precaution:

- The Director may activate the COOP to include activation of the alternate facility.
- The Director will direct some or all of the COOP Teams to initiate the process of relocation to the alternate facility (see Sections II-D and II-F). The COOP Teams will be

notified using the notification procedures outlined in Section IV of this document.

- The COOP Teams will initiate relocation to the alternate facility site and will ensure that the mission-essential functions of the closed primary or other impacted facility are maintained and capable of being performed using the alternate facility and available resources, until full operations are re-established at the primary/impacted facility.
- Clackamas County H3S - Social Services Division staff members who do not have specific COOP assignments may be called upon to supplement the COOP Team operations.
- Representatives from other government or private organizations may also be called upon to support COOP operations.
- The COOP Teams and their members will be responsible for ensuring the continuation of the mission-essential functions of the Clackamas County H3S - Social Services Division within 12 hours and for a period up to 30 days pending regaining access to the affected facility or the occupation of the alternate facility.

**** Section IV of this document provides additional detail on the procedures that will be used for COOP activation and implementation.*

Incidents could occur with or without warning and during duty or non-duty hours. Whatever the incident or threat, the Clackamas County H3S - Social Services Division COOP will be executed in response to a full range of disasters and emergencies, to include natural disasters, terrorist threats and incidents, and technological disruptions and failures. In most cases, it is likely there will be a warning of at least a few hours prior to an incident. Under these circumstances, the process of activation would normally enable the partial, limited, or full activation of the COOP with a complete and orderly alert, notification of all personnel, and activation of the COOP Teams.

Without warning, the process becomes less routine and potentially more serious and difficult. The ability to execute the COOP following an incident that occurs with little or no warning will depend on the severity of the incident's impact on the physical facilities, and whether personnel are present in the affected facility or in the surrounding area. Positive personnel accountability throughout all phases of emergencies, including COOP activation, is of utmost concern, especially if the emergency occurs without warning, during duty hours.

**** Section II-I of this document provides additional information on warning conditions and related procedures.*

D. Time-Phased Implementation

In order to maximize the preservation of life and property in the event of any natural or man-made disaster or threat, time-phased implementation may be applied. Time-phased implementation is used to prepare and respond to current threat levels, to anticipate escalation of those threat levels and, accordingly, plan for increased response efforts and ultimately full COOP activation and facility relocation. The extent to which time-phased implementation will be applied will depend upon the emergency, the amount of warning received, whether personnel are on duty or off-duty at home or elsewhere, and, possibly, the extent of damage to essential facilities and their occupants. The Disaster Magnitude Classification definitions may be used to determine the execution level of the COOP. These levels of disaster are defined as:

- **Minor Disaster** - Any disaster that is likely to be within the response capabilities of local government and results in only minimal need for state or federal assistance.

- **Major Disaster** - Any disaster that will likely exceed local capabilities and require a broad range of outside resource support including state or federal assistance. The State of Oregon Emergency Management Agency and the Federal Emergency Management Agency (FEMA) will be notified and potential state and federal assistance will likely be predominantly recovery-oriented.
- **Catastrophic Disaster** - Any disaster that will require massive state and federal assistance. State and federal assistance will involve response and recovery needs.

As described in Section II-C of this document, COOP activation applies to events or incidents impacting a facility where mission-essential functions are performed to the point that the facility is unable to continue to perform those functions for a duration that will affect normal operations. Using the Disaster Magnitude Classification above, it is possible that a minor disaster would not render a facility unusable. However, minor disasters can escalate into major disasters, and even into catastrophic disasters. Conversely, events that are of short duration and do not impact normal operations (e.g., require a building evacuation only) must also be handled as though they could escalate into a more serious situation. Time-phased implementation of the COOP is a way to be prepared for all levels of emergency/potential emergency scenarios that may or may not require relocation of the primary or other essential facility. This implementation method allows the individual(s) responsible for making decisions to be prepared to fully activate the COOP on very short notice, if necessary, but not prematurely activate the COOP for situations such as the building evacuation-only scenario described above. Listed below is a general summary of the sequence of events that can be followed using time-phased implementation of the COOP:

Phase I – Activation (0 to 12 hours)

During this phase, alert and notification of all employees, COOP Teams, and other organizations identified as “critical customers” (e.g., vendors or public/private entities that may provide resource support) will take place. It is during this phase that the transition to alternate operations at the alternate facility begins. However, if events turn out to be less severe than initially anticipated, the time-phased COOP activation may terminate during this phase and a return to normal operations will take place.

Phase II – Alternate Operations (12 hours to Termination)

During this phase, the transition to the alternate facility is complete and the performance of mission-essential functions should be underway. Also during this phase, plans should begin for transitioning back to normal operations at the primary facility or other designated facility.

Phase III – Reconstitution and Termination

During this phase, all personnel, including those that are not involved in the COOP activation, will be informed that the threat or actual emergency no longer exists and instructions will be provided for resumption of normal operations.

**** Section IV of this document covers more detailed, specific time-phased implementation procedures that will be followed during COOP activation and execution.*

E. Critical Service COOP Staff

The Clackamas County H3S - Social Services Division management and staff that relocate to the alternate facility must be able to continue operations and perform mission-essential functions for up to 30 days with resource support. Specific Clackamas County H3S - Social Services Division management and staff will be appointed to serve on COOP Teams to support COOP activations and relocation. It is important that COOP Teams and corresponding

responsibilities are established prior to COOP activations so team members can be trained on their team roles and responsibilities. Depending upon the nature and severity of the event requiring COOP activation, the roster and size of the COOP Teams may be adjusted by the Director as necessary.

**** Annex A provides a description of each COOP Team developed for the Clackamas County H3S - Social Services Division COOP including each team member's role and contact information. Annex O provides a complete list of contact information of Clackamas County H3S - Social Services Division staff and vendors.*

Because alternate facility space and support capabilities may be limited, staff may need to be restricted to those specific personnel who possess the skills and experience needed for the execution of mission-essential functions. Staff may be directed to move to other facilities or duty stations, or may be advised to remain at or return home, pending further instructions. Individuals may be used to replace unavailable staff or to augment the overall COOP response. COOP activation will not, in most circumstances, affect the pay and benefits of the Clackamas County H3S - Social Services Division management and staff.

**** Section IV of this document covers more detailed, specific time-phased implementation procedures that will be followed during COOP activation and execution.*

F. Alternate Facility

The determination of 1) the appropriate alternate facility for relocation, and 2) whether to relocate the Clackamas County H3S - Social Services Division to the alternate facility will be made at the time of activation by the Director; the decision will be based on the incident, threat, risk assessments, and execution timeframe. Arrangements should be made with the management of all pre-identified alternate facilities to appoint an Alternate Facility Manager who will be responsible for developing site support procedures that establish the requirements for receiving and supporting the staff of the Clackamas County H3S - Social Services Division.

To ensure the adequacy of assigned space and other resources, all locations currently identified as alternate facilities and those being considered for alternate facility locations should be reviewed by the Clackamas County H3S - Social Services Division management on an annual basis. The Director and associated COOP Team Chiefs will be advised of the findings of this review and made aware of any updates made to the alternate facility details.

In conducting a review of an existing alternate facility to determine its adequacy for supporting the operation of mission-essential functions, the following should be considered:

- Ensure that the facility has sufficient space to maintain and support the Clackamas County H3S - Social Services Division.
- Ensure that the facility, along with acquired resources, are capable of sustaining operations for performing mission-essential functions for up to 30 days.
- Ensure that the facility has reliable logistical support, services, and infrastructure systems (e.g., electrical power, heating/ventilation/air conditioning (HVAC), water/plumbing).
- Ensure that personal convenience and comfort considerations (including toilet facilities) are given to provide for the overall emotional well-being of staff.
- Ensure that adequate physical security and access controls are in place.

- Ensure that the alternate facility is not in the same immediate geographical area as the primary facility, thereby reducing the likelihood that the alternate facility could be impacted by the same incident that impacts the primary facility.
- Consider cooperative agreements such as Memoranda of Understanding (MOUs)/mutual aid agreements with other agencies or contract agreements with vendors who provide services such as virtual office technologies.

**** Annex B provides the location of the Clackamas County H3S - Social Services Division alternate facility sites and additional information on alternate facility requirements.*

G. Mission-Essential Functions

In planning for COOP activation, it is important to establish operational priorities prior to an emergency to ensure that the Clackamas County H3S - Social Services Division can complete the mission-essential functions that are critical to its overall operation. The Director and associated COOP Teams shall ensure that mission-essential functions can continue or resume as rapidly and efficiently as possible during an emergency relocation. Any task not deemed mission-essential must be deferred until additional personnel, time, or resources become available. Clackamas County H3S - Social Services Division has identified a comprehensive list of mission-essential functions.

**** Annex C provides a complete list of prioritized mission-essential functions identified for Clackamas County H3S - Social Services Division.*

H. Delineation of Mission-Essential Functions

To ensure that mission-essential functions referenced in Section II-G are effectively transferred to the alternate facility and continued with minimal interruption, it is imperative that each function have qualified staff and resources assigned to it. The Clackamas County H3S - Social Services Division COOP should be formed with mission-essential functions in mind. As the COOP is developed, specific staff should be matched up to each of the mission-essential function(s) within the plan. These staff will be assigned to perform these specific mission-essential functions at the alternate facility during COOP activations. The staff working at the alternate facility must be able to ensure that mission-essential functions are carried out. In some cases, the number of staff assigned to the alternate facility may be limited due to lack of facility resources and/or reduced capacity.

**** Annex C provides a complete prioritized list of mission-essential functions for Clackamas County H3S - Social Services Division. Each mission-essential function includes a breakdown of estimated personnel requirements and estimated equipment requirements needed to ensure the continuation of that specific mission-essential function during COOP activations.*

I. Warning Conditions

When planning and preparing for emergencies that may require activation of the COOP, a wide range of scenarios must be considered. Impending events such as hurricanes or winter storms may provide ample warning for notification of staff and identification and pre-positioning of resources in preparing for possible COOP activation; other types of events such as earthquakes or terrorist events, may provide no warning.

- **With Warning** - It is expected that, in most cases, the Clackamas County H3S - Social Services Division will receive a warning of at least a few hours prior to an event. This will normally enable the full execution of the COOP with a complete and orderly alert, notification, and/or deployment of the COOP Teams to an assembly site or the alternate

facility.

- **Without Warning** - The ability to execute the COOP following an event that occurs with little or no warning will depend on the severity of the emergency and the number of personnel impacted. If the deployment of the COOP Teams is not feasible because of the unavailability or loss of personnel, including the Director, temporary leadership of the Clackamas County H3S - Social Services Division will be passed to the Director, as identified in Section II-J of this document.
- **Duty Hours** - If an event or incident occurs during work hours, which requires relocation of the primary facility, the COOP will be activated and available members of the COOP Teams will be deployed as directed to support operations for the duration of the emergency. Those individuals who do not have assigned roles in the COOP, will either be sent home or possibly used to provide support to the COOP Teams, if additional assistance is required.
- **Non-Duty Hours** - The ability to contact members of the COOP Teams at all times during duty hours or non-duty hours is critical for ensuring that the COOP can be activated quickly if needed. Procedures must be in place that account for notifying and mobilizing (if necessary) the COOP Teams on extremely short notice.

**** Section II-L of this document provides additional information and procedures to be followed based on warning conditions. Section IV-C of this document provides staff activation procedures for duty hours and non-duty hours. Annex F provides detailed instructions regarding Alert Notification Procedures for the Clackamas County H3S - Social Services Division.*

J. Direction and Control

Lines of succession should be maintained by all leadership elements contained within the Clackamas County H3S - Social Services Division to ensure continuity of mission-essential functions. Lines of succession are to be provided to a minimum depth of three positions at any point where policy and directional functions are carried out.

Authorized successors to the Director are specified as follows:

1. Teresa Christopherson, H3S/Social Services Administrative Svcs Mgr
2. Liz Bartell, H3S/Social Services Program Manager
3. Cindy Becker, Department of Health, Housing and Human Services DHS Director
4. Richard Swift, Department of Health, Housing and Human Services DHS Deputy Director

Each organizational element should pre-delegate authorities for making policy determinations and decisions. All such pre-delegations will specify what the authority covers, what limits may be placed upon exercising it, who (by title) will have the authority, and under what circumstances, if any, the authority may be delegated.

The Director and/or their designee are responsible for ordering activation of the COOP. Members of the COOP Teams may be requested by the Director to disseminate COOP guidance and direction during the activation and relocation phases. Pending the activation of the COOP, the COOP Teams Chiefs will monitor the situation and assist in the notification process, as necessary.

Once the COOP is activated, the appropriate officials should be notified and requested to

provide any previously agreed upon assistance to the Clackamas County H3S - Social Services Division.

**** Annex D provides information regarding Lines of Succession. Annex E provides information regarding Delegations of Authority.*

K. Operational Hours

During COOP contingencies, the Director will determine the hours of operation for the COOP Teams and staff. Members of the COOP Teams must be prepared to support a 24-hour-per-day, 7-day-per-week operation, if needed.

L. Alert Notification Procedures

If the situation allows for warning, staff may be alerted prior to activation of the COOP. In all situations allowing for an advanced alert, procedures should be in place and trained upon for effective notification to the Clackamas County H3S - Social Services Division key staff members and appropriate officials.

The COOP Teams should be prepared for rapid deployment upon activation via special prearranged notification procedures. These instructions will denote explicit actions to be taken, including the location of the assembly site and/or the designated alternate facility location.

The Director will direct the activation of the COOP. Upon activation of or notification to activate the Clackamas County H3S - Social Services Division COOP, telephone, email, and other methods of communication designated by the Clackamas County H3S - Social Services Division may be used to notify its key staff and personnel.

**** Annex F provides complete details for Alert Notification procedures for the Clackamas County H3S - Social Services Division.*

III. PROCEDURES

A. Personnel Coordination

Procedures should be in place to address any personnel issues that may arise among those individuals who will be responsible for implementing the COOP as well those who do not have specific COOP roles but may be called upon during COOP activation. Listed below are personnel resources and capabilities in place at the Clackamas County H3S - Social Services Division to ensure that emergency and non-emergency staffs are prepared when disasters strike, either with or without warning:

- Communications Plan for emergency and non-emergency staff
- Health, safety, and emotional well-being of all employees and their families
- Pay status and administrative leave issues
- Medical, special needs, and travel issues

Issues will be managed by the Director and based on the Policies and Procedures of the Clackamas County H3S - Social Services Division.

B. Vital Records and Resources

Vital records and resources identified as critical to supporting mission-essential functions have

been identified within the COOP and will be maintained, updated, and stored in secure offsite locations. In addition, procedures will be developed to ensure that records are maintained and updated regularly. Procedures will also identify how these vital records and resources will be made available to personnel for use in completing mission-essential functions. Identified below are different categories of vital records and resources.

Vital records essential to the continued operation or reconstitution of the Clackamas County H3S - Social Services Division during and after a continuity disruption may include:

- Emergency plans and directives
- Orders of succession (Annex D)
- Delegations of authority (Annex E)
- Staff roster (Annex O)
- Staffing assignments
- Records of a policy or procedural nature that provide staff with guidance and information or resources necessary for conducting operations during any emergency and for resuming formal operations at its conclusion

Vital records critical to carrying out the Clackamas County H3S - Social Services Division legal and/or financial mission-essential functions and activities may include:

- Accounts receivables / Accounts payable documentation
- Contracting and acquisition files
- Personnel files / Human Resource Records
- Payroll documentation / Social Security documentation
- Retirement records
- Insurance records
- Property management and inventory records

**** Annex G provides additional information on vital records and provides identification, location, and backup capabilities of Clackamas County H3S - Social Services Division vital records necessary for performing mission-essential functions.*

C. Pre-Positioned Resources

It is strongly encouraged that essential items, such as office supplies, equipment, data, vital records, and other critical resources be pre-positioned at the alternate facility or other off-site location to facilitate relocation during COOP events. The pre-positioned resources should be carefully inventoried and regularly maintained by the Alternate Facility Manager or his/her designee to ensure that there is a clear understanding of what resources are identified as pre-positioned at the alternate facility and what additional resources need to be acquired during COOP events.

D. Go Kits

The Director is responsible for providing guidance to staff on the necessity of Go Kits and the

contents of these kits. Go Kits may contain items such as software, databases, forms, publications, and other necessary resources that can be stored in a manageable manner. Checklists need to be developed for the various Go Kits developed for Clackamas County H3S - Social Services Division to help ensure the inclusion of all necessary contents.

It is strongly encouraged that essential items and data be pre-positioned at the alternate facility or other off-site location instead of being carried within Go Kits, because COOP Team personnel and staff may be at home when the order to relocate is given. Access to the Go Kits may be difficult or impossible. Items to consider including in these kits:

- State/local regulations; statutes and administrative codes
- Emergency plans/procedures
- List of positions to be filled and procedures needed to continue mission-essential functions
- Laptop(s) with necessary forms/plans/procedures installed
- Office supplies to support operations for the initial period of relocation.

In addition to “official” items carried in the Go Kits, each staff member relocating to the alternate facility should consider bringing appropriate personal items and changes of clothing for situations of relocation of great distances. In addition, staff should relocate with their Clackamas County H3S - Social Services Division identification badge for entry into the alternate facility.

**** Annex H provides additional information on specific Go Kits that have been developed for Clackamas County H3S - Social Services Division and their contents.*

E. Telecommunications and Information Systems Support

Interoperable communications or the ability for the Clackamas County H3S - Social Services Division staff to communicate with individuals internal and external to the organization is critical during COOP events. Internal and external communications that will be used within the Clackamas County H3S - Social Services Division and its alternate facilities to communicate with officials, emergency response organizations, the media, and/or the public are identified in detail in Annex I.

Access to critical information systems that are used to accomplish mission-essential functions during normal operations from the primary facility should also be arranged for accessibility at the alternate facility. In order for these systems to be accessible, connectivity must be in place at the alternate facility and system servers should be backed up on a daily basis at more than one location. For the Clackamas County H3S - Social Services Division, the Technology Services maintains the information systems and ensures that the systems are backed up on a daily basis. In addition, the Technology Services ensures that connectivity exists at the alternate facility. The Technology Services will also provide systems technical support during COOP activations.

The telecommunications and information systems capabilities at the Clackamas County H3S - Social Services Division alternate facility are sufficient for the performance of mission-essential functions under the COOP.

The following is a checklist that may be used for planning telecommunications and information systems requirements:

- Plans should address all three types of communication (internal, external, and mobile).

- Plans should include the development of telephone trees.
- Plans should consider use of a hotline numbers.
- Plans should consider radio communications using available staff with radios.
- Plans should recognize different needs ranging from a one-hour emergency to an extended emergency.
- Plans should consider the use of a communication center to serve as a hub for communication needs of all local users.
- Plans should strategize for situations in which all communications systems are unavailable.

At a minimum, all COOP Team Members should have cell phones and/or pagers.

**** Annex I provides additional information on telecommunications and information systems.*

F. Transportation, Lodging, and Food

Policies and procedures should be developed that consider transportation, lodging, and feeding of staff working from the alternate facility. During COOP activations, staff members will likely prefer to use their individual vehicles for transportation to the alternate facility; however, in the event that they are not able to do so, an alternate transportation plan should be in place. Procedures for lodging and feeding arrangements should also be developed. All of the items mentioned above can be accomplished by arranging agreements with other agencies or non-profit organizations. Also, it is a good practice to have agreements with pre-identified private vendors to provide support on very short notice during COOP events.

The Clackamas County H3S - Social Services Division has procedures that address food, lodging, and purchasing for COOP events.

G. Security and Access Controls

The Director will ensure that all four types of security are addressed and in place at the alternate facility: operational, information systems/cyber, physical, and access controls. Due to the sensitive information contained in the COOP, the Director will also ensure that distribution of the COOP is limited and that an account of those who have access to the plan is maintained.

The Director will ensure the following:

- Plans and procedures shall establish a goal of duplicating the level of security established at the vacated primary facility to the alternate facility.
- Alternate technologies, including video technology, may be considered for security.
- Augmentation of security will be addressed, based on the emergency or threat, to include considerations for using local law enforcement, private vendors, or other resources.

**** Annex J identifies security measures currently in place for Clackamas County H3S - Social Services Division and provides guidelines for arrangements of security measures at alternate facilities.*

H. Personal and Family Preparedness

All staff, including those individuals actively involved in COOP events or not officially assigned a role during COOP activations should be prepared for and aware of COOP activation procedures. To assure that all employees are prepared for COOP events, training should be a part of the Clackamas County H3S - Social Services Division orientation for new staff and should be regularly conducted (at least annually) for all existing staff. The training should focus on preparing employees for situations in which they will not be able to work from their primary facility. The training should advise staff on how to be personally prepared by developing "personal go-kits" as well as emphasize the need for Family Disaster Planning to ensure families are prepared for all types of emergencies, including COOP activations.

**** Annex K provides a Family Disaster Plan developed by the Federal Emergency Management Agency (FEMA) that can be used as a guideline for families to prepare for COOP events. It is suggested that these Family Disaster Plan guidelines be distributed to all Clackamas County H3S - Social Services Division staff on an annual basis.*

I. Site Support Procedures

Site support responsibilities are those tasks that must be conducted to ensure the readiness of the alternate facility and the continued functional operation of the facility during the entire duration of COOP activation. These responsibilities include ensuring that an alternate Facility Manager is appointed and that procedures are in place and are followed to ensure a smooth transition to alternate facility operations. These responsibilities also include a planned transition back to normal operations once the emergency situation has passed.

IV. ACTIVATION - PHASE I

The following procedures are suggested as guidelines to follow for COOP activations. They may be adopted or modified as needed to fit with internal requirements. In general, the following procedures are to be followed in the execution of the COOP. The extent to which this will be possible will depend on the event, the amount of warning received, whether personnel are on duty or off-duty, and the extent of damage to the impacted facilities and their occupants. This COOP is designed to provide a flexible response to multiple events occurring within a broad spectrum of prevailing conditions. The degree to which this COOP is implemented depends on the type and magnitude of the events or threats.

A. Alert and Notification Procedures

The Clackamas County H3S - Social Services Division notification process related to COOP activation should allow for a smooth transition of the COOP Teams to an alternate facility in order to continue the execution of mission-essential functions across a wide range of potential events. Notification may be in the form of one of the following:

- A COOP alert to the COOP Team members that relocation is anticipated or is imminent.
- An announcement of a COOP activation that 1) directs the COOP Team members to report immediately to an assembly site or a designated alternate facility, and 2) provides instructions regarding movement, reporting, and transportation details to an assembly site or a designated alternate facility.
- Instructions to COOP Team members to prepare for departure and relocation to a designated alternate facility and instructions to staff.
- Upon receipt of a COOP alert from the Director or a designated successor, staff alert and notification procedures (see Annex F) are initiated.

B. Initial Actions

Based on the situation and circumstances of the event, the Director will evaluate the capability and capacity levels required to support the current mission-essential functions of the impacted facility(ies) and, if selected, initiate actions for relocation to the appropriate alternate facility. These actions include measures to be taken in anticipation of COOP activation and actions to be taken upon COOP activation. Once COOP activation is initiated, procedures must be considered for both duty hours and non-duty hours.

In cases where COOP activation is anticipated, the Director:

- Notifies the designated alternate Facility Manager to prepare for the relocation of the impacted facility and to prepare the appropriate alternate facility for operations.
- Issues a COOP alert to the COOP Team Chiefs that relocation is anticipated. COOP Team Chiefs instruct their team members and personnel to prepare for COOP activation.
- Notifies emergency officials, if appropriate, that relocation of the facility is anticipated.

In cases where COOP activation is ordered:

- The Director coordinates the immediate deployment of the COOP Teams to an assembly site or the designated alternate facility.
- The Director notifies the designated alternate Facility Manager to immediately initiate relocation efforts of the impacted facility and to prepare the appropriate alternate facility for operations.
- The Director provides instructions and guidance on operations and the location of the alternate facility.
- The Alternate Facility Manager provides regular updates to the Director regarding the status of alternate facility activation/readiness.

The following notification procedures are initiated:

- The Director notifies emergency officials, if appropriate, that relocation of the facility has been ordered and is in progress.
- All designated staff members (see Annex F – Notification Procedures) initiate their respective COOP notification cascades.
- Designated COOP Team members report to an assembly site or deploy to the designated alternate facility to assume mission-essential functions.
- All staff members who have established Go Kits ensure that they are complete, with current documents and equipment, and commence movement of the resources.
- As delegated in Annex A, COOP Team members assemble the remaining documents and other assets as required for the performance of mission-essential functions and begin preparations for the movement of these resources.
- All personnel and sections of the impacted facility or facilities should implement normal security procedures for areas being vacated.

- Security and other designated personnel of the impacted facility should take appropriate measures to ensure security of the facilities and equipment or records remaining in the building.

C. Activation Procedures During Duty Hours

- The Director notifies the COOP Team Chiefs of the event requiring activation of the Clackamas County H3S - Social Services Division COOP.
- The Director activates the COOP and notifies the appropriate alternate Facility Manager(s).
- Notification procedures identified in Annex F are conducted.
- The Director directs members of the COOP Teams to begin movement to an assembly site or to the designated alternate facility immediately.
- The COOP Teams immediately deploy to an assembly site or a designated alternate facility to assume mission-essential functions.
- Personnel who do not have active COOP response roles may be instructed to go home or relocate to another specified location pending further guidance.
- Additional tasks identified above in Section IV-B that are not yet completed are completed in their entirety.

D. Activation Procedures During Non-Duty Hours

- The Director is notified that an event requiring COOP activation is anticipated or underway.
- The Director then notifies the COOP Team Chiefs of the event requiring activation of the Clackamas County H3S - Social Services Division COOP.
- The Director activates the COOP and notifies the appropriate alternate Facility Manager.
- Notification procedures identified in Annex F are conducted.
- The Director directs members of the COOP Teams to begin immediate movement to an assembly site or to the designated alternate facility.
- The COOP Teams immediately deploy to an assembly site or a designated alternate facility to assume mission-essential functions.
- Personnel who do not have active COOP response roles are directed to remain at home pending further guidance.
- Additional tasks identified above in Section IV-B that are not yet completed are completed in their entirety.

E. Deployment and Departure Procedures

The Director will determine full or partial deployment to the designated alternate facility of any mission-essential functions that are critical to operations at the time the Clackamas County H3S - Social Services Division COOP activation is ordered. This determination will be based on the severity of the event and the level of threat. The following actions establish general

administrative procedures to allow for travel and transportation to the alternate facility. Specific instructions will be provided at the time a deployment is ordered.

COOP Team members will immediately begin deployment, taking with them all office Go Kits, if applicable, and their personal go-kits. Team members will most likely use privately-owned vehicles for transportation to the designated facility. Specific instructions will be provided at the time of activation.

All other personnel not designated to serve on COOP Teams at the impacted facility at the time of an emergency notification will be directed to proceed to their homes to await further instructions. At the time of notification, any available information will be provided regarding routes that should be used to depart the facility or other appropriate safety precautions. During non-duty hours, these personnel will remain at their homes pending further guidance.

F. Transition to Alternate Operations

Following the activation of the COOP and establishment of communications links with the Director and COOP Teams at an assembly site or the designated alternate facility, the Director orders the cessation of operations at the primary facility.

The Director will then notify emergency officials, as appropriate, that an emergency relocation of the Clackamas County H3S - Social Services Division facility is complete. The Director will then provide information on the alternate facility location, including contact numbers.

As appropriate, government officials, media, outside customers, vendors, and other service providers are notified by the Clackamas County H3S - Social Services Division Public Information Officer or other designated person(s) that the Clackamas County H3S - Social Services Division primary facility has been temporarily relocated.

G. Site Support Responsibilities

Following notification that a relocation of the Clackamas County H3S - Social Services Division facility has been ordered or is in progress, the appropriate alternate Facility Manager will implement the COOP Site support procedures and prepare to receive the COOP Teams within 12 hours.

V. ALTERNATE OPERATIONS - PHASE II

A. Execution of Mission-Essential Functions

Upon activation, the COOP Teams will begin providing support for the following functions:

- Ensure that mission-essential functions (see Annex C) are reestablished as soon as possible.
- Monitor and assess the situation that required the relocation.
- Monitor the status of personnel and resources.
- Establish and maintain contact with emergency officials, as appropriate, or other designated personnel.
- Plan and prepare for the restoration of operations at the impacted facility or other long-term facility.

B. Establishment of Communications

The ability to communicate with internal and external resources during COOP events will be vital to the operations of the Clackamas County H3S - Social Services Division. Internal and external resources could include Clackamas County H3S - Social Services Division staff, partner organizations, emergency responders, vendors, the media, and/or the public.

The Director in coordination with the Technology Services will ensure all necessary and preplanned communications and information systems are established, adequate, and functioning properly. The Technology Services will service and correct any faulty or inadequate communications systems. The Technology Services personnel will ensure connectivity of information systems and will service any faulty or inadequate information systems.

**** Annex I provides additional information on communications capabilities of the Clackamas County H3S - Social Services Division.*

C. COOP Team Responsibilities

A critical planning component within the Clackamas County H3S - Social Services Division COOP is the development of COOP Teams and team member responsibilities. The COOP Teams can consist of internal staff to the Clackamas County H3S - Social Services Division, as well as external staff, vendors, and/or other organizations that may assist during COOP events. For each COOP Team, team members are appointed and given specific instructions regarding their roles on the team. It's important that COOP Teams are developed prior to a COOP event so COOP Team members have awareness of their roles on these teams and can be trained on their responsibilities in preparation of potential COOP events.

The following is a list of COOP Teams and their team descriptions for the Clackamas County H3S - Social Services Division COOP:

Relocation Team - In preparation of potential continuity events, Relocation Team members are responsible for attending continuity meetings as scheduled, keeping the Relocation Team Chief apprised of continuity matters, reviewing and updating organization's essential functions annually, developing notification cascades for key staff and/or division personnel, participating in continuity training and exercises, and developing a plan and methodology for off-site storage of data to include vital records and databases.

During a continuity event, members of the Relocation Team are responsible for relocating to the designated Alternate Facility in a timely manner and re-establishing and recovering the operations of the organization's essential functions as identified in Annex C.

Support Team - In preparation of potential continuity events, Support Team members are responsible for attending continuity meetings as scheduled, keeping the Support Team Chief apprised of continuity matters, developing notification cascades for all Support Team members, and participating in continuity trainings and exercises.

During a continuity event, members of the Support Team are responsible for reporting in to their Support Team Chief, reporting to their designated locations to await further instructions (In many cases, this may be their home residence), and providing support to the Relocation Team as requested.

Planning Team - In preparation of potential continuity events, Planning Team members are responsible for scheduling and conducting continuity meetings (minimum of one meeting per year), establishing a framework for the organization's continuity plan design and strategy, reviewing the accuracy of the personnel information contained within the plan, developing an ongoing process for reviewing and updating the plan, and scheduling and participating in continuity trainings and exercises.

**** Annex A provides a complete list of COOP Teams, team descriptions, team members, contact information, and team member roles.*

D. Augmentation of Staff

- If it becomes evident that the COOP Teams cannot adequately ensure the continuation of mission-essential functions, the Director will determine the additional positions necessary to maintain these functions.
- The Director will identify additional staff, as available, who may be able to provide support.
- The Director will then ensure that the identified positions are staffed with individuals who have the requisite skills to perform the tasks.
- The Director will consider implementing agreements with outside resource support including Memoranda of Understanding/mutual aid agreements with other organizations and contractual agreements with private vendors.

E. Development of Devolution Plans

Devolution is the capability to transfer statutory authority and responsibility for mission-essential functions from an organization's primary operating staff and facilities to another organization's employees and facilities. Devolution planning supports overall COOP planning and addresses catastrophic or other disasters that render an organization's leadership and staff unavailable or incapable of performing its mission-essential functions from either its primary or alternate facilities.

If devolution is necessary, prioritized mission-essential functions are transferred to a pre-identified devolution organization. Direction and control of mission-essential functions is transferred to the devolution organization site and/or identified personnel.

Devolution planning involves several special issues:

- Personnel at the devolution site must be trained to perform the mission-essential functions to the same level of proficiency as the Clackamas County H3S - Social Services Division personnel.
- Vital records, documents, and databases must be up to date and available at the devolution site.
- Communications and information management systems must be able to be transferred or accessible at devolution site.
- Delegations of authority planning must include senior personnel at the devolution site.

Should sufficient staff be unavailable to conduct the mission-essential functions of Clackamas County H3S - Social Services Division, all of the affected operations will initiate the activation of pre-arranged devolution agreements. Devolution will be triggered when available staff determines that there are insufficient resources to maintain and carry out the Clackamas County H3S - Social Services Division's prioritized mission-essential functions. At that point, the Director or highest ranking Clackamas County H3S - Social Services Division official available will institute devolution through the issuance of the Devolution Activation Memo, provided in Annex L. Available Clackamas County H3S - Social Services Division staff will notify the devolution organization(s) that devolution is being initiated.

The following are pre-identified devolution organization(s) for the Clackamas County H3S - Social Services Division:

Technology Services

**** Annex C provides mission-essential functions identified for Clackamas County H3S - Social Services Division. Annex E provides COOP Delegations of Authority. Annex L provides the pre-established Devolution Activation memo and specific guidelines for initiation of devolution of mission-essential functions.*

F. Development of Plans for Reconstitution and Termination

The Director or designee will develop Reconstitution and Termination Plans that will direct an orderly transition of all mission-essential functions, personnel, equipment, and records from the devolution organization to a new or restored facility. Plans and Schedules will include:

- Whether the original primary facility is re-inhabitable. If not, the plans will include recommendations of primary facility options.
- Construction needs for the primary facility re-occupancy, including remediation of safety issues.
- Estimated costs associated with construction and occupancy. Plans to include options for funding.
- Notification plans for COOP Teams and staff.
- Timeframe for construction completion and move-in.

The Director will review and formally approve all plans and schedules. Upon approval, the Director will issue a COOP Termination memo to the devolution organization(s) identifying the point of formal COOP Termination. The COOP Teams, as assigned, will oversee the Reconstitution and Termination process.

VI. RECONSTITUTION AND TERMINATION - PHASE III

As soon as possible (within 24 hours) following a COOP relocation, the COOP Teams will initiate operations to salvage, restore, and recover the impacted facility, pending approval from any applicable local, state, and/or federal law enforcement organizations or emergency service authorities.

Reconstitution procedures will commence when the Director determines that the emergency situation has ended and is unlikely to reoccur. Once this determination has been made, one or a combination of the following options may be implemented, depending on the situation:

- Continue to perform mission-essential functions at the alternate facility for up to 30 days.
- Begin an orderly return to the impacted facility and reconstitute full normal operations.
- Begin to establish reconstitution of normal operations at a different primary facility location.

A. Procedures

Upon a decision by the Director that the impacted facility can be reoccupied, or that a different

location will be established as a new facility to resume normal operations, the following procedures will be followed:

- The Director or designee will create and submit resumption plans for review and approval.
- Upon approval, the COOP Teams will initiate and oversee the orderly transition of all mission-essential functions, personnel, equipment, and records from the alternate facility to a new or restored facility.
- Non-assigned COOP Team personnel will be notified using the Alert Notification Procedures provided in Annex F that normal operations of the Clackamas County H3S - Social Services Division are resuming and that they should report back to work.

B. After-Action Review and Remedial Action Plan

An After-Action Review information collection process will be initiated by each COOP Team prior to the cessation of operations at the alternate facility. The information to be collected will, at a minimum, include information from personnel working during the COOP activation and a review of lessons learned to include processes that were effective and less than effective. The After-Action Review should provide recommended actions to improve areas identified as deficient or requiring improvement.

The information should be incorporated into a COOP Remedial Action Plan. Recommendations for changes to the Clackamas County H3S - Social Services Division COOP and any accompanying documents will be developed and brought forth to the Director and COOP Teams for review. The Director and designated COOP planners for the Clackamas County H3S - Social Services Division will review and implement changes to the COOP as required.

Clackamas County Emergency Plan

for Serving People with Access and Functional Needs

**Final Draft
June 2011**



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Acknowledgments

The *Clackamas County Emergency Plan for Serving People with Access and Functional Needs (EPAFN)* is designed as an annex to the County’s adopted Emergency Operations Plans. Its preparation has been a collaborative endeavor spearheaded by two of the County’s departments — Emergency Management and Health, Housing and Human Services.

We are most grateful to the members of the Disaster Planning Group that met over a two-year period (despite the local outbreak of the H1N1 swine flu virus and natural disasters that disrupted the planning process) to discuss various considerations, strategies, and resources for serving people with access and functional needs in Clackamas County in the event of an emergency. These discussions and the information resources contributed by individual group members helped to shape the backbone of this EPAFN. County staff on the team included: Dan Potter, Housing Asset Manager, Housing Authority of Clackamas County; Galina Burley, Human Services Manager, Social Services Division; Martha Spiers, Behavioral Health Crisis Services Manager; Martha Nielsen, Primary Care Nursing Supervisor; Larry MacDaniels, Emergency Medical Services Supervisor; Teresa Christopherson, Administrative Services Manager, Social Services Division; Liz Bartell, Social Services Program Manager; Scott France, Tobacco Prevention and Education Program Coordinator; and Molly Cunningham, Human Services Specialist. Other team members included: John Coffey, representing the State of Oregon Department of Human Services, Seniors and People with Disabilities Division; and Glenn Koehrsen, chair of the Area Agency on Aging (AAA) Advisory Council and Marilyn Rank, AAA Advisory Council member. Tim Heider, Clackamas County’s Public Affairs Coordinator, was very helpful in generating ideas for communication and outreach to serve people in the community with access and functional needs in times of emergency.

We also appreciate the comments and suggestions from various community stakeholders who reviewed drafts of the EPAFN to help refine this final draft version.

Finally, our thanks to Tamara Gilbert, communications consultant and owner of Creative Openings, who organized, researched, wrote, and designed the EPAFN as a working document to guide future County emergency operations.

June 2011

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Chapter 1: Introduction

1.1 Overview and Purpose

The mission of Clackamas County Department of Emergency Management (CCEM) is to coordinate and integrate prevention, mitigation, preparedness, response and recovery activities that increase emergency management capabilities to prevent loss of life and minimize impacts from disasters.

Every day “routine” emergencies are handled effectively in Clackamas County by emergency responders as part of their daily duties. However, whenever an unforeseen incident or planned event, the size or complexity of which is beyond that which is normally handled by routine operations, Clackamas County invokes its Emergency Operations Plan (EOP). Using an established framework for emergency operations in advance of any natural or man-made disasters that may impact unincorporated areas of the County, incorporated municipalities, or a combination thereof, the EOP offers guidance for incidents related to a broad spectrum of hazards that exceed the response or resource capabilities of front line responders. By setting up a structure to manage emergency response operations and interagency coordination, delineate clear lines of authority, and define roles and responsibilities as well as specify protocols for maintaining, reviewing, training and exercising the EOP, Clackamas County aims to safeguard its residents and work force in times of emergency.

The CCEM operates under the premise that every individual who lives or works in Clackamas County shares responsibility to prepare for disasters. Thus the EOP also includes a public education component to encourage community and workplace readiness.

In the aftermath of Hurricane Katrina, emergency managers across the country have refined their planning processes to prepare for meeting the access and functional needs of people with physical or mental disabilities, limited English speakers, children separated from adult caregivers, frail elderly people, etc., from the onset of an emergency and through the recovery period. The intention is to integrate such access and functional needs considerations into the overall emergency planning process. In Clackamas County, the approach to this new level of planning is person-centered, seeking to answer the question: *How can we help individuals maintain their functional independence, dignity and community connections in the midst of an emergency and its aftermath?* To find answers, the County Departments of Emergency Management and Health, Housing and Human Services have teamed up to identify County population groups that may have access and functional needs, to discuss considerations for meeting these needs, to inventory the available resources for serving people with such needs in an emergency situation, and to engage local stakeholders in the planning development and review process.

The purpose of this *Clackamas County Emergency Plan for Serving People with Access and Functional Needs* (EPAFN) is to serve as an annex to the adopted EOP. It is designed to include considerations, specific information, and resources that will be useful in emergency planning and response for delivering services to people with access and functional needs.

The EPAFN is organized into five chapters:

- Chapter 1 provides the working definition of persons with access and functional needs for the purpose of emergency planning and operations and includes an overview of salient features of Clackamas County.
- Chapter 2 focuses on considerations for emergency evacuations with respect to persons with access and functional needs in the County, including: some of the known facilities where such individuals may be living, different types of communications that may be needed to reach individuals, sheltering in place, transportation access, and medical management.
- Chapter 3 encompasses information on sheltering and mass care, including: federal accessibility guidelines and physical site setup considerations, communications considerations, accommodation of service animals, transportation from the shelter for essential services, and systems for managing adaptive equipment, supplies and medication.
- Chapter 4 outlines an education and outreach strategy aimed at encouraging persons with access and functional needs and their caretakers to take proactive measures for emergency planning.
- Chapter 5 identifies some of the areas for further training of groups that will be involved in the implementation of the EPAFN.

The end of most EPAFN chapters includes some online resources for quick reference as well as a list of internally developed documents that comprise the Appendices of the EPAFN. (See p. viii for full list of Appendices.)

1.2 Definition and Rationale

1.2.1 Definition

For the purpose of this EPAFN, the definition of populations with access and functional needs in Clackamas County is as follows:

Persons limited in their ability to take emergency protective action (evacuation, sheltering in place) or tolerate extended isolation from routine support networks due to physical, mental health, sensory, cognitive, or developmental conditions. Individuals with cultural and language barriers, known homeless camps and unaccompanied children are also considered vulnerable during disasters and recovery.

1.2.2 Rationale

Federal laws uphold civil rights and nondiscrimination policies for all people. From the perspective of emergency management in Clackamas County that means that people with access

and/or functional needs must be able to access and benefit from emergency programs, services, and activities available to the general population. While equality is fundamental, a “one size fits all” approach does not work since the access and functional needs of individuals are different. Additional preparations or enhanced services may be necessary to meet these needs. For example, bathing facilities and sleeping areas in mass shelters must be accessible for people with physical disabilities or evacuation notices in areas with a largely Spanish-speaking population should be distributed bilingually (English/Spanish).

The County’s definition above seeks to establish a flexible framework that addresses a broad set of common function-based needs irrespective of specific diagnosis, statuses, or labels (e.g., the elderly, quadriplegic, or transportation disadvantaged). When the routines of daily living are disrupted by an emergency situation, some population groups that may normally function independently may have additional needs during and after an incident in functional areas including but not limited to: maintaining independence, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who have disabilities, who live in institutionalized settings, who are elderly, who are unaccompanied children, who are from diverse cultures who have limited English proficiency or are non-English speaking, or who have limited transportation resources.

As an emergency situation unfolds, more people with access and functional needs may emerge. For example, a child may become separated from a parent or guardian after an earthquake, someone’s eyeglasses may be missing or broken making it difficult for the person to see, or a person who uses a wheelchair and lives independently may be not be able to recharge the wheelchair batteries without access to a backup generator during a prolonged power failure. Some pregnant women or obese persons may have limited mobility that may make it difficult for them to evacuate in an emergency. These needs may be only temporary as solutions are found to help these people on a case-by-case basis.

The County Health, Housing and Human Services Department (H3S) may assist incorporated cities and community groups to identify people with access and functional needs so that the Emergency Operations Center (EOC) activated by CCEM can respond to the needs of these people as they arise.

1.3 County Overview

1.3.1 Terrain

Clackamas County is both rural and urban in character. The county encompasses an area of 1,868 square miles (according to 2000 data), with one-eighth of the land area incorporated and the remainder unincorporated or publicly owned. Elevations range from a low of 55 feet on the shores of the Willamette River in Oregon City to a high of 11,235 feet at the peak of Mt. Hood in the northeast. Major rivers include the Willamette, Clackamas and Sandy. With over 3,700 farms, Clackamas County has more farms than any other county in Oregon and is ranked second

highest in agricultural sales in the state¹. Native forests cover more than two-thirds of the county's land, and the county leads the nation in Christmas tree production.

1.3.2 Population

Clackamas County is one of the most rapidly growing counties in Oregon with an estimated population of 375,992 — about 10 percent of the state’s population and part of the Portland metropolitan area according to 2010 U.S. Census Bureau data. Clackamas is the third most populous county in the state, trailing only Multnomah and Washington counties, both of which border Clackamas. The overwhelming majority of the population is white (88.2%), according to 2010 U.S. Census Bureau data. Table 1 shows population subgroups in Clackamas County that are most likely to require additional support to meet their access and functional needs in the event of an emergency.

Table 1: Clackamas County Demographic Facts

LEP	Figure	Source
Hispanic	7.7%	2010 U.S. Census Bureau data
Speakers of language other than English at home	9.6%	2000 U.S. Census Bureau data
Persons with a disability	15%	2000 U.S. Census Bureau data
Persons 65 and older	13.1%	2009 U.S. Census Bureau data
Homeless Persons	3,614	2009 Clackamas County Homeless Count

1.3.3 Residences

Approximately one half the county’s population lives in unincorporated areas, with the other half residing in the following 16 incorporated communities (listed from most populated to least): Lake Oswego, Oregon City, Tualatin, West Linn, Milwaukie, Wilsonville, Canby, Gladstone, Damascus, Happy Valley, Sandy, Molalla, Estacada, Johnson City, Rivergrove, and Barlow.

1.3.4 Transportation Systems

With a geographic span of about 60 miles from east to west and 40 miles from north to south, Clackamas County has an extensive transportation network linking the county to the Portland metropolitan area and the greater Pacific Northwest. The county’s 1,436-mile road system includes 276 urban road miles, 1160 rural road miles, and 150 bridges. Interstate 5 runs north to south through the western part of the county, while U.S. Highway 26 is the major east-west thoroughfare. Interstate 205 serves as a bypass route east of Interstate 5, connecting from Tualatin to Portland International Airport and to Vancouver, Washington. A Union Pacific railroad line travels north and south the length of the county carrying both passengers and freight. Urban Clackamas County is served by a regional accessible transit system (TriMet) and

¹ Clackamas County Soil and Water Conservation District, "Clackamas County Agriculture and Sustainable Economic Strategy Executive Summary" (Fall 2007) <<http://www.conservationdistrict.org/packets/greenribbon.pdf>>.

various city-contracted bus systems. Clackamas Town Center is a major transit hub that connects buses to the Portland-bound MAX Green line light rail system. TriMet also operates the LIFT program, a paratransit service for people who are unable to use regular buses or trains due to a disability or disabling health condition.

Clackamas County maintains a limited vehicle fleet of busses and vans to support County services. These vehicles may be available for deployment during emergencies. Volunteers who provide support services through the County’s Volunteer Connection program may also serve as a transportation resource during times of emergency.

1.3.5 Hospitals

Four hospitals are located in Clackamas County as shown in Table 2.

Table 2: Hospitals in Clackamas County

Hospital	Capacity	Location	Phone
Kaiser Sunnyside Medical Center	216	10180 SE Sunnyside Road Clackamas	(503) 652-2880
Providence Willamette Falls Medical Center	143	1500 Division Street Oregon City	(503) 656-1631
Legacy Meridian Park Medical Center	132	19300 SW 65th Avenue Tualatin	(503) 692-1212
Providence Milwaukie Hospital	77	10150 SE 32 nd Avenue Milwaukie	(503) 513-8300

The two closest Oregon trauma hospitals are located in Portland as shown in Table 3.

Table 3: Regional Trauma Hospitals

Hospital	Location	Phone
Legacy Emanuel Hospital & Health Center	2801 N Gantenbein Avenue Portland	(503) 413-2100
Oregon Health & Science University	3181 SW Sam Jackson Park Rd Portland	(503) 494-9000

1.3.6 Other Populations

Oregon law requires facilities such as nursing homes and hospitals to have their own emergency management plans. The emergency access and functional needs of these populations are addressed first by the care facility and coordinated with the Clackamas County Department of Emergency Management (CCEM). However, in the midst of an emergency, jurisdictions or facilities may call on Clackamas County for resources, and the County will prioritize its resources and will assist if possible.

Persons incarcerated in the County jail will be managed by the County Sherriff's Office in coordination with CCEM.

Chapter 2: Evacuation

Emergencies such as fires, floods, or gas leaks may require the evacuation of people from their homes and places of work to a safer, temporary location. Other emergency situations, such as a snowstorm or a release of hazardous materials may require that people shelter-in-place. For people who may have access and functional needs there are many facets in emergency evacuation planning to consider for supporting their needs.

2.1 Identifying Populations

Being prepared is the best defense in a disaster. Clackamas County is committed to identifying and educating groups that may require additional response assistance based on their access or functional needs. In every disaster, personal preparedness has proven to be vital to survival in many cases. To assure that persons with access and functional needs are prepared, the County will develop an education campaign for those individuals and their caretakers. The goal is that when disaster strikes they will already have emergency plans and adequate supplies in place and can communicate their needs to those who will be assisting with their care during an evacuation and in shelters.

Determining the location of fixed population groups, which will likely require additional response assistance based on their access or functional needs, is essential for emergency planning. Clackamas County coordinates with service provider organizations to identify places where groups live that may have functional needs such as nursing homes, known homeless encampments, and residential care facilities. These population groups are identified and mapped by the County's Geographic Information Systems (GIS) Division. At present, the County does not support an individual registry due to the shortcomings of voluntary registries, including: the inability to maintain up-to-date data, the resistance among some residents to put sensitive information into a government database, and the misunderstanding by residents that if they register they will immediately be rescued and cared for by emergency responders.

2.1.1 GIS Mapping

The County's GIS mapping of groups that are likely to have access and/or functional needs includes: hospitals, dialysis centers, nursing homes, known homeless camps, residential care facilities, and residences of the County's developmentally disabled clients. This documentation, for internal use only, is stored by the County Geographic Information Systems, a division of the County Information Services Department and will be accessed by GIS staff assigned to the incident during the occurrence.

The Social Services Division of the County Health, Housing and Human Services (H3S) Department also maintains a developmental disability emergency preparedness risk list as part of its emergency planning.

2.1.2 County-Owned Facility

Hillside Manor, owned by the Housing Authority of Clackamas County, is 100-unit low-rent public housing project for seniors and persons with disabilities built in 1970. This nine-story high-rise is located at 2889 SE Hillside Street in Milwaukie and is Clackamas County's tallest building. Over 70% of the residents are disabled and about 15% are disabled seniors. Most of these residents will likely have access and/or functional needs during an emergency. As part of their job duties, property managers work closely with local authorities (HUD, fire, police, medical) to keep the buildings safe and learn how best to respond to emergency situations. Various staff members have attended training on variety of topics related to emergency response. Hillside Manor serves as an annual training site for Clackamas Fire District #1 to refine its skills in dealing with high rise fires and emergencies. (For more details about the facility, see Appendix A.)

2.1.3 Assisted Living Facilities

Clackamas County is home to 17 **licensed assisted living facilities** spread over 12 different cities serving a total capacity of 1,324 seniors and people with disabilities. These facilities comprise nearly 12% of all licensed assisted living facilities in Oregon and nearly 12% of the statewide capacity that serves this population. (For more details on facility locations, see Appendix B.)

Assisted living facilities are complexes that offer individual apartments with private bath and kitchenette for seniors and adults with disabilities. Three meals a day are served in dining areas, but residents can choose to eat in their rooms if they are not able to make it to the dining area. Facilities vary in size. Some have memory care units for dementia patients. Care is provided based on individual needs.

All assisted living facilities in Oregon must be licensed by the Oregon Department of Human Services. Oregon law requires each facility to have a written emergency preparedness plan for all hazards; address the medical, supplies and equipment needs of residents during and after a possible evacuation; prepare sufficient supplies and provisions for sheltering in place for a minimum of three days; conduct drill of the emergency preparedness plan at least twice a year; and annually review or update the emergency preparedness plan.

2.1.4 Residential Care Facilities

There are 57 **licensed residential care facilities** in 15 different cities in Clackamas County serving a total capacity of 2,811 seniors and people with disabilities. These facilities comprise about 13% of all such facilities in Oregon and account for 12% of Oregon's capacity to serve this vulnerable population. (For more details on facility sites, see Appendix C.)

These residential care facilities range from 10-bed to 120-bed units in Clackamas County. They offer long-term care with a full range of services, including meal preparation, personal care and activities.

All residential care facilities in Oregon must be licensed by the Oregon Department of Human Services. Oregon law requires each facility to have a written emergency preparedness plan for all hazards; address the medical, supplies and equipment needs of residents during and after a possible evacuation; prepare sufficient supplies and provisions for sheltering in place for a minimum of three days; conduct drill of the emergency preparedness plan at least twice a year; and annually review or update the emergency preparedness plan.

2.1.5 Nursing Facilities

Clackamas County has 17 **licensed nursing facilities** (also known as nursing homes) in nine cities within its borders. These facilities have the capacity to serve over 1,000 seniors and people with disabilities and comprise 10% of all such facilities in Oregon. Overall, they account for 8% of the state's capacity to serve this population. (For more details on County facilities, see Appendix D.)

Nursing facilities are the highest, most expensive level of care for those in need. They are long-term care facilities that provide twenty-four hour skilled nursing, assistance with activities of daily living, health services and a number of activities. Their goal is to integrate custodial care with nursing, psycho-social and rehabilitative services on a continual basis. Some facilities offer specialized programs for residents with advanced stages of Alzheimer's disease or other dementia.

All nursing facilities must be licensed by the state of Oregon, Department of Human Services. Oregon law requires each facility to have a written emergency preparedness plan for all hazards; address the medical, supplies and equipment needs of residents during and after a possible evacuation; prepare sufficient supplies and provisions for sheltering in place for a minimum of five days; conduct drill of the emergency preparedness plan at least twice a year; and annually review or update the emergency preparedness plan. (For more details, see Appendix D.)

2.1.6 Adult Foster Homes

There are 138 **licensed adult foster homes** (AFHs, also known as adult care homes) that provide residential care primarily for elderly or disabled persons who need assistance to varying degrees with activities of daily living. The number of AFHs spread across 18 different communities in Clackamas County represents seven percent of the total throughout Oregon. The levels for which they are licensed (1, 2, or 3) depend on the degree of support they provide to residents. (For list of facilities and their levels of care, see Appendix E.)

AFHs are required to develop emergency evacuation plans, revise them as necessary to reflect the current conditions or capabilities of residents, and rehearse the plan with all occupants. Within 24 hours of arrival, any new resident or caregiver must be shown how to respond to a smoke alarm, shown how to participate in an emergency evacuation drill, and receive an orientation to basic fire safety. New caregivers must also be oriented in how to conduct an evacuation.

2.1.7 Other Facilities

The County H3S Department maintains a contact list of mental health housing resources (see Appendix F), including:

- Six structured sites owned and operated by Northwest Mental Health Management Services, Inc.
- Six structured sites owned and operated by other service providers.
- Six adult foster homes.
- Seven apartment complexes with supported housing.
- Various family housing complexes and HUD-subsidized apartments.

2.2 Alert and Notification

At issue is how to convey emergency information to people who are living independently and have special communications needs (1) due to hearing or visual impairments, cognitive impairments, a combination of impairments, or (2) due to limited English proficiency (LEP) or (3) because they are less accessible due to homelessness or living in more isolated rural areas of the County. Both the medium for conveying the message and the content of the message are important to consider. “Knowing how to provide a warning message that will be well received and using a credible ‘voice’ to deliver it are major steps toward motivating community members (including people with disabilities) to respond appropriately.”² Using a combination of communication techniques is more effective than relying on one method alone. Social networks should also be considered as a communications tool.

Staff working in residential facilities, assisted living facilities, or nursing homes will generally know best how to communicate emergency information to residents who have impairments or speak another language.

2.2.1 Messaging to Persons with Hearing Impairments

The County’s Reverse 9-1-1 system is capable of sending an emergency automated phone call to all landlines tied into the 9-1-1 database and cell phones and VOIP lines that have been entered in the system by county residents within the borders of Clackamas County. This system includes TDD/TTY functionality so that a person with a hearing or speech impairment using a telecommunications device for the deaf (TDD) can read the message as a typed display when a call is received and type a message in response.

² Effective Emergency Management: Making Improvements for Communities and People with Disabilities (Washington, D.C.: National Council on Disability, August 2009) 93.

The County routinely uses Telecommunications Relay Services and Speech-to-Speech Services for communicating to individuals with hearing and speech disabilities. The County Social Services Division of H3S has a TTY device for staff use.

Both Clackamas County Government Channel, carried by 11 cable operators in Clackamas County, and the Emergency Alert System routinely use closed captioning to display the audio portion of program for television broadcasts.

For deaf people who sign, the likely language they speak is American Sign Language (ASL). This does not translate directly to English. Therefore, for emergency broadcasts over the television it is important to make preparations for securing ASL interpreters for on-camera emergency duty.

Research shows that 50 percent of deaf and hard-of-hearing students graduating high school in the U.S. read at or below fourth-grade levels.³ Therefore, communications for persons with hearing impairments should be simple and clear and incorporate universal symbols and/or graphic images.

For door-to-door notifications, it is helpful to use facial expressions and hand gestures as visual cues⁴ and to bring along notepads and pens or pencils for communication with persons with hearing impairments.

2.2.2 Messaging to Persons with Visual Impairments

Alternative information formats for conveying emergency information to persons with visual impairments may include: large print (using a sans serif font of at least 18 points in size), Braille, audiocassettes or CDs. For broadcast media, consistent, unique, specific tones, music, and voice tags (i.e., “this is a special report”) should precede emergency announcements.

During door-to-door notification it is important to find out whether the person uses a service animal since service animals must be evacuated with the person.

2.2.3 Messaging to Persons with Cognitive Impairments

People with limited cognitive abilities may find it difficult to comprehend emergency information. Some people who may not understand may become confused, stressed or combative. Simple, short, jargon-free sentences with basic information and use of universal symbols or graphic images in printed materials are helpful. In face-to-face communications, allowing extra time for the person to process the message and repeated explanations can be helpful. Caregivers may be great resources for conveying information to those they assist.

³ Greg Levidas, "RIT - NTID - NTID News." Rochester Institute of Technology National Technical Institute for the Deaf. <http://www.ntid.rit.edu/media/full_text.php?article_id=1289>.

⁴ Note: Facial expressions and gestures are not always a universal language. Some may be culturally specific.

2.2.4 Messaging to Persons with Limited English Proficiency

All recipients of federal funds and all federal agencies are required by law to take reasonable steps to provide meaningful access to persons with limited English proficiency (LEP). In disasters where the Federal Emergency Management Agency (FEMA) is likely to have oversight, language accessibility is an issue to consider.

According to U.S. Census Bureau data from 2000, less than 10% of the population in Clackamas County speaks a language other than English at home. An Urban Institute 2003 report found an overlap between linguistically isolated households and Census tracts within which poor immigrants are concentrated — most notably in the eastern part of Clackamas County.⁵

The predominant non-English languages spoken in Clackamas County are Spanish and Russian. Translation services would be needed to provide emergency notification messages in Spanish and Russian to these limited English speakers. Radio announcements in Spanish on local Spanish music AM/FM radio stations can be an effective tactic for emergency messaging. Bilingual written materials are especially useful so that readers can see both languages side-by-side for better understanding. Timely distribution of the messages is important, so door-to-door outreach with appropriate bilingual speakers in areas known to have high concentrations of Spanish or Russian language speakers may be appropriate. Use of universal symbols or graphic images in printed materials is helpful. The County H3S already contracts with three translation services to support the needs of clients using behavioral health or community health services. All three offer telephone translation services; one of the service providers, Immigrant & Refugee Community Organization (IRCO), also offers in-person translation services. (See Appendix G.)

2.2.5 Messaging to Homeless Persons

Persons who are homeless are likely to be out of the bounds of mass communications systems for receiving emergency alerts and notifications. The two primary sources of information about the location of homeless persons in Clackamas County are the participants in Clackamas County Continuum of Care services and the Clackamas County Social Services Program Manager, who is ultimately responsible for the County's homeless count. The Homeless Council has a list-serve of most programs that serve homeless people in Clackamas County. Programs not on the list-serve are likely known to Clackamas County Social Services staff.

For emergency notification purposes, the Clackamas County Social Services Director is designated to notify homeless service providers for emergency outreach duties. The Clackamas County Social Services Program Manager serves as back-up.

2.2.6 Messaging to Persons Living in Isolated Areas

Alerting and notifying people who live in the more rural and mountainous eastern regions of the County pose a challenge during an emergency where speedy response is critical. Possible

⁵ Katherine Lotspeich, et al., *A Profile of the Foreign-Born in the Portland, Oregon Tri-County Area* (Washington, D.C.: Urban Institute, 2003) 10.

messaging tactics for consideration may include: door-to-door outreach; ham radio operators; portable reader boards; community bulletin boards; AM/FM radio station announcements; reverse 9-1-1 calls, including cell phones.

2.3 Sheltering in Place

In some emergency situations, such as a chemical accident or a terrorist attack, an incident commander may call upon the community nearest the danger zone to go indoors with their children and animals, seal their homes, and stay inside for a prolonged period. Under normal conditions, some people may need a caregiver to help them with tasks of daily living like getting dressed, eating and bathing. Others may rely on battery-powered equipment, like wheelchairs or door openers, or on daily in-home food delivery or prescriptive medicines. During the course of an emergency, basics such as water or power may not be available for extended periods of time. For people who have access and functional needs, sheltering in place presents new hurdles.

While emergency preparedness for the general population can be challenging, there may be additional considerations for people with functional needs. Stockpiled items — like food, water, and a week’s worth of medicines that needs to be rotated periodically — may be a difficult investment for people with limited resources. Obtaining an extra supply of medications may be hard for low-income people with limited medical insurance or none at all.

Persons who have mental health conditions and live independently (not in a group home setting) may need reassurance during a shelter-in-place situation. To meet this need, the County may consider having mental health providers train volunteers to offer support at emergency call center operations. People who are staffing the EOC and the call bank need to have detailed information about the County’s health and social care systems and how to access them.

Other considerations for sheltering in place include finding ways to support the needs of people:

- who cannot perform the tasks of sealing the premises,
- whose caregivers are not able to enter the premises,
- who pick up medications or money according to a regular schedule that has been pre-empted by the emergency,
- who are homeless and may not have a place in which to shelter readily,
- who receive food boxes on a daily basis,
- who need provisions and care for their service animals or pets,
- who receive medical treatments (e.g., chemotherapy or kidney dialysis) and have to maintain strict schedules. Such people have limited capacity to shelter in place and may need transportation to medical centers.

2.4 Transportation

Once an evacuation has been ordered to protect public safety, access to transportation is crucial to ensure that persons who have physical disabilities or mobility limitations or those who have no personal transportation resources can be moved safely out of harm's way. Logistics are complex due to a variety of factors including: locating people who need to be transported; the medical condition of the individual; vehicle accessibility; space for durable equipment, pet and service animal needs; forced transport; and liability issues.⁶ Also, transportation systems often can become strained during an evacuation: more people may need transportation than available resources can support⁷ and lift-equipped vehicles may be not be readily available.

Clackamas County has an Omnibus Agreement in place with cities and special districts within the county for mutual aid during emergency situations, including transportation emergencies. (See Appendix H.) The County has begun an inventory of buses and vans, operated by cities and public or non-profit paratransit service providers, which may be available (some with lifts) for emergency transportation duty. (See Appendix I.) Vendor contracts with local transportation services still need to be established by the County with those entities.

Planning considerations for emergency transportation systems that encompass support for persons with access and functional needs include:

- Clarification of which entities are dependent upon the same transportation service providers and protocols for deployment.
- Identification of areas of the county that are heavily dependent upon auxiliary transportation based on regular routes of service providers such as Meals-on-Wheels or Ride Connection.
- Protocols for transporting people without transportation resources from rural parts of the County.
- Protocols for lifting and transporting excessively obese persons.
- Protocols for transporting personal supplies, medications, durable equipment, and service animals along with their owners to facilitate access and functional needs at the destination point.
- Protocols for transporting persons in need of caregivers together with their caregivers.

⁶ California Emergency Management Agency, *Guidance on Planning and Responding to the Needs of People with Access and Functional Needs— Evacuation/Transportation*
<<http://www.calema.ca.gov/WebPage/oeswebsite.nsf/0/2CFAF4A91788559B8825749B00808695?OpenDocument>>.

⁷ Nusura, *Be Ready to Go: Evacuation Transportation Planning Tips for People with Access and Functional Needs*
<http://www.nusura.com/media/projects/Cal_EMA_Toolkit/resources/individuals/evac_tips.pdf>.

- Protocols for communicating with people who refuse to follow evacuation orders.
- Coordination of transportation resources with neighboring jurisdictions.

In addition, during extreme heat, cold and/or unhealthy air, people with access and functional needs may need transportation to cooling and warming centers. Typically, such conditions do not meet the criteria for a state/federal declaration but the consequences of an individual not getting to a center can cause significant health risks and may be catastrophic.⁸

2.5 Medical Management

During an emergency, as people without transportation resources of their own are evacuated to safety, some may be dependent upon medications, durable equipment (e.g., wheelchairs, walkers, respirators, etc.), or consumable supplies (diapers, oxygen, syringes, catheters, special diet foods, batteries, etc.) that support their tasks of daily living. Considerations for medical management for people with access or functional needs during the transportation and evacuation phase of the emergency include:

Protocols for advising people prior to departure of what types of personal items and information to prepare and bring with them. Health and medical information should include:

- list of primary care physician and, if appropriate, mental health professionals,
- copies of medical records describing the person’s condition and medical equipment needs (i.e., medical supplies, oxygen, special monitoring devices, etc.),
- bringing their medications in original bottles,
- list of medicines and dosages,
- list of allergies,
- list of emergency contacts (i.e. relatives, caregivers, etc.)
- list of the type and models number of medical devices (such as pacemakers),
- medical insurance or Medicaid/Medicare cards,
- a copy of Physician Orders for Life Sustaining Treatment (POLST) to provide orders to Emergency Medical Services, if appropriate. (Some records may already be filed and available online through the Oregon POLST registry.)

⁸ California Emergency Management Agency, *Guidance on Planning and Responding to the Needs of People with Access and Functional Needs— Evacuation/Transportation*
<http://www.calema.ca.gov/WebPage/oeswebsite.nsf/0/2CFAF4A91788559B8825749B00808695?OpenDocument>.

- Protocols for bar code labeling of medicines, equipment, or supplies that are to be transported with the person who uses them.
- Protocols for deploying vehicles with adequate space for equipment and supplies.
- Protocols for keepings medications cool, if needed, during transport.

2.6 Resources

2.6.1 General

1. *Enhancing Emergency Needs Preparedness for Special Needs Populations, A Toolkit for State and Local Planning and Response* by RAND Health Center for Public Health Preparedness (2009). Overview of strategies for access and functional needs populations. http://www.rand.org/pubs/technical_reports/TR81.html

2.6.2 Communications Issues

1. *ADA Best Practices Tool Kit for State and Local Governments*, Chapter 3: General Effective Communication Requirements Under Title II of the ADA. Specifies Americans with Disabilities Act requirements for effective communications with persons who have different types of disabilities that may impair communications. <http://www.ada.gov/pcatoolkit/chap3toolkit.htm>
2. *When Words Are Not Enough*, Woodside, California Fire Protection Unit's communication tools for individuals who have various physical, psycho-social, developmental, and learning disabilities that may be adversely affecting communication. <http://www.woodsidefire.org/pdfs/Manual.pdf>
3. Appendix A: Compendium of Emergency Risk Communications for Vulnerable Populations in the *RAND Working Paper on Enhancing Emergency Preparedness, Response, and Recovery Management for Vulnerable Populations*, Prepared for the United States Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (June 2008). Contains over 300 Internet references on communications and emergency preparedness for emergency planners, first responders and persons with access and functional needs. http://www.rand.org/content/dam/rand/pubs/working_papers/2008/RAND_WR581.pdf
4. Federal guidance on Limited English Proficiency (LEP). <http://www.lep.gov/faqs/faqs.html>

2.6.3 Evacuation and Transportation Issues

1. California Emergency Management Agency, *Guidance on Planning and Responding to the Needs of People with Access and Functional Needs—Evacuation/Transportation* <http://www.calema.ca.gov/WebPage/oeswebsite.nsf/0/2CFAF4A91788559B8825749B00808695?OpenDocument>
2. *Overview: Understanding Evacuation and Transportation for People with Access and Functional Needs*, information developed by Nusura by California Emergency Management Agency includes video and legal references for ADA compliance for providing public services to people with access and functional needs. http://www.nusura.com/media/projects/Cal_EMA_Toolkit/overview3.html
3. *Transportation Disadvantaged Populations: Actions Needed to Clarify Responsibilities and Increase Preparedness for Evacuations* a report by the U.S. Government Accountability Office to Congressional Subcommittees (2006). Discusses barriers for emergency transportation of people without access to transportation resources and strategies for reaching these populations. http://www.umaryland.edu/healthsecurity/mtf_conference/Documents/Additional%20Reading/Session%206/GAO%20Transportation%20Disadvantaged%20Populations.pdf

2.7 Appendices

Appendix A: Hillside Manor Information

Appendix B: Assisted Living Facilities in Clackamas County

Appendix C: Residential Care Facilities in Clackamas County

Appendix D: Nursing Facilities in Clackamas County

Appendix E: Adult Foster Homes in Clackamas County

Appendix F: Health, Housing and Human Services Department List of Mental Health Housing Resources

Appendix G: Summary of Interpreter Contracts

Appendix H: Intra-County Mutual Aid Agreement

Appendix I: County Transit Resources

Chapter 3: Sheltering and Mass Care

3.1 Specific Shelter Needs

During a major disaster people may need to evacuate their homes and places of work and be relocated on a temporary basis to the safety of mass care shelters. In Clackamas County, the American Red Cross is responsible for activating and managing mass care and feed operations at the shelter sites and for providing basic health and behavioral health services to people in the shelters.⁹ These general population shelters, in compliance with the Stafford Act, the Post-Katrina Emergency Management Reform Act, and federal civil rights laws must be capable of supporting and integrating people with access and functional needs into the mass care setting. CCEM and the American Red Cross have so far identified four mass sheltering sites for potential use in Clackamas County. At the very least, the shelter sites must meet the federal guidelines for Americans with Disabilities Act (ADA) accessibility, including:

- Entrances
- Routes to all services/activity areas
- Routes within toilet rooms
- Passenger drop off and pick up areas
- Parking
- Sidewalks and walkways
- Shelter entrances, hallways, and corridors
- Check in/information areas
- Sleeping areas
- Restrooms, showers, and toilet stalls, including portable toilets
- Public telephones
- Drinking fountains
- Eating areas
- Medical first aid areas

⁹ Clackamas County, Oregon, Emergency Operations Plan Emergency Support Function Annex 6: Mass Care, Emergency Assistance, Housing and Human Services (April 2010) 6-3.

- Recreation areas

General shelter sites need to be prepared to provide functional assistance to people who:

1. need caregivers to maintain independence in tasks of daily living,
2. have conditions that affect their mobility,
3. have chronic but stable respiratory conditions (heart disease, asthma, emphysema, allergies, etc.),
4. have temporary limitations (post surgery, accident injuries, pregnancy, etc.)
5. require dialysis or chemotherapy treatments.
6. have cognitive limitations or behavioral health conditions.

General shelter sites are not for people who require intensive medical care. Clackamas County needs to establish protocols for determining what types of health conditions and treatments are not appropriate for mass care shelters and where those individuals should be placed. This includes individuals who are unable to maintain their health or daily living activities due to a lack of adequate personal assistance services (PAS) within a mass shelter setting. It is likely that such individuals may be placed in a nursing facility of appropriate skill level to meet the person's needs or in a hospital, if necessary.

As part of its emergency planning process, the American Red Cross coordinates with the County on evaluating potential shelter sites in Clackamas County with regard to ADA compliance standards.¹⁰ This evaluation minimally ensures the facility provides adequate space and essential utility services to maintain the health and safety of shelter residents with functional needs. It also assesses what equipment and services will be brought on site (i.e. emergency generators, refrigeration units, accessible portable restrooms and wash stations) for emergency shelter operations.

According to the County's Emergency Operations Plan, County H3S is responsible for coordinating transportation, health and medical services, behavioral health and social services for shelter operations and for coordinating medical and social services for "special needs populations and vulnerable clients" so that they can maintain their functional independence during emergencies.¹¹

Considerations for providing services to people with access and functional needs at general shelter sites include site set up; staffing resources; management of medications, pharmaceuticals

¹⁰ A detailed checklist for emergency shelter compliance with ADA standards is available at <http://www.ada.gov/pcatoolkit/chap7shelterchk.pdf>.

¹¹ Clackamas County, Oregon, Emergency Operations Plan Emergency Support Function Annex 6: Mass Care, Emergency Assistance, Housing and Human Services (April 2010) 6-3.

and supplies; communications resources; transportation resources; and provisions for service animals. These considerations will be discussed in the sections that follow.

3.2 Site Setup

In addition to the ADA accessibility standards other physical considerations for site accommodations include:

1. Provision of back-up generators for durable equipment, such as wheelchairs and respirators, and batteries for adaptive devices such as hearing aids.
2. Provision of at least one non-chemical toilet for people with chemical sensitivities.

3.2.1 Food Service

Besides providing meals and snacks all shelter residents, shelter operations should consider preparation of special meals for people who are diabetic, are on low-sodium diets, or require pureed foods as well as meals for infants and children. Other dietary considerations may include meals for people who are vegetarians, kosher, or have particular food allergies (e.g., peanuts, wheat, milk, etc.).

To prepare for emergency food service, the County should consider contracting as needed with local organizations that have demonstrated capacity for providing meals and snacks to large populations, such as: hospitals; local restaurants, cafeterias, caterers; schools, or non-profits with a feeding crew (e.g., Meals on Wheels, local food banks, etc.).

The County will obtain waivers as needed from state and federal governments for people eligible for food vouchers from the WIC (Women, Infants and Children) Program and possible support from the Oregon Department of Human Services for those who qualify for the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps).

3.2.2 Considerations for Persons with Behavioral Health Conditions

1. Shelter staff should coordinate with mental health professionals regarding cot placements for people with behavioral health conditions, e.g., avoiding middle of the room spaces which may cause undue anxiety.
2. Some people with behavioral health conditions may need to be placed (with family members) in an area where they can receive enhanced support services or be monitored as necessary.

3.2.3 Considerations for Persons with Developmental Disabilities

Some people with developmental disabilities work in vocational shelter programs or attend day programs in Clackamas County sponsored by Edwards Center in Milwaukie, Albertina Kerr Center in Oregon City, SERP Enterprises in Oregon City, and Exceed Enterprises in Milwaukie

and Gladstone. These sites already meet ADA accessibility standards and have functional kitchens. It may be appropriate to use these spaces as emergency shelters for people who participate in programs at these sites since they are already familiar and comfortable with the surroundings. More adaptive aids, such as Hoyer lifts and transfer beds, may be needed at the sites to support the functional needs of those who use wheelchairs.

3.3 Staffing

The County's Emergency Shelter Plan, currently under development, contains details regarding sheltering including staffing, equipment, shelter layout, etc. To meet the functional support needs of people in emergency shelters, protocols need to be established for:

1. A staffing structure within the shelter to provide organization and oversight of security, logistics, food and water service, and sanitary and waste systems.
2. Staffing the shelter site with people who have in-depth knowledge of the populations they serve, their needs, services, and resources including health, housing, benefit programs, and disaster aid programs.
3. Intake staff to assess the functional and medical needs of people as they arrive at the shelter to determine whether they can be supported at the shelter site or should be transported to a more appropriate medical facility.
4. Inclusion of a licensed medical professional (i.e., licensed registered nurse, physician, advanced registered nurse practitioner or physician assistant) as part of the on-site shelter staff team.
5. Providing personal assistance services (PAS) in the shelter setting.
6. Providing emotional support for people affected by the trauma of the emergency. The shelter should prepare for screening of mental health issues. Trauma literature should be available at shelters.
7. Enabling case managers to locate their clients at shelters without breaching confidentiality issues.

The County may consider establishing cross-functional assessment teams consisting of professional staff from the County and from local community organizations trained and experienced in providing different types of services to persons with functional needs. These teams may be deployed to shelters to conduct initial functional needs assessments and oversee the service provision for persons in need of functional support at shelters.

3.3.1 Personal Assistance Services

FEMA guidance states that “General population shelters should be prepared to provide sufficiency of care for all residents.”¹² This includes personal assistance services (PAS). People who need help with the tasks of daily living due to their physical or mental health conditions usually rely upon the support of unpaid family or friends as “caregivers” or paid “personal care assistants” (PCA) also known as personal and home care aides. During an emergency, the caregiver or PCA may not be available. In a mass sheltering situation, providing support for those who need help with non-medical tasks of daily living is critical to help them maintain their pre-emergency level of functional independence. Tasks may include: grooming, eating, bathing, toileting, dressing and undressing, transferring, taking medications, and assisting in communications. Considerations for providing PAS in the shelter setting include protocols for:

1. Identifying at intake who is need of PAS and for what types of daily living activities.
2. Determining at intake whether the person is accompanied by his or her usual caregiver or PCA and, if not, whether the person knows how to contact the caregiver or PCA.
3. Locating caregivers in the shelter nearby the persons they assist.
4. Maintaining updated lists of local agencies that specialize in providing in-home care by trained PCAs.
5. Procuring and storing adaptive equipment and supplies needed for PAS.

To facilitate deployment of trained PCAs during an emergency, the County should consider establishing vendor agreements with local PAS provider agencies for services at shelters.

3.3.2 Volunteer Support

Clackamas County operates Volunteer Connection, a volunteer recruitment, screening and placement service, which matches volunteer interests with community service opportunities both in the County’s own programs and in those of countywide non-profits. Volunteer deployment during an emergency is coordinated under Annex J of the County’s Emergency Operations Plan and includes additional vetting and deployment under the Volunteer Reception Center strategy.

In addition to currently vetted and trained volunteers, the County values support of spontaneous volunteers. To accommodate people who often come forward during emergencies to help in their community, Volunteer Connection would mobilize the Volunteer Reception Center (VRC). VRC could be established virtually and, if need be, at a physical location. Through VRC, spontaneous volunteers will have an opportunity to register for volunteer opportunities. These volunteers

¹² FEMA, “Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters” Appendix 5: Guidance for Providing Personal Assistance Services (November 2010): 142
<http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf>

would then be deployed with partnering non-profit agencies that assume full responsibility, including screening, for the new recruits. Some of the assigned tasks may support emergency shelter operations. Medically trained volunteers would be referred to the Clackamas County Medical Reserve Corps, which is overseen by the Clackamas County Health Services Emergency Preparedness Coordinator.

3.4 Communications Access

On-site communications resources to support people with visual and hearing impairments as well as those with limited English proficiency may include:

1. Multilingual and Braille shelter signs.
2. Multilingual, large and high contrast print and audio information distribution as well as readers.
3. Writing supplies (e.g., notepads, pens and pencils).
4. Communications devices for to aid people with hearing impairments such as hearing aids and hearing aid batteries of different sizes, TTY/TDD phones, captioned telephones (CapTel), or video relay services for American Sign Language phone conversations.
5. Interpreter and translation services for spoken languages such as Spanish or Russian as well as American Sign Language (ASL) and computer assisted real-time translation (CART) for people with hearing disabilities by a trained reporter using a stenotype machine, notebook computer and real-time software.
6. Equipment and programs that make computers accessible to people who are deaf, blind, or those with intellectual or mobility disabilities.

The County should consider establishing service provider contracts with translation and interpreter services, including ASL and CART, and vendor contracts with firms that supply and set up adaptive communication devices and computer equipment and software as described above. Templates for shelter signage (multilingual and Braille) can be developed and produced in advance.

3.5 Service Animals

3.5.1 Determining Service Animals

According to the U.S. Department of Justice's updated guidance on implementation of ADA regulations that took effect on March 15, 2011, a service animal is defined as

Any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this

definition. The work or tasks performed by a service animal must be directly related to the handler's disability. Examples of work or tasks include, but are not limited to, assisting individuals who are blind or have low vision with navigation and other tasks, alerting individuals who are deaf or hard of hearing to the presence of people or sounds, providing non-violent protection or rescue work, pulling a wheelchair, assisting an individual during a seizure, alerting individuals to the presence of allergens, retrieving items such as medicine or the telephone, providing physical support and assistance with balance and stability to individuals with mobility disabilities, and helping persons with psychiatric and neurological disabilities by preventing or interrupting impulsive or destructive behaviors. The crime deterrent effects of an animal's presence and the provision of emotional support, well-being, comfort, or companionship do not constitute work or tasks for the purposes of this definition.¹³

Under the new law, reasonable accommodation may need to be made for disabled persons who use a miniature horse that has been individually trained to do work or perform tasks for his or her benefit. However, to allow flexibility in situations where using a horse would not be appropriate, the final rule does not include miniature horses in the definition of "service animal," just dogs.

Although emergency shelters generally do not allow residents or volunteers to bring their pets or other animals inside, people who use service animals do need to be accommodated. Service animals are not pets and, therefore, are not subject to restrictions that apply to pets or other animals. There is no limitation on the size or breed of dogs that may be used as service animals.

Often service animals are easily identifiable because they wear special attire (harnesses, capes vests, scarves or patches) or because they can readily be seen performing functions for the persons with visible disabilities they accompany.

As people check into the emergency shelter, staff needs to determine whether any animals they bring are service animals for the purpose of functional support. When the situation is not apparent, individuals can be asked about how the animal assists them, not about their disability or symptoms. Appropriate questions are

1. Is this a service animal required because of a disability?
2. What does your service animal do for you?
3. What work or tasks has the animal been trained to perform?¹⁴

¹³ Federal Register, "Nondiscrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities," Vol. 75, No. 178 Rules and Regulations (September 15, 2010): 56236. <<http://www.gpo.gov/fdsys/pkg/FR-2010-09-15/pdf/2010-21824.pdf>>

¹⁴ FEMA, "Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters" (November 2010): 29 <http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf>

If the person is nonverbal, these questions can be asked of the people accompanying the individual.

The ADA does not permit shelter staff to question a person's need for a service animal or exclude a service animal on the grounds that shelter staff or volunteers can provide the assistance normally provided by the service animal. Under ADA regulations, shelter staff may not require a license, certification, identification tag or any other type of documentation for a service animal. However, while at the emergency shelter, staff can provide the service animal with some kind of visible identification that designates it as a service animal to staff and other shelter residents.¹⁵

3.5.2 Accommodating Service Animals

The shelter should consider setting up an identification system, i.e. using photographs, to ascertain service animals and their handlers in case of separation. In setting up emergency shelter sites that comply with ADA standards, consideration should be given to:

1. Setting up areas where service animals can be housed, exercised and toileted and developing appropriate signs (large print English, Braille, graphics, Spanish and Russian) for those spaces.
2. Setting up vendor contracts to supply food, supplies (water bowls, leashes, collars, etc.), and pet carriers to emergency shelter sites as needed.¹⁶
3. Setting up service agreements with local veterinarians to treat service animals that have been injured during the emergency.

Protocols should be established for situations in which shelter staff may need to separate a person from his or her service animal or exclude the person and animal from the shelter, such as:

1. When the animal is a direct threat to the health or safety of others. For example, an animal acting aggressively toward others may be a direct threat.
2. When the animal's presence will result in a fundamental alteration in the shelter's programs and services. For example, if the person with a disability has been injured or is otherwise unable to care for the animal and there is no one with the person who is willing or able to care for the animal, the responsibility of caring for the animal may result in a fundamental alteration of the shelter's programs and services.

Even in situations such as described above, shelter personnel should make every effort to keep the person with a disability and his or her service animal together. For example, shelter personnel could send the person and animal to an off-site location.¹⁷

¹⁵ Ibid.

¹⁶ Ibid.

3.6 Transportation

Once people have been safely evacuated to mass care shelters in the wake of a disaster, shelter staff need to have options at hand to transport people with specific functional needs to (and from) other places in the community. For example:

- Some individuals may need to continue with their regularly scheduled kidney dialysis treatments or chemotherapy appointments while they are in an emergency shelter.
- Some individuals may need to be transferred to medical shelters if medical needs are identified.
- Pregnant women may begin labor.
- Some individuals may need to go to places of work or to recovery assistance sites.

These needs should be coordinated with the Logistics Unit of the EOC.

Considerations should be given to:

1. Establishing service agreements with lift-equipped paratransit services.
2. Coordinating volunteer support with the County's Transportation Reaching People program and resolving concerns related to the County's inclement weather policy and liability issues.

3.6.1 Ambulance Services

The County's Ambulance Service Contingency Plan (April 2008) establishes three ambulance service areas (ASA), each served by a separate provider.

1. Canby Rural Fire Protection District (RFPD) provides ambulance service in the Canby Fire District.
2. Molalla RFPD provides ambulance service in the Molalla Fire District
3. American Medical Response (AMR) provides emergency and non-emergency ambulance service to the rest of the County as well as emergency service to in the Clackamas ASA, as established through a franchise agreement with the County.

In the event of an emergency, AMR services to the County include wheelchair transportation, emergency and non-emergency ambulance transportation, and a unit designed to safely transport obese patients.

¹⁷ "Animals in Shelters -- Service Animals versus Pets." Disability Law and Advocacy Center of Tennessee. <<http://kc.vanderbilt.edu/tnpathfinder/Shortcut%20to%20Pathfinder12.pdf.lnk.pdf>>.

To cope with urgent situations, three other fire agencies within the County have agreed to make additional ambulance resources available for emergency service within one to two hours after a request by the County. (See Table 4.) Additional preparation time would be needed for any extended operations.

Table 4: Fire Agency Ambulance Resources

Fire District	Available Ambulances
Clackamas County Fire District	2
Tualatin Valley Fire and Rescue	2
Lake Oswego Fire District	1
Total	5

3.7 Equipment, Supplies and Medication

3.7.1 Equipment and Supplies

During the evacuation process, some people with functional needs may arrive at the emergency shelter with or without taking items such as eyeglasses, hearing aids, or medications. Other items that some people routinely use to help them with activities of daily living may be not be able to be transported or they may be broken upon arrival. Individuals and/or their caregivers must assume responsibility for managing their own health care and any medical procedures they have been managing in the home setting. The mass care emergency shelter needs the ability to procure supplies of emergency durable medical equipment (DME), assistive technology (AT) and consumable medical supplies (CMS) as commonly needed by people with disabilities to support their independence. Considerations should be given to:

1. Developing vendor agreements with DME, CMS, AT suppliers.
2. Establishing procedures for shelter residents to request DME, CMS or AT or equipment repairs.
3. Establishing protocols for DME, CMS, AT storage and retrieval.
4. Developing a comprehensive list of DME, CMS, and AT items to stock, including quantities and suppliers. (See sample list in Table 5.)
5. Securing emergency power sources for equipment such as power wheelchairs or oxygen concentrators.
6. Coordinating with the Clackamas County Fire District to access and use the County’s two spare generators.

Table 5: Sample Equipment and Supplies List

Mobility Equipment	Bathroom Equipment
Wheelchairs (junior, adult and large sizes; manual and power models)	Shower chairs
Walkers and safety rollers	Commode chairs
Walking canes and quad canes	Raised toilet seats
Folding white canes (for the blind)	Bathtub seats
Crutches	Eating Supplies and Equipment
Portable ramps	Baby formula and food
Transfer boards	Flexible straws
Hoyer lift	Large-handled eating utensils
	Two-handled drinking mugs
Other Supplies	
Ostomy supplies	Simple support surfaces (egg crate padding, lambs wool pads)
Diabetic supplies	Bedpans, urinals, emesis basins
Adult and baby diapers	Magnifiers
Gloves	Hearing aids and batteries
Catheters and draining bags	Dog leashes and collars
Gauze pads	
Bandages	
Oxygen, portable tanks, regulators, tubing	
Incontinence pads	

3.7.2 Medication

The fact that an individual has or requires medications is not a basis for excluding him or her from a general population shelter. Shelter plans need to ensure that people have access to their medications. The County should develop protocols for obtaining, storing, controlling and dispensing prescriptive and over-the-counter medications and for providing refrigeration for medications such as insulin. Protocols should also be developed for proper collection and disposal of medical wastes. Other considerations include:

1. Coordination with area pharmacies and licensed medical professional staff to fill prescriptions of medications that have been consumed while at the shelter or prescriptive medicines that the resident did not take upon evacuation.
2. Advance coordination with local pharmacies and hospitals to stock two basic types of medications commonly used to treat mental disorders (i.e., anti-psychotics/mood stabilizers and anti-anxiety agents) to enable health care providers to treat people quickly on a temporary basis when their usual medication has run out or they have no prescription available.

See this chapter’s Resources section for suggested lists of medications and supplies.

3.8 Resources

3.8.1 Shelter Site Setup

1. FEMA's *Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters* (November 2010), pp. 1-48 in http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf
2. U.S. Justice Department, Civil Rights Division, Disability Rights Section, *ADA Checklist for Emergency Shelters* (July 26, 2001) contains detailed information for ensuring accessibility in all areas of a shelter site. See pp. 49 – 126 in http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf
3. Kansas Department of Social and Rehabilitation Services, *Assisting Individuals with Functional Needs During Evacuation and Sheltering* (January 15, 2009). See Attachment 7, pp 35 – 46 for sample client intake form. http://www.kdheks.gov/cphp/download/Assisting_Individuals_with_Functional_Needs.pdf
4. U.S. Justice Department, Civil Rights Division, Disability Rights Section, *ADA Checklist for Emergency Shelters* (July 26, 2001). See Appendix 2, pp. 115-116 for vendor services to support functional needs http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf

3.8.2 Food Service

1. FEMA's *Guidance on Planning for Personal Assistance Services in General Population Shelters* (November 2010). See p. 155 for sample one-day menu to meet various dietetic needs. http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf
2. Missouri Department of Health and Senior Services, *A Public Health Guide for Emergency Shelters in Missouri for Shelter Coordinators and Staff* (April 2008). See p. 9 for food handling sanitation checklist. <http://health.mo.gov/emergencies/ert/pdf/emergencyshelterguide.pdf>

3.8.3 Personal Assistance Services

1. FEMA's *Guidance on Planning for Personal Assistance Services in General Population Shelters* (November 2010). See pp. 127 – 166. http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf

3.8.4 Communications Access

1. Kansas Department of Social and Rehabilitation Services, *Assisting Individuals with Functional Needs During Evacuation and Sheltering* (January 15, 2009). See Attachment 6, p. 34 for suggested signage for inside the shelter. http://www.kdheks.gov/cphp/download/Assisting_Individuals_with_Functional_Needs.pdf

3.8.5 Service Animals

1. This site provides a synopsis of the updated ADA regulations regarding service animals. <http://www.servicedogcentral.org/content/node/297>
2. Disability Law and Advocacy Center of Tennessee, *Animals in Shelters — Service Animals versus Pets*. This site provides a flow chart to guide decision-making service animals. <http://kc.vanderbilt.edu/tnpathfinder/Shortcut%20to%20Pathfinder12.pdf.lnk.pdf>

3.8.6 Equipment, Supplies and Medication

1. U.S. Justice Department, Civil Rights Division, Disability Rights Section, *ADA Checklist for Emergency Shelters* (July 26, 2001) See Appendix 3 on p. 117 for sample list of durable medical equipment in http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf
2. U.S. Justice Department, Civil Rights Division, Disability Rights Section, *ADA Checklist for Emergency Shelters* (July 26, 2001) See Appendix 4 on pp. 118 - 123 for sample list of consumable medical supplies in http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf
3. Kansas Department of Social and Rehabilitation Services, *Assisting Individuals with Functional Needs During Evacuation and Sheltering* (January 15, 2009). See Attachment 8, pp 37 – 43 for suggested supplies and generic medications. http://www.kdheks.gov/cphp/download/Assisting_Individuals_with_Functional_Needs.pdf

3.9 Appendices

Appendix J: Medical Supply Resource List

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Chapter 4: Education and Outreach

4.1 Purpose and Goals

Educating the community about their roles and responsibilities in emergency preparedness is a daunting task. Education and outreach for people with access and functional needs as well as the people who routinely provide assistance to them are important for the community's overall ability to remain viable in the face of a disaster. This chapter outlines a preliminary strategic plan for communicating with key audiences so that they can become more aware of what they can do to prepare for emergencies and create action plans. The County's goals in pursuing education and outreach on emergency preparedness for people with access and functional needs are twofold:

1. To strengthen emergency preparedness among known population groups in Clackamas County that may have access and functional needs so that they may maintain their functional independence in emergency situations to the fullest extent possible.
2. To promote networks of community support for persons who may need additional assistance during times of emergency.

4.2 Target Audiences

Target audiences are the key groups of people that the strategic communications plan seeks to reach. In this case, the audiences fall into two categories: primary and secondary.

4.2.1 Primary Audiences

The primary audience consists of people who are responsible for their own emergency preparations to the fullest extent possible. This includes adults with known access or functional needs such as persons with physical disabilities (e.g., hearing impairments, visual impairments, mobility impairments), persons dependent on life-sustaining medical treatments (e.g., dialysis, oxygen, chemotherapy, etc.), persons with cognitive or developmental disabilities, persons with behavioral health conditions, persons with limited English proficiency (LEP), homeless persons, and persons living in remote parts of Clackamas County. Seniors living independently in the community should also be considered in this audience since they are likely to have to cope with access or functional needs as they age.

4.2.2 Secondary Audiences

Secondary audiences consist of people who may exert an influence on the primary audience. Such *influencers* include: caregivers and personal care assistants, homeless service providers, senior center staff, community/neighborhood organizations, and faith-based groups.

4.3 Messaging

The main messages for education and outreach relate to building a Go Kit and developing an emergency support network. Table 6 aligns target audiences with key messages.

Table 6: Key Messages for Audiences



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