



Oregon

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Department of Human Services

Aging and People with Disabilities

State Unit on Aging

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January 11, 2013

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Services
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Dear Jeanne:

I am pleased to inform you that the Douglas County Senior & Disability Services' 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. Deb McCuin will continue as the SUA staff liaison to your agency.

Sincerely,

Elaine Young
Manager, State Unit on Aging

Cc: Deb McCuin, SUA

DOUGLAS COUNTY HEALTH & SOCIAL SERVICES



Douglas County AAA Plan

Older Americans Act Area Plan 2013-2016

**DOUGLAS COUNTY AREA AGENCY ON AGING
2013-2016 AREA PLAN
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SECTION A-AREA AGENCY PLANNING AND PRIORITIES

SECTION A-1: INTRODUCTION

The Douglas County Area Agency on Aging (AAA) is one of seventeen AAA's in Oregon (region 6) and one of 600 AAA's located throughout the United States. The **purpose** of the Douglas County AAA is to develop, support and enhance a system of social, protective and health services for seniors throughout the rural county. This system serves to provide an opportunity for independence, dignity and a higher quality of life for seniors, aged 60 and over. The intent of the AAA plan is to provide a comprehensive and coordinated plan of services, for older Oregonians, that is based on community needs. The plan aspires to prioritize needs and strategies that best fit with community needs, desires and norms that also fit within the budgetary and resource realities of a rural community.

Douglas County AAA is part of the **Senior & Veterans Services Division** and is one of several divisions within the Douglas County Health and Social Services department (DCHSS). Administrative hierarchy begins with a county Board of Commissioners of three. The DCHSS Health Administrator is appointed by the Board of Commissioners and oversees all divisions within the organization. The Deputy Health Administrator currently functions as the Senior & Veterans Services Division Director, overseeing the Senior Services Program Manager. A citizen committee, appointed by the county commissioners, has advisory function to the Division. See organization chart (Appendix A) for details of staff and contact information.

The **budget** process for the Douglas County AAA is typically developed by the Senior and Veterans Division Director in cooperation with the departments Fiscal and Administrative Team, the reviewed by the Health Administrator, Senior Services Advisory Council and then approved by the Douglas County Commissioners.



Douglas County, is a **rural county** located in Southwestern Oregon. It is the fifth largest geographical county in the state and ninth in population. Douglas County is 5,071 square miles and stretches from the Pacific Ocean to the Cascade Mountains. There are thirteen incorporated cities and numerous small-rural communities with a total county-wide population of 107,244 (2010). The largest city, located in the center of the county is Roseburg (population 21,181) is recognized as the county seat. Interstate 5 (I-5) runs down

the center of Douglas County, with Roseburg lying on the I-5 corridor. The Douglas County Health & Social Services Department resides in Roseburg. The terrain and geography is diverse and includes hundreds of hills and valleys, waterways and limited road structures in some areas, creating many small isolated communities. Service areas (outside of Roseburg) for most health and social services are typically found in small population centers and include; Reedsport (coastal town, population 5,339); Sutherlin (population 9,505); Drain/Yoncalla (population

4,306); Glendale (population 2232); Riddle, Tri-Cities and Myrtle Creek (population 12,804); Glide (population 2231) and Winston (population 7634).

The Douglas County AAA provides services to the entire county but the office is based in Roseburg. The AAA is recognized as a Contract Type B2 Area Agency on Aging under Oregon Revised Statutes (ORS 410). Services provided by the AAA are managed, in partnership, with the State of Oregon and other community partnerships include:

DOUGLAS COUNTY AAA SERVICES	
Family Caregiver, information, counseling, training & support	
Caregiver Referral	
Outreach	
Case Management	
Information, Referral & Assistance	
Legal Services	
Health Promotion/Medication Management	
Pre-Admission Screening (APD)	
Title VII (Elder Abuse Prevention) Program	
Eligibility for: (APD)	
<ul style="list-style-type: none"> • Financial assistance • Oregon Health Plan (OHP) • Oregon Trail Card (food stamps) • Medicaid Home-and Community-based services 	
Federal SNAP (Supplemental Nutrition Assistance) Program (APD)	
Elder Abuse Investigations & Protective Services (APD)	
Adult Foster Home Licensing & Monitoring (APD)	
Federal Older American’s Act Title III (Support & Nutrition Congregate and home-delivered meals)	
Oregon Project Independence (OPI) case management for in-home services	
Senior Services Advisory Council –SSAC and Disabilities Services Advisory Council DSAC	
Respite/Day camp	

Services are provided and coordinated through seven senior dining sites in: Glendale, Glide, Reedsport, Riddle, Sutherlin, Winston and Yoncalla. Please see Attachment (F) for designated focal points of service delivery.

SECTION A-2: MISSION, VISION, VALUES

The **mission** of the Douglas County AAA is:

Together with community partners, we assist seniors to enjoy independence, dignity, choice and quality of life.

In support of this mission, the **primary goal and principles** of the Douglas County AAA is to plan and develop a comprehensive and coordinated system of social, protective and health services throughout the county so that persons 60 years of age or older may have access to services which offer them the opportunity for independence, choice, dignity and a higher quality of life.

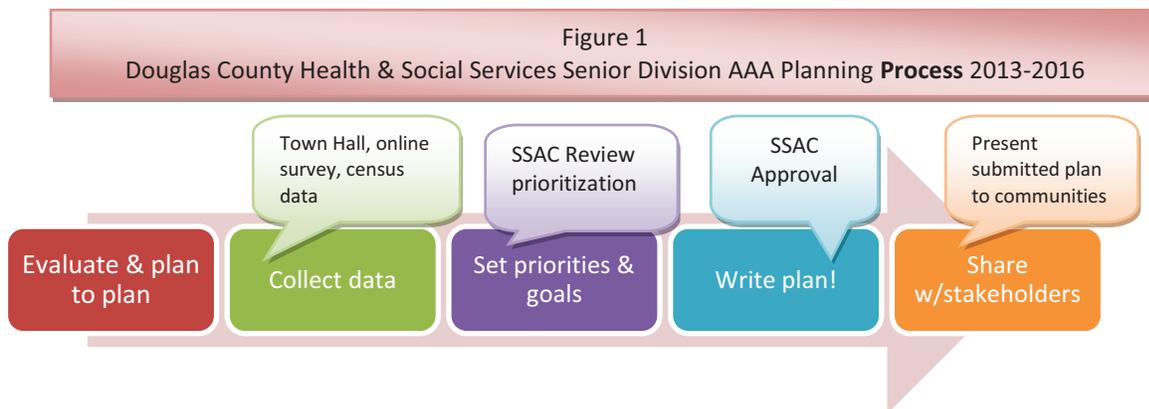
The Douglas County AAA is housed within the larger organization, Douglas County Health & Social Services (DCHSS). The mission of DCHSS is:

Assisting people to be healthy, independent and safe.

The Douglas County Health & Social Services department is the largest county department and is responsible for a multitude of services for county residents. Services that DCHSS provides includes: mental health & developmental disabilities; public health; environmental health; senior & veteran services; and transportation services. DCHSS has administered services to seniors for decades-and continues to support and value services to vulnerable people over the age of 60.

SECTION A-3: PLANNING & REVIEW PROCESS

Douglas County’s AAA 2013-2016 Area Plan is based upon a year-long assessment of need conducted throughout 2011-2012. The planning and review process started in the fall of 2011, with efforts to organize planning . This first step in the process was to establish timelines and tasks to complete before submission deadline of October 2012. The second step was to collect data, the third was to analyze the data to set priorities and goals. The fourth step was to write and submit the plan. The final (fifth) step, is to go back out to the community and share the plan with stakeholders. The figure below illustrates the planning process.



Two primary types/categories of information were obtained; 1) public input data; 2) demographic and service data.

Public input was critical to the process and was intended to provide input regarding needs of seniors and to elicit strategies that would be well received and based on needs of individual communities within the entire county. The planning process provided multiple avenues to obtain public input. The planning process (see figure below) included input and communications with the public and representatives of the public in nearly every step of the process. Community members were given an opportunity to participate in face-to-face community focus groups titled “town hall meetings” and also provided input via an online

survey tool (surveymonkey) during the initial data gathering and planning phases of the planning process. The four town hall meetings were publicized via radio, newspaper (print & electronic), at the seven dining sites (paper flyers & verbal announcements) and multiple email blast of several community list serves. The link to the online survey instrument tool was initially sent by an email blitz to DCHSS list-serves and then passed along by several community partners. The link is estimated to have reached several thousand email inboxes. One hundred and eighty people participated in the community town hall meetings, three hundred fifty five people participated in the online survey. Participation in the town halls was slightly higher than years past. The survey was the first time we've utilized such a process. A summary of the purpose, format and dates of each public input opportunity are described below. Documentation of notices and results are attached in Appendix C.

The second category of data, **demographic and service data**, was collected to further identify scope of need and possible strategies for the plan. Demographic data, from the 2010 census was used to create a population profile (see section B-1) and a description of the target population (see section B-2) for the AAA plan. Data about services provided by the Douglas County AAA was also analyzed for trends and consistency with census/demographic population data.

Information that was gathered via the town hall meetings and the survey tool, aimed at collecting information about the scope of need among older adults, subgroups of seniors that were affected by these needs and the strategies/activities that are and would be successful in addressing these needs. The S.W.O.T analysis technique was utilized at each town hall site and provided a structure to gather the information needed for planning effective needs and strategies. Demographic data on participants was also collected in both the town halls and the survey instrument. Themes and trends were then identified from all data collected and organized into categories that were then reviewed and prioritized by the SSAC (Senior Services Advisory Council), staff and administration.

The **Senior Services Advisory Council's role** (SSAC) in the planning and review process was consistent and comprehensive throughout the life span of the planning process. SSAC members participated and assisted in the organization of the public forums and creation and delivery of the online survey. The SSAC was also active in reviewing and prioritizing findings from the data collected and provided input in the writing of the draft and final plans.

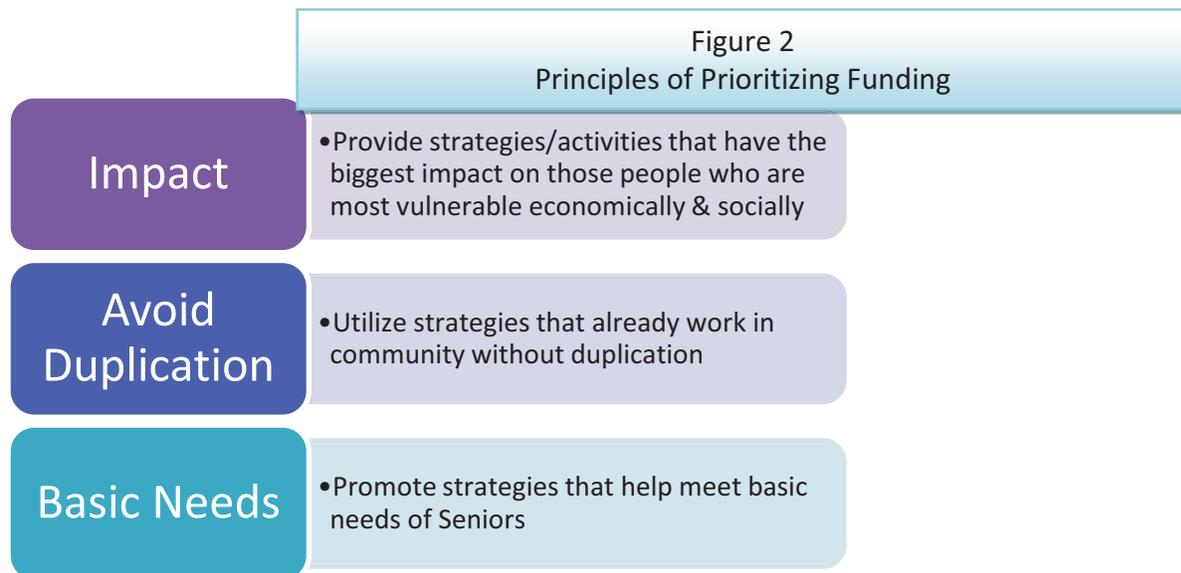
Results of all the data collection were consistent with past planning efforts and helped to further illustrate our current scope of need. Results of the public input data showed strong, explicit support for current and future AAA programs and services. Demographic information showed minimal changes in the populations served, but was largely consistent with past plans and remain valid for population planning efforts. For specifics on scope of need, please see section (B) and (C).

SECTION A-4: PRIORITIZATION OF DISCRETIONARY FUNDING

Needs and subsequent strategies gathered through the planning process were numerous and the list lengthy. The sheer amount of input received illustrated an engaged and interested community that values seniors. Unfortunately, the contributions provided also pointed to very real concern and fear about rising needs and decreasing resources for vulnerable seniors in the community. In response to these concerns, the AAA planning facilitator, AAA staff and several SSAC members developed primary values/principles to use when prioritizing strategies with limited resources. For the purposes of planning, these prioritizes apply to **all** funding, but particularly to discretionary funding when it is available. These priorities also describe how Title IIIB funds will be used (after meeting the minimum expenditure requirements) in the event of budget reductions or increases.

It is recognized that there is more flexibility with discretionary funding, so priorities specifying how to spend these dollars is important. It is assumed that these priorities add to and complement statutory and funding requirements for Title IIIB funds. The principles delineate what strategies made it into the 2013-2016 plan, but also serve to direct the SSAC in future responses to funding changes.

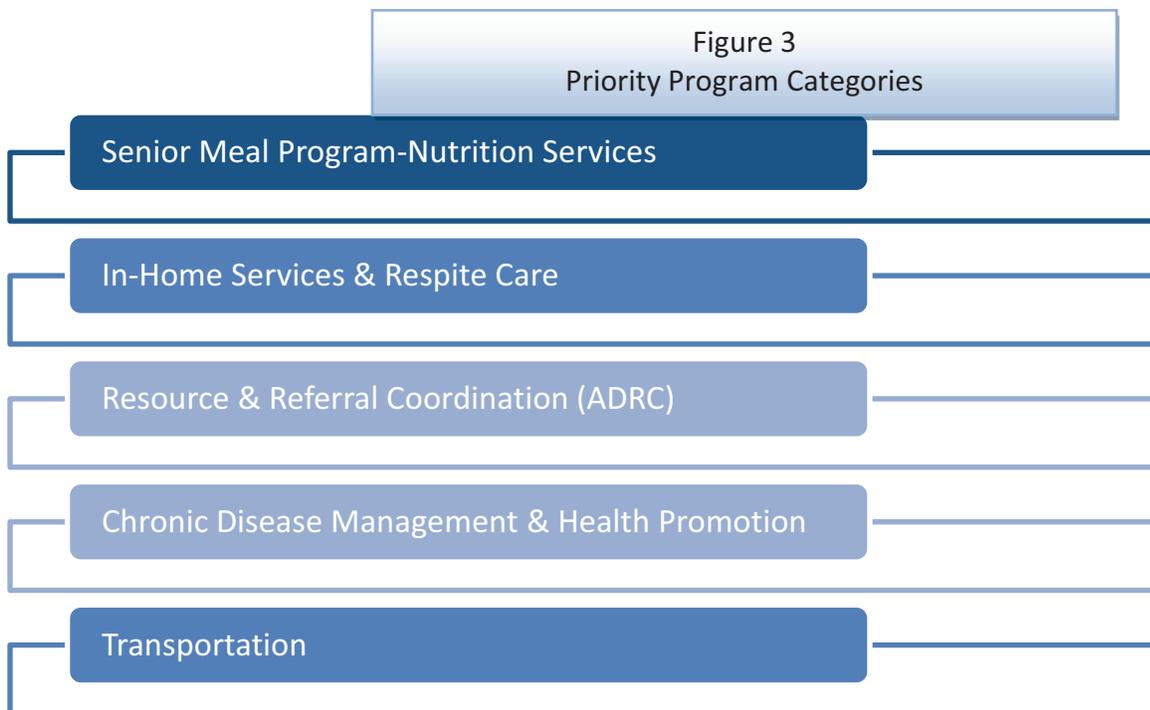
The three **primary principles** provided SSAC with a metric to prioritize the immense list of strategies in the plan. The three principles of prioritizing strategies developed are: 1) strategies that provided for the greatest impact on those with the most significant need; 2) strategies that avoid duplication, promoting strategies that utilized & built on current effective practices in the community; 3) strategies that provided basic needs such as food and health/medical care.



After agreeing on primary principles, **funding guidelines** were developed, to complement the principles above and give more concrete direction about use of funding. These funding guidelines were:

1. Funds must be allocated in accordance with mandates from each funding source, including minimum expenditure requirements.
2. Strategies (services/support) must work within the context of current operating environment.
3. Strategies/services will be funded at a level sufficient to make the program viable and responsive to consumer needs.
4. If new strategies/services are created, AAA funding may be allocated and considered “seed” money, not guaranteed for a long-term or permanent period.

As mentioned earlier, the year-long information gathering and planning process elicited many fantastic ideas, but not all were viable with the resources available. Hundreds of possible strategies were listed and reviewed. The SSAC and AAA staff utilized the above priorities and funding guidelines, in combination with the OAA definitions and standards to agree on six major strategy areas for the 2013-2016 plan. Most of these are consistent with the minimum national and state area issue priorities and minimum expenditure requirements, with the exception of transportation.



Additional details, including goals and objectives for the above categories, are outlined in section I, with the exception of transportation. See discussion of transportation in section B-4: Services NOT provided by AAA. Figure 3 simply outlines the process and results of the prioritization process.

SECTION B PLANNING & SERVICE AREA PROFILE

SECTION B-1: POPULATION PROFILE

Douglas County is a large **rural** county. The entire county is designated as a rural county, by the Oregon Office of Rural Health and meets the Administration on Aging’s definition of rural. The total population of the county is 107,244 and according to 2010 census data, close to 30% of the county population is over 60 years old. Like many rural counties, Douglas County has a distinctly higher average age and higher percentage of elderly living in the county than metropolitan counties in the state. Douglas County is grouped in the region of the state with the highest percentage (Southwest Oregon) has the distinction of being one of the counties with the highest percentage of 60 and over residents, usually grouped close to Curry, Coos and Josephine Counties . The percentage of those over age 60 in the AAA PSA (30%) is well over the state average of 19%. Many communities within the county have over 40% of their residents 60 and over (communities of Scottsburg and Tiller). Average ages **within** communities of Douglas County showed great variance, with the very isolated, small rural communities having the highest median ages. Over half of the towns in Douglas County had a **median** age of 47 or older-with many in the high fifties and one (Scottsburg) with a median age, among all residents, as 61.4.

General Population Information Douglas County	
Douglas County Population	Oregon Population
107,244	3,871,859
Douglas County: Age 60 and over	Oregon: Age 60 and over
29,029	720,353
Douglas County: % of 60 and over	Oregon: % of residents 60 and over
27%	19%
Douglas County: % Rural	Oregon: % Rural
100%	46%
<small>All data in this table comes from American Community Survey 2006-2010 5-year estimates</small>	

Douglas County’s total population number has remained fairly stagnant for several decades. Even though the total population has stayed fairly steady, shifts between demographics in the community show interesting changes that affect AAA services. Like many rural counties, the economic downturn in 2008 influenced demographics within the county. Local population statistics are beginning to show the trends of younger families and groups leaving rural areas for metropolitan counties to find jobs. At the same time, the county has continued to see a steady influx of seniors into the county- largely from out of state. Both the exodus of younger populations and the influx of older

demographics into the county, account for the rather steady total number but shifting age groups within the total. For planning purposes, the percentage of 60 and over is expected to continue to rise within the county, while percentages of younger age groups diminishes.

This utilization of services and unduplicated numbers over age 60 has risen steadily over the last several years. The last two years showed a 13% increase (from 2010/2011-2011/2012). In

the last fiscal year, the Douglas County AAA served 4528 (unduplicated) individuals over the age of 60.

Douglas County has historically not had high percentages of **ethnic minorities**. The percentages have increased since the last AAA plan, but not significantly. The last AAA plan (2008-2012) stated that 8% of the county population identified in census information as being in a minority. The 2010 census information shows a slight increase to 11% of the county population identifying as being an ethnic minority.

Of the minority populations residing in Douglas County, Hispanic represent the highest portion (40% of total minority population) followed next by American Indian (15% of total minority population). Of those that identify as being a minority in the county, very few are 65 or over (less than 1000 people). Even fewer identify as being 65 and over, minority and under the federal poverty level. The Douglas County AAA was unable to obtain the number of those over 65 that identified being a minority in 2011 that were served-as Oregon Access was not able to release that information.

Population Information	
Ethnic minorities, federal poverty levels and 65 and over	
Douglas County	
Total Douglas County Population	
107,244	
Douglas County Total Number Minority	Douglas County Percentage of total population that is minority
11,930	11%
Douglas County Number Minority, 65 and over	Douglas County Percentage of total minority population 65 and over
968	8%
Douglas County # Minority, 65 and over and under federal poverty level	Douglas County % of total minority that are 65 and over, under poverty level
132	1% check
Douglas County % of 65 and over living under federal poverty level	Oregon: State avg percentage of 65 and over living under federal poverty level
9%	8%
Douglas County Percentage of households w/limited English Proficiency	
1.1%	
Douglas County Number of Native American Elders, 65 and over	
146	
Douglas County Number of Native American Tribes	
1	
All data in this table comes from American Community Survey 2010 Tables *data set not grouped 60+, only grouped 65+	

People Living With Disabilities Douglas County	
Total Douglas County Population	
107,244	
Douglas County Total Number living with a disability	Douglas County Percentage of total population living with a disability
23,035	21%
Douglas County Number 65 and over living with a disability	Douglas County Percentage of total 65 and over living with a disability
9,888	45%
Douglas County non-white, living with disability, all ages	
1525	
All data in this table comes from American Community Survey 2010 1-yr estimate *data set not grouped 60+ , only grouped 65+	

Numbers for people living with **disabilities** in Douglas County have also not changed much since the last AAA plan. The 2010 American Community Survey data shows that 21% of people living in Douglas County have a disability. Consistent with historical trends for the county, the proportion of those with disabilities are disproportionately represented in the 65 and over age.

Data used in the demographic charts above are almost exclusively from the 2010 Census-American Community Survey. Not all data sets in that survey were grouped in the 60 and above categories-many were grouped as 65 and over. Every attempt was made to use data that was 60 and over, by county, when available. If a chart states 65 and over, planning efforts accommodate for the reality that the numbers are actually higher if adding another 5 years to the age grouping.

Health status data is relevant when evaluating demographic and population profiles of the county. Among the 33 counties in Oregon, Douglas County is rated 32 in the County Health Ranking 2012 study. This study clearly points to the fact that there is only one county that has worse health outcomes than Douglas County, in the entire state. According to the 2012 County Health Rankings and Roadmaps study, mortality, morbidity & health behaviors (including smoking, obesity, physical inactivity) all point to serious health concerns in the county. Chronic conditions such as arthritis, asthma, heart disease and diabetes are also very high in the county, as illustrated in the Healthy Aging in Oregon publication in 2009. This publication also states that less than half of adults 75 and older are at a healthy weight, with fruit and vegetable intake being fairly low. Less than 50% of those 60+ have had colorectal cancer screening, and the rate of hospitalizations from falls for adults 75 and older is nearly 5 times the rate for adults 60-74 in Douglas County (Healthy Aging in Oregon Counties, 2009).

SECTION B-2: TARGET POPULATION

Accounting for the significant demographic shifts and needs stated in section (B-1), combined with the identified needs of the community in section (A), it will be difficult for the Douglas County AAA to be able to keep up with increasing needs. Consistent with the funding priorities (impact, avoid duplication, basic needs-see figure 2), the AAA has also specified groups of people that services are targeted toward. Targeting specific populations is not a new practice for the AAA, but is important to delineate for planning purposes. For Douglas County, the highest numbers of those with the highest needs are; **60 and over; living under the federal poverty level; residing in isolated rural communities of Douglas County.** Additional factors that are seen as subsets of that population include those that have a disability and/or significant health/chronic disease challenges. In order to engage and serve individuals in these population groups, the Douglas County AAA will continue to provide services at seven outlying rural community sites. Specific services and how they will be provided to the target population are as follows. More details, including goals and objectives and additional service areas are found in sections (B-3) and (C).

Senior meals program-Nutrition Services

- **Cap:** The AAA will continue to cap the senior meal program to ensure tight control of limited dollars. With the funding guidelines and principles in mind, serving those most in need, meals will be provided to each dining site based on the number of area seniors living in poverty. At this time, meals will continue to be served three days a week in each of the seven meal sites throughout the county. In fiscal year 2011-2012 the cap was set at 92,000 meals. In the current year, 2012-2013, the cap will be held to 81,472 meals, an overall reduction of 11%. The reduction is due to meal cost increases and decreasing numbers of seniors coming to the dining sites.
- **Home-bound meal delivery:** Meals will continue to be served at congregate sites three days a week but home-bound meals will be delivered at least twice a week. This will result in the home-delivered-meals program recipients receiving two hot meals and one frozen meal each week or more depending on need. Those receiving home delivered meals are screened into the program to meet the highest need-attempting to provide the service to those individuals with low income and limited mobility and transportation options.

Oregon Project Independence/in-home services:

- In-home services provided to those that qualify, the majority of which meet the Douglas County AAA target population.

Family Caregiver Support Programs & Respite Care:

- Powerful tools training is provided by AAA staff, to family caregivers of those in the target population. Respite, including “day camp” vouchers will be provided to those most at need. Referrals for day camp will be for those in the target population and will be contracted with appropriate day care/respite providers in the community. This is a new service/program and is still being planned.

Attorney/legal Assistance:

- Legal services for low-income seniors are provided, by contract, from Legal Aide Services of Oregon, Inc.

Living well/chronic disease management & health promotion:

- Chronic disease management and health promotion classes will be coordinated to the target population. This is a new service/program and is expected to be a collaborative effort with other programs in the community including public health services.

ADRC:

- Planning continues for a Douglas County ADRC. Partnerships with local nonprofits and the State of Oregon seek to improve services to seniors with disabilities. The Douglas County AAA is integral in the planning and implementation, but what the program will look like exactly is still unknown. The AAA does recognize the disabled population as a high priority-so commitment to the process is clear and strong.

SECTION B-3: AAA ADMINISTRATION & SERVICES

Services are provided through the main office in Roseburg and at three satellite offices in Canyonville, Drain and Reedsport. As well, services are provided at and coordinated through seven senior dining sites in: Glendale, Glide, Reedsport, Riddle, Sutherlin, Winston and Yoncalla. The table below represents all services provided by or through the Douglas County AAA.

Service	Provided Directly or Contracted	Category adm=administrative adv=advocacy p=program dvmt/coord	Funded by
Family Caregiver, information, counseling, training & support	Direct	P	OAA ,County Gen. Funds
Caregiver Referral	Direct	P	OAA, County Gen. Funds
Case Management	Direct	Dvmt	OAA County Gen. Funds
Information, Referral & Assistance	Direct	Dvmt	OAA, County Gen. Funds
Legal Services	Contracted	P	OAA, County Gen. Funds
Health Promotion/Medication Management	Direct	P	OAA, County Gen. Funds
Pre-Admission Screening	Direct	Adm.	Medicaid
Title VII (Elder Abuse Prevention) Program	Collaborative w/State	Adv	Medicaid
Eligibility for: Financial assistance Oregon Health Plan (OHP) Oregon Trail Card (food stamps) Medicaid Home-and Community-based services	Direct	Adm.	Medicaid
Federal SNAP (Supplemental Nutrition Assistance) Program	Direct	Adm.	Medicaid
Elder Abuse Investigations & Protective Services	Direct	Adm.	Medicaid
Adult Foster Home Licensing & Monitoring	Direct	Adm.	Medicaid
Federal Older American's Act Title III (Support & Nutrition Congregate and home-delivered meals)	Contracted & Direct	P	OAA, County Gen. Funds, donations.
Oregon Project Independence (OPI) case management for in-home services	Direct	P	OAA, sliding scale Client Billing
Senior Services Advisory Council – SSAC and Disabilities Services Advisory Council DSAC	direct	Adv	OAA, Medicaid
Diversion / Transition Services	Direct	P	Medicaid
Reassurance	Direct	P	OAA, County Gen. Funds

Changes in services since the last plan are fairly limited. The medication management program funding changed in January 2012. The funding change necessitated how this program was provided to include the Stanford Living Well chronic disease management program. The Douglas County AAA is currently working to have staff trained in the Living Well program, details of activities are included in the Health Promotion focus issue area in section C-1. Respite programs have changed since the last plan. Historically, the service was provided by contract with a local nonprofit organization. Budget reductions forced the elimination of this service/contract. Budget reductions also necessitated a reduction in legal services. The minimum funding requirement is still being met, but the level of services has decreased since the last plan. Please see the Service Matrix and Delivery Method document attached to the plan for more specifics on services. The document formatting would not allow attachment to this document, so it is attached.

Due to increasing needs for required programs and decreased funding, providing a core level of service has been the priority of the Douglas County AAA. Unique or new services are not high on the priority list. Creative solutions within the current services, including more coordination & referral between programs has proven to help meet the increasing needs without creating new or unique programs.

SECTION B-4: COMMUNITY SERVICES NOT PROVIDED BY THE AAA:

Service
Medical Care Access
Transportation
Housing for Seniors
Food Banks
Chore Services
Prescription Savings programs
Senior Companions
Dental & Vision Care
Training for Health Care Providers on topics related to Seniors
Education classes on alternative health care topics
Financial Assistance: utilities etc.
Mental Health Services

The chart to the left lists services which are not provided by the Douglas County AAA but play an important part in the lives of older persons in the area.

Although some of these programs are provided by for-profit or non-profit organizations, we identify them as important to address the needs of the populations served.

All of the services listed are important, but transportation in particular continues to be a significant need for seniors in Douglas County. The Douglas County AAA does not directly provide transportation, but the umbrella organization (Douglas County Health & Social Services) does coordinate the Special Transportation Fund (STF). STF provides funding and support to dial-a-rides (DAR) throughout the county. DAR programs currently exist around the county and provide special transportation for those with disabilities, but needs for transportation continue to increase, particularly in the very isolated small communities. Partnering and supporting increases in transportation programs will continue to be important, even if the AAA is not directly providing such services.

SECTION C-ISSUE AREAS, GOALS AND OBJECTIVES

SECTION C: LOCAL ISSUE AREAS, OLDER AMERICANS ACT AND STATEWIDE ISSUE AREAS:

The Douglas County AAA has been and will continue to provide services in the six national and state priority areas: 1) Family Caregivers; 2) Information & Assistance and Aging & Disability Resource Connections (ADRC); 3) Elder Rights & Legal Assistance; 4) Health Promotion; 5) Older Native Americans; 6) Nutrition Services. Additional areas of service include collaborative activities with other departments at the umbrella organization of the AAA, Douglas County Health & Social Services, including transportation services. A description of each issue followed by an issue need statement in Douglas County, are in narrative format. A chart logic model type format for each issue follows, and includes goals, objectives and activities for 2013-2016.

C.1: ISSUE AREA: FAMILY CAREGIVERS

Profile: Services that we provide include: **Information and Referral** Caregivers Access Assistance is a service that assists caregivers in obtaining access to the available services and resources within their communities. To the maximum extent practicable it ensures the individual receives the services needed by establishing adequate follow up procedures. Caregiver **support groups** serve the elderly. They are peer groups that provide opportunity to discuss caregiver roles and experiences which offer assistance to families in making decisions and solving problems related to their caregiver roles. One-to-one family caregiver information, peer-counseling, support groups and supplemental services are currently self-provided by the AAA. Respite care, in the form of “day camp” vouchers for those in need will be provided beginning fiscal year 2012-2013. All services in the family caregiver issue area support unpaid caregivers of adults with functional disabilities, including Alzheimer’s disease and dementia. Services are not targeted to caregivers who are raising children. They are designed to help delay or avoid entry into the Medicaid system.

Outreach to family caregiver services primarily come in the form of newsletters to community partners, nonprofits, home health agencies, care facilities, senior advisory council and AAA service coordinators provide outreach in their individual communities. Due to very, very low numbers of special populations and limited resources, outreach specific to special populations is limited and typically developed on a case needed basis.

FCSP Core Elements Description Table		
	Provided by Douglas County AAA	How Provided: frequency & modality
Information Services, Group Activities	✓	Phone, face-to-face at dining sites through family caregiver services (Area Coordinators and Family Caregiver Support Coordinator function)
Specialized Family Caregiver	✓	Monthly newsletter to caregivers, packets

Information		of information on initial face-to face intake by Family Caregiver Support Coordinator
Counseling	✓	One-on-one face to face and phone by Family Giver Support Coordinator (AAA staff)
Training	✓	Powerful Tools Training curriculum, public speaking and training opportunities at community college and various other locations-provided by Family Caregiver Support Coordinator.
Support Groups	✓	4 groups meeting monthly around county, provided by FCGS Coordinator
Respite Care Services-New Service	✓	Respite day camp vouchers for respite services at various contracted care facilities
Supplemental Services	No supplemental services provided currently or planned	N/A

Additional Information/Description of Family Caregivers	
	Description
Screening & Assessment/planning structure	Screenings for services provided over the phone and one-on-one by AAA staff. Referrals from other services within AAA and the Douglas County Health & Social Services Department.
Types of trainings offered	Caregivers receive multiple opportunities for training as coordinated by the FCGS Coordinator including: Powerful Tools, community based trainings and fairs, newsletter topics.
Types of support groups offered	4 support groups offered across the county including: Sutherlin, Roseburg, Winston, South County/Canyonville. Groups are offered monthly.
Types of Counseling offered	Peer Counseling is provided by the FCGS Coordinator
Supplemental Services & method to outreach	N/A
Service limits in this section	In-home respite services were cut in 2010, which limited services to clients. Focus on caregivers with children is not a priority due to funding and other community programs already providing this service.

Problem/Need Statement: The Family Caregiver support services provided are vital to the community. Services of this nature are not provided anywhere elsewhere in the community, particular to seniors. Issues and needs not being met include the lack of in-home care services is a significant challenge in the community. The services were largely discontinued due to contractors providing long term services for very few clients. Volunteers to help provide support for local trainings is sometimes difficult.

Goals, Objectives and Activities

Issue Area: Family Caregivers
Goal: Delay or avoid those, 60 and over, living with functional disabilities, from entry into the Medicaid System.

Objective	Key Tasks/Activities	Timeline	Accomplished Plan Update
Support unpaid family caregivers of adults, 60 and over living with functional disabilities	<ol style="list-style-type: none"> 1. Provide information and referral to 497 caregivers annually. 2. Provide 45 support groups around county annually. 3. Provide monthly newsletters to caregivers 4. Increase number of Powerful Tools trainings by 50% annually. 5. Finalize budget and contracts for day camp contractors. 6. Develop process to increase referrals for individuals to OPI 	2013-2016	

C.2: ISSUE AREA: INFORMATION & ASSISTANCE SERVICES AND AGING & DISABILITY RESOURCE CONNECTIONS (ADRC's)

Profile: The goal of this focus issue is a system that has the necessary resources in place, within the community, to avoid the need for paid public assistance in long-term care and to minimize the scope and cost of such care should it be needed. The objective is to develop a system of well-organized, comprehensive and intensive information and assistance on how to access public and private sector resources and services. The Douglas County AAA has participated in preliminary activities with ADRC development including updating/contributing to the state directory & website with local information.

Problem/Need Statement: Douglas County AAA does not have (nor has it historically had) any ADRC grant funding. Although federal funding has been secured by the state for expansion of ADRC and Douglas County is listed as one of the focus areas, the specifics and amounts of funding have not yet been established. The community is still at the stage of assessing needs, community partnerships and possible activities for when funding is available. Several meetings have been held, a concept paper drafted and preparation activities supporting application for grant dollars have begun. Partners currently engaged include a nonprofit focusing on people with disabilities (Umpqua Valley disAbilities Network) and the APD office. Challenges that have been discussed but not yet solved included realignment of funding and I&A services, sharing knowledge and client information, level of partnership and collaboration with various partners and budget details. Options counseling and assistance training and AIRS training for current AAA staff is underway. Nonprofit partners and state APD office is also identifying similar training opportunities for staff to prepare for ADRC development.

Goals, Objectives and Activities

Issue Area: Information & Assistance Services and ADRC			
Goal: A system for Seniors and people with disabilities, that has the necessary resources in place, to avoid the need for paid public assistance in long-term care and to minimize the scope and cost of such care should it be needed.			
Objective	Key Tasks/Activities	Timeline	Accomplished Plan Update
Evaluate, plan, design and implement improved information and assistance network in Douglas County, including ADRC.	<ol style="list-style-type: none"> 1. Continue to develop partnerships with <u>core</u> partners APD, Developmental Disabilities (Mental Health Division) & Independent Living Center, explore additional partnerships. 2. Explore local applicability and use of RTZ software with intention to commit to use tool as requested by the state. 3. Develop key service components of local ADRC. Such services would include I&R, I&A, Options counseling etc. 4. Apply for state funding for ADRC development, develop and implement grant funding requirements for direct service and organization & administration of a Douglas County ADRC. 	2013-2016	

C. 3: ISSUE AREA: ELDER RIGHTS & LEGAL ASSISTANCE

Profile: The goal of this issue area is to ensure the rights of older people and prevent their abuse, neglect and exploitation. Elder rights and legal assistance is largely a collaborative effort with contracts and partnerships with the state APD and local Legal Aide Services office. Specific activities include: elder abuse awareness month activities; robust internal referral process/policy for suspected elder neglect and abuse (including financial exploitation); multiple trainings and outreach provided collaboratively with APD at dining sites regarding resources and signs to identify elder abuse; and providing training for AAA staff on identification and referral of neglect and abuse of elders. The AAA manager attends the local MDT meetings when appropriate.

Problem/Need Statement: Response to abuse and neglect reports doesn't always reach the standard the community would like-due to the high number of report and limited staff and resources. Having additional funds to purchase more legal representation hours would be a needed additional resource.

Issue Area: Elder Rights & Legal Assistance			
Goal: ensure the rights of older people and prevent their abuse, neglect and exploitation			
Objective	Key Tasks/Activities	Timeline	Accomplished Plan Update
Purchase	<ol style="list-style-type: none"> 1. Collaborate with APD for billboard and other elder abuse awareness activities. 	2013-2016	

legal resource and referral hours for seniors & promote elder abuse outreach and prevention.	<ol style="list-style-type: none"> 2. Contract with Legal Aid Services for legal resource and referral regarding elder rights. 3. Coordinate with AP, APS and local law enforcement to speak about elder abuse identification , financial exploitation and other applicable elder rights topics, once annually at each congregate meal site. 4. Coordinate staff outreach activities between Legal Aid and Senior Services to improve cross training and integration between agencies. These may include attendance at staff meetings to discuss resources and services. 5. Refer clients to applicable Legal Aid services, including website. Possible topics for referral will include financial exploitation. 		
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C. 4: ISSUE AREA: HEALTH PROMOTION

Profile/Needs Assessment: the goal of this issue area is to provide support to older adults and people with disabilities to help maintain and improve health. Services are varied, including nutrition information on menus at dining sites; partnerships with DCHSS immunization clinics for influenza vaccine promotion; partnership with public health and Healthy Communities grant activities such as tobacco cessation classes and walking promotion; instituting the Living Well groups; education opportunities for caregivers and seniors about topics such as fall prevention.

Health needs are numerous for seniors, particularly because Douglas County has such low county health rankings. Coordination with the public health division-a division also administered within the Douglas County Health & Social Services Department, is strong and opportunities varied. The DCHSS Public Health division recently received a Healthy Communities grant-adding the number of health promotion specific programs to the county. The Douglas County AAA will continue to partner with the public health division and utilize dining and service sites to coordinate education and health promotion outreach efforts.

Issue Area: Health Promotion			
Goal: the goal of this issue area is to provide support to older adults to help maintain and improve health.			
Objective Provide education and outreach opportunities for seniors that promotes health.	Key Tasks/Activities <ol style="list-style-type: none"> 1. Staff will receive training and begin to implement group activities of Living Well by June 2013. 2. Implement new federal nutrition recommendations to meal sites and home delivered meals-increasing fiber, magnesium and lowering sodium-improving nutrition of meals served. 3. Coordinate outreach efforts with public health department to promote flu & pneumonia vaccine for 	Timeline 2013-2016	Accomplished Plan Update

	seniors, including in-home client contacts. 4. Develop an in-home fall risk assessment tool for home delivered meal staff/volunteers to give to home-visit clients. As needed provide literature/assistance for reducing fall risk after risk assessment is completed. 5. Identify additional opportunities to collaborate with Healthy Communities grant activities (in public health division). 6. Develop and disseminate materials for in-home clients on emergency preparedness, assisting with individual goal setting related to preparedness.		
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C. 5: ISSUE AREA: OLDER NATIVE AMERICAN’S

Profile & Needs Assessment: The Douglas County AAA coordinates with the local Native American Tribe, the Cow Creek Band of Umpqua Indians to provide services for older Native Americans. The tribe has its own, very well run, health and social services clinic. Historically, the Douglas County AAA Manager meets at least annually with the tribal clinic staff to discuss collaborations and provide outreach materials. Currently, there are no additional needs identified by either the AAA or tribal clinic. The Siuslaw and Coquille tribes also have small numbers of tribal members in this AAA service area. Traditionally, Douglas County AAA has not had a lot of connection with either tribe, effort will be made to reach out and identify if there are needs or opportunities for collaboration.

Issue Area: Older Native American’s			
Goal: Ensure services to older Native American’s are coordinated in community			
Objective	Key Tasks/Activities	Timeline	Accomplished Plan Update
Coordinate and provide outreach of AAA services to local Tribal clinic	1. Meet at least annually with Cow Creek Band of Umpqua Indians to discuss opportunities to collaborate on services and education opportunities for older Native Americans. 2. Outreach to Coquille and Siuslaw tribe to identify any areas for collaboration and/or outreach and referral.	2013-2016	

C.6: ISSUE AREA: NUTRITION SERVICES

Profile: The goal of this issue area is to provide 1/3 of the RDA requirement meals to vulnerable at risk senior populations. Congregate meals are served to those 60 and above and their spouses. Home-delivered meals are given to qualified individuals that have a condition or illness that requires them home bound. The AAA currently contracts with a food service contractor (Compass Inc./Bateman Senior Meals) to provide food preparation and delivery to the meal sites. Volunteers and staff of the AAA distribute, deliver and serve food at the sites.

All meals are up to date with current federal IIIC changes and meet the 1/3 RDA nutrition standards and are approved by a Nutritionist.

Problem/Need Statement: Home-delivered meals have different requirements than congregate meals. Douglas County received a waiver several years ago to provide meals 3 days a week instead of 5 days a week, due to the large geographical region, decrease in funding and a desire not to decrease the number of dining sites (from 7).

Issue Area: Nutrition Services			
Goal: provide meals and social interaction to vulnerable at risk seniors			
Objective	Key Tasks/Activities	Timeline	Accomplished Plan Update
Provide nutritious meals at congregate meal sites and home delivered meals.	<ol style="list-style-type: none"> 1. Continue to provide congregate meals at 7 sites across the county, three times a week. 2. Contract with a food service contractor to prepare and deliver to site, approved meals. 3. Contract with Friendly Kitchen to prepare and deliver hot meals in Roseburg 5 days weeks (dependent upon NSIP funding). 4. Continue to deliver home delivered meals to eligible home bound individuals throughout the county. 5. Continue recruitment and training of volunteers to help at meal sites and delivery. 6. Provide training on appropriate food handling procedures for volunteers and staff at least every six months. 7. Provide nutrition education information on the back of menus at dining sites, with dietician approved information from the www.oregon.gov website 8. Nutrition Education @ meal sites: nutrition education will be provided via the monthly newsletter & table tents at the sites. The education points will be guided by content listed on the SUA website. 9. Nutrition Education @ home delivered sites: nutrition information will be provided to client on topics identified during annual screening appointment. Information will be guided by content listed on the SUA website. Education info will also be provided to home delivered sites via their regular newsletter. 10. Additional Nutrition Education: Meal site coordinators will follow talking points document outlining why and how to provide nutrition education to both congregate and home delivered sites. Additional opportunities will be explored with Living Well sessions and OSU Extension Program Sessions. 	2013-2016	

OTHER ISSUES

In addition to the plans outlined above, the Douglas County AAA will also investigate possible program expansion and coordination with the county Veterans division and possible partnership with grant opportunities such as the Veterans Health Administration VD-HCBS grant program (Veteran Direct Home and Community Based Services).

SECTION D-AREA PLAN BUDGET

See accompanying plan documents for budget.

SECTION E-SERVICES AND METHOD OF SERVICE DELIVERY

SECTION E-1: SERVICES PROVIDED TO OAA AND/OR OPI CLIENTS:

Please see attachment (C) for all OPI and OAA Services that the Douglas County AAA provides.

SECTION E-2: ADMINISTRATION OF OREGON PROJECT INDEPENDENCE:

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

Responses to inquiries for OPI services are provided in accordance with AAA policy and procedures. . The case manager responds by telephone or home visit to inquiries for services typically within the same day but occasionally up to two working days of receipt.

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

Intake involves gathering health, medical, psycho-social and demographic data to determine if the individual requesting service is 60 years of age or older, has functional impairments in “activities of daily living” and/or “self-management tasks (instrumental activities of daily living” and is otherwise eligible for OPI home-care services. Such intake also includes indentifying other service needs and resources such as public-entitlement programs (e.g. SSI), legal assistance, insurance, transportation and availability of “natural supports”-family and friends who can assist. Cases are reviewed by the case manager every six months and annually to assess eligibility. This also includes periodic contact and reassessment when a change in circumstances occurs.

c. Describe how eligibility will be determined.

The client must be 60 years of age or older. Staff will assess the client's physical limitations in the areas of ADLs and IADLs; this will be followed by completing the assessment in CAPS. Those clients identified as needing priority levels of service 1-14 are eligible for OPI services.

d. Describe how services will be provided.

Services are provided by a home-care worker under the DHS Client-Employed Provider Program (CEP) who has been enrolled in the DHS/APD provider system. Division case managers develop and monitor the care plans.

e. Describe the agency for prioritizing OPI service delivery.

The Douglas County AAA uses the priorities identified in OAR, Chapter 411 Division 15, titled "Long Term Care Service Priorities for Persons Served" and AAA policies. Authorization of OPI services is contingent upon the service priority level of the applicant/recipient and the availability of sufficient funds. If the applicant/recipient can't be immediately served, that individual is put on a wait list.

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

Reduction or termination occurs for one or more of the following reasons:

1. When the client assessment or re-assessment has been completed and the client has been determined ineligible;
2. When the goal for personal care or home care has been reached and no further OPI services are needed;
3. When the client requests termination of the service(s), refuses the service(s) or withdraws from the service plan;
4. When the client's case has been transferred to the Medicaid or Risk Intervention Program;
5. When an acceptable provider cannot be located;
6. When the service fails to achieve its goals within the resources of the agency, the case manager shall consider the health and safety of the client in the determination to terminate OPI services;
7. When the client dies;
8. When there is a reduction in State OPI funds and said funds are no longer sufficient to provide OPI services. Such terminations of services shall be conducted in accordance with OAR, Chapter 411, Division 15 and shall utilize the procedures contained in this policy.

The Douglas County AAA provides written notice if a client has been determined ineligible for OPI services for any of the above reasons. In the event that the client is not receiving services (i.e. was assessed for services and was not determined eligible), the goal for personal care or home care has been reached or if the service fails to reach goals, a letter is written notifying the client of their ineligibility and the reason for that determination. The letter includes information concerning the client's rights to appeal that decision. This notice is sent as soon as possible after the determination is made.

When the client requests termination of services, is transferred to Medicaid or dies, no such notification is provided.

In instances where there is a reduction in State OPI funds and there are no longer sufficient funds to provide OPI services, a written notice is provided at least thirty days prior to termination of services. As in the case of written notice of ineligibility, a letter sent in this instance includes the client's right to appeal the decision.

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

The Douglas County AAA has a formal policy for providing clients with a grievance procedure (Policy No. 516). At the initial time of eligibility determination, the AAA case manager provides the client with an opportunity to share his/her concerns so that they may be resolved. If an OPI client expresses a concern at the time of intake or at any time while receiving services the case manager will discuss the concern with the client and provide the client with options for resolution within the established system.

If the case manager is unable to resolve the clients concern, the case manager will provide the client with the name of his/her supervisor so that the client may make an appointment with the supervisor.

The supervisor will offer to meet with the client within three working days after the client requests a meeting. The supervisor shall attempt to resolve any comments or concerns to the mutual satisfaction of the client and the AAA. If that is not possible, the matter shall be referred to the Division Director for resolution. The supervisor shall submit a narrative of the discussion with the client and forward this to the Division Director.

The Division Director will review the narrative and all related information and render a decision. If it is not possible to address the concern to the mutual satisfaction of the client and the AAA, the client will be informed of his/her right to speak with the Douglas County Health and Social Services Department Administrator.

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

Once the net income for the OPI client has been determined by the case manager, the fee for the client is established considering medical deductions first, then the Oregon DHS APD's most recent OPI fee schedule is used to determine hourly fees. This table is used by the case manager to derive the fee assessment. The case manager discusses with each client the personal care or homemaker service to be provided and the fee associated with that service; an agreement about the client's fee for services is reached before the actual service is initiated.

The assessed fee amount is noted in the client's case record and the AAA's OPI client control sheet and then becomes a part of the information used to manage each client's case. Client income is re-determined every six months and the fee is revised when appropriate.

The Douglas County AAA has made fee billing and collection a responsibility of the division's office manager. The office manager keeps a confidential copy of the care plans for each client. At the end of each month, a copy of the monthly OPI client control sheet is given to the office manager by the case manager staff; that is used as the source document in conjunction with the monthly APD OPI home care voucher paid report for updating all client accounts and for preparing monthly billing for OPI fees due. The number of in-home (personal care or homemaker) service units delivered to each client for the month is determined from the APD OPI home care voucher paid report.

The AAA's OPI fee financial records include a fees-receivable account for each OPI client. A billing statement for the client's share of service costs is prepared and mailed out by the AAA on a monthly basis. That statement shows all the recent account activity and gives the number of hours of service rendered for that month, the client assessed fee per hour and the computed total due to remit. Clients are responsible for mailing payments to the AAA in a timely manner. Of course, the AAA keeps appropriate financial records of all OPI fee transactions relative to each client. The AAA deposits financial records of all OPI fee transactions relative to each client. The AAA deposits these monthly receipts to a line-item account for personal care or homemaker fees in its own financial accounting system and uses them to expand case management and in-home services to OPI clients.

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

In the division's policy for handling OPI fees, Policy No. 512 titled "OPI Fees, Billing and Collection", there are two aspects of non-payment addressed:

- 1) Client circumstances would constitute a recommendation that fees due to the AAA be waived. In these instances, a memorandum recommending the

waiving of these fees is prepared with the account amounts and reasons and is submitted to the division director and department administrator for approval. These circumstances are:

- The client dies and the amount is less than \$5.00 and has been billed once; or there is no surviving spouse, conservator or other legal agent.
- The client moves and there is no way to re-establish contact with them as ascertained by the case manager.
- Other extraordinary case circumstances.

2) Payment is delinquent and doubtful to be collected after repeated and reasonable efforts to collect:

- The division director and department administrator may decide to terminate OPI services to the client in accordance with policy; or
- The department administrator may turn over the account to the administrative services division of the department for debt collection
- The department administrator may waive the fees due

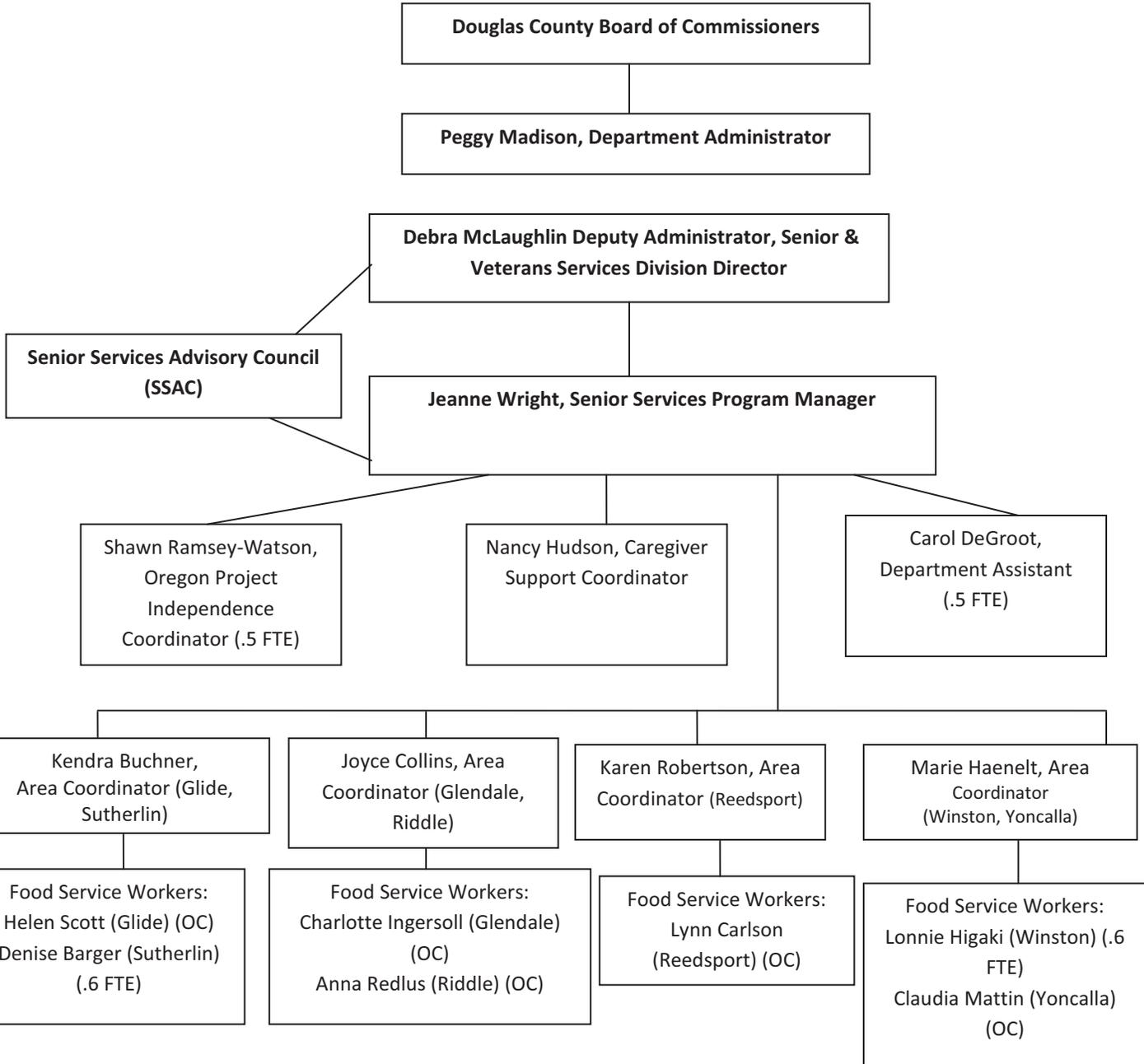
APPENDICES

Appendix A

Douglas County Health & Social Services

Seniors Services

Organizational Chart



For more information or to contact Senior Services:
 Douglas County Health & Social Services Department
 621 W. Madrone, Roseburg, OR 97470
 541-440-3580 Toll Free 800-234-0985

Appendix B: Advisory Council & Governing Body

NAME & CONTACT INFORMATION	POSITION REPRESENTS	DATE TERM EXPIRES
Bill Poulter 1200 E. Central Ave., Spc. #2 Sutherlin, OR 97479 541-672-1761 wpoulter@msn.com	North County	6/30/2014
Jack Chostner 304 S. State Street Sutherlin, OR 97479 541-530-2401 JCChostner@yahoo.com	North County	6/30/2015
Lia Katz 1182 Yeust Road Azalea, OR 97410 541-837-3757 Cell: 541-438-9633 onlyhisway@gmail.com	South County	6/30/2013
VACANT	South County	
VACANT	East County	
VACANT	East County	
VACANT	West County	
William Schnautz 2483 SE Waldon Roseburg, OR 97471 541-430-3103 waschnautz@hotmail.com	Central County	6/30/2013
Eunice Dutton 2045 NE Sunberry Drive Roseburg, OR 97470 541-672-3203 egdutton@rioussa.com	Central County	6/30/2014
Cynthia Pringle PO Box 2308 Winston, OR 97496 541-679-4780 Cell: 541-817-7232 lpringle@wmni.net	Central County	6/30/2015

Loretta Crosier PO Box 549 Yoncalla, OR 97499 541-430-6285 lcrosier@netzero.net	North County	6/30/2015
Rene Charest 526 Little Valley Road Roseburg, OR 97471 541-679-1709 Dollyc1@q.com	Central County	6/30/2013
Scott Dietrich P.O. Box 298 Roseburg, OR 97470 541-430-3101 sandb@douglasfast.net	Central County	6/30/2015
VACANT	Ex-Officio Governor's Commission	N/A
VACANT	Ex-Officio Legislative Liaison	6/30/2015

Percentage age 60 or over= 66%

Percentage that identify as minority= 0%

Total number rural=100%

Total number self-identify as having a disability= 30%

The SSAC is currently going through revision of the board order that includes membership structure. Once the new board order is approved by the SSAC and the County Board of Commissioners, recruitment to fill vacant positions will ensue.

Appendix C: Public Process

The Douglas County AAA provided multiple avenues to obtain public input about the AAA plan. The planning process (see figure below) included input and communications with the public and representatives of the public in nearly every step of the process. Community members were given an opportunity to participate in face-to-face community focus groups titled “town hall meetings” and also provided input via an online survey tool (surveymonkey) during the initial data gathering and planning phases of the planning process. The Senior Services Advisory Council (SSAC) that represents the public, reviewed the draft priorities and strategies in the plan prior to writing the plan. A draft plan was written, then provided to SSAC for additional input and approval. A summary of the purpose, format and dates of each public input opportunity are described below. Documentation of notices and results are attached.



Town Hall Meetings:

Purpose of town hall/focus group: To obtain information to help assess needs for Seniors in multiple rural communities in Douglas County.

Roles: SSAC council members and the Senior Services Program Manager attended and facilitated meetings at all four sites.

Format of town hall/focus group: A powerpoint presentation provided context about plan and specific questions for the participants to ask. Most town hall meetings were completed within two hours and had several dozen participants.

Location & time of town hall/focus group: Reedsport, 2/14/2012; Roseburg, 3/13/2012; Riddle, 4/10/2012; Sutherlin, 5/8/2012.

Number of Participants: 180

Please see below for agenda of town hall meetings.

Please see agenda document below for dates and agenda of four town hall meetings/focus groups.

Online Survey Tool:

Purpose of online survey: obtain information to help assess needs of Seniors, accommodating for people who were unable or not interested in attending in person town hall meetings.

Format of online survey: Survey Monkey online tool, with 53 questions.

Dates survey opened and closed: The survey was initially distributed via email in January, left open for exactly five months.

Number of Participants: 355 participated in the online survey.

Please see accompanying documentation for survey cover sheet/explanation and questions.

Review and approval of Area Plan by Senior Services Advisory Council (SSAC):

Purpose: obtain input and buy-in for prioritized needs and strategies written in plan.

Format: Initial committee review and prioritization of needs and strategies in August 2012. Full citizen council/committee review and approval of draft plan, September 2012.



Douglas County Senior Services Area Agency on Aging Plan Town Hall Meeting

AGENDA

2012 AAA Plan Town Hall Meeting Schedule

Tuesday
February 14
12:30 to 2:00 pm
Reedsport Senior Center

Tuesday
March 13
1:00 pm to 3:00 pm
Douglas County Museum

Tuesday
April 10
12:30 to 2:00 pm
Riddle Senior Center

Tuesday
May 8
12:30 to 2:00 pm
Sutherlin Senior Center

- I. Introduction
 - a. Why are we here today?
 - b. What is the AAA Plan?
 - c. What does the data tell us?
 - d. Overview of Douglas County Senior Services
- II. Questions and Feedback from Participants (**SWOT Analysis**)
 - a. What is working well for seniors in your community? (**Strengths**)
 - b. What challenges do seniors face in your community? (**Weaknesses**)
 - c. What suggestions or ideas do you have for improving the lives of seniors in your community? (**Opportunities**)
 - d. What are the three most critical issues that need to be addressed to preserve the health and wellbeing of seniors in your community? (**Threats**)
- III. Summary
 - a. How this information will be used in the AAA Plan
 - b. How the plan will align with funding and programmatic priorities

Appendix D: Report on Accomplishments from 2011-2012

Goal	Objectives	Activities	Duration	Accomplishment
<p>Continue to maintain, develop & enhance the comprehensive and coordinated AAA system of social, protective and health services for seniors in Douglas County, ensuring the opportunity for independence, choice, dignity and a higher quality of life.</p>	<p>To maintain AAA programs by monitoring to meet current and/or changing needs.</p> <p>To develop programs for best practices as evidenced by monitoring tool, assessments and survey outcomes.</p> <p>To enhance programs by increasing funding 5%.</p>	<p>*Meet with field staff</p> <p>*communicate w/staff</p> <p>*respond to client suggestion for program improvement</p> <p>*respond to annual program assessments</p> <p>*meet w/leadership team to ensure communication and between all programs and staff</p> <p>*use innovative strategies to increase funds through grants, donor campaigns, corporate and foundation sponsorships and individual contributions</p>	<p>Monthly</p> <p>Daily</p> <p>Respond in 24-hours</p> <p>Implement if practical</p> <p>Annually</p> <p>Monthly</p> <p>Ongoing</p>	<p>Ongoing</p> <p>Continuing Bi-Monthly meetings between SPD & AAA programs</p> <p>This AAA receives an unsolicited grant of \$10,000 in support of its meals-on-wheels program. The program continues to do fundraising.</p>
<p>Be in compliance with all assurances, terms & conditions in the Oregon DHS/ Douglas County IGA contract related to the administration of Older Americans' Act (OAA), Oregon Project Independence (OPI) & Americans w/ Disabilities Act (ADA) including, but not limited to, CFRs, ORSs, OARs, as well as Douglas County's ordinances,</p>	<p>To assure all AAA programs meet &/or exceed expectation as indicated by assessing survey outcomes, program assessments and on-site monitoring</p> <p>To ensure practices reflect policies and procedures</p> <p>To create budgets that are approved by department and adopted by County Commissioners</p> <p>To negotiate and</p>	<p>*Update and amend Area Plan</p> <p>*Respond to annual assessments</p> <p>*Prepare amendments</p> <p>*Update and maintain policies & procedures</p> <p>*Monitor programs closely to stay within budgeted dollars and ensure</p>	<p>Annually</p> <p>Annually</p> <p>Annually</p> <p>Annually</p> <p>Monthly</p> <p>Annually</p>	<p>Ongoing</p> <p>Ongoing</p> <p>As needed</p> <p>In the process of revising all policies and procedures</p> <p>Ongoing fiscal management meetings focused specifically on AAA dollars</p> <p>Ongoing</p>

policies & procedures.	secure contracts & leases by date due	compliance *Execute contracts for services and leases		
Make informed public-policy decisions which recognize the needs & resources of seniors and persons with disabilities- especially those in greatest economic & social need. This is accomplished primarily through the active Senior Services Advisory Council (SSAC) and the soon to be re-established Disabilities Services Advisory Council (DSAC)	To affect positive outcomes related to no fewer than three identified issues of concern related to population served To increase communication between Councils, staff & communities by 15% in 2 years To increase communication between Councils, Commissioners & Oregon Legislators	Re-establish a DSAC *Hold SSAC & DSAC meetings *Host every other Advisory Council meeting in a different community served by AAA *Email, calls, letters, direct contact, attending legislative sessions; Governor's Commission on Senior & Disabilities Services Liaison	06/30/08 At least bimonthly Bi-Monthly Ongoing	It is in placing and thriving Meetings are held monthly for both SSAC & DSAC Meetings have been held at every site through Dec 2010. SSAC collectively decided to cease that for 2011 and instead invite individual areas to come to the SSAC meetings held in Roseburg. Both SSAC & DSAC are actively advocating thru emails, calls, letters and in person. This is ongoing.
Ensure the community is aware of and knows how to access the services provided by the Douglas County AAA	To increase community awareness and program accessibility by 10% in the next two years as evidenced by responses to client surveys and I & A contacts To identify needs and establish goals based on response to surveys and community forums	Host community focus groups *Continue I & A contacts, speaking engagements, health fairs, public forums, tribal partnerships, ethnic & cultural events, articles in papers & on radio & tv *Create and widely disperse community survey *Collect, compile	Annually Daily Annually Annually	Nov. 05, 2010 This AAA is actively involved in opportunities to share and/or partner; we have a well-received monthly newsletter; programs are written up in the media and staff speak on the radio. This is an ongoing process. In preparation for the next Area Plan, this AAA will widely disperse a survey.

Appendix E: Emergency Preparedness Plan

Mission

Together with community partners, we assist seniors and people with disabilities to enjoy independence, dignity, choice and quality of life. In support of this mission, it is our primary goal to continue to develop and enhance the comprehensive and coordinated system of social, protective and health services for seniors and people with disabilities throughout the County. This AAA is assisted in carrying out its mission by a 13 member citizen-advisory council and numerous, supportive community agencies.

Assessment of potential hazards in Douglas County finds different threats for different areas of the county. Earthquake, Flood and Tsunami are the top three assessed potential hazards for coastal areas of the county. Flood, wildfire and earthquakes are the top three assessed potential hazards for non-coastal areas of the county.

Essential Functions

As a Contract Type B2 AAA, Douglas County is responsible for the local administration of:

- Pre-Admission Screening
- Medicaid Home and Community-Based Services
- Case Management
- Supplemental Nutrition Assistance Program
- Oregon's Supplemental Income Program
- Oregon Health Plan
- Elder Abuse Prevention, Investigations and Protect Services
- Adult Foster Home Licensing
- Nutrition Programs (congregate and home-delivered meals)
- Oregon Project Independence –case management for in-home services
- Family Caregiver Support Program and the Caregiver Registry
- Information and Assistance/ Referral
- Care Coordination
- Legal Services for the Elderly

In the attachment, you will find an organization chart that identifies roles and responsibilities of staff. Staff members are cross-trained to ensure that multiple individuals know how to perform a variety of positions.

Locations for Services

These services are provided collaboratively through the main office in Roseburg and at three SPD satellite offices in Canyonville, Drain and Reedsport. As well, services are provided at and coordinated through seven senior dining sites in: Glendale, Glide, Reedsport, Riddle, Sutherlin, Winston and Yoncalla.

Disaster Preparedness Plan

This Disaster Preparedness Plan shall constitute the general guidelines to be followed by the Douglas County Area Agency on Aging in the event of a disaster. Such disasters may include fire, adverse weather, natural or manmade disasters, pandemic or other events.

Disasters vary one from the other; this AAA's capacity to follow these general guidelines may be affected by any range of factors; however, the purpose of this Plan is to assure that the AAA will, to the best of its ability, continue to function in any type of disaster, in order to support the safety and well-being of its citizens who are aged sixty and over.

Maintenance of Services For Seniors in Douglas County

In the event of a disaster that impacts senior citizens in Douglas County, the following steps shall be taken by the AAA as quickly as possible:

1. The Program Manager shall determine the area of impact.
2. The Program Manager shall contact contractors in all impact areas to determine what assistance might be needed to support the continuation of existing services and identify what additional services may be necessary in order to ameliorate the impact of the disaster.
3. The Program Manager shall convene an emergency staff meeting (attending via phone or in person) to make specific staff assignments designed to support maintenance of current services to current clients and, if necessary, provide for new services as needed.
4. Staff will use their contact list to make contact with both congregate and home-delivered meal recipients; as well, they will attempt to contact other older adults in their local communities who either live alone or need assistance in evacuating prior to a disaster. This list, which will be updated quarterly, will include contact information (street address and phone number) and the names and numbers of individuals to contact in case of an emergency.
5. The Program Manager shall communicate with the Health Department Administration Team to ensure they are aware of the status of the disaster and the resulting decision about AAA services; the Program Manager will seek direction on next steps from the Admin Team.
6. The Program Manager will draft the media release, get feedback on the draft release from the Admin Team and blast fax the approved media release to all media regarding the status of services for Douglas County's senior population.
7. The Program Manager shall monitor all services and assist staff in working with local community partners in locating needed resources and/or new or temporary services.

Communication with Other Agencies

In the event of an emergency, this AAA shall take all steps necessary to maintain full and open communication with other agencies that may be working to meet the needs of seniors and their families during the emergency/disaster.

1. The Program Manager will designate AAA staff charged with maintaining communication with other agencies and community partners in local communities throughout the County.
2. Prior to any emergency/ disaster, AAA staff will, to the greatest extent possible, make contact with those other agencies and/or community partners to develop and maintain positive working relationships. Together, they can work to create a transportation and communication plan and identify strategies for responding to and meeting the needs of local community elders – especially the frail homebound elderly.
3. In the event of a disaster, AAA staff will be individually responsible for making immediate contact with their assigned community partners and keeping the Program Manager informed about the current status of events in their local areas and how the AAA can work to support community partners.
4. Following any emergency/ disaster, assigned AAA staff will contact their respective community partners and discuss ways to improve communications in the event of future emergencies, reporting recommendations to the Program Manager and developing methods to improve future communications.

Coordination of Services with Other Agencies During a Disaster

In an effort to make the best use of available resources and to reach the greatest number of seniors and their families in the event of a disaster, the AAA shall, whenever possible, coordinate services with other agencies in the impacted area.

1. The Program Manager will identify service agencies in the County that might provide disaster services that would benefit senior citizens and attempt to enter into cooperative agreements with those agencies.
2. The Program Manager will attempt to convene, at least annually, a meeting of such identified agencies/ community partners, in order to agree upon a general approach to serving seniors and their families during a disaster.

3. In the event of an actual disaster, the Program Manager will maintain communication with other agencies that might service seniors and their families in order to assure that seniors in need of services are receiving all possible services; the AAA shall also make services available, whenever possible, to target groups identified by those other agencies/ community partners to the greatest extent that doing so is legal and feasible.
4. The AAA will maintain the most complete possible records of services provided by other agencies to seniors and of services provided by the AAA and its contractors to non-seniors, in order to obtain the greatest possible reimbursement for appropriate services.
5. The Program Manager will make all efforts to obtain full reimbursement for all agencies/ community partners during a disaster in order that regular operating funds not be depleted during the disaster.

Provision of Disaster Services for Seniors From Other Areas

In an effort to sustain seniors during a disaster, regardless of the original residence of those seniors, the AAA shall attempt to provide or obtain needed services for all seniors who may be or end up being in the County during or after a disaster.

1. The AAA will attempt to locate and identify all seniors who may be in the County during and after a disaster through contacts with other agencies, individuals and shelter agencies including but not limited to local churches and the American Red Cross. Seniors so identified shall be notified of available services including all access information and asked what other needs they might have.
2. The Program Manager will immediately begin exploring funding sources to provide or obtain services to displaced seniors.
3. In the event that resources demand prioritizing of seniors most in need of services during a disaster, residents of the County shall have priority over non-resident seniors; except that, in all cases, the AAA will serve all seniors in need of services as long as resources allow.
4. The AAA will track all services provided to local and non-local seniors during any disaster in order to obtain future reimbursement of those services.
5. The AAA and its contractors shall assist all seniors –both local and non-local –to return to their own homes or chosen residences following any disaster.

Communication Plan

In the event of a disaster that occurs outside of regular business hours, the Program Manager or designee will initiate a call down to staff advising them of the situation and determining their willingness and ability to assist. When possible, services will be offered at the Health Department as well as the Dining Sites and/or Senior Centers/ Community Centers throughout the County. These sites are located in Glendale, Glide, Reedsport, Riddle, Sutherlin, Winston, and Yoncalla. (See the attached call-down list.) Each case manager or area coordinator is to have with them at all times a list of congregated and home-delivered meal clients and especially high-risk clients and their specific contact information (telephone, place of residence, emergency contact name and telephone number). These are to be printed out on a quarterly basis to ensure accuracy of the information. As well, each case manager or area coordinator is encouraged to maintain a contact list of Home Care Workers willing to work in case of an emergency.

Chain of Command & Coordination of Services

During small emergencies that affect Douglas County Senior Services (DCSS) operation the DCSS program manager will report to the Douglas County Health Social Services (DCHSS) Administrator. The DCHSS Administrator will provide direction on how DCSS will respond and recover during the emergency.

During large emergencies or disasters DCHSS will utilize the Incident Command System to manage the response and recovery for the disaster. The DCSS may become part of a functional branch reporting to the Operations Chief. During a large emergency DCHSS will coordinate available resources with other state and local agencies that provide services to vulnerable populations. DCHSS will develop resource requests for additional help and materials to address the unmet objectives. The resource request will be forwarded to the Douglas County Emergency

Operation Center (EOC). The EOC will attempt to find and assign available resources to address the needs of DCHSS to meet its response and recovery objectives.

In the event of a catastrophe which overwhelms the ability of the DCHSS Continuity of Operation Plan states that DCSS services provided in the contract DCSS services may devolve back to the state Area Agency on Aging to assume all the functions and services of the contract.

Staff Response

All Senior Services staff, who are able, will report for duty to the location directed by the Program Manager. It is critical that all staff document time in and out as well as detailed descriptions of activities while working. As well, each staff member is to have access to a current list of clients (frail elderly homebound) with contact information (see communication plan above). This information is to be updated monthly. It will be critical that each staff member contact clients to ensure their safety and identify immediate needs. Staff will document these calls and needs.

Phone and Office Reception

Main messages will be changed to inform callers of conditions and office availability. Closed offices will forward phones to designed offices when possible. Messages will be retrieved and calls returned according to priority of need. ("Need" is defined as having no resources to meet their current pressing medical situation and/or immediate shelter issues). All calls will be documented and logged for future contact and advised to call back if their situation becomes an "emergency".

Emergency client needs such as replacement caregivers, emergency relocations, and emergency resource assessments will be triaged and coordinated with the Critical Response Team.

Drive Away Kits

We have developed a "drive-away kit" for each program manager that contains the essential components of the day-to-day business for each program. These kits include: the COOP Plan, forms, files, CDs, policies and procedures, essential supplies and hard copies of information pertinent to the continuity of business, etc.

Identified ALFS & Nursing Facilities

Years ago, Douglas County marked off the regional quadrants and pinpointed ALFs (Assisted Living Facilities) and Nursing Homes by specific address, those in and not in the flood plan, identified the number of residents and the level of care needed. These maps have been uploaded to the EOC's GPS system so the first responders clearly know where the most vulnerable frail elderly reside.

Resumption of "Business as Usual"

Once the critical point of the disaster has passed and individuals and communities begin the recovery stage, AAA staff will continue to work with clients and community partners to ensure clients have what they need and are aware of information/ assistance and referral services that will ease the transition from disaster to full recovery.

Staff will actively engage in the hot wash following the disaster to debrief and to identify lessons learned so that the next disaster/ emergency experience runs even more smoothly.

This AAA will resume business as usual once life in each community returns to "normal".

Appendix F: List of Designated Focal Points

For purposes of this plan, a “designated focal point” (OAA Section 306(a)(3)(B)) is defined as: a facility established to encourage the maximum collocation and coordination of services for older individuals. Douglas County has several congregate meal sites, a main administrative office and satellite office. All locations listed provide AAA services.

Congregate Meal Sites

- Glendale
- Glide
- Reedsport
- Sutherlin
- Winston
- Yoncalla

Main Office & Administration

- Roseburg

Satellite Offices

- Canyonville
- Drain
- Reedsport

Appendix G: Partner MOU's

(Not Applicable)

Appendix H: Statement of Assurances and Verification of Intent

For the period of January 1, 2013 through December 31, 2016, the Douglas County 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, Douglas County AAA 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 Douglas County AAA assures that it will:

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

Conduct outreach, provide services in a comprehensive and coordinated system, and establish goals objectives with emphasis on: a) older individuals who have the greatest social and economic need, with particular attention to low income minority individuals and older individuals residing in rural areas; b) older individuals with significant disabilities; c) older Native Americans; and d) older individuals with limited English-speaking ability.

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

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

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

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

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

C. An assurance that the area agency on aging will make services under the Area Plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

Obtain input from the public and approval from the AAA Advisory Council on the development, implementation and administration of the Area Plan through a public process, which should include, at a minimum, a public hearing prior to submission of the Area Plan to DHS. The Douglas County AAA shall publicize the hearing(s) through legal notice, mailings, advertisements in newspapers, and other methods determined by the AAA to be most effective in informing the public, service providers, advocacy groups, etc.

Date

Director, Douglas County AAA

Date

Advisory Council Chair

Date

Legal Contractor Authority

Title

Appendix I: Service Matrix & Delivery Method

See additional documents attached-would not format and save to allow addition directly to this document

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

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

C. An assurance that the area agency on aging will make services under the Area Plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

Obtain input from the public and approval from the AAA Advisory Council on the development, implementation and administration of the Area Plan through a public process, which should include, at a minimum, a public hearing prior to submission of the Area Plan to DHS. The Douglas County AAA shall publicize the hearing(s) through legal notice, mailings, advertisements in newspapers, and other methods determined by the AAA to be most effective in informing the public, service providers, advocacy groups, etc.

9-27-2012
Date

Shanne Wright
Director, Douglas County AAA

9/27/2012
Date

James Stutman
Advisory Council Chair

9-25-12
Date

Peggy Madison
Legal Contractor Authority

Administrator
Title

SERVICE MATRIX and DELIVERY METHOD

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

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

Compass Group USA/ Bateman Senior Meals

3110 w. Pinhook Rd. Suite 201

Lafayette, LA 70508

"For profit agency"

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):

Contracted: Curry Manor residential care facility

1458 Quial Lane

Roseburg, Oregon 97470

Self-provided: HCW / CEP's

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):

Compass Group, USA /Bateman Senior Meals

3110 W. Pinhook Rd. Suite 201

Lafayette, LA 70508

"For profit agency"

Note if contractor is a "for profit agency"

#8 Nutrition Counseling

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#9 Assisted Transportation

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#10 Transportation

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#11 Legal Assistance

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Legal Aid Services of Oregon, Inc.

P.O. Box 219

Roseburg, OR 97470

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):

State Unit on aging - website

Note if contractor is a "for profit agency"

#13 Information & Assistance

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#14 Outreach

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#15/15a Information for Caregivers

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#16/16a Caregiver Access Assistance

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#20-2 Advocacy

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#20-3 Program Coordination & Development

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#30-1 Home Repair/Modification

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#30-4 Respite Care (IIB/OPI)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Contracted: Curry Manor residential care facility

1458 Quial Lane

Roseburg, Oregon 97470

Self-provided: HCW / CEP's

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):

Note if contractor is a "for profit agency"

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#40-2 Physical Activity and Falls Prevention

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#40-3 Preventive Screening, Counseling and Referral

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#40-4 Mental Health Screening and Referral

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#40-5 Health & Medical Equipment

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#40-8 Registered Nurse Services

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#40-9 Medication Management

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

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):

Note if contractor is a "for profit agency"

#60-1 Recreation

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#60-3 Reassurance

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#60-4 Volunteer Recruitment

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#60-5 Interpreting/Translation

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a “for profit agency”

#70-2 Options Counseling

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a “for profit agency”

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a “for profit agency”

#70-5 Newsletter

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a “for profit agency”

#70-8 Fee-based Case Management

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a “for profit agency”

#70-9/70-9a Caregiver Training

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#70-10 Public Outreach/Education

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#71 Chronic Disease Prevention, Management/Education

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#72 Cash and Counseling

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#73/73a Caregiver Cash and Counseling

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#80-1 Senior Center Assistance

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#80-4 Financial Assistance

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#80-5 Money Management

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#90-1 Volunteer Services

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"