



Oregon

John A. Kitzhaber, MD, Governor

Department of Human Services

Aging and People with Disabilities

State Unit on Aging

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December 14, 2012

Kay Metzger, Director
Lane Council of Governments
1015 Willamette Street
Eugene, OR 97401



Dear Kay,

I am pleased to inform you that the Lane Council of Governments' 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.

Sincerely,

Elaine Young
Manager, State Unit on Aging

Cc: Angela Phinney, LCOG
Trevin Butler, SUA



2013-2016 Area Plan

SENIOR & DISABLED SERVICES
A DIVISION OF LANE COUNCIL OF GOVERNMENTS



Area Agency on Aging and Disability Services Lane County

Brenda Wilson
LCOG Executive Director

Kay Metzger
S&DS Division Director

Special Acknowledgements Advisory Councils & Special Committees

Senior Services Advisory Council
Disability Services Council
Planning and Budget Committee

Prepared by:

Angela Phinney, Planning/Contracts Manager



LCOG – SENIOR AND DISABLED SERVICES 2013-2016 AREA PLAN

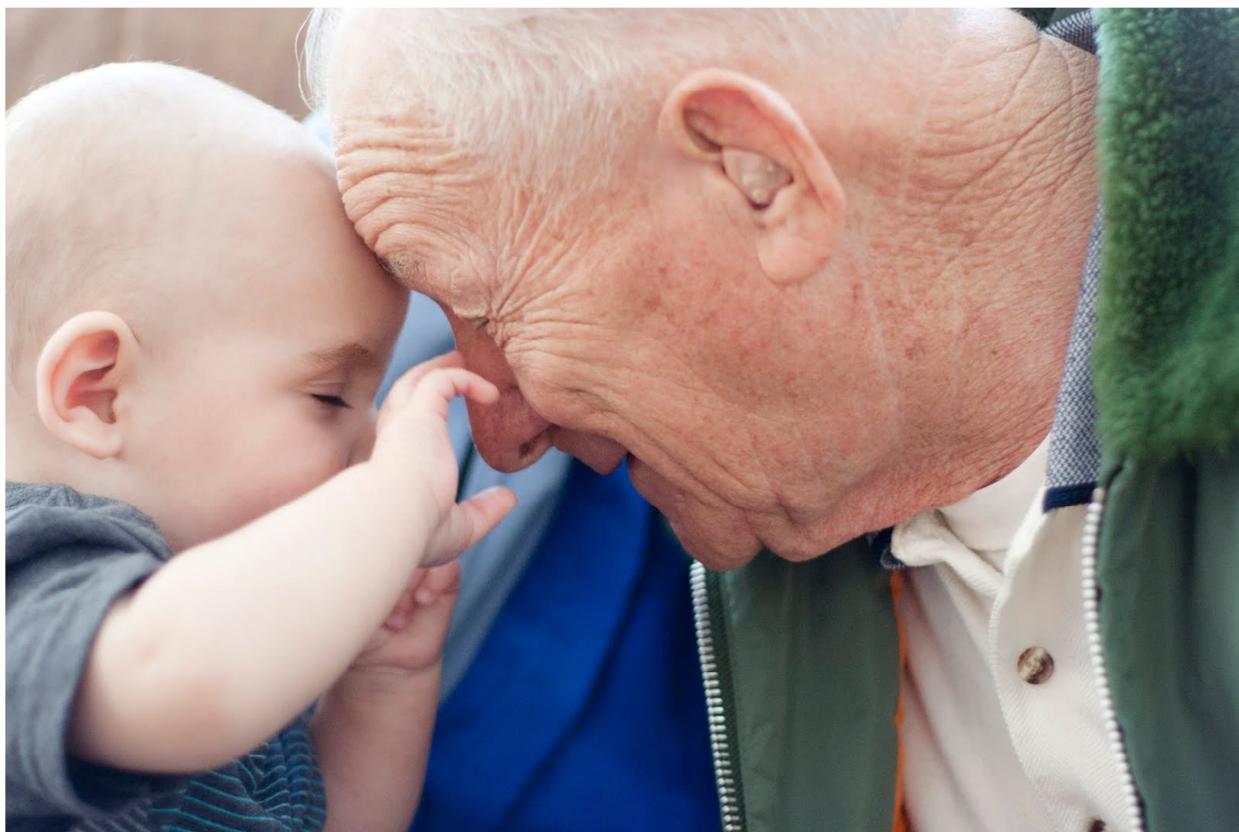
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Section A

Area Agency Planning and Priorities



“A test of a people is how it behaves toward the old. It is easy to love children. Even tyrants and dictators make a point of being fond of children. But the affection of care for the old, the incurable, and helpless are the true gold mines of a culture.”

~ Abraham J. Heschel

Section A: Area Agency Planning and Priorities

A-1 Introduction

Overview of Senior & Disabled Services:

Lane Council of Governments (LCOG) is a voluntary association of general and special purpose governments in Lane County. The Council provides regional planning, coordination, program development and service delivery 28 member governments and agencies. The governing body of Lane Council of Governments (LCOG) is its Board of Directors, comprised of local elected officials designated to represent member governments.

Among its many responsibilities, LCOG is the designated Area Agency on Aging and Disability Services in Lane County. Within LCOG, operational responsibilities for services for seniors and people with disabilities rests with Senior & Disabled Services (S&DS) and two citizen advisory councils – the Senior Services Advisory Council (SSAC) and the Disabilities Services Advisory Council (DSAC).

Advisory Councils: The Board of Directors appoints a 23-member Senior Services Advisory Counsel, and a 15 member Disability Services Advisory Council. Their main objectives include:

- Advising on Needs Assessment planning activities;
- Advising on Area Plan implementation activities;
- Monitoring the provision and coordination of S&DS programs and services;
- Providing information about needs, problems, desires, resources and services to seniors and people with disabilities, public and private agencies, elected officials and the general public; and
- Representing the interests of seniors and people with disabilities in Lane County

SSAC: Membership is represented by more than fifty percent (50%) seniors (60+), including minority and rural citizens.

DSAC: Membership is represented by more than fifty percent (50%) of individuals that experience a disability.

Population We Serve:

S&DS offers a variety of programs and services tailored to meet the various needs of seniors and persons with disabilities. With respect to the division’s “core functions” (Planning, services coordination and development, advocacy and information/access services), the agency serves all older and disabled residents of Lane County. Concerning other functions and services, S&DS focuses on persons in economic and social need, including frail, vulnerable, functionally impaired, socially isolated, and economically disadvantaged persons. Special consideration is given to serving low-income minority older persons.

Development of the Area Plan:

In accordance with federal and state policy, S&DS is required to help create and maintain a comprehensive and coordinated service delivery system to meet the needs of needs of older and people with disabilities in Lane County. To document its work toward this goal, S&DS is required to develop an Area Plan on Aging and Disability Services. The Area Plan is a multi-year document, with annual updates. It serves two purposes: (1) it is a planning document – it identifies the needs of seniors and adults with disabilities, and describes the agency’s plans for addressing these needs; and (2) it is a compliance document which provides the basis for the State of Oregon to contract with LCOG for the delivery of a range of services to older people and people with disabilities.

Contact Us:

Senior & Disabled Services (S&DS) has three full-service offices. These offices house staff who can provide nearly all of the services available from the agency, including: Information & Referral, determination of eligibility for the public benefits administered by S&DS (Medicaid, Food Stamps), case planning and case management for those in need of long term care services, adult protective services, and the licensure of adult foster care homes. Senior Connections’ Area Coordinators are housed in these offices, as well. Senior & Disabled Services’ managerial and administrative employees are housed at the Eugene office.

Eugene Office:

1015 Willamette Street
Eugene, OR 97401
Tel: 541-682-4038—Fax 541-682-2484

Cottage Grove Office:

37 N. Sixth
Cottage Grove, OR 97424
Tel: 541-682-7800—Fax 541-682-7820

Florence Office:

3180 Highway 101
Florence, OR 97439
Tel: 541-902-9430 – Fax 541-902-2115

Additional Senior Connections Program Area Coordinators are located in the following three communities: Junction City, Oakridge, and Veneta.

Junction City Office:

Viking Sal Senior Center
245 W. 5th St.
Junction City, OR 97448
Tel: 541-998-8445

Oakridge Office:

Willamette Activity Center
47674 School St. Room 10
Oakridge, OR 97463
Tel: 541-782-4726

Veneta Office:

Garcia Service Center
88149 Territorial Rd.
Veneta, OR 97487
Tel: 541-935-2262

A-2 Mission and Values

Mission:

To advocate for seniors and persons with disabilities and provide to them quality services and information that promote dignity, independence, and choice.

Values:

- We emphasize customer service.
- We are each responsible for LCOG's success.
- We respect ourselves and others.
- We believe in teamwork.
- We value and reward creativity and efficiency.
- We encourage cooperation and communication.
- We value and support each other.

S&DS offers a variety of programs and services tailored to meet the various needs of seniors and persons with disabilities. With respect to the division's "core functions" (Planning, services coordination and development, advocacy and information/access services), the agency serves all older and disabled residents of Lane County. Concerning other functions and services, S&DS focuses on persons in economic and social need, including frail, vulnerable, functionally impaired, socially isolated, and economically disadvantaged persons. Special consideration is given to serving low-income minority older persons.

S&DS strives to provide a wide range of programs and services to meet the varied needs of seniors and individuals residing in Lane County. To accomplish our mission we believe the following:

Consumer choice and independence: Consumers should have the opportunity to make informed decisions about their care situations.

Consumer advocacy and involvement: Consumers acting as their own advocates (whenever possible) and community members and organizations advocating with and on behalf of consumers should help shape the system and services that can best address the consumer's needs.

Protecting seniors and people with disabilities from abuse, neglect and exploitation: Consumers should have access to resources to help them avoid abuse and exploitation as well as resources for timely and appropriate assistance in

responding to problem situations.

Families and other informal supports as the foundation of care: Building on informal supports should be the first step in assisting older people and people with disabilities that need care.

Caregiving is an important and honorable activity: Caregivers, both paid and unpaid, should be valued and supported by their communities. Paid caregivers should be appropriately compensated. All caregivers should have access to training, support and respite from their caregiving responsibilities.

Local community awareness of long term care issues, services and supports: This awareness provides the basis for an effective network of care for consumers. In times of scarce resources, service organizations must support one another and collaborate, not compete, to assure a strong service system for all consumers.

Access for all consumers: Consumers who are aging or living with a disability access services through supportive programs like Aging and Disability Resource Connections. Services, information, and facilities should be physically, culturally, and financially accessible, with appropriate design and sensitivity to consumers of all abilities, languages, cultures, and financial situations.

Diversity: We embrace a diverse workforce and recognizes the importance of full inclusion to our programs and services, regardless of race, ethnicity, gender, or sexual preferences.

Public policy that allows for funding flexibility: We value flexible public policy that allocates funds to local communities to meet local needs.

Opportunities for healthy aging: Community programs which provide activities and exercise for older adults, educational programs, health-related newsletters, and access to free or low-cost screening and prevention services.

Elder-friendly communities: Provides opportunities for people to age in place by making resources available for day-to-day living. Grocery stores, pharmacies, medical care, transportation, social supports, and churches, are within easy reach of and accessible to older citizens so they may continue to live in and make contributions to their community. It means that human services are available when needed, such as home delivered meals. And it means that the community is safe, that housing is affordable, and that the community environment is one in which

older citizens may live with dignity and independence. The most important point is this: a community that is livable for older citizens is a livable community for *all* ages.

A-3 Planning and Review Process

S&DS has used a variety of methods for identifying and verifying unmet needs among older citizens, people with disabilities and family caregivers residing in Lane County. The advisory council actively participated in the planning process. For the 2013-2016 Area Plan, feedback was gathered from a variety of sources, including, but not limited to: survey data, input from agency staff, and community stakeholders. Results can be found in the 2011 Community Needs Assessment.

Community Survey

Between December 1, 2010 and January 1, 2011 LCOG Senior & Disabled Services surveyed adults who were at least 60 years of age and resided in Lane County. The survey explored the views of adults meeting the age requirements regarding housing, in-home support needs, transportation, health and nutrition, financial security and caregiving.



Based on the 2010 population estimates (67,904 seniors in Lane County) a total of 1,025 surveys needed to be returned to make a statistically valid survey. 4,649 surveys were distributed around Lane County to Senior Centers, meal sites, S&DS clients, local non-profits serving seniors, bingo halls and residential settings for people ages 55+. The survey was also available on-line through Survey Monkey from the S&DS website. For the purposes of this study, seniors living in a their own homes were the target population. Therefore, no seniors were surveyed living in facilities or foster homes.

A total of 1,069 useable surveys were returned (23% rate of return). 22 surveys were destroyed due to incomplete information and 159 surveys were not counted because the respondents were under 60. **As a result of the return rate, this survey meets a 99% confidence level with an error rate of +/- 4%.**

Professional Survey

During the same time period, professionals providing services to seniors were also surveyed. They were asked to rate similar questions to the community survey on a

scale of 1-3: (1) being not a problem; (2) being somewhat of a problem ; (3) being a major problem

In order to compare the questions to the community survey 1-2 was combined and rated as no, and 3 was rated as yes. 150 people responded to this survey. The results closely resembled the community survey's except for a few areas.

Focus Groups

During the same time period ten focus groups were conducted to gather more in-depth analysis of local needs and services. Participants were encouraged to brainstorm current services and gaps in services for seniors living in Lane County in the categories of: housing, Long Term Care, transportation, healthcare, nutrition, financial and caregivers. They were then asked to prioritize services using the “dot” method. These Focus groups consisted of staff, community members and rural areas including Florence and Cottage Grove. 113 people participated in the focus groups.

Disabilities Service Team Focus Group

As an Area Agency on Aging, the majority of this survey is focused on senior issues. However, we also serve individuals with disabilities ages 18-64. Attempts were made to include any relevant data on this group. Data was collected by conducting a focus group and goal setting meeting with the Disabilities Case Managers. 8 people participated in the focus group. Secondary resources were also utilized for research purposes.

Research on Specific Issue Areas:

To gain a better understanding of local and national trends, extensive research was conducted and outlined in the 2011 Community Needs Assessment. Research was conducted on the following topics:

- Caregiving
- Demographics
- Financial Security
- Healthcare
- Housing
- Hunger
- Long Term Care
- Safety
- Transportation

Planning & Prioritization of Funding

A Standing committee of the Senior and Disability Services Advisory Councils, the Planning & Budget Committee, played a critical role in representing the interests of the public and helping to develop the 2013-2016 Four Year Area Plan. The Planning and Budget Committee consists of four (4) members of the SSAC and three (3) members of the DSAC. Based on funding requirements and current needs identified in the Community Needs Assessment, the committee evaluates current program needs and makes recommendations on future OAA services.

Services recommended for funding in 2013 were prioritized with the following questions in mind:

1. Does the program reach the priority/target populations, including those:
 - with low incomes
 - with disabilities
 - who are limited English speaking or have other language barriers
 - who are homebound or geographically isolated
 - who are culturally or socially isolated
2. Does the program support the individual's ability to remain in their own home as long as possible?
3. Does the service fill a gap in the community?
4. Does the program help accomplish the Area Plan Goals and Objectives?

A-4 Prioritization of Discretionary Funding

Proposed Uses of Area Plan Contract Funds:

OLDER AMERICANS ACT (Federal funds):

Title III-B: Support Services and AAA Administration, including:

1. Federal Priority Services:
 - Access Services: transportation, including assisted transportation (a.k.a. escort); outreach; information and assistance; and case management;
 - In-home Services: home care; personal care; friendly visiting; telephone reassurance; chore; coordination of in-home volunteers (a.k.a. ElderHelp); and in-home support services (such as, respite); &
 - Legal Services
2. Other allowable services: Virtually all supportive services, other than meals, are allowable under OAA Title III-B. In addition to the federal priority services listed above, S&DS currently spends III-B funds on: AAA Administration, and Money Management.

Title III-C-1: Group Meals and AAA Administration.

Title III-C-2: Home-Delivered Meals (a.k.a. Meals on Wheels) and AAA Administration.

Title III-D: Health promotion, disease prevention and prescription medication services. Beginning July 1, 2012, the Planning & Budget Committee directed S&DS to commit these funds to health promotion and coordination with healthcare system transformation. Additionally, the Administration on Aging has directed that Title III-D funds be used towards evidence-based practices. As a result, S&DS will dedicate Title III-D funds for to activities associated with the Care Transitions Intervention, a nationally recognized evidence-based model designed and tested by Eric Coleman, MD.

Title III-E: Family Caregiver Support Services and AAA Administration. S&DS' current plan for the use of III-E funds calls for the provision of the following services to eligible individuals and families: information,

assistance, counseling, organization of support groups, respite, and supplemental services.

Title VII-A: Elder abuse prevention services. Using these funds, S&DS has sponsored a one-day conference on elder abuse prevention for the past few years. These conferences have been well attended and well received.

TYPE B AAA FUNDS (a blend of federal and State funds, including Medicaid, Food Stamps, and State funds):

These funds are utilized for eligibility determination, benefits issuance, case management, protective services, the licensure and monitoring of adult foster care homes, and AAA Administration. These funds may not be used for direct services.

OREGON PROJECT INDEPENDENCE or OPI (State funds):

OPI can be used for a variety of in-home services. S&DS currently funds: Home Care, Personal Care, Meals on Wheels, Case Management and AAA Administration.

Section B

Planning and Service Area Profile



“Men do not quit playing because they grow old; they grow old because they quit playing.”

~ Oliver Wendell Holmes

Section B: Planning and Service Area Profile

B-1 Population Profile

Characteristics of Seniors Living in Lane County

Age At the time of the 2009 American Community Survey, there were 67,904 seniors ages 60+, or approximately 21% of the total Lane County population.

Gender In Lane County, older women outnumber men in every age category. This trend increases with age. On average there are 45.5% men compared to 54.2% women.

Race & Ethnicity According to the American Community Survey in 2009, 4.1% of seniors ages 60+ in Lane County residents belongs to minority groups, including African Americans, persons of Hispanic Origin, Asian Americans, Pacific Islanders, American Indians and Native Alaskans. While this is significantly below the national average (19.3%), over the next 10 years, minority groups are expected to rise as much as 5%. While this may seem like a small number, if you consider the population as a whole, this would represent a rise of almost 2,500 individuals.

Household Income In Lane County 16.2% or 11,807 seniors live on \leq \$903 per month. Currently S&DS is serving 3,851 seniors ages 60+ who live on \leq \$903 per month. This means that only one-third of people living at or below the federal poverty level are accessing services through S&DS.

Education The majority of seniors living in Lane County have at least some form of higher education, with only 38.4% reporting a high school diploma or less. Higher education is on the rise. Seniors aged 60-64 were twice as likely as seniors aged 75-84 to have a college degree.

Living Arrangements About 30.1% of all non-institutionalized older persons in 2009 lived alone. They represented 38.8% of older women and 18.7% of older men. The proportion living alone increased with advanced age. Among women aged 75 and over, for example half (49%) lived alone.

Demographic Characteristics of Lane County

	Population 2010	Percentage
POPULATION		
Total	354,973	100%
60+	96,154	27.1%
MINORITY & LEP		
60+ Minority	14,905	4.1%
60+ Registered Native American Elders	78	----
60+ Native American (Census Data)	2,063	0.6%
60+ Limited English Proficiency (LEP)	5,157	1.5%
POVERTY		
60+ at or below 100% FPL	29,565	8.6%
60+ at or below 100% FPL and minority	5,157	19.8%
RURAL*		
65+ Florence	5,077	35.4%
65+ Cottage Grove	3,185	18.1%
65+ Creswell	1,438	14.8%
65+ Junction City	2,045	16.7%
65+ Oakridge	857	22.1%
65+ NW Lane County	6,376	18.5%
65+ NE Lane County	6,669	18.5%
65+ SW Lane County	710	22.1%
65+ SE Lane County	6,924	19.1%
DISABLED		
65+ Disabled	127,540	37.1%
18 to 64 Disabled	37,471	10.9%
60+ Intellectual & Developmental Disabilities	185	0.27%
18+ Intellectual & Developmental Disabilities	37,471	4.29%
18+ with IADL	12,032	3.5%
65+ with IADL	51,910	15.1%

*Data for ages 60+ was not available

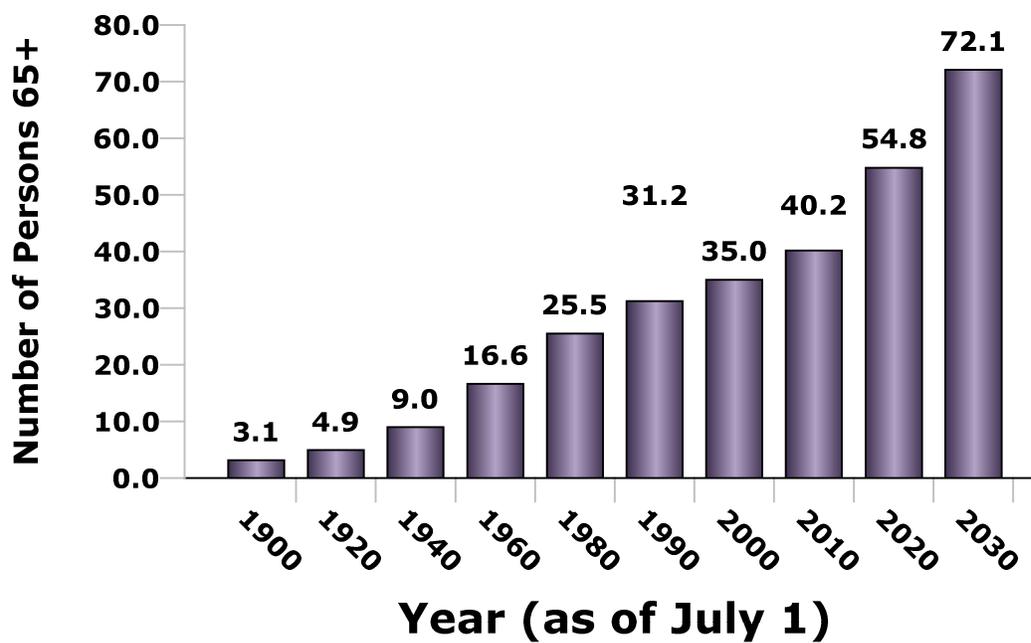
Senior Population Growth

The aging population will continue to grow significantly over the next 20 years. This growth slowed during the great depression, because a comparatively small amount of babies were born during this time. But the older population will grow exponentially between 2010-2030 as the baby boomer generation reaches the age of 65.

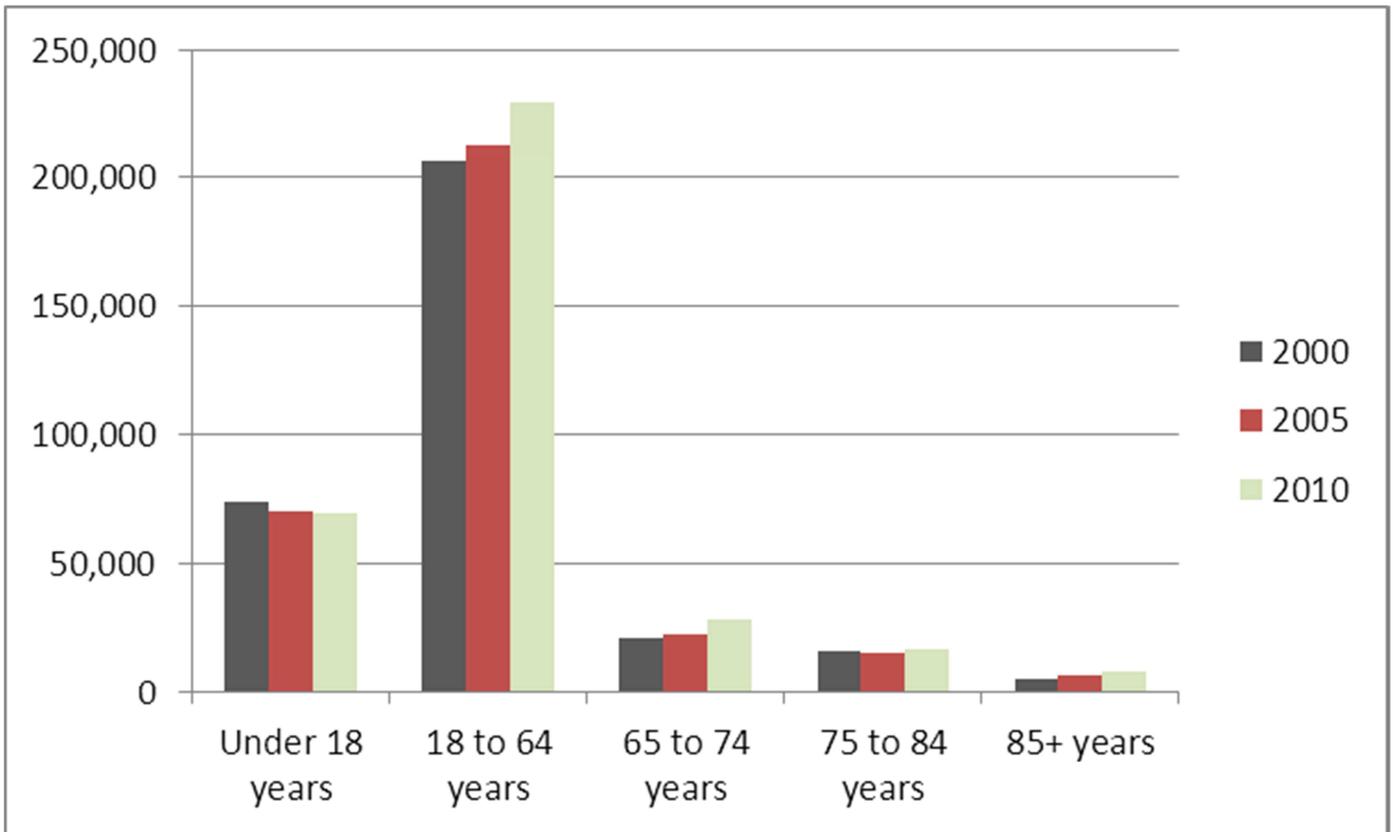
Minority populations are on the rise as well. In 2000 15.3% of the senior population was represented by minority status. In 2010 that number rose to 23.6% of the total senior population. Between 2010-2030, the white population 65+ is projected to increase by 59% compared with 160% of older minorities. (*Administration on Aging, Profile of Older Americans.*)

This population shift means that we must rethink at the current service delivery systems model. The older population is not only greater in numbers, they also have different expectations in service delivery.

Number of Persons 65+ in the United States 1900 - 2030 (number in millions)

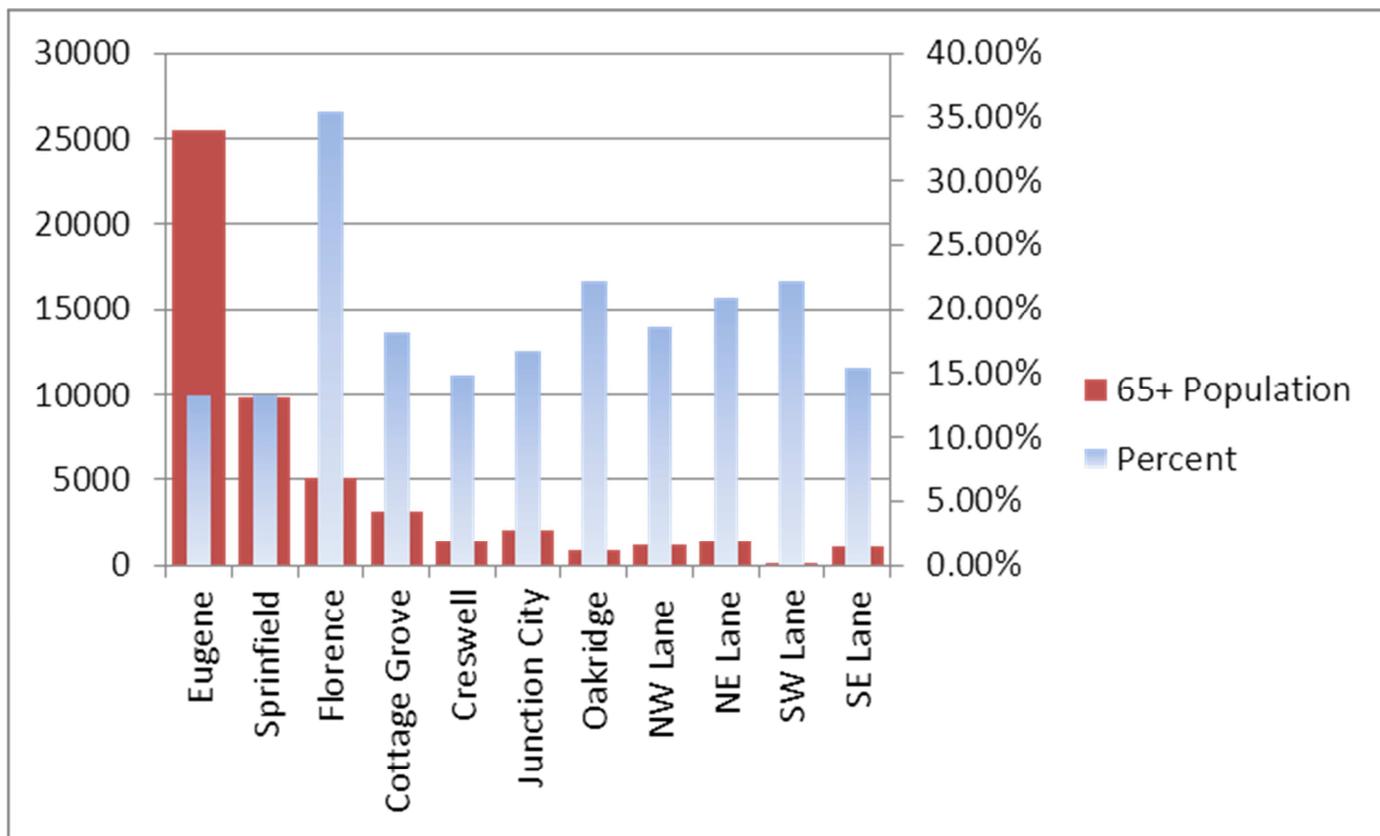


Comparison of Population by Age American Community Survey 2000-2010



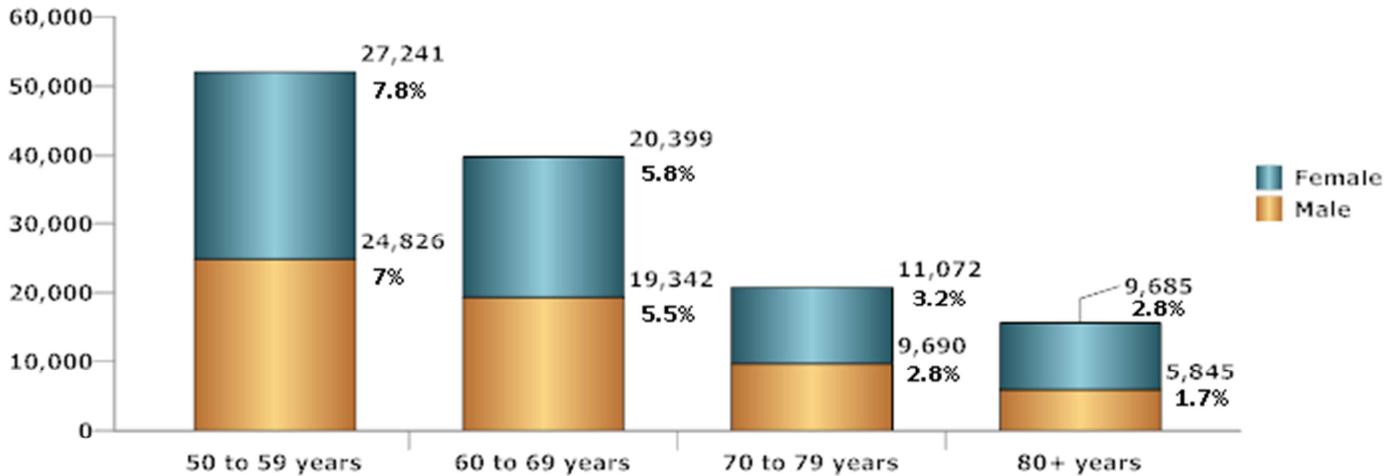
Between 2000 and 2010 Lane County's population increased by almost 10 percent, and the senior population proportioned to the total population has increased only incrementally. The first Baby Boomers turned 65 in 2011. The Oregon Office of Economic Analysis projections indicate that the senior population will steadily increase and more than triple by 2040.

Age 60+ by Sub-Regions Comparison of Total Senior Population to Percent of Population 60+



Although a small number, Florence has the largest population of older adults of any sub-region in Lane County. It is also interesting to note that while the populations in rural areas are small, they are represented by a high percentage of seniors. Many seniors live in rural areas because of the lower housing costs. However, it also isolates them from many services available in larger metropolitan areas.

Population by Age & Gender

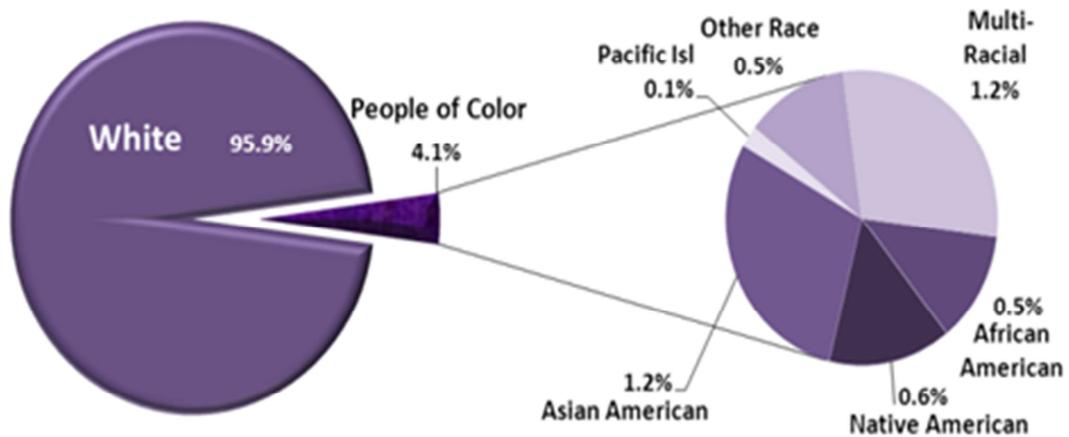


Source: American Community Survey, 2010

In Lane County, older women outnumber men in every age category. Note that while the ratio of women to men increases with age, this trend is becoming less and less distinct. With advances in technology and medical intervention, men are living longer. Forecasts predict that the ratio will continue to decline over the next 40 years.

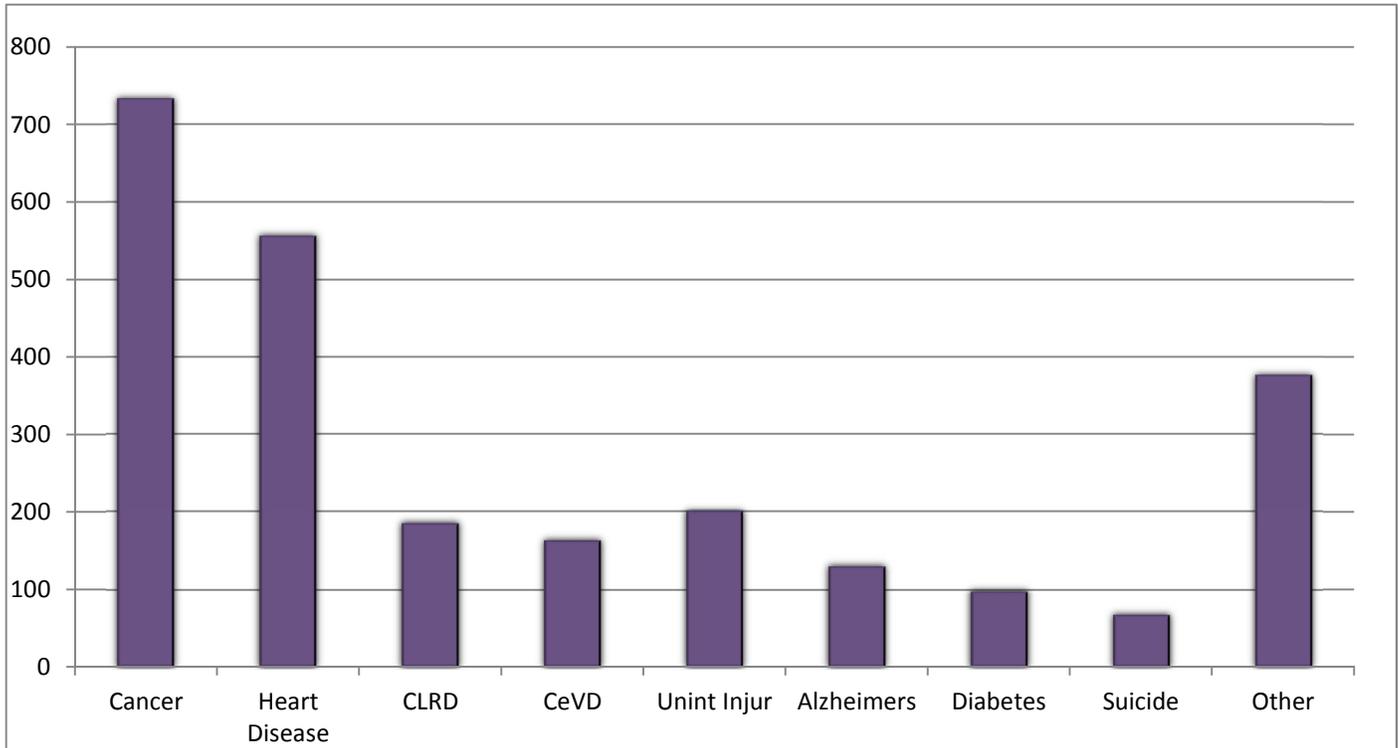
Oregon is continuing to become a more diverse state. An increase in Asian and Pacific Islander and Multi-Racial populations, coupled with a significant increase in the Hispanic population have considerably changed Oregon’s racial and ethnic composition since 1990. However, Oregon has had a lot of growth; we are still far behind the national averages.

Lane County 60+ by Race



Source: 2009 American Community Survey

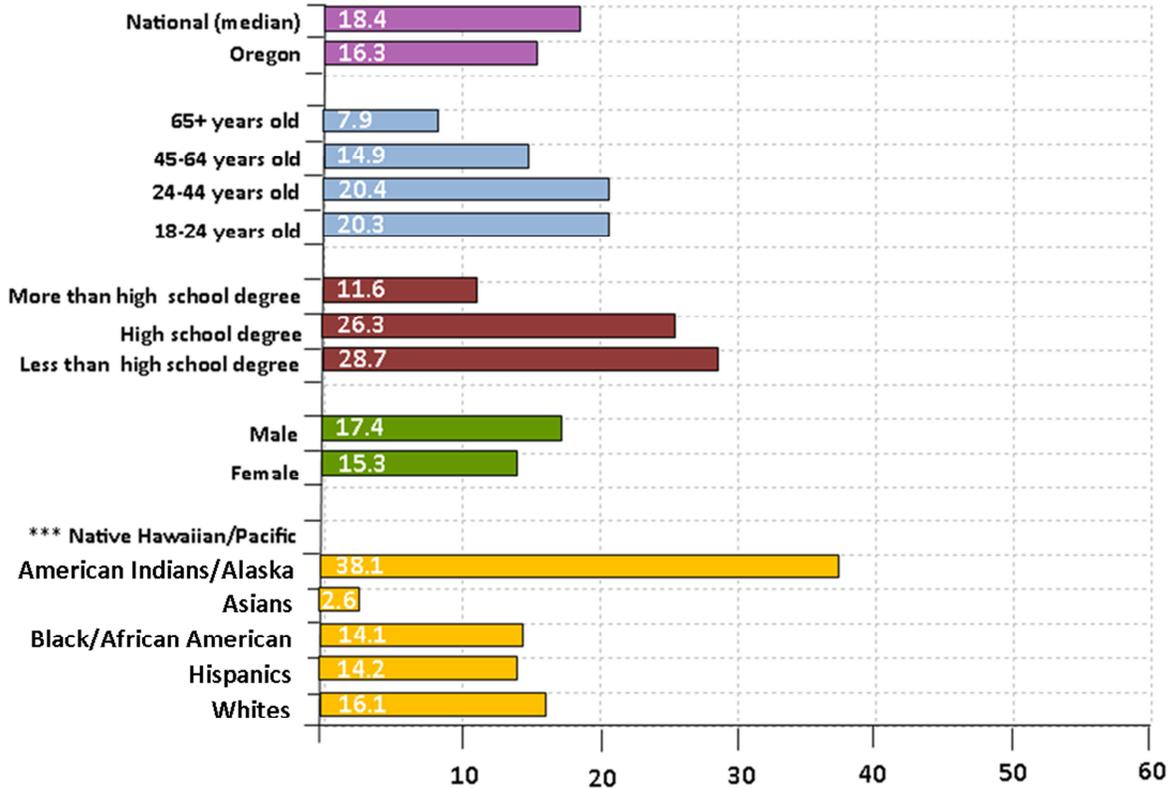
Lane County Leading Causes of Death 65+



Source: Center for Disease Control

The leading causes of death among adults over the age of 65 are also among most common causes of death among the population as a whole. Many of these conditions are also highly preventable and treatable. It is important to understand these diseases, know when and where to get treatment and know how you can live with them to help prolong life and health. Many of these disease and conditions are preventable or reversible with prevention and lifestyle changes.

Current Smoking among Adults by Demographic Characteristics



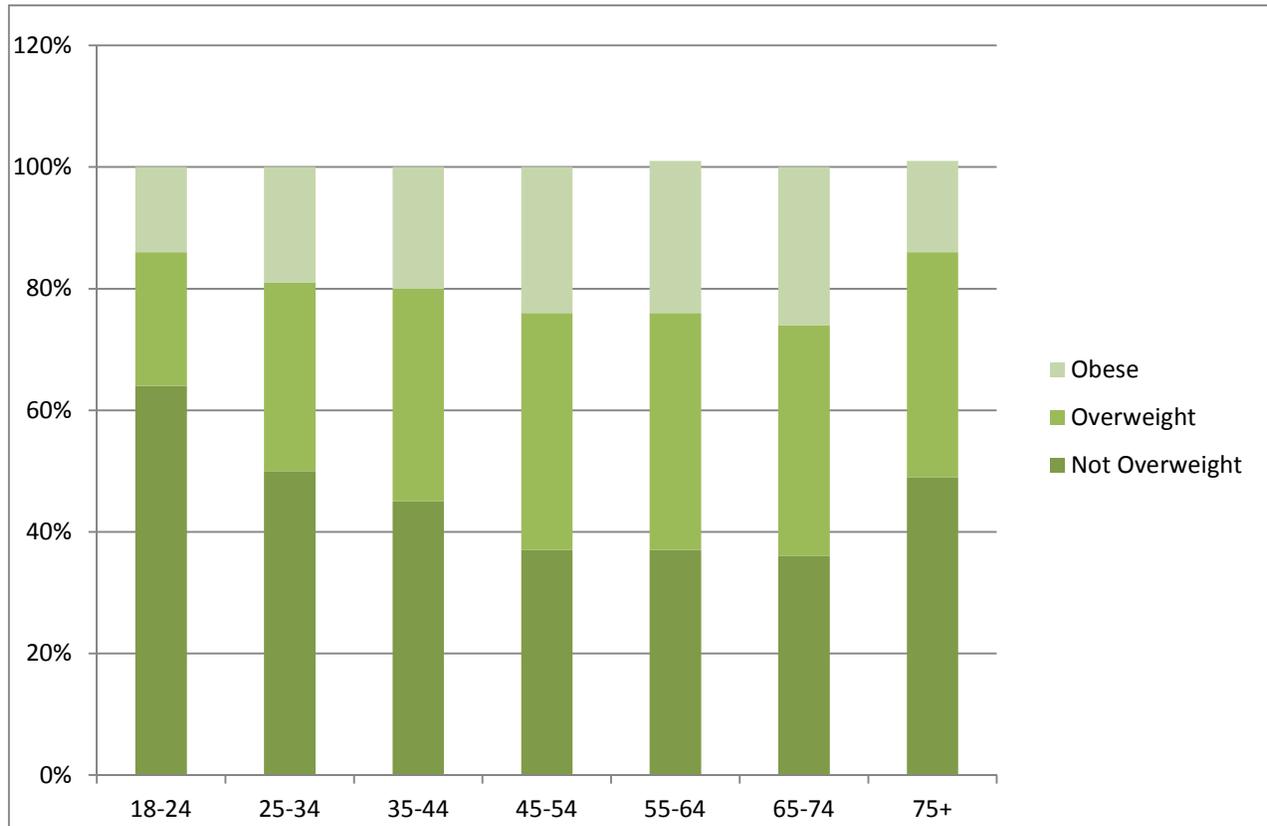
***Data not shown because sample size less than 50 Percent

Source: BRFSS, 2010

In Oregon, 16.3% of the adult population (aged 18+ years)—over 476,000 individuals—are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Oregon ranks 11th among the states.

- Adults ages 18-44 were more than twice as likely to smoke.
- As education increases, the likelihood of smoking decreases.
- Native American/Native Alaskan has the highest rate of smoking.

2010 Obesity Rates by Age



Source: Center for Disease Control

Obesity increases the risk of a number of health conditions including hypertension, adverse lipid concentrations, and type 2 diabetes.

According to data from the National Health and Nutrition Examination Survey, 2009–2010:

- More than one-third of adults and almost 17% of youth were obese in 2010.
- Obesity prevalence did not differ between men and women.
- Adults aged 60 and over were more likely to be obese than younger adults.

B-2 Target Population

The Older Americans Act requires Area Agencies on Aging to prioritize services to individuals with the greatest economic and social needs, low income minority individuals, and those living in rural areas. S&DS is dedicated to providing the highest level of service to meet the needs of these targeted populations. We accomplish this through outreach, community education, coordination and collaboration, and implementation of appropriate programs and services with a particular emphasis on the following target populations:

1. Low-income minorities
2. Native Americans
3. Residents in rural areas
4. Limited English-speakers
5. At risk for institutional placement
6. Frail seniors with physical or mental impairments
7. Seniors with Alzheimer's or related dementias
8. Lesbian, Gay, Bisexual and Transgender (LGBT) seniors

B-3 AAA Administration and Services

S&DS offers a variety of programs and services tailored to meet the various needs of seniors and people with disabilities. With respect to the Division’s “core functions” (planning, service coordination and development, advocacy, and information/access services), the agency serves all older and disabled residents of Lane County. Concerning other functions and services, S&DS focuses on persons in economic and social need, including frail, vulnerable, functionally impaired, socially isolated, and economically disadvantaged persons. Special consideration is given to serving low-income minority older persons.

Aging and Disability Resource Connection (ADRC)

Personal assistance is offered to help people learn about, and to navigate through options for services. ADRC Service includes: The ADRC is designed to be a highly visible and trusted place where people of all incomes and ages can turn for unbiased, reliable information on the full range of long term support options. The ADRC integrates aging and disability services systems so people will have access to the information and assistance they need.

Information & Assistance

Long-Term services and supports within the Lane County area. The Aging & Disability Resource Connection (ADRC) serves as the first stop for consumers, family members and friends, as they seek to find resources for those who are aging or disabled. It’s designed to streamline access to information about long-term care. Referrals are made to programs and organizations that may meet the individual’s specific need. Assistance is provided in accessing services when needed or requested.

Online Resource

An online database of resources is available through www.ADRCofofOregon.org

Options Counseling

Trained professionals assess the situation presented and offer options for services. Home visit assessments are available if needed and requested, and help is provided to navigate the maze of programs and services available in Long-Term care.

Senior Connections

Senior Connections has offices in eight communities in Lane County, including: Eugene, Springfield, Oakridge, Cottage Grove, Creswell, Junction City, Veneta, and Florence. Coordinators assist seniors ages 60+ and caregivers with services to help seniors continue to live independently in their own homes. This program is for seniors that do not qualify for Medicaid Services. Services include:

- Case Management
- Senior Medical Transportation
- LIHEAP
- RideSource Eligibility
- ADRC Options Counseling

Case Management

Care coordination assisting senior in activities such as assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow up and reassessment as needed.

Transportation Assessments (RideSource)

Service Coordinators assess eligibility for RideSource for seniors and people with disabilities. RideSource provides transportation services within the Eugene/Springfield area for individuals who are not able to ride the Lane Transit District (LTD) fixed-route bus system due to a disabling condition either all of the time or for specific trips or under certain conditions.

Senior Medical Transportation (Escort Services)

Provide assistance and transportation to an older individual who has difficulty (physical or cognitive) using regular vehicular transportation. This is a door through door service.

Financial Eligibility (LIHEAP)

A federally funded seasonal program to help people who are low-income pay for primary or secondary heating costs once a program year. Homeowners and renters are eligible. LIHEAP is open during early winter.

Family Caregiver Support Program

The Family Caregiver Support Program (FCSP) provides information, support, and resources to people who need help caring for a family member, friend, or neighbor.

Who is Eligible for the Program?

- Adult family member or another individual, who is a provider of in-home and community care to older individuals (age 60 years or older)
- Family caregivers of a person with Alzheimer’s disease or a related dementia may be served regardless of the age of the person with dementia.
- Grandparents and other relative caregivers providing care to children (under age 18 years) may receive services at 55 years of age and older

Caregiver Information & Referral

S&DS has certified AIRS Specialists in eight local communities. Staff provides comprehensive assistance regarding local information and services for caregivers.

Relatives As Parents Program (RAPP)

Program provides services and supports to grandparents and older family members aged 55+ raising grandchildren. Services include outreach, information and referral, respite and one time stipends for up to \$250 for items such as beds or tuition for camps.

Family Caregiver Services

Respite

Respite care offers family caregivers a break from their daily routine by providing temporary care for their loved one in or out of the home. The service is focused on the caregiver, allowing him/her time to take care of his/her needs and pursue activities essential to maintaining a healthy, well-balanced life.

Supplemental Services

Sometimes caregivers need a little added assistance to continue to provide care in their home. S&DS offers one-time scholarships to purchase grab bars, durable medical equipment, etc.

Caregiver Support Groups

Caregiver Support Groups are contracted through Cascade Solutions.

Each session is a two hours and is comprised of seniors, age 60+, who are unpaid caregivers, or individuals under the age of 60, who are unpaid caregivers caring for seniors. The caregiver support groups are open to eligible caregivers in need of emotional support and education.

Senior Nutrition Program

Café 60 serves tasty, nourishing noon meals in friendly Dining Rooms in 9 Lane County Communities: Eugene, Springfield, Coburg, Cottage Grove, Florence, Junction City, Oakridge and Veneta. Meals are offered on a donation basis to those 60 and older and their spouses. There is space at our dining tables for newcomers!

The Senior Meals Program volunteers deliver **Meals on Wheels** and a regular safety check to homebound people age 60+ in eight Lane County Communities. Meals on Wheels participants are unable to prepare adequate meals for themselves and lack a support system to assist with meals. Some need meals for short term recovery and others need Meals on Wheels continuously to allow them to remain in their own homes, where they prefer to live.

20% of the Senior Meals Program budget comes from extensive fund raising necessary to maintain service levels. Government funding for these programs is declining. The increasing costs of living and fixed or declining incomes have reduced the ability of many participants to contribute for their meals.

Meals on Wheels in Lane County are provided by either Senior & Disabled Services' Senior Meals Program or under contract with Oregon Pacific Chapter of the American Red Cross, depending on location.

Elder Abuse Prevention

S&DS provides a variety of services designed to prevent abuse, neglect and exploitation of vulnerable adults. These services include public education, outreach, an annual conference, Adult Protective Services and a multi-disciplinary team.

Adult Abuse Conference

The conference brings together community leaders, professional front line staff and volunteers who are working with seniors. We join together to share promising intervention programs, build public awareness, and drive community outreach initiatives to prevent elder abuse, fraud and exploitation. The focus of

this conference is to introduce preventative measures and build awareness on how, as a community, we can prevent vulnerable adult abuse.

Multi-Disciplinary Team (MDT)

Provides coordinated efforts to help resolve complex community protective services and abuse issues. The team consists of a variety of community organizations focused on the safety of vulnerable adults. Members range from the District Attorney’s Office, Police Department to Lane County Developmental Disabilities Services.

Financial Abuse Specialist Team (FAST)

Volunteers with a financial background in banking or CPAs assist in financial fraud cases. Volunteers in the program assist by helping APS prepare financial evidence for potential criminal prosecution.

Additional Contracted Services

Legal Services

The Senior Law Service of Lane County Legal Aid & Advocacy Center provides civil legal services to persons age 60 and over who reside in Lane County. Any person age 60 or over has access to the program and in most cases, an opportunity to confer with an attorney about a civil legal problem. Services are delivered by both volunteer attorneys and staff. Case types handled by the Senior Law Service staff focus on the area of poverty law: public benefit income maintenance, health care issues, long-term care issues, and basic needs (nutrition, housing, utilities). In addition, services are provided in the areas of guardianship defense, elder abuse, neglect, and exploitation. Seniors can meet with attorneys by appointment at Senior Centers around Lane County.

Money Management

Program offers daily money management services to help low-income seniors 60+, who have difficulty budgeting, paying routine bills, and keeping track of financial matters.

Elder Help

Volunteer program that matches adult volunteers with homebound older adults to provide services that will help them remain independent in their own homes for as long as possible. Volunteers spend a few hours per week with the senior doing a variety of services including: Shopping, reading, friendly visiting, help around the home and respite services.

Oregon Project Independence (OPI)

OPI provides limited in-home services to people 60 and older who need help in order to continue living independently in their own homes. The goal of OPI is to promote quality of life and independence by preventing inappropriate or premature placement into a nursing home.

Medicaid/Food Stamps Program

In 2011, S&DS served more than 17,000 Lane County Residents through the Medicaid & Food Stamps Program.

Financial and Medicaid Services

Staff determines eligibility of programs for both seniors and adults with disabilities. Assists with low-income seniors and people with disabilities obtaining Oregon Health Care Plan/Medicaid, SNAP (Food Stamps), and other financial services. Eligibility is based on income, assets and other factors.

Abuse Protective Services

The Senior & Disabled Services staff responds to protective service complaints. These include allegations of physical, sexual, financial, emotional and verbal abuse. The staff responds to complaints about the care of seniors age 65+ or adults age 18+ with physical disabilities.

Case Managers

Work closely with the client and their family to establish a care plan. Once in place, they keep in touch with the client, caregivers and family members to verify that the plan continues to meet the client's needs.

Residential Care, Assisted Living Facilities, Residential Care Facilities, Nursing Facilities

Case Managers from Senior & Disabled Services monitor the care of our clients in Residential Care Facilities, Assisted Living Facilities and Nursing Homes.

Residential Care Facilities and Assisted Living Facilities provide 24 hour care in a licensed facility. Nursing Homes offer group living in a hospital-like setting.

Medicaid Funded In-Home Services

Caregivers help with housekeeping, bill paying, meal preparation, medication management, bathing and other personal needs to a Medicaid-eligible client living in their own home.

Adult Foster Care

S&DS licenses and monitors the care of clients who live in non-relative and relative adult foster care homes located throughout the county. Adult foster

homes are licensed to care for up to 5 people per home. The agency also provides ongoing training for foster home providers.

B-4 Community Services Not Provided by S&DS

The following services/systems are provided in the Service Area but are not administered by the agency. They are parallel or complimentary services provided by other community resources. LCOG/S&DS partners with many of these programs to enhance services and provide advocacy. Additionally, through the ADRC and local outreach, S&DS educates the senior and disability population and family caregivers on the availability of all services. This list is not intended to be an exhaustive list of all services, but to provide a broad overview of local community resources.

Adult Centers

- Booster Senior Center, Florence
- Campbell Senior Center, Eugene
- Peterson Barn Senior Center, Eugene
- River Road Senior Center, Eugene
- Willamalane Adult Activity Center, Springfield
- Tony Garcia Senior Center, Veneta
- Viking Sal Senior Center, Junction City
- Cottage Grove Senior Center, Cottage Grove

Case Management (*Fee for Service*)

- Cornerstone Services, Inc
- ElderCare Resources, Inc
- In-Home Elder Care, Inc
- Maxim Healthcare Services
- Morgan Consultants, LLC
- New Horizons In-Home Care

Disability Services and Programs

- Lane County Developmental Disabilities Services
- Employment services including: Goodwill, Alternative Work Concepts, Lane Community College,
- The Arc Lane County
- Lane Independent Living Alliance (LILA)
- Residential services including:

- Recreation services including: City of Eugene Adaptive Recreation and Special Olympics.

Education & Counseling Programs

- Successful Aging Institute of Lane Community College
- Osher Lifelong Learning Institute, University of Oregon
- Elderhostel
- Alzheimer's Association

Employment

- RSVP
- Experience Works
- WorkSource Lane, Employment Department

Financial & Energy Assistance

- LIHEAP
- Social Security Administration
- Tax-Aide (AARP)
- Lane County Veterans Services
- Siuslaw Outreach Services

Nutrition

- Community Sharing, Cottage Grove
- FISH, Inc. Eugene
- Food for Lane County
- Love Projects, Veneta & Elmira
- Oakridge Food Box

Health & Wellness

- Lane County Mental Health
- Whitebird Health & Dental Services
- Volunteers in Medicine
- Lane Community College Dental Society
- Eugene Hearing & Speech
- Hospitals
 - McKenzie Willamette Medical Center
 - Riverbend
 - Cottage Grove Community Hospital

- Peace Harbor Hospital
- Community Healthy Aging Programs
 - Living Well With Chronic Conditions

Housing

- Adult Foster Homes (109)
- Assisted Living Communities (15)
- Continuing Care Communities (1)
- Independent Retirement Communities (25)
- Nursing Facilities (14)
- Over 55 Communities (20)
- Residential Care Communities (23)
 - Memory Care Units (9)
- Housing Authority (7)

Information & Assistance Services

- 211Lane call center and on-line database services contracts with 211Oregon to provide Information & Assistance for all Lane County residents. LCOG acts as a partner organization providing funding as well as serving on local board and committees.
- Lane County Senior Network
- The Lane Senior Guide
- Community Healthcare Resource Guide

In Home Support Agencies

- In home care agencies provide in home care for seniors and people with disabilities. Services range from housekeeping, personal care, respite and companionship with the goal of keeping people in their homes for as long as possible. Agencies include:
 - Addus Healthcare
 - American Heritage
 - Alternative Care
 - Marquis Care
 - At Ease Home Care
 - Pacific Home Health & Hospice
 - Cascade Health Solutions
 - Home Instead Senior Care
 - New Horizons In-Home Care

- Home Parenteral Care Inc
- In-Home Elder Care Inc
- Welcome Home Homecare
- Maxim Home Care
- Signature Home Health
- Visiting Angels

Transportation Services

- Lane Transit District (LTD)
- RideSource, Eugene Metro
- Diamond Express, Oakridge
- South Lane Wheels, Cottage Grove
- Rhody Express, Florence

Vulnerable Adults, Limited English Speaking and Title VI Populations

- Centro Latino Americano
- Multi-Disciplinary Team
- Title VI (of the Older Americans Act) services, including: Coquille Indian Tribe, Confederated Tribes of Coos, Lower Umpqua & Siuslaw, Cow Creek Band of the Umpqua Tribe of Indians and the Siletz Indian Tribe.

Additional Services

- Additional services and contact information can be found at:
www.ADRCofofOregon.org

Section C

Issue Areas, Goals & Objectives



“Age should not have its face lifted, but it should rather teach the world to admire wrinkles as the etchings of experience and the firm line of character.”

~ Ralph B. Perry

Section C: Issue Areas, Goals & Objectives

Section C- 1 Local Issue Areas, Older Americans Act (OAA) and Statewide Issue Areas

Family Caregivers

Informal, unpaid caregiving is universally recognized as the cornerstone of long-term care for older Americans. The continued aging of the population and the demographic shifts due to the baby boomers is likely to increase the caregiving burden to a smaller number of caregivers over the next few decades.

State and federal policies to prevent or defer admission to nursing facilities or return seniors to the community will largely depend on the availability and willingness of informal caregivers to continue care of disabled seniors in their homes. The main caregiver when a person needs assistance is the spouse or an adult child.



In a study by Houser & Gibson (Valuing the Invaluable) in 2007 over 10% of all Oregonians at any given time were caring for a spouse, parent or other loved one. Although Medicaid is the largest payer of long-term care services, the stabilizing force of long-term care across all states is family caregivers. The estimated economic value of the unpaid contributions of family caregivers in Oregon was \$10.91 per hour and totaling \$4.8 million. The economic value of family caregiving far exceeded Medicaid spending in all states.

Family caregivers delay or prevent the need for nursing home or hospital care by providing personal care and helping with everyday tasks such as administering complex medications. Yet, their own needs often go unmet. Many caregivers are at risk of becoming patients themselves due to the physical and mental health effects of caregiving.

Initiatives for reducing caregiver stress among people caring for seniors with chronic conditions could reduce or defer nursing home entry. Strategies for reducing caregiver stress could include a greater availability of respite care, caregiver training and more information on how to access needed services in the community.

The number of people needing Long Term Services and Support is expected to rise after 2021, when older baby boomers begin to turn 75, and will continue to rise through 2050. It is imperative that we invest in programs now that support caregivers and allow people to live in their homes for as long as possible.

Greatest Social & Economic Need

As mandated by the OAA program standards programs are prioritized for persons at least 60 years of age, in the greatest social and economic need, with special emphasis placed on low-income minority elderly. This information is tracked on the Client Registration form and reported in NAPIS.

Outreach and Support for Target Populations

S&DS and its contractors work to ensure that programs are available to populations in the “greatest social and economic need”, much still needs to be done to provide outreach to existing and emerging underserved populations, including: limited English speaking caregivers, non-traditional family caregivers, Lesbian, Gay, Bi-Sexual and Transgender (LGBT), those in greatest economic need, minority caregivers, grandparents raising grandchildren and older adults providing care to younger people with disabilities.

Limited English Proficiency & Minorities

In Lane County, approximately 1% or 1,000 seniors aged 60+ have limited English proficiency. The majority of these seniors are of Hispanic or Latino origin. To better serve individuals with Limited English proficiency, S&DS produces materials in Spanish. Bilingual staff and

translation services also help to reach these underserved populations. For other languages S&DS contracts with Language Link to provide translation services. Targeted outreach services are made through agencies that specialize in serving the Latino population, such as Centro Latino Americano.

Lesbian, Gay, Bisexual and Transgender (LGBT)

Lesbian, gay, bisexual and transgender (LGBT) seniors are at risk for social isolation and living with the emotional effects from years of discrimination and intolerance. According to an article by the American Society on Aging, LGBT elders are five times less likely to access senior services than their heterosexual peers.

The LGBT face unique barriers in gaining access to housing, healthcare, long-term care and other needed services. LGBT caregivers and care recipients face discrimination at doctors' offices, hospitals, nursing homes, and other places we entrust with the care of our loved ones. In addition to caring for ill and/or elderly members of their families of origin, the families into which they are born/adopted, LGBT also care for LGBT partners and friends, their families of choice.

- LGBT individuals in need of care cannot always rely on their families of origin due to relationship strains related to their sexual orientation.
- Additionally, because many were same-sex partnered their whole lives, they lose out on Social Security and pension benefits opposite-sex partners receive.
- Same-sex couples also lose out on the ability to take leave to care for each other under the Family and Medical Leave Act.

Estimating the LGBT population is a challenge because the US Census does not ask the question. The Williams Institute of UCLA conducted a study in completed in June of 2012, estimates that as many as 3.5% of adults in the United States identify themselves as lesbian, gay, bi-sexual or transgender. We can therefore estimate that there are almost 2,400 LGBT seniors living in Lane County. Additional research shows that 65% of LGBT seniors live alone, almost twice the amount of all seniors. It is also estimated that 90% have not children to assist them with their long term care needs.

Rural Outreach

ADRC/Senior Connections has satellite offices in rural communities including: Cottage Grove, Florence, Veneta, Junction City and Oakridge. This allows Area Coordinators to provide services to the unique needs of the outlying communities. The Family Caregiver Program also works to ensure funds for Respite Services are comparable in the rural areas. 25% of all respite scholarships are dedicated to rural families.

Grandparents

The number of grandparents raising grandchildren has increased substantially in the last decade, due to the increasing incidence of substance abuse, child abuse and neglect, abandonment, health problems, incarceration and other problems faced by young parents. Over the past 25 years, the numbers of children living in grandparent-headed households has increased dramatically with the largest increase coming in the numbers of children being raised by grandparent-headed households with no parent present.



As the number of grandparent headed household's increases, there is a growing need for community organizations to provide supports to the grandparents and grandchildren. Assistance should include an array services including respite, support groups and social opportunities to network with families in similar situations.

Parents Caring for Adult Children with Disabilities

Almost 500 parents currently registered with Brokerage Services are raising their adult children (18+) with intellectual and developmental disabilities. As these parents age and they are no longer able to care for their child, more individuals will enter the service systems. This could put stress on an already stretched budget.

Seniors Living Solo

The demand for long-term care services will surge in coming decades when the baby boomers reach their 80s. Declining family sizes, increasing childlessness, and rising divorce rates will limit the number of

family caregivers. Rising female employment rates may further reduce the availability of family care, increasing the future need for paid home care. 40% of seniors living in Lane County live alone. Of those living alone, over 2,000 were never married, and over 10,000 are currently divorced or separated.

Core Elements

Screening and Assessment

Area Coordinators utilize a Risk Assessment Tool that helps to identify indicators of caregiver stress and burnout. Area Coordinators use this tool to determine priority funding for Respite services.

Outreach and Education

Despite advances in educating the public about caregiving and the services available, continued outreach is still necessary, particularly to several specific caregiver populations, including: those providing care to loved one's with Alzheimer's disease and other dementias, limited English speaking caregivers, non-traditional family caregivers, those in greatest economic need, minority caregivers, and older adults providing care to younger people with disabilities.

Information and Assistance (I&R)

S&DS has certified AIRS Specialists in six local communities. Staff provides comprehensive assistance regarding local information and services for caregivers.

Options Caregiver Counseling

Options Caregiver Counseling provides an in-depth discussion on options and planning tools to determine services and supports that are unique to the long-term care needs of the person receiving care.

Training

Training for family caregivers is vital to their continued well-being and informed caregivers provide better care. There are several programs in the community that families are referred to. Trainings available in Lane County include Powerful Tools for Caregivers sponsored by the Parish Nurses, Living with Chronic Conditions through PeaceHealth Gerontology Dept., classes through the Successful Aging Institute and the Alzheimer's Association.

Support Groups

Support groups allow caregivers time to talk about their roles, problems, and concerns with people who are able to understand. Currently S&DS contracts with Cascade Health Solutions to offer support groups. The main topic of these groups is Alzheimer's and dementia care, though any caregiver caring for a loved one 60+ with a life threatening condition is welcome to attend. Support groups are available three times per week during the afternoon. Respite care stipends are available to caregivers who need someone to provide care in order to attend sessions. There is a growing need to provide an evening support group to individuals who work or are unable to attend day time support groups.

Respite Care Services

Respite Care Services are vital to caregivers. This service provides trained caregivers to care for the loved one while the caregiver takes a break. Respite to caregivers is offered in-home with a trained caregiver or out-of-home in a facility that provides respite services. S&DS has several Agreements with local in-home agencies and facilities that provide short-term care.

Supplemental Services

Sometimes caregivers need a little added assistance to continue to provide care in their home. S&DS offers one-time assistance of up to \$250 to purchase grab bars, durable medical equipment, etc.

Relatives As Parents Program (RAPP)

Program provides services and supports to grandparents and older family members aged 55+ raising grandchildren. Services include outreach, information and referral, respite and one time stipends for up to \$250 for beds, camp tuition and clothes.

Problem/Needs Statement

The demand for long-term care services is expected to surge in coming decades when baby boomers reach their 80s. Declining family sizes, increasing childlessness, and rising divorce rates will limit the number of family caregivers. Rising female employment rates may further reduce the availability of family care, increasing the need for paid in-home care.

Goals & Objectives

Goal as approved by the S&DS Advisory Council: Explore mechanisms to reach under-served populations.

Objective 1: Improve access to the Family Caregiver Support Program (FCSP) by conducting outreach, public awareness and services to limited English speaking and caregivers who are people of color, including Native Americans.

Lead Staff: AAA Planner

Activities: Steps to Accomplish Objectives

1. Develop baseline of current demographics
2. Conduct focus group with appropriate representation from individuals and staff to develop culturally relevant materials
3. Contact community partners at least quarterly to replenish outreach materials as needed
4. Develop and implement bi-annual presentations to community partner agencies and their clientele.
5. Continue to provide outreach and education materials in Spanish, utilizing Language Link and other appropriate modes of communication.

Benchmarks:

- Research & identify a minimum of five community partners
- At each community presentation (when appropriate) evaluations will be distributed and compiled

Evaluation/Outcomes:

- Focus group will consist of a minimum of 4 people and be represented by a minimum of 50% targeted minority consumers
- 5% growth in minority populations annually

Objective 2: Improve access to FCSP by conducting outreach and public awareness to non-traditional family members such as LGBT caregivers.

Lead Staff: AAA Planner & FSCP Coordinator

Activities: Steps to Accomplish Objectives

1. Conduct a population specific focus group to identify areas for FCSP enhancement to targeted groups.
2. Identify community resources (PFLAG, support groups, etc) geared towards identified target group(s)
3. Submit information about events and programs to community partners to include their communication devices, such as community calendars, newsletters, social media, etc
4. Attend LGBT sponsored events when applicable
5. Identify and implement a minimum of one program improvement addressing the needs of the targeted caregiver populations

Benchmarks:

- Focus group will consist of a minimum of 4 people and be represented by a minimum of 50% LGBT caregivers.

Evaluation/Outcomes:

- Targeted focus group completed by the end of FY2012-13

Objective 3: Improve access to FCSP by conducting outreach and public awareness to grandparents raising grandchildren.

Lead Staff: FCSP Coordinator**Activities: Steps to Accomplish Objectives**

1. Increase distribution list of grandparents to receive the Caregiver Newsletter
2. Continue partnership with DHS Adults and Families Division to expand outreach to grandparents raising grandchildren.

Benchmarks:

- # of newsletters will increase by 25% annually
- 10 stipends will be awarded annually

Evaluation/Outcomes:

- Number of grandparents served will increase by 10% annually
- Grandparents will access respite on an increasing basis

Information and Assistance Services and Aging and Disability Resource Connections (ADRC)/Senior Connections

Baby Boomers and Long Term Care

The aging population will continue to grow significantly over the next 20 years. This growth slowed during the great depression, because a comparatively small amount of babies were born during this time. But the older population will grow exponentially between 2010-2030 as the baby boomer generation reaches the age of 65.

Long-Term Care (LTC) is a continuum of services to meet the medical and non-medical needs of people with chronic illness or disability provided in the person's home, in the community, in an assisted living facility or in a nursing home. These services range from help with self-care activities, household tasks, home health, meal delivery, case management, assistive technology and nursing homes. Most people prefer to stay in their own homes or in the least restrictive environments.

Research shows that about 70 percent of people age 65 or older will need long term care services at some point in their lifetime. And while most people think of long term care as impacting only those in senior years, 40 percent of people currently receiving long term care services are ages 18 to 64.

When the baby boomers reach ages 85 and older, signals a likely surge in the use of long-term care services. Long-term care is the help people need when physical or mental disabilities impair their capacity to perform everyday life's basic tasks. It is a leading cause of catastrophic out-of-pocket costs for families and involves substantial government spending, primarily through Medicaid and Medicare. Few people have insurance coverage against the high costs of long-term care. After impoverishing themselves, most people must turn to Medicaid to pay for their long-term care services.

Where Do Oregonians Find Their Information?

In 2009 AARP held 7 "Long-Term Care and Caregiving" forums across the state. The forums were advertised on websites, in brochures and through word of mouth.

Attendees of the forums were primarily female (76%) with 60% between the ages of 55 and 75 years of age. 75% reported household income above \$25,000, and 82% reported having a college education.

Family & Friends

Men were less likely than women to report using family and friends to gather information than women. In addition, those with a higher education were less likely than those with less education to use family and friends as a source of information.

Yellow Pages

There was a statistically significant difference in utilizing the yellow pages by age, with those aged 55-64 the most likely users of this source.

Internet

The internet was reported as a resource to the majority of respondents. 87% reported having a computer and access to the internet. Nearly two-thirds reported that they would use the internet to search for information regarding assistance with daily activities. Access to the internet decreased with age and increased with income and education.

Professionals

93% of respondents affirmed the importance of speaking with a professional.

What is the ADRC?

Information and Assistance (I&A) Services have been critical to consumers and are in integral part of the Aging and Disability Network. The ADRC initiative is a collaborative effort of the Administration on Aging (AoA), the State Unit on Aging (SUA) and local Area Agencies on Aging (AAA). It is designed to streamline access to home and community supports and services for consumers of all ages,



incomes and disabilities and their families. ADRC raises visibility about the full range of options that are available to empower people to make informed decisions about their long term supports.

Aging and Disability Resource Connection (ADRC) is not a place or a program. It is a coordinated system of partnering organizations that are dedicated to:

- Providing accurate information about publicly and privately financed long-term supports and services.
- Offering a consumer-oriented approach to learning about the availability of services in the home and community.
- Alleviating the need for multiple calls and/or visits to receive services.
- Supporting individuals and family members who are aging or living with a disability.

To accomplish these goals, ADRC utilizes a spectrum of services to best meet the needs of our consumers.

Partnerships

The ADRC facilitates informal and formal partnerships with agencies to provide a centralized location for consumers to access services. These partnerships encourage cross referrals, maintaining up to date records on community wide services and educating staff on various populations represented by partner agencies. Current Memorandums of Understanding (MOU's)

- Senior Health Insurance Benefit Assistance Program of Lane County (SHIBA)
- Lane Independent Living Alliance (LILA)
- Lane County Legal Aid and Advocacy Center, Senior Law Service
- Cascade Health Solutions
- Successful Aging Institute of Lane Community College & the Senior Companion Program (SCP) of Lane County
- Oregon Department of Human Services, Adults and Families Division

Statewide Information System & Resource Directory

S&DS is one of three pilot programs implementing the ADRC. Grant funding was received in 2008 Real Choices Systems Change and 2009 ADRC grant.

Grant funds were in response to:

- Growing number of older adults

- Increased survival rates from catastrophic health problems and lengthening time to live with chronic illness and disabilities
- Ongoing tension to streamline service delivery systems in tight economic times to unite public and private resources for the community

Grant funds were used to create a statewide public-facing website, on-line resource database and a client contact module that has the capacity to track and monitor service delivery. SUA acts as the “umbrella” organization, uniting the local AAA’s to create a statewide information system and resource directory.

As a pilot agency, S&DS has worked diligently over the past two years to build up a comprehensive database of both private and public local resources available in Lane County. We have accomplished this through a network of formal and informal interagency agreements and partnerships. Currently we have a data listing of over 700 agencies and services. Listings range from services to meet basic needs, i.e. housing and food, healthcare, education, mental health and more. This data is continually built upon to create more options and greater search power through the use of AIRS taxonomy coding.

Furthermore, S&DS has been very active in participating on statewide committees including the Options Counseling Committee, ADRC Grants Committee and ADRC IT Committee.

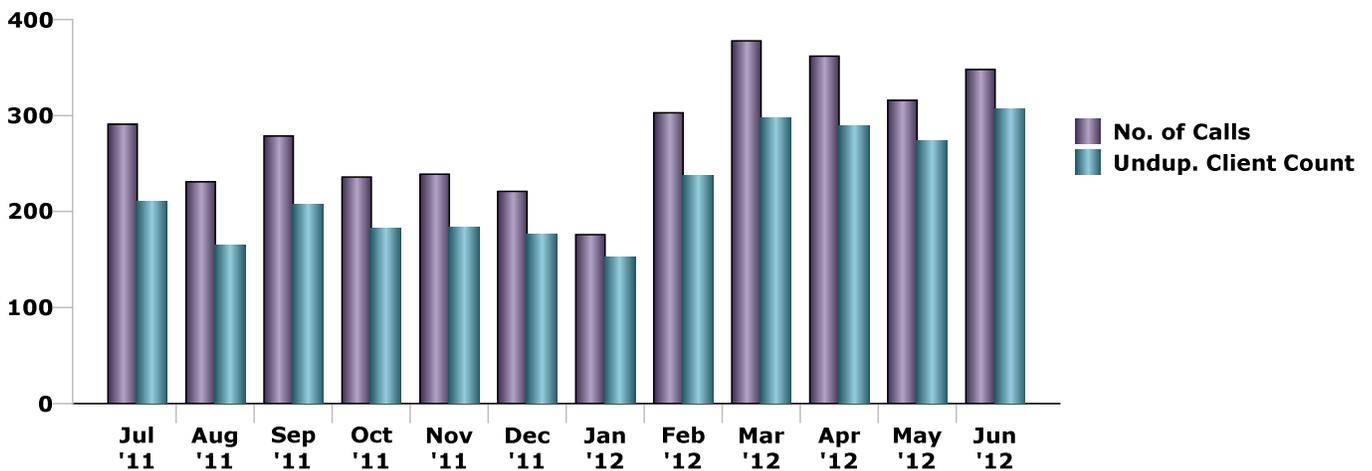
Currently S&DS piloting a new toll free number, 1-855-ORE-ADRC. The goal is the AAA’s into a centralized number that all Oregon residents (or family members out of the area) can call to receive Information and Referral Services.

This pilot also is establishing the AAA as the local contact agency for Section Q nursing home referrals who would like Options Counseling.

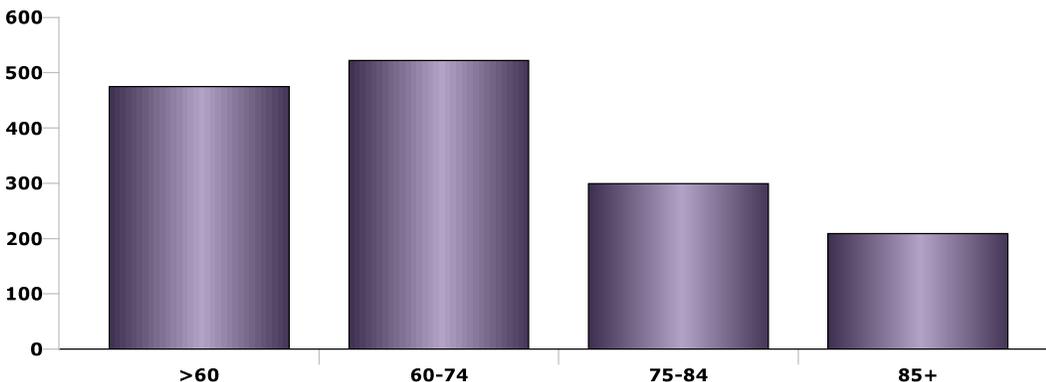
Annual Summary – Lane ADRC

Information and Assistance Specialist (I&R) provide a wide array of resources and referrals to consumers. Ways that consumers can connect with an I&R Specialist include: telephone, fax, walk-in's and email. Information is provided on services ranging from long-term care options, home delivered meals, caregiver support, medical equipment, Medicaid and more. Over the past year, ADRC has assisted in 3,382 calls in total, which included 2,473 unduplicated callers. This averages out to be almost 10 calls a day which vary in call length of 5 minutes to 30 minutes in duration. Depending on the needs of the caller, some calls are scheduled for a home visit with an Options Counselor.

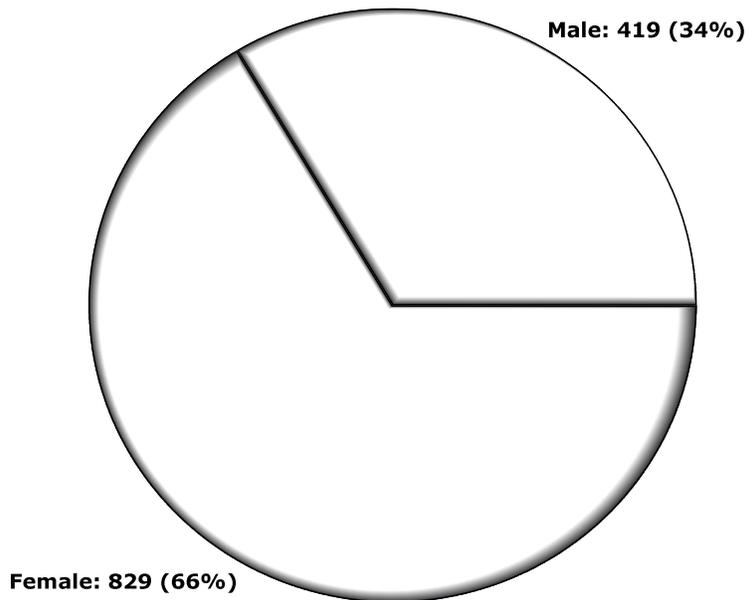
Call Volume July 1, 2011 - June 30, 2012



Age Groups



Gender of Caller



Top Caller Needs	Total	Met	Unmet
Financial	580	496	47
Housing	291	242	15
Healthcare	246	197	17
Respite	130	116	9
Caregiver Services	92	73	6
Legal Services	111	102	4
Transportation	170	140	24
Home Repair	63	47	8
Community Supports	92	73	6
Financial Management	61	53	8

Top Referral Agencies
Senior & Disabled Services
Oregon Home Care Commission
St. Vincent de Paul
Housing Authority
Senior Law Services
RideSource

Contact Method	Total
Email	210
FAX	16
Mail	5
Phone	2,442
In Person	281
Other	2

Sustainable Funding

For the past two years ADRC has operated under grant funds. As these funds are depleting, it is imperative that we seek sustainable funding sources. One potential source of operating income is the Medicaid Federal Financial Participation (FFP) for ADRC Functions. Medicaid dollars can be used for ADRC if services are available to Medicaid clients, or potential Medicaid clients. While this is a great resource to the program, it does require a 50% local match. S&DS will continue to seek grants and local support for the program.

Continuous Quality Improvement

Evaluation and continuous quality improvement is a cornerstone to success in the ADRC. The State Unit on Aging contracts with Portland State University (PSU) to monitor performance goals. These goals include:

- **Ease of Access:** Professional and consumers have access to the online resource database and local assistance centers. Consumers will report less confusion and enhanced individual choice.
- **Visibility:** Implementation of the marketing plan will inform the public of the availability of information and assistance services resulting an increase in the proportion of the target population being aware of how to contact the local assistance center and/or online resource database.
- **Trust:** Professionals and consumers will indicate confidence in the information provided and the online resource database.
- **Responsiveness:** Professionals and consumers will experience improved ability to connect with services and support.
- **Efficiency:** S&DS has developed collaborations with community agencies to expedite referrals resulting in more focused results.
- **Effectiveness:** Consumers choose services most suited to their needs.

Quantitative and qualitative measurement indicators include:

- Number of times the on-line database is accessed by the public
- Number of resources provided in the database
- Number of calls handled by the ADRC
- Consumer satisfaction surveys

Ongoing evaluation will assist in the ADRC's ability to learn from past mistakes, monitor developments and help drive overall quality improvement plans.

All staff are certified specialist for AIRS and Options Counseling. Regular trainings will sharpen staff skills and keep them abreast on the latest trends. Staff also meets monthly to discuss issues and best practices for the benefit of the team.

Streamlined Eligibility Determination for Public Programs

S&DS is a “Type B Transfer Agency on Aging”. As such S&DS administers the Medicaid program for seniors and people with disabilities in Lane County including eligibility for long term services and supports. Additionally, S&DS receives Older Americans Act and State of Oregon funding to serve people over sixty (60) who are not receiving Medicaid long-term care services and are at risk of institutionalization. S&DS is a Single Entry Point for Medicaid, Older Americans Act Services, and State funded services to seniors and people with disabilities.

Senior Connections

Senior Connections has offices in eight communities in Lane County, including: Eugene, Springfield, Oakridge, Cottage Grove, Creswell, Junction City, Veneta, and Florence. Coordinators assist seniors ages 60+ and caregivers with services to help seniors continue to live independently in their own homes. This program is for seniors that do not qualify for Medicaid Services. Services include:

- Case Management
- Assess eligibility for Meals on Wheels
- Assess eligibility for RideSource and Escort Services
- Referrals to the Money Management Program, Caregiver Support Groups, ElderHelp Program & Senior Companions Program
- AIRS Certified Information & Referral Specialists
- Certified Options Counseling

Information, Referral & Awareness

Building brand awareness and credibility is essential in providing services to the community. If people do not know how to contact the ADRC, or S&DS is unable to provide appropriate referrals, we are not meeting the community need. In partnership with the SUA, S&DS provides outreach to educate the public on available services and the ADRC. This is accomplished through public presentations, trade fairs and building partnerships with Lane County agencies.

Accessing services and programs that assist older adults and people with disabilities can be confusing. Trained staff is available by phone or appointment to help consumers navigate the system. Staff utilizes an evidence based model, to determine client needs and refer them to appropriate services. When a more comprehensive evaluation/assistance is needed, S&DS staff are also able to provide Options Counseling.



Options Counseling

97% of Oregonians will never access a public benefit, but they need a trusted source of information about long-term services and supports. 1 in 3 consumers who contact S&DS office about Medicaid eligibility are not eligible, but would benefit from Options Counseling. Options Counseling provides an in-depth discussion on options and planning tools to determine services and supports that are unique to the long-term care needs of the person receiving care.

Person-Centered Care Transitions Supports

The Care Transition program operates under the belief that patients should not only have access to their care plan, they should have the opportunity to provide direct input. The development of a care team should involve medical staff, patient and/or care provider and the transition coach. This patient centered approach takes into consideration the goals of the patient. The individual must be vested in the plan in order for lifestyle changes to occur. For more information on Care Transitions *see Section C: Health Promotion*.

Problem/Needs Statement

The current lack of sustainable funding creates a huge barrier for program growth of the Aging and Disability Resource Connection. This creates many challenges in planning to meet the needs of the ever growing senior & disabled population. Long term goals and financial feasibility will need to be taken into consideration as S&DS invests in an easy to access resource for information such as the Aging and Disability Resource Connection.

Goals & Objectives

Goal as approved by the S&DS Advisory Council: Work towards becoming a sustainable, fully functional, Aging & Disability Resource Connection (ADRC).

Objective 1: Promote and encourage the use of ADRC services to enable older adults and adults with disabilities to continue to live safely and independently in their community.

Lead Staff: AAA Planner & ADRC/Senior Connections Program Manger

Activities: Steps to Accomplish Objectives

Lead Staff: AAA Planner/ADRC Supervisor

1. Create a marketing “toolkit” to provide a consistent message
2. Integrate ADRC promotion into community events, speaking engagements and distribution of ADRC materials at community partner locations

Benchmarks:

- Toolkit completed by February 2012
- A minimum of one event/speaking engagement will be held quarterly

Evaluation/Outcomes:

- # of contacts will be measured based on amount of materials distributed

Objective 2: Development of a fully functional, data rich resource database that is user friendly. Resources can be found at www.adrcforegon.org .

Lead Staff: AAA Planner

Activities: Steps to Accomplish Objectives

1. Existing resources are properly indexed and updated in the database.
2. Continue to develop community partnerships and identify additional resources for the database.

Benchmarks:

- Database updated on a quarterly basis.

Evaluation/Outcomes:

- 75% of all records will be current at the end of each fiscal year.
- A decrease in the ratio of unmet needs vs met needs

Elder Rights & Legal Assistance

Elder Abuse in Lane County

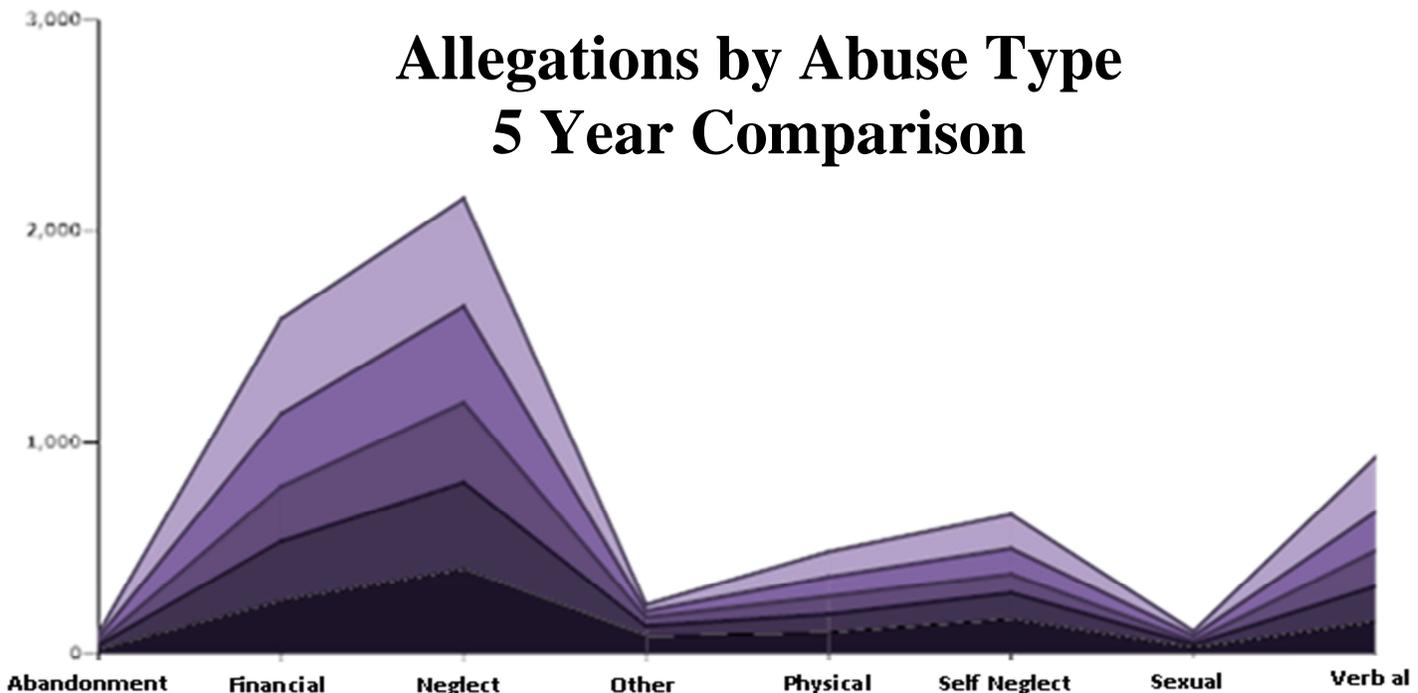
Oregon Adult Protective Services (APS) investigate nine (9) types of abuse: physical, sexual, financial, verbal, neglect, self-neglect, abandonment, involuntary seclusion, wrongful use of physical or chemical restraint.

Abuse robs older adults and persons with physical disabilities of health, safety and property in communities across Oregon. Each year, the Oregon Department of Human Services (DHS), local offices of Seniors and People with Disabilities (SPD) and Area Agencies on Aging (AAAs) receive more than 20,000 calls of concern and investigate more than 12,000 complaints of adult abuse and self-neglect. In 2011-2012 Lane County Adult Protective Services screened and triaged 2,699 referrals and 1,273 allegations of abuse and neglect were investigated.

Adult abuse is hidden. It is a crime that thrives in silence. Adult abuse exists in every community and every neighborhood, rich and poor. Adult children and grandchildren are often abusers. For every case of abuse reported, statistics say that as many as **six cases go unreported**. This means the majority of vulnerable adults being harmed continue to suffer—often without any way of getting help.

As baby boomers age, the reports of abuse will increase. In 2010, 13 percent of Oregon's population was 65 or older. In 2030, 20 percent will be 65 or older.

Allegations by Abuse Type 5 Year Comparison



S&DS is dedicated to ensure the rights of seniors and people with disabilities and to prevent their abuse, neglect and exploitation. We do this through a variety of targeted programs that are focused on preventive measures.

Elder Abuse Prevention

Adult Abuse Prevention Conference

For the past two years S&DS has hosted an adult abuse prevention conference and Lane Community College, entitled, “No Excuse for Adult Abuse. This conference is in partnership with Lane County Developmental Disabilities Services and AARP. The conference brings together community leaders, professional front line staff and volunteers who are working with seniors. Participants come together to network and share promising intervention programs, build public awareness, and drive community outreach initiatives to prevent elder abuse, fraud and exploitation. The focus of this conference is to introduce preventative measures and build awareness on how we as a community can help prevent elder abuse.



Financial Abuse and Exploitation

In 2011, elder financial abuse continues to be the “Crime of the 21st Century”, one that is often the heart of other forms of elder mistreatment. Elder financial abuse falls into three types of crimes:

1. **Crimes of occasion, or opportunity** – incidents of financial abuse or exploitation that occur because the victim is merely in the way of what the perpetrator wants. The elder has money, assets, etc.
2. **Crimes of desperation** – these are typically those in which family members or friends become so desperate for money that they will

do whatever it takes to get it. Often their need for money is heightened because of drugs alcohol or their gender (i.e. men are frequently perpetrators of this crime in comparison to women)

3. **Crimes of predation or occupation** – A relationship is build, either through a bond of trust created through a relationship, or a trusted professional advisor. The taking of assets by stealth and cunning, by working their way into the trust and life of the elderly only to take it all and leave the elder penniless and without a relationship that was important in his or her life.

The Financial Abuse Specialist Team (FAST)

Financial experts assist community-based programs with financial abuse investigations perpetrated against the elderly and other vulnerable adults. As the number of elder financial exploitation cases rises, adult protective services encounter difficult investigations due to the voluminous nature of these cases or their complexity. Unfortunately, some cases never are fully investigated or prosecuted because of these issues.

S&DS utilizes financial experts to assist in the investigation and/or organization of cases that are likely to lead to criminal justice involvement. The vast experience of bankers, accountants, and other financial managers can supply a valuable hand helping with these technical cases.



Senior Law Program

As people age or become disabled, they sometimes fall victim to exploitation and/or abuse. The physical, emotional and financial abuse of elderly and disabled adults is an ever-increasing concern. Adult Protective Services are emergency intervention activities which may include: investigating complaints, coordinating family and community support resources, strengthening current living situations, developing and

protecting personal financial resources and facilitating legal intervention. When legal intervention is required, APS links consumers to the Senior Law Program. Cases range from capacity, unlawful evictions, and financial fraud. APS staff also attends seminars facilitated by the Senior Law Program to stay current on issues, trends and intervention.

Legal Services

With OAA Title IIIB funds, S&DS supports the efforts of the Senior Law Service of Lane County Legal Aid & Advocacy Center. The Senior Law Program provides civil legal services to persons age 60 and over who reside in Lane County. Any person age 60 or over has access to the program and in most cases, an opportunity to confer with an attorney about a civil legal problem. Services are delivered by both volunteer attorneys and staff. The target population for service, with respect to both volunteers and staff, consists of those with the greatest economic or social need. Case types handled by the Senior Law Service staff focus on the area of poverty law: public benefit income maintenance, health care issues, long-term care issues, and basic needs (nutrition, housing, utilities). In addition, services are provided in the areas of guardianship defense, elder abuse, neglect, and exploitation.

Multi-Disciplinary Team

S&DS Adult Protective Services (APS) acts as the lead organization for Lane Counties Multi-Disciplinary Team (MDT) The team is represented with stakeholders (i.e., representatives from the District Attorney, social services, police, fire and emergency personnel.) within each community to identify areas of safety and security that may need to be addressed to ensure all seniors feel safe in their homes and neighborhoods and increase knowledge regarding warning signs of abuse and statutes related to vulnerable adult abuse.

Problem/Needs Statement

Over the past 5 years the reports of abuse have been on the rise. Of special concern is the number of reports of financial abuse. Financial abuse cases are complicated and cumbersome to investigate. S&DS lacks adequate staff resources to investigate the magnitude of reports. Local legal authorities (District Attorney & police) depend on Adult Protective Services to present comprehensive reports to enable them to prosecute cases. Additional work needs to be done to educate the consumer on how to prevent themselves from becoming a victim of financial fraud.

Goals & Objectives

Goal as approved by the S&DS Advisory Council: The prevention of adult abuse through participation in community-wide networks that are dedicated to promoting awareness, prevention and response to senior abuse in Lane County through advocacy, education and collaboration.

Objective 1: Dedicated participation in coordinated systems to respond to and prevent elder abuse.

Lead Staff: APS Supervisor

Activities: Steps to Accomplish Objectives

1. Continue as lead agency for the Multi-Disciplinary Team (MDT)
2. Continue participation on the Domestic Violence Council
3. Continue participation in the Sexual Assault Lane County Task Force
4. Continue participation in the Governor's appointed Guardianship/Conservatorship work group.

Benchmarks:

- S&DS staff member attends a majority of local MDT, Domestic Violence Council, Sexual Assault Lane County Task Force, and the Guardianship/Conservatorship work group.

Evaluation/Outcomes:

- Community partners report better awareness of and positive collaboration with S&DS towards increased safety of elders and people with disability.

Objective 2: Outreach and public education of abuse prevention and understanding the warning signs of abuse.

Lead Staff: APS Supervisor

Activities: Steps to Accomplish Objectives

1. Update training materials
2. Conduct quarterly trainings to local agencies on elder abuse

Benchmarks:

- Training materials updated annually

Evaluation/Outcomes:

- A minimum of six (6) trainings will have been conducted by the end of each FY.

Objective 3: Coordination of the "No Excuse for Adult Abuse" conference.

Lead Staff: APS Supervisor & AAA Planner

Activities: Steps to Accomplish Objectives

1. Contact and create partnerships with state and local sponsors
2. Coordinate speakers for conference
3. Distribute marketing materials on a state wide basis

Benchmarks:

- 10% increase in conference attendance annually

Evaluation/Outcomes:

- Presenter/Conference evaluations

Health Promotion

Health care reform is a pivotal issue on the national, state, and local levels. Approximately 80% of people 65 or older have at least one chronic condition and about 50% have two. Chronic conditions account for three-fourths of all health related costs nationally.

Adults with multiple chronic conditions, such as diabetes, cardiovascular disease, mental health and/or substance abuse are very high users of expensive pharmacy services, emergency rooms and other hospital care.

Poor health is not an inevitable consequence of aging, but chronic disease management is widely recognized as a key “preventative service” for older adults. Case management services, chronic care management, and partnerships that emphasize effective patient-centered communications and accountability among health care providers are important keys to successful health care reform.



Healthy Habits

While access to medical care continues to be a problem (35% of the 2011 S&DS Community Needs Assessment respondents reported they failed to go to the doctor due to cost), even more alarming is the significant impact that lifestyle, behavior, and other social issues have on one’s health. Evidence shows that 40% of a person’s overall health is impacted by these “social determinants”. For example,

- People that smoke or drink more than three alcoholic beverages per day are twice as likely to visit the Emergency Room or Urgent Care.
- 45% of survey respondents reporting they visited the Emergency Room or Urgent Care within the last 90 days also indicated they did not eat at least 3 servings of fruit and vegetables per day.
- 35% of survey respondents that reported they visited the Emergency Room or Urgent Care within the last 90 days stated they exercised less than twice per week.

- 31% of survey respondents that visited the Emergency Room or Urgent Care were not current on their tests, such as mammograms or prostate screening.
- 39% of survey respondents that visited the Emergency Room or Urgent Care within the last 90 days reported they did not have someone that checks in on them regularly.
- 40% of survey respondents reporting they failed to go to the doctor due to cost also reported they visited Emergency Room or Urgent Care within the last 90 days.
- 19% of survey respondents that live alone do not have someone to call in case of an emergency.
- People who reported they felt depressed or hopeless were almost twice as likely to visit the Emergency Room or Urgent Care.

Improving Oral Health

In the 2011 Community Needs Assessment, 32% of focus group participants listed lack of dental coverage as a major concern for seniors. New research suggests that the health of your mouth mirrors the condition of your body as a whole. For example, when your mouth is healthy, chances are your overall health is good, too. On the other hand, if you have poor oral health, you may have other health problems. According to the Academy of General Dentistry, there is a relationship between gum (periodontal) disease and health complications such as a stroke and heart disease.

Other research shows that more than 90 percent of all systemic diseases (diseases involving many organs or the whole body) have oral manifestations, including swollen gums, mouth ulcers, dry mouth and excessive gum problems. Such diseases include:

- Diabetes
- Leukemia
- Oral Cancer
- Pancreatic Cancer
- Heart Disease
- Kidney disease

In summary, dentists may be the first health care provider to diagnose a health problem in its early stages so access to a regular oral exam is key to continued good health.

Triple Aim: Better Health, Better Care, Lower Costs

In October 2007 the Institute for Healthcare Improvement (IHI) launched the Triple Aim initiative, designed to help health care organizations improve the health of a population and patients' experience of care (including quality, access, and reliability) while lowering—or at least reducing the rate of increase in—the per capita cost of care. Dr. Donald Berwick, current Administrator of the Centers for Medicare and Medicaid Services (CMS) was the brainchild of this concept. Since that time, the concepts of the Triple Aim have taken hold throughout the U.S. and abroad, serving as a guidepost in the field of healthcare towards more efficient and effective use of funds to provide better health in our communities. The IHI believes that new designs can and must be developed to simultaneously accomplish three critical objectives, or what is known as the “Triple Aim”:

- Improve the health of the population
- Enhance the patient experience of care (including quality, access and reliability)
- Reduce, or at least control, the per capital cost of care

The pursuit of the Triple Aim objectives has provided incentive for health care organizations to identify and work towards resolving problems such as poor coordination of care and overuse of medical services. In February 2011, Oregon's Governor John Kitzhaber and the State Legislature worked together to create and pass House Bill 3650. The intent is to overhaul the State's health care system and achieve a new vision for a healthy Oregon. Work is currently under way, with oversight by the Oregon Health Authority, to re-vamp the delivery of health care in Oregon.

As part of this initiative, new attention has been given to what is known as “social determinants”. Research indicates that only 10% of a person's overall health is impacted by the delivery of medical care. Genetics and human biology account for 30% of a person's health, with environmental at 5%. Social factors impact a person's health at a higher level than the delivery of medical care, at 15%. And finally, lifestyle and behavior account for a whopping 40% of a person's overall health. Policy makers now believe far too much focus has been placed on medical care, while disregarding the larger sphere of contributing health factors. There is much interest in finding and creating new interventions that will impact those social determinants that reduce a person's overall health and impact the use, or over-use, of the health care system. In order to leverage the unique expertise, skill and direct knowledge that exists

within the network of social service agencies, collaboration must occur between health care and social service organizations. Information and data needs to be shared across disciplines. Health care and social service organizations should be working side by side to achieve common goals and objectives.

Progress toward More Coordinated Care in Lane County

In response to escalating health care costs and limited State revenue, in 2011 and 2012 Governor Kitzhaber and bi-partisan lawmakers passed landmark legislation to create a new model of delivery of healthcare in Oregon, the Coordinated Care Organizations (CCOs). CCOs are health plans that include all types of health care providers who have agreed to work together in their local communities for people who receive health care coverage under the Oregon Health Plan (Medicaid). The goal is to tear down the silos within health care and create a more seamless, coordinated, and person-centered experience for patients.

The process for creation of a CCO in Lane County included extensive community and stakeholder input. Effective August 1, 2012, Trillium Community Health Plan was one of the first CCOs in Oregon to roll out. S&DS has been actively engaged in the planning process and participates on several healthcare related committees, representing a social service perspective and the needs of seniors and people with disabilities. Connecting health care providers and social service providers is critical improving the health of the population and the success of CCOs.

Problem/Needs Statement

Escalating health care costs and limited State revenue demands a change in how healthcare has historically been administered. There is a critical need to reach older adults with limited income to ensure their health and well-being improves and to promote healthy lifestyles and increase their quality of life.

Goals & Objectives

Goal as approved by the S&DS Advisory Council: Pursue partnerships with other organizations and agencies to combine efforts towards common objectives to improve services for seniors and people with disabilities. This includes researching the potential blending funds and services and integrating physical health, mental health and social service interventions to provide improved health outcomes and increased independence.

Objective 1: Promote and further develop care transitions work, partnering with healthcare and seeking to find sustainable systems and funding sources.

Activities: Steps to Accomplish Objectives

1. Seek agreements with local area hospitals and health care organizations to provide care transition assistance using Title IIID funds.

Benchmarks:

- Agreement(s) to provide care transition services will be in place in 2013.

Evaluation/Outcomes:

- Health care provider(s) report satisfaction with S&DS services and improved transitions of care for those patients referred.
- Consumers report a smoother transition of care and reduced re-hospitalization.

Objective 2: Establish information sharing agreements and processes with health care providers, specifically the Coordinated Care Organization.

Activities: Steps to Accomplish Objectives

1. Implement the approved Memo of Understanding with the CCO.

Benchmarks:

- S&DS staff and CCO staff meet regularly to design processes to improve information sharing, including regular inter-disciplinary meetings and data sharing practices.

Evaluation/Outcomes:

- Inter-disciplinary team members report greater coordination of services and increased understanding of programs.
- Identified data is shared between CCO and S&DS on a regular basis.

Objective 3: Greater collaboration and communication with Person-Centered Primary Care Medical Homes (PCPCMH).

Activities: Steps to Accomplish Objectives

1. S&DS participates on the Person-centered Primary Care Medical Home committee to provide input on how to achieve better coordination between health care and social services.

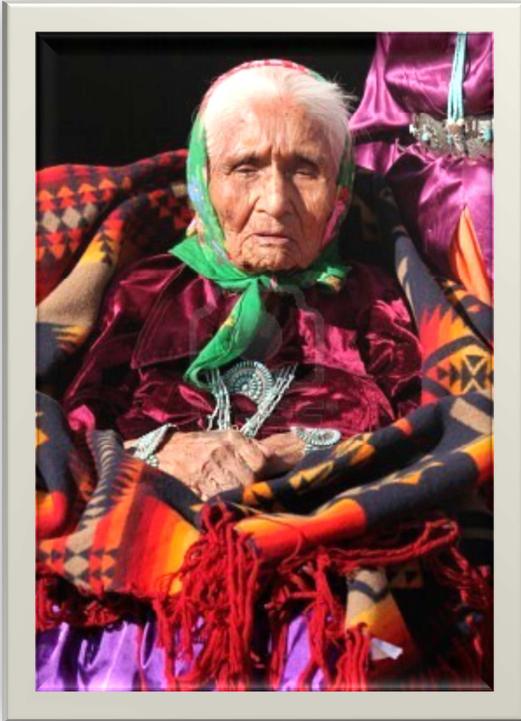
Benchmarks:

- New partnership agreements with Person-centered Primary Care Medical Homes.

Evaluation/Outcomes:

- Patients of PCPCMHs have easy access to information and assistance regarding available social services.

Older Native Americans



There are over 2,000 Lane County seniors (60+) that identify themselves as Native American Indians. Only 78 of those individuals are enrolled with one of the local tribes. There are currently four Native American Tribes with elders living in Lane County. For the purposes of this paper Native members represent seniors ages 60+, and the tribes consider their elders at 55+. Therefore their numbers are slightly higher than what is reported here.

- Coquille Indian Tribe – 3 members
- Confederated Tribes of Coos, Lower Umpqua & Siuslaw Indians – 31 members
- Cow Creek Band of Umpqua Tribe of Indians - 1 member
- The Siletz Indian Tribe – 44 members

All four tribes receive Title VI funding. These funds are used to create services for tribal elders. Current programs include: socialization activities, nutrition services, in-home services, caregiver services financial benefits and referral services to other local and Tribal resources.

Problem/Needs Statement

Native American elders have historically been underserved by the traditional community service system. Developing new, culturally appropriate methods of connecting them to needed services is called for in order to increase their access to the service system.

Goals & Objectives

Goal: Increase outreach and education to individuals enrolled as Tribal Elders.

Objective 1: Continue to participate in the Oregon Native American Family Caregiver Conference

Lead Staff: Senior Connections Supervisor

Activities: Steps to Accomplish Objectives

1. Participate in the Native Caregiver meetings

Benchmarks:

- Attend at a minimum of two meetings annually

Evaluation/Outcomes:

- Provide a minimum of two scholarships for Native Caregivers to attend the annual Native Caregiver Conference

Objective 2: Increase Tribal member's awareness and utilization of LTC services.

Lead Staff: AAA Planner

Activities: Steps to Accomplish Objectives

1. Establish relationships with Native Elder Coordinators
2. Establish needs through conversations with Elder Coordinators
3. Communicate quarterly with Elder Coordinators

Benchmarks:

- A minimum of four contacts annually will be made with Elder Coordinators

Evaluation/Outcomes:

- Coordinators will report having a better understanding of OAA programs

Nutrition Services

Hunger and Food Security

Food Insecurity is defined as a limited or uncertain availability of nutritionally adequate and safe foods, or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.

Since the inception of the Older Americans Act, great progress has been made towards reducing hunger and food insecurities among seniors. The Senior Meals Program has made

significant impact on senior hunger in Lane County. The programs are successful at feeding seniors, but the cost of providing the meals has increased dramatically, while funding has remained stagnant or even decreased in some areas. These financial challenges have led to closure of some meal sites, and “furlough” days at other sites to make ends meet. The loss of meals to a community which depends upon them limits their effectiveness in supporting good nutrition among seniors.

In 2011, S&DS completed a Community Needs Assessment to evaluate senior trends and identify gaps in services. Research showed that seniors between the ages of 60 and 64 appeared to have higher risk indicators for food insecurities. While several factors could contribute to this trend, it seems likely that this age group falls through the cracks. Seniors do not qualify for Medicare services until the age of 65. People 60 or older, may be unaware of programs funded through Older Americans Act, such as the Congregate Dining Sites. Many older Americans do not even realize they qualify for food stamps until the age of 65, when they apply for Social Security and Medicare. This means a huge service gap for this population. Increasing public awareness to this target population could help alleviate this trend.

The average SNAP benefit amount is about \$128 per month, per person, or



about \$1.42 per meal if stretched over the entire month. The USDA estimates that eating a low cost, but nutritionally adequate home cooked meal costs approximately \$2.30 per meal. In a survey conducted by the Oregon Food Bank, 34% of respondents said that their food stamps last them 3 weeks. A typical food box contains enough food to last three to five days. However, most pantries have limitations on how often you can receive assistance. 2010 data from Food for Lane County showed that 8% of their pantry users were age 65 or older.

Specific groups are at a higher risk of food insecurity. The highest at risk group for food insecurities is a Hispanic African-American who is a high school dropout, is divorced, is living with a grandchild, is between the ages of 60-64, is renting, and is disabled or unemployed. The lowest risk group consists of a white college graduate who is married, not living with a grandchild, is age 80 or older, is a homeowner and is retired.

- High school dropouts are 2-3 times more likely than high school graduates to be at risk of hunger.
- Even among the poor, the likelihood of experiencing hunger decreases with education – there is nearly 10 percentage point difference between a college graduate and those without a high school diploma.
- Seniors living alone are twice as likely to experience a very low food insecurity compared to those living with other household members.
- More than one in two African American households are food insecure compared to 20% of Hispanics.
- The effect of insufficient nutrient intakes is large enough that an estimated one-third to one-half of all health conditions in elderly persons may be related to low intakes.

Health Eating

A healthy diet supports active aging; however, many seniors in Lane County face multiple barriers in obtaining a well-balanced meal. Barriers include the cost of fresh fruits and vegetables, inability to get out of the house to purchase groceries on a regular basis and needing assistance in preparing meals. According to the 2011 Community Needs Assessment, seniors reported:

- 56% reported not having enough money for basic needs
- 45% don't eat 3 servings of fruits or vegetables a day

- 19% do not have enough money to buy the food they need.
- 23% have gained or lost 10 pounds without wanting to
- 20% need assistance preparing meals
- 7% not able to shop for groceries
- 23% reported feeling depressed or hopeless
- 34% do not have someone to check in with them regularly

A nutritious diet is the foundation of good health, instrumental in recovery from an illness or surgery and key to managing chronic health conditions like diabetes. People who have a social support network recover from illness more quickly.

Senior Meals Program in Lane County - offering Café 60 and Meals on Wheels

- Hot, nutritious meals which meet one-third of an older person's dietary needs.
- Affordable, delicious meals offering a variety of food.
- An opportunity to meet others in a group dining atmosphere.
- Social contact for those who are homebound.
- Daily fellowship for an active and healthy lifestyle.

Café 60

The congregate setting is designed to provide a welcoming and pleasant atmosphere where people age 60 and older (and their spouses) can gather for a meal. Seniors can enjoy meeting new people, form friendships and support groups by coming together for meals on a regular basis. The balanced meal and the social contact together provide a positive motivation for self-care for seniors who often eat poorly on their own and can become lonely and depressed in isolation. The nutrition program is more than just a meal—its purpose is to nourish the whole person.

Baby boomers aging into ‘seniorhood’ and other elders do not identify themselves as "seniors". While the Senior Meals congregate dining program has changed the name to “Café 60,” more may need to be done to entice seniors into participating in the program. Furthermore, baby boomers are the most ethnically and culturally diverse generation. Limited funding has thwarted efforts to cater to different groups. Ideas included having different environments at different meal locations. This would not only include the social

environment, but could also be a matter of offering different ethnic cuisines at different locations.

Program promotion is an ongoing effort in this information overloaded culture. The program mails newsletters 5 times a year to area churches, organizations, schools, medical providers and donors. In addition, a website, www.laneseniormeals.org was launched in late 2011. Each site coordinator visits local gatekeeper organizations and businesses to assure that they are aware of the program.

Meals on Wheels

Meals delivered to homebound clients, who are otherwise unable to provide themselves with nourishing meals, are critical to maintaining independence and allowing clients to remain in their own homes. Meals on Wheels are delivered by S&DS from * designated Café 60 Dining Rooms and by Oregon Pacific Chapter of American Red Cross, who contracts with LCOG for home delivered meal assessment and delivery in designated Eugene-Springfield areas. Volunteers deliver the meals and provide welfare checks on clients in the program.

Fresh meals are delivered according to the Café 60 operating schedule and frozen meals are available for days fresh meals are not delivered.

Where is the food prepared?

Fresh meals are prepared at the Eugene Central Kitchen and shipped in bulk to all Café 60 Dining Rooms and Meals on Wheels dispatch locations (including Red Cross) in Lane County on refrigerated and heated trucks for packaging and serving in the local community. LCOG is a partner in an interagency consortium with NorthWest Senior & Disability Services (NWSDS) and Oregon Cascades West Council of Governments to procure food service for congregate and home delivered meals in a seven county area. NWSDS is the lead agency in the Consortium. The Eugene kitchen facility is leased and equipped by LCOG and operated under the Consortium contract by Bateman Senior Meals, a commercial food service company.

***Café 60 & Meals on Wheels
Locations/Schedules
*Meals on Wheels Dispatch***

**Coburg
IOOF Hall**

Wed. only: Noon
91119 N. Willamette
Coburg, OR 97408
(541) 484-6866

**Cottage Grove *
Riverview Terrace**

Tue, Wed, Thur: Noon
925 West Main
Cottage Grove, OR 97424
(541) 942-9261

**Florence *
Florence Senior Center**

Mon, Wed, Fri: 11:45
1570 Kingwood
Florence, OR 97439

**Junction City *
Viking Sal Senior Center**

Mon, Wed, Fri: 11:30
245 W. 5th
Junction City, OR 97448
(541)

***Meals on Wheels only
Red Cross - 541-344-5244
Mon, Tues, Wed, Thu, Fri**

Eugene

Northwest Neighbors *

Mon, Tue, Wed, Thu, Fri: 11:30
121 Jacobs Drive
Eugene, OR 97402
(541) 689-8011

Olive Plaza *

Mon, Tue, Wed, Thu, Fri: 11:45
1135 Olive Street
Eugene, OR 97401
(541) 342-3515

River Road Annex

Tue, Thu: Noon
1055 River Road
Eugene, OR 97404
(541) 688-4052

Oakridge *

Church of the Nazarene
Tue, Thu: Noon
48187 Hwy 58
Oakridge, OR 97463
(541) 782-4318

Springfield *

Willamalane Adult Center
Mon, Tue, Wed, Thu, Fri: 11:30
215 West C Street
Springfield, OR 97477
(541) 736-4444

Veneta *

Tony Garcia Senior Center
Mon, Wed, Fri: 11:30
88149 Territorial Road
Veneta, OR 97487
(541) 935-7354

Meal Quality

Every effort is made to provide a high quality meal that not only meets the highest nutritional standards, but also provides a quality dining experience. By FY14, the menu will transition to the Menu Planning and Nutrition Standards required in the Oregon Congregate and Home Delivered Nutrition Program Standards for OAA and OPI. The 2011 Annual Food Service Satisfaction Survey found that 90% of the customers reported that the overall quality of meals was good to excellent and 95% would recommend the food to their friends.

The Basic Fresh Menu Offers:

- A choice of entrees
- Recipes modified to reduce fat and sodium
- Nonfat milk in all recipes (including puddings)
- Most gravies are very low in fat.
- Averaged over the month, no more than 30% of calories from fat (with the First Entree selected).
- No tropical oils or lard used
- Variety in fruits and vegetables
- Freshly baked breads and rolls
- One cup of 1% milk with each meal
- At least 1/3 DRI

Cost/Revenues

Senior Meals & Meals on Wheels Program FY 13 Budget Summary - Sites Combined						
	Congregate	S&DS Home Delivered	Combined S&DS Senior Meals Program	ARC Home Delivered	Lane County Total Meals	Home Delivered Comb Lane County
# OAA Meals	57,614	80,343	137,957	58,302	196,259	138,645
# OPI Home Delivered Meals		2,564	2,564	2,099	4,663	4,663
# XIX Home Delivered Meals		17,772	17,772	16,012	33,784	33,784
EXPENSES	Congregate	S&DS Home Delivered	Combined Senior	ARC Home Delivered	Lane County	Home Delivered Comb
Direct Service Staff	101,594	177,534	279,128	127,001	406,129	304,535
Hot Meals	247,459	286,992	534,452	286,413	820,865	573,405
Frozen Meals	8,975	178,149	187,123	49,956	237,079	228,105
Supplies	9,605	22,922	32,527	20,857	53,384	43,779
MOW Delivery		14,563	14,563	2,225	16,788	16,788
Rent	6,298	11,006	17,304	5,415	22,719	16,421
Site Operating Costs	23,913	41,787	65,700	500	66,200	42,287
Program Mgmt/Support	82,466	144,108	226,574	33,550	260,124	177,658
Total Expenses	480,310	877,061	1,357,371	525,917	1,883,288	1,402,978
REVENUE	Congregate	S&DS Home Delivered	Combined S&DS Senior	ARC Home Delivered	Lane County	Home Delivered Comb
OAA	391,139	183,836	574,975	79,552	654,527	263,388
USDA	30,731	73,500	104,231	32,218	136,449	105,718
Client Donations	48,396	68,385	116,780	77,542	194,322	145,927
Title XIX	-	169,545	169,545	152,754	322,299	322,299
OPI	-	34,000	34,000	20,025	54,025	54,025
HSC Funds	-	31,188	31,188	28,812	60,000	60,000
Private Pay Fees	-	-	-	-	-	-
United Way	-	-	-	55,200	55,200	55,200
Fuel Credit	5,460	9,540	15,000	3,000	18,000	12,540
Charitable Gifts	4,585	307,067	311,652	76,814	388,466	383,881
Total Income	480,310	877,061	1,357,371	525,917	1,883,288	1,402,978
Total Expenses	480,310	877,061	1,357,371	525,917	1,883,288	1,402,978

Nutrition Education

Adequate nutrition is a key component to health, functioning, and quality of life. The Senior Meals Program provides education and insight to participants in the program regarding good nutrition. Each quarter, the Program Manager selects a topic from the approved Nutrition Education Resources provided by the State Unit on Aging. These topics are prepared by a Registered Dietician and are in compliance with the Oregon Nutrition Standards. Site Coordinators are trained and educated on the topics of discussion. Handouts and supplemental materials are provided to reinforce topics. Potential topics include, but are not limited to:

- Water, Your Liquid Asset
- Eating Right for a Healthy Weight
- Get Your Plate in Shape
- Shop Smart – Get the Facts on Food Labels

Nutrition Education Budget

Expense	
Staff Time	\$324
Mileage for Training	\$760

Copying	\$50
Total	\$1,134

Problem/Needs Statement

Over the past few years the costs associated with providing nutrition services have steadily increased. Concurrently, the demand for home delivered meals has also increased, without additional State or Federal funding. There has actually been a steady decline in government support. The Senior Meals Program is a vital program for over 2,000 seniors in 9 local Lane County communities and continues to explore additional funding streams to meet the growing need.

Goals & Objectives

Goal: Reduce nutritional risk and food insecurity and improve participant's quality of life by providing meals, supportive services and social interactions.

Objective 1: Offer Congregate Meals at Café 60 Dining Rooms

Lead Staff: Sandy Karsten and local Site Coordinators

Activities: Steps to Accomplish Objectives

1. Identify funding available to provide services in Lane County Communities
2. Secure charitable support to augment limited and declining public resources.
3. Develop or maintain contracts with local landlords for service locations
4. Maintain a cost effective, quality food service contract
5. Manage a volunteer program sufficient to operate the program, offering elders the opportunity to give to their community
6. Promote the Café 60s to the extent allowed by budget
7. Operate clean, safe, friendly dining rooms which promote information sharing, social interaction and mutual support.

Benchmarks:

- Clients report eating more food each day than before starting
- Clients report that the program improves or maintains their nutritional health
- Clients report that the program helps them retain their independence

- Clients have made new friends in the program
- Clients report satisfaction with the meals and their experience in the program.

Evaluation/Outcomes:

- FY 14 Conduct a Café 60 Participant Satisfaction and Program Evaluation Survey
- 50% Clients report eating more food each day than before starting
- 70% Clients report that the program improves or maintains their nutritional health
- 70% Clients report that the program helps them retain their independence
- 80% Clients have made new friends in the program
- 85% Clients report satisfaction with the meals and their experience in the program

Objective 2: Provide Meals on Wheels Services to homebound elders who are unable to provide their own nutritious diet

Activities: Steps to Accomplish Objectives

1. Identify funding available to provide services in Lane County Communities
2. Secure charitable support to augment limited and declining public resources.
3. Develop or maintain contracts with local landlords for service locations
4. Maintain a cost effective, quality food service contract
5. Maintain a cost effective, quality contract with a home delivered meal provider in the Eugene-Springfield area
6. Manage a volunteer program sufficient to operate the program
7. Promote the Meals on Wheels Program to the extent allowed by budget.

Benchmarks:

- Clients report eating more food each day than before starting
- Clients report that the program improves or maintains their nutritional health
- Clients report that the program helps them retain their independence
- Clients report satisfaction with the meals and the program.

Evaluation/Outcomes:

- FY 15 Conduct a Meals on Wheels Participant Satisfaction and Program Evaluation Survey
- 60% Clients report eating more food each day than before starting

- 80% Clients report that the program improves or maintains their nutritional health
- 80% Clients report that the program helps them retain their independence
- 85% Clients report satisfaction with the meals and the program.

Objective 3: Promote better health through Nutrition Education

Activities: Steps to Accomplish Objectives

1. Offer nutrition information and instruction as required in the Oregon Congregate and Home Delivered Nutrition Program Standards for OAA and OPI.
2. Print articles on nutrition topics on the back of monthly menus and post on website.
3. Offer participants nutritional analysis of the menus on request.

Benchmarks:

- Participants report that Nutrition Education provided by the program is helpful.

Evaluation/Outcomes:

- Results from the FY 14 and FY 15 Participant Satisfaction and Program Evaluation Survey show that 30% of Participants report that Nutrition Education provided by the program is helpful.
- 1200 Units of Nutrition Education will be reported annually for Congregate Participants.
- 1200 Units of Nutrition Education will be reported annually for Home Delivered participants

Creating Livable Communities

Maximizing independence for vulnerable populations including the aging and disabled community is vital to the health of Lane County. The current age wave places a higher number of residents in a vulnerable position. The community should provide accessible and affordable transportation, adequate in-home services, and appropriate safe and affordable housing to offer its citizens the freedom to be active and involved in their community.

Aging in place is a goal that should be incorporated into every initiative to build livable or sustainable communities as well as every government and nonprofit effort to build transportation systems, create universal design, and bolster the economy and/or plan for growth. When communities offer affordable and appropriate housing, supportive community features, and mobility options, people of all ages can thrive.

Lane use policies should incorporate the **Smart Growth** strategies, as defined by the Environment Protection Agency: “development patterns that create attractive, distinctive, walkable communities that give people of varying age, wealth, and physical ability range of safe, affordable, convenient choices in where they live and how they get around.”

There has been a lot of talk over the past few years regarding planning for the senior population boom. The expected influx of baby boomers is not a wave of the future; it is affecting senior services now. The first of the baby boomers turned 65 in 2011.

- Between 2007 and 2030, the age 85+ population is expected to increase by 74%.
- Between 2030 and 2050, the age 85+ population is projected to increase by another 118%.
- Baby boomers will begin to turn 85 in 2031.

Sociological Perspectives of the Baby Boomer Generation

This population shift means that we must rethink at the current service delivery systems model. The older population is not only greater in numbers; they also have different expectations in service delivery.

- Many Boomers live in poverty: At midlife, Boomers have the highest wage inequality of any recent generation. Late Boomers have the highest levels of poverty since the generation born before World War I. One in 10 late Boomers lives in poverty at middle age.
- Many Boomers are poor savers and have more financial difficulty as they age. A majority of Boomers report that they are significantly behind in retirement savings, and one in four reports being significantly behind where they hoped where they would be at this point in their lives.
- Baby Boomers are likely to extend midlife well into what used to be considered "old age." They will continue working longer, and responsibilities such as paying for college or having children at home will extend to older ages. They also are likely to enjoy good health and remain "actively engaged" longer than previous generations.
- Boomers acknowledge the digital revolution and are becoming increasingly knowledgeable about technology. Significantly more Boomers than people over the age of 65 use the Internet. Tomorrow's seniors will use far more technology than the generations before them, and expect information at their fingertips 24/7, much as younger generations.
- Economic inequalities are likely to become more important as the Boomers age. The least well-off may face higher risks of unemployment and worse health at a time when policy changes are encouraging them to remain at work longer. Low wages and job instability also may mean they have less saved than previous generations.
- Nontraditional families may pose new problems. Those who never married, had no children or were "absent fathers" may not be able to rely on family as part of their social safety net.

As Boomers age, the aging network will adapt to meet many of their needs; however, communities will need to change too. And Boomers themselves will find – out of necessity – that healthy aging strategies must be infused in every part and in all stages of life.

Housing

Despite rising housing costs, many older adults prefer to age in place. The majority of seniors live in homes that were built long before architects and builders thought about designing spaces that are accessible and livable for everyone. Stairs and narrow doorways might have worked when a homeowner was 30 but, at age 80, those things can pose a hazard. Problematic house design can force many elder homeowners to leave their homes -- due to the danger of falling in the shower or bathtub, difficulty preparing meals when cabinets are out of reach, or inability to take the stairs to get to a bedroom on the second floor.

Affordable Housing

The cost of housing is considered affordable when it equals no more than 30% of household income, including expenditures for utilities.

Households putting more than 30% of their income towards housing costs are considered to have a “housing cost burden,” and households putting more than 50% of their income towards housing is considered to have a “severe housing cost burden.” In the S&DS Community Needs Assessment 30% of all seniors surveyed reported a housing cost burden. 24% were home owners.

Universal Design

Universal Design is a concept of designing all products and the built environment to be aesthetic and usable to the greatest extent possible by everyone, regardless of their age, ability, or status in life.

Incorporating Universal Design at the outset of housing developments contributes to sustainable development goals. This allows people of all abilities to live where they want, when they want. People can rent or buy whatever is built, because the unit and the entire footprint of the house/apartment is designed to meet all their needs as a rule rather than an exception.

Home Modifications

Most older people live in homes that are more than 20 years old. As these buildings get older along with their residents, they may become harder to live in or maintain. A house that was perfectly suitable for a senior at age 55, for example, may have too many stairs or slippery surfaces for a person who is 70 or 80. Research by the national Centers for Disease

Control and Prevention shows that home modifications and repairs may prevent 30% to 50% of all home accidents among seniors, including falls that take place in these older homes.

Transportation

When older drivers lose their ability to drive, they can become isolated, even depressed. Non-drivers leave the house—even to take a walk—fewer than three times a week, according to an AARP study. This decreased access to social activities, medical care, shopping, and other services critical to living independently also has a negative economic and cultural impact on their communities. Half of all non-drivers aged 65 or more stay home because they have no mobility options. Many cannot choose to take public transportation because service is not available in their areas, particularly in rural areas. Compared with older drivers, older non-drivers in the United States make:



- 15% fewer trips to the doctor;
- 59% fewer shopping trips and visits to restaurants;
- 65% fewer trips for social, family and religious activities.

Transportation Services

S&DS partners with LTD to perform transportation assessments that match individuals with available transportation services. These services include: Medicaid medical and non-medical transportation, ADA paratransit and other transportation service eligibility and authorizations.

There is no one size fits all for providing transportation. As reported in the Lane Coordinated Public Transit – Human Services Transportation Plan of 2009, *“the aging of Lane County’s population points to the need for a range of transportation options for older adults”*

Fixed Route Buses

Lane Transit District (LTD) offers routes in the Eugene/Springfield area. Limited routes are available to outlying areas. In an effort to keep seniors mobile, LTD offers targeted programs for seniors 65+. This includes a free bus pass and a Bus Buddy Program. The program is a one-on-one orientation and training on how to access the fixed route buses.

The bus is not for everyone. Fixed routes have their own limitations. Bus stops are not always convenient, and may pose a barrier to people with mobility issues. Other issues include: frequency in service and limited access to rural areas.

Curb-To-Curb

Special Mobility Services (RideSource) operates a curb-to-curb service for individuals that are unable to use the bus due to a disabling condition.

Door-to-Door

Volunteers are utilized for senior medical transportation services (Escort Services) in the rural areas. This service is provided to seniors ages 60+ that need assistance getting from their home to medical appointments. Local Service Coordinators recruit and match qualified volunteers with low income seniors.

Community Walkability

Walking is beneficial to people's health, to community vitality, and for the environment. According to a report prepared by the Maine Development Foundation, "walking improves community interaction as people are more likely to talk with neighbors and shop in local stores when they are walking through a community. It also provides easy, inexpensive and low-impact exercise that can improve the overall health of community residents. Walking instead of driving also protects environmental quality. Reducing vehicular emissions benefits plants, watersheds, and the health of wildlife and people alike."

What makes a community walkable?

- Intact town center with a quiet, pleasant main street containing a hearty, healthy set of stores;
- Residential densities including mixed income and mixed uses near the town center;

- Many public places for people to assemble, play and associate with others within their neighborhood;
- Universal design that respects and accommodates people of all abilities;
- Traffic on main street and in neighborhoods that move at safe, pleasant and courteous speeds;
- Streets and trails that are well linked, often in a grid or other highly connected pattern;
- Design that is properly scaled allowing most residents to get to most services in ¼ mile (walking distance);
- Town is designed for people first, cars second;
- Town thinks small with caps on parking and store size;
- The town has a vision and decision makers are visionary, communicative, and forward thinking.

A walkable community Eugene scored the 10th highest in community walkability in Oregon. We were surpassed by Portland, Ashland and Milwaukie. The most walkable neighborhoods in Eugene are downtown, West University, and South Eugene. Areas that scored the lowest included: Cal Young, Trainsong and Fairmont neighborhoods.

Pedestrian Safety

A growing trend in roadway design favors continuous-flow roundabouts over traditional signalized intersections. While their design varies widely, roundabouts typically feature a circulatory roadway around a central island. Entering traffic yields to vehicles already in the circle. Increasingly popular because they add vehicle capacity and reduce delay.



Because crossing at a roundabout requires a pedestrian to visually select a safe gap between cars that may not stop, accessibility has been problematic. While roundabouts may be an asset to traffic planners in controlling and slowing the flow of traffic at intersections without using traffic signals,

the absence of stopped traffic presents a problem for pedestrians with vision impairments or disabilities in crossing streets. Pedestrians report that vehicles at roundabouts, as well as at other unsignalized crossings, often do not yield for pedestrians. Persons with vision impairments and pedestrians who may hesitate at such crossings are at a particular disadvantage. Aside from accessibility, the use of roundabouts in areas of high pedestrian use has been questioned by some in the industry.

Access to roads and sidewalks that are easy to navigate and safe for seniors and people with disabilities are a critical part of a community. The Advocacy Committee of the Senior and Disability Services Advisory Council has been working with local entities to promote pedestrian safety at roundabouts. Further work, advocacy, and education are needed. Our work is not done. Additionally energy will be committed to working with cities and the Department of Motor Vehicles to assure safe passage for all pedestrians, but particularly seniors and people with disabilities, as they encounter roundabouts and other potential barriers to independent ambulation.

Access to Nutritious Food

A healthy diet supports active aging, yet barriers exist for some seniors include the cost of fresh fruits and vegetables, lack of interest in preparing a meal for one person and an inability to get to the grocery store regularly. Just as the reasons for needing healthy food differ, a multi-disciplinary approach to solving the problem is essential.



Senior Farm Direct

For seniors where cost is the prohibitive factor, seniors 60+ with a limited income may be eligible for access to fresh fruits and vegetables through the Oregon Health Authority. Seniors receive vouchers that can be used in neighborhood markets and farmers market.

Senior Meals Program

Cooking for one can be not only be unfulfilling, but can also be cost prohibitive and socially isolating. The Senior Meals program offers Café 60 in eleven Lane County neighborhoods. Participants enjoy both companionship as well as a healthy meal. For seniors who are unable to leave their home to shop or who cannot prepare their own nutritious meals, Meals on Wheels delivers fresh and frozen to their home.

Proximity to Shopping Centers

Access to shopping for seniors is a critical factor in maintaining independence. Shopping centers have changed over the past years to go from small, family owned stores to large grocery chains that offer a variety of services including pharmacies and banking services. The annual Financial Review released by the Food Marketing Institute (FMI) indicates that the average supermarket has grown from an average of 33,000 square feet to 44,000 square feet over the past 10 years. Finding space to accommodate these supermarkets is a challenge in most residential neighborhoods.

For some residents without access to transportation or have limited mobility issues, traveling or navigating such large retailers is an issue. RideSource provides a “Shopping Shuttle” program which is a once-a-week shopping service. This service provides transportation for grocery shopping on a regularly scheduled route. The driver assists with getting groceries on and off the bus. Service is available in Eugene and Springfield.

Some strip malls are being renovated for new and innovative uses. These designs include small specialty grocers, such as Trader Joes. They require less square footage and often take up residence inside of strip malls. The types of malls also incorporate hair stylist, coffee shops and gift stores. These neighborhood friendly models are growing in popularity.

Recreation & Civic Engagement

Access to opportunities for recreational, social and civic engagements is an essential element to creating an elder friendly community. Social engagement is a key factor in maintaining mental, emotional, and physical health and independence. The strongest predictor of premature death among older people is social isolation. Cognitive decline is almost twice as great among those reporting no social ties than those who had frequent contact with family, friends, religious services or participating in regular social activities. Proximity and accessibility to community centers and parks is an essential part of a senior's ability to maintain a healthy, active lifestyle.



The Health Benefits of Volunteering: A Review of Recent Research has found a significant connection between volunteering and good health. The report shows that volunteers have greater longevity, higher functional ability, lower rates of depression and less incidence of heart disease.

Research suggests that volunteering is particularly beneficial to the health of older adults and those serving 100 hours annually. According to the report:

- A study of adults age 65 and older found that the positive effect of volunteering on physical and mental health is due to the personal sense of accomplishment an individual gains from his or her volunteer activities.
- Another study found that volunteering led to lower rates of depression in individuals 65 and older.
- A Duke study found that individuals who volunteered after experiencing heart attacks reported reductions in despair and depression – two factors that have been linked to mortality in post-coronary artery disease patients.

- An analysis of longitudinal data found that individuals over 70 who volunteered approximately 100 hours had less of a decline in self-reported health and functioning levels, experienced lower levels of depression, and had more longevity.
- Two studies found that volunteering threshold is about 100 hours per year, or about two hours a week. Individuals who reached the threshold enjoyed significant health benefits, although there were not additional benefits beyond the 100-hour mark.

Access to Healthcare

Healthcare is essential for maintaining independence. Having access to Medicaid/Medicare is a start, but it is only helpful if there is a physician within a reasonable proximity to the senior’s home. This can also include limitations on referrals, cost of co-pays and restrictions on certain durable medical equipment needs. Lack access to adequate healthcare can lead to unplanned hospitalizations, which is a far more expensive service. *For more information see Section C: Health Promotion.*

Lane Livability Consortium

The Lane Livability Consortium is a collaborative effort of eleven agencies (including LCOG) serving the Eugene-Springfield metropolitan area to advance community growth and prosperity. The primary focus of the Consortium is to identify opportunities for greater impacts and linkages among our region’s core plans including land use, transportation, housing, and economic development plans and investment strategies. Other elements include work on public engagement, regional investments, organizational capacity building, and identification of catalytic projects. The Consortium’s efforts are funded through the HUD Sustainable Communities Regional Planning Grant program and through leveraged resources



contributed by local partner agencies. Work through the Consortium commenced in 2011 and will conclude in 2014.

Livable Communities AARP

AARP, in partnership with S&DS, will be focusing on expanding consumer access and choice to an array of affordable long-term care options, with an emphasis on improving home and community-based services, supporting family caregivers, and making communities more livable. This work will be accomplished through: building partnerships, community forums, advocacy and other methods to be determined.

Problem/Needs Statement

The majority of adults prefer to stay in their communities as they age. Only a small percentage move to warmer climates and fewer than 5% of the over 65 populations reside in nursing homes. Although most residents want to age in place, they confront many barriers to remaining active and engaged in their communities. The most common barriers include: lack of affordable/appropriate housing, inadequate mobility options, limited access/knowledge about health and supportive services.

Goals & Objectives

Goal as approved by the S&DS Advisory Council: Build on the 2011 S&DS Needs Assessment to research links between healthcare usage and access to services, including transportation and other social service supports. Propose changes to current models to address the aging demographics and limited resources.

Objective 1: Collaborate with local government agencies to identify gaps and duplication of services and to build a stronger data model that helps create linkages between healthcare, housing, transportation and economic development.

Lead Staff: AAA Planner

Activities: Steps to Accomplish Objectives

1. Participation on the Lane Livability Consortium Planning Committee
 - a. Establish a sustainability baseline
 - b. Scenario Planning
 - c. Develop strategies and new models for integrating planning & decision making.

Benchmarks:

- Action plan or plan of direction that provides focus and steps to finalize a Regional Investment Strategy

Evaluation/Outcomes:

- Regional Investment Strategy that will link key housing, transportation, economic development and other infrastructure investments

Objective 2: Participate in planning and investment strategies with AARP to initiate Livable Communities in Lane County

Lead Staff: AAA Planner

Activities: Steps to Accomplish Objectives

1. Strategic Planning
2. Community conversations
3. Forum

Benchmarks:

- Evaluation of Lane County's Livability standards

Evaluation/Outcomes:

- Blueprint for creation of Livable Communities in Lane County

Financial Security

According to a report on Long-Term Care by DHS, only about a third of people over 65 have enough resources (money in checking, savings account, individual retirement accounts, etc.) to pay for one year of nursing facility care. About a third has such limited resources that they can barely afford three months of home care. Many seniors believe that their retirement can be financed through Social Security, and learn the hard way that they did not adequately plan ahead.

In a local study conducted by the United Way of Lane County, only 50% of seniors had enough money to pay their bills for three months. 57% of the respondents depended on SNAP benefits and 16% reported not having enough money to pay for basic needs. Most financial advisors recommend having at least 3-6 months of living expenses in savings. According to the 2011 S&DS Community Needs Assessment survey, only 33% of respondents reported having 6 months' worth of savings. 21% of Senior & Disabled Services clients live on less than \$904 per month.

According to a demographic analysis produced by the National Council on Aging, in 2008 the percentage of seniors ages 65 and older living in poverty was almost 10%. 96% of those living below the federal poverty level have a retirement savings of less than \$10,000. Many more seniors are one crisis away from falling into poverty. Individuals who have an annual income between 100% and 199% of the federal poverty threshold are financially vulnerable. In the event of a life crisis such as a death of a spouse, natural disaster or negative health event, they are not financially secure enough to absorb the loss of income. The potential for older Americans to fall into poverty has increased in the economic downturn. Unemployment rates have increased by 3.1% for women and 2% for men since 2007. The decline in the stock market has reduced the nest eggs for many Baby Boomers as they approach retirement age. According to recent census data, currently a third of people 65 and older have a mortgage vs. 20% two decades ago, and the median mortgage balance is \$56,000.

It has been well-documented that the recession was particularly hard on senior citizens. The number of older Americans filing for bankruptcy has climbed in large part due to a perfect storm of expensive medications, declining value of real estate holdings and a stock market crash that crushed their nest eggs. In desperation, many seniors turned to credit cards to cover their expenses and now are faced with enormous debts in their golden years -- debts they probably won't be able to pay

back in their lifetime. Most seniors are using their credit cards to pay for necessary medical expenses like prescriptions, whose prices have continued to rise.

Financial Stability

More than one of every three seniors (36 percent) is economically insecure today as measured by the Senior Financial Stability Index. But not all seniors are affected the same way. Close to half of single female seniors are economically insecure, while more than half of all seniors of color do not have the resources required to support themselves over the remainder of their lives. Women and minorities are more likely to need assistance with basic activities of daily life than their white male counterparts.

52% of African-American and 56% of Latino senior households are economically insecure.

Historical inequalities in opportunities for work, education and even access to Social Security were the norm when today's seniors of color were entering the workforce. While we should not underestimate the progress that has been made to remedy such inequalities, they are still at a financial disadvantage. People of color remain less likely to receive pension benefits from their employers and most have very little, if any, asset wealth—a crucial factor for a secure retirement. These trends have long-term ripple effects that impact the ability of future generations to get ahead.

Older single women are particularly vulnerable, with 47% at risk of outliving their savings.

While senior women can expect to live longer than men on average, their ability to amass adequate retirement resources is often limited. Thus, the often meager resources they do have must be stretched further. Women still make less than men on average, are more likely to have extended interruptions in their careers to handle family caregiving duties, and are less likely than men to have family income from pensions. Social Security is critical for older women; many rely almost exclusively on Social Security benefits to make ends meet.

Financial Fraud

Seniors aged 60 and older – especially older women – are common targets for financial fraud. According to the Federal Bureau of Investigations, seniors are especially vulnerable for telemarketing scams. Telemarketing scams often involve offers of free prizes, low-cost vitamins and health care products, and inexpensive vacations.

- Senior citizens are more likely than younger people to have a “nest egg,” to own their home, and/or to have excellent credit—all of which make them attractive to con artists.
- People who grew up in the 1930s, 1940s, and 1950s were generally raised to be polite and trusting. Con artists exploit these traits, knowing that it is difficult or impossible for these individuals to say “no” or just hang up the telephone.
- Older Americans are less likely to report a fraud because they don’t know who to report it to, are too ashamed at having been scammed, or don’t know they have been scammed. Elderly victims may not report crimes, for example, because they are concerned that relatives may think the victims no longer have the mental capacity to take care of their own financial affairs.
- When an elderly victim does report the crime, they often make poor witnesses. Con artists know the effects of age on memory, and they are counting on elderly victims not being able to supply enough detailed information to investigators. In addition, the victims’ realization that they have been swindled may take weeks—or more likely, months—after contact with the fraudster. This extended time frame makes it even more difficult to remember details from the events.
- Senior citizens are more interested in and susceptible to products promising increased cognitive function, virility, physical conditioning, anti-cancer properties, and so on. In a country where new cures and vaccinations for old diseases have given every American hope for a long and fruitful life, it is not so unbelievable that the con artists’ products can do what they claim.



Progress toward Supporting Greater Financial Security: S&DS’ Money Management Program

For seniors living on a fixed income, managing the day to day bills can be a challenge. In Lane County, the Money Management Program, supported with Older Americans Act funds, utilizes trained volunteers to help low-income older adults who have difficulty budgeting, paying routine bills and keeping track of financial matters.

The program serves seniors who have lost the ability to manage their financial affairs. They may have had their utilities shut off, be in danger of eviction from their homes, or are being financially exploited.

As the senior population grows, there is increasing demand for these services. An additional unmet need is the inability of the Money Management Program to serve disabled adults under the age of 60, as the Older Americans Act funding source specifically targets older individuals. This segment faces the same difficulties as older adults. There are programs that provide this service for a fee, but for those living on a fixed income; even a small fee can prevent someone from being able to afford the service.

Problem/Needs Statement

According to the 2011 Community Needs Assessment, the most financially vulnerable population is between the ages of 60-64. This group is more likely to live in poverty, report having a housing cost burden, would like to retire, but lack the financial resources and report having less than 6 months' worth of living expenses in savings.

Goals & Objectives

Goal as approved by the S&DS Advisory Council: Increase financial stability of seniors and adults with disabilities through education and outreach.

Objective 1: Provide outreach services to low income seniors and people with disabilities regarding available benefits and services.

Activities: Steps to Accomplish Objectives

2. Leverage outreach, options counseling, and home visits delivered through the Senior Connections program to inform and educate people over 60 about the availability of Food Stamps (also called SNAP, the Supplemental Nutrition Assistance Program). Senior Connections staff will have the ability to accept initial application forms for SNAP, thus making it easier to access benefits for those seniors less able to travel to the office.

Benchmarks:

- Procedures are in place and Senior Connections staffs are trained on how to accept SNAP applications.

Evaluation/Outcomes:

- SNAP applications are submitted via Senior Connections staff.

Objective 2: People have access to Money Management assistance.

Activities: Steps to Accomplish Objectives

1. Money Management continues to be supported using funding from the Older Americans Act.

Benchmarks:

1. At a minimum, the program is stable and the number of people served does not decline. Ideally, the program will see growth.

Evaluation/Outcomes:

More people are served through the Money Management program.

Section D

Area Plan Budget



“Money is not the only answer, but it makes a difference.”

~ Barack Obama

Section D Area Plan Budget

Section E

Services and Method of Service Delivery



*Our entire life - consists ultimately in
accepting ourselves as we are.*

~ Jean Anouilh

Section E Services and Method of Service Delivery

E-1 Services provided to OAA and/or OPI clients

SERVICE MATRIX and DELIVERY METHOD

<input checked="" type="checkbox"/> #1 Personal Care (by agency) Funding Source: <input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds <input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Self-provided Contractor name and address (List all if multiple contractors): NorthWest Senior & Disability Services P.O. Box 12189 Salem, OR 97309 Public Agency Subcontracted To: Addus HeathCare 1142 Willagillespie Rd, #20 Eugene, OR 97401 For Profit Agency Note if contractor is a "for profit agency"
<input checked="" type="checkbox"/> #1a Personal Care (by HCW) Funding Source: <input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds

#2 Homemaker (by agency)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

NorthWest Senior & Disability Services

P.O. Box 12189

Salem, OR 97309

Public Agency

Subcontracted To:

Addus HeathCare

1142 Willagillespie Rd, #20

Eugene, OR 97401

For Profit Agency

Note if contractor is a "for profit agency"

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

Cash Funds

#3 Chore (by agency)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

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

Cash Funds

#4 Home-Delivered Meal

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

American Red Cross
862 Bethel Drive
Eugene, OR 97402

Not 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):

Note if contractor is a "for profit agency"

#6 Case Management

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#7 Congregate Meal

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#8 Nutrition Counseling

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#9 Assisted Transportation

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Lane Transit District
3500 E. 17th Ave
Eugene, OR 97401

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):

Lane County Law & Advocacy Center
376 East 11th Ave
Eugene, OR 97401

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):

American Red Cross
862 Bethel Drive
Eugene, OR 97402

Not For Profit Agency

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):

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):

ElderHealth & Living
382 B South 58th St.
Springfield, OR 97478

For Profit Agency

New Horizon
1345 Olive St.
Eugene, OR 97401

For Profit Agency

Home Instead Senior Care
P.O. Box 5248
Eugene, OR 97405

For Profit Agency

Florence Area Alzheimer's Hospitality Program
P.O. box 2724
Florence, OR 97439

Not For Profit Agency

Quail Park
2630 Lone Oak Way
Eugene, OR 97404

For Profit Agency

The Arc Lane County
4181 E St
Springfield, OR 97478

Not 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):

Cascade Health Solutions
66 Club Road, Suite 140
Eugene, OR 97401

Not For Profit Agency

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):

Elder Help

Carole Ford

1015 Willamette

Eugene, OR 97401

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):

Money Management Program

Julie Austin

497 Oakway Rd, #100

Eugene, OR 97401

Note if contractor is a "for profit agency"

#90-1 Volunteer Services

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

E-2 Administration of Oregon Project Independence

Oregon Project Independence (OPI) provides limited in-home services to people 60 and older who need help in order to continue living in their own homes. The goal of OPI is to promote quality of life and independence by preventing inappropriate or premature placement in a nursing home. OPI is a state program, created and funded by the Oregon State Legislature.



The goals of OPI are to:

1. Promote quality of life and independent living among seniors and people with physical disabilities;
2. Provide preventive and long-term care services to eligible individuals to reduce the risk for institutionalization and promote self-determination;
3. Provide services to frail and vulnerable adults who are lacking or have limited access to other long-term care services; and
4. Optimize eligible individuals' personal and community support resources.

Services

- Bathing, dressing and personal hygiene
- Mobility and transfers
- Getting to and from the bathroom
- Housekeeping and laundry
- Meal preparation or Meals on Wheels
- Shopping and transportation
- Assistance with medications
- Case Management

Who is Eligible?

Individuals 60 years or older who need personal care and adults (18 years and older) with dementia (Alzheimer's disease or related illness) who need personal and home care, do not want or who do not qualify for Medicaid and meet the requirements of the Long-Term Care Services Priority Rule, OAR 411, division 015.

Inquiries for Service

OPI has been in flux for the past two years as it has been subject to state budget cuts. For the period of August 2010 to December 2011, the program was closed to new applicants. During this time, when a potential client was identified for OPI services, they were entered into an waiting list. In January of 2012 OPI enrollment was re-opened for new applicants. When the program was re-opened, potential clients from the list were pre-screened on the telephone using an evidence based risk assessment tool. The tool rates individuals on a scale of 1 to 15+. A higher indicates a higher risk factor, and is used to prioritize clients for OPI services.

Screening

The OPI program is designed to assist clients in remaining in their own homes. Often, OPI funded services augment other support systems the client may have available. Due to limitations of funding, it should not be expected that the services offered will meet the total care needs of extremely functionally, dependent clients. Applicants are carefully screened to determine whether their needs can be met through other resources, including Medicaid.

It is the responsibility of the case manager to screen for other community services., including Medicaid. Clients receive an annual, in person, reassessment to determine if the care plan is meeting their needs. If circumstances change and Medicaid services are more appropriate, clients are encouraged to apply for Medicaid.

Eligibility

The S&DS eligibility process for OPI is as follows:

1. A potentially-eligible individual is identified by an S&DS staff person or an individual contacts our agency with a request for OPI service. The individual's name is placed on a waiting list.
2. The individual is contacted by an OPI case manager. Program options and parameters are explained. The OPI case manager completes a scored risk assessment of the potential client.

3. The OPI program is currently open to new intakes, thus the individual is scheduled for an intake.
4. The intake, a face-to-face visit with a case manager, allows individual additional time to discuss needs and determine which program might be most appropriate. A psycho-social functional assessment is completed on the individuals wishing to apply for OPI services. Currently, OPI clients must demonstrate a need for assistance, and score a priority Level of 15 or below on the SPD CAPS assessment tool. S&DS currently limits the number of hours available to clients to no more than twenty-five (25) per month.

Service Delivery

The majority of the agency's OPI clients, receive home care and/or personal care through our in-home service provider, Addus HealthCare, Inc.

The S&DS case manager assesses the need for personal care(PC), RN supervision and home care assistance (HC) (CAPS assessment); develops a case plan, including specific in-home services; determines eligibility (CAPS assessment) for publicly financed services, and discusses with the client the appropriateness of using a contract agency provider versus a HCW. If the assessment substantiates need, eligibility and appropriateness of service provision by a contract agency or a HCW, the worker authorizes the service, develops a plan of care, forwards the authorization and service plan to the contract agency or the client recruits a HCW, and assures ongoing coordination/monitoring of the service. The worker reassesses the client annually, modifying the plan of care or terminating the service, when appropriate.

Contract agency Information: The contract agency recruits, screens, hires, trains, completes criminal record checks, places and supervises the PC and HC provider and RN. Per contract, the contract agency must initiate service provision within five calendar days of referral, unless an emergency exists or another start date is agreed to by all parties. The agency coordinates service provision with the S&DS case manager and reports on service provision to S&DS on a monthly basis.

Prioritization

Due to the financial constraints of the OPI program, it is necessary to prioritize potential consumers based on risk levels. New clients are placed on a list and assessments are completed on waiting list clients as intake slots become available.

Denial, Reduction or Termination of Services

Clients, who are denied service, receive a reduction of service hours, or who are terminated from service are sent a 10 day notice, along with a copy of the S&DS OPI Grievance Procedure which outlines their right to grieve the decision. Please see OPI Grievance Procedure listed below.

Grievance Procedure

The Area Plan Contract between the Department of Human Services (DHS) and Lane Council of Governments/Senior & Disabled Services (S&DS) requires S&DS to establish and maintain an Oregon Project Independence (OPI) Grievance Procedure. This procedure is designed to address and resolve client grievances regarding the provision of OPI services by S&DS. Its use is most appropriate for clients who wish to grieve S&DS decisions which result in a reduction, termination, or denial of OPI services. The following process will be used to resolve client grievances concerning OPI services.

1. Guidelines and Definitions:
 - a. Representation: The client may be represented at any stage in the grievance process by a representative of the clients choosing, including legal counsel. (Free legal counsel may be available from Lane County
 - b. Legal Aid or Lane County Law and Advocacy Center, 376 E. 11th, Eugene, 541-485-1017.)
 - c. Written Decision: A decision, rendered at any level, shall be in writing, setting forth the decision and the reason for it. The decision shall be promptly mailed to the aggrieved client or representative.
 - d. Time Limits: It is important that a grievance be processed as rapidly as possible. If a grievance is not submitted by the client or his/her representative within the time limit established by this procedure, the grievance shall become void. If S&DS fails to respond to a procedural step within the established time line, the client or his/her representative may proceed to the next step of the process within the specified time line for it.
 - e. Definition of the term A day: A day shall mean a business day. If a due date falls on a weekend or holiday, the due date shall be the next business day.
 - f. Notices of grievance and other written correspondence regarding
 - g. grievances are to be mailed or delivered to S&DS at the following address:

S&DS Director
1015 Willamette Street

Eugene, Oregon 97401

2. Notice to Applicant or Client of Decision to Reduce or Terminate OPI Service Involuntary Reduction or Termination: When a S&DS worker determines that service to an OPI client is to be reduced or terminated, the worker shall provide to the client, by mail, a written notice of this decision. This notice shall state the specific reason(s) for this decision and shall describe the clients grievance rights, including the deadline for submitting a grievance (Refer to letter from your case manager).
3. Informal Problem Resolution Process (Optional): Ideally, differences of opinion between a client and S&DS should be resolved at the lowest level possible. If the client or his/her representative wishes to avail himself/herself of this step in S&DS OPI Grievance Procedure, the client or representative should contact S&DS worker involved in the clients case within ten (10) days of date of the mailing of the notice of contemplated action which is the subject of the grievance. Within five (5) days of this contact, S&DS worker shall schedule a meeting with the client and representative (if any) to attempt to reach a mutually acceptable resolution of the matter. Within five (5) days of the conclusion of this meeting, the worker shall inform the client or representative, as appropriate, of a decision regarding this matter.
4. Formal Grievance Process:
 - a Filing a Grievance:
 1. A client or representative may file a formal grievance with S&DS without taking advantage of the informal process described in Paragraph 3 above. If the informal process is omitted, the client or his/her representative must file a written notice of grievance with S&DS at the address set forth in Paragraph 1.e above within ten (10) days of date of the mailing of the notice of contemplated action which is the subject of the grievance.
 2. If the client or representative participated in the informal grievance process described in Paragraph 3 above, he/she or representative must file a written notice of grievance with S&DS at the address set forth in Paragraph 1.e above within ten (10) days of date of the mailing of the outcome of the informal process.
 3. Assistance in filing a written notice of grievance may be obtained from S&DS. Contact S&DS Contract Manager in the Eugene Office (541-682-4137) for assistance.
 - b Upon the receipt of a written notice of grievance, S&DS shall schedule a grievance review meeting. This meeting shall be scheduled within ten (10) days of the receipt of the grievance (note all mail is date stamped

when received at the office). The client and his/her representative (if any) shall be notified by mail of the date, time and location of the meeting.

This notice shall contain the following additional information:

1. The name and phone number of the S&DS staff member to contact for additional information about the contents of the notification letter.
 2. Notification of the client's right to continue receiving OPI service while he/she is awaiting the outcome of S&DS grievance review.
 3. Information on the client's rights at the grievance review, including the right to representation and the right to have witnesses testify on his/her behalf.
 4. Information on the client's right to seek an administrative review by DHS of the outcome of S&DS grievance review.
- c The grievance review meeting shall be held at the date, time and location specified in the grievance meeting notification letter. To assure impartiality, the review shall be conducted by the S&DS Contracts Manager who does not directly supervise the S&DS employee who routinely works with the aggrieved individual.
- d Within five (5) days of the conclusion of this meeting, the S&DS Contracts Manager who conducted the meeting shall inform the client or representative, as appropriate, of a decision regarding this matter. This decision shall be binding unless the aggrieved client or his/her representative wishes to pursue this matter with the Oregon Department of Human Services (see below). Regardless of whether an administrative review with the Department of Human Services is pursued, if the decision of the grievance review meeting upholds S&DS plan to reduce or terminate OPI services, these services shall be reduced or terminated immediately.
- e A client or his/her representative who wishes to request an administrative review hearing with the Oregon Department of Human Services may do so following the conclusion of S&DS grievance review process. The hearing request should be sent to the DHS, SPD Office of Home and Community Supports, 500 Summers NE, E-10, Salem, Oregon, 97309-4020.

Fees for Service

The S&DS case manager determines a client's OPI fee based on income information provided by the client or the person acting on the client's behalf. Costs for medical services are deducted from income to arrive at the amount used to determine a client's fee. For each client determined appropriate for OPI services, based on

Administrative Rule and current agency guidelines, the case manager completes the OPI Income/fee determination, which provides for monthly income and allowable deductions. The fee is based on the state provided fee schedule and the minimum \$5.00 annual OPI fee for all clients.

If service is provided by the in-home service contractor, a copy of the 546 is faxed to the contractor. The 546 includes service start date and amount of fee to be charged, if any. A copy of this form is also retained in the client's file. A client's income and fee determination is reviewed on an annual basis at the time of the review of the service plan.

S&DS' OPI Home and Personal Care provider is responsible for billing and collection of the client fees for services they provide. The provider bills on a monthly basis. All collected fees are forwarded to S&DS by the provider. They are used to fund additional services in the year collected. Occasionally, an OPI client will receive services from a home care worker, rather than the contract agency. In these cases, client fees are determined in the same manner as previously stated. If a fee is assessed for an OPI client utilizing a home care worker, the contract manager is responsible for billing and collecting the fees. Fees collected in this manner are receipted in by clerical staff then forwarded to LCOG fiscal staff and deposited as OPI program income to be used for program services during the contract year in which they are received.

Non-Payment of Fees

The In-home service provider and the contract manager (for HCW clients) track the client fees. If a client's payments are in arrears and the outstanding balance is more than \$5.00, the case manager contacts the client to discuss the problem of non-payment. Usually the client renders payment following this contact. On occasion, however, the case manager finds that the client's circumstances have changed (e.g., larger medical bills). If this has occurred, depending on the situation, the worker may find it appropriate to amend the extent of fees assessed or the level of services to be provided. On rare occasions, the worker identifies a client in need of OPI services who, for cognitive and/or emotional reasons, refuses to use his/her resources to pay for needed care. In this instance, the contract manager may elect to waive the OPI fee. Finally, if a client does not pay his/her bill and has no compelling reasons for not paying, the worker has the authority to terminate OPI service after staffing the situation with a supervisor and/or contract manager. All worker-initiated changes in the level of fees assessed and changes in status are documented in the client's file and the client receives a 10 day notice along with a copy of the S&DS OPI Grievance policy.

Appendices



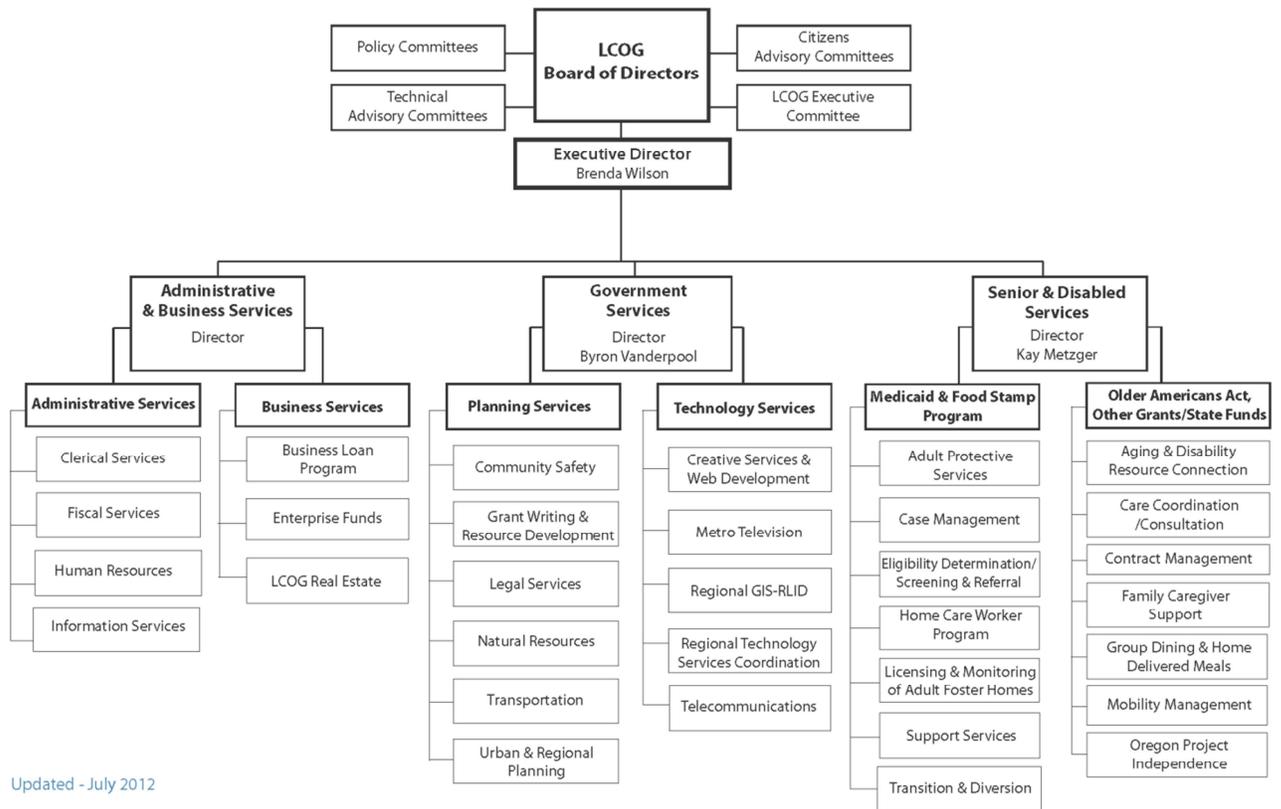
***“Do not go where the path may lead, go instead
where there is no path and leave a trail”***

~ Ralph Waldo Emerson

Appendix A Organizational Chart



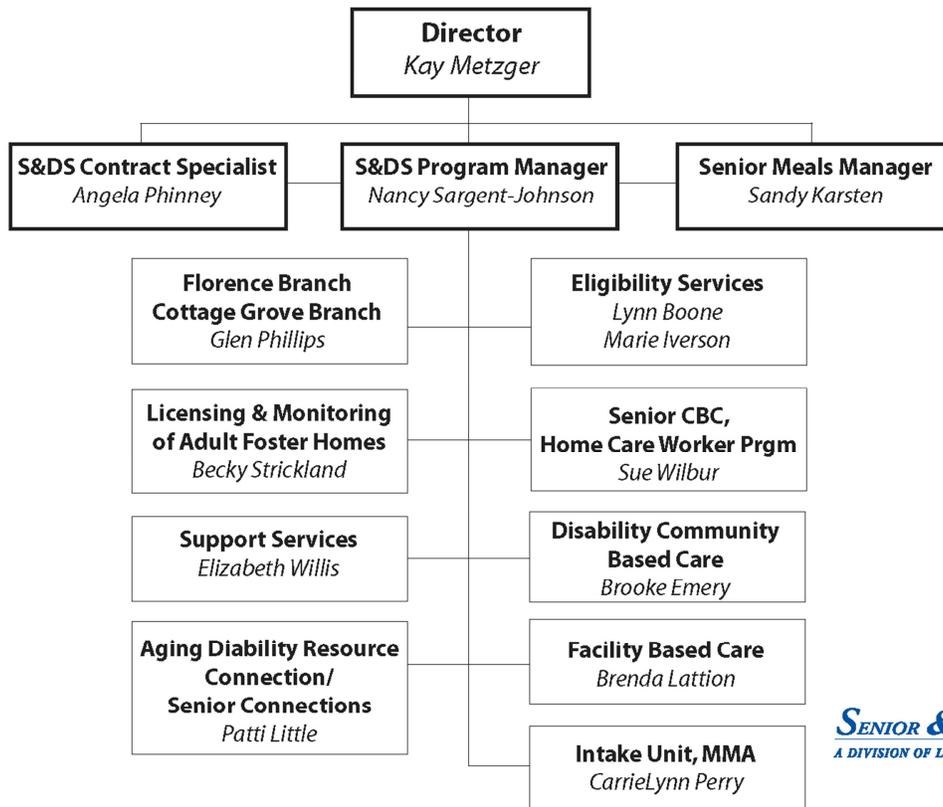
LCOG Services/Main Organizational Chart



Updated - July 2012



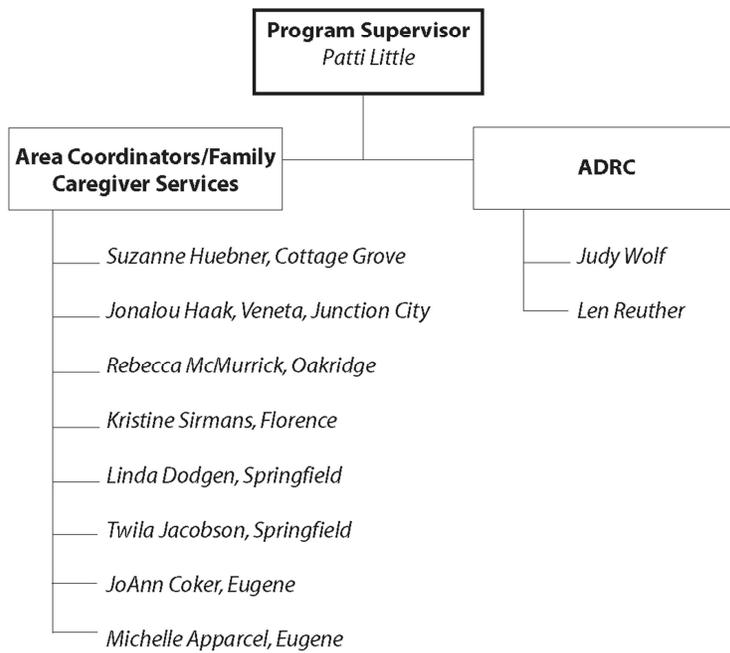
Senior & Disabled Services



Updated
June 2012



Aging & Disability Resource Center / Senior Connections

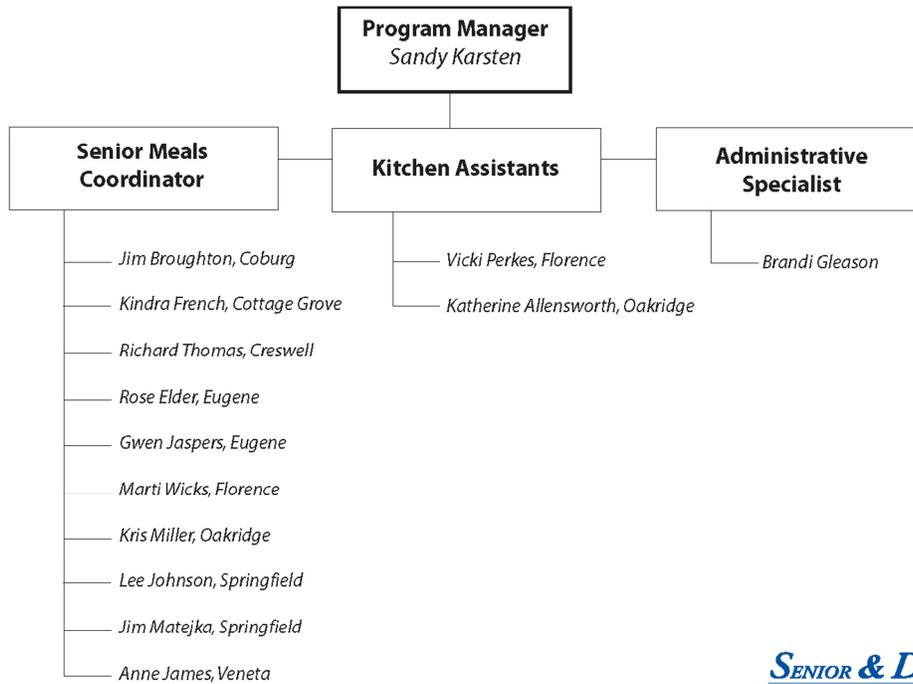


Updated
June 2012



Senior Meals Program

Offering Café 60 & Meals on Wheels



Updated
June 2012

Appendix B Advisory Council(s) and Governing Body

Board of Directors

The governing body of Lane Council of Governments (LCOG) is its Board of Directors, comprised of local elected officials designated to represent member governments. It is the role and responsibility of the Board of Directors to establish the policies of LCOG. Included is the power to:

- Adopt plans, policies, and position statements on behalf of the region;
- Annually adopt a work program, prescribing the activities of Lane Council of Governments;
- Annually adopt a budget, setting forth the fiscal expectations and limitations for a 12-month period;
- Appoint or remove an Executive Director; and
- Establish and charge advisory committees or councils to assist in the performance of work program tasks.

Listed are the members of the LCOG Board of Directors as of August 31, 2012:

City of Coburg: Jae Pudewell
City of Cottage Grove: Gary Williams
City of Creswell: Bob Hooker
City of Dunes City: Rebecca Ruede
City of Eugene: Chris Pryor*
City of Florence: Phil Brubaker*
City of Junction City: Dave Brunscheon
City of Lowell: Bill George
City of Oakridge: Glenn Fortune
City of Springfield: Christine Lundberg
City of Veneta: Sharon Hobart
City of Westfir: Neal Choiniere
Emerald People's Utility District: Penny Jordan
Eugene Water and Electric Board: Rich Cunningham*
Fern Ridge Library: Steve Recca
Lane Community College: Rosie Pryor
Lane County: Faye Stewart*
Lane Education Service District: Sherry Duerst-Higgins*
Lane Library District: Vacant

Lane Transit District: Mike Dubick
Port of Siuslaw: Vacant
River Road Park & Recreation District: Wayne Helikson
School District 19: Al King*
School District 4J: Mary Walston
School District 52: Alan Laisure
School District 68: Vacant
Siuslaw Valley Fire and Rescue: Vacant
Western Lane Ambulance District: Bob Sneddon
Willamalane Park & Recreation District: Greg James*

* Member of the Executive Committee of LCOG's Board of Directors

Advisory Councils

The Advisory Council's roles are to advise LCOG on issues related to services for seniors and people with disabilities who reside in Lane County, Oregon. Members are encouraged to join at least one standing committee:

- Executive Committee
- Planning & Budget Committee
- Long Term Care Committee
- Advocacy Committee
- Procurement & Monitoring Committee
- Nominating Committee
- Ad Hoc Committees

Senior Services Advisory Council

Rosemary Beachy, PeaceHealth Medical Group
Amy Bresler, RSVP
Kim Duerst, Trillium
Marion Esty, Community Member
Andy Fernandez, Hilyard Community Center
Carol Ford, ElderHelp
Rosemary Foster, Community Member
Heather Hall, Addus Healthcare
Rod Holst, Adult Living Solutions
Kim Kelly, Long Term Care Insurance

Karen Locke, Community Member
Sue Maddron, Community Member
Melanie Martinez, Pinnacle Healthcare
Janet O’Bryant, Community Member
Donna Peterson, New Horizons
Jonathan Ramey, Junction City
Dr. Dwayne Rice, Oregon Medical Group
Dennis Shine, Community Member
Barbara Susman, Successful Aging Institute
Charles Tucker, Oakridge
Ken Viegas, Community Member

Total number age 60 or over = 12
Total number minority = 3
Total number rural = 3

Disability Services Advisory Council

Bruce Abel, Trillium
Dawn Aubrey, Full Access
David Balthrop, Mentor Oregon
Robert Fritson, Florence
Linda Hamilton, Lane County Sherriff’s Office
Jessica Harris, Sheltercare
Marianne Malott, Community Member
Ed Necker, Community Member
Stephen Pickett, Community Member
L.M. Reese, Community Member
Christine Riley, Lane Independent Living Alliance
Diane Rogers, Community Member

Community Representatives

Terry Parker, Lane Transit District
Kathy Jenness, Lane Independent Living Alliance

Total number rural = 2
Total number self-indicating having a disability = 8

Appendix C Public Process

Needs Assessment

Every effort was made to include the public in the assessment process. This process consisted of on-line surveys, paper surveys and focus groups. For a full list of distribution sites, see page 127 of the Needs Assessment.

Community members were also utilized in section specific groups. Members of the professional community were invited to participate in review groups to focus on areas of expertise. i.e. for the hunger section, staff from Food For Lane County, American Red Cross and Meals on Wheels were invited to the table to help interpret research results and recommend actions.

The Planning and Budget Committee was used each step of the way to provide feedback and guidance of the process.

For a full description of the planning process see page 13 of the Area Plan.

Area Plan

Process:

Budget for 2012-13: The Planning & Budget Committee met five times to review and recommend the S&DS OAA budget expenditures for 2012-13. Additionally the Planning & Budget Committee reviewed and recommended Area Plan Objectives (or areas of focus) for 2012-13. A public hearing was held March 15, 2012.

Area Plan for 2013-16: The Planning & Budget Committee met July 26, 2012 to review the Strategic Areas of Focus and recommended goals to achieve. Two weeks prior to the public hearing a draft copy was sent to all Lane County Adult Centers and Public Libraries to announce the delivery of the Area Plan and to open for public comments.

Libraries

Cottage Grove Public Library
Creswell Public Library
Eugene Public Library
Eugene Public Library – Bethel Branch

Eugene Public Library – Sheldon Branch
Fern Ridge Library
Junction City Library
Lowell City Library
Oakridge Public Library
Siuslaw Public Library
Springfield Public Library
Alvadore Volunteer Library
Blue River Volunteer Library
Cascade Foothills Volunteer Library
Country Corner Community Library
River Road/Santa Clara Volunteer Library

Adult Activity Centers

Campbell Senior Center
Cottage Grove Senior Center
Florence Boosters Senior Center
Garcia Service Center
Hilyard Community Center
Peterson Barn Community Center
River Road Park & Recreation
Viking Sal Senior Center
Willamalane Adult Activity Center
Willamette Activity Center

A public hearing was held on August 14, 2012 at the Hilyard Community Center in conjunction with the Senior and Disabled Services Advisory Council. Copies of the Area Plan were distributed prior to the hearing.

Summary of Public Hearing

Each attendee was presented with a copy of the Executive Summary in addition to the full report (mailed out prior). The hearing was opened by S&DS Director, Kay Metzger, who provided a brief background summary on the Area Plan and the functions of the Area Agency on Aging. Angela Phinney, Contracts Manager/Planner presented on the 2013-2016 Area Plan. The presentation covered a brief description of each of the focus areas, identified gaps/issues and provided the goals and objectives recommended by the Planning and Budget Committee.

Comments/Recommendation	S&DS Response
A request was made to include the website for ADRC of Oregon	Response: Website address was incorporated into the section C, ADRC
Discussion was held in regards to how to increase S&DS outreach to Native Americans. A suggestion was made to visit www.getinvolved.gov .	Response: This information will be used for future outreach purposes.
Comment that on page 60, the RideSource Shopper Program does not go to Coburg, only the Eugene/Springfield area.	Response: Correction was made
Page 10 of Executive Summary. Request to add info on the work of Senior Companions in providing transportation	Response: Contributions of the Senior Companion program were acknowledged. No change to Executive Summary.
Comment that it is important for the community to understand that the problems in this plan are under-represented. There is no money to do the extensive research to truly reach the most underserved populations.	Response: Staff from S&DS acknowledged that this is a true barrier to the plan.
Comment was made of the importance of volunteerism and civic engagement for seniors and the health impact it has on seniors.	Response: Research was performed to validate statement and was added to the Livable Communities section.
Request was made for APS to give a presentation to Senior Companions Program and personal assistance	Response: Request was passed on the APS program and will be scheduled for a future meeting.
Request was made to add under the section of Livable Communities the importance of volunteers for transportation and friendly visits.	Response: The importance of volunteerism and its contribution to healthy aging was acknowledged. Information was added to the Livable Communities section.
Comment was made that faith	Response: Information was passed on to the

<p>communities i.e. churches are looking for civic projects in the community. May be a good place to look for volunteers for programs such as the ElderHelp Program.</p>	<p>coordinator of the ElderHelp program.</p>
<p>Comment was made that it is important to advertise our programs for outreach purposes. An example would be to advertise in the Senior and Boomer News for ADRC.</p>	<p>Response: Comment noted.</p>
<p>Comment was made that it would be good if there was money to provide stipends to volunteers as it would open up the ability for more seniors to volunteer in the community. An example would be reimbursement for mileage.</p>	<p>Response: Comment was acknowledged.</p>

Appendix D Report on Accomplishments from 2011-2012 Area Plan

1. In preparation for the new four year Area Plan that is required for 2013-16, complete an updated Needs Assessment, utilizing data from other sources to inform that process.

Accomplishments:

S&DS has used a variety of methods for identifying and verifying unmet needs among older citizens, people with disabilities and family caregivers residing in Lane County. The advisory council participated in the planning process. For the 2013-2016 Area Plan, feedback was gathered from a variety of sources, including, but not limited to: survey data, input from agency staff, and community stakeholders and secondary resources.

2. Work towards the sustaining two important grant projects within S&DS – the Mobility Management grant (in collaboration with LTD) and the Real Choices Systems Change grant (in collaboration with the State of Oregon, PeaceHealth, Lane Individual Practice Association (LIPA), Lane Independent Living Alliance (LILA), and other community partners).

Accomplishments:

A. Sustaining Mobility Management Grant

S&DS moved its operational design from a pilot-oriented model (with one specialist testing the program and doing all the work) to a more integrated service delivery model. As a result, Mobility Management responsibilities are now incorporated into the job description of all S&DS Senior Connection staff. Extensive training was received by Senior Connection staff to properly assess and perform the transportation assessment function consistent with contract timelines and expectations.

B. Sustaining the Real Choices Systems Change Grant

- (1) The RCSC grant-funded Resource Specialist, Judy Wolf, received specialized training in Eric Coleman’s Care Transition Intervention. Under a special 8 week agreement, Judy worked within Sacred Heart Hospital, completing daily rounds with hospital staff and identifying potential candidates for the Care Transitions Intervention (CTI).

Since this portion of the RCSC grant closed effective December 31, 2011, S&DS was forced to discontinue this service at that time. However, S&DS is in the process of renewing partnerships and building on past successful relationships to offer CTI services to hospitals using Title III-D funds and other potential opportunities through the Coordinated Care Organization.

- (2) The ADRC portion of the Real Choices Systems Change Grant was approved for a no cost extension through March 2012 (original end date was September 30, 2011). Additionally, the State Unit on Aging identified S&DS as one of three agencies to test a statewide 1-800# for the ADRC. This funding runs through September 2012.
- (3) ADRC functions have been incorporated into the organizational structure of services within S&DS including the job descriptions of Senior Connection staff. For example, Senior Connection staff has all received certification as Options Counselors and I&A specialists through AIRS. This standard will be incorporated on an ongoing basis into the job description.

3. Research opportunities to improve and expand services to seniors and people with disabilities through newly proposed health care initiatives and reform.

Accomplishments:

S&DS coordinated an intensive cross-functional workgroup to make application to the CMS' Community Based Care Transitions Program. Funding for the CCTP is a part of the Affordable Care Act. Although our application was not funded, the collaboration served to build very positive bridges with health care providers. We are currently planning for meetings with the Coordinated Care Organization (CCO) to brainstorm how we can adapt and build on the CCTP proposal using CCO support.

4. Pursue partnerships with other organizations and agencies to combine efforts towards common objectives to improve services for seniors and people with disabilities. This includes researching the potential for blending funds and services and integrating physical health, mental health and social service interventions to provide improved health outcomes and increased independence. Report back to the Senior Services and Disability Services Advisory Councils on the progress and findings.

Accomplishments:

S&DS staff actively participated on the design committee and community forums for Lane County's Coordinated Care Organization. S&DS staff has a seat on the CCOs Governing Board and also meets monthly with CCO Executive Leadership. Currently S&DS and Trillium are exploring a sustainable means to embed behavioral health clinicians and nurse practitioners alongside S&DS staff.

S&DS entered into a Memo of Understanding with Trillium Community Health Plan (Lane County's CCO) in which both organizations agreed to share information and participate in inter-disciplinary teams. This collaboration will help to break down silos, improve quality of care, ease of access for consumers, and keep both organizations accountable.

Appendix E Emergency Preparedness Plan

Please Note:

Lane Council of Governments is NOT a first responder to any type of natural\ or man-made disasters. We are not a part of any city/county Emergency Preparedness Plan.

Appendix F List of Designated Focal Points

Services may be secured from S&DS at any of the following locations:

Main Office

Senior & Disabled Services (541) 682-4038
1015 Willamette Street (800) 441-4038
Eugene (541) 682-4567 TTY

Full Service Satellite Offices

South Lane Office

Senior & Disabled Services (541) 942-9430
37 N. Sixth Street (541) 682-7821 TTY
Cottage Grove

Coast Office

Human Resource Office (541) 902-9430
3180 Hwy. 101 N.
Florence

Community Offices – OAA Services

Tony Garcia Service Center

88149 Territorial Road (541) 935-2262
Veneta

Viking Sal Senior Center

245 W. 5th Street (541) 998-8445
Junction City

Willamette Activity Center, Room A

47674 School Street (541) 782-4726
Oakridge

Appendix G Partner Memorandums of Understanding

Appendix H Statement of Assurances and Verification of Intent

For the period of January 1, 2013 through December 31, 2016, Lane Council of Governments, Senior & Disabled Services 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, Senior & Disabled Services shall promote the development of a comprehensive and coordinated system of services to meet the needs of older individuals and individuals with disabilities and serve as the advocacy and focal point for these groups in the Planning and Service Area. The Senior & Disabled Services 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 [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 Attachment A 2013-2016 AREA PLAN INSTRUCTIONS 26

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 Senior & Disabled Services 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, Senior & Disabled Services

Date

Advisory Council Chair

Date

Legal Contractor Authority

Title