



Oregon

John A. Kitzhaber, MD, Governor

Department of Human Services

Aging and People with Disabilities

State Unit on Aging

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December 18, 2012

Rodney Schroeder and
Melinda Compton
Northwest Senior & Disability
Services
3410 Cherry Avenue NE
Salem, OR 97309



Dear Rodney and Melinda,

I am pleased to inform you that the Northwest Senior and Disability Services' Area Plan on Aging for 2013 – 2016 has been approved for the period January 1, 2013 through December 31, 2016.

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

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

Sincerely,

Elaine Young
Manager, State Unit on Aging

Cc: Kristi Murphy, SUA

OUR MISSION

The mission of **NorthWest Senior & Disability Services** is to assist older persons and people with disabilities in making and implementing choices that maximize their independence and quality of life.



*District #1
Serving Clatsop,
Marion, Polk,
Tillamook and Yamhill
Counties*

NORTHWEST SENIOR & DISABILITY SERVICES

District 1:
Clatsop, Marion, Polk,
Tillamook & Yamhill Counties

OLDER AMERICANS ACT AREA PLAN

for the period of

**JANUARY 1, 2013
to
DECEMBER 31, 2016**

NorthWest Senior & Disability Services
Agency Administrative Offices
3410 Cherry Avenue NE, Suite 220
P.O. Box 12189
Salem, OR 97309-0189

NORTHWEST SENIOR & DISABILITY SERVICES 2013-2016 AREA PLAN

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SECTION A – AREA AGENCY PLANNING AND PRIORITIES

A-1 Introduction:

Northwest Senior & Disability Services (NWSDS) is a state-designated Area Agency on Aging (AAA), with a Planning and Service Area (PSA) that covers Clatsop, Marion, Polk, Tillamook and Yamhill counties in the mid-Willamette Valley and along the north coast of Oregon. The PSA covers over 4,600 square miles with a 60+ population of more than 108,500 individuals.

NWSDS is chartered under Oregon Revised Statutes (Chapter 190) as a local, voluntarily created intergovernmental organization formed by Clatsop, Marion, Polk, Tillamook and Yamhill counties. It is a Type B Transfer AAA serving both seniors and adults with physical disabilities in all five counties. The agency is governed by a five-member board of directors consisting of one locally elected county commissioner from each of the five signatory counties.

The board of directors appoints a 27-member Senior Advisory Council (SAC), and a 15-member Disability Services Advisory Council (DSAC), to advise the board and executive director(s) regarding policy and program implementation, and to advocate on behalf of the needs of seniors and people with disabilities. The advisory councils are made up of volunteer representatives from the general public, service providers, consumers of services, local elected officials, and representatives of people with disabilities. SAC membership reflects proportionate representation of the number of seniors residing in each of the five counties. The majority of the members on the SAC are persons over age 60. DSAC membership consists of representatives from each of the five counties. The majority of the members on the DSAC must be individuals with physical disabilities.

As an AAA, NWSDS has developed a plan for a comprehensive and coordinated service system to meet the needs of older adults, family caregivers and adults with physical disabilities in its five-county PSA. This plan is documented as the Agency's four-year Area Plan, which is updated annually. The Area Plan is keyed primarily to the coordination and delivery of services as stipulated by the Older Americans Act (OAA), which are available to individuals age 60 and over, regardless of income. The plan also identifies elements of Medicaid services, coordinated through NWSDS, for low-income seniors age 65 and over, and for persons with physical disabilities age 18 and over, and services funded by Oregon Project Independence (OPI).

The services and programs addressed in the plan are the result of continuous development and coordination activities, both internally and externally, such as:

- gathering and analyzing data to determine older persons' needs for programs and services within the NWSDS service area;
- utilizing needs assessment information to establish goals for program modification, enhancement and/or development;
- working with communities and groups within the agency's service area to encourage local responses to senior needs;
- serving on committees, advisory councils, boards, etc., of partner organizations providing services which have an impact on the lives of older persons (e.g., transportation, health care, education, volunteer programs, etc.);
- strategic and long-range planning to ensure NWSDS' ability to respond to issues which have an impact on programs, services and the quality of life for older persons.
- development of an Emergency Preparedness Plan in coordination with community emergency planners, and in cooperation with statewide emergency planning efforts.
- facilitation of long-term care system development in anticipation of the implementation of Coordinated Care Organizations.
- marketing of the agency's Options Counseling program, and active participation in the use and expansion of the Aging and Disability Resource Connection database and reporting functions.

As a designated AAA, NWSDS is authorized by the federal Administration on Aging to receive Older Americans Act (OAA) funds. The agency receives this funding through a contract with the state's Department of Human Services. OAA-funded services are available to anyone age 60 and over (with some exceptions for younger recipients). The specific uses of, and spending formula for, the federal funds are defined by the OAA.

The NWSDS Area Plan details how our agency meets the basic requirements of these funded services. The following list gives an idea of some of the services which may be provided through Older American's Act funding:

- Adult Day Care
- Advocacy
- Information & Assistance
- In-Home Services (housekeeping, personal care, heavy cleaning, meal preparation)

- Financial Assistance (help with utilities, food, medical costs)
- Friendly Visiting
- Health Insurance Counseling
- Housing
- Home Repair
- Legal Services
- Medical Assistance (health screening, health education, medical alert systems)
- Medication Management
- Mental Health Services (Senior Peer Counseling)
- Money Management
- Nutritional Programs (Congregate and Home-Delivered Meals)
- Nutrition Education
- Protective Services Education
- Respite Care
- Shopping and Errand Services
- Support Groups
- Telephone Reassurance
- Transportation (medical, recreational, appointments)
- Volunteer Opportunities
- Wellness Programs (Living Well with Chronic Conditions, Fall Prevention, and other Evidence-based programs)

NWSDS maintains six full-service offices within its PSA:

Salem: 3410 Cherry Ave NE, P.O. Box 12189, Salem, OR 97309
503-304-3400, or toll free: 1-800-469-8772; Fax: 503-304-3464

Woodburn: 1320 Meridian Dr., Woodburn, OR 97071
503-981-5138, or toll free: 1-888-257-0138; Fax: 503-982-8268

Dallas: 260 NE Kings Valley Hwy, Dallas, OR 97338
503-831-0581; Fax: 503-623-5178

McMinnville: 300 SW Hill Rd, McMinnville, Or 97128
503-472-9441, or toll free 1-866-333-7218; Fax: 503-472-4724

Tillamook: 5010 E. Third St., Tillamook, OR 97141
503-842-2770, or toll free: 1-800-584-9712; Fax: 503-842-6290

Warrenton: 2002 SE Chokeberry Ave, Warrenton, OR 97146
503-861-4200, or toll free 1-800-442-8614; Fax: 503-861-0934

The toll free **TTY** number for all offices is: 1-888-370-4307

Information and Assistance specialists in Marion, Polk and Yamhill counties can be reached at: 503-304-3420, or toll free: 1-866-206-4799; Fax: 503-304-3421; or by e-mail at: information.nwsds@nwsds.org

Information and Assistance specialists in Clatsop and Tillamook counties can be reached at: 503-861-4210, or toll free: 1-800-442-8614; Fax: 503-842-6290; or by e-mail at: assistance.nwsds@nwsds.org

A-2 Mission, Vision, Values:

The NWSDS mission is: “*Working together to assist older persons and people with disabilities in making and implementing choices that maximize their independence and quality of life.*”

As an organization, the agency has been in operation for 30 years. Originally serving only seniors in Marion, Polk and Yamhill counties, the agency expanded, in 2005, to include services to seniors in Clatsop and Tillamook counties, as well as Medicaid services to adults with physical disabilities in all five counties. The ability of the agency to successfully make such a major transition is indicative of the culture of service to vulnerable populations demonstrated by the agency’s leadership, staff and volunteers.

One of the top priorities within the agency throughout the transition process was to maintain the integrity of its mission and values. This was critical, given the sheer size of the new agency, with its new mix of services, programs, and employees, and its geographic dispersion, which necessitated a complete revision of the organizational chart. The executive management team approached this challenge as an opportunity to review and analyze the agency’s business model in order to seek and implement ways to improve the delivery of services to our expanded client base. To accomplish this, management sought to capitalize on the strengths and talents of individuals already part of the agency, create program and administration efficiencies, and seize strategic opportunities to best utilize available funding. The outcome of this effort was a structural reconfiguration of unit, program and area management designations; staff promotion and reassignment opportunities; and new positions created to enhance Information and Assistance services, resource development, and Quality Assurance and Improvement.

This entire effort was possible because of the highly developed internal culture articulated by the core values of ***Customer Service, Professionalism*** and ***Positive Attitudes***. The agency staff are encouraged every day to meet the needs of the people we serve, with compassion and responsiveness, in a manner that preserves their dignity and independence.

As a well-established AAA, with a track record for excellence, NWSDS is able to develop organizational efficiencies and leverage extensive community support through mutually beneficial partnerships with other service providers in our PSA. Working with such a large and diverse group of partners, for the past 30 years, has

positioned the agency to garner significant credibility throughout the State of Oregon. As a stand-alone Type B, NWSDS has a level of autonomy and flexibility that allows it to respond relatively quickly to innovative opportunities for pilot projects, and the implementation of emergent best practices for targeted services.

To ensure a consistently high level of knowledge, skills and abilities among agency staff, NWSDS maintains a Quality Assurance and Improvement Unit (QA&I) for training and technical assistance available to all employees. The QA&I Unit has also taken a lead in developing an agency Strategic Plan to help capture a vision for the future that utilizes best practices and innovative thinking designed to position the agency to address trending challenges, and take advantage of emerging opportunities.

A-3 Planning and Review Process:

Ever mindful of its mission, NWSDS works diligently to remain cognizant of the ongoing needs and emerging trends affecting the well-being of the lives we touch. The consistent input provided by our two advisory councils and their advocacy networks, coupled with the strategic leadership of our executive management and informed by the daily feedback of agency staff, collectively serves to help keep the agency on the leading edge of assessing the needs of seniors and adults with physical disabilities. With this continuous input, NWSDS is able to adapt and respond to evolving demographics, changing public policies and fluctuating funding streams in the course of our routine operations.

In addition, to enhance ongoing efforts to assess the needs of our service populations, NWSDS employed four other strategies to gain further specific insight for help with development of the Area Plan:

1. In partnership with AARP Oregon, NWSDS developed an on-line survey targeted primarily to boomers (age 50-60), to gain feedback from a segment of the population that may be thinking of near-future needs for themselves or family. The survey was sent to 7,446 individuals, in our PSA, using e-mail addresses accessed by the AARP Oregon database.
2. Using data accessible through the Oregon ACCESS call module, we generated reports that collected Call Reasons and Call Outcomes for a period of the three most recent calendar years. This provided us with a clear snapshot of the call reasons, by both volume and percentage for each of our seven offices, and the outcomes of those 54,457 contacts. This information can help us see what the most prevalent recent service requests have been, across the five counties, to help guide our responsive planning efforts.
3. We conducted a series of targeted focus groups, across our PSA, to solicit feedback from knowledgeable community members and stakeholders about the issues and needs of our senior population. We sought to invite individuals who likely have some experience or insight to the needs of seniors; particularly seniors who are low-income, of a racial minority, isolated, or whose English is less than proficient.

4. In accordance with past practice, we engaged an exercise designed to solicit specific input from our two advisory councils regarding the prioritization of discretionary spending (detailed below in Section A-4).

Primary responsibility for addressing the Issue Areas, Goals and Objectives was given to various service managers within the agency. Their drafts were then worked into the narrative and template pieces in the appropriate order. A hard copy of the initial draft of the Plan was made available at each of the service offices, and an electronic copy was available upon request through the web site. Throughout August and September, the initial draft of the Plan was fine-tuned and revised according to the feedback of staff, and in consideration of responses received during the public hearings process. The final public hearing on the draft Plan was held in conjunction with the regular September meeting of the joint Senior Advisory Council and Disability Services Advisory Council.

A-4 Prioritization of Discretionary Funding:

Once NWSDS has met its minimum service requirements, and continuing contractual obligations, we have the discretion to allocate any remaining funds (that may be available) to further enhance existing services, or initiate new programs. How these discretionary funds are expended is based on a prioritized list of services recommended by the advisory councils, and adopted by the board of directors.

The prioritized list of services recommended by the advisory councils is developed in conformance to a set of guiding principles, also approved by the councils:

- OAA/OPI services/programs funded by NWSDS should meet the overall goals of the Agency mission statement and strategic plan, as these are the documents which establish priorities, goals and objectives to guide the Agency in achieving its client-focused mission to assist seniors, and people with disabilities, in making and implementing choices that maximize their independence and quality of life.
- OAA/OPI services/programs funded by NWSDS should be prioritized according to the basic necessities of life (e.g., food, shelter, etc.).
- OAA/OPI services/programs for which funding is sought must have an identifiable outcome and meet an identifiable need that cannot otherwise be adequately met by other community resources.
- The funding of an identified need, service or program should not be precluded because it is not five-county wide.
- Costs for OAA/OPI services/programs should be in line with average costs of areas with similar demographics. Reasonable costs should meet the “prudent person” test.
- An auxiliary service should not exceed the cost per unit of the primary service (e.g., meal site transportation unit cost compared to meal unit cost).
- Input and involvement from potential OAA/OPI service/program participants should be a part of the planning process and, when feasible, part of the recommendation process. Involvement of participants/clients in the evaluation and monitoring of programs and services is essential.
- Dependable, high quality, cost effective service to clients and the public is an important desired outcome for all OAA/OPI services/programs. NWSDS should not only do the right thing, but also do things right.
- Whenever feasible and allowable, discretionary funds used to develop “new” OAA/OPI services/programs should be used as seed money and will be time limited.

- Emphasis should be placed on building and/or replicating partnerships which control costs, yet maintain the quality necessary to serve people well.
- NWSDS Senior Advisory Council members, in cooperation with the NWSDS Disability Services Advisory Council (DSAC) members, shall educate the public about NWSDS services and programs. When applicable, such education will include information regarding funding cuts or proposed cuts that affect the seniors and people with disabilities we serve in our five-county area.

The Advisory Councils' prioritized list of services, recommended to, and adopted by, the Board, for the utilization of OAA/OPI discretionary funds is as follows:

- 1. Personal Care**
- 2. Home Care**
- 3. Information & Assistance**
- 4. Home-Delivered Meals**
- 5. Senior Mental Health Program**
- 6. Protective Services/Risk Management**
- 7. Congregate Meals**
- 8. In-Home Volunteers**
- 9. Guardianship/Conservatorship**

Implementing the prioritized list of services will adhere to the following guidelines, as well:

1. In an environment of shrinking resources, discretionary funds should not be used to create new programs/services, and/or to expand existing programs/services, except as it may create an efficiency or an economy that preserves client service or fulfill a higher priority need.
2. Any available discretionary funding should first be used to maintain and/or backfill NWSDS highest priority services or programs. Funding decisions would then be made on a case-by-case basis.

In addition to prioritizing the use of an increase in discretionary resources, as described, NWSDS will seek to provide the most effective use of available resources to address the identified needs of those experiencing physical and mental disabilities, language barriers, and cultural, social, or geographic isolation, including isolation caused by racial or ethnic status, that restricts the ability of an individual to perform daily tasks or threatens the capacity of an individual to live independently.

NWSDS will continue to assess the risk and vulnerability of those populations through our ongoing outreach with community partners, particularly in the rural areas of our PSA. We will work to identify and enhance any existing natural supports available to those at-risk populations, and participate in partnership with other provider systems, currently in place, to assist with meeting those needs.

In the event that a decrease in available discretionary funds necessitates a reduction in service levels, NWSDS will implement a variety of strategies to try to mitigate the potential for increased risk to our most vulnerable populations.

Prior to initiating a process for reducing service levels, we would further assess the risk of harm to those most vulnerable to a loss of independence, or of greater social isolation, trying to identify decision points with the least impact to the most vulnerable individuals. In addition, we will seek to maximize any match opportunities with remaining funds, and examine those provider contracts that could be negotiated for additional savings and reinvestment.

Having done all we could to extend our resources, we would likely initiate wait lists to maintain contact with affected individuals, and to provide a quick response in the event that new funding becomes available.

SECTION B – PLANNING AND SERVICE AREA PROFILE

B-1 Population Profile:

According to 2010 U.S. Census data, the NWSDS PSA has a total population of 552,220 people. Of that total, the senior population -- age 60+ -- accounts for 108,519 people, or roughly 20% of the total 5-county population.

Approximately 53% of the senior population (57,613) lives in rural areas, with 47% (50,906) residing in urban areas. Of the urban senior population, 65% of that total (33,107) lives in the Salem/Keizer Metropolitan area. The other 17,799 urban seniors are residents of McMinnville, Newberg and Woodburn.

Low-income seniors in the PSA account for 8.2% of the total, and the percentage of minority seniors in the PSA is 10.0. Native American Elders comprise 10.3% of minority total. Low-income minorities comprise a slightly lower share of all low-income seniors with 9.2% of the low-income total. People with disabilities account for 27.5% of the senior population in the PSA.

Table 1 details the breakdown of how these characteristics are distributed.

Table 2 details the distribution of minority populations across the PSA.

Table 1: * *Source: U.S. Census Bureau 2010*

** *Source: American Community Survey 3-Year Estimates Age 65+ (B18101)*

| Characteristic | Clatsop | Marion | Polk | Till. | Yam. | Total |
|-----------------------|----------------|---------------|-------------|--------------|-------------|--------------|
| 60 and over* | 9,028 | 57,604 | 15,716 | 7,409 | 18,762 | 108,519 |
| Low income** | 664 | 5,002 | 977 | 781 | 1,466 | 8,890 |
| % of total 60+ | 7.4 | 8.7 | 6.2 | 10.5 | 7.8 | 8.2 |
| Minority* | 425 | 7,227 | 1,323 | 282 | 1,617 | 10,874 |
| % of total 60+ | 4.7 | 12.5 | 8.4 | 3.8 | 8.6 | 10.0 |
| Minor. low-income | 7 | 538 | 339 | 26 | 92 | 1,002 |
| % of Minority 60+ | 1.6 | 7.4 | 25.6 | 9.2 | 5.7 | 9.2 |
| Disabled** | 2,126 | 15,360 | 5,332 | 1,692 | 5,290 | 29,800 |
| % of total 60+ | 23.5 | 26.7 | 33.9 | 22.8 | 28.2 | 27.5 |
| Rural* | 9,028 | 22,327 | 10,780 | 7,409 | 8,069 | 57,613 |
| Native Am. Elders* | 57 | 577 | 216 | 49 | 221 | 1,120 |
| % of Minority 60+ | 13.4 | 8.0 | 16.3 | 17.4 | 13.7 | 10.3 |
| Native Am. Tribes: | | | | | | |
| Grand Ronde | | X | X | X | X | |
| Siletz | | X | X | X | X | |

Table 2: * Source: U.S. Census Bureau 2010

| Minority Pop. | Clatsop | Marion | Polk | Till. | Yam. | Total |
|---------------------------|----------------|---------------|-------------|--------------|-------------|--------------|
| Minority 60+ * | 425 | 7,227 | 1,323 | 282 | 1,617 | 10,874 |
| % of total 60+ | 4.7 | 12.5 | 8.4 | 3.8 | 8.6 | 10.0 |
| Black, African Am. | 36 | 330 | 33 | 10 | 54 | 463 |
| % of Minority total | 8.5 | 4.6 | 2.5 | 3.5 | 3.3 | 4.3 |
| Native Americans | 57 | 577 | 216 | 49 | 221 | 1,120 |
| % of Minority total | 13.4 | 8.0 | 16.3 | 17.4 | 13.7 | 10.3 |
| Asian | 145 | 1,121 | 187 | 63 | 193 | 1,709 |
| % of Minority total | 34.1 | 15.5 | 14.1 | 22.3 | 11.9 | 15.7 |
| Pacific Islanders | 4 | 112 | 19 | 2 | 14 | 151 |
| % of Minority total | .9 | 1.5 | 1.4 | .7 | .9 | 1.4 |
| Some other alone | 46 | 1,549 | 254 | 28 | 303 | 2,108 |
| % of Minority total | 10.8 | 21.4 | 19.2 | 10.0 | 18.7 | 19.4 |
| Hispanic or Latino | 137 | 3,538 | 614 | 130 | 832 | 5,251 |
| % of Minority total | 32.2 | 49.0 | 46.4 | 46.1 | 51.5 | 48.3 |

B-2 Target Population:

The agency's target population includes not only those aged 60+, but also low-income and minority seniors, those with limited English proficiency, seniors living in rural areas, at risk of social isolation or institutional placement, and an increased focus on issues related to older LGBT individuals.

NWSDS continues to capitalize on opportunities to provide community outreach and education in a variety of settings, including local health fairs, community housing forums, Public Service Announcements in local newspapers and on local radio stations, and county fairs. A number of agency staff routinely participate in local networking groups that include staff of senior centers, assisted living facilities, emergency responders, multi-disciplinary teams, insurance company representatives, financial planners, attorneys, nutrition services providers, veterans groups, transportation providers and public health agencies.

As an established and well-known agency among partners and other public service providers across our PSA, NWSDS is frequently consulted and invited to speak or participate in the planning and development of other community programs serving the needs of similar populations.

Agency program brochures and meal menus are routinely printed in Spanish, and sometimes in Russian. The agency employs a number of Spanish and Russian-speaking staff, and makes efforts at direct outreach to minority populations in collaboration with other community providers, such as health services providers, housing providers, churches and targeted newsletters. NWSDS has recently focused on training Options Counselors on issues specific to LGBT seniors, and is seeking to incorporate these key understandings as part of our Information and Assistance resources. Increased outreach and dialog with the two tribal populations within our PSA, particularly around housing issues and elder rights, are identified within our goals and objectives section.

B-3 AAA Administration and Services:

As a stand-alone Type B AAA, NWSDS has a 30-year history of successfully administering OAA services. The administrative functions of the agency are directed by co-executive managers, working with two other members of an executive Management Team. Leadership in each of the agency's six full-service offices is provided by Service Managers, who oversee the work of staff in each office. Other Service Managers have specific program oversight, such as Adult Protective Services, Business Services, Fiscal Services, Nutrition Services, and OAA/ADRC Services.

Program development and coordination is a team effort, incorporating emerging needs with best practices. OAA funding is utilized to first meet the minimum requirements for the provision of specific services, such as legal assistance, in-home services, medication management, etc, often exceeding the minimum requirements for most services. OPI and Title XIX funds are used in strict accordance to the uses permitted and specified in our contract with the state.

Attachment C of Section E provides details of specific services provided. In addition to the OAA services, NWSDS provides Medicaid eligibility determination and case management for other Title XIX services.

NWSDS owns its own industrial scale kitchen facility. NWSDS is the lead agency of a consortium of AAAs that has contracted with Bateman Food Services to provide Title C1 and C2 meals to seniors in seven mid-Willamette valley counties. By working as a consortium, all three AAAs (NWSDS, Oregon Cascades West, and Lane SDS) enjoy the advantages of relatively lower per-meal costs through volume pricing available to such a large client base.

As federal funding has not kept pace with rising food, labor and fuel costs, the Nutrition Program has expanded its fund-raising efforts to private donors with two annual direct-mail solicitations to likely contributors, in addition to a widely distributed summer newsletter that offers an opportunity to donate to the programs.

The FCSP has been hit especially hard by budget restrictions, necessitating the creation of a waiting list for families eligible for services. The program continues to create screenings for program eligibility, and brings families back into the program as funds allow. The program continues to produce two quarterly newsletters: one for seniors raising children; and one for younger families caring for seniors.

Health Promotion and Disease Prevention efforts continue to expand with new partners providing exercise programs, along with NWSDS sponsorship of "Cooking Matters" classes for low-income seniors, as well as increased efforts to conduct Living Well with Chronic Conditions classes. Local partners include

Columbia Memorial Hospital, Clatsop Community College, Sunset Empire Park & Recreation District, Tillamook County General Hospital, Oregon State University Extension Service, North County Recreation District and Clatsop Community Action Regional Food Bank. The Living Well classes also help meet the agency's obligation for targeting Medication Management requirements.

The agency's Title IIIB services include Information and Assistance, Legal Assistance, Home Care and Personal Care, Mental Health Counseling, In-home volunteers, Interpretation/Translation, and public outreach.

B-4 Community Services Not Provided by the AAA:

The needs of the populations served by NWSDS cannot be fully met through the resources of any single organization. Staff in each of the five counties of our PSA have developed collaborative relationships with other service providers in the local communities that are not readily apparent in routine program reports. For example:

- The operators of the local food bank, in Tillamook County, distribute a newsletter with their food distributions, called the Brown Bag Bugle, that often includes information about NWSDS programs and meal sites
- A private non-profit group called ROBES (Russian Old Believers Enhancement Services) operates in Marion County to engage the Russian-speaking community in conversations about retaining essential elements of their cultural roots, as well as providing important information on nutrition services and family caregiver issues
- Transportation services operating in all five counties; service hours and availability being cut, in places, due to funding shortages
- Mental health services desperately needed in the rural areas, but lack of funding and staff make it difficult everywhere

NWSDS routinely provides information to those seeking assistance for issues that are not typically provided by our agency, or through a contracted provider. Maintaining an accurate resource data base, and open communications, is an essential element for directing clients to providers who can appropriately address their needs. Some of those service needs and providers are listed as follows:

- *Mental Health*
Public mental health programs exist in all five counties, but they all report being under-staffed and under-funded. Private pay options exist for those with sufficient resources, but huge gaps in service availability is evident. Law enforcement agencies are under increasing pressure to address incidents that involve individuals with mental health issues.
- *Transportation*
Public transportation providers operate in all five counties, but recent funding cuts have forced all of them to reduce operating hours, eliminate routes, increase fares, or a combination of these options.
- *Housing*
Housing Authorities operate in all five counties, providing Section 8 subsidies, and in some cases operating specialized units for low-income seniors. However, many jurisdictions have reported a lack of crisis

placement housing for those suffering from abuse, homelessness, and mental incapacity. A private non-profit, the Farmworker Housing Development Corporation, also provides housing for low-income farmworkers with housing developments in Woodburn, Stayton, Sublimity, Salem and Independence, and the Confederated Tribes of the Grand Ronde operate the Grand Ronde Housing Authority, serving Native American families.

- *Elder Abuse Awareness and Prevention*
NWSDS works with multi-disciplinary teams in all five counties to help raise awareness of abuse issues. Hospitals, nursing facilities, emergency shelters and law enforcement agencies have all asked for increased training and resources for handling crisis situations.
- *Employment Services*
I&A staff make referrals to local state employment offices.
- *Energy Assistance Programs*
Energy Assistance Programs are available across the counties through a combination of sources including Community Action Agencies and local utility providers.
- *Disability Services and Programs (e.g., Developmental Disabilities, Independent Living Centers)*
There are no established Independent Living Centers in any of our five counties. Each of the counties provide some level of support for people with disabilities, and their families, but all public agencies are strapped for funds.
- *Community healthy aging and Care Transitions partners (e.g., local public health, healthcare systems, health promotion programs)*
In addition to a county public health department, each of the five counties are covered by a new cco. Many private health insurance companies offer health promotion programs (weight loss, tobacco cessation, nutrition classes, disease self-management classes, etc) as do some public health department. Care transition partners include local hospitals working with our Options Counselors.
- *Senior Centers*
A number of senior centers operate in all five counties. Several of them serve as senior dining centers, in conjunction with our Congregate Meals program, and all of them offer opportunities for social activities and events, as well as trusted places for receiving information about other senior services and programs.
- *Information and Referral/Assistance Programs (non-AAA funded, e.g., United Way, 211, Independent Living Centers)*

Community Action Agencies, Food Banks and local health clinics are the primary programs offering additional referral/assistance programs within the PSA

- *Education and Counseling Programs (non-AAA funded, e.g., SHIBA, Benefits and Benefits Counseling Projects, Easter Seals Money Management Program)*

The SHIBA program utilizes volunteers in all five of our counties. The Money Management Program has been approved in Marion and Polk counties, but is not fully functioning, yet.

- *Case Management (fee based or privately funded)*

N/A

- *Services that target minority; limited English proficiency (LEP) or other persons with unique needs (e.g., Title VI services, or an ethnic health clinic which serves elders)*

A number of tribal and private non-profits operate in the valley counties providing these services, including: Salem-Keizer Meals on Wheels, Salud Medical Clinic, Virginia Garcia Memorial Health Clinic, La Clinica de la Nuestra Senora de Guadalupe, Chemawa Indian Health Center, Grand Ronde Medical Clinic, Grand Ronde Housing Authority, and the Farmworker Housing Development Corporation.

- *Any service which specifically serves persons with Alzheimer's disease or other dementia, or their caregivers (Family Resource Center, Support Groups)*

The Alzheimer's Network of Oregon provides support group services in the three valley counties, with the Alzheimer's Association doing the same in all five counties. Clatsop Community Action also has a support group.

- *Food Banks*

Emergency food boxes are available in all five counties through: Marion/Polk Food Share, Yamhill Regional Food Bank, Love, Inc., Grand Sheramina Community Services, Regional Food Bank of Tillamook County, and Clatsop County Regional Food Bank.

SECTION C – ISSUE AREAS, GOALS AND OBJECTIVES

C-1 Local Issue Areas, Older Americans Act and Statewide Issue Areas:

1. Family Caregivers

Profile:

The National Family Caregiver Support Program (FCSP), as articulated in the Older Americans Act (OAA), was developed to provide critical services to unpaid caregivers caring for adults with functional disabilities, or relatives who are raising children. The program recognizes both the tremendous value to family care recipients, and the added responsibility and sacrifice provided by caregivers. The program is designed to help provide caregivers with the skills, understanding and support necessary to meet the inherent demands of caregiving, balanced with the need to take care of themselves. The core elements of the NWSDS FCSP are described as follows:

- Information Services, Group Activities: Program information is typically provided one-on-one, unless in a group outreach setting. Group outreach includes speaking at community events, support groups, and having resource booths at trainings.
- Specialized family caregiver information (one-on-one): Family caregivers and relative parents all receive either a home visit or phone call to authorize enrollment in FCSP. During this assessment, other resources and services are reviewed that may be helpful. Ongoing case management is provided to all those enrolled.
- Counseling: All family caregivers and relative parents enrolled in the program are eligible for six sessions of individual counseling with a licensed counselor of their choice.
- Training: Powerful Tools for Caregivers is offered in four of the five counties (not Yamhill) served. The training is offered with a combination of agency staff, agency volunteers and contracted services. Contracted training includes: City of Salem Center 50+, for ten monthly seminars for caregivers of people with dementia; one yearly training of “Best Friend’s Approach” with Center 50+ (dementia related); yearly sponsorship of “A Gift of Time Oregon” (all counties), that provides training for both family caregivers and relative parents. FCSP will continue to offer the annual Grandparent Conferences for training for relative parents. Quarterly newsletters for family caregivers and relative parents are mailed, e-mailed, and available on the NWSDS web page for lists of trainings.

- Support Groups: Agency sponsored support groups for family caregivers are held in Salem and Warrenton, monthly, and Woodburn and Dallas bi-monthly. A Relatives as Parents Program (RAPP) support group is held monthly in Salem with a contracted facilitator. Quarterly newsletters are mailed, e-mailed, and available on our web page for lists of support groups.
- Respite Care Services: Enrolled family caregivers are eligible for \$400.00, per fiscal year per care receiver, for respite services. Relative parents are eligible for \$250.00, per fiscal year per child, for respite services. Family caregivers and relative parents are allowed to hire respite provider of their choice, who is over the age of 18. After respite is provided, the caregiver/relative parent submits a request for reimbursement and a check is sent to the enrolled person. Family Caregiver Support Specialist can assist with helping to locate respite care. Respite care can be provided by a home health agency, private individual, care facility or day care center for children.
- Supplemental Services: Family caregivers are eligible for a one-time \$200.00 benefit for supplemental services. Unused funds will roll over from year to year. Relative Parents are eligible for \$50.00 per child per fiscal year, with no roll over from year to year.

Problem/Need Statement:

With the demographic surge of baby boomers qualifying as Older Americans over the next two decades, demand for the types of assistance offered through FCSP will grow significantly. Not only will the population of Older Americans increase substantially, as a percentage of the overall population, but studies indicate they will live longer than previous generations, necessitating extended care for people with chronic conditions and larger numbers of individuals living with Alzheimer's and other age-related dementia.

The ability to care for this growing population cannot be met through institutional medical models alone. The demand for in-home services, and family caregivers, will grow faster than the ability of publically-funded service providers can match. Reliance on family caregivers to meet the needs of Older Americans will outpace traditionally allocated public resources for the next two decades.

The FCSP Relatives as Parents Program (RAPP) is also seeing demand for services outpace traditional public resources. Increasing numbers of minor children are being cared for by family members, other than their own parents, due to circumstances in the lives of the parents that prevent them from

adequately meeting the needs of their children. This responsibility often falls to the children's grandparents, who may be ill-prepared to renew this parenting role. RAPP provides counseling, training and support to help older caregivers reintegrate back into child rearing.

The single most pressing need for FCSP is for additional funding. The agency's program structure is well established, but recent reductions to the NWSDS allocation for provision of this program have made it very difficult to continue providing services at previous levels, let alone to meet current and future demands. Having developed a strong program, partnering with other organizations, NWSDS is in danger of losing critical program momentum, without increased funding.

Issue Area: Family Caregivers

Goal: Strengthen the core elements of the FCSP to address the needs of caregiving families

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2013-2016 (By Month & Year) | | Accomplishment or Update |
|---|--|--|--|----------|--------------------------|
| | | | Start Date | End Date | |
| 1. Improve and expand access to caregiver information, training, respite, support groups, and counseling services | a. Continue to maintain and facilitate existing caregiver support groups, and work with community partners to create new groups | FCSP Specialist | 1/1/13 | Ongoing | |
| | b. Plan outreach efforts to increase employers' awareness of the impacts of family caregiving on employees, and educate employers on available caregiver resources | FCSP Specialist, OAA Supervisors, and Options Counselors | 3/1/13 | Ongoing | |
| | c. Coordinate caregiver services with community partners, including gaining access to caregiver services | FCSP Specialist, OAA Supervisors, and Options Counselors | 1/1/13 | Ongoing | |
| | d. Continue to support community partners with the organization of regional conferences and retreats through provision of respite funds and outreach to caregivers | FCSP Specialist, OAA Supervisors, and Options Counselors | 1/1/13 | Ongoing | |
| | e. Develop new partnerships with Native American tribes to coordinate outreach and accessibility to services | FCSP Specialist, OAA | 1/1/13 | Ongoing | |

| | | | | |
|--|---|--------|---------|--|
| | Supervisors, and Options Counselors | | | |
| f. Explore opportunities to partner with ethnic service organizations, such as Russian Old Believers Enhancement Services, to expand program access to cultural minority groups | FCSP Specialist, OAA Supervisors, and Options Counselors | 9/3/13 | Ongoing | |
| g. Continue to provide supplemental services to eligible caregiving families | FCSP Specialist, OAA Supervisors | 1/1/13 | Ongoing | |
| h. Increase outreach opportunities with community partners, such as county health programs, children's services providers, respite providers, minority service organizations dealing directly with minority populations, and other specialized providers addressing mutual populations | FCSP Specialist, OAA Supervisors | 1/1/13 | Ongoing | |

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

Profile:

Information and Assistance Services (I&A) provide a key role as the front door to accessing needed resources and programs provided through NWSDS and its community partners. In 2009, in an effort to gain efficiencies with existing staff, and ensure a consistent quality of public interactions, NWSDS consolidated its I&A staff from nine different locations to a centralized call center. Under the direction of a single manager, I&A staff have developed a consistent approach to addressing the needs of initial contacts. All NWSDS I&A staff are (or are in the process of becoming) nationally certified specialists through the Alliance of Information and Referral Systems.

In collaboration with the State of Oregon, NWSDS is part of a network functioning as an ADRC. NWSDS views the ADRC as the primary access point to all of the services administered by our agency, and has, therefore, worked diligently to help develop and maintain a resource database that is vital to those seeking information and assistance, including our own I&A staff.

Through the centralized call center: by investing in an expansion module for our phone system; by adding bi-lingual I&A Specialists to our staff; and by taking responsibility for maintaining the ADRC resource database, NWSDS has already re-aligned and integrated the structure of our I&A services within the ADRC, and committed the funding to maintain that effort for the duration of this planning period.

NWSDS has put a great deal of emphasis on outreach to the community on the ADRC. This includes direct contact to over 50 critical pathway providers in the last 10 months; nursing homes, hospitals, home health agencies, Social Security Administration, Veterans Administration, Senior Centers. Focus of the outreach has been to inform partners on the services available through the ADRC including; Options Counseling, Care Transitions and Information and Assistance. We also took the opportunity to more clearly define roles, discuss referrals and share information jointly about available programs. NWSDS ADRC partnered with AARP over the last 6 months to deliver 3 community events aimed at providing information and resources to seniors and people with disabilities on ways to assist them in staying independent in their own homes as long as possible. We anticipate building on these existing relationships over the next 4 years and creating new ones with emerging entities, including Coordinated Care Organizations.

Problem/Need Statement:

As an existing, fully functioning ADRC, NWSDS is continually seeking opportunities to enhance the services we provide. One approach to gauging our effectiveness is to conduct consumer satisfaction surveys. From June 2011 through June 2012, 2,338 surveys had been returned with an overall positive experience rating of 93%.

Our plan over the next four years is to continue to conduct these surveys by mail, as well as telephone surveys conducted by the agency's Monitoring Committee, a subgroup of our Aging and Disability Services Advisory Councils. Another way to ensure that services are provided effectively is to have input from individuals outside NWSDS. We have an ADRC Steering Committee made up of community representatives who have direct input on the services we provide, including representation by the largest Senior Center and Hospital in our 5 county service area. This group continues to inform the direction of NWSDS' ADRC, and helps ensure that our ADRC has input from sources outside the agency helping to address the continuous quality improvement of services delivered.

NWSDS has dedicated staff time, since the inception of the ADRC of Oregon website, to solicit resource content, verify that entries meet State of Oregon resource directory standards, and to enter information into the system. We believe maintaining the integrity of the data within the resource directory is vital, so will continue to devote staff time to maintenance and new entries within the resource directory. Currently, all I&A calls, and Options Counseling information, is logged into the ADRC statewide information system.

This has proven to be quite challenging as it requires duplicate data entry over a thousand times a month for those callers that are requesting Medicaid and/or SNAP benefits. We are hopeful that a "bridge" will be completed soon between that system and Oregon ACCESS so long term use of the ADRC system will be viable from an efficiency standpoint.

We began offering Coleman's Care Transition Intervention services in September of 2011 and anticipate continuation of these coaching services during this reporting period.

NWSDS sponsors/facilitates a wide variety of health promotion/healthy aging programs including: Living Well with Chronic Conditions, Arthritis Foundation Exercise Programs, Senior Cooking Classes, Water Exercise and Tai Chi, among others. These have been developed through partnerships with area hospitals, extension services, food banks, YMCA, senior centers and community colleges. We will continue to seek opportunities in our local communities to bring meaningful and practical opportunities to older adults that enable them to remain healthy and independent.

Issue Area: Information and Assistance Services and Aging & Disability Resource Connections (ADRCs)

Goal: Continuously improve the quality of ADRC and I&A services and outcomes for consumers

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2013-2016 (By Month & Year) | | Accomplishment or Update |
|--|---|----------------------------|--|----------|--------------------------|
| | | | Start Date | End Date | |
| 1. Enhance the usefulness and accessibility of the ADRC to both clients and staff, and expand the resource data base | a. Continue to conduct consumer satisfaction surveys | QA&P Manager | 1/1/13 | Ongoing | |
| | b. Continue to support the work of the ADRC Steering Committee | Community Programs Manager | 1/1/13 | Ongoing | |
| | c. Maintain and expand the resource data base in a timely manner | OAA/ADRC Services Manager | 1/1/13 | Ongoing | |
| | d. Continue to work with the state and its contractors to reduce the necessity of multiple entries for certain contacts | OAA/ADRC Services Manager | 1/1/13 | 1/31/13 | |
| | e. Enhance the use of the ADRC as the single point of entry for consumers through continuous outreach and education of community partners | OAA/ADRC Services Manager | 1/1/13 | Ongoing | |
| | f. Ensure that I&A staff and Options Counselors are plugged in to the local community, and are aware of newly available resources | OAA/ADRC Services Manager | 1/1/13 | Ongoing | |
| | g. Explore additional partner sites where ADRC services could be offered to increase availability and recognition of the ADRC by the general public | Community Programs Manager | 6/1/13 | Ongoing | |
| | h. Continue to evaluate quality and accessibility | OAA/ADRC | 1/1/13 | Ongoing | |

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|--|--|------------------|--|--|--|
| | of all ADRC services offered through review of available reports | Services Manager | | | |
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3. Elder Rights and Legal Assistance

Profile:

NWSDS Adult Protective Service (APS) workers are part of a network of trained professionals who investigate reports of elder abuse, and work with other partners to help protect victims from further abuse, and to bring consequences to perpetrators. APS workers investigate allegations of physical abuse, neglect, emotional abuse, financial exploitation and sexual abuse of elders, as well as reports of self neglect. Along with providing interventions for vulnerable adults, NWSDS provides public outreach and community training to expand the influence of protective services for vulnerable adults, and also contracts with legal assistance providers to assist elders with maintaining their rights when those rights are threatened.

Acts of abuse against elders, and persons with disabilities, have recently garnered more notice in both the public news media and with legislative bodies. Advocates for the rights and safety of elders were successful, in 2011, supporting the passage of key legislation which more clearly defines and criminalizes acts of abuse against elders.

While Adult Protective Service workers provide a vital link for the intervention of reported abuse, additional efforts and resources are being focused on creating a community environment conducive to preventing abuse, exploitation and neglect of elders and persons with disabilities.

NWSDS agrees with the approach, on this issue, as stated in the 2009-2013 Oregon State Plan on Aging, "Overall, strategies are needed to protect older Oregonians that are preventative, provide outreach to those who come in contact with them such as recognized professionals and community members, and are supported by financially sustainable evidence-based programs."

As a means to help address this goal, NWSDS published, in 2011, a 28-page informational booklet entitled, "Stay Smart! for Seniors." The booklet provides common sense advice on how seniors can stay active, healthy, productive, and mindful of protecting themselves. This booklet is also posted on our web site.

NWSDS is implementing several tools to help seniors protect themselves from financial exploitation, including a section in the "Stay Smart!" booklet addressing this issue. In cooperation with the Oregon Department of Consumer and Business Services, we are posting links on our web site to the department's web page, which includes a publication called, "How to Spot a Con Artist." We are also partnering with that department to help supplement our targeted presentations to local MDTs and financial institutions on helping to identify financial exploitation, and on ways to educate vulnerable populations through our ongoing outreach efforts.

In addition, the agency is moving forward with the development and support of other elder abuse prevention efforts within the community, including the integration and advocacy of elder rights within other delivery systems and program areas.

Problem/Need Statement:

The abuse of elders, and individuals with disabilities, can include physical abuse, sexual abuse, emotional abuse, financial exploitation, and even self-neglect. Those targeted for abuse are often unable to adequately protect themselves against the designs of unscrupulous perpetrators, and need the assistance of others. To protect vulnerable persons from the threat of abuse, by those in positions of power who are able to take advantage, requires the diligence of a coordinated response supported by our entire community.

The incidence of abuse among these populations is highly under-reported. Adult Protective Service workers respond promptly to reports of suspected abuse, but this is a reactive response to harm already inflicted. A need exists to strengthen proactive approaches to prevent elder abuse from occurring.

A proactive approach to prevention will include: creating opportunities to educate target populations on strategies to avoid potential victimization, and to understand their legal rights and means of redress; developing new outreach tools to help raise awareness of the issue, and educate the community on their responsibility to help protect the vulnerable; and expanding and strengthening the training of community partners on intervention strategies to stop elder abuse.

Issue Area: Elder Rights and Legal Assistance

Goal: Develop and support elder abuse prevention efforts

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2013-2016 (By Month & Year) | | Accomplishment or Update |
|---|--|---------------------------|--|----------|--------------------------|
| | | | Start Date | End Date | |
| 1. Strengthen the agency's proactive approach to preventing elder abuse | a. Create opportunities to educate target populations on legal, financial and social strategies that help vulnerable adults avoid victimization, including adding links to agency web site on protections against financial exploitation | APS and Licensing Manager | 1/1/13 | Ongoing | |
| | b. Develop a variety of new outreach tools and materials to help reach vulnerable adults and their caregivers through mass media and targeted campaigns, including partnership with Consumer and Business Services for making presentations on protecting against financial exploitation | APS and Licensing Manager | 1/1/13 | Ongoing | |

Goal: Support the work of our Title IIB Legal Services Developer

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2013-2016 (By Month & Year) | | Accomplishment or Update |
|---|---|------------------------|--|----------|--------------------------|
| | | | Start Date | End Date | |
| 1. Support the needs of our elders with | a. Review existing contracts to clarify expectations of service providers regarding needs | APS and Licensing | 1/1/13 | 12/1/13 | |

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| effective targeted legal services | assessment, service provision and community legal education | Manager | | | |
| | b. Work with legal issues stakeholders to review, define and rank Priority Issue Areas, to focus legal assistance efforts and target them appropriately | APS and Licensing Manager | 1/1/13 | 12/1/13 | |

Goal: Integrate elder rights efforts into other delivery systems

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2013-2016 (By Month & Year) | | Accomplishment or Update |
|---|---|--|--|----------|--------------------------|
| | | | Start Date | End Date | |
| 1. Maximize the impact of the agency's elder rights and legal assistance programs | a. Increase education and outreach to <i>service providers</i> to promote awareness of existing services and appropriate referral of their clients to services. Service providers will include: AAA staff (e.g. I&A, ADRC, case management and eligibility, APS, FCSP, mealsite and HDM staff, etc), non-AAA contracted service providers (e.g. in-home service agencies) and community partners and workgroups (e.g. MDTs) | APS and Licensing Manager, Services Managers | 1/1/13 | 1/1/15 | |
| | b. Include the message of elder rights and abuse prevention in all agency outreach to <i>targeted populations</i> , through dissemination of information regarding available services and strategies in every client contact as well as through publications and community outreach | APS and Licensing Manager, Services Managers | 1/1/13 | 1/1/15 | |
| | c. Explore areas of under-usage of legal services related to the prevention and response to elder abuse, neglect and exploitation, and developing new potential services as needed (e.g. mediation | APS and Licensing Manager | 1/1/13 | Ongoing | |

of family disputes over LTC as strategy to prevent abuse and avoid more intrusive and expensive legal interventions)

Goal: Support adult abuse Multi-Disciplinary Teams

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2013-2016 (By Month & Year) | | Accomplishment or Update |
|--|--|---------------------------|--|----------|--------------------------|
| | | | Start Date | End Date | |
| 1. Help ensure that victim's needs are met and perpetrators of abuse are held accountable by supporting the work of the adult abuse MDTs | a. Work with the five existing MDTs in our service area to develop new written protocols (or strengthen existing ones) guiding the interactions between participating agencies and ensuring accountability and follow-up | APS and Licensing Manager | 1/1/13 | 1/1/14 | |
| | b. Dedicate additional staff and management time as needed to provide education and in-service training to law enforcement officers regarding elder abuse indicators and intervention strategies | APS and Licensing Manager | 1/1/13 | Ongoing | |

4. Health Promotion

Profile:

NWSDS recognizes that, similar to the importance of proper nutrition for supplying the body with what it needs to grow and strengthen and function properly, other lifestyle choices and activities can either harm or enhance individual health and quality of life. As a result, NWSDS has initiated and sponsored a variety of activities designed to promote good health among seniors.

The agency works with a variety of community partners to provide evidence-based programs throughout our PSA. Examples include:

- Contracting with Willamette Valley Physicians Health Authority to conduct a series of Living Well with Chronic Conditions classes to low-income housing complexes in Marion, Polk and Yamhill counties
- Coordinating with Columbia Memorial Hospital for Living Well classes provided in Clatsop County
- Working with Tillamook County General Hospital, Salem Hospital, and Columbia Memorial Hospital for Medication Management presentations at senior meal sites in all five counties
- Contracting with hospitals in Clatsop and Tillamook counties for targeted presentations on Fall Prevention
- Sponsoring “Cooking Matters” classes, with diabetes education, with Tillamook Hospital, OSU Extension Services, and Clatsop County Oregon Food Bank
- Sponsoring Arthritis Foundation Exercise and Aquatic programs with Sunset Empire Park & Recreation District, North County Recreation District, Tillamook County YMCA, and Clatsop Community College
- Sponsoring Exercise Your Way to Better Balance through the Tillamook Hospital Physical Therapy Department
- Contracting for a series of Tai Chi classes with a local practitioner in Clatsop

Outreach for all events is done through public service announcements on radio and in newspapers; also, through direct mailings to churches, pharmacies, medical clinics and community exercise establishments. We do live radio shows and presentations at service clubs and other organizations.

NWSDS is a participant in the Community Health Action Response Team (CHART) in each county which includes representatives from public health, hospitals, DHS, education, media, Chamber of Commerce and Futures Council. The purpose of these CHARTs is to assess the state of the health and livability

of the individual community and put a plan in place to improve overall health and livability.

Tillamook County Public Health Department provides a list of influenza and pneumonia vaccination clinics to NWSDS which is sent to the nutrition dining centers, and given to each home delivered meal client with encouragement to take advantage of the clinics.

“Get a Grasp on Medicare”, with emphasis on the Medicare Wellness Visits and Preventive Services, presentations have been made in all five counties of our PSA. “Powerful Tools for Caregivers” is presented in four of our five counties (not Yamhill). Marion, Yamhill and Clatsop counties partnered with AARP to present Staying at Home, a community forum to educate seniors and their caregivers about key aging and caregiving issues.

Each office has, and will continue to have, a variety of brochures on disease prevention, health promotion and other senior specific topics, such as the Age Page series, in addition to our own agency brochures. These are available in our lobbies and are mailed upon request.

The agency’s use of Title III-D funds to support Medication Management is invested primarily in the work of our Care Transitions position, which utilizes the model of the Coleman Care Transitions Program. That program includes an evidence-based Medication Management component. In addition, the agency will continue its ongoing sponsorship of the Living Well program, which also has an evidence-based Medication Management component.

NWSDS will continue to provide the existing evidence-based and other programs available in all counties. NWSDS will encourage and help facilitate community partners in an effort to bring other evidence-based health promotion and disease prevention programs to all five counties in our PSA.

Problem/Need Statement:

NWSDS sponsors/facilitates a wide variety of health promotion/healthy aging programs including: Living Well with Chronic Conditions, Arthritis Foundation Exercise Programs, Senior Cooking Classes, Water Exercise and Tai Chi, among others. These have been developed through partnerships with area hospitals, extension services, food banks, YMCA, senior centers and community colleges. We will continue to seek opportunities in our local communities to bring meaningful and practical opportunities to older adults that enable them to remain healthy and independent.

Working with the extensive pool of community partners already developed, NWSDS will continue to sponsor and promote these evidence-based programs

and activities. The agency will also continue to explore new partnership opportunities across all five counties to develop additional activities to promote health and prevent disease among the populations we serve.

Issue Area: Health Promotion

Goal: Develop additional opportunities for greater participation in health and wellness activities

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2013-2016 (By Month & Year) | | Accomplishment or Update |
|---|--|--|--|----------|--------------------------|
| | | | Start Date | End Date | |
| 1. Expand existing, and develop new, partnerships designed to encourage enhanced participation in evidence-based activities to prevent disease and promote health | a. Coordinate sponsorships of Living Well programs in PSA | OAA Program Supervisors, Options Counselor | 1/1/13 | Ongoing | |
| | b. Expand opportunities for new Evidence Based health promotion programs in PSA, including our Care Transitions Program | Community Programs Manager | 1/1/13 | Ongoing | |
| | c. Develop new partnerships for exercise and Tai Chi classes | Community Programs Manager | 5/1/13 | Ongoing | |
| | d. Increase partnerships with local hospital education departments for outreach and coordination of wellness activities | Community Programs Manager | 8/1/13 | Ongoing | |
| | e. Publicize special health education campaigns on agency web site with links to sponsoring organizations | Community Programs Manager | 1/1/13 | Ongoing | |
| | f. Research availability and order brochures and fact sheets on healthy aging and disease prevention topics of interest to seniors; make available at agency offices, meal sites and information outreach events | OAA/ADRC Services Manager | 1/1/13 | Ongoing | |
| | g. Look for grant opportunities to further expand and promote evidence-based programs within | Community Programs | 1/1/13 | Ongoing | |

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|---|----------------------------|--------|---------|--|
| our PSA | Manager | | | |
| h. Offer Arthritis Foundation Exercise classes at agency meal sites | Nutrition Manager | 1/1/13 | Ongoing | |
| i. Work with new Coordinated Care Organizations to partner on joint activities that promote health and wellness | Community Programs Manager | 1/1/13 | Ongoing | |

5. Older Native Americans

Profile:

Two recognized Native American tribal authorities operate within the NWSDS PSA: Confederated Tribes of the Grand Ronde; and Confederated Tribes of Siletz Indians. The tribes operate as sovereign, self-governing entities.

As sovereign governments, the tribes provide a number of human services to enrolled tribal members, including medical services, housing assistance, nutrition programs and others. The tribes have their own contracted relationships with the State of Oregon, and the federal government, which tend to make the development of collaborative operations with the AAAs challenging. NWSDS has worked sporadically with the Grand Ronde to provided outreach on health promotion, nutritional programs and housing assistance. There has been no recent contact with the Siletz.

Problem/Need Statement:

As sovereign nations, the tribes work very hard to maintain the relevance of their historical roots, their unique cultures and their native languages. This work becomes both more important, and more difficult, in the midst of the progressive and technologically advanced melting-pot society that defines modern North America. As a consequence, the tribes are very cautious about entering into specific partnerships with outside local governments.

The tribes do receive some federal funding, including allotments for provision of certain OAA programs. Meetings between NWSDS and tribal representatives are critical as we discuss strategies to better coordinate agency services with those offered by the tribal community. Additionally, there is an opportunity to coordinate education, and programs geared to address elder abuse, in the tribal community. Continued and persistent efforts will be a cornerstone of our plan to reach out to these entities.

Expanding key partnerships within the tribal community through regular face-to-face meetings will be essential. Finally, increased efforts to build and expand the partnership with the tribal health services director for better coordination of Adult Foster Home services will provide greater resources for those tribal members needing assistance with their activities of daily living.

We will continue to advance the goal of enhanced outreach activities, especially to low-income ethnic minority and rural populations, on available senior services, with regard to our work with the tribes. Our specific objectives will include plans to increase strategic outreach activities to reach the underserved populations eligible for services, as well as deliberate steps to build additional partnerships with the tribes.

Issue Area: Older Native Americans

Goal: Expand key partnerships within the tribal communities

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2013-2016 (By Month & Year) | | Accomplishment or Update |
|--|---|----------------------------|--|----------|--------------------------|
| | | | Start Date | End Date | |
| 1. Increase strategic outreach activities to reach the underserved populations eligible for services, as well as deliberate steps to build additional partnerships with the tribes | a. Schedule face-to-face meetings with tribal leaders to identify areas of mutual concern, and where partnerships will benefit tribal community | Community Programs Manager | 1/1/13 | Ongoing | |
| | b. Enhance outreach opportunities within tribal functions | Community Programs Manager | 1/1/13 | Ongoing | |
| | c. Identify additional data base resources specific to tribal elders seeking assistance | OAA/ADRC Services Manager | 1/1/13 | Ongoing | |
| | d. Recruit tribal volunteers for SHIBA program | Regional MMA Coordinator | 1/1/13 | Ongoing | |
| | e. Mobilize Civic Engagement Committee for targeted outreach and recruitment | Community Programs Manager | 1/1/13 | Ongoing | |
| | f. Coordinate efforts in establishing key relationships within tribal communities to address elder abuse issues | APS and Licensing Manager | 1/1/13 | Ongoing | |
| | g. Develop relationship with tribal health services director for better coordination of AFH services in Grand Ronde | QA&P Manager | 1/1/13 | Ongoing | |

6. Nutrition Services

Profile:

The Senior Nutrition Program was one of the earliest direct-service programs authorized through the Older Americans Act following its passage in 1965. 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.

The NWSDS Senior Meals Program has been one of the more recognized community programs since the agency was first chartered in 1982. Providing hot meals at congregate dining centers, and both hot and frozen meals delivered directly to the homes of qualified shut-ins, the program meets several important needs of seniors.

Nutritious meals that meet federal dietary standards are provided to hundreds of seniors every day. The congregate dining sites serve as centers for social activities and educational outreach, while the home-delivered meals allow for regular contact with volunteers who provide helpful eyes and ears to the well-being of those unable to travel to the congregate sites.

NWSDS coordinates meal delivery at 17 congregate sites within our PSA. The agency owns its own commercial kitchen facility where meals are prepared daily. The operation of the kitchen, and delivery of the meals to the congregate sites, is handled by an outside contractor through a consortium of other AAA partners.

Recent developments in this program are providing additional focus on Nutrition Counseling and 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. NWSDS offers Nutrition Education on a monthly basis, exceeding the quarterly requirement set by the State Unit on Aging.

Problem/Need Statement:

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 at NWSDS has made a significant impact on senior hunger in our PSA. 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 contributed to the 2012 closure of the SE Neighbors meal site, located in Salem.

Seniors do not qualify for Medicare until age 65. People 60 or older may be unaware of programs funded through OAA, such as the Senior Nutrition Program. Many older Americans do not even realize they qualify for food stamps, until they reach age 65, and apply for Social Security and Medicare. This creates the potential for a huge service gap for this population. Increasing public awareness to this target population could help mitigate this trend.

A healthy diet supports active aging. However, many seniors 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.

Baby boomers aging into the “Silver Tsunami” and other elders do not readily self-identify as "seniors". While the congregate dining program has made changes to the menu to offer more diverse flavor profiles and choices to entice seniors into participating in the program, that participation has yet to increase.

Furthermore, baby boomers represent an ethnically and culturally diverse generation. Even with limited funding, NWSDS has made efforts to cater to Hispanic seniors with the idea of serving in different meal locations and serving an evening meal instead of a lunch. NWSDS currently translates the Fresh menu and the Frozen menu to Spanish on a monthly basis. Menus, and the Senior Nutrition Program, are promoted to the Hispanic population on a monthly basis.

Program promotion is an ongoing and continuous effort. The Senior Meals Program staff is very involved with outreach on a monthly basis to area churches, organizations, schools, and civic groups, as well as on our agency website, www.nwsds.org.

NWSDS will continue to serve meals in our five-county PSA, maximizing our ability using a funding stream from the Older Americans Act, Medicaid, Oregon Project Independence, NSIP, SNAP, client donations and fundraising.

Issue Area: Nutrition Services

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

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2013-2016 (By Month & Year) | | Accomplishment or Update |
|---|---|----------------------------|--|---------------------|--------------------------|
| | | | Start Date | End Date | |
| 1. Continue to provide nutritious congregate meals at NWSDS senior dining centers | a. Identify funding available to provide services in Clatsop, Marion, Polk, Tillamook and Yamhill County communities | Nutrition Services Manager | 1/1/13 | Ongoing | |
| | b. Secure charitable support through fundraising to augment limited and declining public resources | Nutrition Services Manager | 1/1/13 | Ongoing | |
| | c. Develop or maintain contracts with local landlords for site service locations | Nutrition Manager | 1/1/13 | Ongoing | |
| | d. Maintain a cost effective, quality food service contract | Nutrition Manager | 1/1/13 | Ongoing | |
| | e. Manage a volunteer program sufficient to operate the program, offering elders the opportunity to give to their community | Nutrition Services Manager | 1/1/13 | Ongoing | |
| | f. Promote the Dining Centers to the extent allowed by budget | Nutrition Manager | 1/1/13 | Ongoing | |
| | g. Operate clean, safe, friendly dining rooms which promote information sharing, social interaction and mutual support | Nutrition Services Manager | 1/1/13 | Ongoing | |
| | f. Conduct a Senior Meals Participant Satisfaction and Program Evaluation Survey | Nutrition Manager | 4/1/13 Annually | 4/30/13 Annually | |

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2013-2016 (By Month & Year) | | Accomplishment or Update |
|--|--|----------------------------|--|---------------------|--------------------------|
| | | | Start Date | End Date | |
| 2. Provide Meals on Wheels services to home-bound seniors unable to meet their own dietary needs | a. Identify funding available to provide services in Clatsop, Marion, Polk, Tillamook and Yamhill County communities | Nutrition Services Manager | 1/1/13 | Ongoing | |
| | b. Secure charitable support through fundraising to augment limited and declining public resources | Nutrition Services Manager | 1/1/13 | Ongoing | |
| | c. Develop or maintain contracts with local landlords for service locations | Nutrition Manager | 1/1/13 | Ongoing | |
| | d. Maintain a cost effective, quality food service contract | Nutrition Manager | 1/1/13 | Ongoing | |
| | e. Maintain a cost effective, quality contract with a home delivered meal provider in Warrenton | Nutrition Manager | 1/1/13 | Ongoing | |
| | f. Manage a volunteer program sufficient to operate the program | Nutrition Manager | 1/1/13 | Ongoing | |
| | g. Promote the Meals on Wheels Program to the extent allowed by budget | Nutrition Manager | 1/1/13 | Ongoing | |
| | h. Conduct a Meals on Wheels Participant Satisfaction and Program Evaluation Survey | Nutrition Manager | 4/1/13 Annually | 4/30/13 Annually | |
| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2013-2016 (By Month & Year) | | Accomplishment or Update |
| | | | Start Date | End Date | |
| 3. Promote better health through Nutrition | a. Offer nutrition information and instruction as required in the Oregon Congregate and Home Delivered Nutrition Program Standards for OAA | Nutrition Services Manager | 1/1/13 | Ongoing | |

| | | | | | |
|-----------|--|-------------------|--------|---------|--|
| Education | and OPI meals | | | | |
| | b. Print articles on nutrition topics on the back of monthly menus and post on website | Nutrition Manager | 1/1/13 | Ongoing | |
| | c. Offer participants nutritional analysis of the menus upon request | Nutrition Manager | 1/1/13 | Ongoing | |

7. Other Issue Area – Implementation of Coordinated Care Organizations and Health Systems Transformation

Profile:

Oregon has embarked on a major revision to the way Medicaid funded care is administered in the state. Termed “Health Care Transformation”, Oregon has received a waiver from the Centers for Medicaid and Medicare Services to use Medicaid dollars differently than we have in the past. A key element in this plan is the creation of Coordinated Care Organizations (CCOs), across the state.

As envisioned, CCOs will assist with the key goals of the transformative efforts: “Better Health, Better Care, Lower Costs”. CCOs will ultimately be responsible for the physical, behavioral and dental health of enrolled members through a single global budget. Through the waiver, the CCOs will have more flexibility over the way care is delivered, including the ability to expend Medicaid dollars on new resources for patients, such as the deployment of community health workers. It is anticipated that by bringing major aspects of a Medicaid recipient’s care together, better coordination, communication and shared problem solving will result in the desired “triple aim” goals listed above.

While long term care is not part of the CCOs global budget, AAAs, like NWSDS, play an important role. Through a formal memorandum of understanding (MOU) with each approved CCO in our PSA, we have identified roles and responsibilities related to coordination of care for long term care Medicaid recipients. Aspects of this MOU include: identification of high risk members; sharing of information regarding assessments/care plan/ choice of living situation; and parameters for monthly interdisciplinary team meetings, of which the AAA will be an integral part.

We believe that integrating the social and medical components of Medicaid recipients’ care is incredibly important to assisting them in maintaining their independence and overall well-being. We also recognize the value of having AAA representation on community-wide provider panels to address system issues affecting all of the people we serve. An example of this is care transitions. Through the process of CCO implementation, key providers in the community have been meeting all together. This has provided a unique opportunity to problem-solve and share resource information across disciplines. We are optimistic that this organized, collaborative effort will yield ongoing positive benefits for the consumers we serve throughout our PSA.

Problem/Need Statement:

The concept of the CCOs, and their relatively rapid implementation, has raised a number of concerns, borne out of fears of the unknown, which warrant

attention. One of the biggest concerns is the potential for unintended consequences of the new plans that could be detrimental to care recipients, and/or care providers. While conscientious efforts were made to anticipate – and mitigate – potential downsides, the complexity of this transformation effort may leave some aspects of the system inadequately examined. Advocates of care recipients have been vocal about the need for extensive continuous oversight of the implementation and operation of the CCOs, by informed local advisory groups, as a means to provide rapid and relevant feed-back on the efficacy of the programs.

As a Type-B AAA, NWSDS has two very well-informed and engaged advisory councils that are paying close attention to the roll-out of the CCOs. Of particular concern to our councils are: how will this transformation affect individuals dually eligible for Medicare and Medicaid; and, what will the future of long-term care look like, especially its impact on home and community-based care options, with attendant case management services?

The implementation of other health system transformative efforts, including the phase-in of components of the federal Affordable Care Act, will present an almost continuous stream of policy changes in the funding and delivery of health care in America, for years to come. To the most vulnerable of our neighbors – frail seniors, those with disabilities, and low-income families – these changes may create fear and confusion. NWSDS will seek to position itself to be an easily accessible source of reliable information and assistance in the midst of this culture of change.

As such, the agency will continue to be proactive with its participation in state-wide work groups, and local advisory committees; to be not only informed of the innovations affecting the people we serve and the impact on our ability to provide those services, but to be directly involved with the process of crafting new policies in a manner that best meets the needs of our vulnerable populations.

Issue Area: CCOs and Health System Transformation

Goal: To coordinate and ensure quality long term supportive services to the populations we serve

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2013-2016 (By Month & Year) | | Accomplishment or Update |
|--|--|---|--|----------|--------------------------|
| | | | Start Date | End Date | |
| 1. Work closely with state and federal authorities to provide reliable information and seamless transition to seniors and people with disabilities concerning changes attendant to health system transformations | a. Disseminate relevant system change information to all agency staff | Executive Directors, Community Programs Manager | 1/1/13 | Ongoing | |
| | b. Continue to participate in workgroups and advisory councils to provide input necessary to enhance protection of the interests of our recipients | Executive Directors, Community Programs Manager | 1/1/13 | Ongoing | |
| | c. Position the agency to influence policy development around systems transformation | Executive Directors | 1/1/13 | Ongoing | |
| | d. Work with CCOs to ensure the needs of our recipients are adequately addressed | Executive Directors, Community Programs Manager | 1/1/13 | Ongoing | |
| | e. Continue to work with CCOs on collaborative ways to share best practices on patient activation, and care transitions | Community Programs Manager, Services Managers | 1/1/13 | Ongoing | |
| | f. Inform our advisory councils of emerging issues around systems transformation | Executive Directors | 1/1/13 | Ongoing | |

| | | | | | |
|--|---|--|--------|---------|--|
| | g. Continue working with CCOs to problem solve effective strategies to serve consumers more holistically, including using a team-based approach | Community Programs Manager, Service Managers | 1/1/13 | Ongoing | |
|--|---|--|--------|---------|--|

SECTION E – SERVICES AND METHOD OF SERVICE DELIVERY

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

SERVICE MATRIX and DELIVERY METHOD

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

| |
|---|
| <input checked="" type="checkbox"/> #1 Personal Care (by agency) Funding Source: <input checked="" 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): Addus HealthCare, Inc., 850 Promontory Place SE, #H, Salem, OR 97302 (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 |
| <input checked="" type="checkbox"/> #2 Homemaker (by agency) Funding Source: <input checked="" 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): Addus HealthCare, Inc., 850 Promontory Place SE, #H, Salem, OR 97302 (for profit agency) Note if contractor is a “for profit agency” |
| <input checked="" type="checkbox"/> #2a Homemaker (by HCW) Funding Source: <input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds |

#3 Chore (by agency)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Addus HealthCare, Inc., 850 Promontory Place SE, #H, Salem, OR 97302 (for profit agency)

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):

Senior Townhouse, Inc., 2615 Portland Road NE, Salem, OR 97301 (OPI meals only),
and Bateman Senior Meals, 2655 Hyacinth NE, Salem, OR 97303 (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):

Center 50+ City of Salem Senior Center, 2615 Portland Road NE, Salem, OR 97301

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):

Bateman Senior Meals, 2655 Hyacinth NE, Salem, Or 97303 (for profit agency)

Note if contractor is a "for profit agency"

#8 Nutrition Counseling

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#9 Assisted Transportation

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#10 Transportation

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#11 Legal Assistance

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Oregon Law Center, 230 NE Second Ave, Ste F, Hillsboro, OR 97124

Marion-Polk Legal Aid Services, Inc., 1655 State Street, Salem, OR 97301

Note if contractor is a "for profit agency"

#12 Nutrition Education

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#13 Information & Assistance

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#14 Outreach

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#15/15a Information for Caregivers

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#16/16a Caregiver Access Assistance

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Center 50+ City of Salem Senior Center, 2615 Portland Road, NE, Salem, OR 97301

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):

Note if contractor is a "for profit agency"

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Authoritative Parenting, 10082 Keene Lane SE, Aumsville, OR 97325

Note if contractor is a "for profit agency"

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#40-2 Physical Activity and Falls Prevention

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#40-3 Preventive Screening, Counseling and Referral

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#40-4 Mental Health Screening and Referral

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#40-5 Health & Medical Equipment

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#40-8 Registered Nurse Services

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#40-9 Medication Management

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#50-1 Guardianship/Conservatorship

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#50-3 Elder Abuse Awareness and Prevention

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#50-4 Crime Prevention/Home Safety

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#50-5 Long Term Care Ombudsman

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#60-1 Recreation

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#60-3 Reassurance

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#60-4 Volunteer Recruitment

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#60-5 Interpreting/Translation

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#70-2 Options Counseling

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#70-5 Newsletter

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#70-8 Fee-based Case Management

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#70-9/70-9a Caregiver Training

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Center 50+ City of Salem Senior Center, 2615 Portland Road NE, Salem, OR 97301

Tillamook County General Hospital, P.O. Box 386, Tillamook, OR 97141

Columbia Memorial Hospital, 2111 Exchange Street, Astoria, OR 97103

Note if contractor is a "for profit agency"

#70-10 Public Outreach/Education

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#71 Chronic Disease Prevention, Management/Education

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#72 Cash and Counseling

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#73/73a Caregiver Cash and Counseling

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#80-1 Senior Center Assistance

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#80-4 Financial Assistance

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#80-5 Money Management

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#90-1 Volunteer Services

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Faith in Action, 310 Villa Road, Ste 110, Newberg, OR 97132

Note if contractor is a "for profit agency"

E-2 Administration of Oregon Project Independence:

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

Currently, NWSDS uses the built-in features of the ADRC call module and Oregon ACCESS Case Management system to ensure timely response. The initial call is received by an Information and Assistance Specialist (I&A), is screened for desired/needed services, and an ADRC call/Oregon ACCESS screening module is completed. Next, I&A staff use an assignment database to determine intake assignment, and records in the database. The intake is then assigned on the ACCESS Screening. The assigned worker(s) receives a new screening assignment tickler.

All assigned workers are required to respond by phone or mail within three (3) working days of the screening date to further assess client needs and schedule future contacts. This contact is narrated in the ACCESS screening file. The case manager will assign a prime number within three (3) working days of screening date and provide it to all assigned workers. The intake worker assigned will schedule an intake appointment and make the intake visit within five (5) working days (or ASAP, depending on need) of first phone contact, unless the client wishes otherwise. The intake visit is narrated in the ACCESS case record when completed. A Service Manager must be notified when time-frames are not met.

A case manager will request a paper file to be created when the case is ready to open or is denied by the assigned support staff. Intake workers assigned will coordinate and share information throughout the intake process with other assigned workers. Intake workers assigned will complete intake and then transfer open case to the ongoing workers (if applicable.)

In the event of an existing waiting list, I&A will advise the applicant, or client representative, of the current waiting list for OPI services and offer other available options and resources. A call and screening will need to be completed on all applicants requesting/inquiring on OPI services. The screening logged in Oregon ACCESS will be used to establish the waiting list of applicants for OPI services. Based on the level of the applicant's care needs, the screening may be referred to a case manager and/or eligibility specialist for additional case consultation.

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

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 OPI funding, it should not be expected that the

services offered can meet the total care needs of extremely functionally-dependent clients. Applicants will be carefully screened to determine whether their needs can be met through other resources, including Medicaid. Every effort will be made to assist applicants in utilizing other resources before bringing them into the OPI program. However, clients will not be denied access to the program for failure to exercise options such as Medicaid or use of cash reserves.

Reassessments and monitoring visits are generally done every six months. However, based upon communication with the client, or via an in-home worker's assessment that client's condition has changed substantially since the last review, the case manager may determine that the client needs to be reevaluated sooner. In that case, a full review is conducted.

c. Describe how eligibility will be determined.

Unless a prior determination regarding a particular client has been made, case managers may authorize OPI-funded services to clients that demonstrate a need for assistance, and score at Priority Level 18 or below on the SPD CAPS assessment tool.

NWSDS has a written policy (part of the agency's OPI Handbook) on general guidelines to assist staff in determining the number of weekly hours that may be indicated for specific in-home tasks. These are used as a guideline only, as individual circumstances may indicate differing needs.

d. Describe how the services will be provided.

Personal Care and Home Care services are authorized by Agency case managers following an assessment in the Oregon ACCESS client management system to determine if a client is eligible and in need of such services. The case manager and client collaborate to develop a care plan best suited to each client's needs, encouraging client dignity, choice, and decision-making. NWSDS, Oregon Cascades West Council of Governments (OCWCOG), and Senior & Disabled Services, a division of Lane Council of Governments (LCOG), have a tri-agency (nine-county) In-Home Services Contract with Addus HealthCare Inc, (hereinafter referred to as "Contractor") that began July 1, 1999. The purpose of the joint RFP for In-Home Services was to create a large enough volume to stimulate interest and competition, improve client services through standardization of home and personal care program specifications, and to control the growth of program costs over time while strengthening quality assurance mechanisms.

When an eligible client is in need of Personal Care or Home Care services, the NWSDS case manager communicates a general indication of client needs to the Contractor on the SDS 546 In-home Service Plan form and includes the number of

hours of service authorized per month. The Contractor schedules an in-home assessment by a Registered Nurse supervisor (for Personal Care), or Home Care supervisor, to determine the specific activities to be provided, and to prepare a plan of care detailing these tasks. The Contractor then schedules regular direct services to begin within five calendar days from receipt of the NWSDS referral.

For Personal Care, these services are provided by a CNA or a qualified provider under a plan of care approved by a Registered Nurse. All contracted personal care service shall be provided using OAR 333-536-0005 through 333-536-0095 as a guideline. The supervising nurse instructs the CNA providing services regarding the care plan and personal care tasks required, and conducts in-home supervision visits and updates the client care plan at least once every 90 days. The care plan is maintained in the Contractor's client file.

For Home Care services, the Home Care supervisor instructs the direct care worker regarding the care plan and home care tasks required, and must monitor the home care worker's performance and competency, in the home, at least every 180 days, with a telephone assessment at 90 days. The care plan is maintained in the Contractor's client file, and is updated in conjunction with required supervisor in-home visits.

Choice of a Home Care Worker, or an Addus home worker, is guided principally by attempting to ensure continuity of care. Further, a Home Care Worker may be chosen when the client needs to employ a HCW privately for tasks and hours over and above what can be authorized under OPI, or when the client requires an unusually large number of hours which the Contractor is unable to provide. Under this program an eligible client may select and employ a qualified individual to provide home care, if appropriate and authorized by the NWSDS case manager. Also considered is whether the client may soon qualify for Title XIX and, depending on the pay-in required, the preference may be to opt for a Home Care Worker.

Meals are delivered to persons age 60 or older who have been assessed for ADLs/IADLs and nutrition risk by NWSDS staff and determined to be in need of home-delivered meals due to illness or disability, unavailability of transportation, or other factors which prevent them from utilizing congregate meal sites or other alternatives. Certain clients who are frail and unable to prepare meals on a daily basis may also receive frozen meals and/or pre-packaged, shelf-stable meals for use on weekends or at other times when daily, home-delivered meals are not available, including periods of inclement weather. Reassessments are conducted by staff (in person) every six months. For those clients receiving OPI funded home-delivered meals, clients must also be receiving other OPI funded services.

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

In the event that NWSDS has insufficient OPI funds to meet the needs of all OPI applicants, each OPI applicant will be assessed by the case manager and services manager for service eligibility according to date of request and level of need. When evaluating level of need, such factors as available financial resources, support systems available, impairment levels, and risk/safety issues will be considered for advancing the applicant on the waiting list.

NWSDS has, in the past, created a waiting list of applicants for OPI-funded services in accordance with the rules outlined in OAR 411-032-0020(3), and established agency procedures.

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

Attrition will be the first approach used to make reductions to existing OPI caseloads. Staff will review all existing OPI cases and identify clients who can be considered for possible service reduction/termination, can be served through other resources, and/or converted to the Title XIX program. Case managers will make home visits to those clients to evaluate the current service plan and discuss voluntary reduction in services with the client and/or representative. To meet additional OPI funding reductions, NWSDS will adjust the Priority Level for authorizing OPI-funded services.

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

If a new OPI applicant is denied services, or an existing client's service plan is reduced or terminated, the case manager will review the denial or reduction or closure of services with the client. The case manager will send the client a notice of Service Changes/Denial which includes Other Service Availability and a Notice of Right to Grievance Review fourteen (14) days prior to the reduction/termination of services. Copies of the notices will be directed to the services manager.

The client will have ten (10) calendar days from the date of the notice to grieve the decision.

Consumer complaints are handled through the use of the agency Consumer Comment Form, which is available to all persons dealing with the agency.

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

For each client determined appropriate for OPI services, based on Administrative Rule and current Agency guidelines, the case manager completes an OPI Income/Fee Determination form (P87), which provides for monthly income and allowable deductions and, based on the state determined fee schedule, enters OPI monthly fee estimate and fee percentage in 'Service' tab of 'Benefits' screen in Oregon ACCESS, and produces SPD/CA 546 entering the percentage to be billed to client. If HC/PC service through contractor is authorized, the case manager sends a copy of 546 to HC/PC contractor to start service and to instruct contractor on percentage to be billed to client.

An approval letter is sent to all OPI clients confirming the proportion of service cost which client is to pay and estimated monthly cost. The in-home contractor sends out client billing letters and collects fees in accordance with the requirements of our in-home contract. Fees collected are consolidated into a contractor check and submitted regularly to NWSDS along with a detailed listing of client name and payment amounts. The in-home contractor also submits monthly, to NWSDS, an Aging Report and Summary of monthly client billings. OPI clients receiving HCW services, and paying a portion of OPI service costs, are billed by NWSDS staff who enter fee percentage(s) and service worker code from P87 form into ACCESS client billing system. In addition, an annual \$5 minimum fee will be applied to all individuals receiving OPI services who have adjusted income levels at, or below, the federal poverty level.

When an OPI case is opened, the client is sent a letter confirming the start of the OPI service and notifying him/her of the fee for each unit of service. This fee and an estimate of total monthly cost to the client for services is recorded in the 'Service' tab of the 'Benefits' section in Oregon ACCESS.

Bills for a given month will be generated the month following service after the provider billing has been received and verified.

The OPI Income/Fee Determination form P87, completed on each OPI client before initiation of service, is also reviewed and updated at least annually. The information recorded on this form is based on OAR 411-032-0020 (5) Fee for Services. At time of annual review and re-determination of fee, client will be sent a letter advising him/her of new fee amounts and effective date of the change.

Fees for service, collected both directly from client and indirectly via the In-Home Services contractor, are set aside for the sole purpose of augmenting and extending OPI services.

OPI services are augmented through extensive use of the services of program partners, including OAA meal programs, home health, health education, hospice, the Family Caregiver Support Program, and the SHIBA program.

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

Clients will be billed regardless of how small an amount is owed.

If a client pays all or part of the bill, whatever is received will be accepted as payment in full for that month. If a client pays nothing toward bill, amount will show as past due on following month's bill. If there is no response to the second bill, client will be contacted by the case manager to discuss his/her willingness or ability to pay a fee. If the client refuses to pay or feels unable to pay, he/she will be informed that monthly bills will continue to be sent and even partial payment will be appreciated. The client will be assured that services will continue regardless of payment. After that discussion, past-due amounts will not carry forward to subsequent bills.

Each month, the In-Home contractor provides aging reports to the agency, which are reviewed for past-due balances owed by clients. A list of those clients with balances more than 60 days past due is sent to the services manager for determination of whether to continue to attempt to collect overdue bills. Before the next billing cycle, the contractor is notified concerning those balances which are to be zeroed out.

Clients who pay more than the billed amount, or who make a voluntary contribution when nothing is owed, are sent notes of appreciation at intervals.

Appendix A: Organization Chart

[Appended following this page.]

NORTHWEST SENIOR & DISABILITY SERVICES

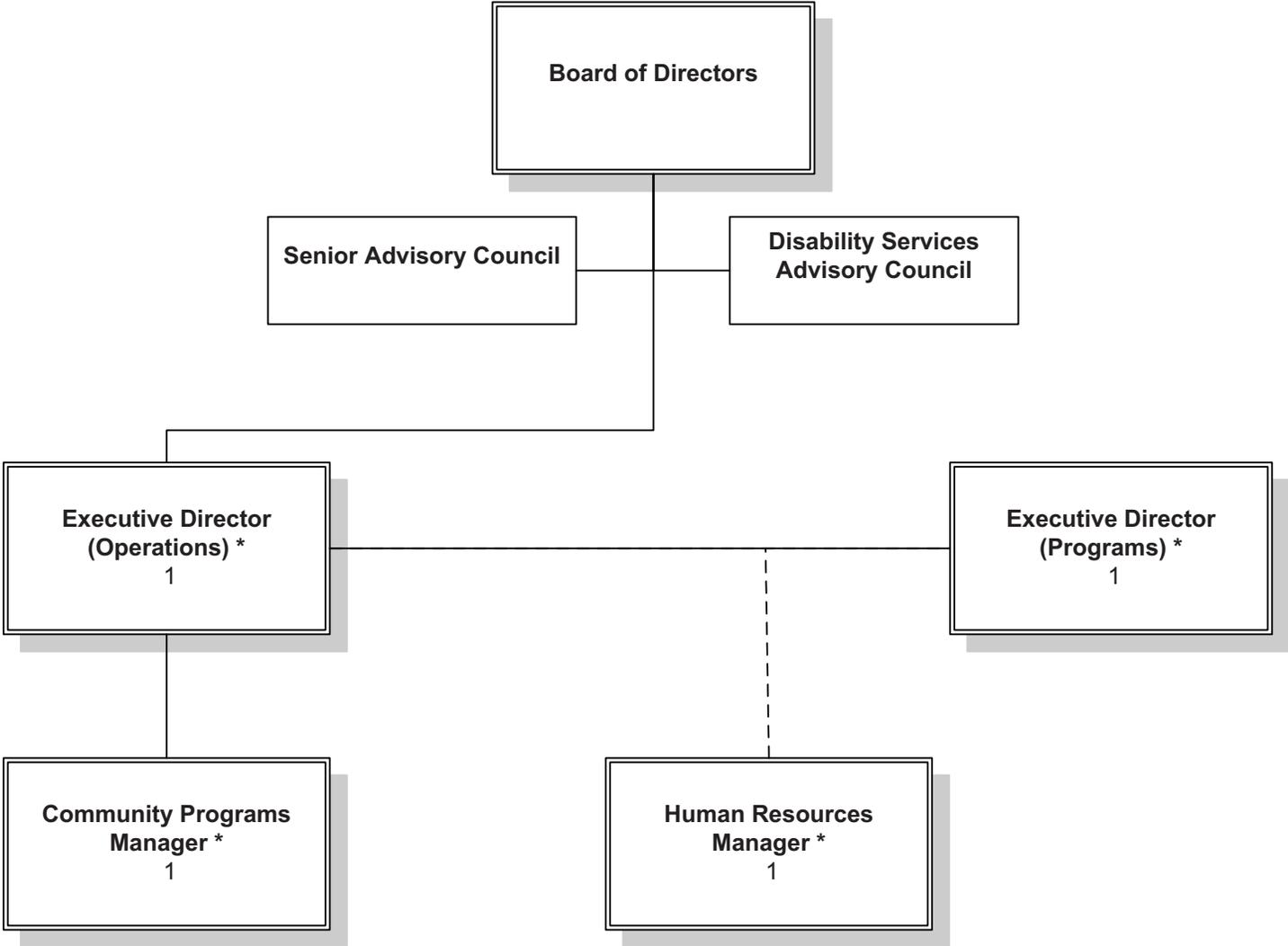
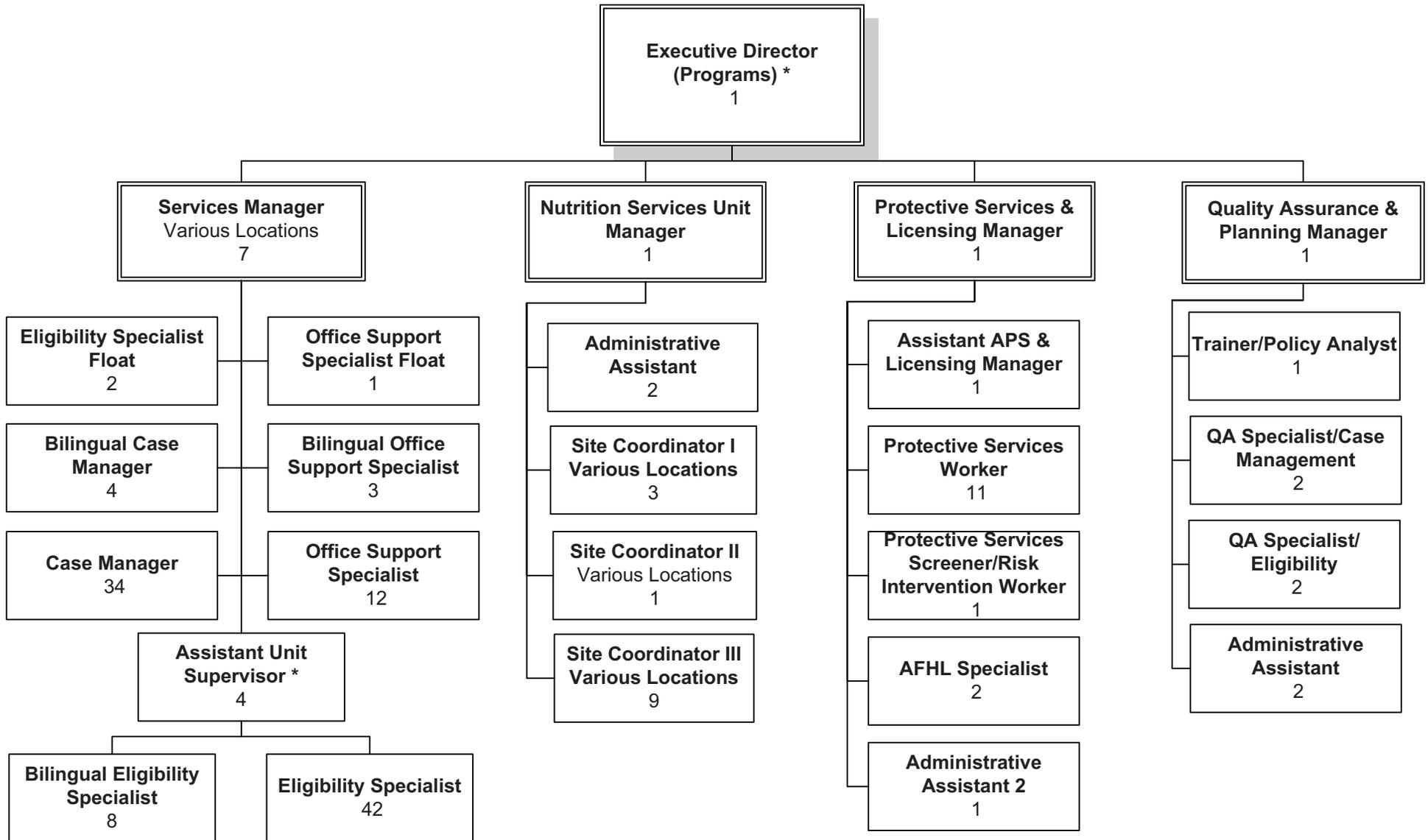


Chart reflects only positions which are filled or being actively recruited by the effective date noted.

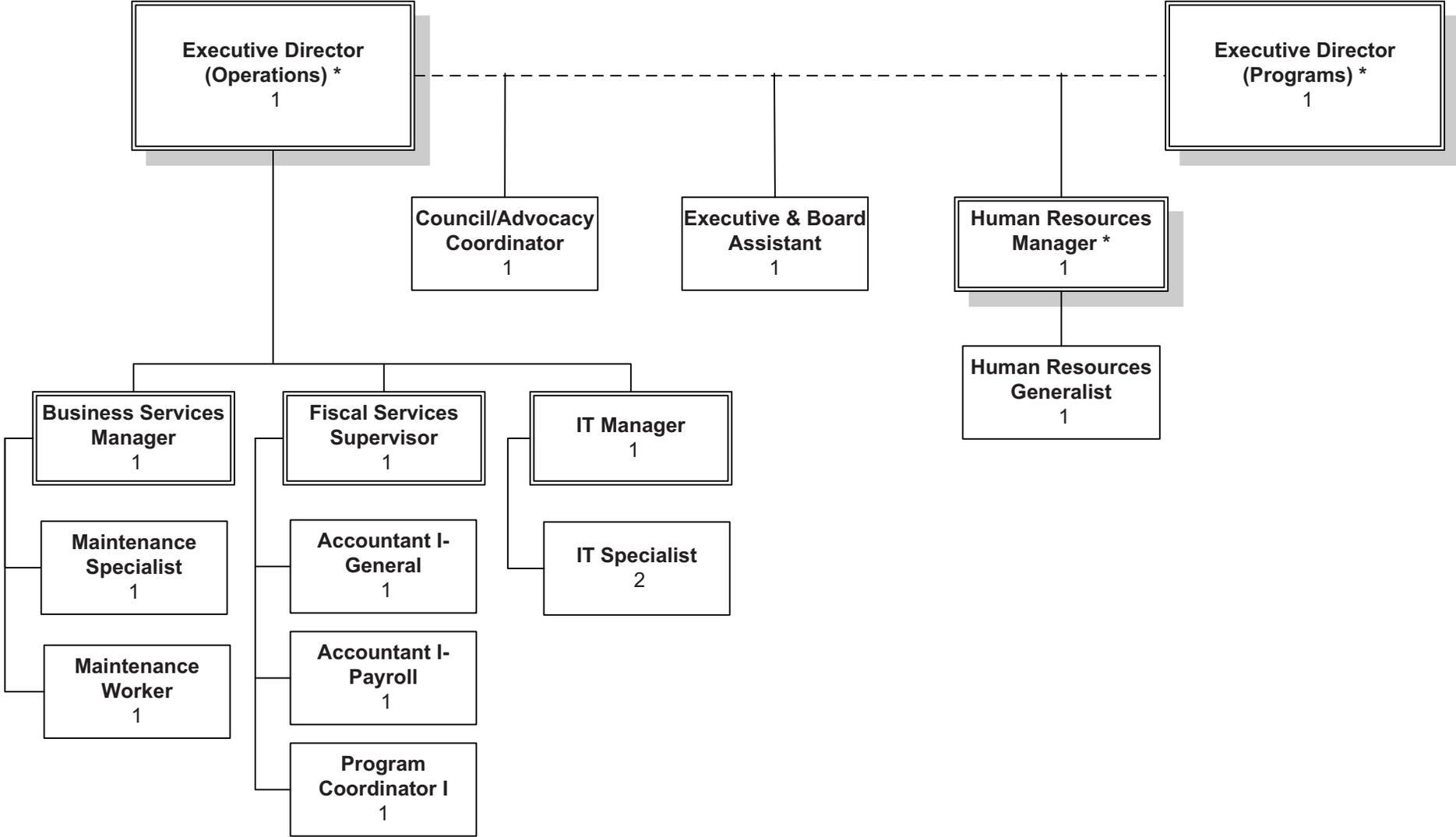
* Executive Management Team

NWSDS SERVICE PROGRAMS

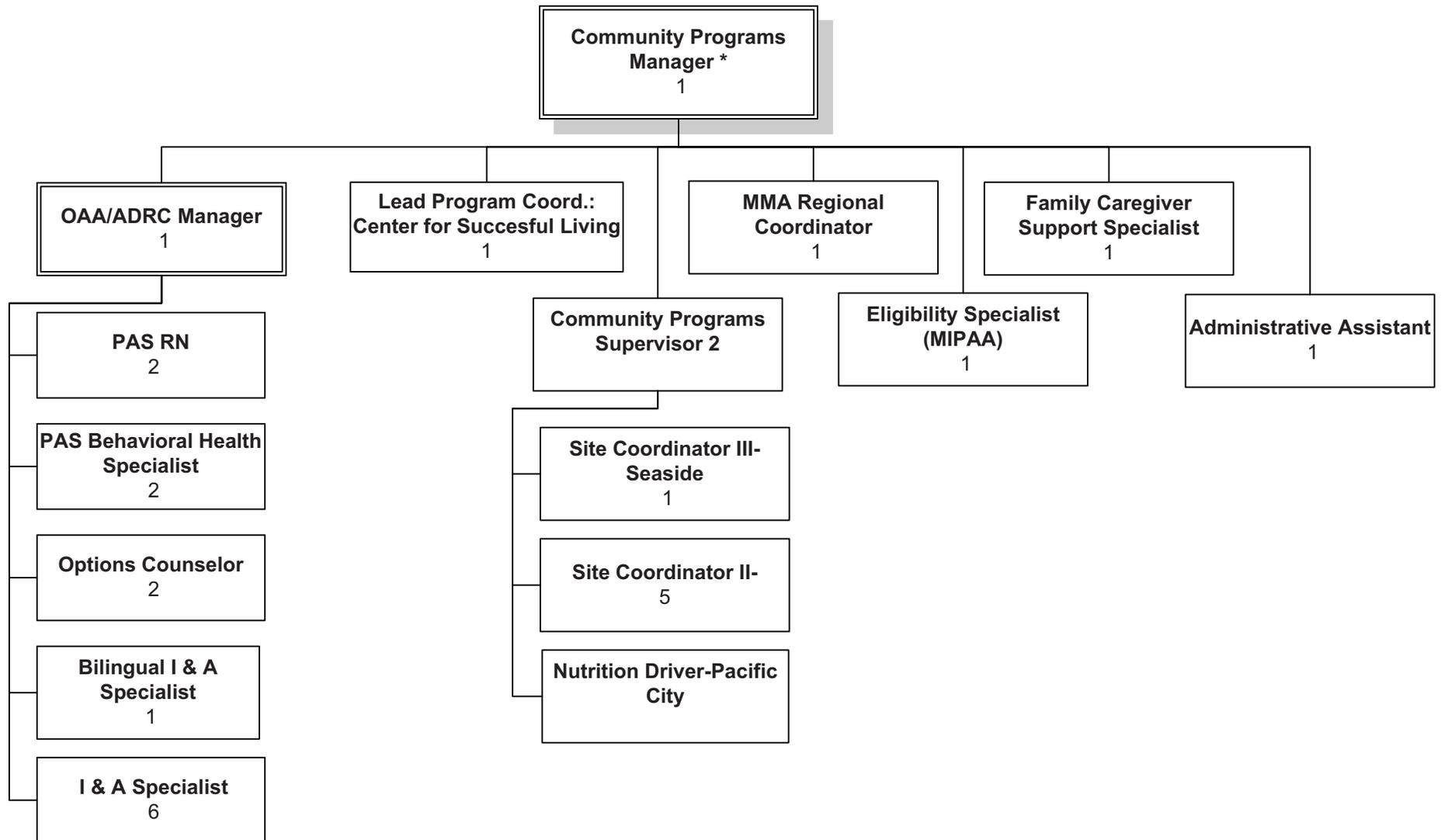


* In smaller offices where there is not an Assistant Unit Supervisor all Eligibility Specialists report direct to Service Manager

NWSDS ADMINISTRATION & HUMAN RESOURCES



COMMUNITY PROGRAMS UNIT



Appendix B: Advisory Councils and Governing Body

NWSDS Senior Advisory Council:

| NAME & CONTACT INFORMATION | REPRESENTING | TERM EXPIRES June 30: |
|---------------------------------------|-------------------------------|----------------------------------|
| Lorraine Anderson | Polk County – A, C, H | 2014 |
| Glafira Angulo | Marion County – A, B, H | 2013 |
| Gussie Brown | Marion County – A, B, F, H | 2013 |
| Barbara Campbell | Marion County – A, H | 2013 |
| Ed Cavin | Marion County – A, D, E, H | 2013 |
| Danny Crabb | Tillamook Co. – A, B, C, D, H | 2014 |
| Marilyn Daily | Polk County – D, H | 2013 |
| Britni Davidson | Marion County – D, H | 2013 |
| Janet DeWith | Yamhill County – A, C, D, H | 2014 |
| Valorie Freeman | Marion County – A, D, H | 2014 |
| Carol Hankins | Yamhill County – A, C, D, H | 2014 |
| Lee Hazelwood | Marion County – A, C, H | 2014 |
| Phyllis Kelley | Clatsop County – A, C, H | 2014 |
| Robert Kenny | Tillamook County – A, C, E, G | 2013 |
| Ruth McEwen | Marion County – A, H | 2014 |
| Richard Mitchell | Clatsop County – A, C, E, H | 2014 |
| Marie Navarra | Polk County – A, C, D, H | 2013 |

| | | |
|-----------------------|----------------------------|------|
| Barbara Brewer Nelson | Yamhill County – A, H | 2013 |
| Lucille Pugh | Marion County – A, H | 2013 |
| Phyllis Rand | Marion County – A, H | 2014 |
| Marjorie Reuling | Marion County – A, H | 2013 |
| Charles Richards | Marion County – A, E, F, H | 2014 |
| Dan Rogers | Yamhill County – A, E, H | 2013 |
| Shirl Staats | Polk County – A, D, H | 2014 |
| Billie Woods | Marion County – A, H | 2013 |

| <u>Categories of Representation:</u> | <u>Total</u> |
|--------------------------------------|--------------|
| A = Age 60+ | 23 |
| B = Minority | 3 |
| C = Rural | 9 |
| D = Service Provider | 9 |
| E = Veteran | 5 |
| F = Family Caregiver | 2 |
| G = Elected Official | 1 |
| H = General Public | 24 |

Complete a separate form if the AAA also has a Disability Services Advisory Council

NWSDS Disability Services Advisory Council:

| NAME & CONTACT INFORMATION | REPRESENTING | TERM EXPIRES June 30: |
|---------------------------------------|----------------------------|----------------------------------|
| Grace Bubetz | At-large – C, F, H | 2014 |
| Kathy Eckert-Mason | At-large – A, D, H | 2013 |
| John Francis | Yamhill County – A, C, H | 2014 |
| Dr. Bob McDonald | At-large – A, C, H | 2013 |
| Ruth McEwen | Marion County – A, H | 2014 |
| Bill Kluting | Polk County – C, H | 2014 |
| John Newman | At-large – A, C, H | 2014 |
| Lucille Pugh | Marion County – H | 2013 |
| Judith Richards | At-large – D, F, H | 2013 |
| Jeffrey Stevens | Tillamook County – A, C, H | 2013 |

| <u>Categories of Representation:</u> | <u>Total</u> |
|--------------------------------------|--------------|
| A = Person with physical disability | 6 |
| B = Minority | 0 |
| C = Rural | 6 |
| D = Service Provider | 2 |
| E = Veteran | 0 |
| F = Family Caregiver | 2 |
| G = Elected Official | 0 |
| H = General Public | 10 |

NWSDS Governing Body:

| NAME & CONTACT INFORMATION | REPRESENTING | DATE TERM EXPIRES |
|--|--|--------------------------|
| Patricia Roberts Clatsop County Courthouse 800 Exchange Street, Suite 310 Astoria, OR 97103 | Commissioner, Clatsop County Board Chair | January, 2013 |
| Patti Milne Marion County Courthouse P.O. Box 14500 Salem, OR 97309 | Commissioner, Marion County | January, 2015 |
| Craig Pope Polk County Courthouse 850 Main Street Dallas, OR 97338 | Commissioner, Polk County Board Vice-chair | January, 2015 |
| Charles Hurliman Tillamook County Courthouse 201 Laurel Avenue Tillamook, OR 97141 | Commissioner, Tillamook County | January, 2013 |
| Kathy George Yamhill County Courthouse 535 E. 5th Street McMinnville, OR 97128 | Commissioner, Yamhill County | January, 2015 |

Appendix C: Public Process

Planning activities for development of the Area Plan included those outlined in Section A-3 (page 8). Seeking early input from the public:

- In partnership with AARP Oregon, NWSDS developed an on-line survey targeted primarily to boomers (age 50-60), to gain feedback from a segment of the population that may be thinking of near-future needs for themselves or family. The survey was sent to 7,446 individuals, in our PSA, using e-mail addresses accessed by the AARP Oregon database. This survey was distributed on March 14, 2012
- We conducted a series of targeted focus groups, across our PSA, to solicit feedback from knowledgeable community members and stakeholders about the issues and needs of our senior population. We invited individuals who were deemed likely to have some experience or insight to the needs of seniors; particularly seniors who are low-income, of a racial minority, isolated, or whose English is less than proficient. The focus group meetings were conducted on the following dates, at the locations indicated:
 - March 26, at the NWSDS office in Tillamook
 - March 30, at the NWSDS office in Dallas
 - April 3, at the NWSDS office in Woodburn
 - April 9, at the NWSDS office in McMinnville
 - April 12, at the NWSDS office in Warrenton

In accordance with past practice, we engaged in an exercise designed to solicit specific input from our two advisory councils regarding the prioritization of discretionary spending. Those discussions occurred at our regular SAC and DSAC meetings held on May 17, and finalized at the meetings of July 19. The SAC conducted the final public hearing on the draft Area Plan at its September 20 meeting, in Tillamook.

The review process included a series of public hearings, in August and September, conducted to solicit additional feedback from interested community members on all aspects of the Area Plan, as drafted. The public hearings were advertised in nine different newspapers. The announcements also advised readers that the draft plan could be reviewed at our local offices, as well as accessed on our public web site. The hearings were conducted on the dates and at the locations indicated:

- August 27, at the NWSDS office in Salem
- August 29, at the NWSDS office in Dallas
- August 29, at the NWSDS office in McMinnville
- September 5, at the NWSDS office in Warrenton
- September 20, at the Forestry Center Offices in Tillamook

Appendix D: Report on Accomplishments for 2011-2012 Area Plan Update

As part of its Area Plan Update, submitted in October, 2011, NWSDS reported on the outcomes and accomplishments through the first three and a half years of the 2008-2012 Plan period. No new goals, objectives or activities were added for the duration of the Plan period, but all stated activities were continued, as indicated. However, a number of new initiatives and accomplishments were realized, over the past year, to enhance the stated goals and objectives of the Plan. These are tied to the headings of the previous Plan (in **bold**) as follows:

GOAL I: To assure seniors have access to quality client services that meet their needs.

Objective I.d: Participate in technology efforts to make services more accessible through web-based applications.

- **New Accomplishments:** NWSDS has been a partner, with the State of Oregon, for going live with the new ADRC as the single point of entry for Information and Assistance, and development of the resource database. Additionally, NWSDS completely revamped its public-facing web site to make access to information more user-friendly.

GOAL II: To provide assistance to at-risk seniors in the NWSDS service area.

Objective II.a: Provide Elder Abuse Awareness in service area.

- **New Accomplishments:** In the fall of 2011, NWSDS developed a 28-page booklet called, “*Stay Smart! for Seniors*”. Intended to be a positive message to help guide seniors in making smart choices about their health, money, safety and other subjects, the booklets are gaining wide distribution across our PSA. The purpose is to give seniors and their families practical advice to maintaining their health and safety, without using scare tactics, or depressing information about abuse and neglect.

GOAL III: Enhance outreach activities, especially to low-income ethnic minority and rural populations, on available senior services.

Objective III.b: To update and/or develop materials for distribution on agency programs.

- **New Accomplishments:** The agency continues to revise its outreach materials to make them more accessible to our targeted populations. In 2012, we undertook the task of completely revising all of our agency program brochures to bring them into compliance with health literacy standards for effective communication.

GOAL IV: To actively represent the interests of seniors in the NWSDS service area.

Objective IV.a: To enhance NWSDS' advocacy role.

- **New Accomplishments:** NWSDS SAC and DSAC members serve on a variety of workgroups, committees and commissions to help advocate for seniors and other vulnerable populations as health system transformations take place. Our volunteer advisory councilors routinely provide testimony at legislative hearings, and input to groups writing rules and procedures for the implementation of change.

Objective IV.b: To strengthen the role of other community members in the advocacy issues affecting older persons.

- **New Accomplishments:** In 2012, the NWSDS Advisory Councils moved from regular monthly meetings, to meeting every other month. Part of the reason for the change was to use the non-meeting months as opportunities to strengthen the work of the various sub-committees of the two councils, and help focus their energies more directly on addressing agency programs. Additionally, a new committee was formed called the "Civic Engagement Committee." This new committee is tasked with helping to recruit new members to the advisory councils, and to give the agency more exposure through assistance with community outreach and education.

GOAL V: To promote and facilitate healthy aging.

Objective V.a: To expand disease prevention and health promotion information dissemination.

- **New Accomplishments:** NWSDS staff developed new partnerships with providers of senior exercise classes in the coast counties. The agency also enrolled two staff members to become trainers for the Living Well program, to work with other organizations for conducting the classes. The agency also partnered with the Oregon Food Bank to help promote "Cooking Matters" classes targeted to low-income seniors in Clatsop and Tillamook counties.

Objective V.c: To continue increasing access to and awareness of agency Nutrition Services.

- **New Accomplishments:** NWSDS has started translating its frozen meal menus into Spanish to help folks access the meals who ordinarily wouldn't attend a congregate meal site. Also, the Tillamook County office of the Oregon Food Bank distributes a newsletter with its food boxes called the "Brown Bag Bugle." The newsletter typically includes information about NWSDS Nutrition Services and other agency programs and activities.

Appendix E: Emergency Preparedness Plan

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APPLICABLE TO ALL SITUATIONS

Guiding Principles

- Every incident will be different, both in severity and in length of impact. The response needs to be flexible and meet the needs of the incident.
- Safety of staff is the first goal. Every task should be evaluated for safety.
- Efforts should be taken to mitigate damage to property.
- Responses should be in conjunction with local emergency authorities and/or Oregon State Emergency Operations Center.
- Lines of authority should be clear to all.
- Communication is vital. Keep local and state partners and authorities informed.
- Documentation of the event and all steps taken, decisions made, and funds expended are very important. You may want to designate someone to track expenditures.
- Every event is stressful on all, including staff. People's emotional health should be supported. If the response to the event is likely to last more than a couple of days, plans should be made to rotate staff (including leadership) to allow for periods of rest.
- Plan ahead. If there is a chance that needed tasks cannot be done with current resources, contact local partners and the state early. If rules or contract provisions may need waiver, contact the state. If the event is severe or long enough, it is important to designate staff to plan ahead while others manage the current situation.
- Set up a regular briefing at the beginning and end of each day (or at shift change) to keep everyone informed of the status of the situation, actions being taken and anticipated actions needed soon.

Assessment of Potential Hazards

The possibility of potential hazards will vary across our diverse geographical planning and service area. Primary risks will be identified between valley and coast offices.

Valley:

- Primary potential hazard for the valley area is severe weather:
 - Ice storms in the winter;
 - Rain causing localized flooding; and
 - High winds.
- Additional hazards include threat of earthquake and forest fires.

Coast:

- Greatest threat is tsunami.
- Other hazards:
 - Severe weather including occasional ice, wind, rain/flooding and forest fire.

Triggers To Activation Of The Plan

This plan will be activated if any of the following occur. This could be caused by weather or other natural event, a man-made event or a pandemic. The extent of activation will be decided by the Incident Commander.

- The county emergency manager requests activation or the participation of an office in response to an event.
- An office is unable to complete any of its mission critical duties for 2 business days. This could be caused by power, phone, or computer outages or staff shortage.
- An office must be evacuated or is otherwise unusable for more than a couple of hours or entails significant damage to its structure.
- An event causes or probably will cause an evacuation of a significant number of either clients or vulnerable citizens. (This will be determined by the person with the authority to activate the plan.)
- An event causes or probably will cause either significant damage or put at risk the health and safety of a significant number of either clients or vulnerable citizens. (This will be determined by the person with the authority to activate the plan.)
- Any other event that management or the most senior person available decides warrants activation of this plan.

Activation Authority

The following members of the NWSDS Executive Management Team have the authority to activate the plan. This list of EMT members will be worked in the order given below and the activation decision will fall to the 1st person that is available:

- Melinda Compton
 - Melinda.compton@nwsds.org
 - 503-304-3401 (work)
 - 503-930-1740 (cell)
- Rodney Schroeder
 - Rodney.schroeder@nwsds.org
 - 503-304-3655 (work)

- 503-409-0458 (cell)
- Kathryn Dodge
 - Kathryn.dodge@nwsds.org
 - 503-304-3480 (work)
 - 503-260-1789 (cell)
- Tanya DeHart
 - Tanya.dehart@nwsds.org
 - 503-304-3492 (work)
 - 503-302-4758 (cell)

If contact with the EMT is not possible, activation of the plan will fall to the Service Managers in locally affected offices

Activation Notifications

The person activating the plan will determine how many and who will be notified. If activation is initiated by a member of NWSDS Executive Management Team (EMT), notification to Unit Offices and Agency Staff will be determined by the scope and nature of the emergency.

- 1) If the emergency is widespread (ex.: earthquake) EMT will notify all Unit Managers. Unit Managers will be responsible for staff notification (message on local office phone OR calling staff using an emergency phone tree).
- 2) If the emergency is localized (ex; weather related such as winter storm or flooding), EMT will only notify Unit Managers in the affected area(s). Unit Managers will be responsible for staff notification (message on local office phone OR calling staff using an emergency phone tree).

If EMT is not available to make the decision to activate the plan, the decision will fall to Unit Managers either individually or as a group. Scope of notification will be determined as described in items 1 & 2 listed above.

Communication Plan

All NWSDS Offices will develop a working relationship with local emergency management, so that when the system is activated, communication occurs regularly both to and from the NWSDS office and EM. They are our best and maybe only source of immediate assistance in significant events.

Staff Call-In Procedure

In an emergency event, all staff will attempt to call their home office. There will be a recorded message with instructions for staff, as long as the office phone system is operational. If the office phone system is operational all staff should leave a message with their status and ability to come in to the office.

When the local office phone system is not operational, staff should try other options, including:

- 1) Call your Unit Manager (home or cell)
- 2) Call your local office FAX line, if someone is in your office, they will know to answer this line as it will be the only functioning phone.
- 3) Call the NWSDS Salem Office
- 4) Call another NWSDS Unit Office
- 5) Call one of your co-workers

Communication with Partners

When the Plan is activated, the following entities may need either notification or regular updates as applicable. They also may need/be able to provide assistance. For all events that require the activation of the plan (closure or impact on an office, activities limited to only mission critical functions, or emergency planning for either clients or the larger community of vulnerable Oregonians), the DHS central office will be notified when feasible and safe.

- State DHS and/or APD
 - Administrator for Licensing and Quality of Care
- Local Emergency Operations Center
- NWSDS Staff (Use your local emergency contact list)
- Contact info of nearest NWSDS office that could assist
- NWSDS Facilities – Jerry Sims
- Information systems – Shelly Lofgren
- Other local partners impacted and/or able to help with responses

REMEMBER: When any person believes that their life or someone near them is in danger, CALL 911.

Alternate Communication System

In any significant disaster, regular phone service may be impacted. Frequently cell phone systems are overwhelmed and towers may be damaged. If power is out, corded phones may still work. Out-of-state calls may work when in-state calls don't. It is likely that multiple methods may need to be tried and may work sporadically. It is recommended that all methods are tried and retried. If phones are unavailable, the following procedures will be used:

- **Cell phones.** You may find coverage on high ground or near an undamaged tower, as long as there is power to the tower.
- **Satellite phones.** Despite the promise, these may be difficult to use. However, some local public health departments and some CAF District Offices have them. Additionally, most local emergency operations centers will have them.
- **Email.** This has actually been found to be more reliable than phones. You would need power (some offices have backup generators) for the computers and connection to the internet (data lines). Several NWSDS Offices have laptop computers with wireless broadband capability for internet connectivity. These units will be viable as long as cell towers are still functioning.
- **Amateur radio (HAM operators).** This is probably the most reliable form of communication in a disaster. Offices may find that some of their staff or their family members may be capable of providing this service. Your local emergency manager will already have a group of operators identified and organized for this purpose. Bear in mind that this form of communication can be complex, particularly when you are trying to get information to & from a specific individual.
- **Texting.** Texts have been found to go through even when cell phone calls have not.
- **Faxes.** Requires power and operational telephone lines, but worth trying. NOTE: using the corded phone on your FAX machine usually works when the power is off and the office phone system goes down when power is lost.
- **Messenger.** For communication locally, such as with your emergency manager, you may need to resort to foot or in-person.
- **Voice Over Internet Protocol (VOIP).** Phone systems over the internet, may be available. A common one is Skype.com that is free if the call is to another computer, not phone.

AUTHORITY

Agency Incident Commander

An Agency Incident Commander will be named every time the plan is activated. The person named may vary depending upon the type of incident or the scope of the event. The Agency Incident Commander will be designated by the ranking member of the NWSDS Executive Management Team.

The duties overseen by the Agency Incident Commander include:

- Assessing and triaging the incident
- Naming a Response Team, when the situation warrants one
- Determining the response activities
- Assigning duties
- Documenting the response
- Authorizing and tracking expenditures
- Ensuring the safety of the Response Team
- Ensuring the accurate sharing of information with all parties
- Planning for the next phase of the response
- Planning for and authorizing the deactivation of the response
- Communication / Updates

Law Enforcement/ Emergency Management Contacts

Unit Managers at all NWSDS Branch Offices **EXCEPT SALEM** are the primary contacts for local law enforcement and emergency management individuals. Law Enforcement/Emergency Management contact for Salem will be designated by EMT. This person will triage the situation, gather any needed information, determine the appropriate agencies to be contacted, and keep the Agency Incident Commander informed of all contacts and decisions.

Media Notification

This needs to be determined locally, dependent upon local partners, agreements, severity of the event, etc. The following are examples that may or may not be appropriate for a given area.

- A designated member of the NWSDS EMT will be the sole contact with the media. All requests from the media shall be referred to them. All information and press releases will be shared with the Agency Incident Commander. All contacts will be documented.
- A listing of newspapers, radio, TV stations, (including addresses and phone numbers) will be maintained at NWSDS Salem by the EMT.

State APD Coordination

Anytime the plan is activated, APD will be notified when feasible and as it warrants. If assistance is likely to be needed from either the state APD or other local offices, the state should be contacted as soon as possible. NWSDS EMT should have a pocket card with night and weekend contact information for key state managers. For updates or replacements, email spd.ep@state.or.us . The designated NWSDS Incident Commander will be tasked to coordinate with the state APD office.

APD will then designate a single point of contact and will take responsibility to keep needed other state partners (including state field manager, other state organizations, other APD/DHS staff, as decided upon in the original call) informed to minimize the impact on the local office.

De-Activation of Plan and Learning

As soon as the event begins to stabilize, the person or team responsible for planning needs to start planning for de-activation and return to business as usual. This may involve a complete de-activation or a step-down approach. The Incident Commander has the authority to de-activate the plan. As part of the de-activation, there needs to be a de-activation communication plan that communicates with all partners with consideration of notification of the media.

As part of the de-activation, there should be a document produced that summarizes the response to include at least the following information:

- Description of the event
- Summary of the different actions taken in the response, including a timeline.
- An accounting of the resources expended, including an accounting of staff time.

After the event, there should quickly be a De-brief scheduled with all major players to create an after-action plan. The goal is to determine what worked well and what didn't with a listing of lessons learned. The Emergency Preparedness Plan should be revised to reflect these needed changes.

OFFICE AFFECTED

Alternate Sites

If an office is not usable, staff are to report to an alternate site as told on the recorded message on the office phone, or as notified by the Unit Manager. The alternate sites will be predetermined for each office and adjusted during an event based on details of the event and impacted areas.

Emergency Supplies

The following supplies maintained at NWSDS offices are checked and updated annually by an OSS named by the Unit Manager.

- Flashlight
- First Aid Kit
- Safety Vests
- Battery operated radio
- Petty cash
- List of high risk clients
- AFS Form 437-100
- Paper applications

SECURITY OF ASSETS

Building Security

In all instances, staff safety is most important. Never should staff be put in danger. If a building is unsafe, staff should not enter until an inspector, first responder or other official says it is safe to re-enter. The designated NWSDS Incident Commander (IC) will be notified of this situation.

Many NWSDS exterior office doors are equipped with locks and/or electronic key pads to limit entry. In the event of loss of power and the office has no back-up generator, the electronic key pads will no longer work. In this situation, entrance to the building will only be possible with the use of a key. All Unit and Assistant Unit Managers should have an exterior door key in their possession at all times. If the US/AUS is not available to open the office and the office is equipped with a “knock box”, fire department personnel will be able to open the box & use the key inside to open the building. For security purposes in this situation, it is recommended that only one door to the office (probably the main door) should remain unlocked and be monitored by staff.

If the building is physically damaged, but deemed safe for staff to enter by local inspectors, proceed with an on-site assessment of the damage. Pass the results of the assessment to the NWSDS Incident Commander and wait for further instructions.

Cars

Cars are to remain locked when not in use. Use of cars will be prioritized to assure fulfillment of the Mission Critical Functions with the Agency Incident Commander having final decision making authority. All cars should be monitored to keep fuel tanks at least ½ full.

Petty Cash/EBT Cards and Machines

Petty cash is kept in the safe in reception. OSS staff and Managers know the codes. One of the EBT machines is in the reception area. All staff must sign off when finished using the machine. The spare EBT machine is kept in the locked file cabinet near the receptionist's desk. In the event that the office needs to be relocated, the EBT machine/s shall be taken to the alternate site.

The EBT cards are kept in the safe in reception. They must be logged in and out of the safe.

Privacy of Protected Information and Security of Sensitive Information

Even in an emergency or event requiring relocation of the office, all reasonable steps should be taken to protect the security of client information and other important information, both paper-based and electronic.

OFFICE CLOSURE

Authority to Close

NWSDS will curtail services and close office facilities only under hazardous conditions or inclement weather that interfere with normal agency operations. The decision to close any NWSDS office will be made by a member of the NWSDS Executive Management Team based on their availability. A list of EMT members and their contact information is listed earlier in this document.

Notification of Closure

The NWSDS Executive Management Team or at their direction, the designated NWSDS Incident Commander may deem it appropriate to provide office closure information to designated media outlets for dissemination to the public. A contact

list for designated media outlets will be kept at the Salem Office for use by EMT/IC when needed.

In an emergency event, all staff will attempt to call their home office to determine if there is an office closure. There will be a recorded message with instructions for staff, as long as the office phone system is operational. If the office phone system is operational all staff should leave a message with their status and ability to come in to the office.

Expectations for Staff Reporting to Their Home Office

All staff are considered essential for business continuity and if safe, should attempt to report for duty unless otherwise notified either directly by NWSDS Management or by contacting the local office for a recorded message with alternate instructions. Staff should make their own decision regarding their safety and ability to travel to the office during an event keeping their personal safety as a priority.

Notification of Clients

Phones: When safe and feasible, main messages will be changed to inform callers of conditions and office availability. Closed offices will forward phones to designated office when possible. Messages will be retrieved and calls returned according to priority of need. Instructions for forwarding the phone and remotely retrieving messages is available on the shared drive.

Notices: Notices will be posted on all entrances to the building and at all meal sites.

Continuity of Operations / Business Continuity

NWSDS must ensure critical business functions and public services continue or are restored as quickly as possible despite interruption by an emergency, disaster or other unplanned event, either natural or manmade. NWSDS serves many Oregonians in our designated service areas who are dependent upon our services for basic needs. We must be prepared to respond to an emergency of any level in order to ensure the safety, health and well-being of Oregonians receiving services, vulnerable residents, employees and volunteers.

As always, the first priority is the safety of staff, volunteers, and clients in the office.

Mission Critical Services/ Functions

Every event is different. The following mission critical services may need to be prioritized based on the needs of the needs of the local population and the available resources. If the following services/functions cannot be performed within a reasonable time (usually 3 days) request additional resources from other NWSDS offices, local emergency management or the APD central office.

- Eligibility Determination – both Medicaid Financial and Service eligibility
- SNAP (food stamps) Eligibility Determination and Issuing Benefits
- D-SNAP (Disaster SNAP) Eligibility Determination and Issuing Benefits
- Authorization of Services and Placement
- Payment of Providers
- Protective Services and Complaint Investigations
- OPI eligibility and authorization of services
- Senior Nutritional Programs (Meals on Wheels delivered and congregate)

Alternative Work Strategies

The NWSDS Incident Commander or designee, in consultation with a member of NWSDS EMT, will determine the appropriate strategy and prioritize the use of resources to continue to provide services to individuals we serve during an event. For strategies that are outside current policies, contact the APD Field Services Manager for variance approval.

Recovery of Office Functions

As early as possible, the designated NWSDS Incident Commander will start planning to re-establish normal office functions.

- If the building has been evacuated, get an estimate of when the office could be re-occupied. Consider the establishment of an interim office location if the office will need significant repairs.
- If the building has been evacuated for safety concerns, contact local Emergency Management for an inspection, they will likely have set up an inspection team.

COMMUNITY SPECIFIC ACTIONS AND RESOURCES

Roles for Response to Community Impact

If the local NWSDS office participates in a Vulnerable Population Group as a part of local Emergency Management or is a designated participant at the Local Emergency Command Center, they will be one of the first notified in an

emergency event. Any local NWSDS office notified by their local Emergency Command Center will immediately contact NWSDS Executive Management Team to request activation of the emergency response plan for the locally affected area. The local NWSDS Office has responsibility to coordinate with and assist local emergency response teams to:

1. Protect the health and safety of staff
2. Protect the health and safety of clients
3. As the local Area Agency on Aging and the agency responsible for providing protective services, protect the health and safety of seniors and people with disabilities who are not clients, to the extent possible.

The Agency Incident Commander will either conduct the following or assign the following chores:

- Assess the impact of the incident on various communities and neighborhoods.
- Establish communication with the local County Emergency Commander or other First Responders.
- Establish a list of needed actions
- Prioritize the actions
- Assign responsibilities for completion of the actions.
- Repeat above actions as the event evolves.

Important Actions could include:

- Providing Mission Critical functions (may need to include provisions for crowd control)
- Determining and distributing Disaster Supplemental Nutritional Assistance Program (DSNAP) benefits.
- Assisting with notification of the population about the event and recommended steps to take
- Contacting the population to determine status of clients and population and doing a needs assessment
- Arranging for evacuation
- Arranging for Vulnerable Populations sheltering
- Asking for assistance from local, regional, or state resources
- Keeping needed entities apprised of status
- Documenting actions, expenditures, and time

Each event is unique and staff will be assigned based upon the needs of the event. However, it is anticipated that at local Unit Offices:

- Front office receptionist will staff the main lines, route calls to any available staff, and handle walk-in traffic.
- Eligibility workers will provide the Mission Critical Functions.
- Protective Service Workers and Case Managers will be assigned to contact and assist clients and the population as assigned.
- Managers and others may be assigned roles in the Agency Incident Command Structure.

Coordination Activities with state and local authorities

Local Unit Managers will maintain ongoing relationships with local Emergency Managers, law enforcement, fire departments and emergency responders. NWSDS will participate in local response exercises and planning. These planning exercises should include broad discussions regarding the vulnerable populations we serve and discuss certain high risk populations that would require specialized response(s) by NWSDS and emergency responders. When appropriate, Agency maintained lists of high risk clients should be shared with emergency responders so appropriate triage can occur in the response activities.

In the event of an event triggering the activation of the NWSDS Emergency Response Plan, the local Unit Manager or Agency Incident Commander will connect with the local identified Emergency Operations Commander. At a minimum, the following will be discussed/communicated with the Emergency Operations Center (EOC):

- Current situations of Agency operations, including Agency resources available to help local recovery activities
- Shared list of high risk clients and planned actions for follow-up and check-in
- Any facility issues necessitating assistance or help from the EOC
- Date/Time of next update

Regular updates and communication with the local EOC will be the responsibility of on site Unit Manager or designated Agency Incident Commander. Regular updates will also be provided to a member of EMT.

Appendix F: List of Designated Focal Points

A focal point is a visible and known location in a community where the elderly and their families can come or call and have access to a wide variety of services. The following are currently designated as focal points in the five-county area:

NWSDS maintains six full-service offices within its PSA:

Salem: 3410 Cherry Ave NE, P.O. Box 12189, Salem, OR 97309
503-304-3400, or toll free: 1-800-469-8772; Fax: 503-304-3464

Woodburn: 1320 Meridian Dr., Woodburn, OR 97071
503-981-5138, or toll free: 1-888-257-0138; Fax: 503-982-8268

Dallas: 260 NE Kings Valley Hwy, Dallas, OR 97338
503-831-0581; Fax: 503-623-5178

McMinnville: 300 SW Hill Rd, McMinnville, Or 97128
503-472-9441, or toll free 1-866-333-7218; Fax: 503-472-4724

Tillamook: 5010 E. Third St., Tillamook, OR 97141
503-842-2770, or toll free: 1-800-584-9712; Fax: 503-842-6290

Warrenton: 2002 SE Chokeberry Ave, Warrenton, OR 97146
503-861-4200, or toll free 1-800-442-8614; Fax: 503-861-0934

The toll free **TTY** number for all offices is: 1-888-370-4307

Information and Assistance specialists in Marion, Polk and Yamhill counties can be reached at: 503-304-3420, or toll free: 1-866-206-4799; Fax: 503-304-3421; or by e-mail at: information.nwsds@nwsds.org

Information and Assistance specialists in Clatsop and Tillamook counties can be reached at: 503-861-4210, or toll free: 1-800-442-8614; Fax: 503-842-6290; or by e-mail at: assistance.nwsds@nwsds.org

Appendix G: Partner Memorandums of Understanding

N/A

Appendix H: Statement of Assurances and Verification of Intent

For the period of January 1, 2013 through December 31, 2016, NorthWest Senior and Disability Services (NWSDS) 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, NWSDS 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. NWSDS 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 NWSDS for providing services to low income minority individuals and older individuals residing in rural areas within the Planning and Service Area.

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

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

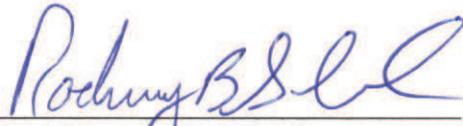
- A. Information concerning whether there is a significant population of older Native Americans in the planning and service area, and if so, an assurance

that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under the Area Plan;

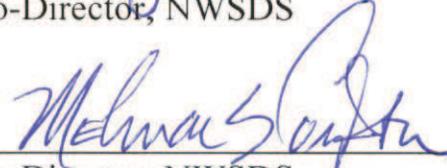
- B. An assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides with services provided under Title VI of the Older Americans Act; and
- C. An assurance that the area agency on aging will make services under the Area Plan available,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

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

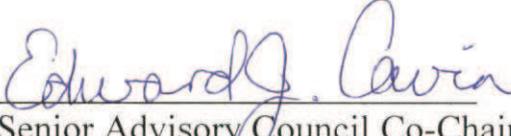
9/27/12
Date


Co-Director, NWSDS

9/27/12
Date


Co-Director, NWSDS

9/20/12
Date


Senior Advisory Council Co-Chair

9/27/12
Date


Legal Contractor Authority

Chair – Board of Directors
Title