



Oregon

John A. Kitzhaber, MD, Governor

Department of Human Services

Aging and People with Disabilities

State Unit on Aging

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January 7, 2013

Pam Norr
Central Oregon Council on Aging
373 NE Greenwood Avenue
Bend, OR 97701



Dear Pam,

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

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

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

Sincerely,

Elaine Young
Manager, State Unit on Aging

Cc: Kristi Murphy, SUA

CENTRAL OREGON COUNCIL ON AGING (COCOA) 2013-2016 AREA PLAN

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SECTION A – AREA AGENCY PLANNING AND PRIORITIES

A – 1 Introduction:

Since 1975, Central Oregon Council On Aging has been designated as the AAA to provide senior services to the tri-county area: Crook, Deschutes and Jefferson Counties. Among the many challenges the organization faces, the greatest are the rapid demographic and economic changes in this area. This geographically diverse and beautiful area is a mecca for sports enthusiasts and young retirees. However, the economic climate for the past five years has not been kind to seniors on fixed or limited income.

Currently the total potential client base of those over 60 is just shy of 45,000 people. However, the most dramatic change will take place in the next 20 years when the number aged 60 and over will almost double from about 45,000 to 86,000 people. While growth in the overall service area will double in the next 15 years, in Bend the service population will almost double from approximately 34,000 to 63,000 in less than 15 years by 2025.

The growth in the senior population is partly fueled by the boomer bulge expected between 2010 and 2030; but Central Oregon has a relatively larger share of seniors (20%-22%) when compared to Oregon (19%) and the nation (18%). Moreover, seniors in the tri-county area are expected to increase to about 26% during the planning period 2013-2016. Our largest service area, Deschutes County will see a 29% increase in the senior population. Not only has the population increased, but it has become poorer with challenges associated with health, including dementia. As our population lives longer, the effects of aging impact the needs for services.

Another demographic change will be the different age composition of our clients. As previous surveys have shown, most of our clients at the senior centers are over age 70; statistically this group represents only slightly less than half the senior population. In Central Oregon, 1.8% of the population is over 85+ compared to 2% for the state. This segment of the population is the most vulnerable group and most likely to require the services of the AAA. Many of this population live in rural, isolated areas.

Central Oregon has quality medical services and is a destination recreation and retirement area and thus the quality of life in general is very good.

However, COCOA believes that the community, and in particular the businesses catering to seniors, may not sufficiently recognize that it is important for all concerned to support the mission of COCOA and other services assisting this population.

Furthermore, research states that “Boomers” are living longer and are different from previous generations, because they have no set path for retirement and have more varied circumstances in life. People 50 and older represent half of discretionary spending in the economy and a third want to work at least part time or start a business. As the Boomers age, we anticipate that their expectations will more closely resemble those of younger Americans, largely because they do not perceive themselves as aged. A Princeton Survey found that finances, leisure activities, health and fitness were extremely important to Boomers.

Therefore, not only does COCOA face growing numbers of customers, it must adapt to changing preferences. These changing preferences offer new opportunities to partner with the community to help us meet the growing demand.

An important part of our strategy during the coming planning period will be to make greater efforts to mobilize seniors by “amplifying” their voices in the halls of decision-making that most critically affect seniors. This includes education and advocacy in the local communities that need to take greater ownership of the senior services, as well as with our state legislators who must adequately fund those services that respect the dignity and independence of the seniors such as *Oregon Project Independence (OPI)*.

A – 2 Mission, Vision, Values

MISSION: *Central Oregon Council On Aging is a not for profit organization dedicated to promoting dignity, well-being, security, and independence for Central Oregon's Senior Citizens and disabled adults.*

VISION: COCOA operates in a caring, compassionate and collaborative way to help the area seniors maintain their dignity and independence.

In all aspects of our work, we seek to connect and facilitate the effectiveness of programs and services which improve or enhance the well-being of seniors, focusing our energy on closing the gap between reality and vision.

Creative leadership and professional growth of all staff is fostered as we believe that this is how quality results are achieved. Setting vigorous goals, staying mission-driven and dedicated to continuous improvement of processes are core values of the organization. As an example, part of the job description for all COCOA team members states:

Principles and Values for all Staff

Leadership: Displays positive attitude/optimism; inspires respect and trust; provides vision and inspiration to peers and subordinates.

Team Work: Balances team and individual responsibilities; exhibits objectivity and openness to others' views; gives and welcomes feedback; contributes to building a positive team spirit; puts success of team above own interests; able to build morale and group commitments to goals and objectives; supports everyone's efforts to succeed.

Conflict resolution: Always first assumes 'good intent'; talks with the person involved in the conflict before talking with others; does not gossip

Strategic Thinking: Develops strategies to achieve organizational goals; understands organization's strengths and weaknesses; identifies external threats and opportunities; adapts strategy to changing conditions.

Willing to Grow: Accepts accountability for mistakes and uses the mistake as an opportunity to learn about self and to change future behaviors.

Safety and Security: Observes safety and security procedures; determines appropriate action beyond guidelines; remedies potentially unsafe conditions.

Stakeholders for the organization's success include the Board of Directors, the Advisory Council, all senior centers, care providers, and other community partners and staff.

Annually the Board meets with executive staff for a half-day retreat and reviews the current strategic plan and makes priorities for the next planning cycle. Every third year a new plan is developed. These priorities are then explored with the Advisory Council for input and commitment. Executive staff then meets for a full day with staff to dialogue around the goals set by the Board and Advisory Council to brainstorm and then implement the vision. Each new cycle, the team, including the Advisory Council, gives input to potential new goals prior to their development by the Board of Directors.

A – 3 Planning and Review Process

In order to improve our services and fulfill a partial requirement of the Area Plan on Aging, COCOA invited Central Oregon seniors to participate in a senior needs assessment survey. The survey questions were on a variety of topics that can impact a senior's quality of life. They included:

- demographic information
- veteran status and benefits
- giving and receiving assistance
- sources of information used to find services
- physical health and activity
- health insurance and prescriptions
- medical screening and vaccinations
- mental health
- employment and financial security
- housing
- safety and security
- volunteerism/civic engagement
- social network/social support

This new process was developed in partnership with Margaret Neal, PhD, Director of the Institute on Aging for Portland State University. The first week of May 2011, a thousand paper form surveys were distributed to seniors throughout Central Oregon. Seniors and people between 50-59 years also had the option to take the survey online. The survey closed on July 31, 2011. At each site there was a collection box where participants dropped off their completed surveys.

A methodology was developed that targeted three specific populations:

1. Seniors currently served or volunteered for COCOA
2. Seniors not currently served by COCOA
3. Future seniors (people 50-59 years old)

Population #1:

Seniors currently served was the easiest population to gain access to and distribute the survey. The surveys were distributed to clients at their local senior center and meal sites. Case managers or MOW volunteers hand-delivered surveys to Meals On Wheels clients who had the cognitive ability to complete the survey. Also, case managers distributed surveys to clients at assessment and re-certification processes. In addition, RSVP and Foster Grandparent volunteer program managers distributed surveys to their volunteers in addition to Meals On Wheels and COCOA Administrative volunteers.

Population #2:

Case managers were first consulted on the best sites to distribute the needs assessment surveys to reach the most seniors. The result was housing sites and senior centers. Surveys were distributed to retirement communities and assisted living facilities throughout Central Oregon and at local senior centers throughout the tri-county region. They were also distributed to local senior organizations, nonprofits that serve veterans, churches and homeowner associations as well as through informal networks.

Population #3:

The “snowball” approach was used to target those between 50-59 years old. Staff forwarded the online survey link to friends, family and local community. We also forwarded the survey to board and advisory members, posted link our Facebook page and webpage.

Board and Advisory Council Priorities

As in past planning cycles, the COCOA constituents were asked to rank services in order to establish priorities for the core programs of COCOA, based on feedback from the 2011 survey, community input and staff recommendations. These priorities included those programs funded by the Older Americans Act and the State of Oregon and are the programs that meet the needs of the most vulnerable. COCOA stakeholders approved the following COCOA recommendations:

- ADRC model for I & A and I & R, Options Counseling
- All Case managers being AIRS Certified
- Home delivered meals (Meals on Wheels)
- Congregate meals
- Transportation (assisted and non-assisted) – pass through funding to COIC (for Cascades East Transit/Dial-A-Ride)
- In-home services (including contracted respite care, home repair, and counseling)
- Case management for OPI and in-home services
- SHIBA programs for Medicare counseling
- Support for Caregivers
- Education for seniors and community-at-large around issues related to aging well
- Volunteer opportunities
- Investigate fiscal management support for seniors
- Potentially partnering to support other counties in need of services that are provided by COCOA

There are no plans for major changes in these service programs. Our objective for the planning period will be to maintain high quality services and continue to meet the growing demands. What will become different is how services will be provided such as increased partnering and support from local and community-based sources.

In addition, COCOA will give priority in its advocacy, education and partnership programs that form part of our new ADRC model of service provision for all seniors. These activities will include:

- Affordable Senior Housing (COCOA will continue to support and advocate for the development of affordable housing options)
- Senior help line and referrals (I & A, I & R) , working towards full ADRC model
- Advocacy efforts, especially those aimed at obtaining increased State funding for OPI, Federal OAA budget increases, emphasizing Respite Care
- Continuing emphasis on rapidly increasing numbers of seniors the info and support needed to navigate Medicare (SHIBA)
- Options Counseling

Development of the Area Plan

In accordance with federal and state policy, COCOA's mission is to help create and maintain dynamic service delivery systems to meet the needs of older and adults with disabilities in Central Oregon. As part of this process COCOA is required to develop an Area Plan every three years that documents its work toward this goal. The Area Plan is a multi-year document, with annual updates. It serves two purposes:

(1) As a planning document - it identifies the needs of seniors and people with disabilities, and describes the scope of work the agency plans to use in addressing these needs; and

(2) As a compliance document which provides the basis for the State of Oregon to contract with COCOA for the delivery of a range of services to older persons and people with disabilities.

The current 2013-2016 Area Plan service priorities and its annual updates are based upon input from the Advisory Council, the Board of Directors, a needs assessment conducted by COCOA in the spring of 2011, community input and staff assessment.

The development of the 2013-2016 Area Plan was a joint effort involving staff and members of COCOA's Advisory Council and the Board of Directors. All entities reviewed the findings and recommendations of the needs assessment, the Agency's goals and objectives, and the availability of federal and state revenues. Based on this information, recommendations were made for the staff to build the budget and objectives for the current plan and submit plan for review and approval by Advisory Council and Board of Directors.

2011 Needs Survey

For the 2011 Needs Survey a methodology was developed that targeted three specific populations:

1. Seniors currently served or volunteering for COCOA
2. Seniors not served by COCOA
3. Future seniors (people 50-59 years old)

Of about 1000 surveys distributed, 282 surveys were returned.

*aged 50-59=17 respondents

*aged 60+=265 respondents

*Of these respondents about 9% took the survey online via Survey Monkey.

Survey Distribution Site Lists

Services	Location
	COCOA Advisory Council and Board
	RSVP and Foster Grandparent
Case managers	Bend
	Crooked River Ranch
	La Pine
	Madras
	Prineville
	Redmond
	Sisters
COCOA's Volunteers	COCOA Main Office
Foster Grandparents	COCOA Main Office
Meals on Wheels	Bend
	Crooked River Ranch
	La Pine
	Madras
	Prineville
	Redmond
	Sisters
Congregate Meal	Bend Senior Center
	Crooked River Ranch
	Madras Senior Center
	La Pine Senior Center
	Prineville Soroptimist Senior Center
	Redmond Senior Center
	Sisters Mealsite
	Warm Springs Senior Center
RSVP Volunteers	COCOA Main Office
Senior Center	Bend Senior Center
	Crooked River Ranch Senior Center
	Madras Senior Center
	La Pine Senior Center
	Prineville Soroptimist Senior Center
	Redmond Senior Center

Retirement Communities / Assisted Living

Facility	Location
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<i>Crook County</i>	
Carriage House	150 S. Williamson Dr., Prineville, OR 97754
Ochoco Village Assisted Living	830 North Elm Street, Prineville, OR 97754
<i>Deschutes County</i>	
Bend Villa Retirement	Bend, OR 97701
Brookside Place	3550 SW Canal Blvd, Redmond, OR 97756
Fox Hollow Independent & Assisted Living Community	2599 NE Studio Rd, Bend, OR 97701
The Heights Assisted Living Center	3000 SW Canyon Dr., Redmond, OR 97756
High Desert Assisted Living Community	2660 NE Mary Rose Place, Bend, OR 9770
Pilot Butte Retirement Center	1350 NE 27th St. #400, Bend, OR
Prairie House	51485 Morson St., La Pine, OR 97701
Stone Lodge	1460 NE 27th Bend, OR 97701
Summit Assisted Living	127 SE Wilson Ave., Bend, OR 9770
Touchmark at Mt. Bachelor Village	19800 SW Touchmark Way Bend, OR 97702
Vintage at Bend	611 NE Bellevue Drive Bend, OR 97701
Whispering Winds	2920 NE Conners Ave #100 Bend, OR 9770
<i>Jefferson County</i>	
Aspen Court	470 NE Oak St, Madras, OR 97741

Associations/Clubs

Organization	Location
Band of Brothers	Jakes Diner - Bend
Neighborhood Associations - Neighborhood Association Roundtable	City of Bend
Oregon Retired Educators Association - Crook/Deschutes Counties Local Chapter	Redmond
Bend Veterans Center	Bend

Needs Assessment – 2011 Survey Findings

- Over 60% of seniors live alone
- Over 50% of the respondents frequently eat their meals alone
- A majority noted that a decrease in social security funding would jeopardize their ability to live comfortably
- Many seniors who need to work for financial security are not confident that they will be able to continue to do so
- 30% of seniors feel that they do not have the necessary support to deal with the challenges of caring for family members or friends
- Affordable and appropriate housing for seniors who are financially at risk is increasingly difficult; 61% of senior renters spend at least 30% of their monthly income on rental housing; 47% of senior homeowners spend at least 30% of their monthly income on their mortgage and housing related expenses
- Almost 25% of the respondents have moved in the last five years to reduce their housing costs; an additional 18% believe that they will need to move to more affordable housing in the next five years
- 60% of respondents stated that if their social security was decreased by just 10% they would not be confident of their future financial stability
- Seniors are increasingly using the internet for information of all kinds
- In the two weeks prior to taking the survey 45% of the respondents said that they had occasionally been bothered by feeling down, depressed or hopeless

Based on these findings and other input, it is clear that:

- COCOA needs to allocate resources towards partnering with area organizations that focus on housing for low income seniors
- COCOA needs to continue to do outreach to help bring seniors into congregate and other social meal settings
- Continued partnering with local mental health providers who specialize in senior issues needs to be a priority
- Education related to nutrition, dealing with illness and caretaking are priorities as well

Overall, based on the findings of the 2011 Needs Survey and further assessment, COCOA concluded that the services it currently funds or operates are appropriately focused on the most pressing needs of seniors. This is not to say that the scope and volume of the services provided are adequate, only that they are correctly targeted. The demand for services will continue at a record pace and COCOA remains committed to doing the most for the most seniors possible with the resources we steward.

COCOA will continue quality, creative programming and service delivery that are responsive to the information shared on the 2011 Needs Survey and other parts of the needs assessment.

Case management -includes OPI and respite management, Meals On Wheels assessments, Family Caregiver Support Program management and other COCOA programs. Needs for these programs has increased dramatically in the last few years due to the economic downturn in particularly hard-hit Central Oregon.

Housing needs - It's clear not just from the survey, but from a broader overview of calls for assistance coming into our offices that affordable, appropriate housing is an increasing concern. At one point in winter of 2011/12 there were no beds available in any of our short-term facilities for seniors who were being evicted from their homes. The average waiting list length of affordable senior independent housing in Central Oregon is two years.

This type of crisis, while it ebbs and flows, shows an overall lack of resources in our communities for the at-risk seniors. In addition for those who do have stable housing, assistance with cleaning, yard work or housekeeping and financial help for repairs, housing and utilities continues to be a priority to keep seniors independent and safe in their homes.

Disaster preparedness - COCOA has devoted staff time to participating in the Red Cross Disaster Preparedness planning and education. These efforts, especially given the very real seasonal threat of fire and the potential need for mass evacuations, make this an important part of our overall support. A quarterly Community Alert report listing the vulnerable

clients is given to the Disaster Preparedness team. (See Appendix E for more details)

Transportation – Access to transportation is an essential component of well-being for seniors, with a third stating that better transportation could improve the quality of their lives. While perhaps surprising, many seniors said they have no need for these services; those needing help with transportation do need it for essential services – medical appointments and shopping (including food). COCOA’s commitment to continuing partnership with Central Oregon Intergovernmental Council (Cascades East Transit/Dial-A-Ride) and Volunteers In Action as well as other limited community resources helps to make essential services possible.

COCOA has long been the primary provider (or funding) of transportation for seniors in the tri-county area that it serves. Over the past planning cycle COCOA invested time in participating in the planning processes with the Central Oregon Intergovernmental Council for Cascades East Transit/Dial-A-Ride. Pass-through funding for these ADA compliant services has been the focus of COCOA’s senior transportation efforts.

Health – Affordable and available health care services are a major concern both at the local and state level. COCOA provides the following services to address these concerns:

- Senior Health Insurance Benefits Assistance (SHIBA) trained staff and volunteers assist clients with insurance questions and payment issues regarding medications and medical bills. Home visits are available.
- Case managers advocate for clients to adjust medical bills and obtain free or discounted medications

Through collaborative efforts the CCO partnership, COCOA with the medical community has implemented programs that begin to address access and affordability for health for all Central Oregonians. They include:

- Volunteers in Medicine (VIM) clinic
- Mosaic Medical Centers
- Cascade Health Clinics
- Drug company discounts
- Advocating for Medicare providers to remain open to new clients

COCOA will continue to be at the table for CCO and Care Transition programs that will help make health care for area seniors more accessible, understandable and ultimately affordable.

Senior Nutrition Program- The Senior Nutrition Program is designed to promote better health and well-being among senior citizens. The program offers nutritious meals in both a group setting and to homebound persons or persons unable to shop/cook nutrition meals for themselves through home delivered meals (Meals On Wheels). Outreach for these programs continues to be a priority. Building infrastructure and implementing efficiencies is allowing us to expand our nutrition services to meet the current needs. Past the current planning cycle, however, unless additional funding becomes available, COCOA will not be able to maintain our current level of service, as the increased amount of seniors will be more than can be managed at current level of resources.

Three Year Plan Objectives and Goals

The three year plan objectives set out in this document contribute to longer term goals of COCOA's Strategic Plan. Therefore our planning period (2013-2016) is presented in the context of our longer term plan (see attached COCOA Strategic Plan).

- Goal 1: Lessen reliance on state and federal funding by 1% per year over year one (2011) to 3% by 2014
- Goal 2: Develop a year plan of focused and relevant programs to meet current and future senior needs in Central Oregon
- Goal 3: Establish ongoing education component, board process review, recruitment/development/succession planning strategies
- Goal 4: Make Council On Aging the nonprofit employer of choice
- Goal 5: Develop strategy that presents Council On Aging as the credible, effective and reliable agency providing guidance and opportunity to seniors through the ADRC model and strategic partnering

To develop these goals, the following structures are necessary:

A. Innovative Regional ADRC by 2016

- Begin to establish a functional/identifiable regional ADRC serving all seniors in Central Oregon by the end of the period. Indicators for accomplishing this objective include identifying needs; development of a business plan; establishment of a clearly identifiable identity for the ADRC as measured by more effective public relations efforts;
- Identify new services and partnerships, especially those that could generate income to the portfolio of ADRC services.

The Advisory Council, Board of Directors and staff agree that in order to meet these goals and future senior needs, more will need to be done to expand services to our ADRC that can generate funding. The analysis of the types of support services for which there is demand need to be further analyzed among the entire senior population as most of our needs assessment data is drawn from those who frequent the senior centers. Thus our data perhaps represent a more homogeneous group than the at-large senior population and thus is not sufficient for planning the expansion of the regional ADRC. We do however have some indication of the types of services that are most in demand. Special attention needs to be focused on caregivers (adult children of our clients) who may not live in the local areas.

COCOA plans to further analyze the demand for these types of senior services. The growing reputation of Central Oregon as a senior-oriented retirement community offers the possibility of partnering with health care, legal, recreational, real estate, alternative housing and a multitude of other services offered by the private sector now catering to seniors. Along with substantially increased fund-raising efforts, opportunities for fee-based partnering will continue to be explored during the 2013-2016 planning period.

B. Sustainable Community Services

- Increase sense of local ownership by forming more community based sponsorship programs
- Foster the principles of community based self-reliance and encourage collaborations wherever possible
- Maintain the quality of current services, bringing more cost-effective delivery where possible
- Meet the growing demands. Central Oregon grew by 30.5 percent during the decade from 2000 to 2010 – the fastest growth rate of any region of the state. By 2010, about 5.2 percent of Oregon residents, or just over 200,000 people, lived in the area composed of Crook, Deschutes and Jefferson counties. Population in Prineville, Bend, Redmond, Sisters, Culver, LaPine, Madras, Metolius and Warm Springs varies by median age and demographics, and is projected to continue growing over the next twenty years. Between now and 2025 the percent increase in 60+ population is projected to be as follows:

County	2005-2010 Total 60+ Population Percentage Change	Projected 2015-2025 Total 60+ Percentage Change
Crook	10%	5%
Deschutes	17%	25%
Jefferson	5%	14%
State of Oregon	12%	14%

County	2010 60+ Population Percentage	Projected 2015 60+ Population Percentage
Crook	28%	22%
Deschutes	22%	24%
Jefferson	22%	22%
State of Oregon	20%	21%

C. Continue to adapt to changing environment/senior needs

This goal includes the activities that will make COCOA a more sustainable and effective organization capable of meeting the growing demand. While the demand will be manageable over the strategic planning period, by 2020 there will be a higher demand on services in Central Oregon than the state as a whole. The prediction is based on several factors:

- Central Oregon has been celebrated in national and regional press as one of the most desirable places to retire
- Central Oregon's climate and relative low cost of living is attractive to retirees
- Central Oregon continues to have a slightly higher percentage of people between the ages of 55-74 than the rest of Oregon or the U.S. as a whole
- The 85+ population in Central Oregon continues to grow

D. Organizational Stability and Future Growth

Over the longer strategic planning period (2020) COCOA will focus on meeting the growing demand from the most vulnerable. We have set an annual budget planning criteria that includes not cutting services while balancing our budget. This will be an important accomplishment and an indicator of whether COCOA can meet the demand by 2040 of more than 100,000 seniors in the current service area.

The major objective in the planning period will be to stabilize funding and begin to rebuild the reserves that have been used over the last three years. This means there will be a priority given to public relations, fund raising and seeking to increase the level of funding support in the community. Goals over the next four years are:

- Build on capital reserves to have six months working capital
- Increase the amount of undesignated fundraising

E. Organizational Development

Management of the organization has stabilized in the past planning cycle. The Executive Officer is supported by a Controller and Operations Director. Staffing has also stabilized as the agency has re-visioned and focused on ADRC goals and strategic plan.

- Board of Directors -a strong, fully-staffed Board responsible for Policy Matters, Governance, and Fundraising
- Advisory Council - representatives from across the service area advise the AAA on all aspects of senior services and advocates for senior services to the community and the state and federal governments
- Senior Staff including Executive Officer (AAA Director), Controller, Operations Director; Line staff includes case managers, nutrition program oversight, volunteer coordination and support staff.
- Establish ongoing education component, board process review, recruitment/development/succession planning strategies

A – 4 Prioritization of Discretionary Funding

There is an increasing need for all types of services in Central Oregon. With the continuing economic struggles including affordable housing, lack of senior employment opportunities, family member relocation out of the area, property tax deferral elimination, food and fuel cost increases, seniors are facing significant risks including unforeseen foreclosure, mounting debt, food insecurity and homelessness.

If there were discretionary funding available to COCOA, priorities and ability to serve would be triaged in this way, subject to Advisory Council and Board input and approval:

- Develop a threshold for greatest economic need (physical and mental disabilities, language barriers, cultural, social and geographical isolation)
- Develop a process to identify and cost-effectively serve as large a population as possible within the above matrix
- Ensure process would serve to keep seniors and adults with disabilities living independently
- Ensure sustainability through partnership with community agencies to complement OAA funding
- Leverage funding resources appropriately, identifying opportunity to locally match, supplement and enhance
- Utilize volunteer resources to extend any discretionary funding
- Coordinate process with input from community partners
- Evaluate for effectiveness and efficiency and make recommendations for further development of services

SECTION B - PLANNING AND SERVICE AREA PROFILE

B - 1 Population Profile

NOTE: Most recent statistics are from 2010 census; most data are for 65+ rather than 60+

Table: Central Oregon Population Profile

Characteristic	Central Oregon	Total Oregon Population %	Total Central Oregon Population %	Total 60+ Population %	Total 65+ Population %
Total Population	198,866	5%			
60 and over	44,990			23%	
65 and over	31,025				16%
Low income 65+	1,978				6%
Minority 65+	5,793				19%
Low income minority 65+	51				.16%
Adults with a Disability	27,059		14%		
Disabled 65+	10,641				34%
Persons with LEP	3749				2%
LEP 65+	219				.7%
Rural 60+	31,964			71%	
Native American Elders	561				2%

Table: Crook County Population Profile

Characteristic	Crook Total	Total Crook Population %	Total Crook 60+ Population %	Total Crook 65+ Population %
Total Population	21,362	100%		
60 and over	5,931		28%	
65 and over	4,203			20%
Low income 65+	170			4%
Minority 65+	753			18%
Low income minority 65+	0			0%
Adults with a Disability	3,387	16%		
Disabled 65+	1,686			40%
Persons with LEP	432	2%		
LEP 65+	26			.6%
Rural 60+	5,931			100%
Native American Elders	29			.7%

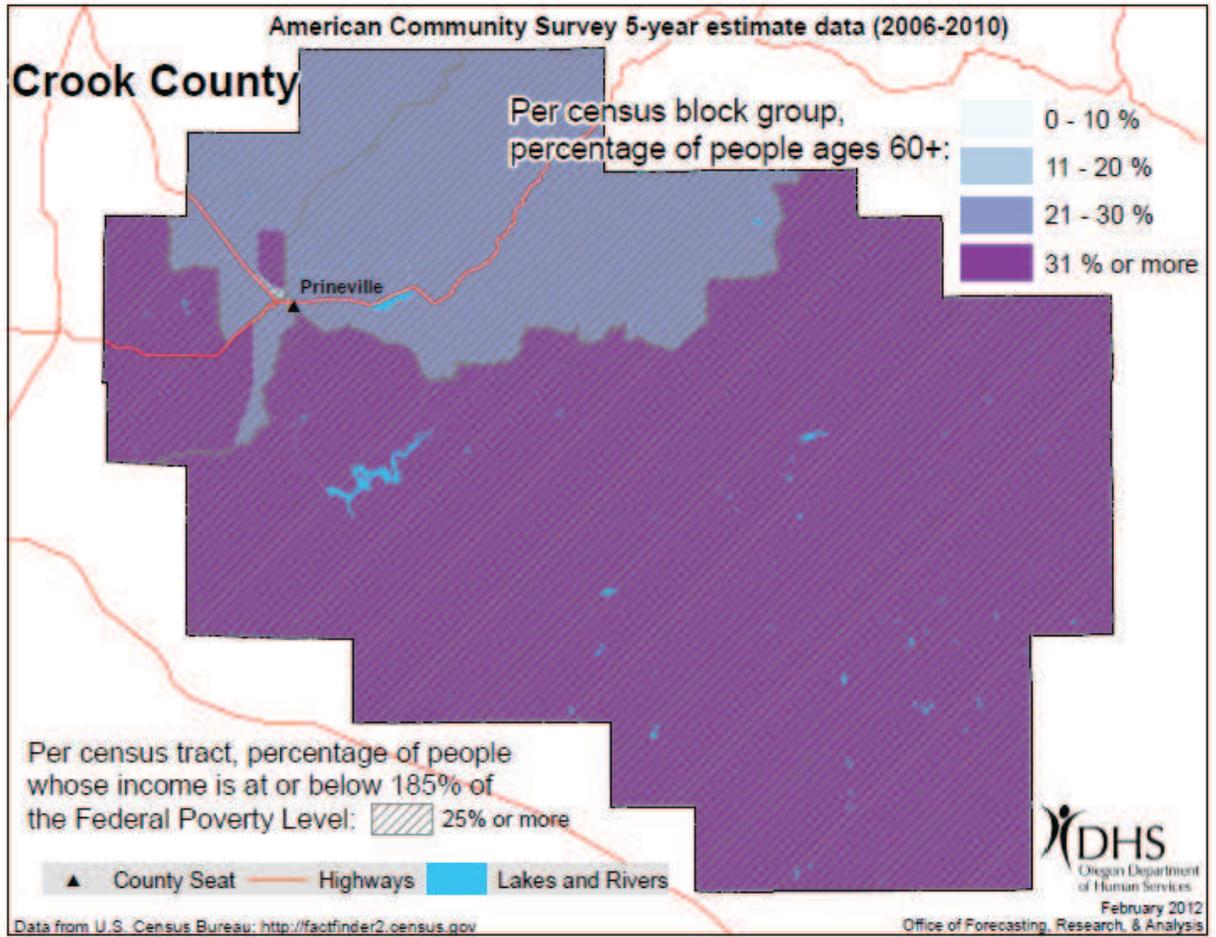


Table: Deschutes County Population Profile

Characteristic	Deschutes Total	Total Deschutes Population%	Total Deschutes 60+ Population %	Total Deschutes 65+ Population %
Total Population	156,546	100%		
60 and over	34,261		22%	
65 and over	23,491			15%
Low income 65+	1,610			7%
Minority 65+	4,192			18%
Low income minority 65+	21			0.09%
Adults with a Disability	20,057	13%		
Disabled 65+	7,647			33%
Persons with LEP	2,410	1.5%		
LEP 65+	121			.5%
Rural 60+	21,235			62%
Native American Elders	120			.5%

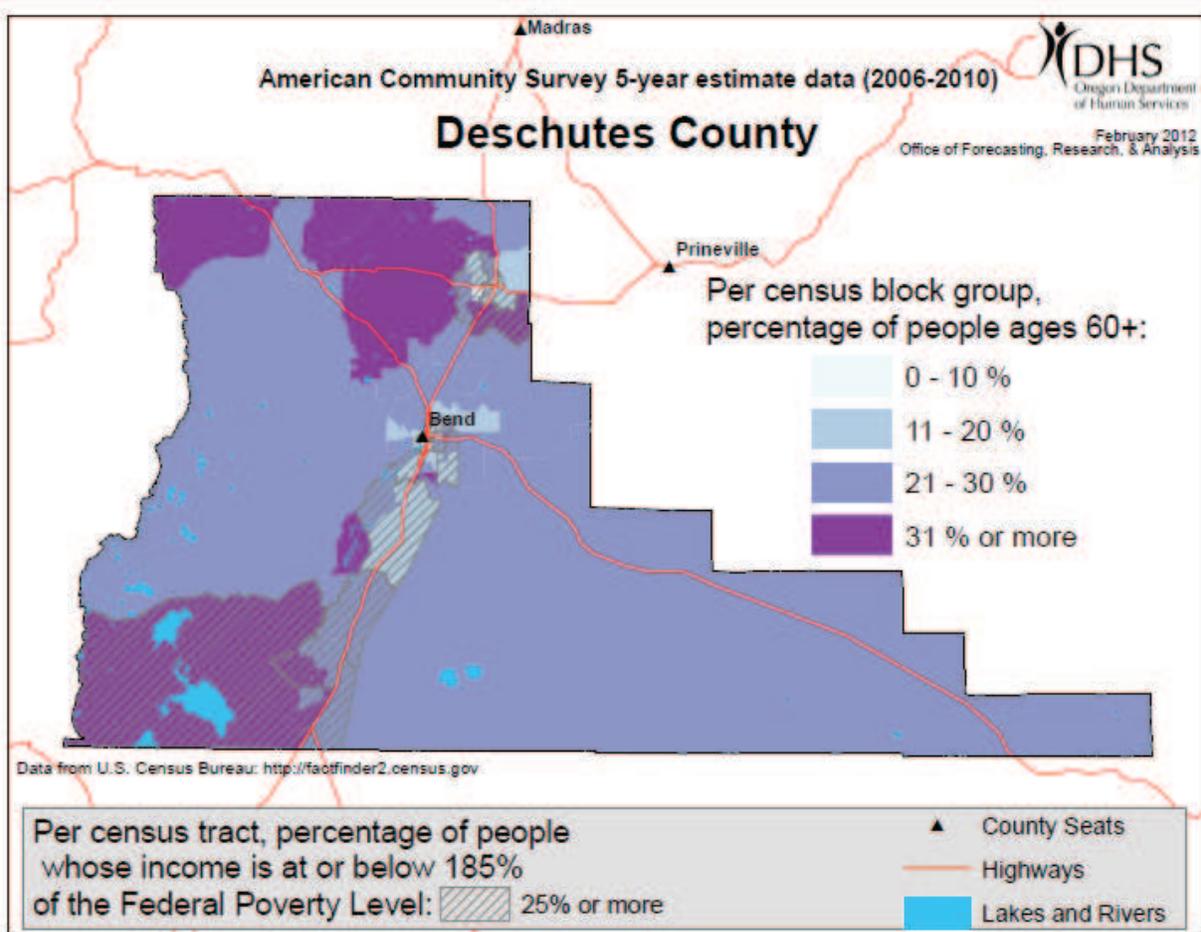
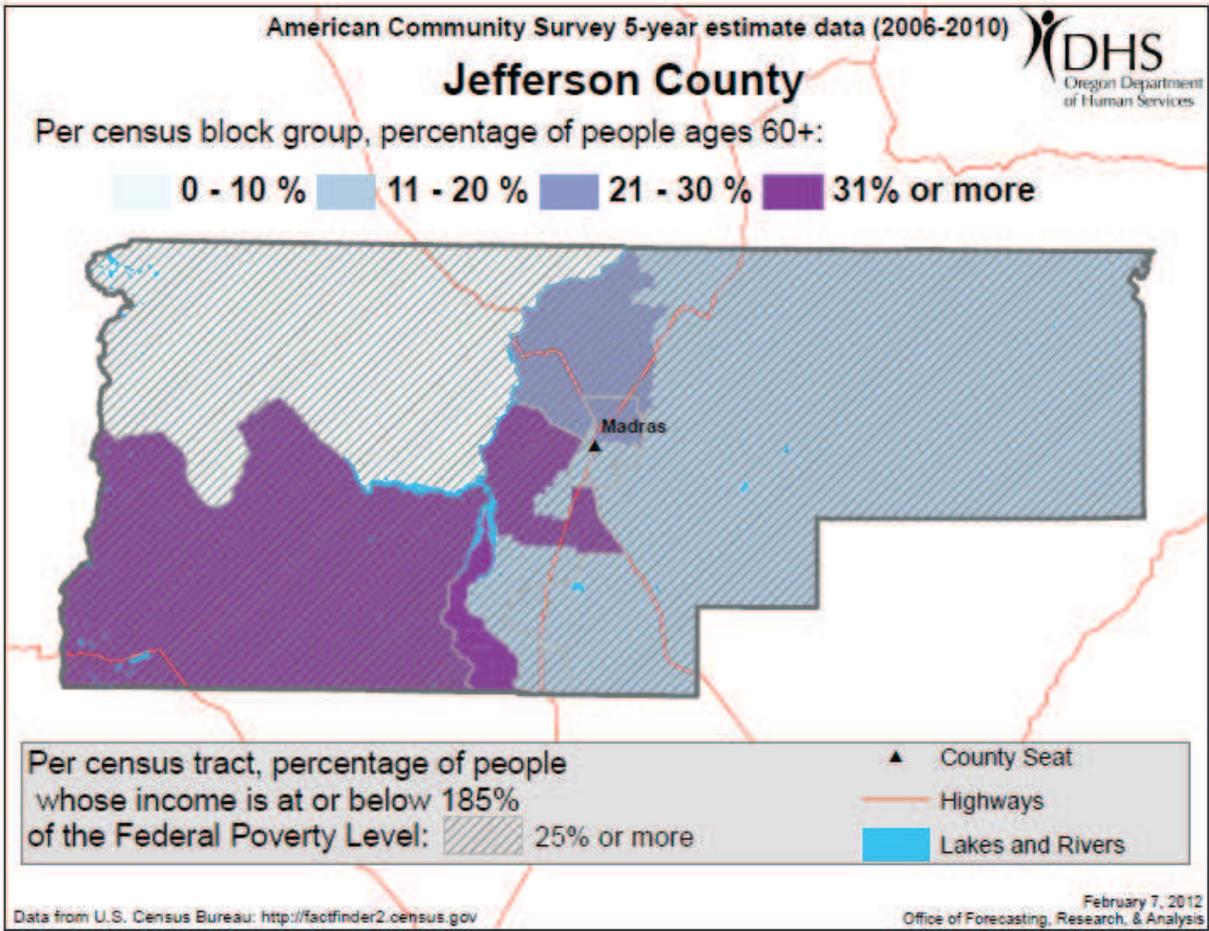


Table: Jefferson County Population Profile

Characteristic	Jefferson Total	Total Jefferson Population%	Total Jefferson 60+ Population %	Total Jefferson 65+ Population %
Total Population	20,958	100%		
60 and over	4,798		23%	
65 and over	3,331			16%
Low income 65+	198			6%
Minority 65+	848			25%
Low income minority 65+	30			9%
Adults with a Disability	3,615	17%		
Disabled 65+	1,308			39%
Persons with LEP	901	4%		
LEP 65+	72			2%
Rural 60+	4,798			100%
Native American Elders	206			6%



B – 2 Target Population

Serving some of the communities' most vulnerable citizens

There are known risk factors that inform our on-going efforts of determining which activities receive priority when we allocate scarce resources. We expect to continue to safeguard core services that are needed by the most vulnerable through our community-based service programs.

We are required by the Older Americans Act to target resources to the most vulnerable seniors. They are most likely to be those who:

- Are isolated from family, friends or community and/or living alone; increasingly this group includes seniors who are alone all day as the family or caregivers may be working multiple jobs
- Have financial issues (inability to pay for health care, food, housing, utilities) and include in particular those who do not own their own home or are in female-headed households.
- Are of an ethnic minority (those who meet criteria)
- Are 85 years and older
- Are in poor health or suffer from depression, cognitive or emotional problems
- Require protection from abuse, fraud and physical harm

It is also known that the following contributes to a healthy outlook and positive attitude and thus are encouraged and/or supported through our programs:

- Helping others – volunteer work
- Participating in faith-based activities
- Owning a pet
- Activity with various social, religious and civic groups
- Involvement with family and friends throughout the elders years
- Recreation activities

The core mission of COCOA as the AAA will remain to assist the most vulnerable seniors. We also devote substantial efforts to expanding our information, education, referral and advocacy efforts.

COCOA instituted “YANA” program (You Are Not Alone) in October 2011 as a volunteer program to do friendly visitations to those seniors most at risk. During this plan cycle, the program will be expanded to include COCOA’s entire service area.

Another new COCOA-sponsored program to gain input and disseminate information is a program called “KIP” or Knowledge is Power, a consumer/community advocacy program that targets senior issues.

COCOA sponsors several ways for seniors to interact with the community. COCOA utilized volunteers to support educational, administrative and fundraising programs. COCOA also is the sponsoring agency for Foster Grandparents and the SHIBA programs, both primarily staffed with senior volunteers.

Creative collaboration with other services continues in the planning stages. As the senior population increases, COCOA will continue to identify and become familiar with other ethnic, social and racial groups living in Central Oregon. In the meantime, on a local community basis, we provide informational seminars and presentations to civic and private organizations to promote understanding of our mission and availability of our services to them. SHIBA presentations are being made available throughout the service area, including tribal communities.

Expanding services to rural seniors continues to be a priority for COCOA. In the past year, home delivered meals service areas have expanded to help feed more of these seniors.

Bi-lingual staff is a priority; we have recently translated outreach materials for the Meals On Wheels program in Jefferson County into Spanish to better serve the population. We have also created congregate flyer in Spanish for our organization and will distribute in September 2012.

COCOA also serves disabled adults 18 years of age and older with I&R and collaborates to support the needs and resources specific to the population. The senior nutrition program also serves this population through congregate dining and home-delivered meals.

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**Census Data collected from:**

- 2010 Census Data
- State of Oregon Economic Analysis – Population Projections

### B – 3 AAA Administration and Services

Information in this section serves, in part, as narrative accompaniment to Attachment C and described further in Section E.

| Service                                                   | Crook County | Deschutes County | Jefferson County |
|-----------------------------------------------------------|--------------|------------------|------------------|
| <u>Number of Congregate Meal sites</u>                    | 1            | 5                | 1                |
| Holiday meals served to MOW clients from congregate sites |              | 3                |                  |
| Inter-generational meal site                              | 0            | 1                | 0                |
| Number of Home Delivered Meal sites                       | 1            | 5                | 1                |
| I & A/I & R sites                                         | 1            | 1                | 1                |
| Inter-generational services                               | 0            | 1                | 0                |
| Alzheimer Resource Center                                 | 0            | 1                | 0                |

Core Functions of COCOA as AAA for Central Oregon are:

- Identify the needs of seniors and persons with disabilities
- Develop and implement plans to address these needs
- Coordinate existing services and develop new services as needed
- Advocate on behalf of seniors and people with disabilities
- Manage public resources
- Help people have access to the services they need through Information and Assistance and Information and Referral

COCOA Service System provides services through a tri-county network of community partners that include the local senior centers. During the past planning cycle, COCOA has transitioned the Senior Nutrition program to be OAA compliant, pushing the funding dollars into the local communities enabling them to better develop their congregate and home delivered meal programs. COCOA continues to support and nurture these sites, but has changed our relationship from one of active involvement to one of financial and operational support as needed.

COCOA has provided services to the senior and disabled population in Central Oregon since 1975. The programs include:

- **Information and Assistance/Information and Referral:** A service for older and disabled individuals that provides current information on opportunities and services available within their communities; assesses the problems and capacities of the individuals; links individuals to the opportunities and services; to the maximum extent feasible, ensures the individual receives the services needed and is aware of the opportunities available by establishing adequate follow-up procedures
- **Senior Nutrition Program:** The Senior Nutrition Program is designed to promote better health and well-being among senior citizens through nutrition and socialization. The program offers nutritious meals in both a group setting and to homebound persons or persons unable to shop/cook nutrition meals for themselves through home delivered meals (Meals On Wheels).
- **Transportation:** Central Oregon Intergovernmental Council (COIC) is the umbrella organization of public transportation in Central Oregon, which includes Cascades East Transit/and Dial-a-Ride which provide transportation to seniors and the disabled of any age to the local senior centers, to medical appointments, local shopping, and personal errands. Contract with Volunteers In Action provides specialized transportation for seniors.
- **In-Home Services:** Home and personal care services are provided through Oregon Project Independence and OAA programs to seniors at risk of a higher level of care at a higher cost to the system.
- **Case Management:** COCOA case management assesses needs, develop and implement a plan of care and provide ongoing care coordination/case management respond to a client's changing needs.
- **Family Caregiver Support Program:** Support to family and informal caregivers including the following services: Information about available services; assistance, gaining access to services; individual counseling, support groups and caregiver training, assist the caregiver in making decisions and solving problems relating to their caregiver roles; respite and supplemental services on a limited basis

to complement the care provided by the caregiver. Also includes grandparents or older relative caregivers of children.

- **Senior Center Programs:** Support for congregate and home-delivered meals offered through these sites, as well as I &R.
- **Elder Rights Protection:** Safe house (emergency short-term shelter), support of volunteer Ombudsman, public education and awareness. Work with DOJ for fraud prevention. Serve on MDT for community connections regarding elder abuse. Help APS by providing emergency shelter for seniors removed from their living arrangement because of abuse/suspected abuse.
- **Volunteer opportunities for seniors:** Meals On Wheels, Foster Grandparents, SHIBA, YANA, TECH and general support for COCOA-sponsored functions (see below for more details on these programs).

Based on the findings of the needs assessment, COCOA concluded that the services it currently funds or operates are appropriately focused on the most pressing needs of seniors. This is not to say that the scope and volume of the services provided are adequate, only that they are correctly targeted. The demand for services will continue at a record pace and COCOA remains committed to doing the most for the most seniors with the resources we steward.

### **Other programming sponsored by COCOA:**

|                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Foster Grandparent Program (FGP)</b></p>                    | <p>Program is in place throughout tri-county area; new volunteers are being trained and recruited and stipend opportunities are available for seniors on a limited income.</p> <p><i>Foster Grandparents served 205 students across the tri-county area, with 85% of those hours in Deschutes County, 13% in Crook County, and 2% in Wasco, 0% in Jefferson County. FGP Volunteers donated for 1:1 tutoring was 21,831 hours; Administrative assistance hours: 348</i></p> |
| <p><b>SHIBA (Senior Health Insurance Benefits Assistance)</b></p> | <p>Staff directed and volunteer driven. Provides State of Oregon grant through the Department of Consumer &amp; Business Services.</p> <p><i>SHIBA program in Central Oregon served a total of 1139 persons July 1, 2011-June 30, 2012; 80% in Deschutes County; 10% in Crook County; 5% in Jefferson County. SHIBA volunteer hours donated: 784</i></p>                                                                                                                   |
| <p><b>YANA (“You Are Not Alone”)</b></p>                          | <p>Friendly Visitation volunteer program for the most at-risk seniors. No external funding.</p> <p><i>Fifteen active volunteers serving 10 clients currently. Plans are to incorporate volunteer trainings across service area within the next year.</i></p>                                                                                                                                                                                                               |
| <p><b>TECH (“Teen Elder Computer Help”)</b></p>                   | <p>Intergenerational training for seniors regarding social media. No external funding.</p> <p><i>Multiple sites across service area served 250 seniors in last 12 months with these important services.</i></p> <p><i>This program was one of 10 national programs awarded the 2012 Aging Innovation Award at the National Conference in Denver.</i></p>                                                                                                                   |

**Total volunteer hours donated to the COCOA programs from July 1, 2011 through June 30, 2012 were approximately 34,905 hours.**

#### **B-4 Agencies that work closely with COCOA to provide services for seniors and people with disabilities**

All of the agencies below are considered community partners with COCOA in the care of seniors across Central Oregon.

| <b>Service</b>                  | <b>Crook County</b> | <b>Deschutes County</b> | <b>Jefferson County</b> |
|---------------------------------|---------------------|-------------------------|-------------------------|
| <b>Hospitals</b>                | <b>1</b>            | <b>2</b>                | <b>1</b>                |
| <b>Clinics</b>                  | <b>1</b>            | <b>10</b>               | <b>3</b>                |
| <b>Women's Health</b>           | <b>0</b>            | <b>1</b>                | <b>0</b>                |
| <b>Tribal Clinics</b>           | <b>0</b>            | <b>0</b>                | <b>1</b>                |
| <b>Low income clinics</b>       | <b>1</b>            | <b>3</b>                | <b>1</b>                |
| <b>Housing Authority</b>        | <b>0</b>            | <b>1</b>                | <b>1</b>                |
| <b>Tribal Housing</b>           | <b>0</b>            | <b>0</b>                | <b>1</b>                |
| <b>Food Banks</b>               | <b>2</b>            | <b>15</b>               | <b>3</b>                |
| <b>Alzheimer Support Groups</b> | <b>0</b>            | <b>2</b>                | <b>0</b>                |

**B-4 continued**

| <b>Agency/Organization</b>                                       | <b>Service/Funding Sources</b>                                                                                                                                                                                                                 |
|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>COIC (Central Oregon Intergovernmental Council)</b>           | Transportation for seniors to and from meal sites via Cascades East Transit/Dial-A-Ride. Title IIIB funding is provided to this organization to pay for units of service.                                                                      |
| <b>Homeless Leadership Coalition</b>                             | Staff participates in this tri-county coalition to assess needs and provide resourcing for this population. No external funding.                                                                                                               |
| <b>Extended Hands</b>                                            | A limited one-time payment to COCOA to provide services for persons 60+ to meet emergency needs/services when no other resources are available. Funded by a private trust.                                                                     |
| <b>Legal Aid</b>                                                 | Legal assistance provided for seniors. COCOA provides space as well as Funding through Title IIIB.                                                                                                                                             |
| <b>Volunteers In Action</b>                                      | Provide minor home repair, transportation, friendly visitation and other voluntary services. COCOA provides funding for this organization based on units of service provided. Title IIIB funds are utilized.                                   |
| <b>Supplemental Nutrition Assistance Program (SNAP) Outreach</b> | DHS provides this program in tri county area. Short-term grant provided funds from June-September 2011 to promote SNAP to seniors. In addition, COCOA supported OSU in a supplemental grant. Funding allowed COCOA to attend a wide variety of |

|                                                    |                                                                                                                                                                                                                                                                           |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                    | <p>community events and promote agency goals to seniors, caregivers, and community members.</p>                                                                                                                                                                           |
| <p><b>Abilitree (formerly CORIL)</b></p>           | <p>Provides information and advocacy regarding ADA. Special emphasis on accessibility and physical access. Providing skills training for OPI clients to access the HCW registry, interview process and hire a HCW.</p>                                                    |
| <p><b>Senior Centers</b></p>                       | <p>COCOA reimburses area senior centers for congregate and home delivered meals. Creative partnerships across the agency help specific needs and community issues. I&amp;A numbers and Volunteer hours are requested from the sites.</p>                                  |
| <p><b>Alzheimer’s Association</b></p>              | <p>Currently located in Portland. The agency provides resources via internet or hard copies re caring for dementia related issues. COCOA EO sits on statewide Board and is working to get a regional advisory council started in Central Oregon. No external funding.</p> |
| <p><b>Seniors and People with Disabilities</b></p> | <p>DHS/APD offices are located within each county and provide APS services and Elder Abuse awareness education, coordination of care for those who transition to Medicaid, in-home services, Title XIX and SNAP.</p>                                                      |
| <p><b>Mental Health</b></p>                        | <p>Work closely with DHS, Deschutes County Mental health, Best Care in Jefferson County and Lutheran Community Services in Crook County provide educational and counseling</p>                                                                                            |

|                                                               |                                                                                                                                                                                                                 |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                               | opportunities for clients, caregivers and staff.                                                                                                                                                                |
| <b>Elder Abuse MDT</b>                                        | Staff sits on MDT and provides support and information as needed. MDT is fully staffed with community partners, including SPD, law enforcement, DA's office, etc. No external funding.                          |
| <b>Home Health/Transitions/Hospice</b>                        | Clients are referred to these services regularly. Payment comes from these agencies' sources.                                                                                                                   |
| <b>Health Department</b>                                      | Deschutes County Health Department offers educational programs for seniors, including <i>Living Well with Chronic Conditions</i> . Crook County is involved in Disaster Preparedness                            |
| <b>Assisted Living Facilities and Adult foster care homes</b> | Provide FCSP Respite and Emergency respite care, on a limited basis                                                                                                                                             |
| <b>Neighbor Impact</b>                                        | Provides energy assistance, weatherization and educational information on reverse mortgage; provide home rehab and housing subsidies for low income residents.                                                  |
| <b>Work Source</b>                                            | Provides the Title V programs in the tri county to help those 55 and older get back in to the work force with training on the job.                                                                              |
| <b>Easter Seals/AARP</b>                                      | Provides a money management program to assist seniors who have not dealt with finances and find they must. COCOA is working to develop a comprehensive program to serve seniors. Also provides respite services |

|                                                              |                                                                                                                                                                      |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                              | to grandparents raising a disabled child.                                                                                                                            |
| <b>Housing Works</b>                                         | HUD provides elderly low income housing in tri county area.                                                                                                          |
| <b>Commission for the Blind</b>                              | Provided information and assistance and equipment for seniors with macular degeneration and loss of vision life class training. No external funding.                 |
| <b>Care Transitions/St. Charles Medical System</b>           | Provides care and education for those transitioning from hospital or care facility to home. Funding comes from hospital system(s).                                   |
| <b>Volunteers In Action (formerly Interfaith Volunteers)</b> | Minor home repair, some client transportation, some chore service, sidewalk maintenance and other personal services. COCOA reimburses VIA through Title III B funds. |

## **SECTION C – ISSUE AREAS, GOALS AND OBJECTIVES**

### **C – 1 Local Issue Areas, Older Americans Act and Statewide Issue Areas:**

#### **Attach issues template, C-1**

See issues template for more information

#### **Overview of planning:**

##### **Family caregivers**

During the transition of our case management team, we have had some trouble keeping momentum for the family caregiver program, in addition to identifying clients. Our goal in the next year is to establish a full program to support family caregivers, and between 2013 and 2014, work with partner agencies to identify the possibility of increased funding for respite support, and the possibility of adult day care which has been identified as a huge need in our community with plenty of support but few funding opportunities.

##### **Information and Assistance Services and ADRC**

This top priority area for our organization has been a relatively smooth transition, as we are able to AIRS train and certify new case management staff, and have options counseling training which is limited in the state. A priority going forward will be to partner with the local state offices until such time as we have a solution to our inability as a Type A to address Medicaid options for clients. Without funding, it is challenging to add this important program to our services, however, it is the right thing to do for our community and we have made it a priority. In addition, some challenges have occurred with the software platform and the ability to easily transfer information into the database. As with any new program, these challenges will resolve and we will continue to move forward to offer a full complement of ADRC services to our community.

## **Elder Rights and Legal Assistance**

COCOA continues to offer and partner with legal aid to benefit our clients, but we are seeing more need for advice and assistance in our community as we continue to face economic stress. A continued partnership with Department of Justice and Legal Aid, in addition to accessing the pro bono legal services of our local attorneys will be required to meet the need. In addition, we are investigating educational opportunities and money management options to help seniors remain fiscally safe.

## **Health Promotion**

In partnership with the Coordinated Care Organization (CCO) planning currently going on in our community, we are working towards the development of a full health promotion and educational component. In addition, we have one case manager trained in *Living Well With Chronic Conditions*, and another who will be trained in *Powerful Tools for Caregivers* in October 2012. Both are important components to helping seniors actively deal with the challenges of aging with an illness. In addition, we are at the forefront and lead partner with the Alzheimer's Association to bring a local chapter back to Central Oregon to assist those wrestling with the disease in promoting good health for both the patient and the caregiver. Finally, we will be working with the University of Washington as a pilot project for the NIH RDAD grant to further help promote health, exercise and well-being to our seniors challenged with Alzheimer's.

Our goal is to establish an educational component for healthy living in the next two years by partnering with local agencies and organizations to aggressively and appropriately assist our community in nutrition counseling, health promotion, prevention and understanding.

## **Older Native Americans**

We are fortunate to have a good working relationship with our local native American population at the Confederated Tribes of Warm Springs reservation. An Elder currently serves on COCOA's Advisory Council. Going forward, COCOA continues to be available to additional participation with the Tribal population. We work with the community in assisting with SHIBA trainings and counseling and made great strides in partnering to help *Living Well With Chronic Conditions* become active in the community. We also assist when asked to help with events such as the Elder Day on the reservation and partner to inform Elders about activities throughout the region. Case managers assist the Tribal seniors when invited. Our goal in the next three years will be to continue to be seen as a resource for this community and assist when asked on caregiving, education or other appropriate services.

COCOA also has a contract to serve northern Klamath County's Meals On Wheels clients. Meals are served to Gilchrist and Crescent. Of those recipients, some may be Klamath Tribal members.

## **Nutrition Services**

Over the past two years, we have worked hard to change our nutrition services to be as efficient and cost effective as possible. This has led to the ability to expand our Meals On Wheels service to include all of Bend, and expand our congregate dining to weekend service and add an additional site one day a week. We also added an intergenerational breakfast, covering the cost of the meal for seniors, with a nominal charge for family members. We can always do more to offer as much food stability for our seniors as possible. Over the next three years, we will continue to investigate ways to expand services, increase nutritional value and understanding, and partner with other agencies to offer shelf stable food boxes to home-bound seniors and creatively improve congregate dining to encourage both nutrition and social interaction.

## Overview of current programming:

### 1. Family Caregivers

#### A. Goals, objectives and activities

- Goal is to reach and provide service for as many as we can with the funding we have.
- Objectives would be to find resources that assist the caregivers and enhance the ability to provide care.
- Activities would be the survey, public /community partner information sharing.

#### B. How does AAA and their service partners conduct outreach and public awareness, as well as provide culturally-relevant service to the following

- “Directions” resource book published / distributed throughout service area: senior centers, physician offices, home health and hospice offices, libraries, pharmacies, assisted living centers, as well as to each client during a home visit
- Case managers interface with community partners (discharge planners, home health and hospice, physician offices), information sharing to assist the consumer.
- Public speaking at local groups: community partners I & A/ADRC
- Use of translators if needed/language is accommodated if possible as a provider is placed
- All assessments of caregivers take into consideration the cultural, social, language, and geographical requirements of the client. Every effort is made to accommodate preferences of the caregiver and the care recipient.
- YANA (“You Are Not Alone”) trained volunteers that visit those isolated /homebound.
- Providers who are trained /or experienced to care for those with Alzheimer’s or other dementias are provided. Caregiver is

encouraged to attend local support groups and are provided with a respite caregiver. Information on all resources that may help them enhance the care is provided, including Alzheimer's Association contact information. Provider is also informed of any caregiver conferences or trainings that are available, with offered assistance with fees so they may attend as well as a Respite caregiver.

- For those persons at risk for a higher level of care: FCSP programs are used to assist/enhance the caregivers ability to provide care, to provide respite or other services as long as they choose to be in-home. When or if the caregiver requests placement of care recipient, information and assistance for all appropriate applications are offered.
- Non-traditional family caregivers are treated as any other caregiver would be.
- Grandparents and relatives raising children: Clients age 55 and older are entitled to assistance and may have access to respite care, supplemental support, information and assistance, counseling, and assistance gaining access to programs that will assist them in the caregiver role.
- Older individuals caring for a child with severe disabilities including developmental disabilities assistance for respite care and applying for all possible services to assist and enhance care giving.

### **C. Summarize the core elements of the FCSP**

#### **Information Services:**

- "Directions" printed and distributed tri- county. ADRC / AIRS certification training for all relevant staff

#### **Specialized family caregiver information (1:1):**

- Case managers complete assessment of needs, research and provide information requested and follow up for future need.

#### **Counseling:**

- Case managers or professional counseling can be provided, support groups are encouraged.

**Training:**

- Funding for fees and respite care can be provided allowing caregiver to attend conferences or trainings.

**Respite care Services (both in-home & out of home):**

- Referrals from community partners or contact by caregiver. Case managers provide in home assessment of needs and eligibility for FCS programs. Every attempt is made to meet the caregiver preferences and needs. Access to local assisted living facilities, hospice inpatient unit (Bend only) or adult foster care can be made for overnight/ weekend respite care as well as in-home providers. Some caregivers have a trusted caregiver but need help to pay extra for respite; a voucher for such funds is available.

**Supplemental Services:**

- When a caregiver has a need that will make or enhance the ability to provide the care, supplemental services can be used to meet the need: ramps built, bath needs, equipment purchased, incontinence supplies purchased.

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Screening and assessment/planning:

- Intake screening for eligibility for program is completed by Case managers. In-home assessment of needs is done. A care plan is created with caregiver/care recipient. Case manager researches all information requested and provides and enters data into NAPIS, does any paperwork needed to obtain a provider or checks local facilities to meet the need/request.

Types of training:

- COCOA will continue to make available training that can enhance caregivers' abilities.

Support groups supported can counseling offered:

- Support for support group attendance by offering respite care so caregiver can attend. Professional counseling can be paid by support services funds. Case managers help with sourcing information, loaning books and information and assistance, one-on-one with caregiver.

Supplemental services provided and the method used:

- Example: supplemental services have been used to re-do a bathroom for safety for the caregiver, as the bath tub/toilet were falling through the rotted floor. Case manager assessed the situation and found it unsafe. A contractor completed repairs. Equipment for the bathroom: hand held shower/bath bench and grab bars were purchased also.
- Ramps are built to enable the caregiver to use wheel chair to get spouse to car for physician appointments.
- Lift chairs and walkers are purchased.
- Conference fees are paid for caregivers.

Identify any service limits:

- Funding limits the ability to provide more outreach for these vital services.

Plan for the next cycle:

Partner more with community agencies to provide outreach, service provision and monitoring. Possibly develop YANA volunteer program to support these services.

2. Information and Assistance Services and Aging & Disability Resource Connections (ADRCs)

Central Oregon Council On Aging views the ADRC concept as an important component of our service to area seniors and adults with disabilities. As an AAA without current or previous funding for ADRC, in addition to staff changes, we have had challenges in supporting the training needs associated with AIRS certification. Also, the availability of options counseling training has been an ongoing issue. However, those challenges aside, we have found that the concept of supporting our community needs with a robust and dynamic I&R process has been very effective and well received. One challenge and area for development is the increased usability of the software platform to accurately track and support the I&R functions; double-entry into state database/ADRC database is not efficient.

As the needs and numbers of seniors and their caregivers increase, it will be critically important to identify funding resources for all ADRC's. As we look to partner to support other AAA's in their I&R efforts, allocation of resources becomes more stretched. We are currently talking with adjacent AAAs in how we might work together to efficiently become one regionalized ADRC. This has great benefits of cost efficiency and productivity, but also carries a burden of resourcing.

In addition, partnering with existing agencies, including SPD, our local 211, the CIL (Abilitree) and other local disability organizations is a goal. Partnering to clarify roles and responsibilities, opportunity for shared resources and grant writing; shared technology will be explored going forward. We have developed and executed MOUs with the local agencies to support our ADRC efforts, including hosting AIRS certification courses and shared preparation opportunities. We are also partnering with our local CCO in ensuring we have a place at the table for seniors in the development of this new system.

COCOA has transitioned the I&A/I&R services into the ADRC seamlessly. With staff turnover, the process of ensuring the ADRC concept is accepted immediately as 'status quo' has been easily accomplished. Funding challenges, as there are more seniors needing more services, are continually a hardship. We are being creative with the funding, but it is not a sustainable method of adding new services, or continuing to fund AIRS testing or travel for options counseling. COCOA will continue to investigate, with partners and the state, funding opportunities, including grants, fund development through our non-profit status, and economizing and regionalizing.

COCOA will participate in the statewide information system and contribute to the resource directory to ensure that local resources are easily available through the site and updated frequently. As more clients and caregivers turn to the internet for resources, the importance of COCOA's services being available on line are of utmost importance. While always available to walk-ins and call in clients during business hours, the resource directory is a critical link to the community and out of area support to our seniors.

The main service components of the ADRC are at the heart of what COCOA does as a support to a huge geographic community, diverse in its economic resources, and availability of services. Much of our rural community is challenged with access to services, caregivers and basic needs, and offering options counseling, I&R, health promotion, nutritional counseling, care transitioning and coordinated health care is a priority for successful aging and the 'no wrong door' concept we support.

3. Elder Rights and Legal Assistance

While Protective Services is not a COCOA function, COCOA is devoted to the protection of seniors across our service area. DHS/Adult Protective Services handles any referrals we give them.

1. Education and policies are in place for all COCOA staff, Meals On Wheels and YANA volunteers and other providers regarding elder abuse detection and reporting.
2. COCOA staff attends monthly Tri County multi-disciplinary team meetings.
3. Makes referrals to Legal Aid for those clients in need of legal help with suspected fraud or financial exploitation. OAA funds are available for Legal Aid for those potential victims.
4. Elder abuse and awareness funds go to help APS to house or meet other needs of victims
5. Proper reporting to DHS/APS of any suspected abuse, neglect, self-neglect is in place. Case managers and other staff working with APS to resolve issues in the clients' best interest.

4. Health Promotion

COCOA is in the process of re-evaluating how we can best promote the programs and services that fit under this category.

In partnership with the Coordinated Care Organization (CCO) planning currently going on in our community, COCOA is working towards the development of a full health promotion and educational component. In addition, we have one staff member trained in *Living Well With Chronic Conditions*, and another trained in *Powerful Tools for Caregivers*. We intend

to continue to have more staff as trainers in these and other important educational series for our community. Classes/seminars and participation in gerontology, caregiver, grand-parenting, nutrition, financial resourcing and others are important components to helping seniors actively deal with the challenges of aging. In addition COCOA is at the forefront and lead partner with the Alzheimer's Association to bring a local chapter back to Central Oregon to assist those wrestling with the disease in promoting good health for both the patient and the caregiver. Finally, COCOA is working with the University of Washington as a pilot project site for the NIH RDAD grant to further help promote health, exercise and well-being to our seniors challenged with Alzheimer's.

Our goal is to further establish evidence-based educational components for healthy living in the next two years by partnering with local agencies and organizations to aggressively and appropriately assist our community in nutrition counseling, health promotion, disease prevention and well-being.

With COCOA's Executive Officer now serving on the state Evidence Based Programs committee, we are confident that we will continue to develop our community resources to meet the challenges of the next planning cycle in regards to health education and promotion.

5. Older Native Americans

As stated previously in this document, COCOA is fortunate to have a good working relationship with our local native American population at the Confederated Tribes of Warm Springs reservation. One of their Elders serves on COCOA's Advisory Council. Going forward, COCOA continues to be available to additional participation with the Tribal population. We work with the community in assisting with SHIBA trainings and counseling and made great strides in partnering to help *Living Well With Chronic Conditions* become active in the community. We also assist when asked to help with events such as the Elder Day on the reservation and partner to inform Elders about activities throughout the region. We hope to partner more to assist with health promotion and other services when asked. Case managers do service the area's seniors when invited. Our goal in the next three years will be to continue to improve the relationship to be

seen as a resource for this community and assist when asked on caregiving, education

COCOA also contracts to serve northern Klamath County's Meals On Wheels clients; meals are served to Gilchrist and Crescent. Of those recipients, some may be Klamath Tribal members.

6. Nutrition Services

During the past two years COCOA has made great strides in partnership with nonprofit community organizations to directly provide congregate and home-delivered meals, where appropriate. This transition from a central kitchen to community-based meal sites that are sensitive to each community's particular needs has proven to be cost-effective, allowing us to expand our services. We have transitioned some of our home delivered meals to frozen meals due to challenges of keeping hot meals at proper temperatures throughout the process. This process has been challenging and rewarding. We have added fresh fruit that goes out with each meal and this addition has been greatly welcomed by the clients. An annual survey to both congregate and home-delivered meal clients helps COCOA fine-tune programs to better meet senior needs. In 2012, these surveys will be distributed and collected in November.

A. Congregate

COCOA as the AAA for Central Oregon continues to look for ways to continue to feed seniors in congregate meal sites. During the last cycle we have increased our meal sites in Bend; we now offer two sites for the diverse senior needs. We have increased our efficiency by discontinuing the central kitchen, formerly housed in Redmond, and now reimburse local senior centers to provide the congregate meals. They are doing an excellent job of creatively finding ways to increase their meal provisions.

For the next cycle, we will continue to look for ways to leverage our funding to feed more seniors, where they congregate, always

partnering with the local communities for best outcomes. The Advisory Council is a vital part of this process.

In the coming cycle, nutrition education will continue to be available through congregate sites, as well as for at-risk individuals.

B. Home delivered (“Meals On Wheels”)

The number of clients receiving homebound meals gradually continues to increase. During the past planning cycle, to be compliant with the OAA guidelines, we now contact with local non-profit senior centers to provide home delivered meals in Redmond, Madras and Prineville areas. COCOA also contracts to provide frozen home delivered meals at several of the meal sites (LaPine, Bend and Sisters) due to health concerns with transportation of hot meals over large geographical areas. This shift has been well-received overall. Coverage of areas that are served home delivered meals has increased, and the plan is to continue to sustainably increase coverage across the three counties.

COCOA has been creative in fundraising for Meals on Wheels which is one of the agency’s fastest growing programs. The community has been very willing to support the Meals on Wheels program through donation and volunteerism.

For the upcoming planning cycle:

As well as reviewing annually for ways to increase the amount and quality of meals served to seniors, we are enhancing our nutrition services in the following areas:

COCOA will be looking for ways to better meet the increased requests for low-sodium, low-carb (diabetic) and low-fat diets that our seniors health care providers are telling them they need for optimal health.

In the coming cycle, nutrition education will be available through regular newsletters as well as 1:1 counseling for at risk Meals On Wheels clients.

A Registered Dietician will instruct or direct individuals with comparable expertise to instruct clients at each site quarterly. Instruction will include but not limited to the following topics:

- My Plate Guidelines
- Food Safety Course
- Eat Better, Move More
- Eat Smart, Live Long
- Week 4 of Living Well
- Provide tips from approved nutrition education handouts; dietary and nutrition instruction on site.

Provide reference guide for physical activity programs in each area and surrounding communities, Senior Farm Direct Nutrition Program and related issues.

Home Delivered Meals – Nutritional education

During 2011/2012, a dietician intern provided research on education for home-bound seniors related to home delivered meals. The outcome was that that printed material helps some but the more important resource for making changes in eating patterns is 1:1 counseling.

In the coming planning cycle, nutrition education will be provided to the client based on the topics identified at the first assessment and annual screenings.

Newsletters and brochures with instruction will be passed out and will include Food safety, Nutritional Value, My Plate and other materials provided to the congregate sites.

Contractors and Meal Site Coordinators – Policies and Protocols

COCOA is updating Food Safety Policies and developing a comprehensive Nutrition Education Plan which includes education and oversight for contracted meal sites.

In order to assure compliance with the revised OAA nutrient standards we are working with our contractors to meet the nutrition requirements listed in the revised OAA by 2014.

In order to expand our education we will host educational programs in Spanish at our sites to reach that underserved population.

7. Other Issue Areas

Issue Area: Meeting the growing demand and increasing demographic of aging and those facing dementia issues without additional funding and a lack of resources

Profile: As we see an increase in the sheer numbers of seniors, and a significant rise in those at risk due to economic issues we face locally -- worse than those state-wide due to our specific housing crisis -- we also are witnessing a large number of family caregivers needing support, and many seniors at risk for institutionalization, homelessness and serious lack of infrastructure and support.

Problem/Need statement: This problem has several main components:

- Increased need (due to increase in aging population, more acute needs, increased Alzheimer's/other dementia issues, decreased caregivers support)
- Decreased funding (non-profit challenges due to local economy, lack of flexibility in OAA funding)

The solution to these issues will take more than just doing things more efficiently. New resources will be needed, and new, inventive partnerships must occur to meet this oncoming challenge.

Increased need: Some of the most dramatic changes will take place in the next 20 years when the number aged 60 and over will almost double from about 45,000 to 86,000 people. While growth in the overall service area will double in the next 15 years, in Bend the service population will almost double from approximately 34,000 to 63,000 in less than 15 years by 2025.

The growth in the senior population is partly fueled by the boomer bulge expected between 2010 and 2030; however, Central Oregon has a relatively larger share of seniors (20%-22%) when compared to Oregon (19%) or the nation (18%). Moreover, seniors in the tri-county area are expected to increase to about 26% during the planning period 2013-2016. Our largest service area, Deschutes County will see a 29% increase in the senior population. Not only has the population increased, but it has become poorer.

These figures put a significant, seemingly impossible, strain on our agency, which is already doing much with limited funding. Along with the increase in the number of seniors, we are witnessing a very large increase in family caregiver need for dementia issues. Seniors have been caught in the housing bubble, with reverse mortgages and other financing issues of reduced or non-existing retirement, and are now facing foreclosure and sometimes homelessness.

While the ADRC and an increase in technology usage by seniors and caregivers is giving us an increased opportunity to serve more I&A clients more effectively, it is also changing the way we provide service, which is a transition for those seniors we currently serve. This transition time is

allowing us the opportunity to determine how we most efficiently provide services and contract for service provision to help the greatest number of seniors and adults with disabilities and their caregivers.

As a non-profit, competing with over 480 other non-profit's in our community, funding has become a constant issue. COCOA is always challenged with the perception that seniors are not as valuable a charity as those that support children and pets. Private donations and grant awards are down significantly, signaling a need to be more creative. This, coupled with the lack of flexibility of the OAA funding between titles, is causing COCOA to focus on inventive areas for support.

The main solution to this increased need and decreased funding is collaboration and partnership. COCOA is going to work to develop new relationships with area partners to provide adult day care and respite, housing options for seniors, volunteer caregiver resources, training, and in-home support to increase our ability to reach more seniors and adults with disabilities and keep our costs at level which allows us to continue to meet the growing need without cutting services.

SECTION D – AREA PLAN BUDGET

See Budget attachment

SECTION E - SERVICES AND METHOD OF SERVICE DELIVERY

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

See completed Attachment C for outline of services provided directly by COCOA and those contracted. All services provided by contract are reviewed annually for both contract appropriateness and fiscal accountability.

Services directly provided are also annually reviewed for funding and programmatic accountability.

E - 2 Administration of Oregon Project Independence

OREGON PROJECT INDEPENDENCE

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

Case managers have 24 hours from initial inquiry/client notification to make telephone contact to determine possible eligibility. Based on this interview, every effort is made to schedule a full assessment at a subsequent home visit within 3 (three) working days.

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

All potential OPI clients are first screened for potential Medicaid eligibility. During the periodic review, if an ongoing client may be eligible for Medicaid programs, referral is made to the local program office to start the application process. All applicants are informed of COCOA and community services at intake, at reviews and when the need for other services becomes apparent. Currently, COCOA case managers administer sixteen (16) programs that provide a variety of assistance to seniors. The procedure guidelines in our manual outline the ways to access and provide service to meet the needs that these programs can cover. The case manager must also know community resources that can provide the needed

services. Additionally, clients are asked if they are veterans or the spouse of one so they may contact the local county veterans' services advisor (CVSO) to determine eligibility for those benefits in lieu of state or AAA services.

Describe how eligibility will be determined.

Eligibility is determined through an in-home assessment. This assessment is based on observation and information gathered from the client, physician and/or family members. Completing the Client Assessment and Planning System (CA/PS) form provides information on medical, mental, mobility and the support systems for the person and is used to determine the client's service eligibility level.

Describe how the services will be provided.

Case management is the program which helps seniors to make cost-effective and appropriate decisions regarding their care needs. Case management includes assessment of individual/family needs, problems, and resources; care planning and arrangement of the provision of formal and informal services; ongoing monitoring to assure services are appropriately delivered; and reassessment to adjust care plans to changing needs.

When a case manager receives a referral from the client, family, friend or another agency, they have 24 hours to make telephone contact to schedule a home visit to do the needs assessment. When needs are determined, the case manager then looks at providers for the needed services. This might entail assisting in the creation or enrichment of an existing natural support system; helping to engage neighbors, friends or family members, fellow church goers, or friendly visitors on the person's behalf. Gathering information about financial status is required to make appropriate referrals to the formal support systems.

The case manager's role is to support the natural system, not to replace it. This support includes helping to find equipment, such as a bath bench, or other items, that make it easier to care for the client. The case manager then

looks for the formal service system for those services that cannot be met by the informal system. The formal systems include services such as home health, transportation, congregate meals, home delivered meals, etc. The formal system can be a challenge, due to lack of resources or service gaps, and complexity in accessing services. This requires creative problem-solving on the part of case managers, as they search for alternative resources to provide the needed services. Once the plan is in place, the case manager's monitors and adjusts the care plan as the needs change.

Monitoring and Reassessment: Monitoring the plan takes two forms. First, there is monitoring the status of the client and second, there is monitoring the adequacy of services provided under the plan. Annual reassessments occur for all clients. Formal reassessments are also be triggered by specific events such as a hospitalization, when an application for alternative care is made, or when a provider or others call with concerns. These reassessments include Veterans Administration involvement if the client has any military service background.

The goal of case management is to help delay or prevent inappropriate institutionalization, and to serve as the senior's advocate in order to maximize independence. *These programs not only provide choice, dignity, independence, and quality of life to the elderly, but also are much less costly* (average monthly community-based care is 300% less than nursing home care).

Describe the agency policy for prioritizing OPI service delivery.

Priority is based on Activities of Daily Living (ADL's). Persons who need assistance in the following ADL's will have higher priority:

- Mobility
- Eating
- Bowel/Bladder
- Bathing/Personal Hygiene
- Dressing/Grooming
- Cognition

Priority is also given to seniors discharged from hospitals, those who have no insurance or family or other natural resources, those assessed at levels 1-5 or those who are at-risk referrals.

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

Cases will be denied when they are receiving duplicate Medicaid services or when they do not meet the established priority level. Service reductions are based on need and available funding for the services. Cases are terminated when they no longer have a need for OPI services, move to an alternative care setting, when they pass away, or there are no funds available. Applicants and clients will be notified in writing of adverse action and of their rights to a hearing. COCOA has established procedures and notice letters.

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

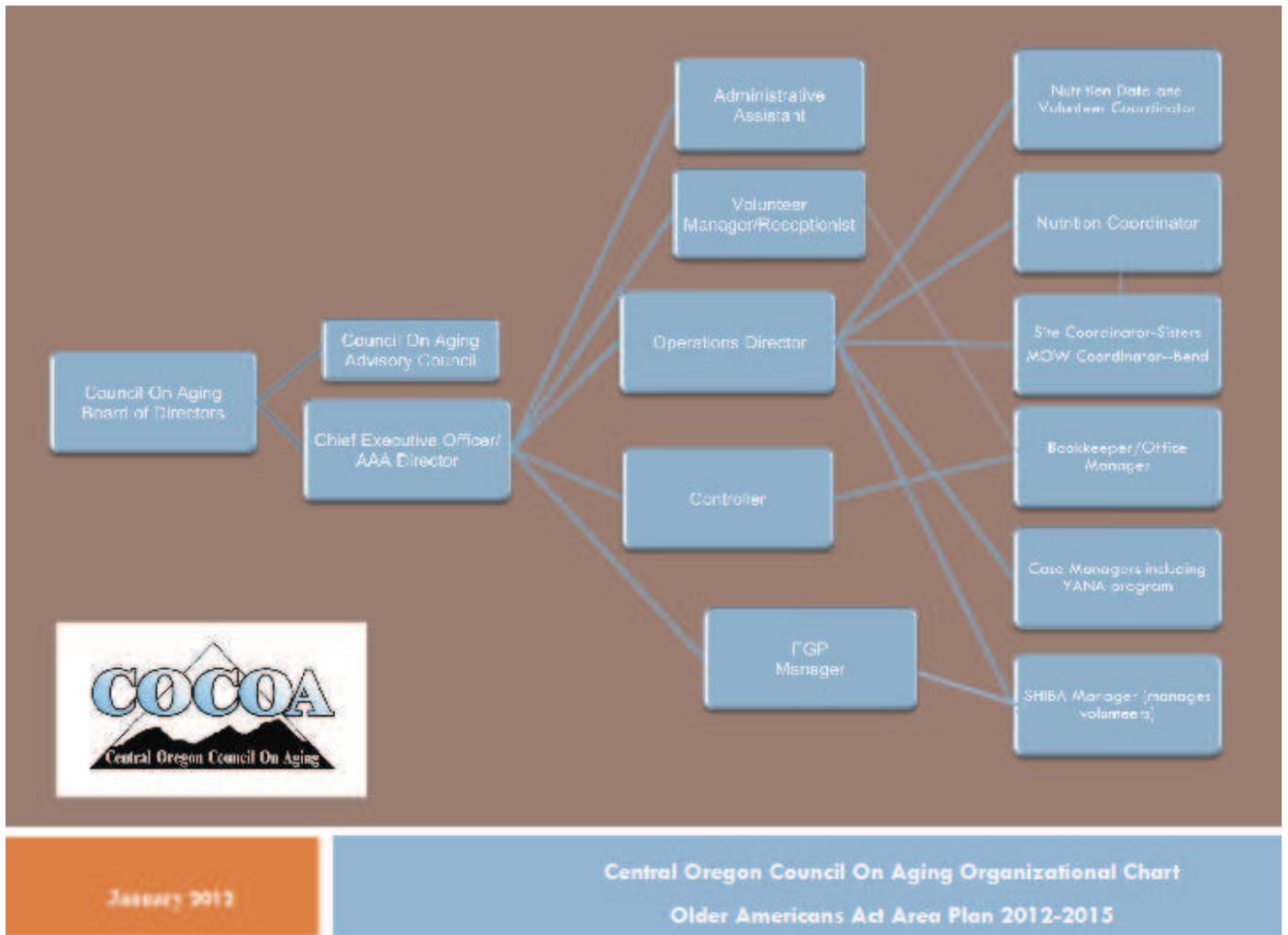
At the time of the initial intake, clients are advised of their rights to grieve a decision made by the agency regarding their care requests or to file a complaint regarding the services they are receiving. They are given copies of the Grievance Rights and Procedures and Consumer complaint Procedures. They are provided in writing the AAA grievance procedures per OAR 411-032-0020(4) and told that they can contact their case manager within 10 working days of notification as part of the grievance procedure.

Plans for the coming cycle:

COCOA is currently talking with MCCOG regarding providing training and some oversight to case management in that AAA for support of their OPI program.

APPENDICES

Appendix A Organizational Chart



Appendix C COCOA Advisory Council

NAME & CONTACT INFORMATION	REPRESENTING	TERM EXPIRES
Chuck Frazier (Chairman) 1363 NW City View Dr. Bend, OR 97701	Deschutes County/ Bend	1 st Term expires 2014
Jerry Thackery 3430 SW Canal Redmond, OR 97756	Deschutes County/ Redmond	1 st Term Expires 2013
Sue Ellen Leithauser 13772 SW Meadowview Dr. Camp Sherman, OR 97730	Deschutes County/ Sisters	1 st Term expires 2013
Open Position	Deschutes County/LaPine	
Open Position	Crook County	
Bill Apgar PO Box 33 Madras, OR 97741	Jefferson County/ Madras, Warm Springs	1 st Term expires 2014
Open Position	Jefferson Co/Culver, CRR	
Lucille Schuster CTWS Senior Dept.-Box C Warm Springs, OR 97761	At Large	2 nd Term expires 2012
Michael Dean Bautista PO Box 1416 Bend, OR 97709	At Large	2 nd Term expires 2014
Jennifer Rogers 222 NW Outlook Vista Drive Bend, OR 97701	At Large	1 st Term expires 2013
Larry Kogovsek 1962 NE Otelah Pl. Bend, OR 97701	At Large	1 st Term expires 2014
Tim Malone Mental Health Liaison/Tri-Co	At Large	1 st term Expires 2016
Open Position	At Large	
Open Position	At Large	
Open Position	At Large	
Doug Breuer 1135 SW Highland Ave. Redmond, OR 97756	SPD Liaison	

Total number age 60 or over = 5_ Total number minority = 1 Total number rural = 3
Total number self-indicating having a disability = 0

Appendix C

COCOA Board of Directors

NAME & CONTACT INFORMATION	REPRESENTING	DATE TERM EXPIRES
Greg Borstad, MD 915 NW Greenbrier Place Bend, OR 97701	At Large	1 st Term expires 2013
Ryan Correa (Treasurer) 747 SW Mill View Way Bend, OR 97702	At Large	1 st Term expires 2013
Michael Martynowicz (President) 2211 NW Deschutes Place Bend, OR 97701	At Large	1 st Term expires 2012
Katie Hammer PO Box 843 Redmond, OR 97756	At Large	Fill-in Term expires 2012
Neva McPherson (Vice President) PO Box 978 Prineville, OR 97754	At Large	1 st Term expires 2012
Clara Pratt, Ph.D. 817 SE Briarwood Ct. Bend, OR 97702	At Large	1 st Term expires 2014
Renee Devlin 70 SW Century Drive, Ste. 100242 Bend, OR 97702	At Large	1 st Term expires 2014
Paul Svendsen 780 NW York Drive, Ste. 208 Bend, OR 97701	At Large	2 nd Term expires 2012
Brad Westphal (Secretary) 20995 Greenmont Drive Bend, OR 97702	At Large	1 st Term expires 2013
Chuck Frazier 1363 NW City View Dr. Bend, OR 97701	COCOA Advisory COCOA Representative	

Total number age 60 or over = 3

Total number minority = 0

Total number rural = 2

Total number self-indicating having a disability = 0

Appendix C Public Process

See 2011 Survey Results as attachment

The COCOA Advisory Council, including Confederated Tribes of Warm Springs Tribal Elders, assisted with review and dissemination of survey and the public launch of the outcomes at the COCOA annual meeting November 2011. The Advisory Council and Board of Directors had input into the Area Plan in September 2012.

The public presentation of the survey occurred at various sites throughout the tri-county region, including senior centers, county meetings, public events, congregate dining sites, staff meetings, case management review, partner connections, email blasts, and mailing lists.

Many of the COCOA membership participated in the survey and all were mailed information about the results. COCOA membership will have access to the 2013-2016 Area Plan through the COCOA website and posting at the area senior centers.

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

See appendix D attachment

Appendix E Emergency Preparedness Plan

COCOA has devoted staff time to participating in the Red Cross Disaster Preparedness planning and education. These efforts, especially given the very real seasonal threat of fire and the potential need for mass evacuations, make this an important part of our overall support. A quarterly Community Alert report is given to the Disaster Preparedness team of the vulnerable clients we serve.

Assessment of Potential Hazards: In the Central Oregon region- Summer Wild Land Fires; Winter Extended Cold or SNOW period; Seismic Activity

Chain of Command: Executive Officer- Operations Director- Disaster Prep. Officer w/ staff members as delegated

I. **Background:** COCOA, recognizing the need for a plan to inform, protect, as well as ensure the safety and security of our Senior population has developed this disaster preparedness (DP) plan. This plan has been coordinated with Deschutes, Jefferson, and Crook county Emergency response managers. They shall be furnished a copy of this plan, once it is approved, and have agreed to use it as a part of their overall emergency response plan. The respective counties will render appropriate medical or evacuation assistance, during a life safety emergency as defined in (ORS 41.025), to seniors and vulnerable persons identified by COCOA as notified through COCOA's COMMUNITY ALERT LISTS (See Appendix A). These lists will be furnished in advance, updated quarterly, to the respective county's emergency action office/ 911 Call Centers. The information shall be secured until an area emergency is declared.

II. **Actions by COCOA:** Our agency staff members are designated to prepare their senior individuals receiving services to cope with, protect themselves, and seek assistance, if necessary, in any area-wide emergency or health crisis. COCOA chain of command uses communication plan (Communications Plan: Cellular/Land line to 3 counties' EOC's - 9/11 Centers with Community Alert Listing of seniors requiring emergency movement furnished quarterly) to communicate with Senior Centers and other community agencies involved in management of the crisis.

A. **Operations Manager** is responsible for the overall coordination of this policy. The Disaster Preparedness Representative (DP Rep.) as designated by the Operations Manager will coordinate with the Tri-County emergency response teams. He/she will keep abreast of all updates and changes to each county's policies and points of contacts. He will forward the COMMUNITY ALERT LISTS updates to each county quarterly. Finally, the DP Rep will advise staff members whenever DP information changes.

B. Case managers are responsible for the identification, listing, and forwarding of vulnerable populations information in the format of Appendix B, which is based on case manager routine assessments as part of our In Home Services programs. They will inform those designated persons about the fact they are listed and obtain written authorization to ensure their agreement. Their alert listings are updated at least quarterly beginning in September 2012 and placed on the shared drive of the AAA (COCOA).

C. Agency Staff will at various times participate in emergency action events/ exercises as conducted by the various governmental and/or other concerned Agencies, such as the Red Cross, whenever possible. The extent of COCOA participation will depend on the specifics of any exercise. The DP Rep., with the Operations Manager's consent, acts as the principal exercise participant.

III. Follow-up by other Agencies, Government Officials and COCOA:

COCOA remains committed to review and update this internal plan to reflect the most current county plans in effect. Subsequent to the initial completion of disaster preparation planning, we request at least an annual review by county emergency planners to revise or replace outdated procedures as well as enhance inter-agency communications.

Making sure that all home-delivered meal clients across the agency have a minimum of three shelf-stable meals is accomplished annually.

Appendix F List of Designated Focal Points (OAA Section 306 (a)(3)(B))

Focal Points of Service:

Case management services are provided at all sites as well as in clients places of residence.

COCOA Central Office
373 NE Greenwood Ave.
Bend, OR 97701
541-678-5483
Toll-Free 877-704-4567

Jefferson County Meal Site
860 SW Madison
Madras, OR 97741
541-475-1148

Bend Meal Site
1036 NE 5th
Bend, OR 97701
541-312-2069

Prineville Case Management
457 NE Ochoco Plaza Dr. #C
Prineville, OR 97754
541-447-1177

Bend Meal Site
1600 SE Reed Market Rd.
Bend, OR 97702
541-388-1133

Prineville Meal Site
180 N. Belknap
Prineville, OR 97754
541-447-6844

Crooked River Ranch
Works with Redmond Senior Council
to provide home delivered meals
through volunteer support

Redmond Meal Site
325 NW Dogwood
Redmond, OR 97756
541-548-6325

La Pine Meal Site
16450 Victory Way
La Pine, OR 97739
541-536-3207

Sisters Meal Site
15220 McKenzie Highway
Sisters, OR 97759
541-678-5483

Appendix G Partner Memorandums of Understanding

(see attached document for executed version)

Memorandum of Understanding Between Central Oregon Council on Aging And Oregon Department of Human Services Aging & People with Disabilities, Central Oregon

Purpose

The Central Oregon Council on Aging, hereinafter called COCOA and the Oregon Department of Human Service, Division of Seniors and People with Disabilities in Central Oregon, hereinafter SPD, agree that adults with chronic illnesses, who may be served by the Oregon Medicaid program should:

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

Scope of Agreement

APD agrees to:

- Provide training to COCOA personnel regarding services and eligibility criteria established and/or administered by SPD on an on-going basis.
- Refer individuals to COCOA for assessment, case management and/or service delivery as deemed mutually appropriate by APD and COCOA personnel, with the consent of the client.
- To refer clients requiring Medicare benefits assistance to COCOA SHIBA program.

- To provide a knowledgeable representative who will attend the COCOA bi-monthly Advisory Council to provide an update of the current APD operations and policies.
- Work with COCOA Case managers and Aging and Disability Resource Center to expedite medical and financial eligibility determination for Medicaid waiver services for adults.
- Coordinate with COCOA personnel and administration to address system(s) quality and effectiveness.
- Provide COCOA with appropriate application forms for Medically Needy, Waiver, Long Term Care and Medicare Supplement programs.
- Receive applications from COCOA by fax and register them in the appropriate Medicaid category. The register number will be entered on the application form and faxed back to COCOA within one workday. The date of application will be the date the faxed application is received in the APD office.
- Conduct eligibility assessment within five (5) to ten (10) working days of receiving all required information necessary to determine eligibility for state services.

COCOA agrees to:

- Provide training to APD personnel regarding services and eligibility criteria established and/or administered by COCOA on an on-going basis.
- Accept referrals of adult individuals made by APD for the purposes of needs assessment and qualification for case management and/or service delivery consistent with the COCOA capacity to do so.
- To work with the APD personnel and administration to expedite medical and financial eligibility determination for Medicaid waiver services for adults by assisting the applicant in providing all necessary information required by APD.
- To consult with APD personnel and administration to address system(s) quality and effectiveness.
- To refer all potential Medicaid clients identified by the SHIBA program, Case managers or the COCOA ADRC lines to APD for an eligibility assessment.

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

In witness whereof, the principals hereto have caused this memorandum of understanding to be signed by their duly authorized representatives.

COCOA

Date

APD

Date

Appendix H Statement of Assurances and Verification of Intent (see attached document for executed version)

For the period of January 1, 2013 through December 31, 2016, the Central Oregon COCOA (AAA) accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) (P.L. 106-510) and related state law and policy. Through the Area Plan, Central Oregon COCOA shall promote the development of a comprehensive and coordinated system of services to meet the needs of older individuals and individuals with disabilities and serve as the advocacy and focal point for these groups in the Planning and Service Area. The Central Oregon COCOA assures that it will:

- Comply with all applicable state and federal laws, regulations, policies and contract requirements relating to activities carried out under the Area Plan.
- Conduct outreach, provide services in a comprehensive and coordinated system, and establish goals objectives with emphasis on: a) older individuals who have the greatest social and economic need, with particular attention to low income minority individuals and older individuals residing in rural areas; b) older individuals with significant disabilities; c) older Native Americans; and d) older individuals with limited English-speaking ability.

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

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

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

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

- B. An assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides with services provided under Title VI of the Older Americans Act; and
- C. An assurance that the area agency on aging will make services under the Area Plan available to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

Obtain input from the public and approval from the AAA Advisory COCOA 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 Central Oregon COCOA 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.

Date

Director, [AAA]

Date

Advisory COCOA Chair

Date

Legal Contractor Authority

Title



SERVICE MATRIX and DELIVERY METHOD

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

#1 Personal Care (by agency)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

At Home Care Group, LLC OPI/Respite/Nursing
205 SE Wilson, Suite 1
Bend, OR 97702

Evergreen Home Services, Inc. OPI/Respite/Nursing
243 SW Scalehouse Loop, Suite 3A
Bend, OR 97702

Home Instead Senior Care OPI/Respite/Nursing
497 SW Century Dr, Suite 102
Bend, OR 97702

Right At Home In Home Care OPI/Respite/Nursing
2195 NE Professional Ct, Suite 15
Bend, OR 97701

Safe Haven Care, In Home Services OPI/Respite/No Nursing
PO Box 1416
Bend, OR 97709

Visiting Angels OPI/Respite/Nursing
2920 NE Conners Ave.
Bend, OR 97701

All contractors are for profit.

Note if contractor is a "for profit agency"

#1a Personal Care (by HCW) Funding Source: OAA OPI Other Cash Funds

#2 Homemaker (by agency)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

At Home Care Group, LLC OPI/Respite/Nursing
205 SE Wilson, Suite 1
Bend, OR 97702

Evergreen Home Services, Inc. OPI/Respite/Nursing
243 SW Scalehouse Loop, Suite 3A
Bend, OR 97702

Home Instead Senior Care OPI/Respite/Nursing
497 SW Century Dr, Suite 102
Bend, OR 97702

Right At Home In Home Care OPI/Respite/Nursing
2195 NE Professional Ct, Suite 15
Bend, OR 97701

Safe Haven Care, In Home Services OPI/Respite/No Nursing
PO Box 1416
Bend, OR 97709

Visiting Angels OPI/Respite/Nursing
2920 NE Conners Ave.
Bend, OR 97701

All contractors are for profit.

Note if contractor is a "for profit agency"

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

#3 Chore (by agency)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

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

#4 Home-Delivered Meal

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

COCOA reimburses several meal sites to provide the home delivered meals to clients in their service area; COCOA directly provides home delivered meals to several areas as well. None of these meal sites are for profit. The frozen meal provider (Bateman) is a for profit business.

BEND

COCOA purchases frozen meals to serve to Bend area residents 5 days a week delivery with 7 day meals; Sisters one day a week delivery with 7 day meals, LaPine/Sunriver 3 day a week delivery with 7 meals and Gilchrest (through collaborative partnership with Klamath Falls AAA). We coordinate these meals at the Bend Senior Center -1600 SE Reed Market Road, Bend, OR 97702
541-388-1133

REDMOND

COCOA contracts with the Redmond Senior Council to provide Meals on Wheels 5 days a week for up to 7 meals a week.
Redmond Senior Center 325 NW Dogwood Ave, Redmond OR 97756
541.548.6325

JEFFERSON COUNTY

Jefferson County Senior Center (serving Jefferson County) 860 SW Madison, Madras, OR 97741
541-475-1148

*Meals On Wheels for Madras, north rim of Crooked River Ranch and Culver on Tuesday, Wednesday, Friday for up to 7 meals/week

CROOK COUNTY

COCOA contracts with the Prineville Soroptimists to provide 5 day a week delivery for 5 meals/week
Prineville Soroptimist Senior Center (serving Crook County)
180 Belknap, Prineville, OR 97754
541-477-6844

Note if contractor is a "for profit agency"

#5 Adult Day Care/Adult Day Health

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#6 Case Management

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#7 Congregate Meal

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

COCOA reimburses several non-profit meal sites across the service area to provide these meals.

Bend's Community Center 1036 NE 5th Street, Bend, OR 97701
541-312-2069

*Congregate meals Monday through Friday 11am-12:30pm

Bend Senior Center 1600 SE Reed Market Road, Bend, OR 97702
541-388-1133

*Pizza Social for seniors on Thursdays 12:30-1:00

*First Saturday of each month, "Breakfast with the Grandparents" an inter-generational meal

Jefferson County Senior Center (serving Jefferson County) 860 SW Madison, Madras, OR 97741
541-475-1148

*Congregate meals on Tuesday, Wednesday, Friday 12 noon

La Pine Senior Center 16450 Victory Way, La Pine, OR 97739
541-536-6237

*Congregate meals on Tuesday, Wednesday, Thursday 12 noon

Redmond Senior Center 325 NW Dogwood Avenue, Redmond, OR 97756
541-548-6325

*Congregate meals Monday through Friday 12 noon-12:30pm

Sisters Senior Luncheon, Sisters Community Church 1300 W. McKenzie Hwy, Sisters, OR 97759
541-678-5483

*Congregate meals on Tuesday 12 noon

Prineville Soroptimist Senior Center (serving Crook County) 180 Belknap, Prineville, OR 97754
541-477-6844

*Congregate meals Monday through Friday 12 noon

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):

Central Oregon Intergovernmental Council

334 NE Hawthorne Ave.

Bend, OR 97701

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

Central Oregon Regional Offices

1029 NW 14th St, Ste 100

Bend, OR 97701

Note if contractor is a "for profit agency"

#12 Nutrition Education

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#13 Information & Assistance

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#14 Outreach

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#15/15a Information for Caregivers

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#16/16a Caregiver Access Assistance

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#20-2 Advocacy

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#20-3 Program Coordination & Development

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#30-1 Home Repair/Modification

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Volunteers In Action
PO Box 7856
Bend, OR 97708

Also bids for repairs in outlying communities with no specific contractor

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):

At Home Care Group, LLC OPI/Respite/Nursing
205 SE Wilson, Suite 1
Bend, OR 97702

Evergreen Home Services, Inc. OPI/Respite/Nursing
243 SW Scalehouse Loop, Suite 3A
Bend, OR 97702

Home Instead Senior Care OPI/Respite/Nursing
497 SW Century Dr, Suite 102
Bend, OR 97702

Right At Home In Home Care OPI/Respite/Nursing
2195 NE Professional Ct, Suite 15
Bend, OR 97701

Safe Haven Care, In Home Services OPI/Respite/No Nursing
PO Box 1416
Bend, OR 97709

Visiting Angels OPI/Respite/Nursing
2920 NE Conners Ave.
Bend, OR 97701

All contractors are for profit.

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):

At Home Care Group, LLC OPI/Respite/Nursing
205 SE Wilson, Suite 1
Bend, OR 97702

Evergreen Home Services, Inc. OPI/Respite/Nursing
243 SW Scalehouse Loop, Suite 3A
Bend, OR 97702

Home Instead Senior Care OPI/Respite/Nursing
497 SW Century Dr, Suite 102
Bend, OR 97702

Right At Home In Home Care OPI/Respite/Nursing
2195 NE Professional Ct, Suite 15
Bend, OR 97701

Safe Haven Care, In Home Services OPI/Respite/No Nursing
PO Box 1416
Bend, OR 97709

Visiting Angels OPI/Respite/Nursing
2920 NE Connors Ave.
Bend, OR 97701

All contractors are for profit.

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):

We support Alzheimer's Association support groups and other support groups throughout the area

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):

Bids for repairs. No specific contractor

Note if contractor is a "for profit agency"

#40-2 Physical Activity and Falls Prevention

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#40-3 Preventive Screening, Counseling and Referral

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#40-4 Mental Health Screening and Referral

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Case Management works closely with county mental health providers for senior referrals, etc.

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):

At Home Care Group, LLC OPI/Respite/Nursing
205 SE Wilson, Suite 1
Bend, OR 97702

Evergreen Home Services, Inc. OPI/Respite/Nursing
243 SW Scalehouse Loop, Suite 3A
Bend, OR 97702

Home Instead Senior Care OPI/Respite/Nursing
497 SW Century Dr, Suite 102
Bend, OR 97702

Right At Home In Home Care OPI/Respite/Nursing
2195 NE Professional Ct, Suite 15
Bend, OR 97701

Safe Haven Care, In Home Services OPI/Respite/No Nursing
PO Box 1416
Bend, OR 97709

Visiting Angels OPI/Respite/Nursing
2920 NE Connors Ave.
Bend, OR 97701

All contractors are for profit.

Note if contractor is a "for profit agency"

#40-9 Medication Management

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#50-1 Guardianship/Conservatorship

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#50-3 Elder Abuse Awareness and Prevention

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

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):

State contracted Ombudsmen--for Deschutes, Crook and Jefferson Counties, Long Term Care Ombudsman is Drewe Strayer.

Note if contractor is a "for profit agency"

#60-1 Recreation

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#60-3 Reassurance

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#60-4 Volunteer Recruitment

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Volunteer Connect
404 NE Norton Ave.

Bend, OR, 97701

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):

If services are needed, COCOA works with local interpreters, specifically through hospital systems to provide these services.

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):

DHS provides

Note if contractor is a "for profit agency"

#70-10 Public Outreach/Education

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#71 Chronic Disease Prevention, Management/Education

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#72 Cash and Counseling

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#73/73a Caregiver Cash and Counseling

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Vouchers for respite

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):

Volunteer Connect
404 NE Norton Ave.
Bend, OR, 97701

Volunteers In Action
PO Box 7856
Bend, OR 97708

Note if contractor is a "for profit agency"

Family Caregiver Support Program Goal : To increase accessibility to this program to full complement of services for this program

Key Tasks	Lead Position & Entity	Timeframe for 2013-2016 (By Month & Year)		Accomplishment or U
		Start Date	End Date	
Build knowledge base of new case management team to identify potential clients for this program	COCOA, Case Management	Sep-13	Aug-14	
Build comprehensive budget for this program so that CM can easily identify how to utilize it	Administration	Sep-13	Aug-14	
Work with partner agencies to identify additional funding sources for respite care.	Administration	Sep-13	Aug-14	
Explore further options for adult day care in communities served	Administration and case management	Sep-13	Aug-14	
Explore how to use YANA (You Are Not Alone) volunteers to enhance these services	Administration and case management	Sep-13	Aug-14	

Information and Assistance Services for ADRC model: To fully incorporate this model throughout the agency structure

Key Tasks	Lead Position & Entity	Timeframe for 2013-2016 (By Month & Year)		Accomplishment or U
		Start Date	End Date	
New complement of CM AIRS certified	Administration	Sep-13	Aug-14	
New complement of CM Options Counseling trained	Administration	Sep-13	Aug-14	
Develop further infrastructure for Options Counseling utilization	Administration	Sep-13	Aug-14	
Develop staffing resources for I & A specialization	Administration	Sep-13	Aug-14	

Elder rights and legal assistance: additional services needed throughout service area

Key Tasks	Lead Position & Entity	Timeframe for 2013-2016 (By Month & Year)		Accomplishment or U
		Start Date	End Date	
Explore further partnering with local attorneys to provide specialty services as needed for clients (pro bono)	Administration	Sep-13	Aug-14	
Investigate educational opportunities and money management options	Administration	Sep-13	Aug-14	
Work closely with senior centers where legal aid services are provided to make sure that appropriate clients have easy access to services	Case Management	Sep-13	Aug-14	
Continue to work with county MDTs to provide support to this process	Case management and Admin	Sep-13	Sep-14	

Increase availability of health promotion education throughout service area, page 2

	Key Tasks	Lead Position & Entity	Timeframe for 2013-2016 (By Month & Year)		Accomplishment or U
			Start Date	End Date	
	In partnership with the CCO planning, develop full health promotion and education component	Administration	Sep-13	Dec-14	
	Increase case managers from 1 to 2 to provide Living Well trainings throughout region	Adminsitration and case management	Sep-13	Aug-14	
	Utilize CM trained in Powerful Tools to promote this program throughout service area	Administration and case management	Sep-13	Dec-14	
	Helping Alzheimer's Association have local chapter re-established in Central Oregon to provide much needed education and support	Administration	Sep-13	Dec-14	
	Implementing pilot program with U of W project (NIH RDAD) to help promote health, exercise and well-being for clients with Alzheimers	Admin and case management	Sep-13	Dec-14	
	Partner with exisiting agencies who are providing EBE such as St. Charles Medical System to better serve our clients	Administration	Sep-13	Dec. 14	

<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>1. Explore and expand alternative services in our District for minority and low-income individuals.</p>	<p>Identify and document local resources to meet the needs of low-income seniors.</p> <p>Increase the number of low cost/free services to low-income seniors by 5%.</p>	<p>Develop plans to involve businesses and private enterprise in local resource development.</p> <p>Case Managers will develop a list of low-cost/free services for referral.</p>	<p>Done and On-going</p> <p>Done and On-going</p>	<p>Strong partnerships with:</p> <ul style="list-style-type: none"> • Pacific Crest to start Mt. Laurel Lodge • Pinnacle Alliance to start The Lodge at McKenzie Meadow <p>Lead on property tax deferral Expansion of MOW to more rural areas of Deschutes County</p> <p>Continued partnering with:</p> <ul style="list-style-type: none"> • Volunteers In Action (formerly Interfaith Volunteer Corps) • MDT in Deschutes County • MOU with Abilitree • Lead partner/board support for Alzheimer's Association • NIH/RDAD grant for Alz pts. <p>Outreach to churches, Latino Community Association, SHIBA</p>

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<p><input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> B <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> E</p> <p>2. Reinforce the role of the AAA as a key partner for LTC services and strengthen support systems in the community, improve access and meet the needs of seniors for LTC services. AAA becomes an identified regional hub for the LTC.</p>	<p>Attend meetings with Warm Springs Tribe Leaders & document activities affecting COCOA activity to include participation in tribal informational events.</p> <p>Identify & develop written agreements with other agencies to formalize partnerships, especially those that support the AAA goals.</p>	<p>Expand Focus groups to Reservation</p> <p>Participate in the Senior Services System planning and development team</p> <p>Provide space for and work with Parish Nurses caregiver training program</p> <p>Cascade Gerontology Conf.</p>	<p>On-going</p> <p>On-going 12 year plan</p> <p>On-going</p>	<p>Actively participate in caregiver symposiums</p> <p>Partner with Low Income Housing Developers to provide services in facilities</p> <p>Parish Nurse program to be re-established in the future</p> <p>Partnering w/ this annual conf. Also:</p> <ul style="list-style-type: none"> • MDT participation • Partnering with St. Charles on care transition • New COCOA board member is gerontologist at OSU • Intern from OSU for YANA program • CCO advisory position/partnership • MOU with state for CCO, Options Counseling • MOU with Abilitree • Partnership with McKenzie Meadows

A=Administration B= Advocacy C=Coordination D=Development E=Outreach GOAL DESCRIPTION	MEASURABLE OBJECTIVES	ACTIVITIES	DURATION	(Complete this column as achieved and submit this section with your annual AP updates) OUTCOMES/ ACCOMPLISHMENTS
Goal 2, continued	<p>Explore with Volunteers in Medicine possible senior referrals for the purpose to improve senior health. Maintain quarterly statistics assistance records of all referrals made by COCOA.</p> <p>Represent senior needs and issues in healthy community development through participation in local county health work groups</p> <p>Provide space for quarterly health activities in conjunction with our meals program</p>	<p>Meet with VIM Advisory Council to represent senior needs and issues</p> <p>Work with Commission to Children and Families to develop goals</p> <p>Participate in Central Oregon Health Council monthly</p> <p>Continue to work with Hunger Prevention Coalition</p> <p>Continue to serve on the Community Action Teams in Central Oregon</p> <p>Participate as Board member on Senior Care Network Board</p>	<p>On-going</p> <p>On-going</p> <p>On-going</p> <p>On-going</p> <p>On-going</p>	<p>Working with CCO/ Care Transitions</p> <p>All ongoing as well as</p> <ul style="list-style-type: none"> • Homeless Leadership Coalition • Bend 2030 Board member on healthy communities committee • MDT participation • In-home care providers and residential care facilities <p>Space available for senior serving agency meetings in new COCOA location in Bend.</p>

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<p>Goal 2, continued</p>	<p>Provide a letter of support for each low income housing project.</p> <p>Document, on a quarterly basis for annual recording, information & assistance as well as outreach efforts so that clients, staff and community partners have consistent up-to-date accessible data</p>	<p>Resource Directory</p> <p>Senior Helpline</p>	<p>Every 2 years</p> <p>On-going</p>	<ul style="list-style-type: none"> Two more low income housing units; one in Bend and one in Redmond completed One in Sisters planned- COCOA is lead partner in The Lodge at McKenzie Meadows; worked with development group on health clinic and expanded senior site. Completed second unit in LaPine. <p>ADRC/AIRS certification/Options Counseling training for all Case Managers</p> <p>New 'Directions' printed and distributed in July 2012</p> <p>Ageless quarterly publication with information and resources for seniors and caregivers. Over 85,000 being printed for each issue.</p>

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<p><input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E</p> <p>3. Strengthen the relationship between the Advisory Council and the Board of Directors</p>	<p>Conduct and document Advisory Council education for a broader understanding of the OAA/OPI and Long Term Care system</p> <p>Train & annually update education of agency community advocates who will work with O4AD during legislative sessions to identify & resolve senior issues legislation.</p>	<p>Provide training on roles and responsibilities of the Advisory Council</p> <p>Continually upgrade member packets and orientation</p> <p>Provide 2 local advisory trainings annually</p>	<p>Annually in September</p> <p>Done</p> <p>On-going</p> <p>On-going</p>	<p>Completed annually.</p> <p>New packets provide an overview of organization and policies</p> <p>Accomplished again in 2011; new Advisory Council/Board trainings</p> <p>New reporting (fiscal and operational)</p> <p>Project KIP (Knowledge is Power) to educate Board/Advisory Council on issues relating to seniors and caregivers.</p> <p>Have fully functioning board/advisory council recruitment policy/protocol in place</p>

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<p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input checked="" type="checkbox"/>D <input checked="" type="checkbox"/>E</p> <p>4. Prepare for the future needs of the increasing senior population by establishing the Council on Aging as the regional hub of which the Area Agency is an integral part.</p>	<p>Create & implement a process to identify Hub performance with on-going evaluation and modification of core services</p> <p>Develop & establish a business plan with quarterly monitoring & evaluation features</p> <p>Annually conduct informational meetings with community partners who can supplement COCOA efforts with senior services</p> <p>Develop speakers bureau</p>	<p>Review needs assessment</p> <p>Participate as a partner in planning & establishing Community Development Team services through the Hub</p> <p>Write planning grants for demonstration project</p> <p>Conduct informational meetings to all civic and governmental groups regarding the Council's mission & services</p> <p>Investigate speaker locations as promotional opportunities</p>	<p>Done</p> <p>On-going</p> <p>On-going</p> <p>Done</p> <p>Done</p> <p>On-going</p>	<p>NOTE: 'Hub' is now ADRC</p> <p>Redesigned ADRC needs assessment in partnership with OSU.</p> <p>Have included AIRS Certification and Options Counseling.</p> <p>New more user-friendly website developed in August 2012</p> <p>All collateral materials have been updated for client ease during 2011-2012</p> <p>Letter has been generated to all service groups for speaking opportunities.</p> <p>"Directions" has been updated in 2012.</p> <p>In 2011 a new informational quarterly magazine was developed called 'Ageless'.</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 type="checkbox"/>D <input type="checkbox"/>E</p> <p>5. Adequate transportation services to Seniors, the communities and people with disabilities (1,3)</p>	<p>Monthly desk monitoring and annual audit</p>	<p>Monitor contracted services with COIC to maintain priority services to seniors</p> <p>Coordinate with local entities to expand Medical Ride Brokerage</p> <p>Coordinate regional transportation through committee organized by COIC and City of Bend</p>	<p>On-going</p> <p>In progress</p> <p>In progress</p>	<p>On-going</p> <p>Continued coordination with COIC and Bend Area Transit has resulted in local contractors in all Central Oregon cities and surrounding areas.</p> <p>Continued coordination with Volunteers In Action which provides specific transportation for seniors and people with disabilities.</p>

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<p><input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> E</p> <p>6. Explore new stable revenue producing opportunities for COCOA</p>	<p>Develop informational brochures for planned giving and endowments</p>	<p>Develop awareness campaign to promote planned giving opportunities as well as overall awareness of COCOA programs & services</p> <p>Work with allied professionals to educate them about our agency and opportunities</p> <p>Promote planned giving opportunities in all mail-out appeals</p> <p>5% of all fund-raising revenue will go towards growing endowment fund</p>	<p>On-going</p> <p>On-going</p> <p>Done</p> <p>On-going</p>	<p>Increased grant writing. Received grant for new Nutrition Van. Increased fundraising events. More closely monitoring endowments for better fiscal management.</p> <p>Received SNAP grant and implemented major outreach push</p> <p>Will receive NIH/RDAD grant for Alzheimer's support</p> <p>Donor database update</p> <p>Increased donor recognition and participation (such as the United Way).</p> <p>Investigating opportunities for fee for service/products.</p> <p>Increasing partnerships with in home care/residential facilities to encourage designation of COCOA as charity of choice.</p>

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<p>Goal 6, continued</p> <p>Develop needs assessment and issues identification process</p> <p>Publication of the 5th edition of the Central Oregon Senior Resource Directory now called Directions</p>	<p>Develop a comprehensive, long-range services plan that will identify and guide how best to meet the needs of the region's senior population & monitor results monthly</p> <p>Provide the community with a comprehensive up-to-date Senior Resource Directory bi-annually</p>	<p>Develop plans to involve businesses and private enterprise in local fund-raising activities/efforts</p> <p>-Conduct Senior Needs Assessment Survey</p> <p>-Work with area community partners to develop strategic long term plan for senior service delivery system</p> <p>-Sell advertising to vendors</p> <p>-Update content</p> <p>-Produce and publish directory</p>	<p>On-going</p> <p>Done</p> <p>On-going</p> <p>June 2012</p>	<p>On-going Entrée program and sponsorship for Meals On Wheels program.</p> <p>Done</p> <p>On-going effort with CCO process and collaboration with partners.</p> <p>Done and distributed.</p>
<p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input checked="" type="checkbox"/>D <input checked="" type="checkbox"/>E</p> <p>7. Develop area-wide informational event (1,2)</p>	<p>Establish a Senior Activities & Health Expo involving all age groups in this region & report to the COCOA Board of Directors monetary results of the event</p>	<p>Conduct annual "Senior Fair" events at each site</p>	<p>Annually</p>	<p>In 2009 transitioned to area specific participation as sponsorship waned and local events give more opportunities to meet needs of specific communities.</p>

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<p><input type="checkbox"/>A <input checked="" type="checkbox"/>B <input checked="" type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p> <p>8. Establish a disaster readiness posture (1,2,3)</p>	<p>Coordinate and establish an Agency Disaster Preparedness Plan with government agencies and other non-governmental organizations creating a living document (agency instruction) plan with annual updates</p>	<p>Prepare a comprehensive Disaster Response Plan: -to provide survival training to vulnerable populations through the respective counties -to participate in Disaster Preparedness exercises -to develop & maintain a Disaster Preparedness vulnerable population listing of those requiring assistance in an area emergency</p>	<p>Done On-going updates On-going</p>	<p>Updated plan completed July 2012.</p> <p>Continue to work closely with disaster preparedness, giving quarterly updates on our vulnerable clients.</p>
<p><input type="checkbox"/>A <input checked="" type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input checked="" type="checkbox"/>E</p> <p>9. Support Long Term Care Ombudsman Program</p>	<p>Maintain Case Management records of all referrals and other coordinated activities with local Ombudsman office and (review quarterly)</p>	<p>Identify issues and comments by senior clients requiring investigation. Inform Ombudsman as necessary.</p>	<p>Ongoing</p>	<p>Continue to support ombudsman program with funding and information.</p>

2013-2016 COCOA Area Plan update

replaces section initially located on pages 45-46 of original document

4. Health Promotion

COCOA is in the process of re-evaluating how we can best promote the programs and services that fit under this category.

In partnership with the Coordinated Care Organization (CCO) planning currently going on in our community, COCOA is working towards the development of a full health promotion and educational component. In addition, we have one staff member trained in *Living Well With Chronic Conditions*, and another trained in *Powerful Tools for Caregivers*. We intend to continue to have more staff as trainers in these and other important educational series for our community. Classes/seminars and participation in gerontology, caregiver, grand-parenting, nutrition, financial resourcing and others are important components to helping seniors actively deal with the challenges of aging. In addition COCOA is at the forefront and lead partner with the Alzheimer's Association to bring a local chapter back to Central Oregon to assist those wrestling with the disease in promoting good health for both the patient and the caregiver. Finally, COCOA is working with the University of Washington as a pilot project site for the NIH RDAD grant to further help promote health, exercise and well-being to our seniors challenged with Alzheimer's.

Our goal is to further establish evidence-based educational components for healthy living in the next two years by partnering with local agencies and organizations to aggressively and appropriately assist our community in nutrition counseling, health promotion, disease prevention and well-being.

With COCOA's Executive Officer now serving on the state Evidence Based Programs committee, we are confident that we will continue to develop our community resources to meet the challenges of the next planning cycle in regards to health education and promotion.

Side Note: Some of the nutrition education programs that are being implemented across the service area in the next cycle are: *Healthy Eating, Successful Living (includes My Plate Guidelines), Eat Better, Move More, and Eat Smart, Live Strong*. We will also be experimenting with classes on *Gardening/Cooking from Courtyard/Raised Bed Gardens*; field trips to local Farmer's Markets, etc.