



Social Services Division

**Older Americans Act Area Plan
2025-2029**

Clackamas County Social Services
2025-2029 Area Plan

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Section A - Area Agency Planning and Priorities

A-1 Introduction

Clackamas County Social Services (CCSS) is Clackamas County's Area Agency on Aging (AAA). As a division of the Clackamas County Health, Housing and Human Services Department, CCSS works alongside five other divisions - Behavioral Health; Children, Families and Community Connections; Health Centers, Housing and Community Development; and Public Health – to meet the needs of county residents.

CCSS was created through the merger of the county's AAA with its Community Action Agency (CAA) in the spring of 1982. As the AAA and CAA for the county, CCSS combines advocacy, program coordination and development activities with social service programs to provide opportunities and services for older adults, people with disabilities, people struggling to afford basic necessities, rural residents, communities of color and other underserved residents in Clackamas County. In addition to being an AAA and a CAA, CCSS operates the county's Developmental Disability Program, the Veterans Service Office and transit programs.

As the AAA, CCSS's goal is to provide services, supports, and information that allow older adults (and in some cases depending on program guidelines, younger adults with disabilities) to live independently in the community of their choosing. To achieve its goal, CCSS delivers direct programming, contracts with community based organizations to deliver services, and engages in regional collaboration and planning efforts. The Area Plan is the primary planning document used by CCSS to guide its AAA work.

The Area Plan describes how CCSS will meet the needs of older adults and persons with disabilities living in Clackamas County. It includes demographic information, results of a needs assessment, and specific goals and activities for areas that are critical to older adults in Clackamas County, including caregiver services, transportation, and legal services.

The Clackamas County Board of County Commissioners appoints the Aging Services Advisory Council (ASAC). ASAC consists of representatives of the general public who reside, work, and/or serve those who live within the boundaries of Clackamas County. Over 50 percent of ASAC members are aged 60 and older.

The purpose of ASAC is to:

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

- Advocate for maintenance and improvement of existing services and for the creation of additional needed services for older adults living in Clackamas County

Service Delivery Network

Clackamas County is a large and geographically diverse county, spanning 1,879 square miles and comprised of 16 incorporated cities and towns, as well as numerous unincorporated communities. The more urbanized, northern section of the county contrasts sharply with the rural and frontier southern and eastern portions in terms of access and availability of services and resources. To serve older adults residing in all areas of the county, CCSS uses a coordinated entry approach, working with a network of ten adult/community centers located throughout the county to ensure that every older adult in the county has easy access to information and services. In 2010, Clackamas County launched the Clackamas Resource Connection, an Aging and Disability Resource Center (ADRC), to provide additional services for all county residents. In 2013 the Clackamas Resource Connection became part of the regional Metro Aging and Disability Resource Connection and was renamed the Clackamas Aging and Disability Resource Connection.

In addition to the services and programs offered by CCSS and the ten community centers, the service delivery system in Clackamas County includes the Senior Citizens Council, Clackamas County Behavioral Health, four branch offices of the State Department of Human Services/Aging and Persons with Disabilities (DHS/APD), the Senior Community Service Employment Program (Title V), and Legal Aid Services of Oregon.

Focal Points

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

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

The tenth community center, Hoodland Senior Center, is a designated Access Point because it does not meet all the requirements of a Focal Point.

CCSS programs operating under the auspices of the AAA

- **Clackamas Aging and Disability Resource Connection** – Connects older adults, persons with disabilities, their families and caregivers, with information about needed services and supports.
- **Family Caregiver Support (FCSP)** – Assists unpaid family caregivers by providing information, support and respite.
- **Money Management** – Assists older adults and adults with disabilities who need help with budgeting, balancing checkbooks, and bill paying.
- **Oregon Project Independence (OPI)** - assists people who are not financially eligible for Medicaid in living independently in their homes (a state funded program).
- **Oregon Project Independence-Medicaid (OPI-M)** – Assists older adults and people with disabilities to live independently in their homes with expanded level of services under a Medicaid waiver pilot.
- **Options Counseling** – Supports individuals, families and support networks in developing informed long-term care plans.
- **Senior Health Insurance Benefits Assistance (SHIBA)** – Educates Medicare beneficiaries about their health insurance benefits.
- **Veterans Directed Care Program** – Assists Veterans with self-directing their long-term services and supports to continue living independently at home.

Transportation Programs

- **ClackCo Connects** – Expands access to public transit by providing free “deviated fixed route shuttle service,” making last-mile connections to and from regional transit services.
- **Transportation Reaching People (TRP)** – Provides transportation to older adults and persons with disabilities to medical, shopping, work, and other vital appointments.
- **Senior Companion Program (SCP)** – Provides stipends to low-income older adults so they can maintain independence while providing companionship and transportation to other older adults.

Community Action Programs

- **Utility Support** – older adults and persons with disabilities are prioritized populations for this program, which assists low-income households in paying their utility bills.
- **Housing Programs** – Nine programs provide housing assistance and case management for individuals and families experiencing homelessness; two programs, including one specifically for older adults, provide rent assistance to households facing eviction.
- **Housing Rights and Resources** – a partnership between CCSS, Legal Aid Services of Oregon, and the Fair Housing Council of Oregon provides assistance with fair housing and landlord tenant issues as well as general and low-income housing resources.

Regional Programs

- **Older Adult Behavioral Health Initiative** - In early 2015, the Oregon Health Authority launched the Older Adult Behavioral Health Initiative. This initiative examines the current systems for delivering behavioral health services to older adults and people with disabilities. The goal of the initiative is to increase access to care and services through

more effective multi-system collaboration and coordination through a well-trained workforce with competencies in older adult behavioral health.

Older Adult Programs Operating in Clackamas County Not Provided by CCSS

- **Housing and Community Development Housing Navigation Pilot** – Housing navigation pilot funded through Housing and Community Development to assist older adults who are at risk or actually experiencing homelessness to stabilize their living situation through case management and resource navigation.
- **DHS/APD** – Provides Medicaid Long Term Care services and Adult Protective Services.
- **Senior Citizens Council** – Provides guardianship and guardianship diversion services and case management.
- **Legal Aid Services of Oregon** – Provides legal services to low-income seniors.
- **Senior Community Service Employment Program** – Assists low-income people over the age of 55 with skill training and job search activities.

Services to Younger Adults with Disabilities

Several programs operated by CCSS serve younger persons with disabilities. These include the ADRC and Housing Rights and Resources Information and Referral lines, TRP (Transportation Reaching People), SHIBA, and Money Management. CCSS also operates the county's Development Disabilities program for people with intellectual/developmental disabilities.

Coordination and Planning

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

Clackamas County offers a robust array of transportation services, including services delivered by nine adult/community centers and four small transit providers, as well as county operated programs ClackCo Connects shuttle service, Mt. Hood Express and Transportation Reaching People Program. These programs coordinate to maximize service coverage within the constraints of available funding. The county's transportation network effectively combines public transportation and specialized services for older adults and individuals with disabilities. In the funding cycle for FY24 and FY 25, grant awards specifically targeting the transportation needs of older adults and individuals with disabilities amounted to \$2,236,621. The county's transportation services, including ClackCo Connects and Mt. Hood Express, are funded through a combination of STIF, 5311, 5310 and FLAP grants. This diverse funding approach ensures continued support for essential transportation services in the community.

The CCSS Older Adult Services Manager and the Aging and Disability Services Contract Specialist meet quarterly with all aging services contractors to share best practices, review changes to program requirements, coordinate services, and address any issues.

The Client Service Coordinators from all of the contracted adult/community centers are required to attend at least four of the bi-monthly Information and Referral Networking meetings hosted by CCSS and meet as a group after the I&R meetings two or three times a year to share best practices and staff cases.

CCSS maintains a strong working relationship with the local DHS/APD offices. The APD District Manager regularly attends ASAC meetings. Staff new to the APD offices are invited to meetings that orient them to the services offered by the county. To further coordination of services and referrals, the two agencies have a Memorandum of Understanding for Gatekeeper Referrals and Adult Protective Service calls.

The Adult Center Liaison sub-committee of ASAC regularly reviews and comments on nutrition services provided by contracted community centers and food contractors and reports its findings to the full council.

Any person seeking additional information on the Area Plan, or with any questions related to the programs and services operated by Clackamas County Social Services, can contact the Aging Services program manager, Jeanie Butler, at 503-650-5701 or JButler@clackamas.us.

A-2 – Mission, Vision, Values

Clackamas County Social Services Mission Statement

The mission of the Clackamas County Social Services Division is to provide case management, financial support, information and referral, meaningful opportunities, and advocacy services to older adults, people with disabilities, Veterans, residents with low incomes, and houseless persons so they can meet their basic needs, receive benefits they have earned, have choice in their life decisions, and successfully engage in their community.

Clackamas County Social Services Mission Implementation

CCSS strives to achieve its mission by providing quality services and meaningful opportunities for older adults, people with disabilities, and residents with low-income in Clackamas County. Through citizen participation and the efforts of the boards, staff, and volunteers, we recognize the importance of planning and coordinating with other agencies and organizations, and the importance of developing new programs and approaches to effectively meet identified needs. Finally, we recognize the vital role of advocacy. Individual advocacy helps to guarantee rights and ensure access. System-wide advocacy - on the local, state, and federal level - helps to ensure a broad focus on the important issues affecting the populations we are committed to serve.

Clackamas County Social Services Values Statement

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

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

Each new employee is invited to attend a meeting with the agency director where the Mission and Values statements are reviewed and discussed. It is expected that every member of the staff adheres to these values at all times. The Mission and Values statements are also shared with advisory board members during their orientation and included in advisory board handbooks. A

piece of the Values Statement has been memorialized in the agency’s office by a painting, created by a former staff member, with the words “Everyone will be treated with dignity and respect” in three languages; English, Spanish and Russian.

A-3 Planning and Review Process

Needs Assessment

CCSS conducted a comprehensive community needs assessment from January through September 2024. In collaboration with other social service agencies, adult community centers, and ASAC members, CCSS documented individual and community needs, service gaps, and opportunities to improve county communities. The information gathered was used by CCSS staff and ASAC members to develop all aspects of this Area Plan.

Components of the needs assessment included:

- A **survey** capturing the experiences, perceptions and needs of older adults, persons with disabilities, caregivers and social service staff (offered on paper and online in English, Russian and Spanish).
- **Targeted community outreach** to LGBTQ+ older adults, including strategic survey distribution/collection, a focus group, and key informant interviews with residents who identify as part of an LGBTQ+ community.
- **Listening sessions** hosted by Ant Farm, a community-based partner organization with strong relationships within the Latine community, to gather input from Latine older adults in rural areas of the county.
- **Participation in the October 8, 2024 Statewide Tribal Meet & Greet** to discuss Native American older adult needs with tribal representatives.
- A review of **reports by culturally specific organizations** including the Communities of Color *Cultivating Belonging in Clackamas County: A Research Justice Study*, the *Slavic and Eastern European Mental Health and Well-Being Survey Report* by IRCO’s Slavic and Eastern European Center, and client demographics reports from the Asian Health and Service Center.
- **Analysis of external data** from multiple sources including the U.S. Census Bureau, Oregon Department of Human Services, Oregon Employment Department, Clackamas County ADRC, 211 info, Age+, Feeding America, Partnership for a Hunger Free Oregon, Oregon Hunger Task Force, National Council on Aging, Healthy Columbia Willamette Collaborative, Clackamas County Coordinated Housing Access, and United for ALICE.
- A **review of Clackamas County reports and data**, including 2023 Community Action Community Needs Assessment, 2023 Point in Time Count, 2023 Resident Communications Survey, Older Adult Emergency Preparedness Report, 2022 Suicide Fatality Review Report, Blueprint Clackamas (www.blueprintclackamas.com).

Community Survey Details: Paper versions of the survey tool were distributed widely in the community – at older adult centers, affordable housing complexes for older adults, faith communities, health centers, local state APD offices, and other locations. Wide community distribution was emphasized, and new methods, such as water bill inserts, ClackCo TV ads, links in staff email signature lines, and extensive flier distribution, were used. A link to the online survey tool was posted on county social media platforms, AARP Oregon social media platforms, and distributed via county and community partner email distribution lists, including a

distribution list to area faith-based communities. News releases were distributed to media sources, including Spanish-speaking and Russian-speaking outlets. In all, 1,117 surveys were completed.

The survey tool included a section to collect various demographic data from respondents, which allowed CCSS to identify differences in needs based on gender, ability, income, household size, race/ethnicity, geographic location, age, and sexual orientation/gender identity.

Listening Session Details: CCSS contracted with AntFarm, a trusted service provider among rural Latine residents, to conduct listening sessions and outreach with Latine older adults. AntFarm held a total of 17 listening sessions - four listening sessions in three rural communities (Estacada, Molalla, and Sandy) - reaching 74 individuals who were 60 years or older. Ant Farm also distributed a needs survey and captured 87 responses from Latine older adults, the majority of whom listed Spanish as their primary language used.

Tribal Meet & Greet Session Details: CCSS Aging Services Program Manager attended two quarterly Tribal Meet & Greet sessions with metro area AAA partners, APD, APD Tribal Liaisons, and tribal leaders from the local tribes bordering the region. Through these sessions, CCSS was able to identify key contacts and an ongoing plan to collaborate and expand services to Older Native Americans in Clackamas County.

Scope of Need

The community needs assessment found common challenges for older adults and persons with disabilities in both urban and rural communities in the areas of cost of living, transportation, housing and property tax costs, home maintenance, and social inclusion.

Cost of Living: Across the county, the high cost of living is stressing older adult households, with 54 percent of 65+ year old householders - close to 26,000 households - living on incomes that do not cover the basic costs of housing, food, transportation and health care, according to United for ALICE (<https://www.unitedforalice.org/county-reports/oregon>). Many of these households have incomes above the Federal Poverty Level and do not qualify for safety net programs and yet struggle to pay for the basics, like food, housing, and utilities. Financial constraints exacerbate the challenges households face around transportation, housing, and healthcare and are forcing households to make tough choices.

In the listening sessions held with Latine families, participants noted that after years of agricultural work, Latine older adults experience physical discomfort and need affordable healthcare. However many attendees stated that families were sending their elders back to their home countries because they can't afford the needed healthcare in the United States.

Food is often a necessity that people struggling financially limit to make ends meet. While only 14 percent of all survey respondents reported not have enough to eat at least sometimes; the percentage jumped significantly for people living with disabilities (24 percent) and people living on incomes of \$30,000 (29 percent).

Transportation: Older adults across all income levels expressed concerns about transportation. Those who can no longer drive rely on under-funded public transportation systems, family or friends to visit a grocery store, access services, and/or participate community life. Survey, focus

group and listening sessions participants described the need for additional transportation options, both in rural and urban communities. This was especially true for non-medical transportation such as running errands, attending cultural events or visiting friends. Many said there were places they wanted to go but simply couldn't for lack of transportation. During the listening sessions with Latine older adults, lack of transportation was a key barrier to accessing needed medical care and other resources. Many listening session participants stated they lacked the skills to use public transportation, which made them dependent on others.

Key findings from the survey included:

- When driving is no longer an option, respondents anticipate relying on family, using public transportation, and asking friends/neighbors for rides to get around.
- Survey results indicate that while the **majority of people expect they will depend on public transportation at some point**, only 35 percent of respondents reported currently using public transit, and 38 percent reported that lack of safe access to bus stops prevented them from using public transit.
- According to the 2024 TriMet Attitudes and Awareness Study, only **20 percent of non-rider survey respondents** reported feeling safe using TriMet public transit. This contrasts sharply with study results from 10 years ago when 79% of non-riders reported feeling safe on transit. The top safety concern for riders and non-riders alike in 2024 was other riders' behavior.
- **Only 46 percent of respondents reported that transportation is available that allows them to get together with family and friends.**
- When considering changes that could improve quality of life, transportation-related changes were the second most commonly mentioned.

Housing: Two main issues related to housing were identified through the needs assessment: affordability and maintenance. *Housing affordability* has been a consistent problem in the county for more than a decade. For the period of May 2023 through April 2024, housing and utility assistance were the top needs expressed by Clackamas County residents age 60 years or older contacting 211 Info for resource referral. This included requests for rental assistance, low cost and/or subsidized housing, hotel/motel vouchers, and community shelter. Further, the cost of housing continued to be a main concern of survey respondents, with only 37 percent reporting that their current rent/mortgage is affordable and will be so in the future. This is an improvement over the 2020 Area Plan needs assessment when only 27% of respondents reported it being affordable. In addition, a significant number of survey respondents noted in comment sections that **property tax relief** is needed to ensure that older adults can continue to afford their homes. Property tax relief made the top 10 list of changes that would improve quality of life.

Another high concern of survey respondents was *home maintenance*. This includes home modifications to promote safety, minor home repairs and yard work. When considering changes that could improve quality of life, survey respondents listed home maintenance/modification changes as the top change needed. Further, home maintenance assistance was the service respondents anticipated needing the most in the next five years, with 41 percent of respondents "very likely" and 36 percent "somewhat likely" to use this service. Further, 80 percent of respondents reported that home maintenance/modification assistance is very important/important.

Social Isolation: In Clackamas County in 2022, 48,129 households include someone who is 65 years or older. In 38.5 percent of these households the older adult lives alone. About 56 percent of survey respondents reported feeling lonely at least sometimes. Respondents who reported having a disability were more likely to report feeling lonely (65 percent), as were respondents who did not have transportation available to get together with family and/or friends (69 percent) and residents with incomes at or below \$45,000 (65 percent). Loneliness is known to negatively impact physical and mental health, thus decreasing a person’s ability to live a quality life.

Social isolation is heightened when residents are unable to learn about activities, resources, services and community information. When asked how they find out about activities, information and resources, respondents reported relying on websites/Internet (57 percent); word of mouth (57 percent) and Social Media, including Facebook (45 percent). About 6.6 percent of residents who are 65 years and older do not have a computer in their home, and 6.3 percent of those who do have a computer don’t have access to the internet. This rate was mirrored in the needs assessment survey, where 9 percent of respondents reported not having access to the internet.

Social isolation is of particular concern for communities of color, people who identify as LGBTQ+, immigrants and refugees. The Communities of Color research justice study *Cultivating Belonging in Clackamas County*, published in September 2024, documented the findings of a four-year, community driven research effort to understand the experiences and needs of communities of color in Clackamas County. One of the common needs across different racial and ethnic groups was the ability to connect with others within their group. With limited culturally specific organizations, and few dedicated spaces and cultural events in the county, and the large geographic size of the county, it can be very difficult for BIPOC and LGBTQ+ residents to find others who share their cultural backgrounds. This ability to connect is key for creating a sense of community and belonging as well as for accessing support and resources to thrive in a county known for its dominant White culture.

All of these needs have a significant impact on county residents’ ability to remain living independently in the community of their choosing.

Review Process

The Aging Services Advisory Council (ASAC) provided input throughout the development and implementation of the community needs assessment and during the creation and review of the Area Plan. The Board of County Commissioners was responsible for adopting the Area Plan in March 2025.

ASAC members discussed the community needs assessment process at its regular meetings and identified key areas of information needed to inform programming. An ad-hoc subcommittee met to review the previous Area Plan survey tool and make needed revisions for the 2024 survey. Many questions from the previous survey were used again to provide insights into community trends. A handful of questions were removed to shorten the survey to make it more user friendly, and one question was added to gain greater understanding of communication media preferences. The final survey tool was reviewed by ASAC at its January 2024 meeting. ASAC members suggested several survey distribution locations and disseminated the survey through their community networks.

Survey results were presented to ASAC in June 2024, with ASAC members further discussing key areas of focus, such as transportation, housing, and home maintenance.

After all needs assessment information was gathered, ASAC members met in small groups with agency staff, community center representatives, and other community members to analyze the data by category –Behavioral Health, Elder Rights and Legal Services, Family Caregivers, Health Promotion, Information and Referral, Native American Services, Nutrition Services, Transportation and Volunteering. These subcommittees reviewed programming, assessment data and other data to set goals and outcomes for each identified area of focus and strategies to achieve those goals for the 2025-2029 Area Plan.

ASAC reviewed drafts of sections of this plan at its October, November and December 2024 meetings and identified areas needing further development as well as edits for clarification.

CCSS held an online public meeting Monday, February 10, 2025. CCSS worked with the county’s Public and Government Affairs Department to advertise the meeting via news releases, social media, notices to community partners, and website postings. The online meeting was recorded and the recording, along with the presentation, draft Area Plan and a feedback survey, was posted to the county website from February 10, 2025 through March 14, 2025.

The Clackamas County Board of County Commissioners received a presentation on the draft Area Plan on February 11, 2025 to review the plan with the Board, gather their feedback, and prepare the Board for adopting the plan in late March after the public input period closed.

This plan aligns with the work of the county’s Community Action Board (CAB). CAB is currently implementing its Action Plan, which was developed based on the results of its own needs assessment and gap analysis conducted in Fiscal Year 2022-23. Areas of overlap between the needs of older adults, as defined in the Area Plan, and the needs of residents with limited economic means, as defined in the Community Action Plan, include:

- Lack of transportation interfering with residents’ abilities to do daily activities;
- High cost and availability of housing; and
- Knowing whom to contact for assistance or information about available services.

Both the Area Plan and the CAB Action Plan focus on increasing awareness of and access to available services, especially for those with the greatest economic and social needs – people with limited English proficiency, communities of color, residents who identify as members of an LGBTQ+ community, and residents living in rural areas. Both plans also incorporate goals related to increasing the diversity of CCSS staff, providing ongoing equity and inclusion training to staff, and regularly analyzing data to ensure that the demographics of program participants mirror the demographics of those most in need in our communities and to identify any disparities in service access and outcome that may need to be addressed.

A-4 Prioritization of Discretionary Funding

Clackamas County Social Services prioritizes discretionary OAA and non-OAA funding for programs and services that help people remain living with safety and dignity in the community

of their choice. At times, CCSS uses OAA IIIB dollars to fill the gap between what funding for a designated program, like SHIBA, can support and what the program actually costs to operate. The actual support for each program can change from year to year depending on the funding level for the core program. The flexibility of OAA title IIIB funds allows the agency to smooth out the ups and downs of other funding sources and create a more consistent service delivery system.

Non-OAA Discretionary Funding

County General Funds

One of the goals of the Clackamas County Board of Commissioners is to ensure that communities are safe, healthy and secure. In response to the needs of vulnerable older adults and persons with disabilities, the county's Abuse Prevention Initiative includes funding for the Senior Citizens Council to serve an additional 25 people in their guardianship program.

Community Services Block Grant

The Community Services Block Grant (CSBG) is one of the core funding sources for Community Action Agencies. CSBG funds can be used to support any program that serves individuals whose income is less than 200 percent of the Federal Poverty Level. CCSS uses CSBG funds in the following programs:

- ADRC Information and Referral
- SHIBA
- Housing Programs

OAA Discretionary Funding

Programs funded by OAA IIIB discretionary dollars that are administered directly by CCSS include ADRC Information and Referral, Housing Case Management, SHIBA, and Money Management.

OAA IIIB dollars are also subcontracted to ten senior centers operating in Clackamas County. Services offered by our contractors include: Case Management, Reassurance, Information & Assistance, Transportation, Guardianship, Legal Assistance, and Public/Community Outreach.

Waitlists

Currently no CCSS AAA programs maintain a waiting list.

Potential Changes in Service Levels

The Clackamas County 2025-2029 Area Plan does not include any specific program reductions. However, over the course of the four-year period covered by the Area Plan, program reductions are likely to occur as COVID-19 pandemic aid funding is no longer available. CCSS has incorporated objectives and strategies into its focus area goals to assist community partners in prioritizing services as funding declines and to support community partners is seeking additional funding resources.

The agency will continue its ongoing efforts to secure new funding. At the same time, the agency will analyze the impact of funding changes on its program so that, if program reductions are necessary, they will be done in a way that will minimized impact to vulnerable people. This

analysis will include using an equity lens to minimize impact on residents with the greatest economic and social needs.

Process for Determining Priority Services

Criteria

Programs that serve older adults who:

- Have incomes under 185 percent of Federal Poverty Level
- Have a physical or mental disability
- Are culturally, geographically or socially isolated
- Are members of a community of color or other underserved community
- Encounter language barriers; and
- Programs that support independent living

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

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

A-5 Service Equity

Clackamas County Social Services is committed to fostering a service environment that is inclusive and welcoming to all. Data show that people who identify as a person of color are not accessing services and supports through the aging system at the same rate as other populations. To address usage and service experience disparities, CCSS has created program-specific service equity plans, incorporated service equity goals into program strategic action plans and launched a Service Equity Committee tasked with monitoring CCSS service equity plan implementation.

For its Aging Services, CCSS is focused on four overarching service equity goals:

1. Increase participation in aging services programs among groups that have been economically and socially marginalized.
2. Improve the ability of all service providers, including Clackamas County, to meet the cultural needs of all program participants
3. Improve program outcomes for all Aging Services program participants through analysis of Client Satisfaction Survey results and community listening sessions.
4. Improve coordination between all programs operated by Clackamas County Social Services and state and local entities who provide programs and services to older adults in order to reduce silos, improve coordination, and leverage trusted relationships.

In addition, service equity objectives and strategies are identified in this Area Plan in Section C – Local Focus Areas under each area of focus. These include strategies related to equity training, hiring and supporting bicultural/bilingual staff, and partnering with community-based organizations to engage underserved communities.

The Service Equity Committee, which is currently comprised of CCSS community board members and CCSS staff, launched in November 2023. Its committee charter states its purpose as:

“The Committee will assist Social Services with implementing Service Equity Plans by engaging with traditionally underserved communities, reviewing equity-related reports, and providing input to future Plan updates. The Committee will be comprised of members from Appointed Boards and Committees, agency staff, community partners, and clients. The committee will consist of individuals with lived experience, representing our diverse community that have traditionally been underserved.”

The committee receives updates on service equity plan activities and outcomes, reviews reports on customer satisfaction results, annual comparisons of program participant demographics and demographics of county residents experiencing poverty, CCSS staff demographics trends and equity-related service innovations. Members read externally generated reports, such as the Asset Limited, Income Constrained, Employed *Clackamas County Report* and the Communities of Color’s *Cultivating Belonging in Clackamas County: A Research Justice Study*, and engage in deep discussions about equity. Committee members’ suggestions and insights are used to continuously improve service delivery.

Section B – Planning and Service Area Profile

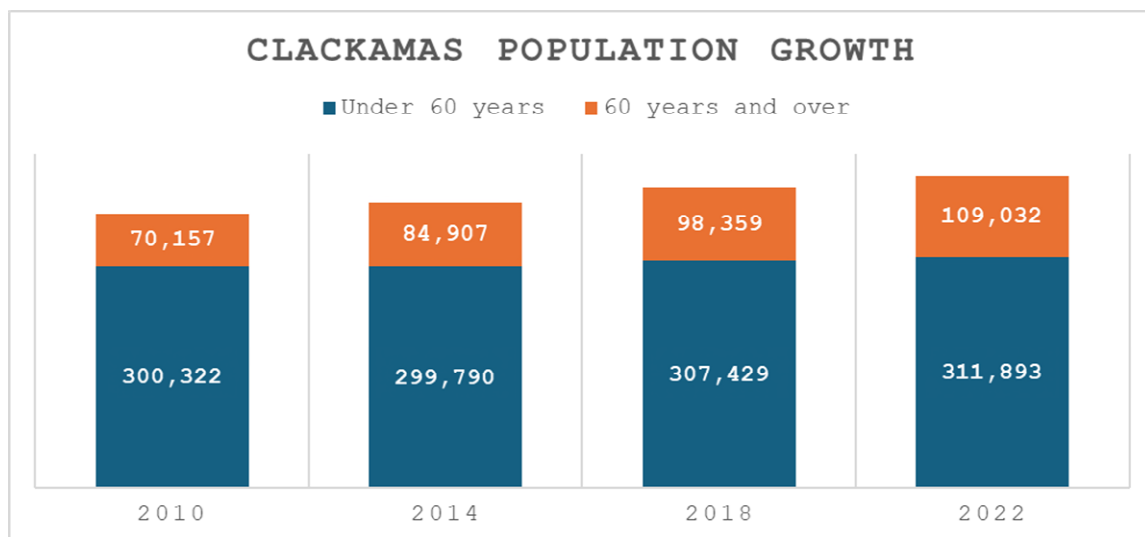
B-1 Population Profile

Demographic Overview

The population of Clackamas County is aging and steadily increasing in racial and ethnic diversity. More older adults are struggling to meet their basic needs, are employed, and are living with at least one disability.

Population Growth

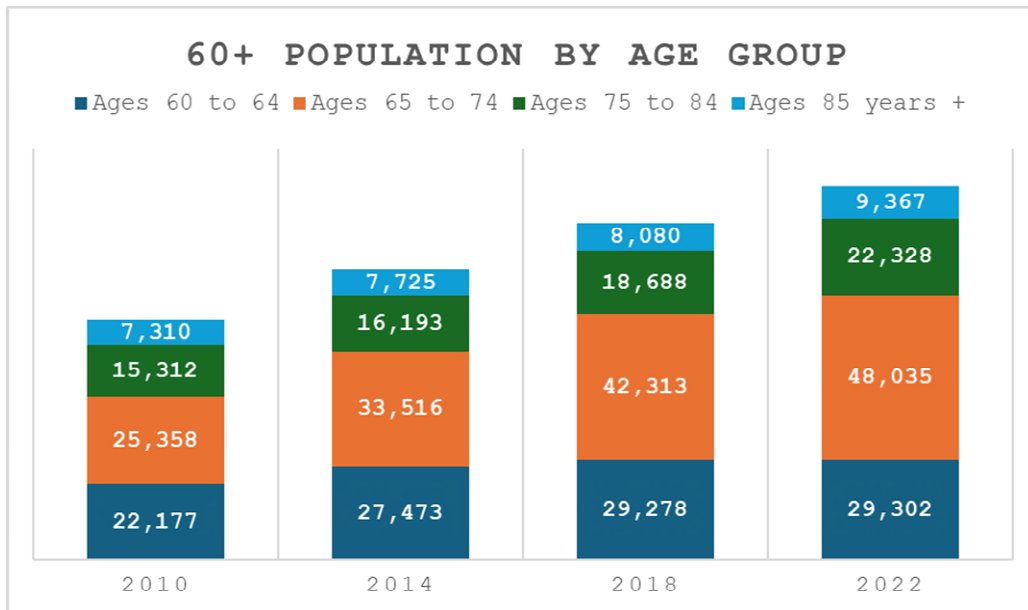
Clackamas County is home to more than 420,000 residents. The county’s fastest growing population segment is adults age 60 years and older. Between 2010 and 2022, the number of residents age 60 years and older increased by 55 percent or 38,875 people and accounted for 77 percent of the overall population growth in the county.



(Source: U.S. Census American Community Survey, 2006-2010, 2010-2014, 2014-2018, 2018-2022 Table DP05)

The Older Oregonians Story Map created by the Oregon Legislative Policy and Research Office estimates that between 2022 and 2050 the trend of significant growth in the older adult population will continue. In 2022, residents 65 years and older made up 19 percent of the county population. By 2050, the overall county population is expected to have increased by 82,014 residents, 43,778 or 53 percent of whom will be 65 years or older. Based on these estimates, residents 65 years and older will make up 25 percent of the Clackamas County population in 2050.

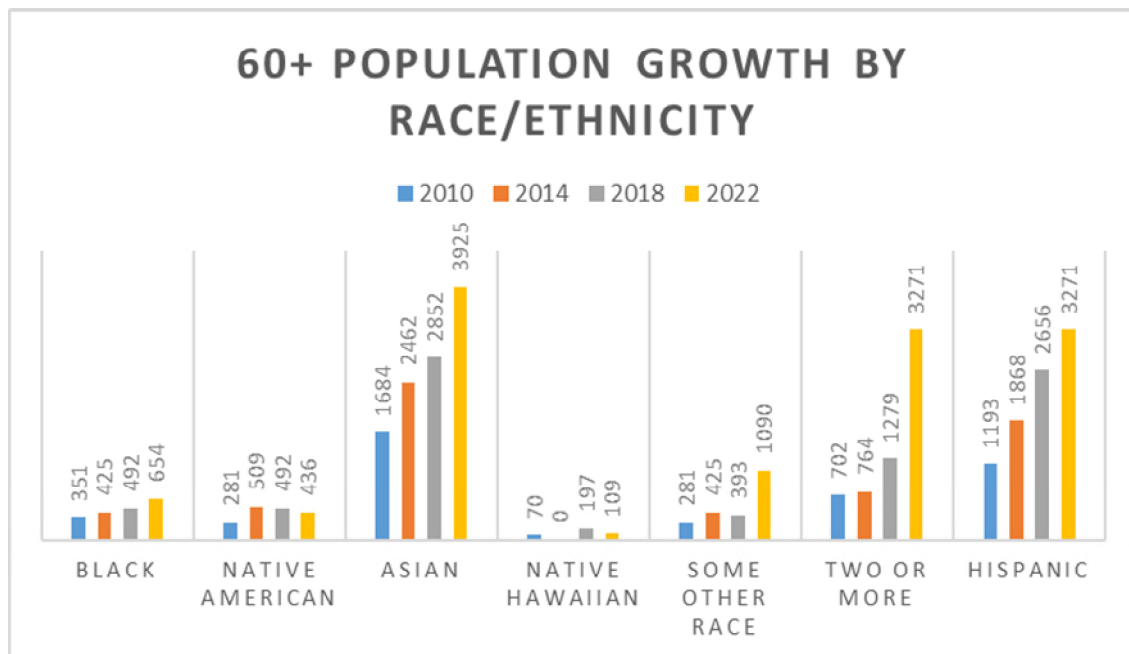
Within the county’s older adult population in 2022, 71 percent or 77,337 residents were between 60 and 74 years of age and included the youngest of the Boomer generation. This indicates that over the next two decades, there will likely be significant growth in the number of residents who are 75 years and older, thus increasing the demand for older adult services. In 2022, about 31,695 or 29 percent of county older adults were 75 years or older. This age group increased by 40 percent or 9,073 residents since 2010.



(Source: U.S. Census American Community Survey, 2006-2010, 2010-2014, 2014-2018, 2018-2022 Table DP05)

Race and Ethnicity

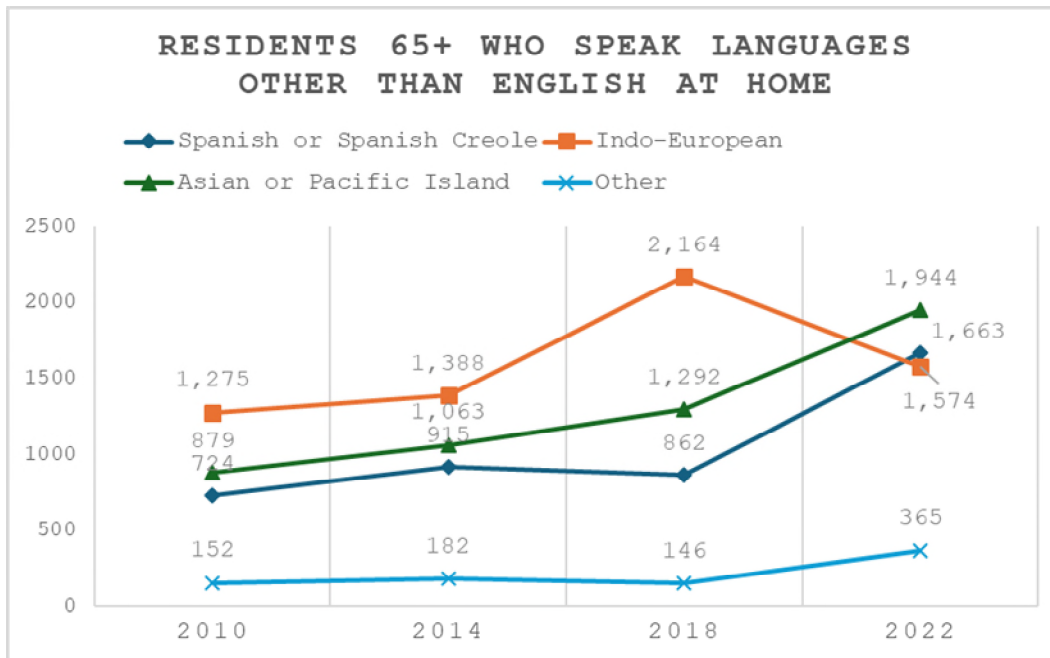
Overall, Clackamas County residents are predominantly white, non-Hispanic/Latino/a/x (79 percent). This predominance is even more pronounced among older residents, with 90.2 percent of residents age 60 years and older identifying as white alone, not Hispanic/Latino. However, the county’s population is steadily increasing in diversity.



(Source: U.S. Census American Community Survey, 2006-2010, 2010-2014, 2014-2018, 2018-2022 Table S0102)

Between 2010 and 2022, the number of residents 60 years and older who identify as White alone, Non-Hispanic/Latino increased by 49 percent. In comparison, the number of residents 60 years and older who identify as Asian increased by 133 percent during the same period. As the chart above shows, the older adults who identify as Hispanic/Latino, Some Other Race, and Two or More Races increased by 174 percent, 289 percent and 366 percent respectively.

Further, the number of residents 65 years and older who speak a language other than English at home is also increasing. Demonstrating the need for service delivery in multiple languages.



(Source: U.S. Census American Community Survey, 2006-2010, 2010-2014, 2014-2018, 2018-2022 Table S1601)

Population (all ages) by Race Alone (Percent)

| | 2010 | 2014 | 2018 | 2022 |
|---|-------|-------|-------|-------|
| Black or African American | 0.7% | 1.0% | 0.9% | 0.9% |
| Native American or Alaska Native | 0.6% | 0.6% | 0.8% | 0.5% |
| Asian | 3.4% | 4.1% | 4.2% | 4.7% |
| Native Hawaiian or Other Pacific Islander | 0.3% | 0.3% | 0.3% | 0.2% |
| White | 89.6% | 88.6% | 88.0% | 82.4% |
| Some Other Race | 1.8% | 2.4% | 2.0% | 3.1% |
| Two or More Races | 3.5% | 3.1% | 3.8% | 8.2% |

(Source: U.S. Census American Community Survey, 2006-2010, 2010-2014, 2014-2018, 2018-2022)

Population Age 60+ by Race Alone (Percent)

| | 2010 | 2014 | 2018 | 2022 |
|--|-------|-------|-------|-------|
| Black/African American | 0.5% | 0.5% | 0.5% | 0.6% |
| Native American/Alaska Native | 0.4% | 0.6% | 0.5% | 0.4% |
| Asian | 2.4% | 2.9% | 2.9% | 3.6% |
| Native Hawaiian/Other Pacific Islander | 0.1% | 0.0% | 0.2% | 0.1% |
| White | 95.1% | 94.6% | 94.2% | 91.3% |
| Some Other Race | 0.4% | 0.5% | 0.4% | 1% |
| Two or More Races | 1.0% | 0.9% | 1.3% | 3% |

(Source: U.S. Census American Community Survey, 2006-2010, 2010-2014, 2014-2018, 2018-2022)

Population Age 60+ by Ethnicity Alone, Percent

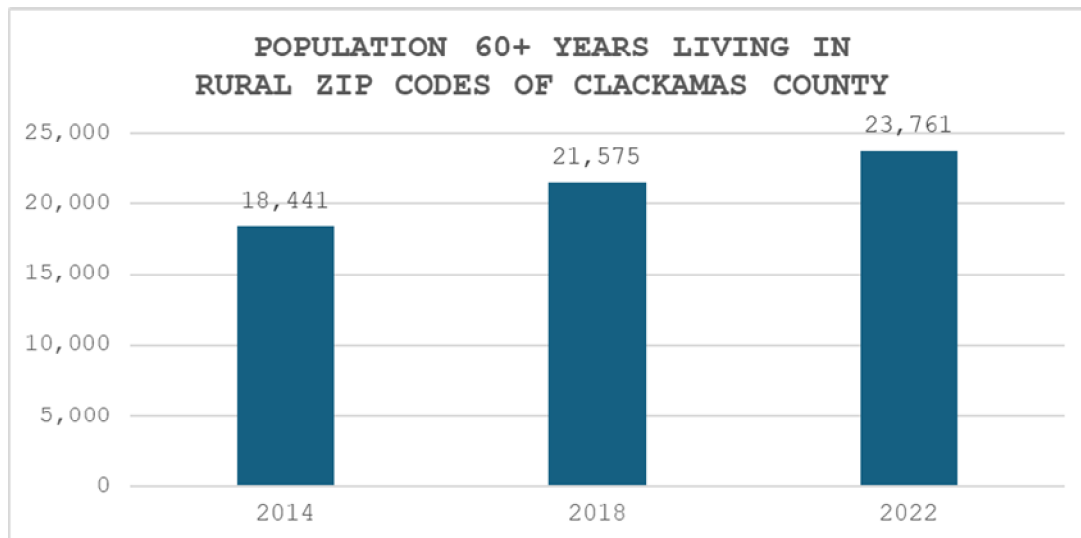
Note: Hispanics may be of any race, so also are included in applicable race categories.

| | 2010 | 2014 | 2018 | 2022 |
|--|-------|-------|-------|-------|
| Percent Hispanic/Latinx | 1.7% | 2.2% | 2.7% | 3.0% |
| Percent White Alone, Not Hispanic/Latinx | 93.9% | 93.0% | 92.2% | 90.2% |

(Source: U.S. Census American Community Survey, 2006-2010, 2010-2014, 2014-2018, 2018-2022; S0102)

Rural Living

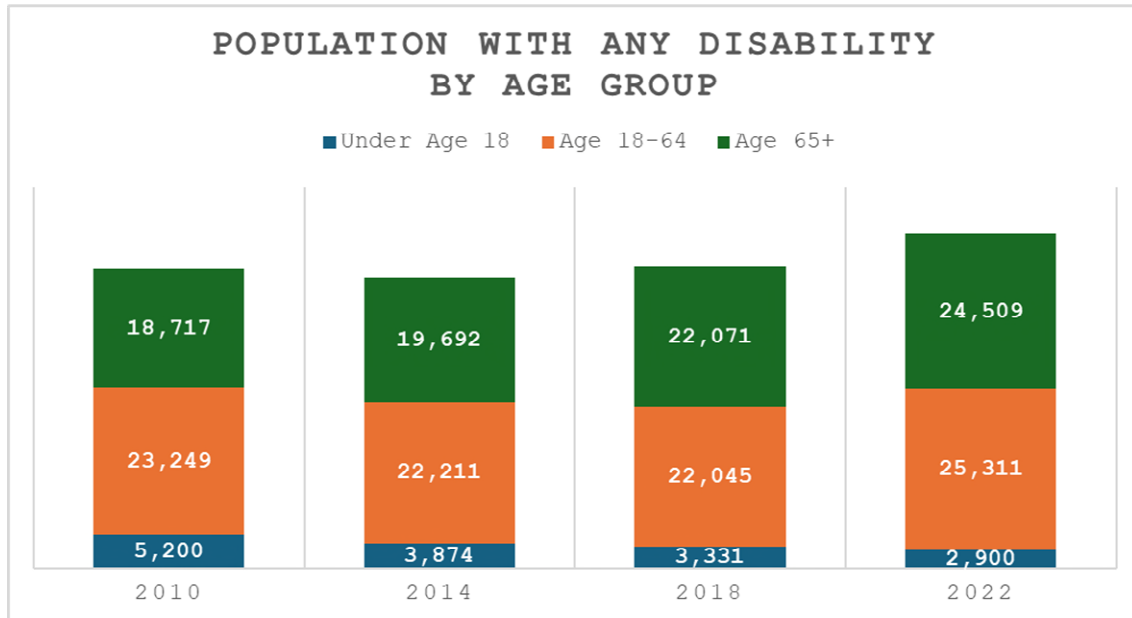
Clackamas County is a large, geographically diverse county. While it is part of the Portland Metropolitan region, a significant number of county residents live in rural areas. As the graph below shows, the number of residents 60 years and older living in rural zip codes (as identified by the Oregon Office of Rural Health) has increased along with county population as a whole. The **percentage of residents 60 years and older living in rural zip codes** has remained steady at **22 percent** since 2014.



(Source: U.S. Census American Community Survey, 2010-2014, 2014-2018, 2018-2022 Table DP05)

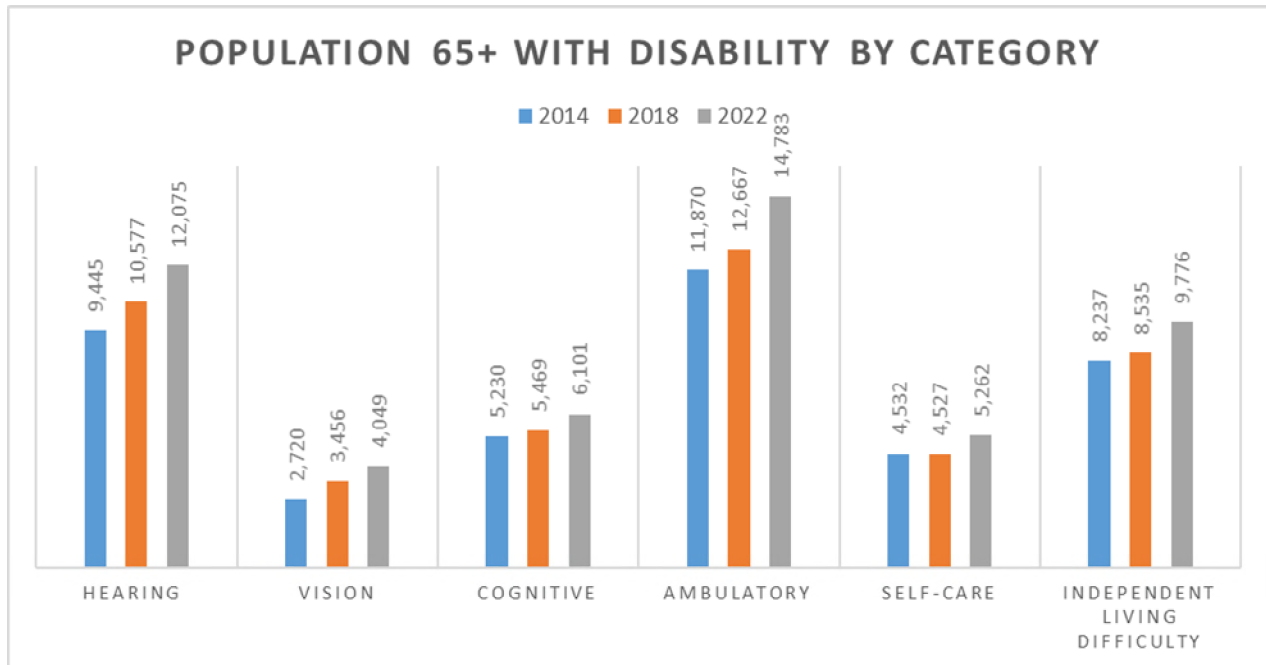
Disability

Countywide, the number of people living with a disability increased 12 percent since 2010. The number of people living with a disability within the 65 years and older age group increased by 31 percent from 18,717 to 24,509. The percentage of residents 65 year and older who live with a disability is 30.7 percent.



(Source: U.S. Census American Community Survey, 2006-2010, 2010-2014, 2014-2018, 2018-2022 Table B18101)

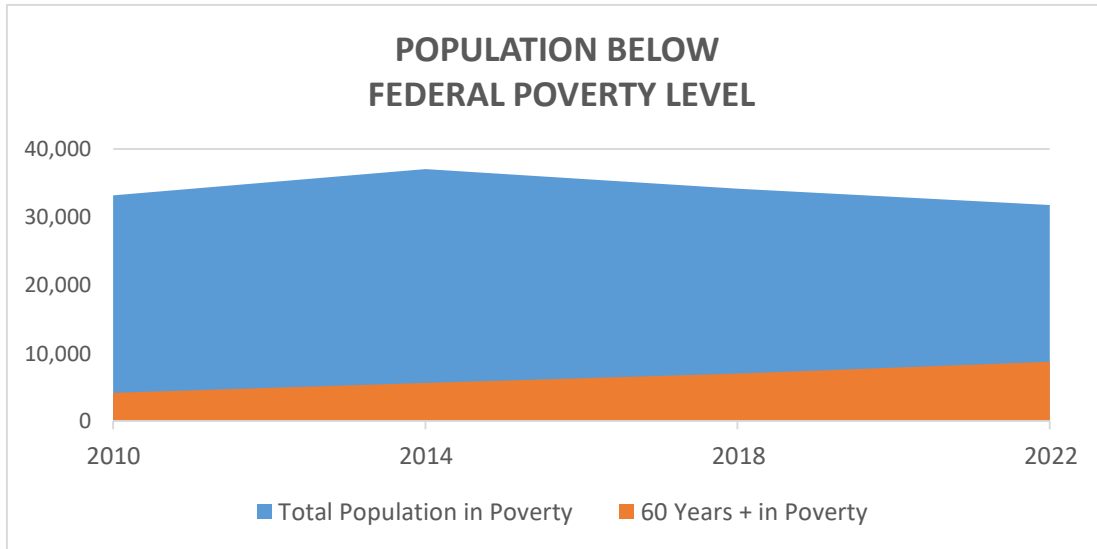
The number of older adults with disabilities that make independent living difficult is increasing as well, as illustrated by the chart below.



(Source: U.S. Census American Community Survey, 2006-2010, 2010-2014, 2014-2018, 2018-2022 Table S1801)

Poverty

While the overall percentage of county residents living on incomes below the Federal Poverty Level (FPL) has declined from 9% in 2010 to 7.6% in 2022, the percentage of residents aged 60 and older living on incomes below the FPL has increased from 5.9 percent (4,139 residents) to 8.1 percent (8,729 residents) during that same time period. That is a 110 percent increase in the number of older adults living on incomes below the FPL in the county.



(Source: U.S. Census American Community Survey, 2006-2010, 2010-2014, 2014-2018, 2018-2022 Table S1701)

ALICE and Older Adults

More recent research efforts have established alternative methods for determining a more accurate understanding of what it costs to live in specific geographic areas and who within those areas do not have enough income to meet their basic human needs. CCSS uses the measure Asset-Limited, Income Constrained, Employed (ALICE) to understand who is struggling to meet their basic needs in Clackamas County.

In setting its minimum income needed to meet basic needs, ALICE includes the costs of housing, utilities, food, transportation, health care and a basic smartphone plan. ALICE data analysis is regularly updated to present an unbiased picture of financial hardship at local, state and national levels.

In Clackamas County, **54 percent of the households headed by a resident 65 years or older do not have enough income to cover the ALICE Household Survival Budget.** That is an estimated **25,990 households** in the county with older adults struggling to afford the basics of food, housing, health care and transportation.

Transportation

A key issue for older adults in Clackamas County is access to reliable transportation. This is especially important for older adults who live in rural area with limited public transit options. While the overall number of households with no motor vehicles is declining in the county, the

number of households with at least one member who is 65 years or older and who do not have a motor vehicle is increasing.

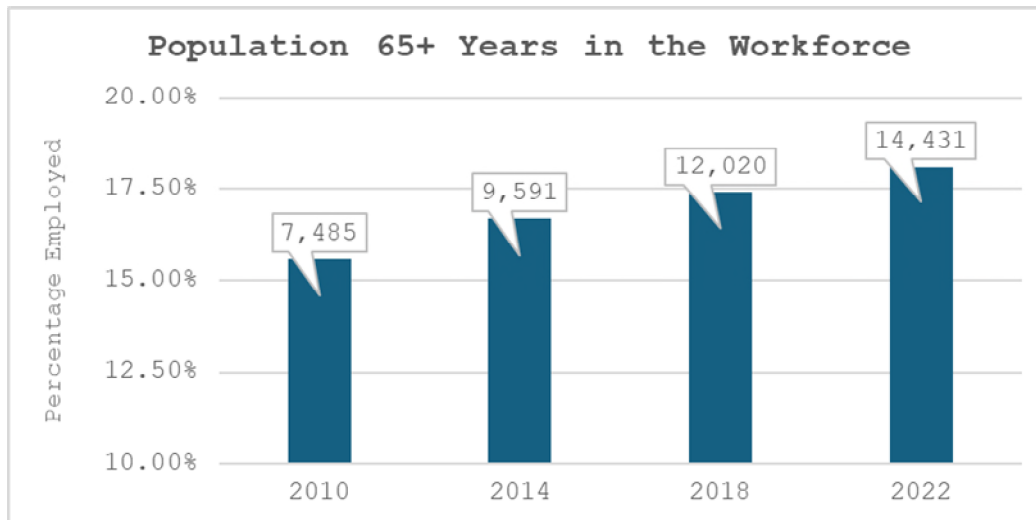
Households with No Motor Vehicles

| | 2010 | 2014 | 2018 | 2022 |
|----------------------------------|-------|-------|-------|-------|
| All Households | 8,008 | 6,835 | 8,062 | 7,851 |
| Households with member 65 Years+ | 4,099 | 4,088 | 4,296 | 4,513 |

(Source: US Census Bureau American Community Survey 2006-2010, 2010-2014, 2014-2018, 2018-2022 estimate)

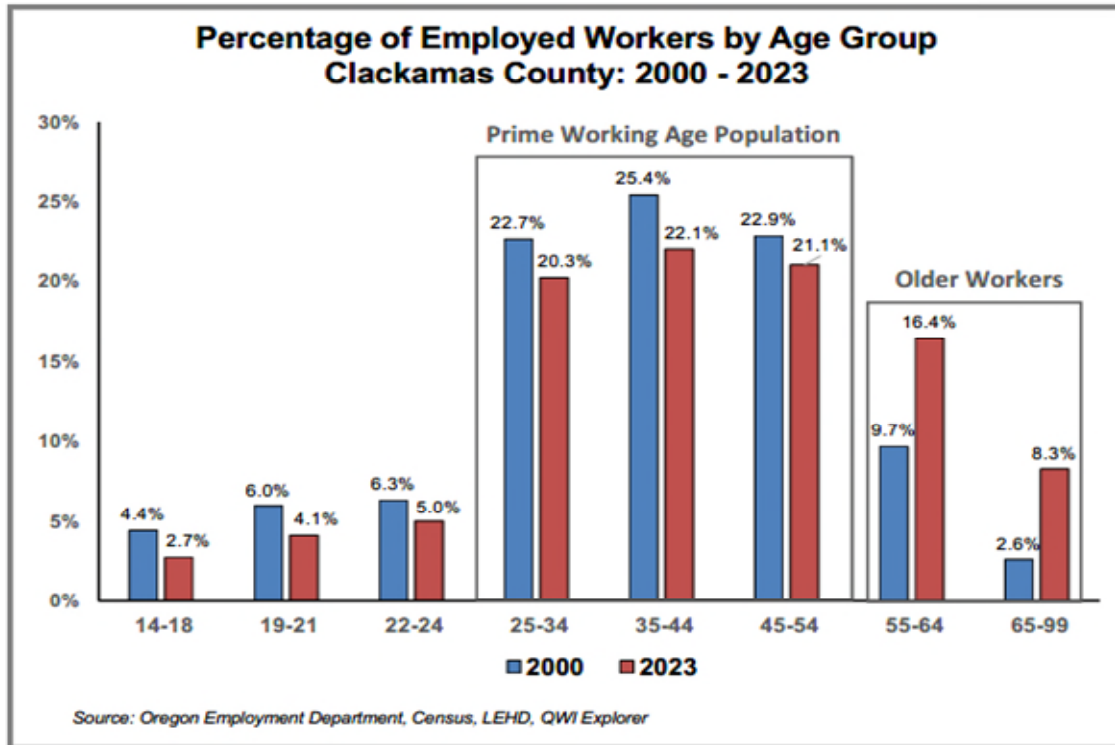
Older Adults in the Workforce

Potentially related to the rising costs of living and the difficulty of affording necessities, more older adults in Clackamas County are continuing to work after they reach 65 years of age. In the graph below, the **bar** shows the **percentage** of residents 65 years and older who were employed. The **callout box** shows the **number** of residents 65 years and older who were employed.



(Source: U.S. Census American Community Survey, 2006-2010, 2010-2014 2014-2018; 2018-2022 S0103)

According to the Oregon Employment Department, the percentage of the workforce that is 55 years or older in Clackamas County doubled from 12.3% in 2000 to 24.7% in 2023. The number of workers 55 years and older in the county increased by 27,008 or by 159% from 2000-2023. This growth occurred during a period when the proportion of all other age groups in the workforce decreased. The prime working age population (25 to 54 year olds) fell from 71 percent of workers in 2000 to 63.4% of workers in 2023.



LGBTQ+ Communities

While there is limited local/county level data related to sexual orientation, gender identity and assigned sex at birth populations, reports released by the State of Oregon Department of Human Services (ODHS), the Williams Institute, Oregon Health Authority and the Trevor Project indicate that Oregon residents identifying as members of LGBTQIA+ populations experience the conditions of poverty at a higher rate than their heterosexual and cis-gender peers.

According to the Williams Institute of the University of California Los Angeles, **6.1% of the Portland Metropolitan Area residents identify as lesbian, gay, bisexual and/or transgender (LGBT).**

A September 2021 report on the LGBTQ+ Older Adult Survey commissioned by the ODHS Office of Aging and People with Disabilities demonstrates that LGBTQ+ older adults are especially vulnerable to financial instability. (Note: the sample size of transgender older adults was too small for data analysis).

The report states that **42% of LGB older adults** (55 years of age and older) in Oregon are **living at or below 200% of FPL**, compared to 36.6% of their heterosexual peers. This is despite the LGB survey sample having higher levels of education and comparable employment rates. LGB older adults are **more likely to live alone** (36.9% vs 28.5%). **One-third of LGBTQ+ study participants reported having difficulty paying bills and/or buying nutritious meals due to financial stability**, and nearly two-thirds reported that they are concerned about maintaining

their current housing. Nearly 60% reported experiencing discrimination within the previous year. The report estimates that about 3.4% of Oregonians aged 55 and older identify as lesbian, gay or bisexual, compared to the national estimate of 1.3-2%.

B – 2 Target Populations

CCSS is committed to providing high quality services for older adults, people with disabilities and low-income residents of Clackamas County. It strives to ensure that people from all backgrounds and cultures know about the services available through Social Services, feel welcome, and chose to participate in the services they need.

Based on an analysis of Clackamas County population trends and service usage data and input gathered from residents during the community needs assessment, CCSS has identified several groups to target for services. In addition to residents experiencing the “greatest economic need” and **struggling to afford basic necessities**, CCSS will prioritize individuals in the county who are experiencing the “greatest social need.” In Clackamas County, this includes residents with **limited English proficiency; older adults from communities of color; older adults who identify as lesbian, gay, bisexual, transgender and/or queer**; and residents who live in **rural** parts of the county.

CCSS will also prioritize **older adults and persons with disabilities who are at risk of institutionalization**. CCSS serves this population through its ADRC, Oregon Project Independence (OPI), the Family Caregiving Support, Senior Companion and the Money Management programs. Home delivered meals provided by community centers, and guardianship services provided by the Senior Citizens Council, also support older adults who are at risk of institutionalization. These services are funded in part by CCSS.

Community Outreach: CCSS staff conducts general and targeted community outreach to ensure that all interested older adults, persons with disabilities, and their caregiving networks are aware of available services. ADRC staff regularly attended health and information fairs throughout the county where information on services for older adults is shared, including community centers and libraries. Staff is available to give presentations to community clubs and scheduled group counseling events. They also host information booths at events that are well attended by specific targeted groups, such as Portland Pride and Latino Festival.

The county’s Health, Housing and Human Services Department, of which CCSS is a division, has formed a cross-divisional workgroup to establish a more coordinated, robust community engagement effort to broaden each division’s reach throughout the community and maximize its outreach effectiveness, especially in engaging traditionally underserved populations. The goal of the workgroup is to create a department-wide information table/presentation that includes program information for all divisions to provide residents with a comprehensive overview of available services and resources. The group will also maintain a master list of outreach events and activities where H3S will be present to ensure all divisions can benefit from the various opportunities to connect with community members. Each division has cultivated relationships within various underserved communities. This effort will ensure that H3S capitalizes on these connections to share information without overwhelming community-based organizations with multiple engagement and information requests. During this plan period, CCSS will be working

with the other divisions to implement the new strategies and anticipates aging services information will be made more widely available to more residents.

In addition, ADRC staff host a bi-monthly Information and Referral networking meeting (in-person and virtual), where community members and partners can learn about programs and services available in the community. Community-based partners serving targeted populations, including culturally specific service providers, are included in these networking events. Meeting attendees are surveyed after each event to gather feedback on the effectiveness of the meeting as well as suggestions for future topics.

Rural Access: A key part of community outreach is meeting residents where they are. CCSS partially funds a network of ten community centers that provide services throughout the PSA. Situated in all parts of the county, these centers provide rural and urban residents alike with more local access to older adult services. Staff in these community centers use their knowledge of and connections within their communities to tailor programming to the needs of the local residents. *See delivery network description in Section A for more details.*

Service Equity Analysis: Each year, CCSS analyzes the participant demographics of all division programs to identify any program usage disparities based on race or ethnicity. CCSS compares program participant demographics with the demographic profile of county residents living in poverty. For older adult programs, participant demographics are also compared with the race/ethnicity profile of county resident 65 years and older who are living in poverty. When a statistically significant difference is found, the program strategizes ways to more effectively serve the underrepresented population.

In September 2024, the Coalition of Communities of Color released the results of a four-year racial justice study, *Cultivating Belonging in Clackamas County*. Led by Clackamas County residents who identify as persons of color, the research study provides rich insights into the experiences of underserved communities in the county and includes actions that can be implemented to increase a sense of belonging and engagement with these communities. CCSS staff and community boards are reviewing this study to identify ways that we can incorporate these actions into our programming to create a more welcoming service environment for all residents.

Staff Training: ADRC staff receive ongoing training on current issues in aging and disability and service delivery best practices. Topics include Options Counseling, Assertive Engagement, Trauma Informed Stewardship, Medicaid, Dementia-Capable Training, abuse prevention, equity and inclusion (foundational principles, historical structural barriers, implicit bias, micro-aggressions, and bystander intervention), and effective use of language interpretation. Robust staff training ensures that all staff members have the tools and resources they need to provide culturally responsive services to all program participants.

B – 3 AAA Administration and Services:

Clackamas County Social Services (CCSS), as the designated Area Agency on Aging for the Clackamas Planning and Service Area (PSA), administers federal, state and locally funded programs. CCSS provides some services directly and contracts with local organizations for others. All CCSS services are administered through the central administrative office located in

Oregon City at the Clackamas County Public Services Building. Direct services are also provided from this location.

An overview of unique services offered through the Clackamas County AAA is described below. Please see section A1 for more detail on programs and services offered by Clackamas County Social Services.

Aging and Disability Resource Center and Information and Referral

The Aging and Disability Resource Connection (ADRC) provides focused, intensive one-on-one information and referral services to older residents of the county seeking assistance. The ADRC also serves persons with disabilities, along with family members and caregivers.

Clackamas County also works with a local advisory council. The purpose of the advisory council is to provide a forum for participants to discuss both high-level and local aspects and issues in the Clackamas ADRC's work; review existing and propose new ADRC policies and procedures; and share appropriate information in a public setting and in a transparent manner.

In addition to providing comprehensive Information and Referral services (I & R), the ADRC includes the Oregon Project Independence Program (OPI), Options Counseling, and Veterans Directed Care program. The ADRC team includes one Spanish-speaking staff member. ADRC staff makes regular presentations at information and health fairs and hosts bi-monthly Information and Referral Networking meeting. Written Information and Referral material is available in both Spanish and Russian.

Protecting Vulnerable People

Social Services' staff and advisory committee members participate in the Multidisciplinary Team (MDT) sponsored by the District Attorney's office that focuses on prosecution, a more informal MDT with state Department of Human Services and other divisions within the county Department of Health, Housing and Human Services (H3S) that focuses on resolving issues, and an HS3 specific group that wraps services around clients to ensure stable housing. This approach is critical because often the most vulnerable people have multiple challenges, including mental and physical disabilities.

CCSS operates a Money Management Program. This service ensures that the basic needs of at-risk clients are met while providing maximum independence. CCSS's SHIBA program is a recipient of a Medicare Patrol grant, which is designed to help prevent and identify Medicare fraud.

Role in Disaster Response

Social Services plays a key role in the county's response to disasters. For two years, Social Services has employed an Emergency Response planner who works to help older adults prepare for emergencies and who also participates in emergency response activities. I&R staff have a mandated role to play in mass care and shelter during disasters. Staff have been involved in the development of emergency planning documents for vulnerable populations and have participated on Emergency Operations Center subcommittees serving vulnerable populations during the recent COVID-19 pandemic. The county Social Services and Behavioral Health divisions have a Continuity of Operations Plan (COOP), which dictates how service delivery will be maintained in case of a disaster (see Appendix E). The Aging Services Advisory Council has an Emergency

Preparation committee. Social Services is leading the county's efforts to update our Mass Care plan.

Funding Constraints

CCSS is able to operate a diverse set of programs by accessing over 80 separate funding sources, including federal, state, county and foundation funders. In part because of the diversity of funding sources, CCSS has been able to maintain a fairly stable array of programs over the years. A projected deficit in County General Funds may impact programs in the future.

Details on Older American Act funded programs

The major programs/services administered by the AAA are described below. The numbers identifying each service correspond to the listing found in the Attachment C-Service Matrix & Delivery Method. For a detailed breakdown of which services funded under Older Americans Act (OAA) and Oregon Project Independence (OPI) are provided directly and which are contracted, see Section D-2.

OAA TITLE III-B FUNDED SERVICES

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

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

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

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

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

uncompensated care to their adult children with disabilities and counsel to assist with permanency planning for such children. A unit of service is one hour of documented activity with the identified individual.

Note: Legal assistance to family caregivers is to be reported as Matrix #30-7/#30-7a Supplement Services.

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

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

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

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

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

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

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

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

OAA TITLE III-C AND NSIP FUNDED SERVICES

HOME-DELIVERED MEAL (Matrix #4) - A meal provided to a qualified individual in his/her place of residence that meets all of the requirements of the Older Americans Act and state and local laws. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov) A unit of service is one meal delivered.

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

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

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

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

OAA TITLE III-D FUNDED SERVICES

PHYSICAL ACTIVITY AND FALLS PREVENTION (Matrix #40-2) - Programs based on best practices for older adults that provide physical fitness, group exercise, and music, art, and dance-movement therapy, including programs for multi-generational participation that are provided through local educational institutions or community-based organizations. Programs that include a focus on strength, balance, and flexibility exercise to promote physical activity and/or prevent falls, and that have been shown to be safe and effective with older populations are highly recommended. (OAA 102(a)(14) E, D, F.) A unit is one class session.

PREVENTIVE SCREENING, COUNSELING, AND REFERRALS (Matrix #40-3) - Education about the availability, benefits and appropriate use of Medicare preventive health services or

other preventive health programs. Health risk assessments and screenings, and preventive health education provided by a qualified individual, to address issues including hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density and nutrition screening. Health information on on-going and age-related conditions including osteoporosis, cardiovascular diseases, diabetes, and Alzheimer's disease and related disorders. (OAA 102(a)(14) (A-B),(H)&(J).) A unit is one session per participant. Funding for this service ended during Year 1 of this Area Plan (7/1/16-6/30/17) on October 1, 2016.

OAA TITLE III-E FUNDED SERVICES

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

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

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

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

CAREGIVER SUPPLEMENTAL SERVICES (Matrix #30-7/30-7a) - Services provided on a limited basis that complement the care provided by family and other informal caregivers. Examples of supplemental services include, but are not limited to, legal assistance, home modifications, transportation, assistive technologies, emergency response systems and incontinence supplies. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov)

Note: Supplemental service priority should always be given to caregivers providing services to individuals meeting the definition of 'frail'. A unit of service is one activity.

CAREGIVER COUNSELING (Matrix #70-2a/70-2b) - Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (of individual caregivers and families). (AoA Title III/VII Reporting Requirements Appendix –www.aoa.gov) A unit is one session per participant.

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

OAA TITLE VII-B FUNDED SERVICES

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

OPI FUNDED SERVICES

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

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

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

HOME-DELIVERED MEAL (Matrix #4) - A meal provided to a qualified individual in his/her place of residence that meets all of the requirements of the Older Americans Act and state and local laws. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov) A unit of service is one meal delivered. This service is funded by OPI as funds are available.

HEALTH & MEDICAL EQUIPMENT (Matrix #40-5) - Assistive devices such as durable medical equipment, mechanical apparatuses, electrical appliances, or instruments of technology used to assist and enhance an individual's independence in performing any activity of daily living. (OAR 411-027-0005) 1 unit is 1 loan or payment.

B-4 Non-AAA Services, Service Gaps and Partnerships to Ensure Availability of Services Not Provided by the AAA

The following programs are administered by CCSS through its role as a Community Action Agency, County Developmental Disability Program, and County Veterans Service Office. Additional information on local and regional partnerships is available in Section A1.

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

- ***Increasing the availability of affordable housing*** - Staff work cooperatively with the County's Housing and Community Development Division, Behavioral Health Division, Housing Authority, and state agencies to help address the housing crisis
- ***Low-income energy assistance*** - Assistance is provided to help low-income households to pay their utility bills. Seniors and persons with disabilities are prioritized populations for this program

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

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

Other Agencies that Serve Seniors and Persons with Disabilities

State Department of Human Services/Aging and Persons with Disabilities (DHS/APD Offices) CCSS maintains a collaborative working relationship with the DHS/APD offices in Clackamas County. The two offices are working in coordination to implement OPI-M. Two of the more rural APD offices, in Canby and Estacada, offer CCSS office space for Energy Assistance appointments. The District Manager for Clackamas County attends Area Agency on Aging Advisory Council meetings and sits on the Service Equity Committee.

Adult/Community Centers

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

Senior Citizens Council

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

Older Adult Behavioral Health Initiative

Funded by the Oregon Health Authority, the initiative's goal is to meet the needs of older adults and people with physical disabilities by improving timely access to care from qualified providers who work together to provide coordinated, quality and culturally responsive behavioral health and wellness services. CCSS partners with the Older Adult Behavioral Health specialist for Clackamas County.

SERVICE MATRIX and DELIVERY METHOD

Instructions: Indicate all services provided, method of service delivery and funding source. (The list below is sorted alphabetically by service.)

#5 Adult Day Care

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “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 and note if contractor is “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 and note if contractor is “for-profit” agency):
Geras LLC, DBA Family Resource Home Care; Mt. Hood Home Care Services, Inc. (see Appendix F for addresses and phone numbers. All for profit agencies

#16/16a Caregiver Case Management

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “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 and note if contractor is “for-profit” agency):

#15/15a Caregiver Information Services/Information and Referral

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “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 and note if contractor is “for-profit” agency):
City of Lake Oswego-LakeOswego Adult Comm. Ctr.; North Clackamas Parks & Rec-Milwaukie Comm. Ctr.; (see Appendix F for addresses and phone numbers)

#73/73a Caregiver Self-Directed Care

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “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 and note if contractor is “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 and note if contractor is “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 and note if contractor is “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 and note if contractor is “for-profit” agency):
Canby Adult Center (non-profit); Estacada Community Center(non-profit); City of Gladstone-Gladstone Sr. Ctr; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec.-Milwaukie Comm. Ctr.; Foothills Community Church-Molalla Adult Comm. Ctr. (non-profit); City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; City of Wilsonville-Wilsonville Comm. Ctr.; Senior Citizens Council of Clackamas County (non-profit) (see Appendix F for address and phone numbers)

#3 Chore (by agency)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#3a Chore (by HCW)

Funding Source: OAA OPI Other Cash Funds

#7 Congregate Meals

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):
Canby Adult Center (non-profit); Estacada Community Center(non-profit); City of Gladstone-Gladstone Sr. Ctr; City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec.-Milwaukie Comm. Ctr.; Foothills Community Church-Molalla Adult Comm. Ctr. (non-profit); City of Oregon City-Pioneer Comm. Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr.(see Appendix F for address and phone numbers)

#80-4 Consumable Services

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#50-1 Elderly Abuse Prevention (50-1 Guardianship/Conservatorship; 50-3 Elder Abuse Awareness & Prevention; 50-4 Crime Prevention/Home Safety; 50-5 LTCO)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#40-4 Health Promotion: Evidence-Based (Access)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#40-2 Health Promotion: Evidence-Based (40-2 Physical Activity and Falls Prevention; 40-4 Mental Health Screening and Referral; 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 and note if contractor is “for-profit” agency):
Canby Adult Center (non-profit); Estacada Community Center (non-profit); City of Gladstone-Gladstone Sr. Ctr.; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec.-Milwaukie Comm. Ctr.; Foothills Community Church-Molalla Adult Comm. Ctr. (non-profit); City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr. (see Appendix F for addresses and phone numbers)

#40-3 Health Promotion: Non-Evidence-Based (Access) (40-3 & 40-4)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#40-5 Health Promotion: Non-Evidence-Based (In-Home) (40-5 & 40-8)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):
Columbia Medical (for profit); Connect America (for profit); Assured Independence (for profit); Mt. Hood Home Care Services, Inc. (for profit); Choices for Life (for profit) (see Appendix F for additional information)

#4 Home Delivered Meals

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):
Canby Adult Center (non-profit); Estacada Community Center (non-profit); City of Gladstone-Gladstone Sr. Ctr; Hoodland St. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec.-Milwaukie Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr. (see Appendix F for addresses and phone numbers)

#30-1 Home Repair/Modification

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#2 Homemaker (by agency)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):
Geras LLC, DBA Family Resource Home Care; Mt. Hood Home Care Services, Inc. 9see Appendix F for
address and phone numbers. (All for profit agencies.)

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

#13 Information & Assistance

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):
Canby Adult Center (non-profit); Estacada Community Center (non-profit); City of Gladstone-Gladstone
Sr. Ctr; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks
& Rec-Milwaukie Comm. Ctr.; Foothills Community Church-Molalla Adult Comm. Ctr. (non-profit); City of
Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-
Wilsonville Comm. Ctr. (see Appendix F for addresses and phone numbers)

#60-5 Interpreting/Translation

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#11 Legal Assistance (50-1 Guardianship/Conservatorship; 50-3 Elder Abuse Awareness & Prevention; 50-4 Crime Prevention/Home Safety; 50-5 LTCO)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):
Legal Aid Services of Oregon, Portland Regional Office, 921 SW Wasington, Ste. 500, Portland, OR 97205; Senior Citizens Council of Clackamas County, P.O. Box 1777, Oregon City, OR 97045

#8 Nutrition Counseling

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "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 and note if contractor is "for-profit" agency):
Canby Adult Center (non-profit); Estacada Community Center (non-profit); City of Gladstone-Gladstone Sr. Ctr.; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec-Milwaukie Comm. Ctr.; Foothills Community Church-Molalla Adult Comm. Ctr. (non-profit); City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-Wilsonville Comm Ctr. (see Appendix F for addresses and phone numbers)

#70-2 Options Counseling

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

#900 Other – Computer Technology Expense

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#60-1 Other Services (60-1 Recreation; 70-8 Fee Based CM; 80-5 Money Management; 80-6 Center Renovation/Acquisition)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#70-8 Other Services - Fee-based Case Management - Access

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#901 Other (specify)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#14 Outreach (14 Outreach; 70-5 Newsletter; 70-10 Public

Outreach/Education)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):
Canby Adult Center (non-profit); Estacada Community Center (non-profit); City of Gladstone-Gladstone Sr. Ctr; Hoodland Sr. Ctr/ (non-profit); City of Lake Oswego-LO Adult Community Ctr.; North Clackamas Parks & Rec.-Milwaukie Comm. Ctr.; Foothills Community Church-Molalla Adult Comm. Ctr. (non-profit); City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr. (see Appendix F for addresses and phone numbers)

#1 Personal Care (by agency)

Funding Source: OAA OPI Other Cash Funds Other (describe):

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):
Geras LLC, DBA Family Resource Home Care; Mt. Hood Home Care Services, Inc. 9see Appendix F for address and phone numbers. All for profit agencies.)

#1a Personal Care (by HCW)

Funding Source: OAA OPI Other Cash Funds Other (describe):

#20-3 Program Coordination & Development

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "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 and note if contractor is “for-profit” agency):
Canby Adult Center (non-profit); Estacada Community Center (non-profit); City of Gladstone-Gladstone Sr. Ctr; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec-Milwaukie Comm. Ctr.; Foothills Community Church-Molalla Adult Comm. Ctr. (non-profit); City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr. (see Appendix F for addresses and phone numbers)

#30-4 Respite Care - Other (IIIB/OPI)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#72 Self-Directed Care

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “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 and note if contractor is “for-profit” agency):

#10 Transportation

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):
Canby Adult Center (non-profit); Estacada Community Center (non-profit); City of Gladstone-Gladstone Sr. Ctr.; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr; North Clackamas Parks & Rec.-Malwaukie Comm. Ctr.; Foothills Community Church-Molalla Adult Comm. Crt. (non-profit); City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr. (see Appendix F for addresses and phone numbers).

#60-4 Volunteer Services

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

#90-1 Volunteer Services (In-Home)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

Section C – Focus Areas, Goals and Objectives

C-1 Information and Referral Services and Aging and Disability Resource Connection (ADRC)

Brief Profile: Clackamas County’s fastest growing population segment is adults age 60 years and older. Between 2010 and 2022, the number of residents age 60 years and older increased by 55 percent or 38,875 people and accounted for 77 percent of the overall population growth in the county. A total of 109,032 residents or 26 percent of the 2022 county population was 60 years and older (2022 American Community Survey 5-year Estimate). Population forecasts indicate that the trend of significant growth in the older adult population will continue through 2050. (Older Oregonians Story Map, Oregon Legislative Policy and Research Office).

Many older adults, younger adults with disabilities and their family members, caregivers and advocates are unsure where to turn when they are faced with increasing needs associated with aging and disability. The Clackamas County Aging and Disability Resource Connection (ADRC) was created in 2010 to provide a No Wrong Door infrastructure that serves all populations needing access to long-term services and supports, regardless of age, ability, income or resources. The ADRC assists with streamlined access to home and community supports and services for consumers of all ages, income and abilities and their support networks. Through integration or coordination of existing service systems, the ADRC raises the visibility about the full range of options that are available, provides objective and trusted information, advice, counseling and assistance, empowers people to make informed decisions about their long term supports, and helps people more easily access public and private long term supports and services. An integral part of this service is I and R services.

Program: The ADRC’s mission is to provide respectful and responsive services to consumers, with an emphasis on self-determination, self-direction and consumer preference. The ADRC provides expert and cost-effective pre-crisis planning for long-term needs to consumers, while acknowledging and considering needs, values, cultures and diverse backgrounds. Although the Clackamas County-based program serves anyone who requests assistance, the program’s primary population is older adults and persons with physical disabilities. Additionally, ADRC consumers are individuals who may not be eligible for Medicaid, but who cannot afford or are not inclined to pay for this type of service from the private sector. Many of the services provided are short term and informational in nature. More intensive and comprehensive person-centered options counseling services are provided to those actively seeking assistance in either planning for or addressing a change in their personal or financial circumstances or who are needing guidance in planning for their long-term care needs.

The ADRC programming components are specialized information and assistance (I&A) including a self-service component, options counseling, healthy aging opportunities, streamlined eligibility determination for public assistance, and continuous quality improvement activities. The ADRC is also responsible for creating and updating at least annually the Clackamas County resource listings in the statewide ADRC resources database (www.adrcforegon.org). Doing so ensures that ADRC consumers have access to accurate and up-to-date information about public and privately funded long-term services and supports. The ADRC is staffed by Information and Referral Specialists, Case Managers and Options Counselors providing a range of services and assistance to consumers.

The Clackamas ADRC also works closely with numerous community partners, including area community centers, the Department of Human Services Aging and People with Disabilities, Senior Citizens Council and various providers of behavioral health services. Relationships have also been developed with hospitals, other medical providers and private entities, such as long-term care communities, which provide key resources to older adults and persons with physical disabilities.

The ADRC's sustainability framework includes the prioritized use of two funding sources, Older American's Act IIIB and the Community Services Block Grant to support the Information and Referral component of the ADRC. Additionally, Clackamas County has participated in the State's Medicaid Long Term Care Services and Supports screenings to consumers contacting the ADRC.

Need: Information & Referral - The 2024 community needs assessment survey found that 29 percent of respondents often or never knew whom to call when needing help. Several groups with higher economic and social needs had even higher rates of not knowing whom to call for assistance, including caregivers (39 percent); people who identify as a member of an LGBTQ+ community (39 percent); people living with a disability (38 percent); and people of color (37 percent).

Further, the majority of participants in focus groups and listening sessions were unaware of the variety of services available through the county and its community partners. They expressed the need for more information about available resources and the need to make that information available in multiple languages.

Between July 2023 and June 2024, the Clackamas County ADRC provided services to 1,125 recorded contacts with consumers through Information and Referral and Options Counseling and referred 98 percent of those consumers for other internal and external supportive services. Consumers accessing the ADRC were seeking assistance with a wide variety of needs from housing and utility assistance to food resources to long-term care planning. As CCSS increases its outreach efforts, these numbers are expected to increase.

Between May 2023 and April 2024, 211 Info fielded 4,016 requests for information and referral from Clackamas County residents age 60 years and older. These residents were seeking information on housing assistance, utility assistance, home maintenance, legal assistance, food resources and more.

Focus Area – Information and Assistance

Goal: Increase community knowledge, understanding, awareness of and access to ADRC programs, services, and resources.

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2025-2029 (by Month & Year) | |
|---|---|--------------------------------|--|----------|
| | | | Start Date | End Date |
| Increase number of contacts made to Information and Referral by 5% annually | a. Formulate outreach strategies and create documented outreach plan at the beginning of each fiscal year | Aging Services Program Manager | July 2025 | Ongoing |
| | Accomplishment or Update | | | |
| | b. Conduct monthly outreach activities to community based organizations, older adult housing developments, and partner organizations to increase awareness of services and provide information. | ADRC Staff | July 2025 | Ongoing |
| | Accomplishment or Update | | | |
| | c. Participate in Community Engagement Workgroup for CCSS to partner internally on outreach events and activities. | ADRC Staff | July 2025 | Ongoing |
| | Accomplishment or Update | | | |

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2025-2029 (by Month & Year) | |
|---|--|--------------------------------|--|-----------|
| | | | Start Date | End Date |
| Increase number of consumers from underserved or under-represented communities accessing ADRC services by 5% annually | a. Distribute ADRC resource materials in languages other than English to CBO's from under-represented communities quarterly. | Aging Services Program Manager | July 2025 | June 2026 |
| | Accomplishment or Update | | | |
| | b. Meet quarterly with organizational leadership serving under-served populations to understand barriers to services, provide education and information on programs. | Aging Services Program Manager | September 2025 | June 2026 |
| | Accomplishment or Update | | | |

Goal: Enhance quality assurance and quality improvement activities

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2025-2029 (by Month & Year) | |
|--|---|--------------------------------|--|-----------|
| | | | Start Date | End Date |
| Increase quality assurance and quality improvement activities to ensure consumer satisfaction, adequate data entry practices | a. Collaborate with central office and local APD partners for increased training around I&R and Medicaid programming. | Aging Services Program Manager | July 2025 | June 2026 |
| | Accomplishment or Update | | | |

| | |
|--|--|
| and adherence to ADRC consumer- based standards. | |
|--|--|

C-2 Nutrition Services

Brief Profile: Feeding America estimates that 10.3 percent of Clackamas County residents experienced food insecurity in 2022. Lack of consistent access to enough food is a serious issue for older adults and can contribute to physical and mental health issues, including low muscle mass, increased fatigue, impaired cognition, increased hypertension, depression and anxiety. These in turn can increase the risk of falls, limit mobility and reduce a person's ability to perform self-care.

Several social determinants of health, including poverty, access to transportation, access to grocery stores and social isolation can make it difficult for older adults and people with disabilities to find, pay for, prepare and consume a healthy, balanced diet. As the older adult population in the county increases, the need for nutrition services will grow as well.

Program: CCSS uses Title IIIC funds to support a network of nutrition services providers throughout the county. This network is comprised of ten adult community centers (see meal sites list below). Nine of the ten sites provide both congregate dining and Home-Delivered Meals (HDM) for their service area, and deliver nutrition education. Multiple providers are also the Medicaid HDM provider for their area, further enhancing coordinated service efforts.

Of the 10 meal sites, six do not cook on-site, and CCSS contracts with a food service provider on their behalf. Meals are prepared by a cook-chill system and delivered chilled by the food service provider the day prior to serving. Meals are finished at the meal site and then either packaged to be delivered hot to HDM recipients or served on-site for congregate dining. Hot meals are delivered weekdays with frozen meals provided for weekends and/or other non-delivery days. This system provides an economy of scale in the production of the meals. A registered dietitian is on staff with the food service provider and each meal is evaluated to ensure compliance with program nutritional requirements.

Four sites cook on-site. These sites produce both HDM and congregate meals. These sites also provide frozen weekend meals to HDM participants. Each of these sites submit their menus to a registered dietitian under contract with CCSS who analyzes and evaluates each meal for compliance with program nutritional requirements.

The Hoodland Senior Center does not have a facility that can accommodate a congregate meal site. This center provides nutrition services to older adults living east of the Sandy Senior and Community Center's Alder Creek Drive boundary continuing east on the Hwy 26 corridor to Government Camp. Congregate dining is offered once per week and participants meet at a restaurant in the area. The Center alternates between two restaurants and participants are offered a limited menu in an effort to meet the program standards.

During the COVID pandemic, when the senior centers were closed to onsite programming to avoid community spread, the centers rapidly pivoted to provide HDMs to former congregate site meal participants and expand service to serve new program participants. In addition, due to concerns about the risk of older adults accessing grocery stores, several centers assisted residents with grocery shopping, facilitating delivery of online orders.

The 10 senior centers provide the required nutrition education component of the Senior Nutrition Service Program. This service is not funded as a separate activity of the Senior Nutrition Service Program but is part of the contract scope of work under Meal Site Management. CCSS does not fund nutritional counseling as a separate deliverable. Each site provides nutrition education information, at a minimum, quarterly through newsletter articles or brochures with instruction. These articles are obtained from recommended sources per the Senior Nutrition Program Standards. When nutrition education is provided in this manner it includes a discussion of the material as part of the programming for congregate participants. For participants that self-identify a need for nutritional counseling due a change in health

status senior center staff assist in finding services in their area that are appropriate to the need.

The senior center network is a well-known, accessible place for seniors and their families to turn for information, services, and opportunities that reduce a senior's risk of food insecurity and isolation. All sites offer a full range of Older American's Act supported programming including health promotion, transportation and information and referral services. As a result, older adults throughout Clackamas County have access to a local, known, trusted, and comprehensive, one-stop shop for seniors and their families to access the full slate of services offered by the AAA.

Because the senior centers in Clackamas County are operated independently, CCSS does not directly participate in fund raising activities for the Nutrition Services. All nutrition service providers host a variety of fund raisers to support the program. These range from participating in the annual March for Meals program to raise awareness and funding for home delivered meals to holding local benefit dinners and rummage sales to sending out annual appeal letters.

Meal Sites in Clackamas County

| Meal Site Name | Address | Congregate Meal Days/Time | Average Number of Participants | Home-Delivered Meals Days | Number of Meals Delivered |
|------------------------------------|--|---------------------------------------|--------------------------------|------------------------------|---------------------------|
| Canby Adult Center | 1250 S Ivy Canby, OR 97013 | Mon, Wed, Thur, Fri at noon | 64 clients per day | Mon, Wed, Thur, Fri | 675 meals per week |
| Estacada Community Center | 200 SW Clubhouse Dr. Estacada, OR 97023 | Mon, Tues, Wed, Fri at noon | 8 clients per day | Mon, Tues, Wed, Fri | 465 meals per week |
| Gladstone Senior Center | 1050 Portland Ave. Gladstone, OR 97027 | Tues, Wed, Thur, at 11:30 | 25 clients per day | Mon, Tues, Wed, Thur, Fri | 285 meals per week |
| Hoodland Senior Center | 25400 E Salmon River Rd. Welches, OR 97067 | Tues at noon | 10 clients per day | Wed, Fri | 252 meals per week |
| Lake Oswego Adult Community Center | 505 "G" Avenue Lake Oswego, OR 97034 | Mon, Wed, Fri at 11:30 | 47 clients per day | Mon, Wed, Fri | 342 meals per week |
| Milwaukie Center | 5440 SE Kellogg Creek Dr. Milwaukie, OR 97222 | Mon, Tues, Wed, Thur, Fri at noon | 30 clients per day | Mon, Tues, Wed, Thur, Fri | 1400 meals per week |
| Molalla Adult Community Center | 315 Kennel Street Molalla, OR 97038 | Mon, Tues, Thur, Fri at Noon | 20 clients per day | Mon, Tues, Fri | 400 meals per week |
| Pioneer Community Center | 615 Fifth Street Oregon City, OR 97045 | Mon, Tues, Wed, Thur, Fri at 11:00 | 31 clients per day | Mon, Tues, Thur, Fri | 842 meals per week |
| Sandy Senior and Community Center | 38348 Pioneer Blvd. Sandy, OR 97055 | NA | NA | Wed, Fri | 252 meals per week |
| Wilsonville Community Center | 7965 SW Wilsonville Rd. Wilsonville, OR 97070 | Mon, Tues, Wed, Fri at Noon | 40 clients per day | Mon, Wed, Fri | 290 meals per week |

Focus Area – Nutrition Services

Goal: Increase food security among older adults and people with disabilities

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2025-2029 (by Month & Year) | |
|---|--|------------------------|--|----------|
| | | | Start Date | End Date |
| The number of older adults accessing the SNAP program and/or food resources by 5% each year | a. Provide ADRC staff and community center staff with training in basic SNAP eligibility and strategies to encourage older adults to access SNAP benefits. | ADRC Program Manager | 7/1/2025 | Ongoing |
| | Accomplishment or Update | | | |
| | b. Incorporate SNAP/Food Resources information into Social Services Division and Health, Housing and Human Resources Department outreach efforts. | ADRC Program Manager | 7/1/2025 | Ongoing |
| | Accomplishment or Update | | | |
| | c. Maintain up-to-date food resources in RTZ and regularly update food-related outreach materials | ADRC Program Staff | 7/1/2025 | Ongoing |
| | Accomplishment or Update | | | |

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2025-2029 (by Month & Year) | |
|--|--|--|---|-----------|
| | | | Start Date | End Date |
| Increase participation in OAA funded nutrition programs by older adults who identify as a person of color or who are from historically underserved communities by 5% each year | a. Provide training to community center staff in collecting demographic data of meal program participants. | ADRC Program Manager and ADRC Contracts Specialist | 7/1/2025 | As Needed |
| | Accomplishment or Update | | | |
| | b. Analyze participant demographics annually and present results to the Social Services Equity Committee and ADRC staff to gather feedback and strategy ideas to increase participation. | ADRC Contracts Specialist and Social Services Policy Analyst | 7/1/2025 | Annually |
| | Accomplishment or Update | | | |
| | c. Attend outreach events hosted by culturally specific organizations. | ADRC, SS and H3S staff | 7/1/2025 | Ongoing |
| Accomplishment or Update | | | | |

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2025-2029 (by Month & Year) | |
|--|---|--|---|----------|
| | | | Start Date | End Date |
| Increase technical capacity of community partners to implement meal and nutrition programming. | a. Provide information and training to support prioritizing and triaging programming as funding decreases following the end of pandemic-related aid programs. | ADRC Program Manager and ADRC Contracts Specialist | 7/1/2025 | Ongoing |
| | Accomplishment or Update | | | |

| | | | | |
|---------------------------------|---|--|-----------------|------------------|
| | <p>b. Convene an adhoc committee of community center directors and Social Services staff to facilitate coordinated capacity building, fundraising and grant-seeking activities.</p> | <p>ADRC Program Manager, ADRC Contracts Specialist, and Social Services Policy Analyst</p> | <p>7/1/2026</p> | <p>6/30/2028</p> |
| <p>Accomplishment or Update</p> | | | | |

C-3 Health Promotion

Brief Profile: Nationally, 85 percent of adults age 65 years and older are living with a chronic health condition and more than 55 percent have two chronic conditions (Centers for Disease Control and Prevention). For many, learning to manage treatment protocols and to cope with chronic conditions is challenging. Further, an estimated one out of four older adults experience a fall each year, which can significantly impact their quality of life. A growing number of older adults are limiting their activities and social engagements to specifically avoid falling (National Council on Aging).

Evidence-based programs offer proven ways to promote health and prevent, delay and alleviate disease among older adults (National Council on Aging). The programs are based on research and provide documented health benefits. Older adults who participate in evidence-based programs can lower their risk of chronic disease and falls. These programs can also improve the long-term outcome when chronic diseases or falls occur, which in turn can improve their quality of life and overall well-being.

Program: CCSS, in partnership with a network of 10 community centers and other community partners, has a history of providing health promotion activities to older adults in Clackamas County. Of the 10 community centers in the network, nine have full center facilities and offer a wide variety of classes that promote physical activity, access to preventative health screenings and social interaction. Many sites offer chronic disease specific support groups and assist in the coordination of influenza and pneumonia vaccinations. Adult centers and the CCSS Family Caregiver Support Program offer evidence-based, self-management programs to county residents. Classes offered have included Powerful Tools for Caregivers, Living Well with Chronic Conditions, Chronic Diseases Self Management, and Diabetes Self Management.

Clackamas County is working with regional partners, including the AAAs in Multnomah, Washington and Columbia counties and with AAAs from across the state as a member of the Oregon Wellness Network to improve the infrastructure that supports Evidenced Based Health Promotion activities, expand the number of Evidenced Based activities that are available in the region, and facilitate workshop leader trainings to increase program capacity through the region. These efforts include a special focus on the Latine community and rural residents.

Need: According to the Oregon Behavioral Risk Factors Surveillance System Adult Prevalence Data, 75.9 percent of Clackamas County residents age 65 years or older had one or more chronic conditions during the 2018 to 2021 analysis period (the latest data available). Further, the 2018 to 2021 analysis showed that 20 percent of older adults in the county had been diagnosed with diabetes, 48 percent were diagnosed with arthritis, and 19 percent had cardiovascular disease. The data also showed that income influences the rate of prevalence of disease, with 68 percent of all adults with incomes of less than \$20,000 per year having a chronic illness compared to 50 percent of all adults with \$50,000 or more in annual income (Oregon Health Authority).

Falls are the leading cause of injury among adults age 65 or older in the United States. In 2020, Oregon reported that 29 percent of older adults in the state experienced a fall. In 2021, Oregon's death rate from a fall for older adults was 123.8 deaths per 100,000 older adults, compared to 78 deaths per 100,000 older adults nationally (Centers for Disease Control).

In the 2024 Community Needs Assessment Survey, when asked what services they were likely to need in the next five years, 35 percent stated they were very likely and another 35 percent were somewhat likely to need wellness and fitness classes. It was the third most very likely needed service behind home maintenance and housecleaning assistance. Improved health was one of the

top five most often mentioned improvements that respondents noted could be made to increase their overall quality of life, along with home maintenance/modification, transportation, socialization and housing-related improvements.

Focus Area – Health Promotion

Goal: Enhance access to and availability of evidence-based health promotion and chronic disease self-management programs for older adults.

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2025-2029 (by Month & Year) | |
|--|---|--------------------------------|--|----------|
| | | | Start Date | End Date |
| Increase funding by 5% each year to support evidence-based health promotion programs among under-served/under-represented populations. | a. Continue to participate in Oregon Wellness Operations Committee meetings to learn of new funding opportunities which support health promotion. | Aging Services Program Manager | July 2025 | Ongoing |
| | Accomplishment or Update | | | |
| | b. Collaborate with OWN and metro area AAA partners in development of new program funding models available through Medicare and Medicaid. | Aging Services Program Manager | July 2025 | Ongoing |
| | Accomplishment or Update | | | |

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2025-2029 (by Month & Year) | |
|--|---|--------------------------------|--|---------------|
| | | | Start Date | End Date |
| Increase number of leaders trained in Evidence Based Health Promotion and Chronic Disease Self Management Programs by X. | a. Solicit interest from community centers and community partners serving under-represented communities for new leader trainings. | Aging Services Program Manager | July 2025 | June 2026 |
| | Accomplishment or Update | | | |
| | b. Coordinate with OWN to provide leader trainings in the metro area | Aging Services Program Manager | September 2025 | December 2025 |
| | Accomplishment or Update | | | |

C-4 Family Caregivers

Brief profile: Family caregivers provide essential supports to their loved ones, including medical or nursing tasks, health systems navigation, assistance with daily living tasks, transportation, management of finances, coordination of home modifications and companionship. Often, they balance caregiving with work and other responsibilities. The demands can make it difficult for caregivers to get enough rest, exercise and healthy food, thus their own health becomes jeopardized. According to AARP Vital Voices research, seven out of ten Oregonians age 45 years and older are either currently providing care or have provided care in the past to an adult relative or friend (DOI:<https://doi.org/10.26419/res.00524.170>), Further, 14 percent of respondents knew someone who was providing primary care and financial support for a grandchild. Nearly two-thirds of respondents reported that having access to programs and services to ensure their own health and well-being and having access to well-trained care workers that provide in-home services was very important while caregiving.

Program: CCSS's Family Caregiver Support Program (FCSP) provides much needed emotional support, guidance, information and referral, and financial assistance with respite services and other costs incurred by caregivers.

FCSP provides seven eligible activities to program participants:

- **Information Services and Group Activities** – FCSP staff provide information and referral services to anyone requesting them. This includes program participants, interested community members, and other programs and organizations. These services are provided by phone, in person, virtually, and at community events.
- **Specialized Family Caregiver Access to Services** – Each caregiver participating in the program receives individualized support and information based on their particular situation and needs. These services are provided by phone, in person, virtually, or via home visits.
- **Counseling** – Short-term, supportive counseling with referrals to follow up counseling from services in the community is provided by FCSP staff. When available, supplemental services grants may be used to help pay for counseling services.
- **Training** - Powerful Tools for Caregivers workshops are provided by FCSP staff and volunteers. Other trainings are provided through partnerships with programs and agencies in the community.
- **Support Groups** – CCSS provides funding to community center partners to provide a range of support groups for unpaid family caregivers in collaboration with local professionals and non-profits.
- **Respite Care** - Respite care is provided through grants to family caregivers who use the funds to pay for in-home care, adult day services, personal care, errand running, homemaking services, and overnight services. These services are self - directed and arranged by the caregivers themselves. When needed, FCSP staff assist caregivers in finding in-home respite care. In addition, FCSP provides funding for two respite day programs in Clackamas County community centers.
- **Supplemental Services** – As with respite care, supplemental services are provided through grants and are intended as flexible enhancements to caregiver support services. Home repairs, assistive technologies, professional consultations, and emergency response systems are all examples of services that have been funded.

FCSP provides outreach and public awareness by regularly participating in a range of outreach events and activities, including:

- Participate in statewide conferences and meetings

- Partner with local higher education institutions by hosting gerontology and social work students
- Participate in local community-specific festivals and events
- Collaborate with community-specific partners to offer classes and trainings for caregivers.
- Work closely with our local tribal outreach navigator to prioritize Native American Elders in our program
- Partner with other County Health, Housing, and Human Services to share program information at outreach events.
- Partner with other counties to provide classes and trainings.

To reach underserved populations, FCSP has focused on strengthening partnerships and collaborations with community organizations with established relationships within these populations to facilitate awareness and access to the program. Program staff attend the Oregon LGBTQ+ Aging Coalition meeting monthly. The FCSP/RAPP program coordinator is bilingual in Spanish and English. The program coordinator is a member of the County Queers and Allies Employee Resource Group. The program coordinator participates in HINT (Hispanic Interagency Networking Team) meetings, the Community Engagement Team, and the Information and Referral Networking meetings.

Potential program participants are screened and assessed through a phone interview application process, with FCSP staff completing required documentation. This allows staff to begin developing a supportive relationship with caregivers while collecting accurate documentation. FCSP stipend recipients must provide care to individuals who require substantial assistance with two or more activities of daily living. All RAPP participants are eligible for the stipend.

Caregivers most in need of the respite benefit are often too stressed to use it in a timely fashion with accurate documentation. FCSP staff work with caregivers to determine whether working with an individual homecare worker or working with an in-home care agency would best fit their needs.

Provision of these services helps to promote healthy aging and aging in place for both caregivers and their family members in need. This holistic approach can help delay or even avoid institutionalization and entry into the Medicaid system.

Problem/Need: In Clackamas County in 2022, 1,694 residents were grandparents with responsibility for their own grandchildren under 18 years of age (ACS 2022 5-year estimate Table B10002). About 6,101 residents 65 years and older had a cognitive disability; 5,262 had self-care difficulty and 9,776 had independent living difficulty (ACS 2022 5 year Estimates Table S1810).

The 2024 community needs assessment survey found that respondents who identified as caregivers were less likely than non-caregivers respondents to:

- Have access to professional mental health support when they need it (46 percent vs. 61 percent respectively),
- Know how to contact a lawyer for legal advice (51 percent vs. 66 percent), and
- Always or often know who to call for help (41 percent vs. 72 percent).

They also reported anticipating more need for assistance with transportation, housecleaning, personal care at home, home maintenance and home delivered meals in the next five years.

Focus Area – Family and Unpaid Caregiver Support

Goal: Increase awareness of and access to Family Caregiver Support Program and Relatives as Parents Program

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2025-2029 (by Month & Year) | |
|--|---|---|--|----------|
| | | | Start Date | End Date |
| Expand program capacity and increase recipients of caregiver services by 25% | a. Recruit and train a cadre of volunteers | FCSP Coordinator FCSP Supervisor Aging Services Program Manager | 7/1/2025 | Ongoing |
| | Accomplishment or Update | | | |
| | b. Collaborate with community partners – nursing schools, CBOs, other local AAAs to increase available caregiver services | FCSP Coordinator FCSP Supervisor Aging Services Program Manager | 7/1/2025 | Ongoing |
| | Accomplishment or Update | | | |
| | b. Monitor, gather data and evaluate the impact of the 2024 program redesign | FCSP Coordinator FCSP Supervisor Aging Services Program Manager | 7/1/2025 | Ongoing |
| | Accomplishment or Update | | | |

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2025-2029 (by Month & Year) | |
|---|--|-------------------------------------|--|-----------|
| | | | Start Date | End Date |
| Enhance skills and tools for caregivers by increasing the | a. Increase programming by offering Powerful Tools for Caregivers (PTC) and Program to Encourage Active, | FCSP Coordinator FCSP Supervisor | 7/1/2025 | 6/30/2029 |

| | | | | |
|--|---|-------------------------------------|----------|-----------|
| number of participants enrolled in evidence-based educational classes by 5% annually | Rewarding Lives (PEARLS) classes and other programs | | | |
| | Accomplishment or Update | | | |
| | b. Enroll at least five caregivers in PEARLS annually | FCSP Coordinator | 7/1/2025 | 6/30/2029 |
| | Accomplishment or Update | | | |
| | c. Recruit and train at least one volunteer facilitator to co-lead evidence-based classes | FCSP Coordinator FCSP Supervisor | 7/1/2025 | 6/30/2026 |
| | Accomplishment or Update | | | |

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2025-2029 (by Month & Year) | |
|--|--|---|---|----------|
| | | | Start Date | End Date |
| Expand outreach efforts by increasing contact with community partners by 10% | a. Collaborate with community partners who service diverse communities to develop outreach strategies | FCSP Coordinator FCSP Supervisor Aging Services Program Manager | 7/1/2025 | Ongoing |
| | Accomplishment or Update | | | |
| | b. Increase opportunities to share resources with community members by participating in the H3S Community Engagement Committee | FCSP Coordinator FCSP Supervisor Aging Services Program Manager | 7/1/2025 | Ongoing |
| | Accomplishment or Update | | | |
| | c. | | | |

| | Accomplishment or Update | | | |
|---|--|---|--|-----------|
| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2025-2029 (by Month & Year) | |
| | | | Start Date | End Date |
| Increase the percentage of individuals from underserved communities who receive assistance from the program by at least 5% annually | a. Collaborate with community partners who serve diverse communities to develop outreach strategies | FCSP Coordinator FCSP Supervisor Aging Services Program Manager | 7/1/2025 | 6/30/2029 |
| | Accomplishment or Update | | | |
| | b. Annually conduct a demographic survey of all services provided by FCSP | FCSP Coordinator | 7/1/2025 | Ongoing |
| | Accomplishment or Update | | | |
| | c. Complete an assessment of the success of outreach efforts and make strategy adjustments as needed | FCSP Coordinator FCSP Supervisor Aging Services Program Manager | 7/1/2025 | 6/30/2029 |
| | Accomplishment or Update | | | |

C-5 Legal Assistance and Elder Rights

Brief Profile: Older adults can need legal assistance with a variety of complex issues related to their health, autonomy, financial security and dignity. CCSS works with community partners to assist older adults in accessing legal assistance and protections to ensure their rights on issues, including income security, health care, long-term care, nutrition, housing, utilities, adult protective services, defense of guardianship, abuse, neglect and age discrimination.

Program: *Legal Assistance:* To support the legal rights of older adults residing in Clackamas County, CCSS contracts with Legal Aid Services of Oregon (LASO) to provide legal assistance to older adults with economic need. This contract also supports services to family caregivers of any age who are providing care for a family member age 60 or older and for county residents over the age of 55 providing care for grandchildren under the age of 18 years.

In addition, CCSS's community center partners participate in the Senior Law Project, which assists residents 60 years and older in accessing local volunteer attorneys who donate their time once a month on a rotating basis to provide pro bono 30-minute appointments. Clients needing further help and who have an income below 125 percent of the Federal Poverty Level, may receive continued pro bono assistance but are responsible for any out-of-pocket expenses. A person may have additional appointments if or when other matters arise. Since these services are not funded under the OAA contracts, participants are able to consult on their estate planning needs. While estate planning is not an eligible legal service under the OAA funded legal assistance program, many older adults with limited means have voiced their need for having this sort of access.

Elder Abuse: CCSS has a long history of supporting efforts to prevent elder abuse and financial exploitation. All providers receiving OAA/OPI funding are mandatory reporters and have means to report suspected abuse to the appropriate agencies. Additionally, providers receive annual training regarding elder abuse, prevention, and advocacy services available through the Oregon Long Term Care Ombudsman. CCSS's community center partners that receive OAA fund also provide a platform for education and fraud awareness programs designed to reduce the number of older adults victimized by scams and predatory practices.

Elder Rights: CCSS, along with its partner network of 10 community centers, work to improve systems to protect elder rights by utilizing the local gatekeepers and the "natural network" of neighbors, clerks, bank tellers, and others within the community to protect older adults from abuse, neglect, isolation, and exploitation. CCSS staff and trained volunteers at each community center regularly conduct reassurance checks on elders who may be at risk and assist them in maintaining the highest degree of independence possible and, when needed, provide a referral if they feel it will be helpful for the individual.

CCSS contracts with the Senior Citizens Council of Clackamas County (Senior Citizens Council) for guardianship, guardianship diversion, and case management services for older adults who are at risk of abuse or exploitation or those who have been evaluated and found to be incapable of making competent decisions about their wellbeing. OAA funding to this organization assists individuals at risk of exploitation or abuse to maintain the highest degree of independence possible.

To further coordinate elder abuse prevention, CCSS, in partnership with the Regional DHS-APS office, has executed an MOU that outlines the roles, responsibilities and procedures for handling APS and Gatekeeper calls and referrals. This provides for a cohesive system to respond to all calls regarding suspected abuse of any type.

In addition, CCSS staff participate in Clackamas County Health, Housing & Human Services Department Problem-Solving Multidisciplinary Team (MDT). Meetings are scheduled twice a month and benefit from strong participation from line and leadership staff within Behavioral Health, Social Services, Housing Authority and Health Centers. Line staff, supervisors and managers can confidentially staff participant situations with this group, which often leads to increased collaborations and partnership in support of “shared” consumers who are receiving housing stability, physical and behavioral health, and/or supportive services from the county.

Each partner in the Problem-Solving MDT has resources that they can bring that can help solve consumer problems. While not everyone is an expert in other systems’ eligibility and the specific services that may be available to help solve problems, the MDT helps consolidate resources to avert crises from worsening and in many cases avoid crises from occurring. Meetings intentionally follow the LEAN principles and almost entirely focus on problem-solving as opposed to procedural or administrative issues.

Clackamas also has a countywide MDT whose primary purpose is the assessment, investigation and prosecution of abuse cases involving vulnerable adults. MDT members work in collaboration to address the abuse of vulnerable adults served in the county and to facilitate a process in which professionals from diverse disciplines are able to work together more effectively and efficiently. While CCSS ADS staff do not participate in this MDT, our Developmental Disabilities APS team does, along with the Senior Citizens Council, which provides guardianship. The goals of this MDT are to provide services that are in the best interest of the vulnerable adult to:

- Conduct abuse investigations in an expedited and effective manner;
- Prevent the abuse of other potential victims;
- Increase the effectiveness of the prosecution of criminal cases,
- Provide increased safety through victim advocacy, and
- Provide information to all involved agencies in a coordinated and efficient manner.

Need: Older adults hold sole decision-making responsibility for their financial and healthcare needs, often attempting to navigate insurance issues, financial planning, long-term care planning, housing and healthcare treatments. They are the frequent target of scams and fraud perpetrators. They often need legal assistance, but are unsure where to access affordable legal services. In the 2024 community needs assessment survey, 38 percent of all respondents reported that they did not know how to contact a lawyer if they needed assistance. Further, respondents from several vulnerable populations had even higher rates of not knowing how to access legal services, including:

- 60 percent of survey respondents who identified as Asian
- 54 percent of respondents who identified as caregivers,
- 51 percent of respondents who reported incomes of \$15,000 or less
- 50 percent of respondents who identified as a member of an LGBTQ community,
- 47 percent of respondents who self-identified as having a disability,
- 45 percent of respondents who identifies as Native American,
- 44 percent of respondents who identified as Pacific Islander.

Focus Area – Legal Services

Goal: Enhance knowledge and utilization of OAA-funded legal services.

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2025-2029 (by Month & Year) | |
|--|--|--|--|----------|
| | | | Start Date | End Date |
| Increase community knowledge and utilization of OAA-funded legal services demonstrated by an increase in individuals served by 10% per year. | a. Meet quarterly with OAA Legal Services provider to review outreach plan, identify underserved communities, and develop marketing materials. | Aging Services Program Manager Legal Aid Services of Oregon | July 2025 | Ongoing |
| | Accomplishment or Update | | | |
| | b. Develop partnership with local community centers to increase presence of legal services and pro bono clinics. | Aging Services Program Manager | July 2025 | Ongoing |
| | Accomplishment or Update | | | |

Goal: Increase elder abuse awareness by expanding the Gatekeeper Program.

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2025-2029 (by Month & Year) | |
|--|---|--|--|-----------|
| | | | Start Date | End Date |
| Increase community Gatekeeper trainings to at least five per year through trained volunteers in the community. | a. Collaborate with State of Oregon Legal Services Program Manager to update Gatekeeper training materials. | Aging Services Program Manager ADRC Gatekeeper Lead | July 2025 | June 2026 |
| | Accomplishment or Update | | | |
| | b. Coordinate with Suicide Prevention Coalition to recruit Gatekeepers. | Aging Services Program Manager Public Health Research Analyst | September 2025 | June 2026 |

| | | | | |
|--|--|---|-----------|---------|
| | Accomplishment or Update | | | |
| | c. Designate a key staff member to lead and coordinate ongoing Gatekeeper efforts in Clackamas County. | Aging Services Program Manager ADRC | July 2025 | Ongoing |
| | Accomplishment or Update | | | |

C-6 Older Native Americans

Brief Profile: While Clackamas County does not include any designated triable lands, the county is home to Native American residents. Based on American Community Survey estimates, the number of Clackamas County residents who identify their race as Native American alone has declined overall by about 1% from 2,147 in 2010 to 2,115 in 2022. While the overall number of Native American Alone residents in the county has declined, the number of Native American Alone older adults has increased by 217%. In 2010, 105 residents or 5% of the Native American Alone population in the county was age 65 years or older. By 2022, 333 residents or 16% of the Native American Alone population was age 65 years or older.

However the number of County residents who identified as two or more races with one being Native American increased by 34% or 1,772 people between 2010 and 2022 – from 5,279 to 7,051. Information on the age breakdown for this population segment is not available, but these numbers indicate they are more people who identify as Native American in Clackamas communities than is captured when look at those identifying as Native American alone.

CCSS is working to overcome several challenges in reaching Native American residents, including the lack of culturally-specific organizations in the county that serve Native Americans, a lack of gathering places to connect with Native Americans, and a lack of trusted relationships with tribal elders.

Program: Clackamas County Social Services reaches out to organizations throughout the metropolitan area that provide services specifically targeted to the older Native American population. NAYA Family Center, the Native American Rehabilitation Center and Red Lodge staff are regularly invited to attend the bi- monthly Information & Referral Networking meetings. This networking meeting provides a forum for a variety of community organizations to share information, build connections and to stay up-to-date on aging and other services offered in the AAA service area.

As part of the community assessment process, the CCSS Aging Services Program Manager attended two quarterly Tribal Meet & Greet sessions with metro area AAA partners, APD, APD Tribal Liaisons, and tribal leaders from the local tribes bordering the region. Through these sessions, CCSS was able to identify key contacts and an ongoing plan to collaborate and expand services to Older Native Americans in Clackamas County.

Need: Nationally, American Indian and Alaska Native people disproportionately experience poverty, discrimination in health care, and have long experienced health disparities such as chronic disease and lower life expectancy (<https://www.ihs.gov/newsroom/factsheets/disparities/>).

This holds true in Clackamas County as well. County older adults (65 years or older) who identify as Native American alone experience a higher rate of disability (59 percent) compared to the total population of residents age 65 years or older (31 percent). Adults 65 years and older who identify as Native American experience poverty at a much higher rate than other racial groups with 55% living on incomes below the Federal Poverty Line in 2022 compared to 8.1% of all residents who are 65 years or older in the county. Clackamas County is home to 181 households whose primary householder is a Native American alone older adult (65+ years old). Of these households, 41% or 75 households live on incomes of \$10,000 or less per year. Another 18% or 33 households live on incomes of more than \$15,000 but less than \$40,000 (American Community Survey 2022 Table B19037C).

CCSS recognizes the need to provide outreach and services to this underserved and at-risk population of older adults. Many older adult Native Americans distrust government and governmental services based on historical and recent experiences. CCSS recognizes the need to develop relationships, establish trust and demonstrate its commitment to respectfully serve Native Americans. CCSS is committed to providing services that build upon the strength and resilience of the many cultures and communities present in Clackamas County, and to building our organizational capacity to provide culturally responsive services the address the needs as identified by tribal elders and representatives.

Focus Area – Older Native Americans

Goal: Increase collaboration with Title VI entities and tribal navigators to better address unmet needs among local older Native Americans and their caregivers.

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2025-2029 (by Month & Year) | |
|--|--|--------------------------------|--|----------|
| | | | Start Date | End Date |
| Enhance partnerships with tribal leaders to increase access to and utilization of services by Older Adult Native Americans by participating in at least three partnership-focused meetings with tribal representatives annually. | a. Meet quarterly with state Aging and People with Disabilities (APD) Tribal Liaison and local APD offices to identify older adults in need of services. | Aging Services Program Manager | July 2025 | Ongoing |
| | Accomplishment or Update | | | |
| | b. Participate in regional and statewide Tribal Meet & Greet activities | Aging Services Program Manager | July 2025 | Ongoing |
| | Accomplishment or Update | | | |
| | c. Develop partnership with local Native American leadership to increase outreach to tribal elders | Aging Services Program Manager | October 2025 | Ongoing |
| | Accomplishment or Update | | | |
| | d. Invite tribal leadership and APD Tribal Liaisons to quarterly Information & Referral Networking Meetings for information sharing. | Aging Services Program Manager | July 2025 | Ongoing |
| | Accomplishment or Update | | | |

C-7 Older Adult Behavioral Health

Brief Profile: According to the American Psychological Association, depression and suicide are significant issues facing older adults. Symptoms of depression and anxiety in older adults are often overlooked and untreated because they can coincide with other later life experiences like the loss of a loved one, chronic illness or reduced independence. Older adults experiencing depression and/or chronic illness are also at higher risk of suicide. Centers for Disease Control and Prevention statistics show that while older adults comprised just 16.8 percent of the population in 2022, they made up 22 percent of suicides. According to the Cleveland Clinic, older adults plan suicide more carefully and have higher completion rates (one in four for older adults compared to one in 200 for youth).

A key contributing factor to depression in older adults is social isolation and loneliness. Older adults are at increased risk for loneliness and social isolation because they are more likely to experience factors that can exacerbate the sense of aloneness, such as living alone, the loss of family or friends, chronic illness, hearing loss and lack of transportation options. Older adults who are socially isolated or lonely are at higher risk for not only depression, but dementia, obesity, cognitive decline and heart disease. They are also more likely to be admitted to nursing homes (National Institute on Aging).

As the aging population grows in number and diversity, the provision of behavioral health services that meet the needs of older adults, and adults from communities of color, will be critical to support a healthy population. These demographic trends will require training in the provision of culturally responsive care now and in the coming decades, as well as creating option for people to receive care from providers who mirror their culture and background.

Program: CCSS works closely with the Clackamas County Older Adult Behavioral Health Specialist (OABHS) to collaborate on older adult mental health issues, including providing training and creating community awareness. The OABHS provides the following services in the service area:

- Collect data and produce reports to improve the delivery of substance abuse and mental health services for older adults;
- Build coordination between systems and service providers that result in the delivery of quality, timely and accessible behavioral health services;
- Provide recommendations that build community capacity at the local and regional level through organization and systems change;
- Provide training, coaching and technical assistance to improve the ability to address the behavioral health needs of older adults and people with disabilities; and
- Participate in complex case consultations.

CCSS partners with the Suicide Prevention Coalition of Clackamas County to increase awareness of older adult mental health issues and engage in suicide prevention efforts. The Coalition oversees implementation of the Clackamas County Suicide Prevention Strategic Plan. The plan includes the goal “Develop, implement, and support community-based programs and education that promote wellness, safe messaging and prevent suicide within our community” and the strategic direction “develop strong social networks and connections to

reduce isolation.” The plan is updated yearly to address pressing trends. Currently, the focused effort related to older adults is a campaign to increase awareness about secure storage of items for firearms and medication lock boxes and why using them can save lives.

In 2019, CCSS launched the Loneliness Task Force, a group of CCSS staff and community partner representatives who met regularly to discuss social isolation and loneliness issues and trends, share resources and explore best practice strategies in supporting older adult community engagement. Task for members included representatives from adult community centers, Lines for Life, North Clackamas and Wilsonville parks and recreation programs, Mental Health and Addictions Association of Oregon, Providence Health Systems and Oregon Department of Human Services. The Task Force disbanded during the pandemic. CCSS and its partners will revive it during this plan period to once again collaborate in combating social isolation and loneliness.

Aging and Disability Resource Connection staff regularly provide information, referrals and assistance to local behavioral health providers and services in Clackamas County, including referrals to Centerstone Clinic.

Need: *Social Isolation and Loneliness:* According to the Centers for Disease Control, nationally more than one-third of adults aged 45 and older feel lonely, and nearly one-fourth of adults aged 65 and older are considered to be socially isolated. Locally, 56 percent of the respondents to the 2024 community needs assessment survey reported feeling lonely at least sometimes and 18 percent reported being lonely often or always. Further, more than 18,500 county residents age 65 years and older live alone (2022 American Community Survey). Additionally, current research suggests that immigrant, and lesbian, gay, bisexual populations experience loneliness more often than other groups.

Depression: Depression is more common in people who have other illnesses, and older adults have a much higher prevalence of chronic conditions than other age segments. In 2022, 31 percent of Clackamas County residents age 65 years and older were living with at least one disability. Further, depression in older adults is often misdiagnosed and undertreated when symptoms are attributed to aging. In 2023, 20.3 percent of Oregonians age 65 and older have said that they have a form of depression, an increase from 16.5 percent in 2022 (Behavioral Risk Factor Surveillance System, CDC).

Focus Area – Older Adult Behavioral Health

Goal: Increase the capacity of older adult-serving organizations and community members to support the behavioral health needs of older adults residing in Clackamas County

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2025-2029 (by Month & Year) | |
|--|--|--|--|----------|
| | | | Start Date | End Date |
| <p>30 community centers, other older adult serving organizations and faith-based organizations will increase their capacity to support older adults who are experiencing loneliness and mental health conditions.</p> <p>And</p> <p>100 older adult community members who are not connected to an organization will attend one or more mental health awareness or suicide prevention trainings</p> | a. Conduct a campaign to encourage older adults and staff from agencies that serve older adults to attend Get Trained to Help classes, including QPR and Loneliness Training. Campaign will also include OABHI/COAST Lunch and Learns. | Older Adult Behavioral Health Initiative Coordinator Public Health Division Mental Health Prevention and Promotion Coordinator | June 2025 | Ongoing |
| | Accomplishment or Update | | | |
| | b. Offer regular mental health awareness and suicide prevention trainings, including Older Adult Mental Health First Aid and QPR for Older Adults. | Public Health Division Mental Health Prevention and Promotion Coordinator | January 2026 | Ongoing |
| | Accomplishment or Update | | | |
| | c. Offer regular Loneliness Trainings. | Older Adult Behavioral Health Initiative Coordinator | July 2025 | Ongoing |
| | Accomplishment or Update | | | |
| | d. Consider offering OAA financial incentives for community centers to attend trainings. | Social Services Lead Contract Specialist | Determine feasibility by July 2025 | |
| | Accomplishment or Update | | | |

| | | | | |
|--|---|--------------------------------|-----------|---------|
| | e. Increase capacity to provide Chronic Pain Self Management classes. | Aging Services Program Manager | June 2027 | Ongoing |
| | Accomplishment or Update | | | |
| | f. Create a Behavioral Health Committee for the Aging Services Advisory Council for accountability. | Aging Services Program Manager | June 2027 | Ongoing |
| | Accomplishment or Update | | | |

Goal: Decrease feelings of social isolation and loneliness among Clackamas County older adults.

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2025-2029 (by Month & Year) | |
|---|--|---|---|----------|
| | | | Start Date | End Date |
| Revive Loneliness Task Force and convene quarterly. | a. Engage a diverse membership on the Loneliness Task Force and support team in setting goals with direct connections to this Area Plan, Aging Services Advisory Council and other associated local level strategic plans as is appropriate. | Older Adult Behavioral Health Initiative Coordinator | June 2026 | Ongoing |
| | Accomplishment or Update | | | |
| | b. Strategize with Loneliness Task Force to increase volunteerism as a tool to combat social isolation (see Volunteering section for details) | Aging Services Program Manager Transportation Supervisor Public Health Division's Suicide Prevention Program | June 2025 | Ongoing |
| | Accomplishment or Update | | | |

C-8 Transportation

Brief Profile: Transportation is consistently identified as one of the barriers that prevent older adults from remaining in their homes. When an older adult is unable to drive due to health issues or the expense of maintaining a vehicle, that person may lose the ability to independently meet their basic needs. Transportation is essential for access to medical care and supplies, food, recreation, social interactions, social services and other goods and services that allow individuals to remain independent and in their own homes and communities.

Clackamas County encompasses a geographically diverse 1,879 square miles and is home to a mix of urban and suburban cities, small towns, unincorporated communities and remote rural areas. The county's large size and scattered rural and remote areas make it difficult to provide efficient, frequent public transportation to all areas. Six different transit providers serve the county (TriMet, Clackamas County, SMART (Wilsonville), South Clackamas Transit District, Sandy Area Transit and Canby Area Transit). The 2024 community needs assessment survey, and focus groups revealed that older adults and people with disabilities who do not drive struggle to attend medical appointments, run routine errands, and travel in the evenings or on weekends due to limited bus or shuttle hours.

As Clackamas County's population ages, the demand for transportation services is expected to continue to grow.

Program: Clackamas County Social Services (CCSS) and its partners provide a variety of transportation options that aim to assist older adults in living independently.

Demand Response Services: CCSS provides funding to nine community center partners in Welches, Sandy, Molalla, Canby, Oregon City, Milwaukie, Gladstone, Lake Oswego and Estacada to offer transportation services throughout the county. Each of the centers provides individual and group rides within and outside of their service area boundaries. They assist older adults in accessing medical services, congregate meals, shopping and other needs. CCSS operates Transportation Reaching People (TRP), a transportation service that uses both paid drivers and volunteers to "fill in the gaps" in service for the center programs and help older adults and persons with disabilities who live outside of a public transit or community center service area get rides for medical appointments and other essential services. *In FY 2023-24, TRP and the community center transportation services provided a total of 39,968 rides.*

Public Transportation: Another CCSS-operated transportation program, Clackamas County Connects Shuttle Services provides vital connections first and last mile connection for communities and areas that are currently underserved by traditional fixed route service. These shuttles expand access to public transit by providing free "deviated fixed route service," making the last-mile connections to and from regional transit services. Clackamas County Connects Shuttles provided 34,785 rides in FY 2023-24.

CCSS also operates the Mt Hood Express and Village Shuttle service, which provides public transportation to residents of the rural communities along Highway 26 east of Sandy (the Hoodland area) to Government Camp and Timberline. Mt Hood Express and Village Shuttle services provided 56,264 rides in Fiscal Year 2023-24.

Need: Throughout the 2024 community needs assessment process, transportation surfaced as a key issue for older adults. Survey respondents listed access to transportation as the second most common response to the question “What are the top three changes that could be made to increase your quality of life.” Other key transportation survey results include:

- Only 46 percent of all respondents stated that transportation was available that allowed them to get together with family and friends.
- The percentage of survey respondents who had used public transportation in the last year decreased from 51 percent in 2019 to 35 percent in 2024.
- Respondents anticipate relying most on (1) family, (2) public transportation, and (3) friends/neighbors to get around when they can no longer drive.

Latine listening session participants reported not being able to attend medical appointments or access needed medical specialists because of lack of transportation. Further, many listening session participants stated they lacked the skills to use public transportation, which made them dependent on others. Some survey respondents from rural areas noted that no public transit options were available in their community, nor were transport services like Lyft or UBER. Others stated that the time required to use public transit or special needs transit services to get to and from appointments and activities was prohibitive.

Focus Area – Transportation Services

Goal: Ensure Clackamas County provides a variety of transportation services that help residents meet their basic transportation needs and can actively engage in their community.

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2025-2029 (by Month & Year) | |
|--|--|---|---|----------|
| | | | Start Date | End Date |
| Maintain existing services and expand services that provide accessible transportation in rural areas of Clackamas County | a. Work with local, state and federal resources for stable, long-term funding solutions. | Transit Services Manager AAA Program staff | Ongoing | Ongoing |
| | Accomplishment or Update | | | |
| | b. Explore funding opportunities that help serve rural communities with transportation services. | Transit Services Manager Transportation Program Supervisor | Ongoing | Ongoing |
| | Accomplishment or Update | | | |
| | c. Improve transportation service options for people in rural areas of Clackamas County by collaborating with other transportation services providers. | Transportation Program Supervisor Transportation Program Coordinator | Ongoing | Ongoing |
| | Accomplishment or Update | | | |

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2025-2029 (by Month & Year) | |
|---|---|---|---|----------|
| | | | Start Date | End Date |
| Increase outreach activities that target underserved communities as measured by | a. Proactively engage in and attend events that advocate for and uplift underserved communities. In addition, establish strong connections with organizations that specifically | Transportation Program Supervisor Transportation Program Coordinator | January 2025 | Ongoing |

| | | | | |
|---|--|---|------------|---------|
| attending at least one targeted event each quarter. | focus on serving underserved and underrepresented populations. | | | |
| | Accomplishment or Update | | | |
| | b. Implement targeted marketing efforts to raise awareness of available transportation services, ensuring these communities have the information and resources they need to access essential services. | Transit Services Manager Transportation Program Supervisor | March 2025 | Ongoing |
| | Accomplishment or Update | | | |

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2025-2029 (by Month & Year) | |
|--|---|---|---|-----------|
| | | | Start Date | End Date |
| Increase awareness of and utilization of transit services in Clackamas County as measured by annual ridership. | a. Attend events to distribute information materials on transportation services and engage directly with county residents to discuss their transportation options | Transportation Program Supervisor Transportation Program Coordinator | Ongoing | Ongoing |
| | Accomplishment or Update | | | |
| | b. Present at various community events and locations to share information about transportation services with other service providers. Inform them about the range of transportation resources available to assist their clients and support the community | Transportation Program Supervisor Transportation Program Coordinator | Ongoing | Ongoing |
| | Accomplishment or Update | | | |
| | c. Produce a video featuring current transit riders discussing the safety and benefits of | Transit Services Manager Transportation Program Supervisor | July 2025 | July 2026 |

C-9 Volunteering

Brief Profile: Local volunteers play an important role in providing critical services to Clackamas County residents. Challenging economic conditions and a growing population of older adults, coupled with limited resources to respond to service needs has created a demand for volunteer services. Many older adults in Clackamas County struggle to age in place and feel safe. Volunteers strengthen a community's capacity to address local needs and enhance the quality of life for its members. Likewise, volunteers experience a sense of connectedness and fulfillment, and emerging research indicates volunteers also experience health benefits from being involved in their community.

CCSS volunteers provide vital services to county residents through a dynamic collaboration between paid staff and volunteers. CCSS's Aging Services and Transportation Program offer meaningful volunteer opportunities that increase the county's capacity to provide independent living supports to older adults and persons with physical disabilities, increasing or maintaining their livelihood and independence.

The Program: Since 1986, CCSS has been a vital link between community members seeking to contribute to their communities in meaningful ways and social service volunteer opportunities that help individuals live independently in a manner that honors individual needs, preferences, and diverse backgrounds.

Program volunteers offer a network of services to Clackamas County residents, including:

- financial guidance to those who no longer can manage their finances on their own;
- transportation assistance to critical appointments;
- health care insurance guidance;
- access to health care options; and,
- social activities and interaction for lonely and homebound residents.

In addition, volunteers facilitate support groups for individuals coping with chronic conditions and caretakers caring for family members. These community volunteer-supported services allow for a greater quality of life and access to care.

During the pandemic, CCSS's volunteer corps declined as many older volunteers followed pandemic protocols and curtailed activities to avoid virus exposure. As a result, CCSS programs are rebuilding the volunteer corps. To recruit potential volunteers, CCSS staff work with community partners, as well as other county divisions, to conduct outreach, focusing on opportunities to engage with residents who have been traditionally underrepresented in our volunteer corps, including people of color and members of LGBTQ+ communities.

Need: One of CCSS's core values is "all participants shall be treated with dignity and respect." As Clackamas County residents become more diverse – racially, ethnically, culturally – CCSS has identified the need to recruit both staff and volunteers who reflect the diversity of the communities it serves as one way to act on this core value. A diverse staff and volunteer corps brings more culturally relevant knowledge and experience to all aspects of service design and implementation, from needs assessment to program planning to service delivery. It also creates a more welcoming environment for participants as they can work with people who have deeper cultural understanding of their needs.

During the 2024 community needs assessment process, participants from the Lesbian, Gay, Bisexual, Transgender, Queer focus group stated that in some instances they would strongly prefer to receive services from people who are part of their community because they have a better understand of the unique challenges they face. Latine listening session participants

expressed experiencing language barriers when access services. Bilingual volunteers can remove this barrier and create a more welcoming experience for participants for whom English is not their primary language.

Historically, however, the vast majority of CCSS volunteers have been white. CCSS is committed to identifying and implementing new strategies to engage volunteers from underserved and unrepresented populations, including collaborating with culturally specific organizations, analyzing the structure of volunteer opportunities and exploring alternative advertising and communication techniques.

Finally, the 2024 community needs assessment demonstrated a demand for more wellness classes, including chronic conditions management and evidenced-based physical activity programs. Of survey respondents, 35 percent said they would very likely and another 35 percent said they were somewhat likely to need wellness and/or fitness classes in the next five years. Volunteer class and program leaders will be key in CCSS's efforts to expand these offerings to Clackamas residents.

Focus Area – Volunteering

Goal: The number of volunteers participating in programs increases each year, and people from all backgrounds, identities and communities feel welcome in all volunteer-supported programs

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2025-2029 (by Month & Year) | |
|---|---|--|--|----------|
| | | | Start Date | End Date |
| 5% increase in number of volunteers each year | a. Improve County website, including site for each program, and Volunteer section | Program Coordinators | 7/1/2025 | 1/1/2026 |
| | Accomplishment or Update | | | |
| | b. Fully utilize the County's Social Media platforms by creating comprehensive Social Media Plan | Program Coordinators | 1/1/2026 | Ongoing |
| | Accomplishment or Update | | | |
| | c. Coordinate volunteer recruitment activities | Health, Housing, and Human Services Community Engagement Workgroup | 7/1/2025 | Ongoing |
| | Accomplishment or Update | | | |
| | d. Document effectiveness of each outreach effort by including "how did you hear about us" question on volunteer application forms and creating quarterly reports | Program Coordinators | 7/1/2025 | Ongoing |
| | Accomplishment or Update | | | |

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|--|--|----------------------|----------|---------|
| | e. Partner with volunteer-serving organizations by ensuring volunteers listings on Points of Light, Hands On Greater Portland, and Volunteer Match | Program Coordinators | 7/1/2025 | Ongoing |
| | Accomplishment or Update | | | |
| | f. Fully utilize Better Impact software | Program Coordinators | 1/1/2026 | Ongoing |
| | Accomplishment or Update | | | |
| | Provide regular recognition to volunteers | Program Coordinators | Ongoing | Ongoing |
| | Accomplishment or Update | | | |

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2025-2029 (by Month & Year) | |
|--|---|--|---|----------|
| | | | Start Date | End Date |
| 5% increase in the number of volunteers who identify as a person of color, a member of the LGBTQI community, and other traditionally underserved communities | a. Attend cultural events, including Hispanic Interagency Networking Team | Health, Housing, and Human Services Community Engagement Workgroup | 7/1/2025 | Ongoing |
| | Accomplishment or Update | | | |
| | b. Increase the percentage of volunteers who answer SOGI question | Program Coordinators | 7/1/2025 | Ongoing |
| | Accomplishment or Update | | | |

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2025-2029 (by Month & Year) | |
|--|---|------------------------|---|--------------|
| | | | Start Date | End Date |
| At least 50% of volunteers will return the annual survey | a. Communicate with volunteers about importance of completing survey | Program Coordinators | 7/1/2025 | Ongoing |
| | Accomplishment or Update | | | |
| | b. Create report of survey results including any programmatic changes made as a result of volunteer input | Supervisor/Manager | 7/1/2026 | Annually 7/1 |
| | Accomplishment or Update | | | |

Section D – OAA/OPI Services and Method of Service Delivery

D-1 Administration of Oregon Project Independence (OPI)

In accordance with OAR 411-032-0005(2), the area agency must submit an Area Plan containing, at minimum, the agency's policy and procedures for each of the questions below.

Provide the following information or policies about how your agency (or your contractor) administers and implements the OPI program. Note: If the AAA is participating in the OPI Pilot for Adults with Disabilities, clarify if the policies and procedures vary for that population.

a. What are the types and amounts of authorized services offered? (OAR 411-032-0005 2 b A).

OPI clients are offered a variety of services based on their care needs and assessment scores. Up to 25 hours per month are offered in any combination of home care, personal care and RN services. Additionally, assistive technology devices and durable medical equipment are offered to clients as needed and as budget allows.

Authorized OPI Services:

(A) Home care supportive services limited to the following:

- (i) Home care;
- (ii) Assistive technology device;
- (iii) Personal care;
- (iv) Adult day services;
- (v) Registered nurse services; and
- (vi) Home delivered meals (intermittently)
- (vii) Transportation
- (viii) Adult day services

(B) Assisted transportation, on a case-by-case basis as authorized by the director of the Oregon Community Services and Supports Unit.

b. State the cost of authorized services per unit or per service (OAR 411-032-0005 2 b B).

The cost per unit of authorized services is as follows:

1. Beginning 6/30/2024 Home Care Worker rates range from \$19.50 to \$30.09 per hour
2. Beginning 7/1/2024 contracted providers for homecare, personal care and RN services are paid at the following rates:
 - a. Medicaid rate plus 10% (As of 8/1/2024 the Medicaid rate is \$30.08) for home and personal care
 - b. \$80.40 for RN services

Assistive Technology Devices: As budget allows, ATDs are approved on a case-by-case basis by Clackamas County Social Services. A \$1500 limit is set per client, per 24 month period for assistive technology devices. Prior to approval, all other funding options, including full or partial payment from the client, shall be exhausted. Exceptions to this dollar limit and/or 24 month allowance will require supervisory approval.

3. Adult Day services: Costs will vary depending on the provider, and range from \$60 to \$75 per day. Services will be authorized at the equivalent costs of a client receiving the maximum authorized homecare or personal care service hours from an agency. As of 7/1/2024, this would be \$109.75 per day.

4. Home Delivered meals: The rate for HDM is depending on available funding. Generally, HDMs are funded during the second year of a biennial cycle. The maximum reimbursement rate is equal to the current Medicaid HDM rate.
5. Assisted transportation, on a case-by-case basis as authorized by the director of the Oregon State Unit on Aging.

c. Delineate how the agency will ensure timely response to inquiries for services. Include specific time frames for determination of OPI benefits (OAR 411-032-00502 b C).

The Clackamas County OPI program employs a full-time case manager aide and a part-time program aide who responsible for responding to inquiries for services. Efforts are made to answer all inquiries for services live. The program aide returns all calls and responds to inquiries within 24 hours during the work week, or by the end of the next business day. The two case manager aide will provide back-up coverage to the program aide in the event of a planned or unexpected absence.

OPI clients are contacted in order of the OPI waiting list. Once contacted, a home visit is scheduled as soon as possible with the client, case manager, and any other individuals whom the client wishes to be present during the interview. The CAPS assessment will then be completed by the OPI case manager within one work week of the home visit. The client will be notified at the time of determination or not more than three days beyond the determination date.

d. Describe how consumers will receive initial and ongoing periodic screening for other community services, including Medicaid (OAR 411-032-0005 2 b D).

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

e. Specifically explain how eligibility will be determined and by whom (OAR 411-032-00502 b E).

The consumer, at assessment must meet service eligibility levels (1-18), as indicated on current OPI Service Level Matrix in order to receive in-home services. Assessments are completed by the assigned OPI Case Manager to determine service eligibility.

The consumer cannot be receiving Medicaid benefits, except: Citizen/Alien Waived Emergency Medical, Supplemental Nutrition Assistance Program (SNAP, formerly

known as Food Stamps), Qualified Medicare Beneficiary (QMB), Supplemental Low Income Medicare Beneficiary Programs (SLMB), or Qualifying Individual Program (QI or SMF).

Any individual residing in an Assisted Living, Adult Foster Home, Residential Care Facility or a Nursing Facility shall not be eligible for authorized services.

**As funding allows, transitional services will be provided to persons wishing to relocate from an institution to their place of residence. If the individual is leaving a facility against medical advice (AMA), determination for appropriate services will be reviewed on a case-by-case basis.

f. Plainly state and illustrate how the services will be provided (OAR 411-032-0005 2 b F).

The determination of OPI services is based on each consumer's cultural and linguistic preferences, and financial, functional, medical, and social need for services. Service eligibility level will be indicated through the Client Assessment/Planning System (CA/PS).

After the initial eligibility determination, the determination of continued OPI services is made at regular intervals but not less than twelve months. Informal assessments and consumer follow up will occur as needed. A full financial assessment is not necessary at these informal intervals unless there is a significant change to income as indicated by the consumer.

Consumers may choose an in-home care worker or services from a contracted agency. When the OPI budget allows, other services such as respite care, home repair/modifications, assistive technology devices, and home delivered meals will be provided by the appropriate contractor(s).

g. Describe the agency policy for prioritizing OPI service delivery for both the waiting list and hours/types of services for the individual (OAR 411-032-005 2 b G).

Priority for authorized services are consumers already receiving authorized services as long as their needs indicate. New clients are added to the program as capacity and budget allows.

If OPI budget constraints or capacity do not allow for the immediate start of in-home services then consumers will be placed on a waiting list. Prioritization of services will be based on the state standardized OPI Risk Tool (SDS 287J) that measures the risk for out of home placement.

Consumers with the highest risk of out of home placement are given priority on the waiting list.

All consumers placed on the OPI waiting list will be offered Options Counseling services to assist them in exploring alternative options to meet their stated needs and preferences.

The Clackamas County OPI program has a service plan maximum of 25 hours per month, with an additional 1 hour of RN care services, and with a maximum of 150 miles authorized per month. Exceptions are made by the program supervisor on a case-by-case basis, and as the program budget allows. The protocol for temporary increase of OPI service hours are as follows:

1. No more than 10% of the current active case load will be approved for hours exceeding the original service plan hours.
2. The maximum allowable hours per client for temporary increase is 15 per week. See item 5 for temporary definition.
3. The need for increased services will be reviewed and evaluated every 30 days by the case manager. Approval for temporary increase of service hours will be granted for the following reasons: significant change of condition resulting in a decline in overall physical and/or cognitive health, increased care needs following a hospitalization, support for primary caregiver if the caregiver has experienced a significant change of condition or has experienced a recent hospitalization, the consumer is on hospice, or the consumer is transitioning to Medicaid.
4. Prior to increasing hours, OPI case managers will ensure that all other options have been explored (natural supports, private resources, FCSP, Senior Companion, etc.).
5. Temporary is defined as: No more than three separate requests (three distinct events, as listed in item #3) for exception requests will be honored within a six month period, or no more than two 30-day extensions (90 days total) will be granted per a six month period (each scenario allows 90 days of exception hours every six months).
6. If all the above parameters are adhered to, Case Managers can authorize exception hours without management approval.
7. OPI consumers meeting at least one of the following criteria are eligible for 20 hours per week, without supervisory approval and do not need to meet the temporary service definition or parameters.
 - The consumer is transitioning to end of life/hospice;
 - The consumer cannot be left alone, or meets the standard of need for a live-in caregiver;
 - The consumer has a documented diagnosis of Alzheimer's or dementia;
 - The consumer is homebound with no natural supports;
 - The consumer has had recurring hospitalizations (at least two hospital admission within 12 months);
 - The consumer is bedbound.
8. Additional exceptions exceeding parameters outlined in items above require management approval.
9. OPI consumers transitioning to end of life/hospice may be approved for up to 15 hours per week for six months before supervisory approval is needed to extend.

A person-centered service plan is developed by the case manager based on the consumer's stated needs and preferences.

Services are provided as the budget allows.

h. Describe the agency policy for denial, reduction or termination of services (OAR 411-032-0005 2 b H).

Denial for Services: Consumers may be denied for services by the OPI program for various reasons. The consumer may not meet service priority level, or natural supports identified are meeting stated needs. If the OPI Case Manager determines that a denial of services is the most appropriate action to take, the Case Manager shall provide to the applicant, verbally and by mail, a written notice of this decision. This notice shall state the specific reason(s) for this decision and shall describe the consumer's grievance rights, including deadline for submitting a grievance.

Reducing Services: A consumer may choose to reduce hours voluntarily. If a consumer requests a reduction in hours, it will be noted in the narrative. A new Service Agreement showing the reduction in hours will be sent to consumer for signature. Services may be reduced by the OPI program for various reasons. The consumer's condition may improve or needs decrease. A family member may increase involvement, taking on additional responsibilities for the provision of care. If the OPI Case Manager determines that a reduction of services is the most appropriate action to take, following Medicaid standards, a ten day notice of reduction of services is given to the consumer and/or representative. This notice shall state the specific reason(s) for this decision and shall describe the consumer's grievance rights, including deadline for submitting a grievance.

Closing Services: A consumer may choose to withdraw from services voluntarily. If a consumer determines to end services, the reason will be noted in the narrative, and the OPI Case Manager will send "Consumer Request to Withdraw" form for signature. A copy shall be given to the consumer/representative and placed in the client file. Should a consumer request to return to the program after voluntary withdrawal, they may reapply for services. If there is a waiting list, they will be added to the list based on priority level, as determined by their Waitlist Tool score, with a new date of request. If consumer withdraws from services, they have 10 days from the date of closure to return to the OPI program w/o having to go on the waitlist first. Transitioning to Medicaid long term care services and supports is considered a voluntary withdrawal from service..

Consumers may be closed from services by the OPI program for various reasons. The consumer may not meet the service priority level, decline to engage in services, act out inappropriately toward OPI staff and/or volunteers (including interns), and contracted agency providers and State homecare workers (i.e. threaten violence or use verbal abuse, use of racially or sexually derogative terms or other insulting language), or a home environment that is unsafe for service providers. If the OPI Case Manager determines that closure of services is the most appropriate action to take, following Medicaid standards, a ten-day notice of closure of services is given to the consumer and/or representative. This notice shall state the specific reason(s) for this decision and shall describe the consumer's grievance rights, including deadline for submitting a grievance.

If consumer signs the OPI Fee Determination and OPI Service Agreement that shows a change or reduction in hours or fee, then the consumer is agreeing to these terms and therefore does not have a grievance.

i. Specify the agency's policy for informing consumers of their right to grieve adverse eligibility, service determination decisions and consumer complaints (OAR 411-032- 0005 2 b I).

The Clackamas County Social Services grievance policy applies. Grievance rights, including the deadline for submitting a grievance is included in all decision notices provided to the consumer for denials, reductions or termination of services. A summary of the grievance policy and procedure is also provided to consumers at the initial and annual service assessments.

If a consumer does not agree with a decision to deny, reduce, or terminate OPI services then they may utilize the following procedure:

1. They may request a reassessment of their needs by their OPI Case Manager. The OPI Case Manager must schedule a reassessment within 5 business days
of the request unless an assessment has been done within the past 30 days. If the assessment has been completed within the past 30 days and there is no significant change, then the current assessment will be considered valid.
Consumer may proceed to step 2.
2. The consumer may contact the OPI Program Supervisor in writing within ten (10) business days of the date of the denial letter. If the consumer uses this approach, within five business days of the consumer's letter, the OPI Program Supervisor will contact the consumer and discuss the decision and the review process. If the consumer still disagrees with the decision they may follow Step 3 below.
3. The consumer may file a written grievance within ten (10) business days of the conversation with the OPI Program Supervisor. Their grievance should be submitted to: CCSS Director, PO BOX 2950, Oregon City, OR 97045 or BrendaDur@clackamas.us. If the consumer uses this approach the agency Director will schedule a grievance review meeting within ten business days of receiving the consumer's written grievance. The consumer and their representative, if any, will be notified in writing of the date, time and location of this meeting. The consumer's rights at this meeting will be set forth in the meeting notice. To allow adequate time for planning, consumers are asked to let the Director know at least 5 business days before the meeting if special accommodations are requested.
4. If the consumer grieves the decision to terminate their OPI services, they will continue to receive this service until the outcome of the formal grievance is known.
5. Consumers who disagree with the results of the Clackamas County Social Services grievance review have a right to an administrative

review with the Oregon Department of Human Services, State Unit on Aging, pursuant to ORS chapter 183. This information will be provided to the consumer in a written notification at the time of the Clackamas County Social Services grievance review decision. Consumers requesting an administrative review from the Department of Human Services are not eligible for continued OPI authorized services.

Every effort is made to offer services that will be sustainable for as long as the consumer needs and wants them. Occasionally, unforeseen circumstances lead to budgetary constraints which may require a reduction in services. In this case, reduction of services cannot be grieved.

j. Explain how fees for services will be developed, billed, collected and utilized (OAR 411-032-0005 2 b J).

Fees for service are based on a sliding fee schedule to all eligible consumers whose annual income exceeds the minimum household income limit, as established by the State.

A one-time fee is applied to all consumers receiving OPI authorized services who have adjusted income levels at or below federal poverty level. The fee is due at the time eligibility for OPI authorized services has been determined.

- (a) A second attempt to collect the one-time fee is not required.
- (b) Consumers who identify a financial hardship may request that the one-time fee of \$25 be waived.
- (c) Consumers may request to have the fee waived should contact the OPI Case Manager by phone, email or in writing within 10 business days of receipt of the invoice to request a waiver. The invoice will include contact information and instructions on how to request a waiver. Proof of financial hardship may be required by the OPI Program before approval.

k. Describe the agency policy for addressing consumer non-payment of fees, including when exceptions are made for repayment and when fees will be waived (OAR 411- 032-0005 2 b K).

OPI consumers who have been assessed a fee for service will be billed by Clackamas County each month after Home Care Worker vouchers have been processed and after agencies have billed Clackamas County.

If at initial assessment or annual review, the consumer indicates that they are unable to pay the copay for services, a request can be made to the OPI Program Supervisor for an accommodation. Accommodations will be reviewed and determined appropriate on a case-by-case basis.

Billing is sent out monthly by OPI staff, detailing current and any past-due charges or amounts. Reconciliation for billing is completed on the 15th of each month. If a consumer is more than 60 days past due, OPI staff processing consumer bills and payments, will notify the OPI case manager that they have sent a past due notice to

consumer.

The letter being sent to the consumer will notify them of their past due amount and inform them that the case is at risk of closure within 30 days after the date of the letter if payment arrangements are not made. The letter will include instructions on who to contact to make payment arrangements if they wish to pay past due amounts.

If a consumer, who is still receiving services, elects to make monthly payment arrangements for a past due bill then agreements will be made that the minimum monthly payment plus an additional \$10.00 above this will be paid to work toward paying off the debt. A written summary of the agreement and payment plan will be mailed to the consumer within 10 business days for signature and return for consumer records. The staff coordinating the plan will notify the OPI Case Manager that payment arrangements have been made.

If payment is not received by the date listed in the original letter, or the consumer declines to make payment arrangements, the OPI Case Manager will discontinue the consumer's OPI services and send a closure letter to the consumer and in-home care provider.

Consumers may reapply for services at any time, whether the consumer has paid the past due amount after the OPI case has been closed, or if the outstanding balance remains. If there is a waiting list, they will be added to the list based on priority level, as determined by their Risk Assessment Tool score, and new date of request.

If the past due amount is still owed when a consumer is added back to the program, an agreed upon written payment plan to pay off the outstanding balance for copays will be required.

All efforts will be made to work with consumers on payments for services (current and past due) to ensure that services will continue.

l. Delineate how service providers are monitored and evaluated (OAR 411-032-0005 2 b L).

Quarterly meetings are held with contracted agency service providers to discuss contractual requirements, updates, changes and ongoing expectations. In these meetings, there are discussions around any contractual deficiencies, and expectations and timelines are set for addressing and correcting those deficiencies. Additionally, billing is submitted monthly and includes a client service detail report which indicates the number of authorized service hours and the number of service hours provided. Each case manager reviews this report for accuracy prior to the contracts coordinator paying the agency. Any discrepancies are addressed and steps are taken so that error does not occur.

m. Delineate the conflict of interest policy for any direct provision of services for which a fee is set (OAR 411-032-0005 2 b M).

All agency contracts are issued through an RFP process. As part of that process,

respondents are required to certify that no elected official, officer, agency or employee of the County is personally interested directly or indirectly in the contract or compensation to be paid when their response is being submitted. Additionally, Section 2G of the Clackamas County personnel ordinance aligns with Oregon Revised Statute 259A.199- 236, commonly referred to as “whistleblower protections.”

n. Explain if the AAA will make any changes to the above policies with the implementation of Oregon Project Independence-Medicaid (OPI-M).

Clackamas County's AAA will continue to serve a small number of OPI classic consumers who will receive services under the same policies as stated above.

OPI-M:

When CCSS serves clients under OPI-M those clients will receive up to 40 hours per pay period (2 weeks) of authorized services. Authorized services include those listed under OPI classic plus chore services, community caregiver supportive services, evidence-based health promotion services, home delivered meals (ongoing), home modifications, long term care community nursing, and supports for consumer direction.

OPI-M clients will not be able to use mileage for medical rides which is different from OPI classic. And OPI-M clients do not have access to Medicaid transportation such as Ride-to-Care unless they already receive OHP, in which case that client will be case managed by the local APD office.

OPI-M clients will have no co-pay for services and no estate claim.

There is no waitlist for OPI-M therefore each eligible client who is referred to CCSS will be served.

For OPI-M clients at redetermination, a local APD eligibility case manager will complete a new CA/PS. The redetermination will NOT be conducted by CCSS OPI case managers. The Central Office Financial Eligibility (COFE) team will determine financial eligibility annually.

o. Describe if the AAA prioritizes the following populations when a waitlist is not in effect: older adults in rural areas, those who speak languages other than English, LGBTQIA2S+ older adults, Tribal elders and older adults living with HIV/AIDS.

CCSS AAA prioritizes these populations by collaborating with tribal navigators, community-specific organizations, rural organizations, and individuals who identify with these groups to prioritize these populations. As positions become available, we focus on hiring new staff who reflect these communities.

Area Plan Budget, Worksheet 1

Clackamas County Social Services (CCSS)
 BUDGET PERIOD: 7.1.2025 - 6.30.2026 Area Plan

**Place cursor at Select and choose AAA.
 Repeat for Budget Period.**

Budget by Service

| | | | | | | | (9) | | | | |
|--------------------------|--|---|----------------------|-----------------|--------------------|-------------------|-----------|-----------|-----------|---------|---------|
| | | | | | | | OAA | | | | |
| (3) | (4) | | | | | | T III B | T III C-1 | T III C-2 | T III D | T III E |
| Matrix | SERVICE NAME | SERVICE TYPE | (5) | (6) | (7) | (8) | | | | | |
| ADMINISTRATION | | | | | | | \$50,000 | \$0 | \$0 | \$0 | \$2,000 |
| 20-1 | Area Plan Administration | Administration | C = Contract | | | | \$20,000 | | | \$2,000 | |
| 20-2 | AAA Advocacy | Administration | D = Direct Provision | Estimated Units | Unit Definition | Estimated Clients | \$5,000 | | | | |
| 20-3 | Program Coordination & Development | Administration | | | | | \$25,000 | | | | |
| ACCESS SERVICES - | | | | | | | \$430,000 | \$0 | \$0 | \$0 | \$0 |
| 6 | Case Management | Case Management | C/D | 4000.00 | 1 hour | 1200 | \$150,000 | | | | |
| 9 | Assisted Transportation | Assisted Transportation | | | 1 one-way trip | | \$0 | | | | |
| 10 | Transportation | Transportation | C/D | 50000.00 | 1 one-way trip | | \$20,000 | | | | |
| 13 | Information & Assistance | Information and Assistance | C/D | 5500.00 | 1 contact | 450 | \$220,000 | | | | |
| 14 | Outreach (14 Outreach; 70-5 Newsletter; 70-10 Public Outreach/Education) | Outreach | C/D | 200.00 | 1 activity | | \$40,000 | | | | |
| 40-3 | Preventive Screening, Counseling, and Referral | Health Promotion and Disease Prevention | D | | 1 session | | \$0 | | | | |
| 40-4 | Mental Health Screening & Referral | Health Promotion and Disease Prevention | | | 1 session | | \$0 | | | | |
| 60-5 | Interpreting/Translation | Other Services | C/D | | 1 hour or activity | | \$0 | | | | |
| 70-2 | Options Counseling | Information and Assistance | D | | 1 contact | | \$0 | | | | |
| 70-8 | Fee-Based Case Management | Other Services | | | 1 hour or activity | | \$0 | | | | |
| IN-HOME SERVICES | | | | | | | \$40,000 | \$0 | \$750,000 | \$0 | \$0 |
| 1/1a | Personal Care | Personal Care | C | 2500.00 | 1 hour | 40 | | | | | |
| 2 | Homemaker/Home Care | Homemaker | C | 3000.00 | 1 hour | 40 | | | | | |
| 2a | Homemaker/Home Care - HCW | Homemaker | | | 1 hour | | | | | | |
| 3 | Chore | Chore | | | 1 hour | | | | | | |
| 3a | Chore - HCW | Chore | | | 1 hour | | | | | | |
| 5 | Adult Day Care/Adult Day Health | Adult Day Care/Health | | | 1 hour | | | | | | |
| 30-1 | Home Repair/Modification | Other Services | | | 1 payment | | | | | | |
| 30-4 | Respite (IIIB) | Respite Care | | | 1 hour | | | | | | |
| 40-5 | Health, Medical & Technical Assistance Equip. | Health Promotion and Disease Prevention | C | 1500.00 | 1 loan/payment | 150 | | | | | |
| 60-3 | Reassurance | Outreach | C/D | 2500.00 | 1 contact | 600 | \$40,000 | | | | |
| 90-1 | Volunteer Services (In Home) | Other Services | | | 1 hour | | | | | | |
| 4 | Home Delivered Meals | Home Delivered Meals | C | 170000.00 | 1 meal | 1500 | | | \$750,000 | | |
| 8 | Nutrition Counseling | Nutrition Counseling | | | 1 session | | | | | | |

| (3) | (4) | | | | | | OAA | | | | |
|---------------------------|---------------------|------------------------------|-----|----------|-----------|------|----------|-----------|-----------|---------|---------|
| Matrix | SERVICE NAME | SERVICE TYPE | (5) | (6) | (7) | (8) | T III B | T III C-1 | T III C-2 | T III D | T III E |
| 12 | Nutrition Education | Nutrition Education | C | | 1 session | | | | | | |
| LEGAL SERVICES | | | | | | | \$20,000 | \$0 | \$0 | \$0 | \$0 |
| 11 | Legal Assistance | Legal Assistance Development | C | | 1 hour | | \$20,000 | | | | |
| NUTRITION SERVICES | | | | | | | \$0 | \$500,000 | \$0 | \$0 | \$0 |
| 7 | Congregate Meals | Congregate Meals | C | 70000.00 | 1 meal | 1400 | | \$500,000 | | | |

| (3) | | (4) | | | | OAA | | | | | |
|-------------------------------------|---|--|----------------------------|-----------------|--------------------------|-------------------|------------------|------------------|------------------|-----------------|------------------|
| Matrix | SERVICE NAME | SERVICE TYPE | (5) | (6) | (7) | (8) | T III B | T III C-1 | T III C-2 | T III D | T III E |
| | | | Contract or Direct Provide | Estimated Units | Unit Definition | Estimated Clients | | | | | |
| | | | | | | | \$0 | \$0 | \$0 | \$0 | \$204,000 |
| FAMILY CAREGIVER SUPPORT | | | | | | | | | | | |
| 15/15a | Caregivers Information Services / Information and | Information for Caregivers | D | 100.00 | 1 activity | | | | | | \$15,000 |
| 16/16a | Caregiver Case Management | Access Assistance | D | 2000.00 | 1 contact | 120 | | | | | \$120,000 |
| 30-5/5a | Caregiver Respite | Respite Care | C | 5200.00 | 1 hour | 60 | | | | | \$20,000 |
| 30-6/6a | Caregiver Support Groups | Counseling/Support Groups/Caregiver Train | D | 20.00 | 1 session | | | | | | \$3,000 |
| 30-7/7a | Caregiver Supplemental Services | Supplemental Services | D | 100.00 | 1 payment | | | | | | \$32,000 |
| 70-2a/2b | Caregiver Counseling | Counseling/Support Groups/Caregiver Training | | 20.00 | 1 client served | | | | | | \$5,000 |
| 70-9/9a | Caregiver Training | Counseling/Support Groups/Caregiver Train | D | 50.00 | 1 session | | | | | | \$9,000 |
| 73/73a | Caregiver Self-Directed Care | Self-Directed Care | | | 1 client served | | | | | | \$0 |
| SOCIAL & HEALTH SERVICES | | | | | | | \$60,000 | \$0 | \$0 | \$30,000 | \$0 |
| 40-2 | Health Promotion: Evidenced-Based (40-2 Physical | Health Promotion and Disease Prevention | C | 550.00 | 1 session | 200 | | | | \$30,000 | |
| 50-1 | Elder Abuse Prevention (50-1 Guardianship/Conservatorship; 50-2 Elder | Elderly Abuse Prevention | C | 2500.00 | 1 activity | 50 | \$60,000 | | | | |
| 50-3 | Elder Abuse Awareness and Prevention | Elderly Abuse Prevention | D | | 1 activity | | | | | | |
| 50-4 | Crime Pervation/Home Safety | Elderly Abuse Prevention | | | 1 activity | | | | | | |
| 60-4 | Volunteer Services | Other Services | | | 1 hour or activity | | | | | | |
| 60-1 | Other Services (60-1 Recreation; 70-8 Fee Based CM; 80-5 Money Management; 80-6 | Other Services | | | 1 hour or activity | | | | | | |
| 71 | Chronic Disease Prevention, Management & Ed | Health Promotion and Disease Prevention | C | | 1 session | | | | | | |
| 72 | Self-Directed Care | Self-Directed Care | | | 1 client served | | | | | | |
| 80-1 | Senior Center Assistance | Other Services | | | 1 hour or activity | | | | | | |
| 80-4 | Consumable Services | Other Services | | | 1 hour or activity | | | | | | |
| 80-5 | Money Management | Other Services | D | | 1 hour or activity | | | | | | |
| 80-6 | Center Renovation/Acquisition | Other Services | | | 1 center acqrd/renovated | | | | | | |
| 900 | Computer Technology Expense | Other Services | D | | 1 payment/activity | | | | | | |
| 901 | Other (specify) | Other Services | | | | | | | | | |
| 901 | Other (specify) | Other Services | | | | | | | | | |
| 901 | Other (specify) | Other Services | | | | | | | | | |
| GRAND TOTAL | | | | | | | \$600,000 | \$500,000 | \$750,000 | \$30,000 | \$206,000 |

Category

| | (10) | | | | | | | | |
|-------|-----------|-----------|------------------------------------|----------------------------|----------------------------|------------------|-------------|-------------------------|----------------------|
| | | (11) | (12) | (13) | (14) | (15) | (16) | (17) | (18) |
| T VII | OAA Total | NSIP | COVID Relief (ARP, VAC5 and SLFRF) | OPI (Classic and/or Pilot) | Other State-provided Funds | Other Cash Funds | Total Funds | Estimated Cost Per Unit | Comments Explanation |
| \$0 | \$52,000 | \$0 | \$0 | \$60,000 | \$214,495 | \$70,000 | \$396,495 | | |
| | \$22,000 | | | \$60,000 | \$214,495 | \$70,000 | \$366,495 | | |
| | \$5,000 | | | | | | \$5,000 | | |
| | \$25,000 | | | | | | \$25,000 | | |
| \$0 | \$430,000 | \$0 | \$0 | \$760,000 | \$390,000 | \$245,000 | \$1,825,000 | | |
| | \$150,000 | | | \$760,000 | | \$45,000 | \$955,000 | \$238.75 | |
| | \$0 | | | | | | \$0 | #DIV/0! | |
| | \$20,000 | | | | \$240,000 | \$200,000 | \$460,000 | \$9.20 | |
| | \$220,000 | | | | | | \$220,000 | \$40.00 | |
| | \$40,000 | | | | | | \$40,000 | \$200.00 | |
| | \$0 | | | | | | \$0 | #DIV/0! | |
| | \$0 | | | | | | \$0 | #DIV/0! | |
| | \$0 | | | | | | \$0 | #DIV/0! | |
| | \$0 | | | | \$150,000 | | \$150,000 | #DIV/0! | |
| | \$0 | | | | | | \$0 | #DIV/0! | |
| \$0 | \$790,000 | \$120,000 | \$0 | \$120,000 | \$0 | \$200,000 | \$1,230,000 | | |
| | \$0 | | | \$30,000 | | | \$30,000 | \$12.00 | |
| | \$0 | | | \$40,000 | | | \$40,000 | \$13.33 | |
| | \$0 | | | | | | \$0 | #DIV/0! | |
| | \$0 | | | | | | \$0 | #DIV/0! | |
| | \$0 | | | | | | \$0 | #DIV/0! | |
| | \$0 | | | | | | \$0 | #DIV/0! | |
| | \$0 | | | | | | \$0 | #DIV/0! | |
| | \$0 | | | | | | \$0 | #DIV/0! | |
| | \$0 | | | \$50,000 | | | \$50,000 | \$33.33 | |
| | \$40,000 | | | | | | \$40,000 | \$16.00 | |
| | \$0 | | | | | | \$0 | #DIV/0! | |
| | \$750,000 | \$120,000 | | | | \$200,000 | \$1,070,000 | \$6.29 | |
| | \$0 | | | | | | \$0 | #DIV/0! | |

| | | (11) | (12) | (13) | (14) | (15) | (16) | (17) | (18) |
|-------|-----------|----------|------------------------------------|----------------------------|----------------------------|------------------|-------------|-------------------------|----------------------|
| T VII | OAA Total | NSIP | COVID Relief (ARP, VAC5 and SLFRF) | OPI (Classic and/or Pilot) | Other State provided Funds | Other Cash Funds | Total Funds | Estimated Cost Per Unit | Comments Explanation |
| | \$0 | | | | | | \$0 | #DIV/0! | |
| \$0 | \$20,000 | \$0 | \$0 | \$0 | \$0 | \$0 | \$20,000 | | |
| | \$20,000 | | | | | | \$20,000 | #DIV/0! | |
| \$0 | \$500,000 | \$35,000 | \$0 | \$0 | \$0 | \$150,000 | \$685,000 | | |
| | \$500,000 | \$35,000 | | | | \$150,000 | \$685,000 | \$9.79 | |

| | | (11) | (12) | (13) | (14) | (15) | (16) | (17) | (18) |
|-------|-------------|-----------|------------------------------------|----------------------------|----------------------------|------------------|-------------|-------------------------|----------------------|
| T VII | OAA Total | NSIP | COVID Relief (ARP, VAC5 and SLFRF) | OPI (Classic and/or Pilot) | Other State-provided Funds | Other Cash Funds | Total Funds | Estimated Cost Per Unit | Comments Explanation |
| | | | | | | | | | |
| \$0 | \$204,000 | \$0 | \$0 | \$0 | \$0 | \$0 | \$204,000 | | |
| | \$15,000 | | | | | | \$15,000 | \$150.00 | |
| | \$120,000 | | | | | | \$120,000 | \$60.00 | |
| | \$20,000 | | | | | | \$20,000 | \$3.85 | |
| | \$3,000 | | | | | | \$3,000 | \$150.00 | |
| | \$32,000 | | | | | | \$32,000 | \$320.00 | |
| | \$5,000 | | | | | | \$5,000 | \$250.00 | |
| | \$9,000 | | | | | | \$9,000 | \$180.00 | |
| | \$0 | | | | | | \$0 | #DIV/0! | |
| \$0 | \$90,000 | \$0 | \$0 | \$0 | \$217,293 | \$45,000 | \$352,293 | | |
| | \$30,000 | | | | | | \$30,000 | \$54.55 | |
| | \$60,000 | | | | | \$45,000 | \$105,000 | \$42.00 | |
| | \$0 | | | | | | \$0 | #DIV/0! | |
| | \$0 | | | | | | \$0 | #DIV/0! | |
| | \$0 | | | | | | \$0 | #DIV/0! | |
| | \$0 | | | | | | \$0 | #DIV/0! | |
| | \$0 | | | | | | \$0 | #DIV/0! | |
| | \$0 | | | | | | \$0 | #DIV/0! | |
| | \$0 | | | | | | \$0 | #DIV/0! | |
| | \$0 | | | | \$210,000 | | \$210,000 | #DIV/0! | |
| | \$0 | | | | | | \$0 | #DIV/0! | |
| | \$0 | | | | \$7,293 | | \$7,293 | #DIV/0! | |
| | \$0 | | | | | | \$0 | #DIV/0! | |
| | \$0 | | | | | | \$0 | #DIV/0! | |
| | \$0 | | | | | | \$0 | #DIV/0! | |
| \$0 | \$2,086,000 | \$155,000 | \$0 | \$940,000 | \$821,788 | \$710,000 | \$4,712,788 | | |

Cash Match/In-kind Match

| (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
|--|-------------------|---------------------|----------------------|------------------------|----------------------|--------------------|------------------|--------------------|
| SOURCE OF OAA CASH & INKIND MATCH FUNDS <i>Be descriptive (e.g. Donated dining space @ SC)</i> | Admin. Cash Match | Admin. Inkind Match | III B & C Cash Match | III B & C Inkind Match | OAA III E Cash Match | III E Inkind Match | TOTAL Cash Match | TOTAL Inkind Match |
| County General Fund | \$16,667 | | \$229,376 | | | | \$246,043 | \$0 |
| Subrecipient/Contractor Provided In-Kind (Local & State Funds) | | | | \$112,976 | | \$60,000 | \$0 | \$172,976 |
| | | | | | | | \$0 | \$0 |
| | | | | | | | \$0 | \$0 |
| | | | | | | | \$0 | \$0 |
| | | | | | | | \$0 | \$0 |
| | | | | | | | \$0 | \$0 |
| | | | | | | | \$0 | \$0 |
| | | | | | | | \$0 | \$0 |
| | | | | | | | \$0 | \$0 |
| | | | | | | | \$0 | \$0 |
| | | | | | | | \$0 | \$0 |
| | | | | | | | \$0 | \$0 |
| | | | | | | | \$0 | \$0 |
| | | | | | | | \$0 | \$0 |
| | | | | | | | \$0 | \$0 |
| Column Totals: | \$16,667 | \$0 | \$229,376 | \$112,976 | \$0 | \$60,000 | \$246,043 | \$172,976 |

| (12) | (13) |
|---|--------------|
| SOURCE OF MEDICAID LOCAL MATCH FUNDS | TOTAL |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Column Totals: | \$0 |

| Notes/Comments |
|----------------|
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Medicaid/OAA/OPI/OPI-M Staffing Plan

| ADMINISTRATIVE POSITIONS | | | | | | | | | | | | Breakout of funding sources |
|------------------------------|-------------|------------------------------|------------------|--------------------|------------|------------|-------------|--------------------|-----------------------------------|----------------------------|---------------------------------|-----------------------------|
| (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) | (15) |
| Position Title | FTE Worked | Annual Salary (excludes OPE) | Annual OPE | Total Salary + OPE | OAA Funds | OPI Funds | OPI-M Funds | Other Funds | Medicaid Funds Regular Allocation | Medicaid Funds Local Match | Medicaid Matched by Local Funds | Total |
| Accounting Specialist 1 | 0.28 | \$53,271 | \$32,436 | \$85,707 | | | | \$85,707 | | | | \$85,707 |
| Administrative Services Mgr | 0.28 | \$137,275 | \$78,567 | \$215,842 | | | | \$215,842 | | | | \$215,842 |
| Administrative Specialist 1 | 0.50 | \$70,291 | \$60,959 | \$131,250 | | | | \$131,250 | | | | \$131,250 |
| Administrative Specialist 2 | 0.28 | \$79,008 | \$48,000 | \$127,009 | | | | \$127,009 | | | | \$127,009 |
| Management Analyst 1 | 0.30 | \$81,457 | \$68,931 | \$150,388 | | | | \$150,388 | | | | \$150,388 |
| Management Analyst 2 | 1.00 | \$97,468 | \$74,624 | \$172,092 | | | | \$172,092 | | | | \$172,092 |
| Management Analyst, Senior | 0.28 | \$112,040 | \$79,419 | \$191,458 | | | | \$191,458 | | | | \$191,458 |
| Office Specialist 2 | 0.28 | \$63,665 | \$58,527 | \$122,191 | | | | \$122,191 | | | | \$122,191 |
| Office Specialist 2 | 0.28 | \$64,341 | \$63,254 | \$127,596 | | | | \$127,596 | | | | \$127,596 |
| Pol, Perf & Research Analyst | 0.28 | \$102,053 | \$82,917 | \$184,970 | | | | \$184,970 | | | | \$184,970 |
| Social Services Div Director | 0.28 | \$175,202 | \$114,552 | \$289,753 | | | | \$289,753 | | | | \$289,753 |
| | | | | \$0 | | | | | | | | \$0 |
| | | | | \$0 | | | | | | | | \$0 |
| | | | | \$0 | | | | | | | | \$0 |
| | | | | \$0 | | | | | | | | \$0 |
| ADMINISTRATIVE TOTAL | 4.04 | \$1,036,070 | \$762,187 | \$1,798,257 | \$0 | \$0 | \$0 | \$1,798,257 | \$0 | \$0 | \$0 | \$1,798,257 |

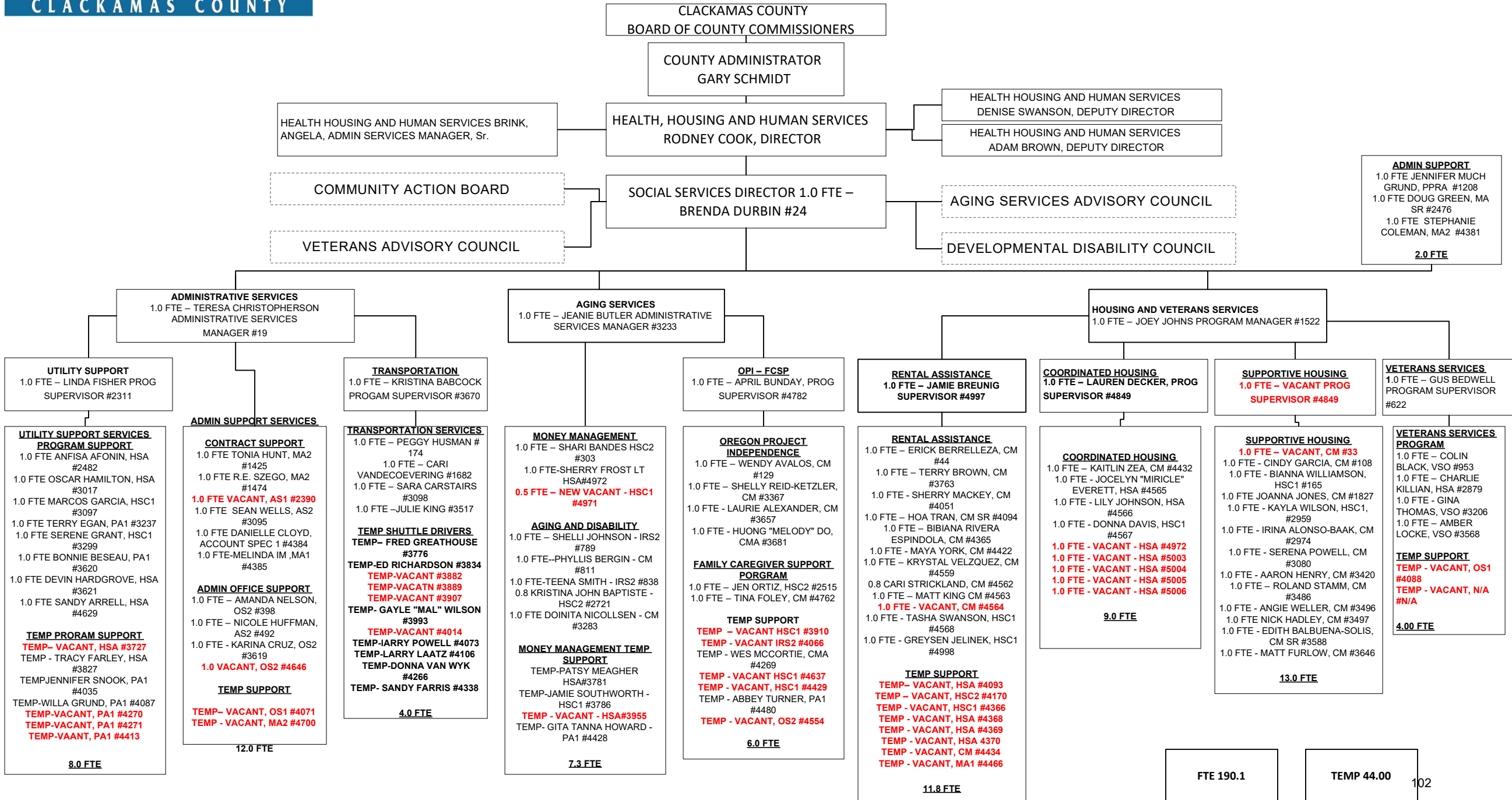
| DIRECT SERVICES POSITIONS | | | | | | | | | | | | Breakout of funding sources |
|-------------------------------|------------|------------------------------|------------|--------------------|-----------|-----------|-------------|-------------|-----------------------------------|----------------------------|---------------------------------|-----------------------------|
| Position Title | FTE Worked | Annual Salary (excludes OPE) | Annual OPE | Total Salary + OPE | OAA Funds | OPI Funds | OPI-M Funds | Other Funds | Medicaid Funds Regular Allocation | Medicaid Funds Local Match | Medicaid Matched by Local Funds | Total |
| Human Services Coordinator 2 | 0.8 | \$ 67,669 | \$60,080 | \$127,749 | \$40,879 | | | \$86,870 | | | | \$127,749 |
| Human Services Coordinator 1 | 1 | \$ 32,857 | \$47,986 | \$80,843 | | | | \$80,843 | | | | \$80,843 |
| Human Services Coordinator 2 | 1 | \$ 77,605 | \$56,677 | \$134,282 | \$134,282 | | | | | | | \$134,282 |
| Management Analyst 2 | 1 | \$ 83,388 | \$55,395 | \$138,783 | \$20,817 | | | \$117,966 | | | | \$138,783 |
| Human Services Manager | 1 | \$ 135,138 | \$53,834 | \$188,972 | \$85,038 | \$75,589 | | \$28,345 | | | | \$188,972 |
| Case Manager | 1 | \$ 73,277 | \$51,612 | \$124,889 | | | | \$124,889 | | | | \$124,889 |
| Case Manager | 1 | \$ 73,277 | \$55,117 | \$128,394 | \$64,197 | | | \$64,197 | | | | \$128,394 |
| Case Manager | 1 | \$ 73,277 | \$36,275 | \$109,552 | | | \$109,552 | | | | | \$109,552 |
| Case Manager | 1 | \$ 73,277 | \$33,892 | \$107,168 | | | \$107,168 | | | | | \$107,168 |
| Case Manager Aide | 1 | \$ 55,196 | \$30,481 | \$85,677 | | | \$85,677 | | | | | \$85,677 |
| Information & Referral Spec 2 | 1 | \$ 63,775 | \$34,281 | \$98,056 | \$49,028 | | | \$49,028 | | | | \$98,056 |
| Case Manager | 1 | \$ 64,048 | \$37,041 | \$101,089 | | | | \$101,089 | | | | \$101,089 |
| Human Services Supervisor | 1 | \$ 101,198 | \$66,481 | \$167,680 | | | \$167,680 | | | | | \$167,680 |
| Human Services Assistant | 1 | \$ 59,844 | \$60,842 | \$120,686 | | | | \$120,686 | | | | \$120,686 |
| Human Services Coordinator 2 | 1 | \$ 84,586 | \$45,167 | \$129,753 | | | | \$129,753 | | | | \$129,753 |
| Information & Referral Spec 2 | 1 | \$ 63,775 | \$38,009 | \$101,784 | | | | \$101,784 | | | | \$101,784 |
| Case Manager | 1 | \$ 73,277 | \$62,256 | \$135,533 | | | \$135,533 | | | | | \$135,533 |
| Temporary Positions | 0.3 | \$ 40,610 | | \$40,610 | \$40,610 | | | | | | | \$40,610 |
| Temporary Positions | 0.5 | \$ 70,624 | | \$70,624 | | | \$70,624 | | | | | \$70,624 |
| | | | | \$0 | | | | | | | | \$0 |
| | | | | \$0 | | | | | | | | \$0 |

| DIRECT SERVICES POSITIONS | | | | Breakout of funding sources | | | | | | | | |
|------------------------------|--------------|------------------------------|--------------------|-----------------------------|------------------|-----------------|------------------|--------------------|-----------------------------------|----------------------------|---------------------------------|--------------------|
| Position Title | FTE Worked | Annual Salary (excludes OPE) | Annual OPE | Total Salary + OPE | OAA Funds | OPI Funds | OPI-M Funds | Other Funds | Medicaid Funds Regular Allocation | Medicaid Funds Local Match | Medicaid Matched by Local Funds | Total |
| | | | | \$0 | | | | | | | | \$0 |
| | | | | \$0 | | | | | | | | \$0 |
| DIRECT SERVICES TOTAL | 17.60 | \$1,366,696 | \$825,427 | \$2,192,123 | \$434,852 | \$75,589 | \$676,233 | \$1,005,450 | \$0 | \$0 | \$0 | \$2,192,123 |
| GRAND TOTAL | 21.64 | \$2,402,766 | \$1,587,614 | \$3,990,381 | \$434,852 | \$75,589 | \$676,233 | \$2,803,707 | \$0 | \$0 | \$0 | \$3,990,381 |

APPENDICES

- A Organizational Chart
- B Advisory Council and Governing Body
- C Public Process
- D Final Update on Accomplishments from 2017-2020 Area Plan
- E Final Updates on Service Equity Plan Accomplishments
- F Emergency Preparedness Plan
- G Conflict of Interest Policy
- H Partner Memorandums of Understanding
- I Statement of Assurances and Verification of Intent

Appendix A - Organizational Chart
HEALTH, HOUSING AND HUMAN SERVICES
Social Services Division
Budget Fiscal Year 2024-2025

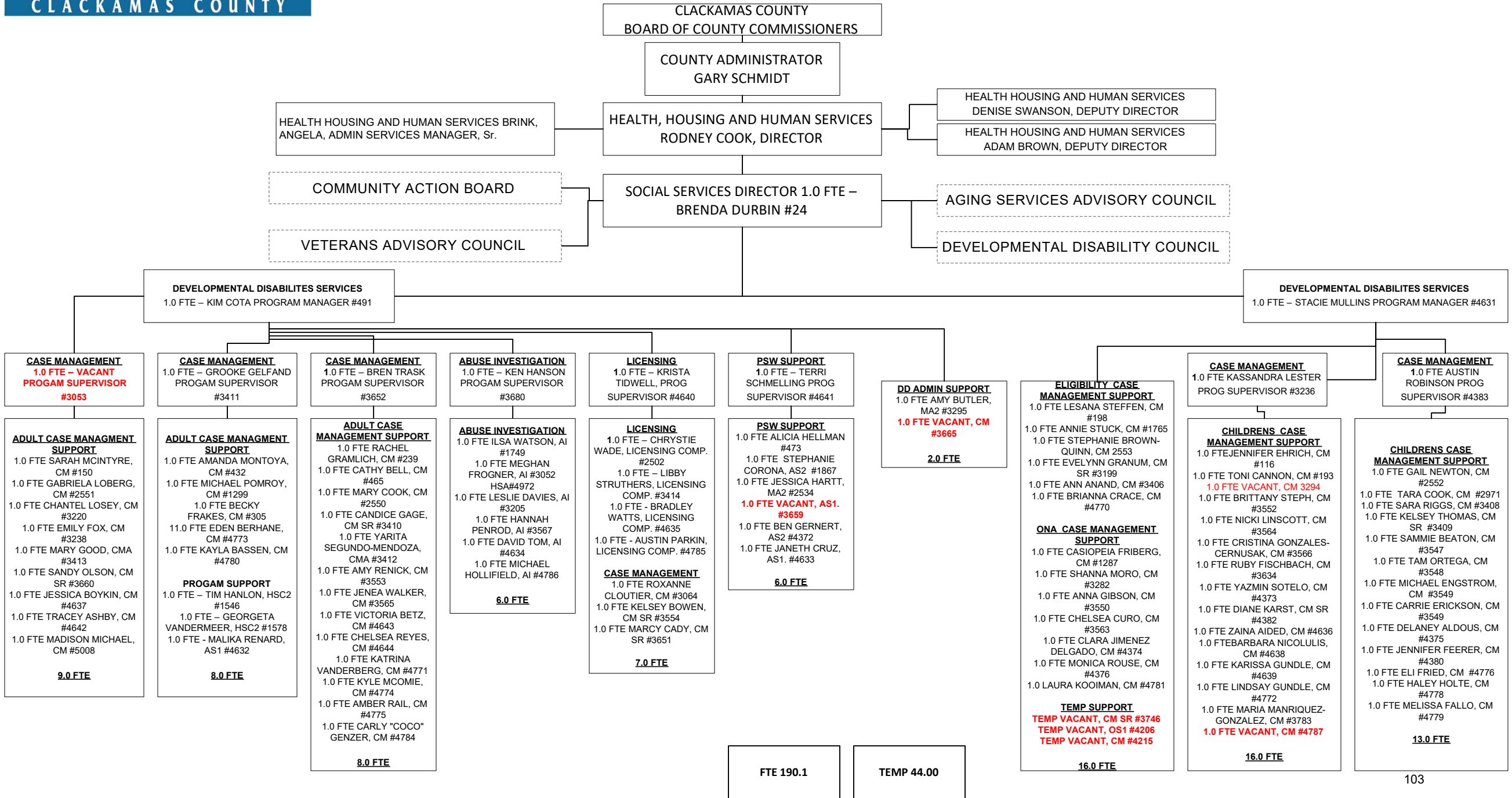


ADMIN SUPPORT
1.0 FTE JENNIFER MUCH GRUND, PPRA #1208
1.0 FTE DOUG GREEN, MA SR #2476
1.0 FTE STEPHANIE COLEMAN, MA2 #4381
2.0 FTE

FTE 190.1

TEMP 44.00

HEALTH, HOUSING AND HUMAN SERVICES
Social Services Division
Budget Fiscal Year 2024-2025



APPENDIX B: Governing Body & Advisory Council

AGENCY'S GOVERNING BODY

| Agency's Governing Representative Name & Contact Information | Date Term Expires (if applicable) | Title/Office (if applicable) |
|--|-----------------------------------|------------------------------|
| Craig Roberts | 12/31/28 | Chair, County Commissioner |
| Melissa Fireside | 12/31/28 | County Commissioner |
| Paul Savas | 12/31/27 | County Commissioner |
| Martha Schrader | 12/31/28 | County Commissioner |
| Ben West | 12/31/26 | County Commissioner |

CLACKAMAS COUNTY AGING SERVICES ADVISORY COUNCIL (ASAC)
3RD MONDAY – 10:00AM TO 12:00PM

14 members
March 27, 2024

(Interim) Liaison: R.E. ("Ari") Szego

| | NAME | ADDRESS | TELEPHONE | TERM EXPIRES |
|---|--|---|--------------------------------------|---------------------|
| 1 | Bernhard, Carol (Second Vice Chair, EXEC, SEC) | 15320 SE Baron Loop Happy Valley, OR 97045 clbernhard@hotmail.com | 503-454-0026 | 6/30/27 |
| 2 | Byrne, Lynne | 8347 SE Christen Ct Gladstone, OR 97027 snjimmyb@aol.com | 503-655-9928 | 6/30/26 |
| 3 | Cassel, Michelle (First Vice Chair, OAAHP, SEC) | PO Box 1275 Welches, OR 97067 casseldodgemb@yahoo.com | 503-880-9874 | 6/30/25 |
| 4 | Frankie, Jill (ACL, OAAHP, SEC) | PO Box 223 Rhododendron, OR 97049 jefrankie1@msn.com | 503-622-0276 | 6/30/27 |
| 5 | Hoeschen, Dan (Secretary, EXEC) | 21850 SW Ribera Lane West Linn, OR 97068 danhoeschen@yahoo.com | 541-749-8414 | 6/30/27 |
| 6 | Lord, Dana | 35023 SE Divers Rd Estacada, OR 97023 WRDRL@AOL.COM | 971-221-5254 | 6/30/26 |
| 7 | Lorton, Marge (ACL) | 18003 SE Blanton Street Milwaukie, OR 97267 lorton48@gmail.com | 503-282-4811 (h) 971-330-5870 (c) | 6/30/27 |
| 8 | Meador, Anne | 12460 Crisp Drive | 503-655-4733 | 6/30/27 |

| | | | |
|---|---|--------------------------------------|---------|
| (Villages, AARP) | Oregon City, OR 97045 almeader48@gmail.com | | |
| 9 Norton, Sonya (ACL, SEC, OAAHP, Villages) | 6328 SE Molt Street Milwaukie, OR 97267 senorton@iccom.com | 503-789-6204 (c) 503-653-7230 (h) | 6/30/26 |
| 10 O'Brien, James (OAAHP) | 19428 South End Rd. Oregon City, OR 97045 Jdobrien74@gmail.com | 503-928-2404 | 6/30/26 |
| 11 Olson, Eric (Chair, EXEC, ACL) | 14491 S Griffith Lane Mulino, OR 97042 ericjosepho@yahoo.com | 503-632-3585 503-550-3956 | 6/30/27 |
| 12 Seitz, Virginia (Milwaukie Ctr Advisory Board: Seth Lewelling Neighborhood District Association) | 4591 SE Logus Road Milwaukie, OR 97222 virginiaseitz84@yahoo.com | 503-653-1744 | 6/30/27 |
| 13 Stahl, Scott | 111 N.E. Megan Dr. Estacada, OR 97023 scotta.stahl157@gmail.com | 503-663-2994 | 6/30/26 |
| 14 Torsen, Pat | PO Box 577 Molalla, OR 97038 Ptorsen12@gmail.com | 503-829-7444(h) 971-270-7569(c) | 6/30/26 |
| 15 VACANT | | | |
| 16 VACANT | | | |
| 17 VACANT | | | |
| 18 VACANT | | | |
| 19 VACANT | | | |
| 20 VACANT | | | |
| 21 VACANT | | | |

APPENDIX C: Area Plan Public Process

Written & Online Community Survey

Paper and online surveys (in English, Russian and Spanish) were widely distributed throughout the county in February-April 2024. In total, 1,117 people completed the survey. Distribution sites of paper surveys included:

- Local state ADP offices
- Community centers
- County health clinics
- Older adult affordable housing complexes
- Faith organizations
- Clackamas County Housing Authority
- Clackamas County Veterans Services Office
- Other community sites

Flyers and cards with QR code access and links to the online survey were distributed via flyers and cards at:

- Libraries
- Local state ADP offices
- Community Centers
- Faith communities
- Affordable housing complexes
- Social Services reception area
- Clackamas County transportation services vehicles.

Clackamas County Water Environment Services included an advertisement of the survey on bill inserts distributed in March 2024.

Links were included in Social Services staff email signatures and community newsletters and a posting about the survey was included in the ClackCo Weekly, a weekly email newsletter for county staff.

A news release about the survey with links to the online survey and a contact to request a printed survey was posted on the county website, distributed to media listservs (including Russian and Spanish language media), published in ClackCo Monthly, a county resident e-newsletter, and shown on ClackCo TV.

The link to the online survey was disseminated through the county's multiple social media channels and AARP social media channels and emailed to county resident email lists.

Focus Groups and Listening Sessions

Participants were asked a series of questions that provided deeper understanding of key issues facing older adults in the county.

Older Adults Focus Group – LBGTQ Community Members

Location: Rose Villa Senior Living Community

Date: 10/29/2019

Number in Attendance: 4. Number of 60 y/o+: 4

Latine Listening Sessions – 17

Locations: Sandy, Estacada and Molalla

Date: Held between December 2023 and May 2024

Number in Attendance: 104. Number of 60 y/o+: 74

Public Meeting

A public meeting was held to present the draft 2025-2029 Area Plan and solicit feedback from the community on plan elements. The meeting was held via Zoom and recorded for further viewing during the 30-day comment period.

Date: 2/10/2025

Number in Attendance: XX

Public Comment Period

The public meeting was recorded and posted to the county website, along with links to the presentation, the draft Area Plan and a survey to submit comments and suggestions. This posting was available from February 10, 2025 through March 14, 2024.

Appendix D – Final Updates on Accomplishments of 2021-2025 Area Plan

Under development – will be added to final draft

Appendix E –Final Updates on Service Equity Plan Accomplishments

Clackamas County Social Services Service Equity Plan

Final Report

July 8, 2024

The purpose of Social Services' Service Equity Plan is to improve access to aging services programs for all community members. Data show that people who identify as a person of color are not accessing services and supports through the aging system at the same rate as other populations.

Through the use of data, the plan will identify areas where certain population are not accessing services. We will also identify program areas that are seeing diverse clientele, and seek to replicate successful strategies whenever possible.

The Plan includes four overarching goals:

1. Increase participation in aging services programs among groups that have been economically and socially marginalized.
2. Improve the ability of all service providers, including Clackamas County, to meet the cultural needs of all program participants
3. Improve program outcomes for all Aging Services program participants through analysis of Client Satisfaction Survey results.
4. Improve coordination between all programs operated by Clackamas County Social Services and state and local entities who provide programs and services to older adults in order to reduce silos, improve coordination, and leverage trusted relationships.

Improving Service Equity is a responsibility for all staff throughout the organization. An agency-wide Service Equity Committee was established in November of 2023 to act as an accountability body to ensure that service equity efforts are ongoing and effective. The committee is comprised of community members and staff.

Since launching in November, the Service Equity Committee has created group agreements, a charter, and reviewed two Service Equity Plans; one for older adults and one for people experiencing intellectual and development disabilities. The group has adopted operating agreements that attempt to reduce the hierarchy present in many meetings, especially those sponsored by a governmental entity. This includes identifying meeting facilitators instead of a chair, using a more intuitive meeting protocol (instead of Roberts Rules of Order), and focusing on relationships in equal portion to outcomes.

The committee has begun to review data, including program participant data, the results of a DD provider engagement project, and a Community Action Needs Assessment that shows how poverty affects different populations within the county.

Committee members have engaged in deep discussions about what equity means to them. Since this work can be dispiriting, we end each meeting with a Moment of Hope, which offers committee

members the opportunity to share personal or professional moments since the previous meeting that have given them a sense of hope related to equity and inclusion.

Action Plan Results –

Establish robust feedback processes so that leaders in the aging system hear directly from people with lived experience

- Client Satisfaction Process is in place, with data available for FY 23/24.
 - Client satisfaction data will be reviewed to determine if a respondent's identity affects their experience with Social Services.
- A community partner has completed an assessment of the needs of older Latinx/e residents. This outreach included a survey and a series of four listening sessions per community in three communities with larger Latinx/e resident populations. A total of 118 households (502 individuals) participated in the assessment.
- Community listening sessions are planned for fall of 2024.

Collect and analyze program participant data

- Social Services staff have worked with our Senior Center partners to improve the quality of the data collected on older adult program participants.
- Program participant data has been reviewed by the Service Equity Committee

Staff working in the aging system reflect the diversity of the community

- While the ethnic and racial diversity of Social Services' staff has increased from FY 22 to FY 23, there continue to be opportunities to increase the diversity of the staff.
- The Department is rolling out a list of required and optional equity-related trainings in FY 25.

Improve coordination among Aging Services providers

- The roll out of OPI M is providing opportunities for staff from Social Services and our APD partners to work together more closely.
- The Department is working on a new onboarding process that will provide for greater understanding between staff from the various divisions, including Social Services, Behavioral Health, Housing, Public Health, and Health Clinics.

Monitor Service Equity Plan

This is the main focus of the Service Equity Committee

APPENDIX F: Emergency Preparedness Plan

Clackamas County has a comprehensive Emergency Operations Plan that addresses all aspects of emergency management and is 600 pages in length. The full plan can be accessed online at <https://www.clackamas.us/dm/eop.html>. As part of the Health, Housing and Human Services Department, Clackamas County Social Services is an integral part of emergency response. The emergency plan elements required for the Area Plan can be found in the county's comprehensive plan as follows:

- **Assessment of Potential Hazards** - Section 2 Situation and Planning Assumptions.
- **Chain of Command** - Section 5 Emergency Coordination
- **Communications Plan** – Section 3.5 Public Information; Emergency Support Function Annex 2 Communication and Emergency Support Function Annex 15 Public Information
- **Agreements That Detail Activities Coordination With Other Entities** – Section 4 Roles and Responsibilities
- **Description of the AAA's role in local planning and coordination efforts** for vulnerable populations – Emergency Support Function Annex 6 Mass Care; Emergency Support Function Annex 16 Volunteers and Donations Management; Support Annex 5 Disaster Sheltering

Clackamas County Social Services' specific **Continuity of Operations Plan** is outlined in its Administrative Manual – Section 7 Health, Safety and Disaster Response, included in this appendix.

**CLACKAMAS COUNTY SOCIAL SERVICES DIVISION
ADMINISTRATIVE MANUAL**

SECTION: 7. HEALTH, SAFETY AND DISASTER RESPONSE
SUBSECTION: 7.D
TOPIC: Agency Response to Disaster
“The CCSS Emergency Plan”
DATE: Revised December, 2009
January, 2011

PURPOSE: To define agency and individual staff responsibilities in response to disasters declared by the Board of County Commissioners and Clackamas County Emergency Operations Center (EOC).

DEFINITION: For the purpose of this policy, “disaster“ will be defined as any man-made or natural event or circumstance causing or threatening loss of life, including injury to person or property, human suffering, and significant financial loss and includes but is not limited to fire, explosion, floods or other severe weather conditions, earthquake or volcanic activity, spills or releases of oil or hazardous material, contamination, utility or transportation emergencies, disease, blight infestation, crisis influx of migrants unmanageable by the county, civil disturbance, riot, sabotage and war. [ORS401.025(4)].

POLICY: In the event of emergency or disaster, Clackamas County Social Services Division (CCSS) will, within available resources:

1. Respond to disaster-related emergencies involving CCSS agency operations and clients as quickly as possible.
2. Respond to disaster-related emergencies involving the citizens of Clackamas County.
3. Provide assistance to other Clackamas County agencies dealing with disaster-related emergencies.

This CCSS Emergency Plan policy will be maintained as an adjunct to the agency’s Safety Policy. The CCSS Emergency Preparation Committee will review the plan and seek management approval of the plan annually and provide staff training annually. The policy will be included as a part of the New Employee Orientation Information, and listed as item 7 D in the Administrative Manual, located within Trillium Net. [See also entire Section 7, Trillium Net, items A through F: “Safety and Disaster Response” for additional information re: emergency procedures and policies].

CCSS supports an Emergency Preparation Committee, with membership comprising representatives from the agency's various programs. Emergency Preparation Committee membership includes those with expertise regarding facilities-related matters, Emergency Management Committee Representatives, and representatives from the CCSS Management Team, and those working with ORVOAD and COAD. It is the responsibility of the Committee to maintain and seek approval for the agency's Emergency Plan, to participate in county sponsored Emergency Management activities, and to plan and conduct annual training sessions for agency employees on this policy and procedure and related topics. The Committee will provide updates of long term care lists to Homeland Security at the EOC, and IS (Information Services) for ongoing mapping and for reference in times of emergency or disaster.

RESPONSIBILITIES:

In the event of a disaster, CCSS management structure and routine agency operations will be in effect to the extent possible. As necessary, all employees are expected to assume responsibility for issues which may not be within their normal job scope, pertaining to safety, operations, and client response. This may include checking and canceling client appointments, assessing building safety issues and communicating concerns. Information regarding emergency/disaster-related resources should be shared with the Emergency Management Representative, (see #2 A-1, "I & R"), as appropriate.

Additional responsibilities may include the following for each specific unit:

Developmental Disabilities

For use in the case of an emergency or disaster, staff identify clients who may require support in an emergency based on geographical location and whether they have the ability to provide for their own needs in an emergency or disaster and/or have a support system in place to assist them. This information is periodically compiled on list and a GeoMap for use in the event of an emergency or disaster. The Geomap and list are physically located at the desk of Robyn Hoffman and also in the Social Services information at the EOC.

Providers of clients with residential supports such as group homes and foster homes are responsible for their clients' safety and are required to have an emergency preparedness plan in place to support the individuals in their care. Brokerage clients are assessed by their Personal Agent for emergency preparedness needs. These Personal Agents will be the primary resource for those individuals in the event of an emergency or disaster. Assistance with accessing needed resources will be provided as requested, whenever possible.

The computer portion of the client record may be accessed remotely by management team members. Case Managers keep a list of clients that they are working with and would be able to use this tool to contact individuals who are most at risk in an emergency or disaster that prevents/limits access to the Public Services Building. Client demographic information and a print out of assessed emergency preparedness risk levels is maintained in secured paper form at the Public Services Building in the event that an emergency or disaster renders computers ineffective.

Abuse investigation and administrative staff may also be expected to respond to crisis needs of clients in the event of an emergency or disaster.

If computer access and/or client records are not available on site, or if the PSB is inaccessible, staff may be asked to report to an off-site county or community location.

Oregon Project Independence:

In the case of an emergency or disaster, staff will identify vulnerable clients who may be affected by the emergency due to geographical location or physical/mental need, and respond on an as-needed basis. For home-based clients, efforts will be coordinated with Home Care Workers, family members, and the EOC.

Case managers with clients who could be identified as “in crisis” will be asked to go through their files systematically to identify at-risk clients and respond appropriately, and as directed by managers. Due to frequent changes, it is not feasible to keep a current list of vulnerable clients. However, in the event of an emergency, case managers may need to obtain waivers of confidentiality from affected clients, as feasible.

Protective service or risk-intervention staff may also be expected to respond to crisis needs of clients.

In the event of an emergency, staff will be expected to respond to client calls and to assist in the dissemination of available resources.

If computer access and/or client records are not available on site, or if the PSB is inaccessible, staff may be asked to report to an off-site location.

(For additional information regarding general CCSS staff responsibilities, see Access Section.)

Confidentiality Policy: In an emergency situation, staff will be able to respond to questions from other Clackamas County employees regarding client needs. Staff may also respond to requests for information about specific individuals from the police or other public agencies responding to a public emergency. By state statute, staff is prohibited from responding to questions about specific individuals that come directly from community members or private agencies.

Information & Assistance (I & A):

In the event of an emergency or disaster, the Information & Assistance unit will coordinate Information and Referral and advocacy for delivery of essential human services, in conjunction with the American Red Cross and other helping agencies, 211info and partners, Community Organizations Active in Disaster and Oregon Voluntary Organizations Active in Disaster (COAD and ORVOAD). These essential services include donations, and resources for food, shelter, fuel, clothing, transportation, financial assistance, victim registration and inquiry. Response activities and responsibilities may include serving as liaison between agencies and the Clackamas County Emergency Operations Center (EOC), as outlined in the Emergency Operations Plan (EOP) Mass Care Annex.

Specific Assignments:

In the case of a disaster, I &A staff may engage in the following tasks; other tasks may be assigned:

Information & Referral (I & R):

1. An Emergency Management Representative will serve on an ongoing basis as agency liaison with the County Emergency Management program. Responsibilities include participation within the Emergency Management Committee (EMC), and attendance at EMC meetings at the Emergency Operations Center (EOC), planning and participation in disaster preparedness exercises, and completion of appropriate ICS (Incident Command System) and other training. Internal responsibilities include development and maintenance of the CCSS Emergency Plan, planning and assisting with annual all-staff Emergency preparedness trainings and orientation to the CCSS Emergency Plan, and development and distribution of related informational materials. In the event of an emergency or disaster, the Emergency Management Representative may work at the EOC from that site, from CCSS or from a remote site.

The Emergency Management Representative will work with CCSS staff to identify resources and assist in solving disaster-related problems, coordinating with 211info and partners, COAD and ORVOAD, and serve as staff contact with the EOC regarding issues/situations that cannot be resolved within the work units.

2. Respond to calls and walk-in clients using the 211/ I & R database of community resources, and incorporating disaster-related resource information and referral as it becomes available. This may include researching information to post on the 211info website, and other publications. The database is available electronically. Back-up records are stored in notebooks in I & R unit area. Duplicate copies of notebooks containing this resource information, in bound notebooks, are stored and maintained at the EOC and the Volunteer Connection, at the Human Services Coordinator's workstation.
3. Compile and disseminate disaster-related resource information, in coordination with 211info and partners, distributing to all agency staff and sharing with CCSS EOC representatives and other human service providers within the community as appropriate.
4. Identify local resources for translation for non-English speaking persons, and assist in the provision of translation services for Spanish-speaking CCSS clients.
5. Serve as liaison with ORVOAD (Oregon Voluntary Organizations Active in Disasters) and as I&R representative supporting COAD (Community Organizations Active in Disaster).

Energy Assistance:

Provide disaster-related information and referral regarding energy related concerns and safety issues in coordination with utility companies, the County Weatherization Program, and other departments, following the approval of the manager.

Housing I & R:

Provide information and referral regarding temporary shelters serving Clackamas County residents.

Case Management:

Case managers will assist their own clients, as needed.

Volunteer Connection:

In the case of a declared emergency, Volunteer Connection Program (VCP) assumes the responsibility under the County's Emergency Operations Plan for the implementation of Annex J – a volunteer management strategy, a.k.a. Volunteer Reception Center (VRC). Annex J is a conceptual volunteer management strategy based on the need to sustain county operations, support relief and human service agencies, and to deploy volunteers to assist with recovery efforts. Annex J covers both affiliated and spontaneous volunteers. VRC logistics are designed as flexible mechanisms that could be done in phases, including limited virtual, expanded virtual, and/or physical activation.

In most cases, unless declared by the Clackamas County Emergency Management Office (CEM), affiliated volunteers vetted by Volunteer Connection will continue with regularly designated tasks as they are able. They will not be activated for disaster related activities but may be able, where appropriate, to provide supplemental support including VRC related support, be referred to the partner organizations, etc. Transportation Reaching People program's inclement weather policy applies to all Volunteer Connection Program volunteers with driving responsibilities at this time including RSVP, SCP and other applicable programs.

When the VRC activation is requested by CEM, the Volunteer Connection Program Manager (VCPM) assigns staffing to support this critical operation. First to be activated as the VRC Director is the RSVP Director, who has access to the go-kit and approximately 400 affiliated and vetted volunteers. During extended activation VRC staffing should be done on rotation of 3 individuals working 12 hour shifts with at least one volunteer.

Depending on the scope, nature, and conditions of the declared emergency, one of the following phases, or a hybrid phase, could be initiated under the management oversight of the VCP/VRC staff with approval, when required, from the VCPM:

- **Clackamas Volunteers Website** – the Citizen Corps, in collaboration with Clackamas County, has developed and implemented www.clackamasvolunteers.org, a web based resource to bring people and causes together before the disaster or an emergency occurs and/or during an actual event. The database is managed by the Social Services Division/Volunteer Connection Program. The database allows potential volunteers to register and search for service opportunities with numerous organizations in need of volunteers, get updates on emergency management issues, etc. The database also provides an opportunity for the service agencies to register their volunteer opportunities online. It expands the agencies' collective capacity to recruit and place volunteers, directly communicate with potential volunteers and leverage promotional resources.

- **Virtual Activation** - During an emergency the database name changes to Clackamas Responds (only with approval from CCEM) and becomes a virtual VRC. The system serves as a portal for referral of volunteers to registered partner organizations. Partner organizations assume full responsibility, including screening and management logistics, for volunteers referred/matched with their service opportunities. The scope of activation might be **limited** to extracting volunteer data from the database and matching volunteers with a requesting agency, or be **expanded** to cover ongoing volunteer matching between the volunteers and the requesting agencies. Virtual communications include email and phone contacts. RSVP team under the direction of the VCPM leads the activation. RSVP Director is the Point of Contact assigned to activate the system as approved/requested by CCEM and authorized by VCPM.
- **Physical Activation of Volunteer Reception Center (VRC)** – If CCEM identifies a need for the **physical activation** of the VRC, the CCEM Director will communicate that need to the Director of the Social Services Division. The Social Services Director will examine and, if applicable, confirm the need for physical activation with CCEM and the VCPM. The VCPM will then assign staff to facilitate logistics of the VRC, as per the VRC Activation and Management Manual. The VRC will be located at 1701 Red Soils Court, Oregon City, in the county’s Central Utility Plant building. Contingency plans will be developed in the event that site is unavailable or inappropriate following the occurrence. Possible contingency locations could include Clackamas Community College, Sunnybrook or other large facilities. Considerations in selecting a site include accessibility, availability of parking, safe and adequate space and equipment for all VRC functions, and proximity to the CCEM resources i.e. LEADs. An appropriate location needs to accommodate large numbers of volunteers that can be efficiently processed and referred to organizations that are in need of services. Location coordination would require other partner volunteer agencies to help identify alternate facilities and activate any existing letters of understanding. Depending upon the duration of physical activation, staffing would be allocated as follows: The VCPM will be responsible for the continuous operation of the VRC, including staffing. The RSVP Director will lead the activation logistics and cover the first 12 hours of activation. The VCPM will also be back-up to the RSVP Director and will assign other staff members on a 12-hour shift basis, as needed and on a case-by-case basis.

Clerical Support Staff:

1. May be expected to take and to distribute phone messages and inquiries at a central location, as designated by the manager.

Retrieve, distribute and send faxes, post information as directed on designated Emergency Information bulletin boards in buildings: Public Services Building: Room 165 (conference room), which will also be equipped with the phone designated as the CCSS Staff Emergency Line [see ACCESS – #7], 503 650-5611.

2. May be asked to provide reception duties at a central emergency response site, as needed, including logging in applicants for assistance, or to back up CCSS reception staff.
3. Support staff will clear the CCSS Staff Emergency Line, forwarding staff messages to managers' voicemails as feasible and directed, and posting staff availability information on the designated Emergency Information bulletin boards and/or sign-out sheets. They will perform other clerical tasks as requested.

Management Staff:

1. Assign staff to work alternate hours when needed.
2. Track expenses relating to disaster response, per County directives
3. Maintain home phone listing of staff (See Access, #11). Annually, in the Fall, management staff will be provided with an all staff listing of personal contact numbers; emergency hotlines and other numbers, and additional safety information.
4. Organize and participate in internal briefings

CCSS Emergency Preparation Committee:

In the event of an emergency the CCSS Emergency Preparation Committee will convene or communicate as immediately as possible to determine whether there is a need to assist with basic agency operations, assist clients and other citizens of Clackamas County, to establish communications with the EOC, or to otherwise support the implementation of Emergency Management procedures. Regular communication among members will continue to occur, as needed, throughout the process of the disaster and its mitigation.

Director (or Designee):

1. Clarify emergency status and provide directives
 - a) Follow inclement weather reports
 - b) Post employee message on staff call-in phone line
2. Provide public communication regarding services
 - a) Update agency phone message
 - b) Communicate with DHS Administration and /or the Board of County Commissioners.
3. Communicate to employees changes in work site/ job responsibilities
4. Identify critical staff per incident, as necessary

ACCESS:

1. CCSS employees will be expected to report for work in the event of an emergency or disaster with the following exceptions:
 - a) Employees who are direct victims of disaster will not be asked to return to work until their disaster-related needs are met. Such employees should notify their managers of their availability.
 - b) Employees will only report to work after they have ensured their personal safety and that of their families.
 - c) Employees may check with their managers or the Director regarding the feasibility of working at home if they are unable to report directly to work site.
2. The CCSS Emergency Preparation Committee will provide employees with disaster preparedness information, to assist staff to take steps to mitigate the effects of emergencies or disasters at home or work.
3. Employees may be assigned to work alternate sites, hours and functions --- as assigned by the Director or the Director's designees --- from their normal work, which may include reporting directly to work at the Emergency Operations Center (EOC), to Aging and Disability Services offices in neighboring counties, and a reciprocal agreement will also be established with other DHS offices and sites to share work space (as space allows), in order to have access to phones and computer stations.
4. If employee work stations are inaccessible or non-functioning, employees should report to the nearest available functioning work station. If the office building is inaccessible, employees should access all County hotlines (as listed on the wallet-sized emergency contact cards distributed to staff), and the County website for information.
5. An emergency flashlight equipped with AM/FM radio and a 2-way radio will be available at CCSS: This equipment will be located in the Director's Office at the Public Services Building. Cell phones will be made available if possible, to be used for agency business. A television is located in room 165 at the Public Services Building.
6. The CCSS Staff Emergency Line will be activated to provide information to staff. The designated number is 503-650-5611. The agency Director or designee will ensure that this line is equipped with an updated message as soon as the Director determines that it is needed, or when the BCC (Board of County Commissioners) declares an emergency; whichever comes sooner.

When the County Inclement Weather Policy is in effect, or at the time of an emergency or disaster, staff should call the CCSS Staff Emergency Line, (503) 650-5611, as well as their managers' voicemails, to leave a brief message about their personal availability and pertinent circumstances in the event that they are unable to come to work or will be delayed.

Staff should not call the front desk. That line is reserved for client calls.

At the Director's discretion, a message to clients and other outside callers at the central reception phone may be changed and updated to reflect the circumstances, as needed.

7. Records storage: the CCSS Information & Referral resources database will be available at the EOC.
8. An internal briefing may be scheduled on a daily basis, as needed during an incident to keep key staff abreast of developments and to facilitate coordination of response efforts.
9. Managers' home phone numbers will be maintained for emergency access purposes.
10. Managers will maintain a list of staff contact numbers, including home phones, work-assigned cell phones and pagers, as well as passwords to access voicemail and computer records, and have this list available at all times. This list of staff contact information will also be kept in a central administrative location within the agency.

[See also Trillium Net, entire Section 7, items A through F: "Safety and Disaster Response" for additional information re: emergency procedures and policies).



CLACKAMAS COUNTY SOCIAL SERVICES POLICY

Table with 4 columns: Name of Policy, Conflict of Interest and Whistleblower Protections, Policy #, and a blank column. Rows include Policy Owner Name (Teresa Christopherson), Policy Owner Position (Administrative Services Manager), and Approved By (Brenda Durbin).

I. PURPOSE AND SCOPE

To inform county employees and board members of their responsibilities related to eliminating conflict of interest and complying with whistleblower protections law.

II. GENERAL POLICY

This policy sets guidelines for elimination of situations where actual or perceived gain results from the actions of county employees or board members.

III. DEFINITIONS

Conflict of Interest: "A public official is met with a conflict of interest when, acting in their official capacity, they participate in making a decision or recommendation or taking an action which would (actual conflict of interest) or could (potential conflict of interest) result in a financial benefit or detriment for the public official, a relative of the public official, or any business with which the public official or their relative is associated." (Oregon Government Ethics Commission)¹

IV. POLICY GUIDELINES

All county employees and board members shall following the County Code of Ethics (see 2.C in the administrative manual and County Code 2.05.170) in the performance of their official duties. Employees and board members will take proactive steps to eliminate situations where a perception of personal gain or unfair treatment may results from their actions. They should also respect the privacy and confidentiality of applicants for service who have a personal relationship with an employee or board member of Social Services.

No officer, director, agent or employee of the organization or of a subrecipient organization will create a potential or actual conflict of interest, as defined by ORS Chapter 244. A conflict of interest exists if, among other things, a decision or recommendation could affect the finances of this organization's or its subrecipient's officers, agents or employees or the finances of their officer's, agent's or employees' relative. If a conflict of interest exists, this organization's or its subrecipient's officers, agents or employees must always give notice of the conflict, and in some situations the officer, agent or employee is restricted in their ability to participate in the matter that presents the conflict of interest. No employee of this organization or its subrecipients or other affiliated organization may carry out the initial evaluation required to obtain services for any person in which an actual or perceived conflict

¹ Oregon Government Ethics Commission. Fall 2022. "Conflicts of Interest: Actual or Potential." Ethics Matters, V.3, I.4. https://www.oregon.gov/ogec/about-us/Documents/Commission%20Newsletters/2022_Vol_3_Issue_4_Fall%20Edition.pdf

of interest does or would exist, unless in rare circumstances it is in the interest of the participant for the expediency of housing placement services or to create a seamless service delivery while keeping the participant engaged in services and such situation is documented in the participant file.

In general, a conflict of interest situation should be managed by following two steps: disclosure and exclusion. Employees and board members should disclose to their direct supervisor or to the director any relationship that may appear to be a conflict of interest and should then not be involved in determining eligibility, benefits or any other activity that could result in a perception of financial gain, including getting access to benefits without following normal program procedures.

Most importantly, all employees and board members should exercise good judgment in their roles as representatives of the county. The director of Social Services and other county staff are available to assist if any questions arise.

Clackamas County is in full compliance as an employer with ORS 659A.199-236, commonly referred to as "whistleblower protections." Oregon public employee whistleblower statutes prohibit public employers from taking action against or prohibiting employees from:

- (a) Responding to legislative requests;
- (b) Disclosing information the employee believes is evidence of violation of laws or disclosing evidence of mismanagement, gross waste or abuse of authority; or
- (c) Reporting public endangerment resulting from an action by a public employer.

Any employee of Social Services who suspects wrongdoing is strongly encouraged to work with Social Services management to report their concerns and will be provided with full protection from retaliation as outlined in Oregon law.

V. PROCESS AND PROCEDURES

1. All employees, volunteers and board members will be required to review and sign an acknowledgement of review upon date of hire or start of duties with Social Services. The policy will be included in the annual policy review requirement at least once every two years.
2. The provision of any type or amount of assistance is not conditioned on an individual's or household's acceptance of services or goods owned by this organization, its subrecipients or any affiliated organization with this organization.
3. Providing Services to Family or Friends
 - a) Family and friends of employees and board members are entitled to participate in any program for which they are eligible.
 - b) Family and friends of employees and board members will be treated identically to any other applicant for services. Their eligibility will be based on program criteria and they will not receive preferential treatment, including placement on a wait list or type or value of benefits received.
 - c) The employee whose family member or friend is being served should not be the case manager or otherwise responsible for determining eligibility or authorizing benefits. If a family member or friend is seeking benefits, please notify your supervisor.
 - d) County employees or board members should never attempt to access information about a family member or friend's application or services in their

professional role without a release of information naming the employee or board member specifically.

- e) Supervisors will assign the case of a family member or friend to another person in the work unit or will manage the case themselves.
- f) The files for family members or friends receiving services may be kept in a locked location in a supervisor's office at the discretion of the supervisor or at the request of the applicant.
- g) All payments must be verified and authorized by a supervisor who is aware of the relationship status and by the director.

4. Providing Services to Employees

- a) Employees who are eligible to receive services should feel comfortable and safe in applying for Social Services programs. All employees should respect the privacy and dignity of their co-workers and refer any questions to their supervisor.
- b) Employees will be treated identically to any other applicant for services. Their eligibility will be based on program criteria and they will not receive preferential treatment, including placement on a wait list or type or value of benefits received.
- c) Employees who are applying for services should inform their supervisor. The supervisor will either manage their file personally or will assign another employee with the mutual agreement of the supervisor and employee applying for benefits.
- d) Employee files will be maintained in a separate locked location in the program supervisor's office.
- e) All payments made must be verified and authorized by a supervisor and by the director.

5. Referring Friends and Family to Other Service Partners

- a) Many employees have extensive knowledge about services available throughout the county and the state. Sharing that knowledge with family and friends is important in getting them to needed services and benefits.
- b) In making those referrals, a county employee or board member should never contact that organization in their professional or board role to request that their family member or friend receive special services or preferential treatment.
- c) County employees or board members should never use their position to access information about a family member or friend's application or services at another organization.

6. Business or Contractual Relationships

- a) Employees or board members who have an financial interest in a business or organization or a personal relationship with the primary owner or principal of a business or organization pursuing a contract with Social Services should disclose that relationship to their supervisor or the director and excuse themselves from any participation in the selection process.
- b) For the procurement of goods and services, this organization and its subrecipients comply with the codes of conduct and conflict of interest requirements under 24 CFR 85.36 (for governments) or 24 CFR 84.42 (for private nonprofit organizations).

7. Responding to Legislative Requests

- a) In order to be protected by ORS 659A.203(1)(a), a public employee must be responding to an official legislative request, whether orally or in writing. The request must be made by or at the direction of a Legislative Assembly member and must invite discussion with a Legislative Assembly member or legislative committee staff acting under the direction of a Legislative Assembly member;
- b) No employee may be required to inform the employer prior to engaging in the requested legislative discussion except when the legislative request for information is directed to the agency and the employee will speak or testify on behalf of the agency. All legislative requests related to the employee's work at Clackamas County should be immediately forwarded to the employee's manager and to the Director of Social Services.

8. Reporting Violations of Law or Other Concerns

- a) Any employee of Social Services who, in good faith, has reason to believe that a violation of Federal or State law, mismanagement, gross waste, abuse of authority or public endangerment has occurred is strongly encouraged to first address those concerns with their supervisor.
- b) If an employee does not feel comfortable discussing with his or her supervisor, the concerns can be reported to another manager, the Director of Social Services, the Director of Health, Housing and Human Services or any other executive manager in the county.
- c) All employees who report in good faith suspected violations of law will be provided with all protections as outlined in ORS 659.199-236 and as clarified in Oregon Administrative Rule 839-010. See links in Addenda below.

VI. ACCESS TO POLICY

This policy will be posted in the County's Policy Management System – Power DMS (County Intranet/Toolbox/PowerDMS/Documents/Social Services/Policies) and on Trellis.

VII. ADDENDA

Oregon Administrative Rule: https://oregon.public.law/rules/oar_839-010-0000

Oregon Revised Statute: https://www.oregonlegislature.gov/bills_laws/ors/ors659A.html

EPP #44 "Whistleblower and Fraud Hotline Policy": Disclosure of Improper Governmental Conduct and Reporting of Wasteful Conduct

County Code 2.05.170

H3S Conflict of Interest Policy and Procedure

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Appendix H – Partner Memorandum of Understanding

Under development – CCSS is working with the local offices of the state Aging and People with Disabilities services to update our MOU. It will be included in the final draft.

Appendix I

Statement of Assurances and Verification of Intent

For the period of July 1, 2025 through June 30, 2029, the Clackamas County Social Services Division accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) as amended in 2020 (P.L. 116-131) and related state law and policy. Through the Area Plan, Clackamas County Social Services Division shall promote the development of a comprehensive and coordinated system of services to meet the needs of older individuals and individuals with disabilities and serve as the advocacy and focal point for these groups in the Planning and Service Area. The Clackamas County Social Services Division 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.

OAA Section 306, Area Plans

- (a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall –
- (1) Provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area and the number of older individuals who are Indians residing in such area and the efforts of voluntary organizations in the community, evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of

supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

(A) services associated with access to services (transportation, health services {including mental and behavioral health services}, outreach, information and assistance {which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible} and case management services);

(B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and

And assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4) (A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

- (ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider—
 - (I) Specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
 - (II) To the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
 - (III) Meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and services area; and
- (iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared—
 - (I) Identify the number of low-income minority older individuals in the planning and service area;
 - (II) (II) describe the methods used to satisfy the service needs of such minority older individuals; and
 - (III) Provide information on the extent to which the area agency on aging met the objectives described in clause (i).
- (B) provide assurances that the area agency on aging will use outreach efforts that will—
 - (i) identify individuals eligible for assistance under this Act, with special emphasis on—
 - (I) older individuals residing in rural areas;
 - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (IV) Older individuals with severe disabilities;
 - (V) Older individuals with limited English proficiency;
 - (VI) Older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

- (VII) Older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and
 - (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and
 - (C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.
- (5) 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 severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;
- (6) provide that the area agency on aging will—
- (A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;
 - (B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;
 - (C) (i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;
 - (ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—
 - (I) Were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or
 - (II) Came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

And that meet the requirements under section 676B of the Community Services Block Grant Act; and

- (iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services, and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;
- (D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;
- (E) establish effective and efficient procedures for coordination of—
 - (i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and
 - (ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;
- (F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;
- (G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;
- (H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

- (l) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;
- (7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—
 - (A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;
 - (B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—
 - (i) respond to the needs and preferences of older individuals and family caregivers;
 - (ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and
 - (i) Target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;
 - (C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and
 - (D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—
 - (i) the need to plan in advance for long-term care; and
 - (ii) the full range of available public and private long-term care (including integrated long-term, care) programs, options, service providers, and resources;
- (8) provide that case management services provided under this title through the area agency on aging will—
 - (A) not duplicate case management services provided through other Federal and State programs;
 - (B) be coordinated with services described in subparagraph (A); and

- (C) be provided by a public agency or nonprofit private agency that—
 - (i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
 - (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
 - (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
 - (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);
- (9) (A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;
- (B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;
- (10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;
- (11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as “older 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 this title;
 - (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; 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;
- (12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203 (b) within the planning and service area.

- (13) provide assurances that the area agency on aging will—
- (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;
 - (B) disclose to the Assistant Secretary and the State agency—
 - (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship related to providing any service to older individuals; and
 - (ii) the nature of such contract or such relationship;
 - (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;
 - (D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and
 - (E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;
- (14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;
- (15) provide assurances that funds received under this title will be used—
- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
 - (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;
- (16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;
- (17) include information detailing how the agency on aging will coordinate activities, and develop long-range emergency preparedness plan, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;
- (18) provide assurances that the area agency on aging will collect data to determine—

- (A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and
 - (B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and
- (19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

Section 306 (e)

An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

The Clackamas County Social Services Division further assures that it will:

With respect to legal assistance—

- (A) (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
 - (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
 - (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;
- (B) assure that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.
- (C) give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

With respect to services for the prevention of abuse of older individuals—

- (A) When carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—
 - (i) Public education to identify and prevent abuse of older individuals
 - (ii) Active participation of older individuals participating in programs under the OAA through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
 - (iii) Referral of complaints to law enforcement or public protective service agencies where appropriate;
- (B) Will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and
- (C) All information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

If a substantial number of the older individuals residing in the planning and service area are of limited English-speaking ability, the area agency on aging for each such planning and service area is required—

- (A) To utilize in the delivery of outreach services under OAA section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
- (B) to designate an individual employed by the area agency on aging or available to such area agency on aging on a full-time basis, whose responsibilities will include—
 - (i) taking such actions as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under the OAA; and
 - (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

Conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to OAA section 306(a)(7), for older individuals who—

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

Have policies and procedures regarding conflicts of interest and inform the State agency if any conflicts occur which impact service delivery. These policies and procedures must safeguard against conflicts of interest on the part of the area agency, area agency employees, governing board and advisory council members, and awardees who have responsibilities relating to the area agency's grants and contracts.

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 30-calendar day or greater time period for public review and comment on the Area Plan and a public hearing prior to submission of the Area Plan to ODHS. The Clackamas County Social Services Division 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, services providers, advocacy groups, etc.

Date

Name, Director
Social Services Division

Date

Name, Chair
Aging Services Advisory Council Chair

Date

Name, Title
Legal Contractor Authority

Clackamas County

Commissioner: Craig Roberts, Chair
Commissioner: Melissa Fireside
Commissioner: Paul Savas

Commissioner: Martha Schrader
Commissioner: Ben West

Signing on Behalf of the Board:

Date

Mary Rumbaugh, Director
Health, Housing & Human Services Department