

July 7, 2022

Board of County Commissioners  
Clackamas County

Members of the board

Approval of Area Plan Assurance document related to the Year One update of the previously approved Older Americans Act and Oregon Project Independence Area Plan. County General Funds of \$306,550 for FY 2022-23 were previously approved through Interagency Agreement #171482-1.

<b>Purpose/Outcomes</b>	Secure BCC signature on the state-required Assurance document
<b>Dollar Amount and Fiscal Impact</b>	No Fiscal Impact. Area Plan Assurance document represents programmatic assurances related to previously approved Interagency Agreement #171482-1, including \$2,215,370 of state & federal funding with \$306,550 of County General Fund match required and \$87,000 in-kind match provided by subrecipients.
<b>Funding Source</b>	Oregon Department of Human Services
<b>Duration</b>	Updated Term: July 1, 2022 through June 30, 2025
<b>Previous Board Action</b>	February 25, 2021
<b>Strategic Plan Alignment</b>	1. This funding aligns with the strategic priority to increase self-sufficiency for our clients. 2. This funding aligns with the strategic priority to ensure safe, healthy and secure communities by addressing needs of older adults in the community.
<b>County Counsel</b>	NA
<b>Procurement Review</b>	Was the item processed through Procurement? yes <input type="checkbox"/> no <input checked="" type="checkbox"/> This is an administrative action required by the State of Oregon
<b>Contact Person</b>	Brenda Durbin, Director – Social Services Division – (503) 655-8641
<b>Contract No.</b>	H3S#10403-1; State of Oregon IGA #171482-1

**BACKGROUND:**

Every four years, Clackamas County Social Services, acting as the Area Agency on Aging, is required to develop an Area Plan that describes how the agency will use federal Older Americans Act (OAA) funding and Oregon Project Independence (OPI) funding to assist residents of Clackamas County to remain independent, healthy, and engaged in their community.

The Area Plan for the period spanning January 1, 2021 through June 30, 2025 was approved by the BCC on February 25, 2021. Social Services is required to submit an annual update to the Area Plan that describes the outcomes achieved. New this year is a requirement for the Assurance document, originally signed by the BCC when approving the Plan, be signed annually. The current Assurance document represents the period July 1, 2022 – June 30, 2025.

**RECOMMENDATION:**

Staff recommends the Board approve this Assurance document, and authorization for the Chair to sign on behalf of the County.

Respectfully submitted,  
*Rodney A. Cook*  
Rodney Cook, Director

Attachment: Clackamas County Area Plan Statement of Assurances, 2022-2025

*Healthy Families. Strong Communities.*

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## **Appendix H Statement of Assurances and Verification of Intent**

For the period of July 1, 2022 through June 30, 2025, the Clackamas County 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 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 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 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 will—

(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 service 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) 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
- (I) 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 areawide 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

(iii) 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 a 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 relating 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 area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, 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.

### **Sec. 307, STATE PLANS**

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan...

Each such plan shall comply with all of the following requirements:

- (11) The [State] plan shall provide that with respect to legal assistance —
- (A) the plan contains assurances that area agencies on aging will
    - (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) the plan contains assurances 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.

(E) the plan contains assurances that area agencies on aging will 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.

(12) The [State] plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals—

(A) the plan contains assurances that any area agency on aging 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) receipt of reports of abuse of older individuals;
- (iii) active participation of older individuals participating in programs under this Act 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
- (iv) referral of complaints to law enforcement or public protective service agencies where appropriate;

(B) the State 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.

(15) The [State] plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under 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 action 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 this Act; 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.

(16) The [State] plan shall provide assurances that the State agency will require outreach efforts that will—

(A) 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 older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with 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);

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(18) The [State] plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to 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.

(26) The [State] plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director, Brenda Durbin

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisory Council Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Contractor Authority  
Tootie Smith

Chair, Clackamas County Board of  
County Commissioner

\_\_\_\_\_  
Title



Social Services Division

**Older Americans Act Area Plan  
2021-2025**

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Clackamas County Social Services  
**2021-2025 Area Plan**

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## Section A - Area Agency Planning and Priorities

### A-1 Introduction

Clackamas County Social Services (CCSS) is a division of the Clackamas County Health, Housing and Human Services Department, which also includes Behavioral Health, Children, Families and Community Connections, Community Development, Health Centers, Housing Authority, and Public Health divisions.

CCSS was created through the merger of the county's Area Agency on Aging and its Community Action Agency in the spring of 1982. The Area Agency on Aging (AAA) and the Community Action Agency (CAA) combine advocacy, program coordination, and development activities with social service programs to provide opportunities and services for the older adults, people with disabilities, people with low incomes, rural residents, and communities of color in Clackamas County. In addition to being an AAA and a CAA, CCSS operates the county's Developmental Disability Program and Veterans Service Office, as well as the Volunteer Connection, a program that engages residents in meaningful volunteer work providing essential services including transportation, money management support, healthcare insurance education, senior companionship, and family caregiver support.

The goal of the AAA is to provide services, supports, and information that allow older adults (and in some cases depending on program guidelines, younger persons with disabilities) to live independently in the community of their choosing. This is done by delivering direct programming, contracting with community organizations to deliver services, and engaging in regional collaboration and planning efforts. The primary planning document that is used by CCSS to guide its AAA work is the Area Plan.

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 a number of areas that are critical to the population, including Caregiver Services, Transportation, and Legal Services. One additional area of focus for the agency and the Aging Services Advisory Council is the creation of Age Friendly Communities.

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.

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. To serve older adults residing in all areas of the county, CCSS uses a single entry approach, working with a comprehensive network of 10 senior, adult or community centers 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 10 senior 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. CCSS has contractual relationships or active MOUs with all of these organizations.

### Focal Points

Nine of the 10 senior 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 (available in Attachment K). Focal Points combine people, services, and activities. 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 Senior Center
- Lake Oswego Adult Community Center
- Milwaukie Center
- Molalla Adult Community Center
- Pioneer Community Center
- Sandy Senior and Community Center
- Wilsonville Senior Center

***COVID-19 Pandemic Response:*** When the COVID-19 pandemic hit Oregon, all 10 partner adult community centers in the county closed to the public effective March 16, 2020. The senior centers worked with CCSS to quickly adapt programming to meet center participant needs under the restricted conditions. Congregate meal program participants were offered the option to receive home-delivered meals. Due to concerns about the risk of older adults accessing grocery

stores, several centers assisted residents with grocery shopping. The residents purchase groceries on-line or over the telephone, and the center sends staff to the store to pick up the order and deliver it to the resident at their home. Centers also coordinated delivery of free food box delivery for low-income older adults.

At the onset of the pandemic, center staffs created call lists of program participants. Center staff are conducting weekly or bi-weekly welfare/reassurance calls based on these lists to ensure that program participants' needs are being met, thus ensuring regular contact with vulnerable older adults. Several centers have also launched virtual programming, including fitness classes and lunchtime socialization sessions.

CCSS will continue to work with the senior centers to evolve the service delivery system in response to the ongoing impacts of the COVID-19 pandemic, as well as during the shift to a post-pandemic service delivery model.

***Preparing for Future Disasters and Emergencies:*** The COVID-19 pandemic has highlighted the disproportionate impact that many disasters and emergencies have on those least able to prepare, respond and adapt. This includes older adults, people with disabilities, rural residents, communities of color, and households with low incomes. We also know that climate change will increase the severity and frequency of disasters, like the wildfire conflagration that impacted Clackamas County in the summer and fall of 2020.

The Clackamas County Aging Services Advisory Council will continue to advocate with county officials to ensure that the most vulnerable residents have easy access to information and resources that will help them prepare for and survive future disasters and emergencies.

#### 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
- **Oregon Project Independence (OPI)** - assists people who are not financially eligible for Medicaid in living independently in their homes (a state funded program)
- **Options Counseling** – Supports individuals, families and support networks in developing informed long-term care plans
- **Care Transitions** – Reduces the number of preventable hospital readmissions by providing evidenced-based transitions for persons being discharged from hospitals

#### Volunteer Connection Programs

- **Family Caregiver Support (FCSP)** – Assists unpaid family caregivers by providing information, support and respite
- **Transportation Reaching People (TRP)** – Provides transportation to older adults and persons with disabilities to medical, shopping, work, and other vital appointments
- **Retired Senior Volunteer Program (RSVP)** – Helps older adults stay active and engaged in their communities through volunteer services
- **Senior Companion Program (SCP)** – Provides stipends to low-income older adults so they can maintain independence while providing companionship and support to other older adults.

- **Senior Health Insurance Benefits Assistance (SHIBA)** – Educates Medicare beneficiaries about their health insurance benefits
- **Money Management** – Assists older adults and adults with disabilities who need help with budgeting, balancing checkbooks, and bill paying

#### Community Action Programs

- **Energy Assistance** – seniors and persons with disabilities are prioritized populations for this program, which assists low-income households to pay their utility bills. In FY 2019-20, 46.66 percent of all individuals served in the program were over the age of 60 and/or had a disability.
- **Housing Programs** – Nine programs provide housing assistance and case management for individuals and families experiencing homelessness.
- **Housing Rights and Resources** – a partnership between CCSS, Legal Aid Services of Oregon, and the Fair Housing Council of Oregon providing 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.

#### Senior Programs Operating in Clackamas County Not Provided by CCSS

- **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 Persons 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 Developmental Disabilities program for people with intellectual/developmental disabilities.

#### **Coordination and Planning**

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

The Clackamas County Transportation Consortium is a partnership between the County's transportation services and senior and community centers that focuses on providing rides specialized to the needs of seniors and persons with disabilities in their service areas. The Consortium receives an average of \$1.2 million annually to fund transportation services. Services provided include transportation to congregate meals, shopping, medical appointments

and other activities that allow seniors to age in place in their homes and their communities. The Consortium meets on a quarterly basis and frequently includes other partners, such as Ride Connection and rural transit providers.

The CCSS Administrative Services Manager and the Aging and Disability Services Contract Specialist meet quarterly with all aging services contractors to review changes to program requirements, coordination of services, and to share best practices.

The Client Service Coordinators at all Senior Centers are required to attend at least four of the bi-monthly Information and Referral Networking meetings 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.

CCSS and APD participate in a regional forum that brings together staff from Health Share, one of the Coordinated Care Organizations that operate in the region, the Area Agencies on Aging serving the region, the four DHS/APD offices serving the region, and the Behavioral Health agencies that serve the region. Memorandums of Understanding are in place with Health Share. Trillium, the new Coordinated Care Organization serving the region has yet to join the MOU.

The Adult Center Liaison sub-committee of the Clackamas County ASAC regularly reviews and comments on nutrition services provided by contractors and reports its findings to the full council at the annual council training.

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 agency director, Brenda Durbin, at 503-655-8640.

## **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, low income, and houseless person 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

The Social Services Division strives to achieve its mission by providing quality services and meaningful opportunities for elderly, disabled, and low-income residents of 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; board, 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 the elderly, disabled, 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. 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.

The agency has also prominently posted "Safe Space" signs in all public areas, indicating that people from all backgrounds, all gender identifications, and all sexual orientations are welcome in the agency.

### **A-3 Planning and Review Process**

#### **Needs Assessment**

CCSS conducted a comprehensive community needs assessment from late fall 2018 through fall 2020. 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** documenting 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).
- **Focus groups** with targeted older adult populations, including caregivers, Russian-speaking residents (held in Russian), residents living in rural areas of the county, and the LGBTQ community.
- **Listening sessions** hosted in collaboration with the Asian Health and Services Center and held in Cantonese, Korean, Mandarin, and Vietnamese.
- A **listening session** with attendees at the Governor's Commission on Senior Services public meeting held in West Linn, OR on June 13, 2019.
- **Analysis of data** from multiple sources including the U.S. Census Bureau, Oregon Department of Human Services, Clackamas County ADRC, 211 info, Feeding America, Partnership for a Hunger Free Oregon, Oregon Hunger Task Force, Healthy Columbia Willamette Collaborative, Clackamas County Coordinated Housing Access.
- A **review of Clackamas County reports and data**, including annual CCSS program reports, 2019 Point-in-Time Count, Clackamas County Community Survey, Housing Affordability & Homelessness Needs Assessment, Blueprint Clackamas ([www.blueprintclackamas.com](http://www.blueprintclackamas.com)).

Paper versions of the survey tool were distributed widely in the community – at senior centers, libraries, affordable housing complexes for older adults, health centers, local state APD offices, a

Latino community-based service center and other locations. Wide community distribution was emphasized and a phone-in option was provided for anyone who needed assistance in completing the survey to garner responses from people with no computer access, limited vision or other disabilities, as well as people with limited English proficiency, which could make the online survey difficult to complete. A link to the online survey tool was posted on county social media platforms and distributed via county and community partner email distribution lists, including a distribution list to area faith-based communities. In all, 729 surveys were completed.

The focus groups were held with family caregivers, Russian-speaking residents, rural residents and members of the LGBTQ community to ensure input from these traditionally underrepresented resident groups. Information gathered from listening sessions held in 2017 with Korean, Chinese and Vietnam speaking residents was incorporated into analysis and planning activities. Efforts to ensure that the needs of Latino community members are reflected in the Plan included offering the survey in Spanish, engaging a Latino community based service center in distributing surveys and analyzing data collected through an equity lens. Multnomah, Washington and Clackamas counties collaborated to reach out to the Native American community to assess their specific needs.

### **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 transportation, housing, food security and social inclusion. Poverty is an underlying cause of housing-related and food insecurity issues, and under-funded public transportation systems are creating challenges for many in accessing services and community life. All of these needs have a significant impact on county residents' ability to remain living independently in the community of their choosing.

**Transportation:** Survey and focus group participants described the need for greater 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. Evenings and weekends were the times of greatest need. Many said there were places they wanted to go but simply couldn't for lack of public transportation.

Key findings from the survey included: When driving is no longer an option, respondents anticipate using public transportation, relying on family, and using driver networks, such as Uber, to get around. And yet only 51 percent believe 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. Overall, survey results indicate that while the majority of people expect they will depend on public transportation at some point, they don't believe the resources will be adequate to help them when they need it.

**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 the past three years, housing assistance has been the top issue expressed by Clackamas County residents age 65 years or older contacting 211 Info for resource referral. Analysis of the Clackamas County Coordinated Housing Access Line waitlist showed that the number of people age 62 years or older on housing waitlists increased from 114 in November 2018 to 161 in November 2019. Further, the cost of housing was a main concern of survey respondents, with only 29 percent reporting that their current rent/mortgage is affordable and will be so in the future. This compares to 60 percent of respondents in the 2016 Area Plan community needs assessment.

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Another high concern of survey respondents and focus group participants 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 the most. Further, home maintenance assistance was the service respondents anticipated needing the most in the next five years, with 36 percent of respondents “very likely” and 35 percent “somewhat likely” to use this service. Focus group participants, especially family caregivers, expressed difficulty in finding assistance in making needed safety improvements. Cost of services was a major barrier.

**Food Security:** Like energy and rental costs, food prices can present a disproportionately high cost for low-income people. The community survey found that 48 percent of respondents with incomes at or below \$32,600 per year reported sometimes to always not having enough to eat, as did 44 percent of respondents who had a disability, and 41 percent of respondents who identified as a person of color. This compares to 28 percent of all respondents.

Many older adults rely on home delivered meals, as well as congregate meals at senior centers, of which 231,215 were served to 2,453 residents in fiscal year 2018-19. However, only 40 percent of eligible older adults are using the Supplemental Nutrition Assistance Program to address their nutritional needs, as compared to 72 percent of all eligible Clackamas County residents, (Oregon Hunger Task Force 2019 Clackamas County Fact Sheet).

As the community survey indicates, persons with disabilities are at risk of food insecurity, and they are more likely to suffer from chronic conditions that are made worse by poor nutrition. The US Census Bureau reports that 11.52 percent of Clackamas County residents, 43,647 people, have a disability, and 34 percent of individuals with a disability are over the age of 65.

As in other areas, people of color are hardest hit by food insecurity due to income disparities. There are more than 50 food pantries throughout the county, however, many have limited hours and transportation to them can be a barrier for individuals without access to reliable transportation. The availability of culturally specific foods at food pantries is also limited.

**Social Isolation:** In Clackamas County, 42,125 households include someone who is 65 years or older. In 40.4 percent of these households the older adult lives alone. About 9.5 percent of residents who are 65 years and older do not have a computer in their home, and 7.7 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. These factors can contribute to social isolation, especially during situations similar to the current COVID-19 pandemic that is requiring physical distancing.

Prior to COVID-19 and the stay at home orders, 59% of survey respondents reported feeling lonely at least sometimes. Respondents who reported having a disability were more likely to report feeling lonely, as were respondents who did not have transportation available to get together with family and/or friends. Loneliness is known to negatively impact physical and mental health, thus decreasing a person’s ability to live a quality life.

### **Review Process**

The Aging Services Advisory Council 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 is responsible for adopting the Area Plan in Spring 2021.



An ad-hoc subcommittee of ASAC members met three times to identify key areas of information needed to inform programming, to review the previous Area Plan survey tool and to develop the survey tool for use in 2019. Many questions from previous survey were used again to provide insights into community trends. Several new questions were added to gather more specific information in key areas, including food security and transportation. The final survey tool was reviewed by ASAC at its April 2019 meeting. ASAC members suggested several survey distribution locations and disseminated the survey through their community networks.

After all needs assessment information was gathered, ASAC members met in small groups with agency staff to analyze the data by category – Age Friendly Communities, Behavioral Health, Elder Rights, Family Caregivers, Healthy Promotion, Housing, Information and Referral, Native American Services, Nutrition Services, Transportation and Volunteerism. ASAC members worked with staff to review programming, goals and outcomes and identify areas of focus and strategies for the 2021-2025 Area Plan.

ASAC reviewed the initial draft of this plan in December 2020 and identified areas needing further development. A public hearing was held virtually on Thursday, January 14, 2021, with 12 participants attending, including several ASAC members. ASAC made its final plan edits in February 2021 via email.

This plan aligns with the work of the county’s Community Action Board (CAB). The board is currently updating its Action Plan, which includes a needs assessment and gap analysis. One area of overlap between the needs of older adults, as defined in the Area Plan, and the needs of lower income residents, as defined in the Community Action Plan, is the need to ensure easy access to nutritious food.

#### **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. OAA IIIB dollars are sometimes used to fill the gap between what funding for a designated program, like Special Needs Transportation programs, 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 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 125 percent of the Federal Poverty Level. CCSS uses CSBG funds in the following program:

- ADRC Information and Referral
- Transportation Reaching People

- SHIBA
- Senior Companion Program
- Housing Programs

### Agency Fund Balance

CCSS utilizes an undesignated fund balance to support a variety of programs. The primary use of fund balance is to help cover increases in personnel costs. The fund balance available for this purpose has diminished over time.

### OAA Discretionary Funding

Programs funded by OAA IIIB discretionary dollars that are administered directly by CCSS include ADRC Information and Referral, Options Counseling, Transportation Reaching People, SHIBA, and Senior Companion.

OAA IIIB dollars are also subcontracted to 10 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 CCSS operates one AAA program Oregon Project Independence that maintains a waiting list: Oregon Project Independence.

*Oregon Project Independence (OPI)*– Current clients will be prioritized for OPI services when these services are needed in order for the recipient to maintain their independence and safety. New clients are added to the program as capacity and budget allows.

When OPI budget constraints do not allow for the immediate start of in-home services consumers will be placed on a waiting list. Prioritization of services is based on the state standardized OPI Risk Tool (SDS 287J) that measures the risk for out-of-home placement. Consumers with the highest risk scores are given priority on the waiting list. In July 2020, there were 459 individuals on the OPI waiting list.

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

### **Potential Changes in Service Levels**

The Clackamas County 2021-2025 Area Plan does not include any specific program reductions. However, over the course of the four-year period covered by the Plan, program reductions may need to occur. The impact that the COVID-19 pandemic will have on federal, state, and local resources is unclear, and may result in a reduction in funding.

In the face of these challenges, 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 minimize impact to vulnerable people.

### **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) and Corporation for National and Community Service (CNCS).

## 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 living in poverty, employed, and living with at least one disability.*

The county’s fastest growing population segment is adults age 60 years and older. Between 2010 and 2018, the number of residents age 60 years and older increased by 40 percent or 28,202 people and accounted for 80 percent of the overall population growth in the county.

Population forecasts indicate that the trend of significant growth in the older adult population will continue through 2045, resulting in older adults making up an increasingly larger portion of the county’s overall population. Further within the 60 years and older population segment, the county will experience an upward shift in the number and percentage of residents 85 years or older – from 8.2 percent in 2018 to 17 percent in 2045 or an additional 18,539 residents age 85 years or older (US Census Bureau and Portland State University Population Research Center). This is significant because resident 85 years and older tend to be more vulnerable and require more robust services to continue to thrive and maintain independence.

Overall, Clackamas County residents are predominantly white (82.3 percent). For those 60 years and older, 92.2 percent identify as white alone, not Hispanic/Latino. However, the county’s population is steadily increasing in diversity. Since 2010, the percentage of Hispanic and Latino residents aged 60 and older has increased from 1.7 percent to 2.7 percent in 2018 and those identifying as a race or ethnicity other than white has increased from 6.1 percent to 7.8 percent.

While the overall percentage of county residents living below the federal poverty line has declined since 2010, the percentage of residents aged 60 and older living in poverty has increased by 68 percent from 4,139 to 6,920 in 2018.

Countywide, the number of people living with a disability increased 2.9 percent since 2014. The number of people living with a disability within the 60 years and older age group increased by 9 percent from 24,472 to 26,706. The percentage of this age group who live with a disability is 27.4 percent.

#### Demographic Trends in Tables

##### **Total Population in Clackamas County**

2013 Area Plan	2016 Area Plan	2021 Area Plan
370,479	384,697	405,788

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

##### **Older Adult Population by Age Grouping in Clackamas County**

	2013 Area Plan	2016 Area Plan	2021 Area Plan
Ages 60 to 64	22,177(6%)	27,473 (7.1%)	29,278 (7.2%)
Ages 65 to 74	25,358 (6.8%)	33,516 (8.7%)	42,313 (10.4%)
Ages 75 to 84	15,312 (4.1%)	16,193 (4.2%)	18,688 (4.6%)
Ages 85 years +	7,310 (2%)	7,725 (2%)	8,080 (2%)
<b>Ages 60 to 85 years+</b>	<b>70,157</b>	<b>84,907</b>	<b>98,359</b>

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

### Population (all ages) by Race Alone (Percent)

	2013 Area Plan	2016 Area Plan	2021 Area Plan
Black or African American	0.7%	1.0%	0.9%
Native American or Alaska Native	0.6%	0.6%	0.8%
Asian	3.4%	4.1%	4.2%
Native Hawaiian or Other Pacific Islander	0.3%	0.3%	0.3%
White	89.6%	88.6%	88.0%
Some Other Race	1.8%	2.4%	2.0%
Two or More Races	3.5%	3.1%	3.8%

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

### Population Age 60+ by Race Alone (Percent)

	2013 Area Plan	2016 Area Plan	2021 Area Plan
Black/African American	0.5%	0.5%	0.5%
Native American/Alaska Native	0.4%	0.6%	0.5%
Asian	2.4%	2.9%	2.9%
Native Hawaiian/Other Pacific Islander	0.1%	0.0%	0.2%
White	95.1%	94.6%	94.2%
Some Other Race	0.4%	0.5%	0.4%
Two or More Races	1.0%	0.9%	1.3%

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

### Population (All Ages) by Ethnicity Alone, Percent

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

	2013 Area Plan	2016 Area Plan	2021 Area Plan
Percent Hispanic/Latinx	7.3%	8.0%	8.5%
Percent White Alone, Not Hispanic/Latinx	92.7%	92.0%	91.5%

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

### Population Age 60+ by Ethnicity Alone, Percent

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

	2013 Area Plan	2016 Area Plan	2021 Area Plan
Percent Hispanic/Latinx	1.7%	2.2%	2.7%
Percent White Alone, Not Hispanic/Latinx	93.9%	93.0%	92.2%

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

### Population Aged 65+ in the Workforce

	2013 Area Plan	2016 Area Plan	2021 Area Plan
Percentage Employed	15.6%	16.7%	17.4%

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

### Population with Any Disability by Age Group

	2013 Area Plan	2016 Area Plan	2021 Area Plan
Under Age 18	5,200	3,874	3,331
Age 18-64	23,249	22,211	22,045
Age 65+	18,717	19,692	22,071

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

## Over 60 population in the rural Census Tracts of Clackamas County

2013 Area Plan	2016 Area Plan	2021 Area Plan
15,297	16,127	21,477

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

## People 65 Years or Older Who Speak a Language other than English at Home

	2013 Area Plan	2016 Area Plan	2021 Area Plan
Spanish or Spanish Creole	724	915	862
Indo-European Languages	1,275	1,388	2,164
Asian or Pacific Island Languages	879	1,063	1,292
Other Languages	152	182	146

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

## Population Below 100% Federal Poverty Level – Total and 60 and Older

	2013 Area Plan	2016 Area Plan	2021 Area Plan
Total Population in Poverty	33,187 (9.0%)	37,031 (9.7%)	34,195 (8.5%)
60 Years + in Poverty	4,139 (5.9%)	5,603 (6.6%)	6,938 (7.1%)

(Source: U.S. Census American Community Survey, 2006-2010, 2010-2014 and 2014-2018, percentage of Population for whom poverty status is determined)

## Food Insecurity Rate (General Population)

2016 Area Plan	12.47%
2021 Area Plan (Pre-COVID)	9.1%
2021 Area Plan (COVID Impact)	14.1%

(Source: Feeding America, [www.feedingamericaaction.org](http://www.feedingamericaaction.org))

## Households with No Motor Vehicles

	2013 Area Plan	2016 Area Plan	2021 Area Plan
All Households	8,008	6,835	8,062
Households with member 65 Years+	4,099	4,088	4,296

(Source: US Census Bureau American Community Survey 2010-2014 and 2014-2018 estimate)

## Data Related to Scope of Need Areas

**Transportation:** More than 8,000 households in the county do not have a motor vehicle, including close to 4,300 households with a member who is 65 years or older, and an estimated 14 percent of the county's population is without public transportation. Lack of access to a personal vehicle, combined with a fragmented and incomplete public transportation system, means that many older adults and adults with disabilities living in the county do not have reliable transportation.

**Housing:** 211 Info reports show that between July 1, 2018 and June 30, 2019, it had 644 contacts with Clackamas County residents who were aged 65 years or older. Of the 1,055 individual needs expressed during these contacts, 29 percent or 304 were housing related, including help seeking low-income/subsidized rental housing, assistance with rent payments, housing search, rental deposit assistance and temporary or emergency shelter. The Aging and Disability Resource Connection assists community members with a variety of social service concerns. Between November 2019 and October 2020, 48 percent of the callers with housing needs such as finding a homeless shelter, rent assistance, or home repairs, were over age 70.

**Food Insecurity:** According to the *2019 Status of Hunger in Clackamas County* report prepared by the Oregon Hunger Task Force, 43.9 percent of those experiencing food insecurity do not qualify for federal nutrition assistance, including Supplemental Nutrition Assistance Program (SNAP). Further, for county residents 65 years and older, it is estimated that 60 percent of those eligible for SNAP are not accessing the benefit.

## **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 understand the services available from 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 low-income residents, these include individuals with limited English proficiency, especially Russian and Spanish speakers; 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 uses a variety of strategies to engage its target populations in services, including the following:

**Community Outreach:** Prior to the COVID pandemic, CCSS staff conducted general and targeted community outreach to ensure that all interested seniors, persons with disabilities, and their caregiving networks are aware of available services. ADRC staff regularly attended health and information fairs where information on services to seniors is made available. This includes providing information at events that area well attended by specific targeted groups, such as the Gay and Gray Expo, Portland Pride, the Clackamas County Latino Festival, and Clackamas County Compassion Events. In addition, ADRC staff also host a bi-monthly Information and Referral networking meeting (now 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. Future outreach events will be responsive to the COVID environment and will evolve as the situation changes. As this will likely mean more virtual events, the agency will need to create strategies to serve people without computer hardware or internet access.

**Rural Access:** CCSS partially funds a network of 10 senior 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. 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. For example, this analysis has found that the percentage of Asian program participants is lower than the percentage of Asian older adults age 65 and older who are living in poverty. In response to this outcome, CCSS worked with the Asian Health and Family Center to host four listening sessions – one each in Cantonese, Mandarin, Korean and Vietnamese – to learn directly from members within these Asian communities about their needs

and barriers to participation. Program adjustments were then made to facilitate greater access through materials translation and wider distribution.

In addition to program participation, customer satisfaction surveys are distributed to program participants. This information is analyzed annual to ensure that there are no disparities based on race and ethnicity in the program participant experience.

**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. All ADRC Information and Referral staff are AIRS certified. Robust staff training ensures that all staff members have the tools and resources they need to provide culturally responsive services to all program participants.

**Collaboration:** CCSS actively collaborates with other county programs, community-based partners and other ADRCs to share information and work together to best serve county residents. For example, the ADRC has connected with Bridging Cultures, a community-based organization in Canby, to increase awareness and make connections within the Latino community. Another example is the Loneliness Task Force, a group made up of community partners, county behavioral health staff and CCSS staff who meet regularly to strategize ways to address social isolation in the community and share information about resources and opportunities.

As part of the Metro Aging and Disability Resource Connection (ADRC), which coordinates ADRC activities throughout the Portland Metro region, Clackamas County ADRC also taps the expertise of its peer services provides. This group works together to advocate for the needs of older adults in the Portland Metro region, as well as identify and implement best practices.

### **Other Specific Targeted Groups**

*Seniors and persons with disabilities who are at risk of institutionalization* are served by the ADRC, Oregon Project Independence (OPI), the Family Caregiving Support Program, Senior Companion Program and the Money Management Program. Home delivered meals provided by senior centers, and guardianship services provided by the Senior Citizens Council, also serve seniors who are at risk of institutionalization. These services are funded in part by CCSS.

*Older Native Americans-* Prior to the onset of the COVID-19 Pandemic, AAAs in the Portland Metro region embarked on a regional *needs* assessment specific to the Native American populations. The team, including CCSS's ADRC Program Manager, is working with organizations serving and led by Native Americans to identify the needs of their older adult population and develop strategies to most effectively meet those needs. As the Pandemic wanes in 2021, these efforts will begin again.

### **B-3 AAA Administration and 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 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, though currently all services are provided remotely due to the COVID 19 pandemic.



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 Metro 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. The Metro ADRC is a collaboration between the Area Agencies on Aging, Independent Living Resource, and the state Department of Human Services/Aging and Persons with Disabilities offices serving Clackamas, Columbia, Multnomah and Washington counties. The work of the Metro ADRC is guided by an Operations Council. The purpose of the Operations Committee is to provide a forum for all ADRC participants to discuss the high-level aspects and system-wide issues in the Metro ADRC Consortium's work; review existing and proposed 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, the ADRC includes the Oregon Project Independence Program (OPI), Options Counseling and Care Transitions. 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 I&R material is available in both Spanish and Russian.

#### Volunteerism

The Volunteer Connection program provides vital services to the citizens of Clackamas County through a dynamic collaboration between paid staff and volunteers. Through the use of 22 paid staff and more than 210 volunteers, the six programs in the Volunteer Connection portfolio serve more than 3,500 seniors and persons with disabilities in fiscal year 2019-20.

#### Planning and Coordination

CCSS facilitates the Transportation Consortium. The Consortium submits coordinated applications for Special Transportation Fund (STF) funding and discusses how to expand and better coordinate Special Needs Transportation in Clackamas County. Social Services' staff also participate in regional planning efforts including the Regional Transportation Coordinating Council and the STF Advisory Council. CCSS staff and Aging Services Advisory Council participate in county transportation efforts as well.

#### 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 DHS and other divisions with the county department of health, housing and human services 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 the largest volunteer run Money Management program in the state. 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

As the year 2020 demonstrated, Clackamas County is vulnerable to a variety of disasters from wildfires to global health pandemics. Climate change threatens to increase the number of natural disasters and other challenges will undoubtedly arise. To ensure that CCSS and the county are as prepared as possible to respond effectively to any disaster, it must actively participate in both potential disaster planning and response implementation. Aging Services Advisory Council members participate on a variety of committees and task forces to ensure that the perspective of older adults is included in key discussions and planning. For example, ASAC members served on the County's Public Health comprehensive planning process Blueprint Clackamas and currently serve on the Public Health Advisory Committee. ASAC members are also following the work of the newly created Climate Action Planning effort to identify opportunities to participate in its work.

When disaster response is implemented, Social Services Volunteer Connection staff are the designated lead in establishing volunteer centers in the event of a disaster. 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).

### 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](http://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](http://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/](http://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](http://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/](http://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](http://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](http://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](http://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](http://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](http://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 CCSS through its role as a Community Action Agency, County Developmental Disability Program, County Veterans Service Office and the Volunteer Connection. 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 Community Development Department, 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 have an MOU for referral of Gatekeeper calls. 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 regularly attends Area Agency on Aging Advisory Council meetings.

##### Senior Centers

CCSS works with a network of 10 senior 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.



## Section C – Issues 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 2018, the number of residents age 60 years and older increased by 40 percent or 28,202 people and accounted for 80 percent of the overall population growth in the county. A total of 98,359 residents or 24 percent of the 2018 county population was 60 years and older (2018 American Community Survey 5-year Estimate). Population forecasts indicate that the trend of significant growth in the older adult population will continue through 2045, resulting in older adults making up an increasingly larger portion of the county’s overall population (US Census Bureau and Portland State University Population Research Center).

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 service 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.

Between July 2018 and June 2019, the Clackamas County ADRC fielded 2,058 contacts with consumers seeking information and made 4,149 referrals for services. Overall, the ADRC program provided services to 2,516 consumers through its information and referral, options counseling, care transitions and community court 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. During the same time period, 211 Info fielded requests for information and referral from 644 Clackamas County residents age 65 years and older. These residents were seeking information on healthcare, housing assistance, home maintenance, legal assistance, food resources and more.

**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 Clackamas County program’s primary population is older adults and persons with 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.

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, continuous quality improvement activities and care transitions supports. 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](http://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. Clackamas County Social Services' Veterans Service Office and Volunteer Connection are also part of the ADRC.

The Clackamas ADRC also works closely with many of community partners, including area Senior 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 disabilities. An active local and regional advisory committee exists to serve our community and advocate on behalf of Clackamas County residents.

Clackamas County Social Services supports the statewide ADRC initiative and participates with Area Agencies on Aging in Columbia, Multnomah and Washington Counties and local hospital systems on ADRC readiness activities, marketing activities and quality assurance activities. In addition, the ADRC seeks consumer input via survey each month and each survey response is reviewed by the program manager when they are submitted to ensure rapid response to any service quality issues that are raised.

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 2019 community needs assessment survey found that 28 percent of respondents often or never knew who to call when needing help. Further, participants in all of the community needs assessment focus groups and listening sessions expressed the need for more information about available resources. This was especially pronounced in the focus group conducted with the Russian speaking participants and the listening sessions held in partnership with the Asian Health and Service Center, where the vast majority of participants were unaware of the variety of services available through the county and its community partners.

**Food Insecurity** - According to the *2019 Status of Hunger in Clackamas County* report prepared by the Oregon Hunger Task Force, 43.9 percent of those experiencing food insecurity do not qualify for federal nutrition assistance, including Supplemental Nutrition Assistance Program (SNAP). Further, for county residents 65 years and older, it is estimated that 60 percent of those eligible for SNAP are not accessing the benefit. The community needs assessment survey found that 48 percent of respondents with incomes at or below \$32,600 per year reported sometimes to always not having enough to eat, as did 44 percent of respondents who had a disability, and 41 percent of respondents who identified as a person of color. This compares to 28 percent of all respondents.

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

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2025		Accomplishment or Update
			Start Date	End Date	
Increase number of contacts made to ADRC by 10% annually	Conduct marketing activities.	ADRC Program Manager	Prior to start of 21-25 Area Plan	2025	
Increase number of consumers from underserved or under-represented communities accessing ADRC services by 5% annually	Advertise ADRC services and resources in languages other than English	ADRC Program Manager	Prior to start of 21-25 Area Plan	2025	
	At least twice yearly, topics covered by the bi-monthly ADRC 1&R Networking meeting will include topics meaningful and impactful to providing services to underserved populations and/or under-represented communities	ADRC Staff & Program Manager	Prior to start of 21-25 Area Plan	2025	
	At least quarterly, staff will attend outreach events where individuals from communities of color, members from the LGBTQ community, and/or members from Eastern European communities will be in attendance	ADRC Staff & Program Manager	Prior to start of 21-25 Area Plan	2025	
	As vacancies become available, increase representation in ADRC workforce who can appropriately communicate and address the cultural diversity of the population in Clackamas County	ADRC Program Manager	Prior to start of 21-25 Area Plan	2025	

**Goal:** Increase staff capacity to work with people from all backgrounds and identities.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2025		Accomplishment or Update
			Start Date	End Date	
Increase ADRC staff awareness, knowledge and understanding of communities served, resources and services available, and services to special populations as measured by # of bilingual staff, # of trainings completed	Attend program or service relevant trainings as they become available-at least 6 trainings per calendar year. At least two trainings each year will be focused on services to special populations	ADRC Staff and Program Manager	Prior to start of 21-24 Area Plan	2024	
	All new staff will attend Assertive Engagement and/or Person-Centered Approach Training within first year of hire	ADRC Staff and Program Manager	Prior to start of 21-24 Area Plan	2024	
	All new staff will complete cultural competency and responsiveness training within first year of hire	ADRC Staff and Program Manager	Prior to start of 21-24 Area Plan	2024	

**Goal:** Improve quality and effectiveness of the Clackamas ADRC

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2025		Accomplishment or Update
			Start Date	End Date	
Document continual improvement of client satisfaction and meeting of person-centered service standards	Conduct satisfaction surveys of 5% of all consumers that contact the ADRC for I&A services	ASAC Members, Social Services interns and ADRC Program Manager	July 2021	2025	
	Conduct satisfaction surveys of 5% of all Person Centered Options Counseling consumers within 30 days of their services ending	ASAC Members, Social Services interns and ADRC Program Manager	July 2021	2025	
	Use Language line and/or interpretive services to survey consumers in their preferred Language	ASAC Members, Social Services interns and ADRC Program Manager	July 2021	2025	
	Conduct secret shopper calls to 211 Info and ADRC	ASAC Members, Social Services interns and ADRC Program Manager	July 2021	2025	

## **C-2 Nutrition Services**

**Brief Profile:** Feeding America estimates that 14.1 percent of Clackamas County residents are experiencing food insecurity since the onset of the COVID-19 pandemic in March 2020. The risk of COVID-19 has forced older adults and people with disabilities and health conditions to self-isolate to stay safe. 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 the Title III C funds to support a network of nutrition services providers throughout the county. This network is comprised of 10 area Adult Community Centers (see meals sites list below). When under normal operating conditions, all sites provide both congregate dining and Home-Delivered Meals (HDM) for their service area, and deliver nutrition education. Nine of the 10 sites are designated Focal Points with the 10th site, the Hoodland Senior Center, operating as a designated Access Point. All 10 providers are also the Medicaid HDM provider for their area, further enhancing coordinated service efforts.

Of the 10 meal sites, five 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. Each meal site manager orders meals a week or more in advance of delivery. Hot meals are delivered weekdays with frozen meals provided for weekends. Sites have the option of purchasing frozen meals directly from the contracted food service provider to offer greater meal variety to participants. This system provides an economy of scale in the production of the meals. The meal sites, the food service provider and CCSS staff have quarterly meetings to plan the menus for the next quarter. A registered dietitian is on staff with the food service provider and is part of these meetings. 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. If they choose, frozen meals can be purchased directly from the contracted food service provider for weekend meals to supplement their HDMs and increase the variety to 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. CCSS partners with the County's Public Health Division for this service. The cooks from these sites, the contracted registered dietitian, and CCSS staff meet as needed to share information and address challenges.

The Hoodland Senior Center does not have a facility that can accommodate a congregate meal site. This center provides nutrition services to seniors 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 twice a week and participants meet at a restaurant in the Villages of Mt. Hood. The Center alternates between two restaurants and participants are offered a limited menu in an effort to meet the program standards. For HDM

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participants, the Welches Grade School provides and packages the meals during the school year. During the summer when school is out three of the local restaurants provide meals. This center also coordinates with the neighboring Sandy Senior and Community Center to purchase and provide frozen HDMs for participants as needed.

In order to meet the needs of the diverse communities served by the network, each site has a mechanism in place to accommodate specific menu item changes due to religious or cultural preferences. Unfortunately, we do not have the means, or facilities, to accommodate menu changes in response to food allergies.

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. Speakers routinely make presentations at congregate meals, workshops, health promotion events and chronic conditions support groups. These special nutrition education events and presentations at support groups allows for the dissemination of information on specific nutrition education topics that meet the targeted needs of participants in these programs. 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 access to family caregiver support. 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. A standalone non-profit, Clackamas County Meals on Wheels, Inc. (CCMOW), was formed in 2005 by members of the Clackamas County Aging Services Advisory Council. CCMOW is an additional resource to the community, helping to ensure access to nutrition services by coordinating the annual sale of Entertainment Books, serving as a volunteer referral hub, and as a local clearinghouse for state-wide fund raising activities by companies such as Shari's Restaurants and Burgerville. Additionally, Clackamas County allocates \$250,000 each year to support the work of local non-profits. Several adult centers have submitted successful applications to fund necessary improvements, including equipment and meals for residents who are not eligible for OAA funded meals.

**Meal Sites in Clackamas County** All Sites provide Frozen Home Delivered Meals for week-ends or non-delivery days

<b>Meal Site Name</b>	<b>Street Address</b>	<b>City, Zip (All are in Oregon)</b>	<b>Phone Numbers</b>	<b>General Hours &amp; Days</b>	<b>Congregate Meal Time</b>	<b>Days Congregate Served</b>	<b>MO HD</b>
Canby Adult Center	1250 S. Ivy	Canby, 97013	503-266-2970	8:30 - 4:30 Mon-Fri	12:00 PM	M, W, Th, F (4)	Yes
Estacada Comm. Ctr.	200 SW Clubhouse Dr	Estacada, 97023	503-630-7454	8:30 - 4:30 Mon-Fri	12:00 PM	Mon thru Fri (5)	Yes
Gladstone Sr. Ctr.	1050 Portland Ave	Gladstone, 97027	503-655-7701	8:30 - 5:00 Mon-Fri	12:00 PM	Tue, Wed, Thur (3)	Yes
Hoodland Sr. Ctr.	25400 E. Salmon River Rd	Welches, 97067	503-622-3331	9:00 - 3:00 Mon-Thur	12:00 PM	Tues & Thur (2)	Yes
Lake Oswego Adult Comm. Ctr.	505 "G" Avenue	Lake Oswego, 97034	503-635-3758	8:00 - 4:30 Mon-Fri	12:00 PM	Mon, Wed, Fri (3)	Yes
NCPR-Milwaukie Center	5440 SE Kellogg Creek Dr.	Milwaukie, 97222	503-653-8100	8:30 - 4:30 Mon-Fri	12:00 PM	Mon thru Fri (5)	Yes
Molalla Adult Comm. Ctr	315 Kennel Street	Molalla, 97038	503-829-4214	8:30 - 4:30 Mon-Fri	12:00 PM	M, T, Th, F (4)	Yes
Pioneer Comm. Ctr.	615 Fifth Street	Oregon City, 97045	503-657-8287	9-4 Mon-Fri	11:30 AM	Mon thru Fri (5)	Yes
Sandy Sr. & Comm. Ctr.	38348 Pioneer Blvd.	Sandy, 97055	503-668-5569	8:30 - 4:30 Mon-Fri	12:00 PM	Mon thru Fri (5)	Yes
Wilsonville Comm. Ctr.	7965 S.W. Wilsonville Road	Wilsonville, 97070	503-682-3727	9-4 Mon-Fri	12:00 PM	M, T, W, F (4)	Yes



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

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2025		Accomplishment or Update
			Start Date	End Date	
The number of older adults accessing the SNAP program will increase by 5% each year	Convene ad hoc committee with the Community Action Board, Partners for Hunger Free Oregon, DHS and the Oregon Food Bank to develop a robust plan to increase SNAP participation	CCSS Director	March 2022	December 2022	
	ADRC staff will be trained in basic SNAP eligibility.	ADRC Program Manager	July 2021	Ongoing	
	Maintain up-to-date food resources in RTZ.	ADRC Program staff	Prior to the start of the 21-25 plan	Ongoing	
Increase participation in OAA funded nutrition programs by older adults who identify as a person of color or who are from a historically underserved community by 5% each year	Each section of the Area Plan will include equity and inclusion efforts  Convene an ASAC committee (ongoing or ad hoc) to develop 1. A training and awareness curriculum for ASAC members 2. Equity and inclusion outreach plan for all services offered by CCSS	CCSS Director	October 2021	Ongoing	
Increase in nutrition literacy among congregate meal site participants	Work with Public Health to develop a survey tool	CCSS Director	January 2022		
	Test tool at one or more meal sites		March 2022		
	Distribute tool on a regular basis to meal site participants		June 2022		

### **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 Senior Centers and other community partners, has a history of providing health promotion activities to older adults in Clackamas County. Of the 10 Senior Centers in the network, nine have full senior 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.

*Health Promotion:* CCSS has three employees who are certified trainers for the Living Well with Chronic Conditions series, as well as Chronic Disease Self Management and Diabetes Self Management curricula. CCSS has also trained additional facilitators, both volunteers and staff from community organization partners, to expand the capacity to offer classes in the service area. Through the Family Caregiver Support Program, CCSS offers Powerful Tools for Caregivers education series. Prior to the onset of the COVID-19 pandemic, courses were scheduled periodically at adult/community centers, churches and other location throughout the County. Classes were offered weekdays, evenings, and weekends, as appropriate for a particular group of participants in order to make these courses accessible to all who wish to participate. During the pandemic, CCSS worked to transition delivery of these classes to an online format. During the COVID-19 pandemic, classes are being provided via Zoom and incorporate training for program participants in the use of this technology to promote participation success.

*Physical Activity:* Physical activity has been shown to increase an individual's health outcomes. With the allocation of dedicate evidence-based health promotion funding in 2016 to fund evidence-based activities, and local fundraising efforts senior center added physical activity classes to their programming. Classes added include Tai Chi: Moving for Better Balance, Better Bones and Balance, and Walk with Ease.

Clackamas County is working with regional partners, including the AAAs in Multnomah, Washington and Columbia counties, with AAAs from across the state as a member of the Oregon Wellness Network and representatives from the Coordinated Care Organizations active in the area 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 identify new payers and payment methodologies. These efforts include a special focus on the Hispanic community and rural residents.

**Need:** According to the Oregon Behavioral Risk Factors Surveillance System Adult Prevalence Data, 77 percent of Clackamas County residents age 65 years or older had a chronic condition during the 2014 to 2017 analysis period (the latest data available). This is up from 74.9 percent during the 2010 to 2013 analysis period. Further, the 2014 to 2017 analysis showed that 18 percent of older adults in the county had been diagnosed with diabetes and another 17.9 percent had been diagnosed with pre-diabetes, 48.1 were diagnosed with arthritis, and 19.1 percent had cardiovascular disease. The data also showed that income influences the rate of prevalence of disease, with 67 percent of all adults with incomes of less than \$20,000 per year having a chronic illness compared to 45.1 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 and deaths from falls are increasing. In 2018 Oregon had a higher rate of falls and deaths from falls among older adults than the national average. For 2018, Oregon reported that 32 percent of older adults in the state experienced a fall, compared with 28 percent nationally. The death rate from a fall for older adults was 102 deaths per 100,000 people, compared with 64 deaths per 100,000 older adults nationally (Centers for Disease Control).

In the 2019 Community Needs Assessment Survey, when asked what services they were likely to need in the next five years, 33 percent stated they were very likely and another 38 percent were somewhat likely to need wellness and fitness classes. It was the second most likely needed service behind home maintenance assistance. Improved health was one of the top five most often improvements that respondents noted could be made to increase their overall quality of life, along with home maintenance/modification, transportation and housing-related improvements.

**Goal:** Older adults are aware of and have access to health promotion programs.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2025		Accomplishment or Update
			Start Date	End Date	
Annual 10% increase in funding for health promotion activities.	Actively participate in meetings of the Oregon Wellness Network, Metro Regional meetings and meetings hosted by Comagine	Volunteer Connection Program Manager Family Caregiver Support Program (FCSP) Team	Ongoing	Ongoing	
Annual 5% increase in the number of volunteers trained to conduct evidence-based health promotion programs	Maintain capacity to provide free training to community volunteers	Volunteer Connection Program Manager	Ongoing	Ongoing	
Increase the percentage of participants from underserved communities in EBHP classes by 5% each year	Increase class offerings in locations that are more accessible to underserved communities	FCSP Team Volunteers	Spring 2022	Ongoing	
	Strengthen partnerships/collaborations with organizations that specifically serve more diverse communities and promote their participation in CDSMP leader trainings	Volunteer Connection Program Manager FCSP Team	Spring 2022	Ongoing	
	Provide Chronic Disease Self-Management Program leader trainings annually that include representatives from organizations that serve communities of color	Volunteer Connection Program Manager FCSP Team	Spring 2022	Ongoing	

#### **C-4 Family Caregivers**

**Brief profile:** An AARP survey of Americans age 50 years and older found that 77 percent of respondents wanted to live in their community as long as possible (AARP 2018 Home and Community Preferences). Family support is key in achieving this goal. Unpaid family caregivers provide support to family members who are experiencing increasingly complex conditions, including physical, emotional and mental health issues. Often they take on the caregiving role without adequate and affordable services and supports in place. Nationally, 21.3 percent - one in five - Americans have provided care to an adult or child with special needs at some time in the past 12 months, up from 18.2 percent in 2015 (AARP 2020 Report: Caregiving in the U.S.).

AARP's 2019 survey of Oregon registered voters age 40 years and older found that nearly half of respondents had experience as a family caregiver. These caregivers provided a myriad of supports, including companionship, transportation, management of finances and medical or nursing tasks. Most unpaid caregivers also worked outside the home and had their work schedules disrupted by caregiving responsibilities. Many spent their own money on caregiving costs, including transportation and home modifications. Many also reported experiencing stress related to caregiving and difficulties getting enough rest, exercising, and eating healthy, thus compromising their own health. Survey respondents stated that paid time off from work and assistance with respite care would be extremely or very helpful for family caregivers.

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.

**Program:** 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** – Living Well with Chronic Conditions, and 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** – FCSP provides a range of support groups for unpaid family caregivers in collaboration with local professionals and non-profits.
- **Respite Care** - Respite care has been provided through grants to family caregivers who have used the funds to pay for in-home care, adult day services, personal care, errand running, homemaking services, and overnight services. These services have been 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 three respite day programs in Clackamas County senior centers.

- **Supplemental Services** – As with respite care, supplemental services are provided through grants and have been intended as flexible enhancements to caregiver support services such as 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:

- Staffing information tables at the Clackamas County Wellness Fair
- Regular participation in the Volunteer Connection annual volunteer recruitment, information and outreach fair
- Participation in statewide conferences and meetings
- Submitting local media advertising about caregiver and grandparent support groups

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.

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. Entry into the program from the waitlist and stipend eligibility are prioritized based on social determinants of health in alignment with prioritization in the Older Americans Act. Stipend eligibility continues to be determined by providing care to individuals who require substantial assistance with 2 or more activities of daily living.

Caregivers most in need of this 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. FCSP staff often coordinate respite care through guiding caregivers through using OR-HCC and in some cases contacting potential homecare works on behalf of clients.

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 the 2019 AARP survey of Oregon voters noted above, 85 percent of respondents reported that if they or a family member needed help, they would prefer to receive that help at home with caregiver assistance. Further, 90 percent of respondents who were caregivers reported that it was extremely or very important to be able to provide care so their loved ones could keep living independently at home.

The 2019 community needs assessment survey found that respondents who identified as caregivers were less likely to have access to professional mental health support, know how to contact a lawyer for legal advice, and know who to call for help than non-caregiving respondents. They also reported anticipating more need for assistance with transportation, housecleaning, home maintenance and home delivered meals in the next five years. In the focus group with caregivers, they reported a strong need for more flexible and longer duration of respite care and increased opportunities to connecting with other caregivers.

**Goal:** Increase awareness of and access to Family Caregiver Support Programs for communities of color and relatives as parents.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2025		Accomplishment or Update
			Start Date	End Date	
Increase the percentage of individuals from underserved communities who receive assistance from the program by at least 5% each year.	<p>Conduct demographic survey of all services provided by FCSP, including:  Case management  Stipends  Powerful Tools for Caregivers (PTC)  Support groups</p> <p>Meeting with community partners who serve diverse communities to develop outreach strategies</p> <p>Complete assessment of the success of these efforts and make course corrections</p>	FCSP Team Program Manager	Spring 2022	Ongoing	
Increase by 10% annually the number of Relatives as Parents who receive services from FCSP, within budgetary constraints	<p>Conduct demographic survey of all Relatives as Parents who receive program services</p> <p>Meet with community partners who serve this population to develop outreach strategies</p> <p>Complete assessment of the success of these efforts and make course corrections</p>	FCSP Team	Fall 2021	Ongoing	
Increase the number of evidence-based education classes for family caregivers and Relatives as Parents to a minimum of five per year	Deliver a minimum of 2 class series of Powerful Tools for Caregivers annually	FCSP Coordinator Program Manager	Spring 2022	Ongoing	

	<p>Complete master training requirements for Powerful Tools For Caregivers (PTC)</p> <p>Provide PTC leader training a minimum of one time per year. Train and use volunteers to lead PTC classes</p> <p>Research evidence-based curricula that focuses on Relatives as Parents and choose one for implementation</p>		<p>Spring 2022</p> <p>Spring 2023</p> <p>Winter 2023</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	
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## **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 meeting their needs 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 seniors residing in Clackamas County, CCSS currently contracts with Legal Aid Services of Oregon (LASO) to provide legal assistance to low-income seniors. 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.

In addition, senior centers participate in the Senior Law Project, which assists those 60 years and older with accessing local volunteer attorneys who donate one afternoon 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. The senior centers that partner with CCSS for other OAA funded programming also provide a platform for education and fraud awareness programs in the hope that in assisting in raising awareness to scams and predatory practices, the number of seniors victimized will be greatly reduced. All providers receiving OAA/OPI funding are mandatory reporters and have means to report suspected abuse to the appropriate agencies.

***Elder Rights:*** CCSS, along with its partner network of 10 senior 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 seniors from abuse, neglect, isolation, and exploitation. CCSS staff and trained volunteers at each senior 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 seniors who are at risk of abuse or exploitation, or have been evaluated 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.

In an effort to further coordinate elder abuse prevention, CCSS, in partnership with the Regional DHS-APS office, has executed an MOU which 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 the department-wide H3S (Health, Housing & Human Services Dept.) Problem-Solving MDT. Meetings are scheduled regularly 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 as well as supervisors and managers can confidentially staff participant/consumer 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 county-wide 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 2019 community needs assessment survey, 43 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:

- 49 percent of survey respondents who identified as caregivers,
- 48 percent of respondents who self-identified as having a disability,
- 54 percent of respondents who self-identified as a person of color
- 56 percent of respondents who reported incomes of \$32,600 or less

**Goal:** Increase the utilization of OAA-funded legal services.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2025		Accomplishment or Update
			Start Date	End Date	
Percentage of IIIB funds used for Legal Services increases year over year, reaching 3% by 2025	Conduct outreach via county media regarding the ADRC as an access point for legal services	ADRC Program Manager	July 2021	Ongoing	
	Conduct an RFP to secure a provider that can provide outreach and education regarding legal services available to older adults	ADRC Program Manager	July 2021	December 2021	

## **C-6 Older Native Americans**

**Brief Profile:** The 2010 census data counted 828 Native American county residents who are over the age of 60. That number has since dropped to 492, according to the 2018 American Community Survey. There are no recognized tribal lands within the service area. 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 and the Native American Rehabilitation Center 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 and to stay up-to-date on aging and other services offered in the AAA service area.

*Area to be developed – Prior to the onset of the COVID-19 Pandemic, AAAs in the Portland Metro region embarked on a regional needs assessment specific to the Native American populations. The team, including CCSS’s ADRC Program Manager, is working with organizations serving and led by Native Americans to identify the needs of their older adult population and develop strategies to most effectively meet those needs. As the Pandemic wanes in 2021, these efforts will begin again.*

**Goal:** Create stronger relationships with Native American elders throughout the region.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2025		Accomplishment or Update
			Start Date	End Date	
Create a plan in partnership with Native American leaders that will lead to better services for Native American elders	Participate in regional and state conversations with leaders from Native American communities	ADRC Program Manager	Prior to start date of 21-25 plan	Ongoing	

## **C-7 Older Adult Behavioral Health**

**Brief Profile:** According to the American Psychological Association, 15-20 percent of older adults in the United States have experienced depression, with another 11 percent who have experienced anxiety disorders. The risk of suicide increases with age, with depression being a major risk factor for suicide. 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 or reduced independence. Depression and anxiety are common, potentially debilitating, but highly treatable conditions. Older adults with depression visit the doctor and emergency room more often, may incur high outpatient charges and stay longer in the hospital. 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.

In 2019, CCSS launched the Loneliness Task Force, a group of CCSS staff and community partner representatives who meet 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 include 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.

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: *Loneliness & Social Isolation*** - Older adults are at increased risk for loneliness and social isolation because they are more likely to face factors such as living alone, the loss of family or friends, chronic illness, hearing loss and lack of transportation options. 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, 59 percent of the respondents to the community needs assessment survey reported feeling lonely at least sometimes and 18 percent reported being lonely often or always. Further, 19,900 county residents age 65 years and older live alone (2019 American Community Survey). Loneliness and social isolation have been linked to increased risk of dementia, heart disease, stroke, depression, anxiety and suicide. 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. Further, depression in older adults is often misdiagnosed and undertreated when symptoms are attributed to aging. According to the Oregon Behavioral Risk Factors Surveillance System Adult Prevalence Data for 2014 to 2017 analysis period (the latest data available), 17.7 percent of Clackamas County residents age 65 years or older had been diagnosed with depressive disorder. The data also showed that income influences the rate of prevalence of depression, with 40.7 percent of all adults in Clackamas County with incomes of less than \$20,000 per year having a depressive disorder diagnosis compared to 19.6 percent of all adults with \$50,000 or more in annual income (Oregon Health Authority). According to the Oregon Violent Death Reporting System, 48 Clackamas County residents age 65 years and older died by suicide during the 2015-2018 reporting period, compared to 50 residents during the 2011 to 2014 reporting period and 31 residents during the 2007 to 2010 reporting period.

**Goal:** Improve social connections and mental health for older adults.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2025		Accomplishment or Update
			Start Date	End Date	
The number of older adults who die by suicide will decrease each year	Promote the trainings offered on the Get Trained to Help website	ADRC Program Manager	July 2021	Ongoing	
	Ensure that older adults are represented on the county's Zero Suicide Initiative	ASAC Executive Committee	June 2021	Ongoing	
People who participate in OAA funded programs will report a decrease in feelings of loneliness and isolation.	Add a question to customer service surveys to measure any change in feelings of loneliness and isolation post program participation	ADRC Program Manager	July 2021	Ongoing	
	Coordinate the Clackamas County Loneliness Task Force	Volunteer Connections Manager; ADRC Program Staff and Manager	Prior to the start of the 2021-25 plan	Ongoing	
	Provide assistance to lower-income older adults in accessing technology to assist with communication and connection, with an emphasis on serving LGBTQ and older adults from communities of color	ADRC Program Manager	Prior to start of 21-25 Area Plan	Ongoing	
	In partnership with Clackamas County Behavioral Health, provide five Loneliness Trainings a year to aging services providers and advocates, with an emphasis on serving LGBTQ and older adults from communities of color	ADRC Program Staff and Manager	Prior to start of 21-25 Area Plan	Ongoing	
	Promote the Senior Loneliness Line in all ADRC presentations and outreach events	ADRC Program Manager	2021	Ongoing	



## **C-8 Volunteering**

**Brief Profile:** Local volunteers play an important role in providing critical services to Clackamas County residents. Challenging economic conditions such as increased poverty, homelessness, 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 build a community's capacity to address local needs and enhance the quality of life for community 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.

Volunteer Connection provides vital services to county residents through a dynamic collaboration between paid staff, volunteers and community partners. The program offers meaningful volunteer opportunities that increase the county's capacity to provide independent living supports to older adults and persons with disabilities, increasing or maintaining their livelihood and independence. The program benefits both the residents who are seeking meaningful ways to contribute to the health of their community and to the residents who are in need of the multiple services the program provides.

**The Program:** Since 1986 CCSS's Volunteer Connection, has been a vital link between volunteer engagement and client services that allow individuals to live independently in a manner that honors individual needs, preferences, and diverse backgrounds.

To effectively engage potential and affiliated volunteers, Volunteer Connection works with community partners to conduct outreach, focusing on opportunities for harder to reach and underrepresented individuals. To deliver strong social service volunteer engagement opportunities, Volunteer Connection re-evaluates its response to community needs, demographic changes, economic and health trends, and efforts of local organizations.

Volunteer Connection connects potential volunteers with opportunities to serve throughout the county. Approximately 210 volunteers provide additional delivery of social services to county residents, services that foster opportunities for individuals and families to be self-reliant and live healthier, safer and more socially connected lives. In fiscal year 2019-20, CCVC volunteers contributed over 43,000 hours, which translated into more than \$1,181,000.00 of in-kind support providing critical services for individuals and families.

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;
- food access, delivery, and security for the hungry;
- 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.

**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 that 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 2019 community needs assessment process, participants from the Lesbian, Gay, Bisexual, Transgender, Queer 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. Participants from the Russian-speaking focus group expressed the need to receive information and services in their language to better understand their options and make sound decisions.

Historically, however, the vast majority of Volunteer Connection volunteers have been white. Volunteer Connection 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.

**Goal:** People from all backgrounds, identities and communities feel welcome in all Volunteer Connection programs.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2025		Accomplishment or Update
			Start Date	End Date	
Document a 10% annual increase in percentage of volunteers from under-represented communities. <ul style="list-style-type: none"> <li>•</li> </ul>	a. Translate all volunteer recruitment materials into Spanish, Russian, and Cantonese/Mandarin b. Make sure that all Volunteer Connection staff are adequately trained on using the Language Line c. Provide a county wide volunteer recruitment event to assist/support community partner organizations in volunteer recruitment efforts d. Reach out to community partner organizations that serve people with disabilities for volunteer recruitment efforts	CCVC Program Manager and CCVC Team	July 2021  July 2021  April 2022  July 2021	Ongoing as needed	
The number of volunteers and staff who receive training in trauma-informed services that incorporate equity and inclusion	Provide trainings to all volunteers at least annually on Equity and Inclusion and on Trauma Informed Care	CCVC Program Manager and CCVC Team	October 2021	Ongoing	

## C-9 Age Friendly Communities

**Brief Profile:** Multiple studies have shown that the majority of older adults would prefer to live in their home as they age. To do so, communities need to provide their residents with appropriate physical infrastructure, service supports, and opportunities to remain engaged in community life. Communities with these assets and attributes are referred to as “age-friendly communities.” Studies also show that many communities do not have these attributes and assets, and their residents are therefore challenged to remain living in the community of their choice. This is especially true for residents of rural and suburban areas where public transportation and assisted transportation options are limited. The lack of affordable, accessible housing, assistance with Activities of Daily Living, and opportunities to remain socially engaged all contribute to a lack of age-friendliness in many communities. The results of the mapping process were:

- *Transportation:* Throughout the county transportation was the most cited barrier. The needs analysis showed a strong reliance on personal vehicles to meet transportation needs. When faced with the inability to drive oneself, many residents encounter less than optimal, or no viable public transportation option.
- *Housing:* An absence of housing options that meet a variety of needs and lifestyles results in disturbed family and social networks for community members with evolving housing needs.
- *Access to Services:* While Clackamas County is well-resourced in the areas of community support and health services, barriers to accessing these services include lack of transportation, and the absence of home health and medical supply vendors within local communities.

The 2019 Community Needs Assessment found that these issues continue to present real barriers to older adults in living independently and participating fully in community life. The top concern regarding the physical environment expressed by survey respondents was affordable housing, with 66 percent disagreeing with the statement “My rent or mortgage and property tax is affordable now and I think it will be in the future.” Further, 36 percent reported that it is very likely that they will need assistance with home modifications/repairs in the next 5 years. About 49 percent reported that they do not have access to transportation that allows them to get together with family and friends.

**Program:** CCSS has engaged in a number of efforts to help increase the community assets that help communities become more age-friendly. The Aging Services Advisory Council has established an Age-Friendly subcommittee, the agency has hosted five engAGE in Community summits, where community members learned more about what it takes to make a community age-friendly, small grants were provided to communities on two occasions, and outreach has occurred to elected officials in cities within Clackamas County.

These efforts are based on the WHO checklist and informed by N4A’s “Making your Community Livable for all Ages,” “Guiding Principles for the Sustainability of Age-Friendly Community Efforts,” and AARP’s Age Friendly Tool Kit. More recently, the committee has begun to explore the intersection between Social Determinants of Health and Age-Friendly Communities.

Further, ASAC members actively participated in the Clackamas County Public Health comprehensive planning process Blueprint Clackamas and currently serve on the Public Health Advisory Committee.

**Need:** Clackamas County encompasses a large, diverse geography, and includes many rural and suburban areas, as well as 16 municipalities. Much of the work around creating age-friendly communities, both in the United States and internationally, has focused on urban areas. There is little research on what it takes to create age-friendly communities in small towns and rural areas. Since most of the county’s population resides within a municipality, there are limitations to what the county can do since it does not have jurisdiction within city limits. Further, addressing issues like transportation, housing, along with the social and service environment takes more resources than Clackamas County can commit to these efforts.

**Goal:** Clackamas County communities are Age Friendly.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2025		Accomplishment or Update
			Start Date	End Date	
Annually conduct at least one concerted effort to engage elected officials from municipalities within Clackamas County, and Chambers of Commerce on the issue of Age Friendly Communities	<p>Provide elected officials with information on the value of Age Friendly Communities with a focus on issues relevant to their area</p> <p>Utilize the Age Friendly Dashboard, Area Plan summary, and other data to support this work</p>	CCSS Director	Prior to the start of the 21-25 Area Plan	Ongoing	
Establish one formal partnership with Public Health to promote the advancement of Age Friendly Communities	Work with Public Health to identify areas of shared interest and opportunities to work in partnership	CCSS Director	January 2022	December 2022	

## **C-10 Transportation**

**Brief Profile:** Transportation is consistently identified as one of the barriers that prevent seniors from remaining in their homes. When a senior is unable to drive due to health issues or the expense of maintaining a vehicle, that person may lose the ability to meet basic needs.

Transportation is essential for access to medical care, 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 1,879 square miles. One eighth of the county is urban, the remainder is suburban, small town and rural. Five different transit agencies serve the county (TriMet, SMART (Wilsonville), South Clackamas Transit District, Sandy Area Transit and Canby Area Transit). In addition, the Mt Hood Express provides service in the Hoodland area. An estimated 14 percent of the county's population is without public transportation. This compares to 0.7 percent of the population in Multnomah County and 4.2 percent in Washington County who are without public transportation. The 2019 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 will continue to grow. Public transit services are only available within very constrained service boundaries so there will continue to be unmet needs for other forms of transportation for older adults.

**Program:** Clackamas County Social Services, through a partnership called the Clackamas County Transportation Consortium, provides funding to nine senior and community centers in Welches, Sandy, Molalla, Canby, Oregon City, Milwaukie, Gladstone, Lake Oswego and Estacada. Each of the centers provides individual and group rides within and outside of their service district boundaries. They assist seniors 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 seniors and persons with disabilities who live outside of a public transit or senior center service district get rides for medical appointments and other needed services. TRP's success depends on a dedicated pool of volunteer drivers who are willing to devote their time and their own personal vehicles to assist others. Many TRP volunteer drivers are seniors themselves and will be eventually unable to assist with driving activities.

Prior to the COVID-19 pandemic, TRP was serving 900 riders. The pandemic forced TRP to severely reduce service, with a small crew of paid and volunteer drivers continuing to provide transportation to essential medical treatments. TRP has since carefully and gradually expanded service while maintaining pandemic-related safety protocols.

CCSS also plays a key role in ensuring the continued operation of the Mt Hood Express, which provides public transportation to residents of the rural communities along Highway 26 east of

Sandy (the Hoodland area) and now to Government Camp and Timberline. Mt Hood Express provided 63,610 rides in Fiscal Year 2019-20.

**Need:** Throughout the 2019 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.” Forty-nine percent of all respondents stated that transportation was not available that allowed them to get together with family and friends, with the range among subpopulations of 32 percent for respondents who were persons of color and 54 percent for respondents who lived in rural areas.

Focus group participants reported not being able to attend medical appointments or access needed medical specialists because of lack of transportation. Several stated 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. Yet, when asked how they would get around if they could no longer drive, both survey respondents and focus group participants stated public transportation as their main resource, followed by family, then informal driving networks like Uber or Lyft.



**Goal:** No one in Clackamas County experiences barriers to transportation that impact their ability to meet basic needs and actively engage in their community.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2025		Accomplishment or Update
			Start Date	End Date	
Maintain existing services and, where possible, expand services that provide accessible transportation	Work with local, state and federal resources for stable, long term funding solutions	Administrative Services Manager AAA Program staff	Ongoing	Ongoing	
	Improve transportation service options for people with chronic medical conditions, particularly dialysis	ASM and VC Program Manage	Prior to start of 21-25 Area Plan	Ongoing	
Surveys show that at least 85% of riders are satisfied with the service	Conduct customer satisfaction survey on a semi-annual basis	AAA Program staff	July 2021	Ongoing	

## **C-11 Housing**

**Brief Profile:** Research has consistently documented that the majority of older adults want to age in place and live independently in their own homes for as long as possible. Older adults can experience a variety of obstacles to achieving this goal, a significant one being the inability to maintain a safe and healthy home. As people age, they may need modifications to their homes to reduce the risk of falls or injury. They also may find it increasingly difficult to manage upkeep demands, like yard work, minor repairs and house cleaning.

For older adults with limited incomes, another threat to aging in place is housing affordability. Rising housing costs, including property taxes and/or rent, create housing instability and can force older adults to make difficult choices between essential needs, including food and medical care. Nationally, 26.3 percent of homeowners age 65 years or older are housing cost burdened, as are 54.6 percent of older adults who rent their homes. A household that pays 30 percent or more of their income on housing costs, including utilities, real estate taxes, and insurance rates, is considered to be cost burdened.

**Program:** Clackamas County and its community partners have several programs that are designed to assist residents in decreasing their overall housing costs and other costs that can help older adults maintain financial stability while maintaining a safe home environment. These services include weatherization, property tax deferral, property tax reduction for veterans, water and sewer program, and energy assistance, as well as veterans benefits application, SNAP benefits, Medicare programs.

CCSS will develop a comprehensive list of these programs, as well as no- or low-cost home modification options in the community and will ensure that these programs are regularly marketed to the community.

**Need:** In Clackamas County, 32.9 percent of homeowners age 65 years or older are housing cost burdened, as are 62.3 percent of older adults who rent their homes, significantly higher than the comparable national statistics. Further, in the 2019 Community Needs Assessment Survey only 29 percent of respondents agreed with the statement “My rent or mortgage and property tax is affordable now and I think it will be in the future.” As expected, respondents with lower incomes having the lowest agreement, the lowest being 12 percent among respondents who made between \$39,000 and \$52,000 annually.

The 2019 Community Needs Assessment Survey also confirmed the need for home maintenance/modification assistance. When asked how likely they were to need services within the next five years, 36 percent of respondents stated they were very likely to need home maintenance assistance, another 35 percent stated they were somewhat likely to need them. Home maintenance was the most likely service needed overall. It was also the most frequently identified change respondents listed when asked “What are the top three changes that could be made to increase your quality of life. These results were confirmed with focus group participants, especially among family caregivers focus group participants. Finally, only 29 percent of survey respondents agreed with the following statement “Help with home maintenance and home modification is available.”

**Goal:** Increase awareness of home maintenance and modification services

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2025		Accomplishment or Update
			Start Date	End Date	
Annual outreach (social media, county newsletter, etc.) will promote all low and no-cost home modification and repair services	Identify all programs and update list annually	I&R Staff	June 2021	Ongoing annually in June	
	Develop and distribute outreach materials	I&R staff and Public and Government Affairs	September 2021		

**Goal:** Increase income supports in order to reduce the housing burden for lower income older adult households

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2025		Accomplishment or Update
			Start Date	End Date	
Annual outreach for the following programs: Weatherization, SNAP, Energy Assistance, Property Tax Deferral; Property Tax Reduction for Veterans, Water and Sewer program, Veterans Administration, Medicare programs	Reach out to each program to learn current outreach methods	Policy, Performance and Research Analyst	June 2021	Ongoing	
	Work with Public and Government Affairs to promote each program		December 2021		
Document a 5% increase in older adult participation for each of the following programs: Weatherization, SNAP, Energy Assistance, Property Tax Deferral; Property Tax Reduction for Veterans, Water and Sewer program, Veterans Administration, Medicare programs	Establish baseline measurements  Create annual reports	Policy, Performance and Research Analyst	June 2021  December 2022	Annually in December	

**Goal:** Ensure the needs of older adults and persons with disabilities are included in housing-focused committees and workgroups.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2025		Accomplishment or Update
			Start Date	End Date	
The number of ASAC members actively participating in housing-focused committees and workgroups	Identify all relevant committees and task forces	CCSS Director	March 2021	Ongoing	
	Recruit ASAC members to join groups		June 2021	Ongoing	
	Provide information and support needed for full ASAC participation		Ongoing	Ongoing	

## 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 15 hours per month are offered in any combination of home care, personal care and RN services. Additionally, assistive technology devices 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)

(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 (OAR 411-032-0005 2 b B).**

The cost per unit of authorized services is as follows:

1. Home Care Worker ranges from \$14.65 to \$15.65 per hour
2. Contracted providers for homecare, personal care and RN services are paid at the following rates:
  - a. \$25.97 for home and personal care
  - b. \$70.35 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 7/1/19, this would be \$389.55 per month.

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, who is responsible for responding to inquiries for services. Efforts are made to answer all inquiries for services live. The case manager aide returns all calls and respond to inquiries within 24 hours during the work week, or by the end of the next business day. Case managers will provide back-up coverage to the case manager 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), or Supplemental Low Income Medicare Beneficiary Programs (SLMB).

Any individual residing in an Assisted Living, Adult Foster Home, 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 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 15 hours per month, with a maximum of 100 miles authorized per month for OPI homecare workers to provide transportation or run errands for OPI clients. 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 20.
3. The need for increase services will be reviewed and evaluated every 30 days by the case manager. Approval for temporary increase of service hours will be awarded 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, and/or 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. No more than three separate requests (three distinct events, as listed in item #4) 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 of the above parameters are adhered to, Case Managers can authorize exception hours without management approval.
7. Additional exceptions exceeding parameters outlined in items 1-6 require management approval.
8. OPI consumers transitioning to end of life/hospice may be approved for up to 20 hours 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 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 Risk Assessment Tool score, with a new date of request.

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 the OPI staff or care providers (threaten violence or use verbal abuse toward OPI staff – 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 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.

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 Manager 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 Manager 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 Manager. 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 who wish to have the fee waived should contact the OPI Program 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 Manager 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 Manager for an accommodation. Accommodations will be reviewed and determined appropriate on a case by case basis.

Billing is sent out monthly by administrative 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, admin 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 for 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 in order 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 on a monthly basis 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.”

## SERVICE MATRIX and DELIVERY METHOD

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

<input checked="" type="checkbox"/> <b>#1 Personal Care</b> (by agency) Funding Source: <input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds <input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Self-provided Contractor name and address (List all if multiple contractors): Affordable Care LLC, DBA: Helping Hands Home Care; Grin-In-Home Care, LLC, DBA: Comfort Keepers Portland; Mt. Hood Home Care Services, Inc.(see Appendix F for address and phone numbers. All for profit agencies.) Note if contractor is a "for profit agency"
<input type="checkbox"/> <b>#1a Personal Care</b> (by HCW) Funding Source: <input type="checkbox"/> OAA <input type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds
<input checked="" type="checkbox"/> <b>#2 Homemaker</b> (by agency) Funding Source: <input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds <input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Self-provided Contractor name and address (List all if multiple contractors): Affordable Care LLC, DBA: Helping Hands Home Care; Grin-In-Home Care, LLC, DBA: Comfort Keepers Portland; Mt. Hood Home Care Services, Inc.(see Appendix F for address and phone numbers. All for profit agencies.) Note if contractor is a "for profit agency"
<input checked="" type="checkbox"/> <b>#2a Homemaker</b> (by HCW) Funding Source: <input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds
<input type="checkbox"/> <b>#3 Chore</b> (by agency) Funding Source: <input type="checkbox"/> OAA <input type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds <input type="checkbox"/> Contracted <input type="checkbox"/> Self-provided Contractor name and address (List all if multiple contractors): Note if contractor is a "for profit agency"
<input type="checkbox"/> <b>#3a Chore</b> (by HCW) Funding Source: <input type="checkbox"/> OAA <input type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds

**#4 Home-Delivered Meal**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

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 Ctr.; Foothills Community Church-Molalla Adult Comm. Ctr.; 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 address and phone numbers)

Note if contractor is a "for profit agency"

**#5 Adult Day Care/Adult Day Health**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

**#6 Case Management**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

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 Ctr.; Foothills Community Church-Molalla Adult Comm. Ctr.; City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr.; Senior Citizen's Council of Clackamas County (see Appendix F for address and phone numbers)

Note if contractor is a "for profit agency"

**#7 Congregate Meal**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

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 Ctr.; Foothills Community Church-Molalla Adult Comm. Ctr.; 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 address and phone numbers)

Note if contractor is a "for profit agency"

**#8 Nutrition Counseling**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

**#9 Assisted Transportation**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Affordable Care LLC, DBA: Helping Hands Home Care; Grin-In-Home Care, LLC, DBA: Comfort Keepers Portland; Mt. Hood Home Care Services, Inc.(see Appendix F for address and phone numbers. All for profit agencies.)

Note if contractor is a "for profit agency"

**#10 Transportation**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

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 Ctr.; Foothills Community Church-Molalla Adult Comm. Ctr.; 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 address and phone numbers)

Note if contractor is a "for profit agency"

**#11 Legal Assistance**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Legal Aid Services of Oregon, Portland Regional Office, 921 SW Washington, Ste. 500, Portland, OR 97205

Note if contractor is a "for profit agency"

**#12 Nutrition Education**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

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 Ctr.; Foothills Community Church-Molalla Adult Comm. Ctr.; 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 address and phone numbers)

Note if contractor is a "for profit agency"

**#13 Information & Assistance**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

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 Ctr.; Foothills Community Church-Molalla Adult Comm. Ctr.; 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 address and phone numbers)

Note if contractor is a "for profit agency"

**#14 Outreach**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"



**#15/15a Information for Caregivers**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#16/16a Caregiver Access Assistance**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#20-2 Advocacy**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#20-3 Program Coordination & Development**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#30-1 Home Repair/Modification**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#30-5/30-5a Caregiver Respite**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

City of Lake Oswego – Lake Oswego Adult Comm. Ctr.; North Clackamas Parks & Rec-Milwaukie Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr. (see Appendix F for address and phone numbers)

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#40-2 Physical Activity and Falls Prevention**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

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 Ctr.; Foothills Community Church-Molalla Adult Comm. Ctr.; 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 address and phone numbers)

Note if contractor is a "for profit agency"

**#40-3 Preventive Screening, Counseling and Referral**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#40-4 Mental Health Screening and Referral**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#40-5 Health & Medical Equipment**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#40-8 Registered Nurse Services**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Affordable Care LLC, DBA: Helping Hands Home Care; Grin-In-Home Care, LLC, DBA: Comfort Keepers Portland; Mt. Hood Home Care Services, Inc.(see Appendix F for address and phone numbers. All for profit agencies.)

Note if contractor is a "for profit agency"

**#40-9 Medication Management**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#50-1 Guardianship/Conservatorship**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Senior Citizens Council of Clackamas County, P.O. Box 1777, Oregon City, OR 97045

Note if contractor is a "for profit agency"

**#50-3 Elder Abuse Awareness and Prevention**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#50-4 Crime Prevention/Home Safety**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#50-5 Long Term Care Ombudsman**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#60-1 Recreation**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#60-3 Reassurance**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

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 Ctr.; Foothills Community Church-Molalla Adult Comm. Ctr.; 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 address and phone numbers)

Note if contractor is a "for profit agency"

**#60-4 Volunteer Recruitment**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#60-5 Interpreting/Translation**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#70-2 Options Counseling**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#70-5 Newsletter**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#70-8 Fee-based Case Management**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#70-9/70-9a Caregiver Training**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#70-10 Public Outreach/Education**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

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 Ctr.; Foothills Community Church-Molalla Adult Comm. Ctr.; 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 address and phone numbers)

Note if contractor is a "for profit agency"

**#71 Chronic Disease Prevention, Management/Education**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#72 Cash and Counseling**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#73/73a Caregiver Cash and Counseling**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#80-1 Senior Center Assistance**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#80-4 Financial Assistance**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#80-5 Money Management**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"

**#Volunteer Services**

Funding Source:  OAA  OPI  Other Cash Funds

Contracted  Self-provided

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

Note if contractor is a "for profit agency"



Area Plan Budget, Worksheet 1  
 Clackamas County Social Services (CCSS)  
 Select 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)					
<b>ADMINISTRATION</b>							\$102,155	\$0	\$0	\$0	\$23,000
20-1	Area Plan Administration	Administration	C = Contract D = Direct Provision	Estimated Units	Unit Definition	Estimated Clients	\$73,679			\$23,000	
20-2	AAA Advocacy	Administration					\$2,000				
20-3	Program Coordination & Development	Administration					\$26,476				
<b>ACCESS SERVICES -</b>							\$500,135	\$0	\$0	\$0	\$0
6	Case Management	Case Management	C/D	9600.00	1 hour	1400	\$135,000				
9	Assisted Transportation	Assisted Transportation	C	310.00	1 one-way trip	16					
10	Transportation	Transportation	C/D	37000.00	1 one-way trip	900	\$185,775				
13	Information & Assistance	Information and Assistance	C/D	15000.00	1 activity	1700	\$142,068				
14	Outreach	Outreach	D	600.00	1 contact	75					
40-3	Preventive Screening, Counseling, and Referral	Health Promotion and Disease Prevention	D	1000.00	1 session	3000	\$34,442				
40-4	Mental Health Screening & Referral	Health Promotion and Disease Prevention			1 session						
60-5	Interpreting/Translation	Other Services			1 hour						
70-2	Options Counseling	Information and Assistance	D	600.00	1 hour	70	\$0				
70-5	Newsletter	Outreach			1 activity						
70-8	Fee-Based Case Management	Other Services			1 hour						
70-10	Public Outreach/Education	Outreach	C	104.00	1 activity	600	\$2,850				
<b>IN-HOME SERVICES</b>							\$53,060	\$0	\$0	\$0	\$0
1	Personal Care	Personal Care	C	3157.00	1 hour	25					
1a	Personal Care - HCW	Personal Care			1 hour						
2	Homemaker/Home Care	Homemaker	C	5975.00	1 hour	40					
2a	Homemaker/Home Care - HCW	Homemaker	D	27300.00	1 hour	99					
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 (IIB)	Respite Care			1 hour						
40-5	Health, Medical & Technical Assistance Equip.	Health Promotion and Disease Prevention	C	350.00	1 loan/payment	40					
40-8	Registered Nurse Services	Health Promotion and Disease Prevention	C	435.00	1 hour	15					

(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
60-3	Reassurance	Outreach	C	1550.00	1 contact	500	\$53,060				
90-1	Volunteer Services	Other Services			1 hour						
<b>LEGAL SERVICES</b>							<b>\$20,900</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
11	Legal Assistance	Legal Assistance Development	C		1 hour		\$20,900				
<b>NUTRITION SERVICES</b>							<b>\$0</b>	<b>\$273,197</b>	<b>\$468,855</b>	<b>\$0</b>	<b>\$0</b>
4	Home Delivered Meals	Home Delivered Meals	C	172500.00	1 meal	1150			\$468,855		
7	Congregate Meals	Congregate Meals	C	59500.00	1 meal	1100		\$273,197			
8	Nutrition Counseling	Nutrition Counseling			1 session						
12	Nutrition Education	Nutrition Education	C	370.00	1 session	370					

(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	\$229,485
<b>FAMILY CAREGIVER SUPPORT</b>											
15	Information for Caregivers	Information for Caregivers			1 activity						
15a	Information for CGs serving Children	Information Services			1 activity						
16	Caregiver Access Assistance	Access Assistance	D	2000.00	1 contact	175					\$119,750
16-a	Caregiver Access Assistance-Serving Children	Access Assistance	D	150.00	1 contact	30					\$15,400
30-5	Caregiver Respite	Respite Care	C/D	3200.00	1 hour	90					\$47,500
30-5a	Caregiver Respite for Caregivers Serving Children	Respite Care	D	275.00	1 hour	5					\$4,705
30-6	Caregiver Support Groups	Counseling/Support Groups/Caregiver Train	D	25.00	1 session	10					\$3,000
30-6a	Caregiver Support Groups Serving Children	Counseling/Support Groups/Caregiver Train	D	12.00	1 session	3					\$400
30-7	Caregiver Supplemental Services	Supplemental Services	D	200.00	1 payment	70					\$30,500
30-7a	Caregiver Supplemental Services-Serving Childre	Supplemental Services	D	90.00	1 payment	20					\$3,230
70-2a	Caregiver Counseling	Counseling/Support Groups/Caregiver Train	D		1 client served	5					
70-2b	Caregiver Counseling-Serving Children	Counseling/Support Groups/Caregiver Train	D		1 client served	2					
70-9	Caregiver Training	Counseling/Support Groups/Caregiver Train	D	15.00	1 session	15					\$4,500
70-9a	Caregiver Training - Serving Children	Counseling/Support Groups/Caregiver Train	D	15.00	1 session	5					\$500
73	Caregiver Self-Directed Care	Self-Directed Care			1 client served						
73a	Caregiver Self-Directed Care-Serving Children	Self-Directed Care			1 client served						
<b>SOCIAL &amp; HEALTH SERVICES</b>							\$39,745	\$0	\$0	\$32,400	\$0
40-2	Physical Activity & Falls Prevention	Health Promotion and Disease Prevention	C	2500.00	1 session	100				\$26,275	
40-9	Medication Management	Health Promotion and Disease Prevention			1 session						
50-1	Guardianship/Conservatorship	Elderly Abuse Prevention	C	2740.00	1 hour	165	\$39,745				
50-3	Elder Abuse Awareness and Prevention	Elderly Abuse Prevention	C/D	50.00	1 activity	175					
50-4	Crime Pervation/Home Safety	Elderly Abuse Prevention			1 activity						
50-5	LTC Ombudsman	Elderly Abuse Prevention			1 payment						
60-4	Volunteer Recruitment	Other Services			1 placement						
60-1	Recreation	Other Services			1 hour						
71	Chronic Disease Prevention, Management & Ed	Health Promotion and Disease Prevention	D	250.00	1 session	40				\$6,125	
72	Self-Directed Care	Self-Directed Care			1 client served						

(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
80-1	Senior Center Assistance	Other Services			1 center served						
80-4	Financial Assistance	Other Services			1 contact						
80-5	Money Management	Other Services		2820.00	1 hour	94					
80-6	Center Renovation/Acquisition	Other Services			1 center acqrd/renovated						
901	Other (specify)	Other Services									
901	Other (specify)	Other Services									
901	Other (specify)	Other Services									
901	Other (specify)	Other Services									
<b>GRAND TOTAL</b>							<b>\$715,995</b>	<b>\$273,197</b>	<b>\$468,855</b>	<b>\$32,400</b>	<b>\$252,485</b>

# Category

	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
T VII	OAA Total	NSIP	OPI	provided Funds	Other Cash Funds	Total Funds	Cost Per Unit	Comments Explanation
\$0	\$125,155	\$0	\$35,825	\$0	\$0	\$160,980		
	\$96,679		\$35,825			\$132,504		
	\$2,000					\$2,000		
	\$26,476					\$26,476		
\$0	\$500,135	\$0	\$278,750	\$0	\$1,511,142	\$2,290,027		
	\$135,000		\$275,000		\$150,000	\$560,000	\$58.33	
	\$0		\$3,750			\$3,750	\$12.10	
	\$185,775				\$1,200,000	\$1,385,775	\$37.45	
	\$142,068				\$99,142	\$241,210	\$16.08	
	\$0					\$0	\$0.00	
	\$34,442					\$34,442	\$34.44	
	\$0					\$0	#DIV/0!	
	\$0					\$0	#DIV/0!	
	\$0				\$62,000	\$62,000	\$103.33	
	\$0					\$0	#DIV/0!	
	\$0					\$0	#DIV/0!	
	\$2,850					\$2,850	\$27.40	
\$0	\$53,060	\$0	\$713,550	\$0	\$15,000	\$781,610		
	\$0		\$78,050			\$78,050	\$24.72	
	\$0					\$0	#DIV/0!	
	\$0		\$140,000			\$140,000	\$23.43	
	\$0		\$475,000			\$475,000	\$17.40	
	\$0					\$0	#DIV/0!	
	\$0					\$0	#DIV/0!	
	\$0					\$0	#DIV/0!	
	\$0					\$0	#DIV/0!	
	\$0				\$15,000	\$15,000	\$42.86	
	\$0		\$20,500			\$20,500	\$47.13	

		(11)	(12)	(13)	(14)	(15)	(16)	(17)
T VII	OAA Total	NSIP	OPI	provided Funds	Other Cash Funds	Total Funds	Cost Per Unit	Comments Explanation
	\$53,060					\$53,060	\$34.23	
	\$0					\$0	#DIV/0!	
\$0	\$20,900	\$0	\$0	\$0	\$0	\$20,900		
	\$20,900					\$20,900	#DIV/0!	
\$0	\$742,052	\$172,200	\$0	\$0	\$0	\$914,252		
	\$468,855	\$108,796				\$577,651	\$3.35	
	\$273,197	\$63,404				\$336,601	\$5.66	
	\$0					\$0	#DIV/0!	
	\$0					\$0	\$0.00	

		(11)	(12)	(13)	(14)	(15)	(16)	(17)
T VII	OAA Total	NSIP	OPI	provided Funds	Other Cash Funds	Total Funds	Cost Per Unit	Comments Explanation
\$0	\$229,485	\$0	\$0	\$0	\$0	\$229,485		
	\$0					\$0	#DIV/0!	
	\$0					\$0	#DIV/0!	
	\$119,750					\$119,750	\$59.88	
	\$15,400					\$15,400	\$102.67	
	\$47,500					\$47,500	\$14.84	
	\$4,705					\$4,705	\$17.11	
	\$3,000					\$3,000	\$120.00	
	\$400					\$400	\$33.33	
	\$30,500					\$30,500	\$152.50	
	\$3,230					\$3,230	\$35.89	
	\$0					\$0	#DIV/0!	
	\$0					\$0	#DIV/0!	
	\$4,500					\$4,500	\$300.00	
	\$500					\$500	\$33.33	
	\$0					\$0	#DIV/0!	
	\$0					\$0	#DIV/0!	
\$4,561	\$76,706	\$0	\$0	\$66,945	\$310,111	\$453,762		
	\$26,275			\$45,300		\$71,575	\$28.63	
	\$0					\$0	#DIV/0!	
\$4,561	\$44,306				\$99,965	\$144,271	\$52.65	
	\$0				\$52,346	\$52,346	\$1,046.92	
	\$0					\$0	#DIV/0!	
	\$0					\$0	#DIV/0!	
	\$0					\$0	#DIV/0!	
	\$0					\$0	#DIV/0!	
	\$6,125			\$18,000		\$24,125	\$96.50	
	\$0					\$0	#DIV/0!	

		(11)	(12)	(13)	(14)	(15)	(16)	(17)
T VII	OAA Total	NSIP	OPI	provided Funds	Other Cash Funds	Total Funds	Cost Per Unit	Comments Explanation
	\$0					\$0	#DIV/0!	
	\$0					\$0	#DIV/0!	
	\$0				\$157,800	\$157,800	\$55.96	
	\$0					\$0	#DIV/0!	
	\$0			\$3,645		\$3,645	#DIV/0!	
	\$0					\$0	#DIV/0!	
	\$0					\$0	#DIV/0!	
	\$0					\$0	#DIV/0!	
	\$0					\$0	#DIV/0!	
<b>\$4,561</b>	<b>\$1,747,493</b>	<b>\$172,200</b>	<b>\$1,028,125</b>	<b>\$66,945</b>	<b>\$1,836,253</b>	<b>\$4,851,016</b>		



## Cash Match/In-kind Match

(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
<b>SOURCE OF OAA CASH &amp; INKIND MATCH FUNDS</b> <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	\$32,893		\$45,392		\$66,495		\$144,780	\$0
Contractor Provided In-Kind (Local & State Funds)				\$118,052		\$10,000	\$0	\$128,052
							\$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
<b>Column Totals:</b>	<b>\$32,893</b>	<b>\$0</b>	<b>\$45,392</b>	<b>\$118,052</b>	<b>\$66,495</b>	<b>\$10,000</b>	<b>\$144,780</b>	<b>\$128,052</b>

(12)	(13)
<b>SOURCE OF MEDICAID LOCAL MATCH FUNDS</b>	<b>TOTAL</b>
<b>Column Totals:</b>	<b>\$0</b>

**Notes/Comments**


# Medicaid/OAA/OPI Staffing Plan

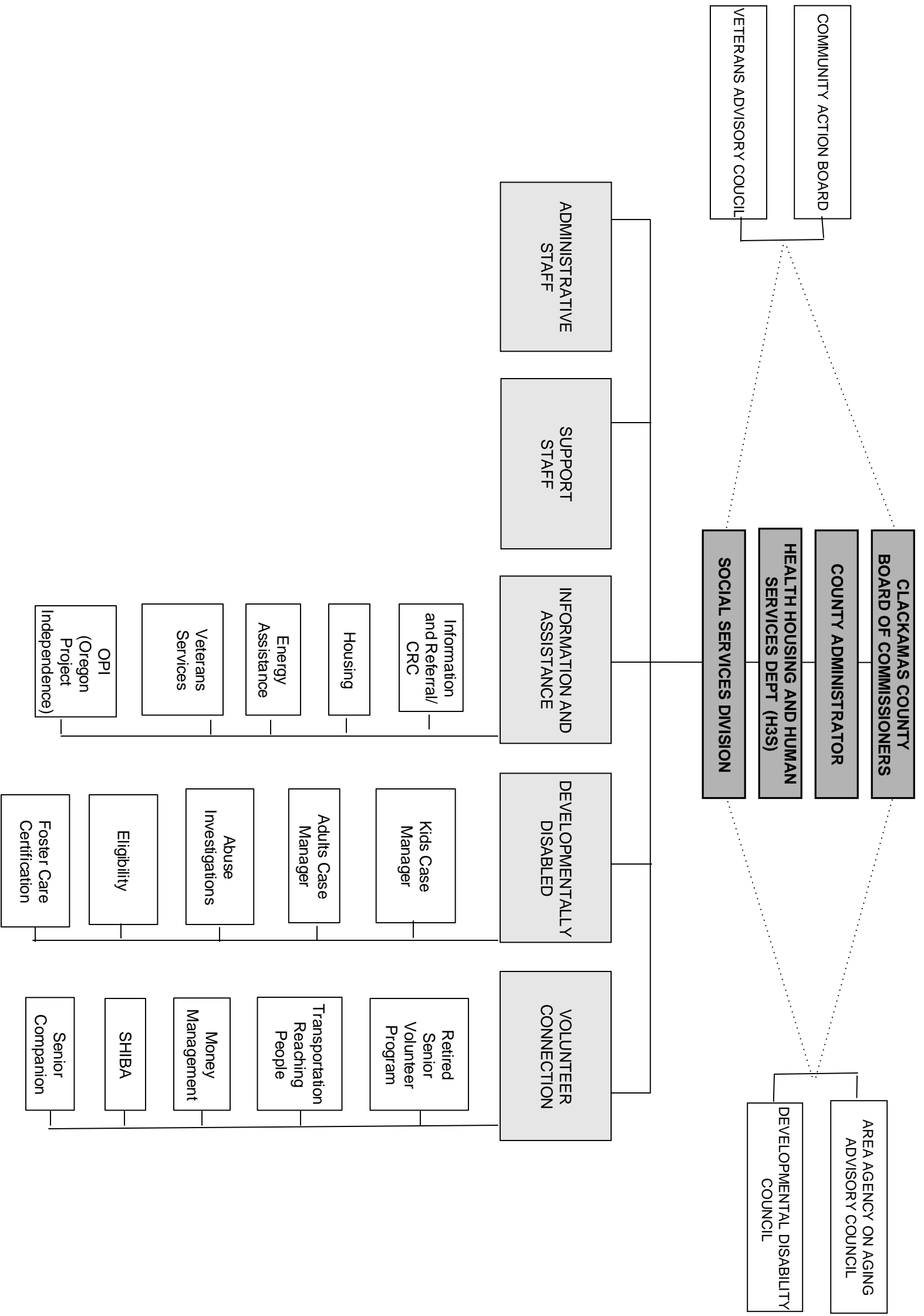
ADMINISTRATIVE POSITIONS												Breakout of funding sources											
(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)												
Position Title	FTE Worked	Annual Salary (excludes OPE)	Annual OPE	Total Salary + OPE	OAA Funds	OPI Funds	Other Funds	Medicaid Funds Regular Allocation	Medicaid Funds Local Match	Medicaid Matched by Local Funds	Total												
Director	0.50	\$139,407	\$81,374	\$220,781			\$220,781				\$220,781												
Administrative Services Manager	0.25	\$119,595	\$62,097	\$181,692			\$181,692				\$181,692												
Human Services Manager	1.26	\$205,716	\$106,855	\$312,571	\$153,043	\$35,825	\$123,703				\$312,571												
Management Analyst Sr	0.25	\$80,208	\$49,965	\$130,173			\$130,173				\$130,173												
Management Analyst 2	1.00	\$77,916	\$49,383	\$127,299			\$127,299				\$127,299												
Policy Analyst	0.25	\$77,287	\$58,855	\$136,142			\$136,142				\$136,142												
Office Specialist 1	0.15	\$43,183	\$32,830	\$76,013			\$76,013				\$76,013												
Office Specialist 2	0.50	\$49,031	\$45,382	\$94,413			\$94,413				\$94,413												
Administrative Specialist 1	0.35	\$47,611	\$49,195	\$96,806			\$96,806				\$96,806												
Administrative Specialist 2	0.15	\$65,364	\$33,465	\$98,829			\$98,829				\$98,829												
				\$0							\$0												
				\$0							\$0												
				\$0							\$0												
				\$0							\$0												
				\$0							\$0												
<b>ADMINISTRATIVE TOTAL</b>	<b>4.66</b>	<b>\$905,318</b>	<b>\$569,401</b>	<b>\$1,474,719</b>	<b>\$153,043</b>	<b>\$35,825</b>	<b>\$1,285,851</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,474,719</b>												

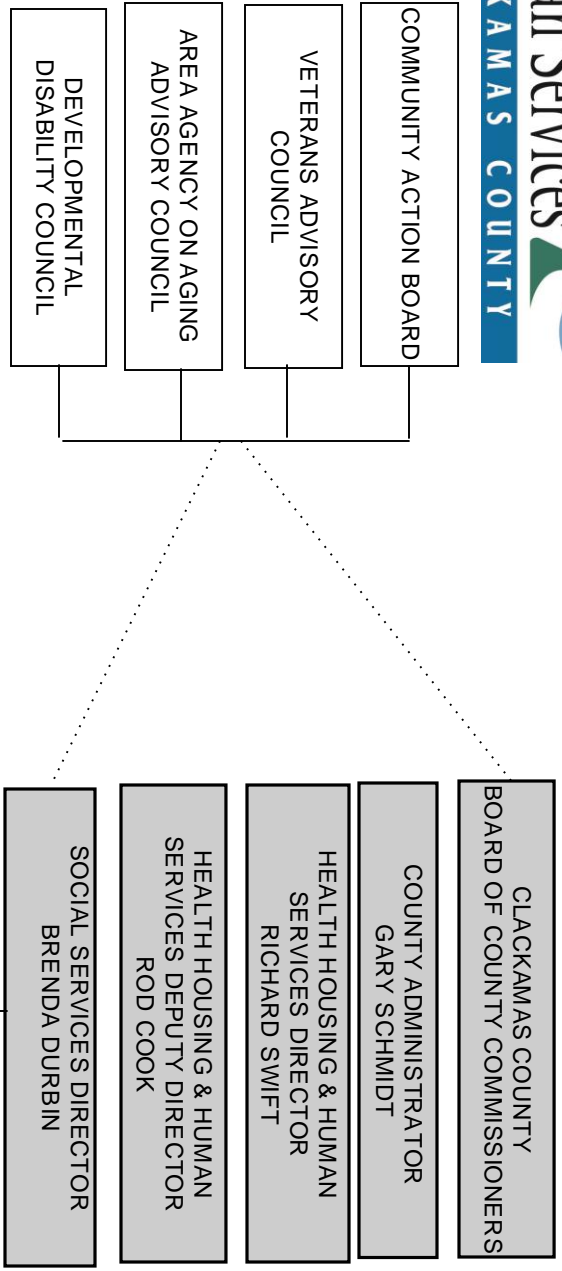
DIRECT SERVICES POSITIONS												Breakout of funding sources											
Position Title	FTE Worked	Annual Salary (excludes OPE)	Annual OPE	Total Salary + OPE	OAA Funds	OPI Funds	Other Funds	Medicaid Funds Regular Allocation	Medicaid Funds Local Match	Medicaid Matched by Local Funds	Total												
I&R Specialist 1	0.4	\$40,096	\$31,754	\$71,850	\$28,740		\$43,110				\$71,850												
I&R Specialist 2	0.21	\$55,558	\$38,257	\$93,815	\$19,701		\$74,114				\$93,815												
Program Aide 1	0.41	\$43,334	\$43,402	\$86,736	\$35,562		\$51,174				\$86,736												
Program Aide 2	0.3	\$48,328	\$27,737	\$76,064	\$22,819		\$53,245				\$76,064												
Human Services Assist	1.88	\$138,195	\$76,491	\$214,686	\$124,881		\$89,805				\$214,686												
Human Services Coordinator 1	0.31	\$50,824	\$39,475	\$90,299	\$28,876		\$61,423				\$90,299												
Human Services Coordinator 2	1.41	\$213,086	\$120,002	\$333,089	\$160,827		\$172,262				\$333,089												
Case Manager Aid	1	\$49,984	\$35,963	\$85,947		\$85,947	\$0				\$85,947												
Case Manager	4.45	\$236,509	\$134,508	\$371,016	\$45,846	\$269,136	\$56,035				\$371,016												
Case Manager Sr.	0.5	\$63,419	\$50,365	\$113,784		\$56,892	\$56,892				\$113,784												
				\$0							\$0												
				\$0							\$0												
				\$0							\$0												
<b>DIRECT SERVICES TOTAL</b>	<b>10.87</b>	<b>\$939,333</b>	<b>\$597,953</b>	<b>\$1,537,287</b>	<b>\$467,252</b>	<b>\$411,975</b>	<b>\$658,060</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,537,287</b>												
<b>GRAND TOTAL</b>	<b>15.53</b>	<b>\$1,844,651</b>	<b>\$1,167,354</b>	<b>\$3,012,005</b>	<b>\$620,295</b>	<b>\$447,800</b>	<b>\$1,943,910</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$3,012,005</b>												



## **APPENDICES**

- A Organizational Chart
- B Advisory Council and Governing Body
- C Public Process
- D Final Update on Accomplishments from 2017-2020 Area Plan
- E Emergency Preparedness Plan
- F List of Designated Focal Points
- G Partner Memorandums of Understanding
- H Statement of Assurances and Verification of Intent





HUMAN SERVICES SUPERVISOR-DD STACIE MULLINS-QA 1.0 FTE	
Anand, A	Case Manager (1.0)
Stuck A	Case Manager (1.0)
Brown-Quinn, S	Case Manger (1.0)
Curo, C	Case Manger (1.0)
<b>Vacant</b>	Mgmt Analyst 1 (1.0)
Moro, S	Case Manager (1.0)
McNicholas, K	Case Manager (1.0)
Zullo, P	Sr. Case Manager Temp (1.0)
<b>Vacant</b>	Sr. Case Manager Temp (1.0)
Lanxon, M	Case Manager Temp (1.0)
7.0 FTE	

HUMAN SERVICES SUPERVISOR <b>VACANT</b> 1.0 FTE	
Schmelling, T	Management Anal 2 (1.0)
Corona, B	Admin Specialist 2 (1.0)
Hart, J	Admin Specialist 2 (1.0)
Frogrner, M	Program Aide 2 (1.0)
<b>Vacant</b>	Admin Specialist 1 (1.0)
5.00	

HUMAN SERVICES MANAGER KIM COTA 1.0 FTE	
Hanton, T	Sr. Case Manager (1.0)
Daves, L	Abuse Investigator (1.0)
Pollard, B	Abuse Investigator (1.0)
<b>Vacant</b>	Abuse Investigator (1.0)
Gelfand, B	Licensing Comp Spec (1.0)
Robertson, N	Licensing Comp Spec (1.0)
<b>Vacant</b>	Licensing Comp Spec (1.0)
Watson, I	Case MGR Aide (1.0)
8.00 FTE	

HUMAN SERVICES SUPERVISOR-DD KASSANDRA LESTER -KIDS 1.0 FTE	
<b>Vacant</b>	Sr. Case Manager (1.0)
Aswad, S	Case Manager (1.0)
<b>Vacant</b>	Case Manager (1.0)
Linscott, N.	Case Manager (1.0)
Karst, D	Case Manager (1.0)
Myers, C	Case Manager (.53)
Struthers, L	Case Manager (1.0)
Garcia, P	Case Manager (1.0)
Calderon, N	Case Manager (1.0)
Armstrong, R	Case Manager (1.0)
<b>Vacant</b>	Case Manager (1.0)
<b>Vacant</b>	Case Manager (1.0)
11.53 FTE	

HUMAN SERVICES SUPERVISOR-DD RESIDENTIAL-KIDS AMANDA MOORE WITTER 1.0 FTE	
Cady, M	Sr. Case Manager (1.0)
Thomas, K (Deming)	Sr. Case Manager (1.0)
Crace, B	Case Manager (1.0)
Steffen, L	Case Manager (1.0)
Steph, B	Case Manager (1.0)
Ramos, E	Case Manager (1.0)
Engstrom, M	Case Manager (1.0)
Swoffard, J	Case Manager (1.0)
Cannon, T	Case Manager Aide (1.0)
Renard, M	Case Manager (1.0)
<b>Vacant</b>	Case Manager (1.0)
<b>Vacant</b>	Case Manager (1.0)
12.00 FTE	

HUMAN SERVICES SUPERVISOR-DD MELISSA LYMBURNER-IN HOME 1.0 FTE	
Gage, C	Sr. Case Manager (1.0)
Corona, S	Case Manager (1.0)
Tom, David	Case Manager (1.0)
Johnson, J	Case Manager (1.0)
Weber, J	Case Manager (1.0)
Butler, A	Case Manager Aide (1.0)
Hollifield, M	Case Manager (1.0)
Cunningham, M	Case Manager (1.0)
Walker, J	Case Manager (1.0)
Gramlich, R	Case Manager (1.0)
Trask, B	Case Manager (1.0)
Robinson, A	Case Manager (1.0)
<b>Vacant</b>	Case Manager (1.0)
<b>Vacant</b>	Case Manager (1.0)
14.0 FTE	

HUMAN SERVICES SUPERVISOR-DD SARAH BRIGGS-ADULT 1.0 FTE	
Sadler, D	Sr. Case Manager (1.0)
Hiser, A	Case Manager (1.0)
Koolman, L	Case Manager (1.0)
McIntyre, S.	Case Manager (1.0)
Olson, S	Case Manager (1.0)
Watts, B.	Case Manager (1.0)
Loberg, G	Case Manager (1.0)
Good, M	Case Manager Aide (1.0)
Bowen, K	Case Manager (1.0)
Cloutier, R	Case Manager (1.0)
Parkin, A	Case Manager (1.0)
Frakes, R	Case Manager (1.0)
Wade, C	Case Manager (1.0)
<b>Vacant</b>	Case Manager (1.0)
<b>Vacant</b>	Case Manager (1.0)
<b>Vacant</b>	Case Manager (1.0)
16.00 FTE	



## 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)
Tootie Smith	12/31/24	Chair, County Commissioner
Sonya Fischer	12/31/22	County Commissioner
Paul Savas	12/31/22	County Commissioner
Martha Schrader	12/31/24	County Commissioner
Mark Shull	12/31/24	County Commissioner

Name & Contact Information	Date Term Expires	Category of Representation
Breiling, Mary 17685 S. Holly Lane Oregon City, OR 97045	N/A Emeritus Member	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Burns, Ellen 7550 Charolais Court Gladstone, OR 97027	6/30/2021	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
DeLair, Susan 24073 S Ridge Road Beavercreek, OR 97004	6/30/2021	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input checked="" type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> Under 60
Durham, Laraine 1571 Boca Ratan Lake Oswego, OR 97034	6/30/2021	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Foley, Mike 6411 SE Jennings Avenue Milwaukie, OR 97267	6/30/2021	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input checked="" type="checkbox"/> Disabled
Jill Frankie	6/30/2023	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input checked="" type="checkbox"/> Under 60



Gettmann, Linda 34793 SE Kelso Road Boring, Oregon 97009	6/30/2023	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Graebert-Rodriquez, Gabriele 170 Linn Ave. Oregon City, OR 97045	6/30/2023	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Helm, Anna 12705 SE River Road 603E Portland, OR 97222	6/30/2023	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Hoeschen, Dan 21850 SW Ribera Lane West Linn, OR 97068	6/30/2021	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Koehrsen, Glenn 15144 S. Graves Rd. Mulino, OR 97042	6/30/2022	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Lorton, Marge 18003 SE Blanton Street Milwaukie, OR 97267	6/30/2021	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input checked="" type="checkbox"/> Disabled
Meader, Anne 12460 Crisp Drive Oregon City, OR 97045	6/30/2021	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Norton, Sonya 6328 SE Molt Street Milwaukie, OR 97267	6/30/2023	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Olson, Eric 14491 S Griffith Lane Mulino, OR 97042	6/30/2022	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Parker, Michael 2790 Sunset Ave West Linn, OR 97068	6/30/2022	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input checked="" type="checkbox"/> Under 60

Razon-Lumetta, Shella 2050 Riverknoll Court West Linn, OR 97068	6/30/2021	<input type="checkbox"/> 60+ y/o <input checked="" type="checkbox"/> Minority <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input checked="" type="checkbox"/> Under 60
Sargent, Jeff 16560 S Archer Drive Oregon City, OR 97045	6/30/21	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Seitz, Virginia 4591 SE Logus Road Milwaukie, OR 97222	6/30/21	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Zambetti, Peter 889 Risley Gladstone, OR 97027	6/30/2023	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input checked="" type="checkbox"/> Disabled

## **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 May-June 2019. Distribution sites included ADP offices, libraries, senior centers, county health clinics, county social services reception area, and with CCSS customer satisfaction surveys. The survey was highlighted in the city of Wilsonville newsletter. The link to the online survey was disseminated through the county's multiple social media channels and emailed to county resident email lists. Residents were also offered the option of completing the survey over the phone will speaking with a volunteer. In total, 730 people completed the survey, with two people completing the survey in Spanish.

### **Focus Groups**

An overview of the Area Plan was presented at all meetings, including why the Plan is required. Participants were asked a series of questions that provided deeper understanding of key issues raised by survey respondents.

Older Adults Focus Group – Unpaid Family Caregivers

Location: Clackamas County Public Services Building

Date: 10/15/2019

Number in Attendance: 7. Number of 60 y/o+: 7

Older Adults Focus Group – LBGQTQ Community Members

Location: Rose Villa Senior Living Community

Date: 10/29/2019

Number in Attendance: 5. Number of 60 y/o+: 5

Older Adults Focus Group – Russian-speaking County Residents

Location: Clackamas County Public Services Building

Date: 10/30/2019

Number in Attendance: 11. Number of 60 y/o+: 11

Older Adults Focus Group – Rural County Residents

Location: County Public Services Building

Date: 11/21/2019

Number in Attendance: 6. Number of 60 y/o+: 6

## **Listening Sessions**

Clackamas County Social Services conducted listening sessions to gather community input. An overview of Older Adult Services in the county was given and participants were able to share their perspectives about the services, their needs and their concerns.

Listening Session – Governor’s Commission on Senior Services Meeting

Location: West Linn Adult Community Center

Date: 6/13/2019

Number in Attendance: 25-30

Listening Sessions: Asian Health and Services Center

Four sessions; presented and facilitated in Korean, Vietnamese, Mandarin and Cantonese

Date: 6/7/2017

Number in Attendance: 80

## **Public Meeting**

A public meeting was held to present the draft 2021-2025 Area Plan and solicit feedback from the community on plan elements. The meeting was held via Zoom due to COVID-19 gathering restrictions.

Date: 1/14/2021

Number in Attendance: 12

## **APPENDIX D: Final Updates on Accomplishments from 2017-2020 Area Plan**

### **C – 1 Information and Assistance Services and Aging & Disability Resource Connection (ADRC)**

**Profile:** The older adult population continues to be a growing segment of the United States population. In fact, more people were 65 years and over in 2010 than in any previous census. According to the Census Bureau, the population 65 years and over increased at a faster rate than the total US population between 2000 and 2010. It is estimated that by that by 2050, one American in 20 will be 85 years or older, compared to one in 100 today. The number of people in Clackamas County ages 60 to 64 increased by 2,909 people since the last Area Plan (2010 Census), from 6.6 percent to 7.1 percent. During that same time period, the number of persons aged 65 to 69 increased by from 4.6 percent to 5.7 percent.

Many older adults, younger disabled adults 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 Area Plan survey shows that 17.11% of respondents seldom or never don't know who to call when help is needed. 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 service 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.

The components of an ADRC include specialized information and assistance (I&A) including a self-service component, options counseling, healthy aging opportunities, streamlined eligibility determination for public assistance, continuous quality improvement activities and care transitions supports.

The mission of the Clackamas County ADRC is to provide respectful and responsive services to consumers, with an emphasis placed 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 Clackamas County program's primary population is older adults and persons with 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.

The Clackamas ADRC is composed of Information and Referral Specialists, Case Managers and Options Counselors providing a range of services and assistance to consumers. Clackamas County Social Services' Veterans Service Office and Volunteer Connection are also part of the ADRC. The Clackamas ADRC also works closely with many of our community partners throughout the area, including area Senior 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 disabilities. An active local and regional advisory committee exists to serve our community and advocate on behalf of Clackamas County residents.

Clackamas County Social Services supports the statewide ADRC initiative and participates with Area Agencies on Aging in Columbia, Multnomah and Washington Counties and local hospital systems on ADRC readiness activities, marketing activities and quality assurance activities.

The Clackamas 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. In addition, Clackamas County has participated in the Medicaid screening pilot, and expects to have a contract with the state for Medicaid claiming in fiscal year 2016/17.

**Problem/Need Statement:**

Feeding America reports that 12.6 percent of Clackamas County residents were food insecure in 2013. This means that almost 48,000 people, more than the population of Oregon City, either skipped a meal or had to reduce their portion. Food insecurity affects physical, mental and emotional health, which in turn can have negative consequences for economic opportunities and social interactions. Lack of adequate fruits, vegetables and whole grains has been linked with increased risk of obesity, chronic diseases, impaired cognitive functioning and other health complications. Food insecurity affects all ages, but some groups are at higher risk. Older adults may face food insecurity due to having a fixed income and higher healthcare costs than the general population. Many older adults rely on home delivered meals, as well as congregate meals. According to the National Council on Aging's Report *SNAP in Older Adults*, there are many qualified older adults in need of SNAP that do not apply. Reasons for this include a false belief that they will be taking resources away from someone who needs it more, a complicated application process, assumption that they will not qualify, and stigma of government support, among others. In 2014, only 8.4 percent of the total older adult population living below the poverty line in Clackamas County receive SNAP.

People with disabilities are also at risk of food insecurity and are more likely to suffer from chronic conditions that are made worse by poor nutrition. The US Census Bureau reports that 11.52 percent of Clackamas County residents have a disability, that's 43,647 people. Food insecurity disproportionately affects people of color, as does poverty. For example, the US Census Bureau reports that African Americans comprise about 1 percent of the county's population, but represent 22.4 percent of families that are living in poverty. Migrant and seasonal farmworkers experience especially high rates of food insecurity. This is attributed to several factors, including living in a "food desert", low participation in programs such as SNAP, limited English proficiency, and lack of transportation.

**Focus Area:** Information and Assistance Services, Person Centered Options Counseling and Aging and Disability Resource Connection

**Goal:** Increase community knowledge, understanding, awareness of and access to ADRC programs, services, resources, and population served in Clackamas County.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
<p>Increase number of contacts made to ADRC by 10% each calendar year.</p> <p>The percentage of consumers from under-served or under-represented communities accessing ADRC services is equal to or greater than the percentage of those populations in the over-60 population of Clackamas County.</p>	<ul style="list-style-type: none"> <li>All ADRC printed materials are available in English, Spanish and Russian</li> <li>At least twice yearly, topics covered at the bi-monthly ADRC I&amp;R Networking meeting will include topics meaningful and impactful to agencies providing services to under-served and/or under-represented communities.</li> <li>At least quarterly, ADRC staff will attend outreach events where individuals from communities of color, members from the LGBTQ community, and/or members from Eastern European communities will be in attendance.</li> <li>Identify ADRC champions from members of communities of color, the LGBTQ community, and Eastern European communities to assist with raising awareness and outreach for the ADRC.</li> <li>Implement one alternative method for consumers contacting the ADRC.</li> <li>As vacancies occur, increase representation in ADRC workforce which can appropriately communicate and address the cultural diversity of</li> </ul>	ADRC Program Supervisor	1/1/17	1/1/18	<p>ADRC contacts increased by 44% in FY 16/17. ADRC contacts decreased by 1% in FY 17-18</p> <p>During the FY 16/17, the ADRC had a dedicated GK and Outreach Coordinator for the last six months of the FY. This position provided much needed outreach and education, and raised awareness of ADRC services. Funding did not exist in FY 17/18 for these services. As of February 2019, there are dedicated funds now available for 12 months to fund this body of work once again.</p> <p>In FY 2018-19, the number of contacts decreased by 14% from the previous year. However the average number of calls per month increased significantly (from 155/month in the</p>
		ADRC Staff & Program Supervisor	1/1/17	12/31/2020	
		ADRC Staff & Program Supervisor	1/1/17	12/31/2020	
		Agency Director, ADRC Staff & Program Supervisor	1/1/17	6/30/18	
		ADRC Program Supervisor	6/30/17	6/30/18	
		ADRC Program Supervisor	1/1/17	12/31/2019	

the population in Clackamas County.

first 8 months to 204/month in the last 4 months) after more outreach was conducted in the community.

In FY2019-20, the number of contacts decreased by 9% from the previous year. This is likely due to the transition from a live answer service to a message service at the onset of the COVID-19 pandemic. While staff diligently worked to return all messages left by consumers seeking assistance, the team experienced a high number of missed connections with callers. This may be due to callers being hesitant to answering return calls from an unknown number.

The percentage of consumers from under-served or under-represented communities accessing ADRC services exceeded the objective in FY 16/17 in the following populations:  
Black/African American,  
American Indian/Alaska Native, Native



				<p>Hawaiian/Pacific Islander, and Hispanic. The objective is not met for Asian and Multiple/Other populations.</p> <p>The percentage of consumers from under-served or under-represented communities accessing ADRC services exceeded the objective in FY 17/18 in the following populations:  Black/African American, American Indian/Alaska Native, Multiple/Other, and Hispanic populations. The objective is not met for Asian and Native Hawaiian/Pacific Islander populations.</p> <p>The ADRC continues to seek opportunities to partner with culturally-specific community providers, to increase awareness and understanding of ADRC services in Clackamas County.</p> <p>-ADRC and OC brochures are now available in seven different languages. Additionally, program summaries for CCSS services are available in Spanish, Vietnamese, Korean, Simple Chinese and Mandarin.</p>
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				<p>-In 2017, I&amp;R Networking Meetings were focused on topics and presenters that aligned with outcomes from regional Systems Coordination Conference held in 2016. In 2018, the ADRC staff and program supervisor will focus on topics/presents that are meaningful and impactful to providers serving under-served and/or under-represented communities.</p> <p><i>In 2018, ADRC staff provided presentations and information sessions on the following topics: Elder Rental Assistance Program, Get Trained to Help, the Loneliness Project, Food/Nutrition Programs in Clackamas County, serving LGBT Elders, Zero Suicide Listening Session for Older Adult Population and Providers.</i></p> <p>-staff have attended the following events in 2017: The Hispanic Inter-Agency Networking Team events, Latino Festival, Bridging Cultures Community Picnic, Asian Health and Service Center Health Fair. Additionally, Intentional Listening sessions were hosted in partnership with the SAGE Metro and Asian</p>
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				<p>health and Service Center in 2017.  <i>Staff attended the following culturally-specific community events in 2018: Bridging Cultures Community Picnic, Asian Health and Service Center Health Fair, Latino Festival.</i></p> <p>-As part of professional development plans, several staff have included activities where outreach to culturally-specific communities is part of their 1-3 year goals.</p> <p>-we are currently in the process of establishing a contract with a Text-Talk provider for the Clackamas ADRC. We anticipate this process to be complete by June 2018. <i>The ADRC continues to work on implementing a texting platform for consumers to connect with the ADRC. We anticipate this process to be complete by June 2019.</i></p> <p>-We have not had vacancies in the ADRC in 2017. <i>The ADRC is currently recruiting for an Information and Referral Specialist I position, with a minimum qualification of the candidate being bilingual in Spanish, Russian or a SE Asian language.</i></p>
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					<p>In FY 2018-19, the percentage of consumers who identified as Black/African American, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, and Hispanic all increased over FY 2017-18. The percentage of consumers who identified as Asian and Multiple Races/Other did not increase over the prior year.</p> <p><u>In FY 2019-20, the percentage of consumers who identified as Hispanic. The percentage of Black/African American, American Indian/Native American and Hispanic callers was higher than the percentage of those groups living in poverty in the county.</u></p>
<p>Client satisfaction surveys will show no difference in a client’s experience of ADRC services based on client’s racial or ethnic background, or inclusion in any special population group (Veterans, ID/DD, or other populations with unique needs).</p>	<ul style="list-style-type: none"> <li>• All ADRC staff will attend at least two trainings each year that are focused on services to special populations.</li> <li>• All existing and new employees will attend Assertive Engagement and/or Person-Centered Approach Training.</li> <li>• All existing and new employees will complete cultural competency and responsiveness training.</li> </ul>	<p>ADRC Staff and Program Supervisor</p> <p>ADRC Staff and Program Supervisor</p> <p>ADRC Staff and Program Supervisor</p>	<p>1/1/17</p> <p>1/1/17</p> <p>1/1/17</p>	<p>12/31/2020</p> <p>12/31/2018</p> <p>12/31/2018</p>	<p>-9 staff attended 10 distinct trainings/conferences/events/webinars that were focused on services to special populations. <i>In 2018, 7 staff attended 11 distinct trainings/conferences/events/webinars that were focused on services to special populations.</i></p> <p>-All current FTE have attended Assertive Engagement Training. <i>New 2018 staff will attend Assertive Engagement</i></p>

				<p><i>Training within the first year of their employment.</i></p> <p>-The Diversity training is no longer available at Clackamas County. The ADRC team will continue to explore training opportunities around cultural competency and responsiveness training.</p> <p>Regional changes in the client satisfaction evaluation has delayed this objective. Plans to revisit this in July 2018. <i>The State's Community Supports and Services Division will be partnering with Portland State University to conduct a statewide customer satisfaction survey in early 2019. Survey results should be available in the Spring of 2019.</i></p> <p>New client satisfaction survey process has been established. Baseline data will be collected and analyzed for FY 18-19.</p> <p>In FY 2018-19, client satisfaction results for all older adult programs showed no disparities between White respondents and respondents who</p>
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					identified with a race or ethnic background other than White.
<p>Increase number of eligible and complete referrals from ADRC to Medicaid screeners by 10% each year.</p> <p>Increase number of non-Medicaid eligible clients warm-transferred from Medicaid screeners to ADRC by 10% each year.</p>	<ul style="list-style-type: none"> <li>Establish a feedback and review process to improve quality of Medicaid referrals</li> <li>All new callers to the ADRC will be offered the opportunity for Medicaid pre-screening.</li> <li>Sign a Memorandum of Understanding with APD to establish agreements for referrals to and from ADRC.</li> </ul>	<p>ADRC Program Supervisor</p> <p>ADRC Staff and Program Supervisor</p> <p>ADRC Program Supervisor and Agency Director</p>	<p>6/30/17</p> <p>1/1/17</p> <p>6/30/17</p>	<p>6/30/18</p> <p>12/31/2020</p> <p>6/30/18</p>	<p>Increase in number of eligible and complete referrals from ADRC to Medicaid screeners exceeded 10%. Exact number unknown due to system change and lost data.</p> <p>The number of eligible and complete referrals made to Medicaid screeners increased by 18.4% from FY15-16 to FY 17-18.</p> <p><i>This increase is likely due to better tracking mechanisms put in place, allowing ADRC supervisor to track referrals to Medicaid and outcome of referrals.</i></p> <p>In FY 2018-19, the number of eligible and complete referrals from ADRC to Medicaid screeners declined by 40% from the prior year.</p> <p><u>In FY 2019-20, the number of eligible and complete referrals from ADRC to Medicaid screeners increased significantly from 27 the prior year to 104 this year.</u></p>

				<p>Number of non-Medicaid eligible clients warm-transferred from Medicaid screeners to ADRC increased by 4.5% in FY 16-17.</p> <p>Number of non-Medicaid eligible clients warm-transferred from Medicaid screeners to ADRC decreased by 16.1% in FY 17-18.</p> <p><i>This could again be due to the fact that there has not been a dedicated staffing available to conduct ADRC outreach/education. An ADRC overview is provided regularly at APD new employee orientations. However, these occur quarterly, and the ADRC lacked capacity in 2018 to do more targeted outreach w/ APD partners.</i></p> <p>-Ongoing discussions continue with our local Medicaid intake unit to ensure referrals being sent to their office are appropriate. ADRC staff have implemented a template to ensure all necessary information is collected and shared w/ APD.</p> <p>-Medicaid screening by ADRC staff is offered to</p>
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					<p>all callers when appropriate.</p> <p>In FY 2018-19, the number of non-Medicaid eligible clients warm-transferred from Medicaid screeners to ADRC decreased by 40% from the prior year.</p> <p>The ADRC did receive 85 referrals from the Property Tax Deferral program of DHS.</p> <p><u>In FY 2019-20, the number of non-Medicaid eligible clients warm transferred from Medicaid decreased significantly from 47 in FY 2018-19 to 14 this year.</u></p>
<p>All consumers seeking OPI services and placed on the waiting list will be offered PCOC services.</p>	<ul style="list-style-type: none"> <li>PCOC services will be offered at completion of the OPI Risk Assessment Tool to eligible consumers.</li> </ul>	<p>ADRC Program Staff</p>	<p>1/1/17</p>	<p>12/31/2020</p>	<p>All consumer seeking OPI services are offered PCOC services in FY 16-17</p> <p>All consumers seeking OPI services were offered PCOC services in FY 17-18.</p> <p>All consumers seeking OPI services were offered PCOC services in FY 2018-19.</p> <p><u>All consumers seeking OPIS services were offered PCOC services in FY 2019-20.</u></p>



<p>Increase ADRC Advisory Council membership representation from communities of color, LGBTQ communities and Eastern European communities.</p>	<ul style="list-style-type: none"> <li>• Develop a Charter and By-Laws for advisory committee.</li> <li>• Recruit volunteers from members of communities of color, the LGBTQ community, and/or Eastern European communities</li> </ul>	<p>ADRC Program Supervisor and ADRC Advisory Committee members.</p>	<p>1/1/17 6/30/17</p>	<p>6/30/2017 1/1/2019</p>	<p>In October 2017 the local ADRC Advisory Council was dissolved due to changes in state requirements, and ongoing ADRC advisory activities occurring at the regional level.</p>
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**Focus Area:** Information and Assistance Services, Person Centered Options Counseling and Aging and Disability Resource Connection

**Goal:** Address food insecurity in Clackamas County among older adults, persons with disabilities and persons from communities of color.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
<p>Increase referrals made to SNAP from ADRC staff by 10% each year.</p>	<ul style="list-style-type: none"> <li>• Develop a brief food security assessment tool.</li> <li>• All consumers who contact the ADRC will be given an opportunity to complete the food security assessment.</li> <li>• ADRC staff will be trained in basic SNAP eligibility and completing the 539F.</li> <li>• Engage in regional discussions about collaborating to addressing issues of food insecurity</li> </ul>	<p>ADRC Program Staff and Supervisor ADRC Program Staff</p>		<p>6/30/2017 12/31/2020</p>	<p>Referrals to SNAP by ADRC staff increased 49% in FY 16/17.</p>
			<p>7/1/2017</p>		<p>Although still a priority for activities during the course of the Area Plan, we have not yet started working on this objective.</p>
		<p>ADRC Program Staff and Supervisor</p>	<p>7/1/2017</p>	<p>12/31/2017</p>	<p>I would like to push the start date out on these activities to 7/2018.</p>
		<p>ADRC Program Supervisor</p>	<p>7/1/2017</p>	<p>6/30/2019</p>	<p>Referrals to SNAP by ADRC staff decreased by 33% in FY 2017-18.</p>
			<p>6/30/2018</p>		<p><i>CCSS applied for a grant through the National Council on Aging that would have provided dedicated funding to develop and implement a Benefits Enrollment</i></p>

				<p><i>Center (BEC). A BEC uses a paid and non-paid/volunteer workforce to provide assistance to individuals in applying for public subsidies and benefits, including SNAP benefits. Unfortunately, CCSS was not awarded the grant, but plans to apply again when grant funds become available. A food resource document was created to assist individuals in understanding all available food resources/services available in Clackamas County. We will continue to explore opportunities to assist ADRC consumers in accessing food resources and benefits.</i></p> <p>The number of referrals made to SNAP from ADRC staff increased by 3% over the prior year.</p> <p><u>In FY 2019-20 the number of referrals made to SNAP from ADRC staff remained the same as the previous year.</u></p>
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**Focus Area:** Information and Assistance Services, Person Centered Options Counseling and Aging and Disability Resource Connection

**Goal:** Improve quality and effectiveness of the Clackamas ADRC

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
Client satisfaction surveys of I&R callers and PCOC consumers indicate that 90% indicate satisfaction with the service	<ul style="list-style-type: none"> <li>Conduct weekly satisfaction surveys of 5% of all consumers that contacted the ADRC for I&amp;A services.</li> <li>Conduct monthly satisfaction surveys of 5% of all PCOC consumers within 30 days of their services ending.</li> <li>Language line and/or interpretive services will be used to survey consumers in their preferred language.</li> </ul>	ADRC Advisory Board Members, Social Services interns and ADRC Program Supervisor	1/1/17	12/31/2020	Regional changes in the client satisfaction evaluation has delayed this objective. Plans to revisit this in July 2018.
			1/1/17		
			1/1/17		
		ADRC Advisory Board Members, Social Services interns and ADRC Program Supervisor		12/31/2020	New client satisfaction survey process has been established. Baseline data will be collected and analyzed for FY 18-19.
		ADRC Advisory Board Members, Social Services interns and ADRC Program Supervisor		12/31/2020	93% of respondents to the ADRC and PCOC client satisfaction surveys reported being satisfied with the services they received.

**Focus Area:** Information and Assistance Services, Person Centered Options Counseling and Aging and Disability Resource Connection

**Goal:** In collaboration with other core partners, develop a framework of ADRC sustainability.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
Identify three additional funding sources for the ADRC.	Explore options for ADRC sustainability/ funding in collaboration with local, regional and statewide ADRC partners.	ADRC Program Supervisor, Manager and Division Director	1/1/17	12/31/2018	<p>Clackamas County ADRC is participating in the NWD Medicaid Claiming activities.</p> <p><i>The ADRC will continue to explore additional funding sources/opportunities.</i></p> <p>The ADRC continues to explore additional funding sources and opportunities.</p>

## C– 2: Nutrition Services

The OAA Nutrition Program has multiple purposes. Those purposes are to:

- Reduce hunger and food insecurity among older individuals,
- Promote socialization of older individuals,
- Promote the health and well-being of older individuals, and
- Delay onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

Nutritional risk and food insecurity issues carry dire consequences. The 2003 study “The Causes, Consequences, and Future of Senior Hunger in America” showed that among those seniors identified as being more likely to be at risk of hunger were those that live alone, are at or below the poverty line and, surprisingly, were between 60 and 64 years old. While low-cost, high caloric foods may feel like the best option to someone struggling with the choice between healthcare costs, housing costs, and food, the lack of adequate nutrition increases functional dependency, morbidity, mortality and utilization of health care resources. Having access to adequate nutrition or nutritional support is a key component to health, functioning, and quality of life. The Senior Nutrition Services Program works to assist the older adults in Clackamas County in meeting their nutritional needs and learning how to make good nutrition choices when resources are constrained.

### Meal/Nutrition Service

Clackamas County Social Services (CCSS) uses the Title III C funds to support a network of nutrition services providers through the area. This network is comprised of ten area Adult Community Centers (see attached Meals Sites in Clackamas County). All sites provide both congregate dining and Home-Delivered Meals (HDM) for their service area, and deliver nutrition education. Nine of the ten sites are designated Focal Points with the tenth site, the Hoodland Senior Center, operating as a designated Access Point. The network is a well-known, accessible place for seniors and their families to turn for information, services, and opportunities that further reduce a senior’s risk of food insecurity and isolation. All ten providers are also the Medicaid HDM provider for their area, further enhancing coordinated service efforts. All sites offer a full range of Older American’s Act supported programming including health promotion, transportation and access to family caregiver support.

The well-established network of nutrition services providers in Clackamas County creates a well-known, accessible place for seniors and their families to turn for information, services, and opportunities that further reduce a senior’s risk of food insecurity, isolation and increase their health promotion program access. Health promotion activities are provided through this network, as well as referrals to the FCSP program and other services provided by the AAA. As a result, older adults throughout Clackamas County have a 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.

In order to meet the needs of the diverse communities served by the network, each site has a mechanism in place to accommodate specific menu item changes due to religious or cultural preferences. Unfortunately, we do not have the means, or facilities, to accommodate menu changes in response to food allergies.

Of the ten meal sites, five choose not to cook on site so the AAA 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 then finished off at the meal site and then

either packaged to be delivered hot to HDM recipients, or served on-site for congregate dining. Each meal site manager orders meals a week or more in advance of delivery. Hot meals are delivered weekdays with frozen meals provided for weekends. Sites have the option of purchasing frozen meals directly from the contracted food service provider in order to offer greater meal variety to participants. This system provides an economy of scale in the production of the meals. The meal sites, the food service provider and AAA program staff have quarterly meetings to plan the menus for the next quarter. A registered dietitian is on staff with the food service provider and is part of these meetings. 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. If they choose, frozen meals can be purchased directly from the contracted food service provider for weekend meals to supplement their HDMs and increase the variety to participants. Each of these sites submit their menus to a registered dietitian under contract with the AAA who analyzes and evaluates each meal for compliance with program nutritional requirements. CCSS partners with the County's Community Health Division for this service. The cooks from these sites, the contracted registered dietitian, and AAA program staff meet as needed to share information and address challenges.

The Hoodland Senior Center does not have a facility that can accommodate a congregate meal site. This center provides nutrition services to seniors living east of the Sandy Senior & Community Center's Alder Creek Drive boundary continuing east on the Hwy 26 corridor to Government Camp. Congregate dining is offered twice a week and participants meet at a restaurant in the Villages of Mt. Hood. The Center alternates between two restaurants and participants are offered a limited menu in an effort to meet the program standards. For the HDM participants, the Welches Grade School provides and packages the meals during the school year. During the summer when school is out three of the local restaurants provide meals. This center also coordinates with the neighboring Sandy Senior and Community Center to purchase and provide frozen HDMs for participants as needed.

Because the meal sites in Clackamas County are operated independently of the AAA, the AAA 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, holding local benefit dinners, rummage sales and sending out annual appeal letters. A standalone non-profit, Clackamas County Meals on Wheels, Inc. (CCMOW), was formed several years ago by members of the Clackamas County Aging Services Advisory Council. CCMOW is an additional resource to the community, helping to ensure access nutrition services by coordinating the annual sale of Entertainment Books, serving as a volunteer referral hub, and as a local clearinghouse for state-wide fund raising activities by companies such as Shari's Restaurants and Burgerville. Additionally, Clackamas County allocates \$200,000 each year to support the work of local non-profits. Several Centers have submitted successful applications over the years to fund necessary improvements including equipment and meals for residents who are not eligible for OAA funded meals.

### Nutrition Education

The required nutrition education component of the Senior Nutrition Service Program is provided by the senior center network. 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. Clackamas County Social Services 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. Speakers routinely make presentations at congregate meals, workshops, health promotion events and chronic conditions support groups. These special nutrition education events and presentations at support groups allows for the dissemination of information on specific nutrition education topics that meet the targeted needs of participants in these programs. For participants that self-identify a need for nutritional counseling due a change in health status Community Center staff assist in finding services in their area that are appropriate to the need.

**Meal Sites in Clackamas County** All Sites provide Frozen Home Delivered Meals for week-ends or non-delivery days

<b>Meal Site Name</b>	<b>Street Address</b>	<b>City, Zip (All are in Oregon)</b>	<b>Phone Numbers</b>	<b>General Hours &amp; Days</b>	<b>Congregate Meal Time</b>	<b>Days Congregate Served</b>	<b>MO W/H DM</b>	<b>Day HDM's Delivered</b>
Canby Adult Center	1250 S. Ivy	Canby, 97013	503-266-2970	8:30 - 4:30 Mon-Fri	12:00 PM	M, W, Th, F (4)	Yes	M, W, Th, F
Estacada Comm. Ctr.	200 SW Clubhouse Dr	Estacada, 97023	503-630-7454	8:30 - 4:30 Mon-Fri	12:00 PM	Mon thru Fri (5)	Yes	Mon thru Fri
Gladstone Sr. Ctr.	1050 Portland Ave	Gladstone, 97027	503-655-7701	8:30 - 5:00 Mon-Fri	12:00 PM	Tue, Wed, Thur (3)	Yes	Mon thru Fri
Hoodland Sr. Ctr.	25400 E. Salmon River Rd	Welches, 97067	503-622-3331	9:00 - 3:00 Mon-Thur	12:00 PM	Tues & Thur (2)	Yes	Mon thru Fri
Lake Oswego Adult Comm. Ctr.	505 "G" Avenue	Lake Oswego, 97034	503-635-3758	8:00 - 4:30 Mon-Fri	12:00 PM	Mon, Wed, Fri (3)	Yes	Mon, Wed, Fri
NCPR-Milwaukie Center	5440 SE Kellogg Creek Dr.	Milwaukie, 97222	503-653-8100	8:30 - 4:30 Mon-Fri	12:00 PM	Mon thru Fri (5)	Yes	Mon thru Fri
Molalla Adult Comm. Ctr	315 Kennel Street	Molalla, 97038	503-829-4214	8:30 - 4:30 Mon-Fri	12:00 PM	M, T, Th, F (4)	Yes	M, T, Th, F
Pioneer Comm. Ctr.	615 Fifth Street	Oregon City, 97045	503-657-8287	9-4 Mon-Fri	11:30 AM	Mon thru Fri (5)	Yes	Mon thru Fri
Sandy Sr. & Comm. Ctr.	38348 Pioneer Blvd.	Sandy, 97055	503-668-5569	8:30 - 4:30 Mon-Fri	12:00 PM	Mon thru Fri (5)	Yes	Mon thru Fri
Wilsonville Comm. Ctr.	7965 S.W. Wilsonville Road	Wilsonville, 97070	503-682-3727	9-4 Mon-Fri	12:00 PM	M, T, W, F (4)	Yes	M, T, W, F



**Focus Area:** Nutrition Services

**Goal:** To reduce nutritional risk and food insecurity of program participants while improving quality of life

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
All food and nutrition programs that are available in Clackamas County are included in RTZ and are updated annually or when changes occur.	Work with meal sites, Clackamas Aging and Disability Resource Connection and other community contacts and sources to maintain a primary listing of available nutrition services to targeted populations.	Clackamas ADRC staff and AAA Admin Staff	1/1/17	12/30/2020	<p>There are currently 119 nutrition services/food services listed in the RTZ database that serve Clackamas County residents of which 10 are OAA funded congregate/home delivered meal sites.</p> <p>There are currently 132 nutrition services/food services listed in the RTZ database that serve Clackamas County residents of which 10 are OAA funded congregate/home delivered meal sites.</p> <p>There are currently 124 nutrition/food services listed in the RTZ database that service Clackamas County residents. 10 are OAA funded congregate/home delivered meal sites.</p>

					<p><u>There are currently 122 nutrition/food services listed in the RTZ database that service Clackamas County residents. 10 are OAA funded congregate/home delivered meal sites. However the congregate meals have not been offered since the onset of the COVID-19 pandemic.</u></p>
<p>The number of older adults accessing the SNAP program will increase by 5% each year.</p>	<p>Work with local ADP office, Oregon Food Bank and Community Centers to develop outreach plan to engage older adults in applying for eligible SNAP benefits</p>	<p>APD, Community Partners and AAA Admin Staff</p>	<p>6/30/2017</p>	<p>6/30/2018</p>	<p>5,358 older adults enrolled in the SNAP program in CC in 2017 (monthly average); Range 5,239 (Jan) to 5,507 (Nov)</p> <p>5,650 older adults enrolled in the SNAP program in CC in 2018 (monthly average); Range 5,577 (Jan) to 5,750 (Dec). This is a 5.4% increase from 2017. <i>This increase could, in part, be due to the food resource document that is regularly provided to community members seeking to increase food security.</i></p>

					<p><i>While formal relationships and a work plan have not been developed to increase the number of older adults accessing SNAP benefits, this is still a priority for the ADRC.</i></p> <p><b>5,848 older adults</b> were enrolled in the SNAP program in CC in 2019 (monthly average); Range 5,637 (Jan) to 6,283 (Dec). <b>3.5% increase</b> over the prior year.</p> <p><b><u>6,373 older adults were enrolled in the SNAP program in CC in 2020 (monthly average); Range 6,228 (Jan) to 6,516 (July). 9% increase over the prior year.</u></b></p>
Increase participation in OAA funded nutrition programs by older adults who identify as a person of color or who are from an	Develop reporting tools within Oregon ACCESS that will pull client demographics by site/provider so that changes in racial and ethnic minority participation and participation by younger seniors (aged 60 to 69) can be documented, tracked, and monitored by site.	SUA Staff / CCSS Admin Staff	1/1/17	6/30/2017	
	In partnership with identified ADRC champions from underserved communities, develop a strategy to	AAA Program Staff and Community Partners	1/1/18	1/1/2019	The percentage of older adults who identify as a person of

<p>underserved community by 5% each year</p>	<p>increase participation in OAA funded nutrition programs.</p>			<p>color who participated in OAA funded nutrition programs increased by 35% in FY 16/17.</p> <p>The percentage of older adults who identify as a person of color who participated in OAA funded nutrition programs decreased by 16% from FY 16-17 to FY 17-18.</p> <p>The percentage of older adults who identify as a person of color who participated in OAA funded nutrition programs increased by 26% from FY 17-18 to FY 18-19.</p> <p><u>The percentage of older adults who identify as a person of color who participated in OAA funded nutrition programs decreased by 7% from FY 2018-19 to FY 2019-20.</u></p>
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**Focus Area:** Nutrition Education

**Goal:** To increase access to appropriate nutrition information to program participants to encourage better self-care.

<b>Issue Area:</b> Nutrition Education					
<b>Goal:</b> To increase access to appropriate nutrition information to program participants to encourage better self-care.					
<b>Measurable Objectives</b>	<b>Key Tasks</b>	<b>Lead Position &amp; Entity</b>	<b>Timeframe for 2017-2020 (By Month &amp; Year)</b>		<b>Accomplishment or Update</b>
			<b>Start Date</b>	<b>End Date</b>	
All nutrition education programs that are available in Clackamas County are included in RTZ and are updated annually or when changes occur.	Work with meal sites, Clackamas Aging and Disability Resource Connection and other community contacts to develop and share a listing of available nutrition education services to targeted populations.	AAA Admin Staff / Contracted Meal Site Staff	1/1/2017	12/30/2020	10 nutrition education programs are listed in RTZ.  10 nutrition education programs are listed in RTZ.
Surveys indicate that nutrition education programs increase participants knowledge of healthy eating and the connection between nutrition and health	Work with meal sites and Clackamas County Public Health to develop a survey, protocols and methodology that tests for an increase in knowledge about healthy eating and the link between nutrition and health by nutrition program participants.  Administer survey to meal site participants per agreed upon methodology	AAA staff, Center Staff and Clackamas County Public Health	1/1/2018	6/30/2018	
		AAA staff, Center Staff and Clackamas County Public Health	1/1/2019	12/30/2020	

### C-3 HEALTH PROMOTION

**Profile:** According to the National Council on Aging, evidence-based programs offer proven ways to promote health and prevent disease among older adults. 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.

The percentage of the older adult population has increased with each decade, and the proportion of persons 75 years and older has grown even faster. At the same time, the number of individuals impacted by chronic disease and falls has increased and these are now the leading causes of death and disability among older adults. Fortunately, both chronic diseases and falls are preventable. Evidence-based health promotion activities can help turn the tide and elevate older adults' quality of life – improving health behaviors, health and functional status, and overall well-being.

To address these and other social determinants of health, Clackamas County Social Services (CCSS), in partnership with a network of ten Senior Centers and other community partners, has a history of providing health promotion activities to older adults in Clackamas County. Of the ten Senior Centers in the network, nine have full senior 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. All ten adult centers offer evidence-based, self-management programs in partnership with CCSS.

#### Physical Activity

Physical activity has been shown to increase an individual's health outcomes. With the allocation of dedicated evidence-based health promotion funding in 2016 to fund evidenced based activities, and local fundraising efforts to fund activities that are not evidenced based but are requested by the community, each of the ten Senior Centers in Clackamas County provides programing that promotes physical activity. Physical activities being offered at these sites include: Tai Chi: Moving for Better Balance, Better Bones and Balance, Walk with Ease, and Stepping On. Other fitness/physical activities offered at the centers include yoga, Sit and Be Fit, Zumba and Zumba Gold classes.

The evidence-based Better Bones & Balance program is offered at the Wilsonville Community Center under the name Healthy Bones & Balance. This program is so popular with the older adults in Wilsonville they now offer a "returning students" class for those who wish to continue the program at a more challenging level.

#### Health Promotion

Clackamas County Social Services employs two certified trainers for the Living Well with Chronic Conditions series and has trained additional facilitators in the community. There are several Powerful Tools for the Caregiver facilitators who provide these evidence-based, self-management courses. These courses are scheduled periodically at adult/community centers, churches and other location throughout the County. Classes are offered weekdays, evenings, and weekends, as appropriate for a particular group of participants in order to make these courses accessible to all who wish to participate. Clackamas County Social Services will increase the number of facilitators for this and other evidence-based caregiver support/training courses. To further increase caregiver participation, the Family Caregiver Support Program Coordinator ensures that caregivers are aware that stipends are available to pay for respite services so that they may attend. With the increased use of social media sites, many of the adult

centers in the Clackamas County network have developed Facebook pages to increase their marketing of activities and events, including healthy aging workshops.

**Problem/Need Statement:**

According to the Pew Research Center, chronic conditions have large impacts on US health and medical spending. The Centers for Disease Control and Prevention estimates that 133 million US residents have at least one chronic condition. Given the aging of the US population, the prevalence of chronic disease and the rising costs of treatment, medical expenditures are expected to increase. The size and rapid growth of the Latino population offers considerable reason to focus on its chronic disease management and preventative interventions. Latinos will account for most of the US population growth through 2050, and the older adult Latino community will almost triple in that time.

The Hispanic and Latino community makes up about 8 percent of the total Clackamas County population, with an additional 10.6 percent identifying as non-white or two or more races. Of those who identify as Hispanic or Latino, approximately 1800 (2.2 percent) are over the age of 60, and another 4500 people (5.4 percent) identify as a race other than white or two or more races. Currently, evidence-based health promotion participation is low in communities of color in Clackamas County. Currently, there are no consistent evidence-based health promotion programs or activities specific to under-served or under-represented communities occurring through Clackamas County contracted services.

Local community/adult centers rely on volunteers to provide instruction and assistance to their members. Unfortunately, there are times when volunteer recruitment can be challenging, and more difficult in rural areas of the county. Community centers have expressed a desire for assistance with securing volunteers to provide evidence-based services/instruction.

Clackamas County is working with regional partners, including the AAAs in Multnomah, Washington and Columbia counties and representatives from the two Coordinated Care Organizations active in the area 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 identify new payers and payment methodologies. These efforts include a special focus on the Hispanic community and rural residents. These activities have been formalized an MOU between the metro AAAS and the CCOs.

<b>Focus Area: Health Promotion</b>					
<b>Goal:</b> In collaboration with other core partners, improve infrastructure, expand offerings, and identify new payers and payment methodologies for evidence-based health promotion programming.					
<b>Measurable Objectives</b>	<b>Key Tasks</b>	<b>Lead Position &amp; Entity</b>	<b>Timeframe for 2017-2020 (By Month &amp; Year)</b>		<b>Accomplishment or Update</b>
			<b>Start Date</b>	<b>End Date</b>	
<p>Triple the current number of evidenced based health promotion programming available in the region.</p> <p>Secure two new funding sources for these programs.</p>	Develop a master list of Master Trainers and certified leaders for Chronic Disease Self-Management programs	Regional Evidenced Based Health Promotion/Self-Management Education Workgroup will take the lead on all activities in this section, except as noted	1/1/2017	3/1/2017	<p>In FY 15-16, 526 sessions of evidence-based health promotion classes were held at 5 senior centers. In FY 17-18, 869 sessions of evidence-based health promotion classes were held at 7 senior centers. This is a 65 percent increase over two years.</p> <p>Clackamas County is a member of OWN, the Oregon Wellness Network. One of the goals of OWN is to increase the</p>
	Create a map of current offerings		1/1/2017	3/1/2017	
	Develop regional calendar of offerings		1/1/2017	5/1/2017	
	Establish standardized costs for EBHP		1/1/2017	3/1/2017	
	Identify two primary care clinics that will test referral mechanisms		1/1/2017	6/30/2018	
Collaborate with Familias en Accion to offer CDSMP with the county at least one each year.	Lois Orner, Program Manager	6/30/2017	12/30/2020		



				<p>number of evidenced-based health promotion activities across the state.</p> <p>In FY 18-19 862 sessions of evidence-based health promotion classes were held at 7 senior centers, a 1% decrease from the previous year.</p> <p><u>Funding for the evidence-based exercise programs ended.</u></p>
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**Issue Area:** Health Promotion

**Goal:** Increase knowledge of and access to evidence-based physical- and health promotion activity programming.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
Increase the number of older adults participating in OAA funded physical activity programs by 5% each year.	Maintain and distribute a list of low-cost and no-cost evidence-based health promotion physical activity services to eligible populations.	CCSS Admin Staff, ADRC Staff, Seniors Centers and Community Partners	1/1/17	12/30/2020	Listings for EBHP programs are in RTZ.
	<p>Develop robust marketing plan to promote Living Well with Chronic Conditions self-management series</p> <p>Offer Living Well with Chronic Conditions classes in more locations that are accessible to all</p>	CCSS Admin Staff, ADRC Staff, Seniors Centers and Community Partners	6/30/2017	1/1/2018	The number of older adult participants increased by 16% in FY 16/17.
Increase participation in health promotion activity participation in under-served/under-	Investigate options for alternative database for participant information data.	CCSS Admin Staff and ADRC Supervisor	6/30/17	1/1/19	We have not yet started investigating an alternative database for EBHP participant info data.
	Establish demographic baseline of participants in EBHP activities.	CCSS Admin Staff and ADRC Supervisor	1/1/17	6/30/17	

represented populations by 5% each year.	Promote evidence-based health promotion programming to under-served/under-represented communities and populations through ADRC outreach and marketing activities.	ADRC program staff and supervisor	1/1/17	12/30/2020	We will need to push this out until 7/2018.
	Increase the number of culturally and linguistically responsive EBHP activity providers	ADRC program supervisor and CCSS Division Director	6/30/17	1/1/19	-CCSS program information is provide at all outreach events. Will review materials for EBHP program information.
	Recruit and train culturally and linguistically diverse volunteers to deliver evidence-based health promotion activities at local senior/community centers.	Volunteer Connection Program Manager	6/30//17	1/1/19	-Demographic data remains difficult to obtain.  -No updates on culturally/linguistically responsive EBHP activity providers/volunteers this at this time.  <i>An alternative database for EBHP activities was reviewed, and found to not meet the reporting needs of the program. CCSS is exploring an opportunity with a culturally-specific community provider in Multnomah County to provide EBHP classes in Clackamas County.</i>

## C-4: Family Caregivers

Family support is key to successful aging in place and decreased institutionalization. Nationally, 66 percent of older persons rely on unpaid family caregivers for some level of support. Recent research provides compelling data about the importance of in home care and the challenges of providing it.

AARP's 2013 Oregon survey indicates that one third of their members would prefer to remain in their homes with care from family and/or friends. In addition, almost one third of respondents report that they are very worried about staying at home as they age. 79 percent of respondents indicate that having in home and community based services is very important to them.

Given the importance of in home care to many older adults and the fact that most in home care is provided by friends and family members, it is concerning to learn how challenging providing this care can be for the caregivers themselves. A 2013 report by the Oregon Attorney Assistance Program reports that there are multiple unmet needs for caregivers, including finding time for themselves (35 percent), managing emotional and physical stress (29 percent), balancing work and family responsibilities (29 percent), help talking with healthcare professionals (22 percent) and making end of life decisions (20 percent).

**The Program:** The Family Caregiver Support Program is expressly designed to address the very issues that have been described. It does this by helping unpaid family caregivers with emotional support, information and referral to other community resources, support groups and evidence based curricula, assistance in arranging for respite care and small respite care stipends. In addition the Family Caregiver Support Program provides funding for three respite day programs in Clackamas County senior centers.

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. Caregivers who participate in FCSP services report reduced stress and are able to keep their loved ones at home longer.

Clackamas County FCSP Provides outreach and public awareness by regularly participating in a range of outreach events and activities. These include:

- Staffing information tables at the Clackamas County Wellness Fair, Senior Day at the Oregon City Farmers' Market and the Clackamas County Fair
- Hosting a community screening of the documentary "Gen Silent", with a discussion panel to follow
- Regular participation in the Volunteer Connection quarterly information and outreach fair
- Participation in statewide conferences and meetings
- Staffing information tables at the Clackamas Community College event, Festival Latino
- Staffing information tables at the Gay and Grey Expo and Portland Pride
- Submitted local media advertising regarding caregiver and grandparent support groups
- Initiated a quarterly newsletter with information and resources for caregivers that is disseminated throughout the county
- Reached out to school counselors to provide information about FCSP services

FCSP has also been successful in reaching out to a number of high need populations:

- 32.5 percent of caregivers served live in rural communities
- 9.3 percent of caregivers served are challenged with their own physical and/or mental disabilities. Virtually 100 percent of caregivers report experiencing depression and/or anxiety
- 53.4 percent of caregivers served care for persons with Alzheimer's and other dementias
- 100 percent of caregivers served provide care to persons who are at risk of institutionalization
- 17.4 percent of caregivers served are grandparents and relatives raising children

Clackamas County's Family Caregiver Support Program (FCSP) provides seven Eligible Activities:

- **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, and at community events. In addition, FCSP is now providing two group events for all FCSP participants: a workshop in the spring and a winter holiday event.
- **Specialized Family Caregiver Access to Services** – Each caregiver participating in the program receives individualized support and information based on the particular situation and needs. These services are provided by phone, in person, or through 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** – Living Well with Chronic Conditions and Savvy Caregiver workshops are provided directly by FCSP staff. Other trainings are provided through partnerships with programs and agencies in the community.
- **Support Groups** – FCSP provides monthly support groups for grandparents and for county employees who are caregivers. In addition, the program plans to add a caregiver support group for community members.
- **Respite Care** - Respite care has been provided through grants to family caregivers who have used the funds to pay for in home care, adult day services, personal care, errand running, homemaking services, and overnight services. These services have been self-directed and arranged by the caregivers themselves.
- **Supplemental Services** – As with respite care, supplemental services are provided through grants of up to \$200 and have been intended as flexible enhancements to caregiver support Services such as home repairs, assistive technologies, caregiver survivor kits, professional consultations, and emergency response systems are all examples of services that have been funded.

#### **Issue Area:** Family Caregiver Support (FCSP)

**Profile:** The Family Caregiver Support Program provides much needed emotional support, guidance, information and referral, and financial assistance with respite services and other costs incurred by caregivers. Over the past year, there has been a marked increase in the number of referrals to the program, as well as increased requests for funding items and services that are outside of the norm. Increasing amounts of staff time have been devoted to processing reimbursements for respite care and stipends, which has resulted in the de-emphasis of the other supportive services that research has shown may be more beneficial to caregivers.

Research suggests that psychoeducational interventions and psychotherapy, or a combination of the two, are most effective for caregiver well-being in the short term. (Sorensen, Pinquart, Habil, and Duberstein,

2002). To improve targeted outcomes, such as caregiver burden and care recipient well-being, supportive interventions alone have shown to be effective (Sorensen, et al., 2002). The research on respite care alone has been found to be inconclusive; however when respite is used it has shown to reduce barriers to caregivers attending groups and classes (Gaugler, Jarrot, Zarit, Stephens, Townsend and Greene, 2003).

These issues have provided the impetus for the FCSP team to consider program modifications that have the potential to better serve the community. The following is our proposal as to how to make those changes.

**Problem/Need Statement:** In order to more effectively provide Clackamas County family caregivers with the relief they need, FCSP proposes the following program modifications:

- **Modify the application process to be more responsive to the needs of caregivers.** At present, caregivers contact the program via phone or email and are sent an application packet to complete. We have found that many caregivers do not complete the packet or complete it incorrectly due to their high stress and trauma levels. We propose changing the application process to a phone interview, with all documentation completed by FCSP staff. In this way, staff are able to use this time to begin developing a supportive relationship with caregivers while also assuring accurate completion of documentation.
- **Standardize and simplify the respite care process.** We have found that the caregivers most in need of this respite benefit are often too stressed to utilize it in a timely fashion with accurate documentation. We propose using the format set by Washington County FCSP as a guide for our modifications. This would entail developing contracts with 2-3 in home caregiver agencies and 2-3 adult day health programs who would provide a set amount of respite for a fixed rate. FCSP staff would initiate the referrals to one of these agencies, who would then be responsible for completing the required documentation. The agency would contact the caregiver to schedule the respite.
- **Increase program capacity to provide support groups, classes that use evidence based curriculums, and short term follow up bereavement support.** This increased capacity would come from increased use of student interns and other volunteers. It would also help emphasize the services the program provides that are not stipend related. There are many support services that are beneficial to caregivers that have taken a “back seat” to the funding provided via stipends.
- **Prioritize stipend eligibility to caregivers who are providing care to individuals who require substantial assistance with 2 or more ADL’s or full assistance with 1 ADL and 1 IADL.** At present, the program serves people on a first come, first serve basis. This means that the program may not be able to serve caregivers who are much in need of services but apply later in the fiscal year.
- **More clearly define and limit the number of supplemental services to be paid by stipends.** While the flexibility to be responsive to the individual needs of caregivers by paying for a range of supplemental services, has been a real strength of the program, it has equally been a challenge and has led to confusion, misunderstanding, and misinterpretation.
- **Increase outreach efforts to underserved populations by strengthening partnerships and collaborations with community organizations.** Efforts to reach underserved communities is still a work in progress. Collaborating with other organizations will provide the opportunity to build on the work in the community that has already been accomplished.

<b>Issue Area:</b> Addressing barriers to family caregivers receiving and benefitting from program services					
<b>Goal:</b> Modify program services to make them more user friendly by simplifying and streamlining service access.					
<b>Measurable Objectives</b>	<b>Key Tasks</b>	<b>Lead Position</b>	<b>Timeframe for 2016-2020</b>		<b>Accomplishment or Update</b>
			<b>Start Date</b>	<b>End Date</b>	
Redesign and implement provision of respite care services and supplemental services	<ul style="list-style-type: none"> <li>• Begin delivering respite care services per the re-designed system</li> <li>• Evaluate service delivery model and make modifications as needed</li> <li>• Implement client satisfaction survey</li> </ul>	FCSP team	7/2016	6/2020	<p>The respite care delivery re-design is complete and modifications have been incorporated.</p> <p>Due to a change in staffing, the client satisfaction survey will be implemented in summer of 2018.</p> <p>The client satisfaction survey was implemented and the results were positive. 94% of respondents reported that the support services they received helped them to be a better caregiver. 77% of respondents were very satisfied with the services they received and another 17% were satisfied. 97% reported that the services they received helped them keep their loved one at home.</p>
			7/2017	9/2017	
			7/2017 and then annually		
Increase the number of individuals from ethnic minority populations accessing Family Caregiver services to more accurately reflect the demographics of the	<ul style="list-style-type: none"> <li>• Conduct baseline analysis on FCSP client demographics</li> <li>• Convene community conversations with family caregivers and service partners from</li> </ul>	FCSP team, VC Program Manager	7/2016	9/2016	While the overall number of Family Caregivers participating in the FCSP decreased from 153 in FY 15/16 to 111 in FY 16/17, the number of individuals from ethnic and racial
		FCSP team	10/2016	6/2018	

<p>county (approximately 13% of the low income population in Clackamas County is non-white)</p>	<p>diverse backgrounds around inclusion and service equity</p> <ul style="list-style-type: none"> <li>• Implement targeted messaging based on community conversations</li> <li>• Conduct an evaluation of efforts to assess service access changes by targeted caregiver populations</li> </ul>	<p>FCSP team</p> <p>FCSP team</p>	<p>7/2018                      9/2020</p> <p>7/2019 and then annually</p>	<p>minority populations increased from 9% to 18%.</p> <p>The number of family caregivers participating in the FCSP increased from 111 in FY 16-17 to 120 in FY 17-18. The number of participants from ethnic and racial minority populations remained the same in FY 17-18.</p> <p>The number of family caregivers participating in FCSP declined from 120 in FY 17-18 to 114 in FY 18-19. The number of participants from ethnic or racial minority populations doubled from 5 in FY 17-18 to 10 in FY 18-19.</p> <p><u>The number of family caregivers participating in FCSP declined from 114 in FY 2018-19 to 80 in FY 2019-20. The number of participants from ethnic or racial minority populations remained the same as the previous year – 10 participants.</u></p>
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## **C – 5: Elder Rights and Legal Assistance**

Clackamas County Social Services (CCSS) works with a number of community partners to assist older adults in meeting their needs 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.

### Legal Assistance

In order to support the legal rights of seniors residing in Clackamas County CCSS contracts with Legal Aid Services of Oregon (LASO) for legal assistance to low-income seniors. This contract also supports services to family caregivers of any age who are providing care for a family member age 60 or older, or a county resident over the age of 55 providing care for grandchildren under the age of 18. The LASO Portland office continues to be the regional provider of legal assistance to low-income residents of Clackamas and Multnomah Counties.

In addition to contracted legal assistance services through LASO, Adult/Community Centers participate in the Senior Law Project. The Senior Law Project assists those 60 and over with access to local volunteer attorneys who donate one afternoon a month on a rotating basis to provide pro bono 1/2 hour appointments. Clients needing further help on the original consultation matter, who have an income below 125% of the Federal Poverty Level, may have 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 of our older adults with limited means have voiced their need for having this sort of access. The Senior Law Project gives them that opportunity.

### Elder Abuse

CCSS has a long history of supporting efforts to prevent elder abuse and financial exploitation. The Community Centers that partner with CCSS for other OAA funded programming also provide a platform for education and fraud awareness programs in the hope that in assisting in raising awareness to scams and predatory practices the number of seniors victimized will be greatly reduced in coming years. All providers receiving OAA/OPI funding are mandatory reporters and have means to report suspected abuse to the appropriate agencies.

For the past five years, Clackamas County has allocated County General Funds to support the work of a Forensic Accountant. This service is open to any fraud case that is referred by the County MDT. The goal is to help ensure successful prosecution of financial exploitation against vulnerable county residents.

### Elder Rights

Clackamas County Social Services (CCSS) has worked with a network of ten senior centers over many years to develop an integrated system to serve seniors. This network has continued to 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 seniors from abuse, neglect, isolation, and exploitation. Towards this end, staff and trained volunteers at each senior 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 seniors who are at risk of abuse or exploitation, or have been evaluated 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. During Fiscal Years 2011-12, this local non-profit was awarded a Board of County Commissioners grant to increase the capacity and sustainability of this program. The Board of County Commissioners continues to award this funding each fiscal year since.

Senior Citizens Council of Clackamas County serves clients throughout Clackamas County. Of the clients served, 50 percent have incomes at or below Federal Poverty Level; 58 percent have been diagnosed with dementia; 34 percent have a diagnosed mental illness or other mental/cognitive disability; and 10 percent also have a physical disability. Senior Citizens Council also serves veterans and their surviving spouses. Eighty percent of their clients have no family, family is unavailable, or is inappropriate to provide assistance because family members have put their own interests above the needs of the at-risk person.

In an effort to further coordinate elder abuse prevention, CCSS, in partnership with the Regional DHS-APS office, has executed an MOU which 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 the department-wide H3S (Health, Housing & Human Services Dept.) Problem-Solving MDT. This is a recent innovation with strong participation from line and leadership staff within Behavioral Health, Social Services, Housing Authority and Health Centers. Meetings are scheduled regularly twice a month. Line staff as well as supervisors and managers can confidentially staff participant/consumer 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. Since each partner in the Problem-Solving MDT has resources that they can bring to 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 focused on problem solving as opposed to procedural or administrative issues.

There also is a County-wide 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 Clackamas 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;
- to prevent the abuse of other potential victims;
- to increase the effectiveness of the prosecution of criminal cases,
- to provide increased safety through victim advocacy, and
- to provide information to all involved agencies in a coordinated and efficient manner.

**Focus Area:** Elder Rights and Legal Assistance

**Goal:** Reduce barriers to low-income older adults seeking legal assistance

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
<p>The contract for older adult legal services to Legal Aid Services of Oregon is fully expended.</p> <p>Persons from minority populations represent at least 5% of the clients served by Legal Aid Services under this contract.</p>	Provide annual trainings to ADRC staff to ensure appropriate referrals to Legal Aid Services	ADRC Program Supervisor	3/1/17	4/1/2020	Multiple attempts have been made to connect with Legal Aid to schedule a training re: appropriate referrals. KT will continue to attempt to coordinate these trainings. <i>Attempts continued to connect with Legal Aid, and have been unsuccessful. KT will continue to attempt to coordinate these trainings.</i>
	Provide annual trainings to Senior Center staff to ensure appropriate referrals to Legal Aid Services	ADRC Program Supervisor	4/1/17	5/1/2020	Multiple attempts have been made to connect with Legal Aid to schedule a training re: appropriate referrals. KT will continue to attempt to coordinate these trainings. <i>Attempts continued to connect with Legal Aid, and have been unsuccessful. KT will continue to attempt to coordinate these trainings.</i>

<p>Provide semi-annual Management report to Agency Director on spend out of Legal Aid Services of Oregon contract</p>	<p>OAA Contract Specialist</p>	<p>1/1/17</p>	<p>6/1/2020</p>	<p>21% of the Legal Aid Services of Oregon contract was unspent.</p> <p>In FY 17-18, 51% of the Legal Aid Services of Oregon contract was unspent.</p> <p><u>In FY 2018-19, 68% of the Legal Aid Services of Oregon contract was unspent.</u></p> <p><u>In FY 2019-20, 67% of the Legal Aid Services of Oregon contract was unspent.</u></p> <p>16% of the clients served by LASO self-identified as a member of a minority population.</p> <p>In FY 17-18, 12% of the clients served by LASO self-identified as a member of a minority population.</p> <p>In FY 18-19, 11% of the clients served by LASO self-identified as a member of a community of color.</p>

					<u>In FY 2019-20, 9.5% of the clients served by LASO self-identified as a member of a community of color.</u>
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**Focus Area:** Elder Abuse Awareness with Gatekeeper Program

**Goal:** Support Gatekeeper programming with a focus on financial abuse/fraud.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
<p>Each year 20 individuals will participate in Gatekeeper training</p> <p>Referrals from community gatekeepers to the Clackamas ADRC will increase by 5% each year</p>	<p>Coordinate (2) presentation each year on how to protecting against fraud and financial scams.</p> <p>Invitations to Gatekeeper presentations will be made to culturally specific organizations.</p>	<p>AAA Admin Staff, Community Partners, ADRC Staff</p>	<p>1/1/17</p>	<p>12/30/2020</p>	<p>293 people participated in GK trainings during FY 16/17.</p> <p>53 people participated in GK trainings during FY 17-18.</p> <p>We saw a 10% increase in referrals from Community GKs in FY 16/17.</p> <p>We experienced a 43% decrease in referrals from community GKs in FY 17-18. <i>This decrease is likely due to the fact that there has not been dedicated funding or staffing available to conduct Gatekeeper Trainings and ADRC</i></p>

				<p><i>outreach/education to community partners and organizations. Funding has been made available as of February 2019 to fund a dedicated staff person to these activities for 12 months. We anticipate with having dedicated staffing, GK trainings and referrals to the ADRC will increase of the next 12 months.</i></p> <p>In FY 18-19, 284 people participated in Gatekeeper training. Training occurred primarily during the last 4 months of the fiscal year.</p> <p><u>In FY 2019-20, 363 people participated in Gatekeeper training.</u></p> <p>In FY 18-19, 30 referrals were received by the ADRC from community gatekeepers. This is expected to increase in FY 19-20.</p> <p><u>In FY 2019-20, 29 referrals were received by the ADRC from the</u></p>
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					<u>community gatekeepers.</u>
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**C – 6: Older Native Americans**

The 2010 census data counted 828 Native American county residents who are over the age of 60. That number has since dropped to 510, according to the 2014 American Community Survey. There are no recognized tribal lands within the service area. 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 and the Native American Rehabilitation Center 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 and to stay up-to-date on aging and other services offered in the AAA service area.

**Focus Area:** Older Native Americans

**Goal:** Increase participation by Native American seniors by reducing barriers to older Native Americans in accessing services and partnering with neighboring counties when appropriate

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
Increase participation of older Native Americans in OAA funded programs.	Outreach to Native American community leaders.	Social Services Director	Ongoing	Ongoing	24% increase in participation of older Native Americans in OAA funded programs  15% increase in participation of older Native Americans in OAA funded programs from FY 16-17 to FY 17-18.  16.6% increase in participation of older Native Americans in OAA funded programs from FY 17-18 to FY 18-19  <a href="#"><u>Participation of older Native Americans in OAA funded programs</u></a>



					<u>remained the same from the previous year..</u>
	Outreach to programs and organizations that provide targeted services to Native Americans.	Social Services Director and Program Managers	Ongoing	Ongoing	
	Develop capability to pull demographic data from Oregon ACCESS that is service specific.	SUA Staff / CCSS Admin Staff	Ongoing	Ongoing	
	Provide assistance to older Native Americans in accessing services.	Clackamas ADRC Staff	Ongoing	Ongoing	

## C-7 Older Adult Behavioral Health

**Profile:** According to the American Psychological Association, 15-20 percent of older adults in the United States have experienced depression, with another 11 percent who have experienced anxiety disorders. The risk of suicide increases with age, with depression being a major risk factor for suicide. 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 or reduced independence. Depression and anxiety are common, potentially debilitating, but highly treatable conditions. Older adults with depression visit the doctor and emergency room more often, may incur high outpatient charges and stay longer in the hospital. 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 competent care now and in the coming decades.

In 2014, Portland State University interviewed or surveyed thirty-five participants for the Senior Mental Health Specialist Investment Report, which was later submitted to the Senior Mental Health Budget Note Committee. Participants represented aging services, mental health, advocacy, and other sectors such as long-term care, quality improvement, and health/medical care. Representatives from rural areas of the State also participated. These interviews and surveys identified problems that exist in providing behavioral health services to older adults, examined systems coordination, gaps in services, how to address those gaps, and examined how larger communities and smaller communities (rural/urban) provide services.

In early 2015, the Oregon Health Authority launched the Older Adult Behavioral Health Initiative. This initiative aims to improve the current systems for delivering behavioral health services to older adults and persons 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 Behavioral Health Specialists (OABHS) were brought on staff in the Tri County Region as a result of the Older Adult Behavioral Health Investment. The OABHS provides the following services in the tri-county 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.

In mid-2015, Clackamas County Social Services, in partnership with our regional Aging and Disability Resource Connection (ADRC) established capacity to provide older adult behavioral health services throughout the region. Evidence-based services provided to older adults include PEARLS (Program to Encourage Active Rewarding Lives for Seniors), and an outreach program specifically for older adults and persons with disabilities, and VIEWS (Volunteers Involved for the Emotional Well-Being of Seniors) a peer support program specifically for older adults. The funding also provided suicide intervention training and mental health first aid training to service providers and community partners. An older adult behavioral health specialist was also hired by Clackamas County Behavioral Health, and has provided assistance with complex case consultations, service coordination throughout various systems, and older adult behavioral health training.

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 PEARLs and Centerstone Clinic.

**Problem/Need Statement:** Many older adults do not have access to, or are not aware of, the availability of low-cost or no-cost evidence-based behavioral health services to assist them in their efforts to maintain or improve their well-being. According to the 2015 Senior Mental Health Specialist Investment summary regarding service gaps for older adults, nursing homes and aging services providers don't have training to care for those with very challenging behaviors. A lack of knowledge exists at all levels about aging, mental health, service systems, options, best practices and who can be called upon to assist. In an effort to address these gaps, the various systems, including health, behavioral health, long term care and social services, must work together to establish collaborative and cooperative relationships and provide more cross training to aging services providers at all levels and in all systems.

**Focus Area:** Older Adult Behavioral Health Services

**Goal:** Increase education and awareness of older adult behavioral health needs and services in Clackamas County

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
With continued funding, increase awareness and education of older adult behavioral health needs and services available in Clackamas County to aging services providers.	Provide on-site mental health first aid training at six senior/community centers located in Clackamas County. All senior centers and identified community partners providing services to under-represented/under-served communities will be invited to participate. Clackamas County Long Term Care providers will also be invited to these trainings.	Older Adult Behavioral Health Coordinator	1/1/2017	1/1/2019	3 session of Mental Health First Aid training were delivered in FY 16/17. 36 participants completed the training. 3 session of Mental Health First Aid training were delivered in FY 17-18. 36 participants completed the training.  -All ADRC staff have been trained in MHFA.
	Train all ADRC staff in Mental Health First Aid by 2020. New staff will be trained within one year of hire.	ADRC Program Supervisor and staff	1/1/2017	6/30/2020	
	Explore opportunities for closer coordination of the Aging Services Advisory Council, Mental Health and Addictions Advisory Council, and NAMI.	CCSS Division Director	6/1/2017	6/30/18	
	Invite a representative from the Office of the Long Term Care Ombudsman to Clackamas County to discuss programs and services provided.	ADRC Program Supervisor	6/30/2017	12/30/2017	

				<p>-KT to follow up with this for completion prior to July 2018. <i>The LTCO will be presenting to the ADRC in Feb 2019.</i></p> <p><i>CC provided 27 mental health trainings in FY 18-19 and an estimated 830 attended.</i></p> <p><i><u>CC provided 10 session of the Mental Health First Aid training in FY 2019-20 and 186 participants completed the training.</u></i></p>
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<b>Focus Area:</b> Older Adult Behavioral Health Services					
<b>Goal:</b> Increase access to and use of evidence-based older adult behavioral health services in Clackamas County.					
Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
With continued funding, increase number of older adults participating in evidence-based behavioral health services in Clackamas County by 5% each year.	Work with regional partners to establish baseline data on participation in evidence based behavioral health services by under-served/under-represented communities in Clackamas County. Use the baseline data to develop strategies to increase participation from these communities.	Older Adult Behavioral Health Coordinator	6/30/17	12/31/2017	The number of older adults screened for evidenced based behavioral health services decreased by 16%. The number of older

	<p>Coordinate with local senior and community centers to do provide outreach to older adults and persons from under-served/under-represented communities.</p>	ADRC Program Supervisor	1/1/18	1/1/2020	adults enrolled in services increased by 159%.
<p>Coordinate with primary care providers at Clackamas County community health clinics and the Housing Authority (for Section 8 recipients) to increase awareness of OABH services for patients and residents.</p>	Older Adult Behavioral Health Coordinator	1/1/18	1/1/2020	The number of older adults screened for evidenced based behavioral health services decreased by 81% from FY 16-17 to FY 17-18.	
<p>Include information about available evidence-based behavioral health services in all ADRC outreach and marketing activities.</p>	ADRC Program Staff and Supervisor	1/1/17	1/1/2018	The number of older adults enrolled in services decreased by 75%.	
<p>Explore Memorandum of Understanding (MOU) between Clackamas County Behavioral Health, Health Centers and Clackamas County Social Services Aging and Disability Resource Connection to allow streamlined information-sharing, accessibility and referrals.</p>	ADRC Program Supervisor	6/30/2017	12/30/2017	Lack of dedicated funding available for outreach, education and marketing activities has made it challenging to provide targeted outreach to our consumers.	
<p>Attend Clackamas County MDTs on a regular basis.</p>	ADRC and OPI Program Staff	1/1/17	12/30/2020	Additionally, discussions are occurring with the regional OABHI coordinator to create a plan to raise awareness about, and increase referrals to OABH services, such as Pearls.	
<p>Participate in county-wide Zero Suicide initiative.</p>	ADRC and OPI Program Staff	1/1/17	12/30/2020		

				<p>-Information about CCSS programs and services are provided at all outreach events.</p> <p>KT will revisit materials to ensure OABH services are included.</p> <p>-A member of the OPI/ADRC attends the County's MDT meetings on a regular basis.</p> <p>-ADRC/OPI staff are participating in the Zero Suicide initiative as opportunities present themselves.</p>
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**Focus Area:** Older Adult Behavioral Health Services

**Goal:** In collaboration with other core partners, develop a framework of Older Adult Behavioral Health services sustainability.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2020 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
Develop a framework for Older Adult Behavioral Health services sustainability.	Explore options for Older Adult Behavioral Health services sustainability in collaboration with local, regional and statewide partners.	ADRC Program Supervisor, Manager and Division Director	1/1/18	7/1/2019	At this time funding for the OABHI seems stable.



## **C – 8: Volunteering**

**The Need:** Local volunteers play a vital role in providing critical services to Clackamas County residents. Challenging economic conditions such as increased poverty, homelessness, and a growing population of older adults create a demand for volunteer services. Many older adults in Clackamas County struggle to age in place and feel safe. There is a growing concern that as one ages, one may not be able to live independently in their own home. Volunteers build a community's capacity to address local needs and enhance the quality of life for community members. Likewise, volunteers get a sense of connectedness and fulfillment, and new research is beginning to prove the health benefits of being involved in one's community.

Clackamas County Volunteer Connection (CCVC) works with community partners to target social service demands with meaningful volunteer opportunities and engagement that utilize a person centered philosophy of service. In order to effectively engage potential and affiliated volunteers, CCVC works with community partners on outreach, focusing on opportunities for harder to reach and underrepresented individuals. In order to deliver strong social service volunteer engagement opportunities, CCVC re-evaluates its response to community needs, demographic changes, economic and health trends, and efforts of local organizations.

### **The Program:**

Since 1986 Clackamas County Volunteer Connection (CCVC), a program of Social Services, has been a vital link for volunteer engagement and client services that allow individuals to live independently in a manner that honors individual needs, preferences, and diverse backgrounds.

CCVC connects potential volunteers with opportunities to serve throughout the county. Approximately 300 volunteers are registered directly with CCVC and provide additional delivery of social services in Clackamas County which fosters opportunities for individuals and families to be self-reliant and live healthier, safer and more socially connected lives. In 2015, CCVC volunteers contributed over 50,000 hours which translates into more than \$1,187,000.00 of in-kind support providing critical services for individuals and families.

CCVC 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;
- food access, delivery, and security for the hungry;
- health care guidance for those approaching age 65;
- 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.

### **Issue Area: Volunteer Engagement**

**Profile:** In Clackamas County, volunteer engagement efforts add value throughout the community. Local organizations rely on volunteer supported programs including local non-profits, government agencies, faith-based organizations, emergency management, and public safety networks. Since 1986, CCVC has been a strong link between volunteer placement and volunteer engagement for Clackamas County.

**Problem/Need Statement:** In order to deliver relevant volunteer opportunities, CCVC must continuously evolve to respond to Clackamas County’s needs, demographic changes, economic and health conditions and trends, and emerging efforts of local partner organizations. Although Oregon and national volunteer participation statistics are strong, improvement can be made in how volunteer opportunities are structured, advertised, and communicated. Engagement of volunteers who are harder to reach and are typically unrepresented can also be improved.

For the 2015 calendar year, there were approximately 264 volunteers who were over the age of 55 and 46 percent of these volunteers were 70-79. Six percent of these volunteers were people of color, which strongly indicates the importance of improving outreach to potential volunteers into under-represented communities.

<b>Measurable Objectives</b>	<b>Key Tasks</b>	<b>Lead Position and Entity</b>	<b>Timeframe</b> <b>Start</b> <b>End</b>	<b>Accomplishment or Update</b>
<p>Document increase in number and overall percentage of volunteers who are from under-represented communities, including people defined by color, ethnicity, race, physical abilities, disabilities, age, sexual orientation and rural communities, etc.</p> <p>Solicit feedback from volunteers and the community to assess and then strengthen the provision of services by utilizing a person centered approach.</p>	<p>Develop a list of target audiences and key stakeholders, reach out to solicit input on volunteer recruitment and retention</p>	<p>CCVC Program Manager CCVC team</p>	<p>7/1/17                      10/1/17</p>	<p>The percentage of volunteers from underrepresented communities increased in the Asian and Persons with a disability categories. It remained unchanged for the Black/African American, Hispanic and American Indian/Alaska Native populations.</p> <p>The percentage of volunteers from underrepresented communities increased in the Persons with a disability category. It remained unchanged for the Black/African American, Hispanic, American Indian/Alaska Native and multi-racial populations. It declined for the Asian population.</p> <p>The number of volunteers from under-represented communities increased by 11 people or 85%. The overall percentage of volunteers from under-represented race/ethnic communities remained the</p>

				<p>same at from 11.3%. This is primarily due to an increase in the overall number of volunteers. The overall percentage of volunteers with disabilities increased from 1.8% to 3%.</p> <p><u>The overall percentage of volunteers from under-represented race/ethnic communities increased from the same at from 11.3% in FY 2018-2019 to 15.1%.</u></p> <p><u>The overall percentage of volunteers with disabilities increased from 3% to 5.4%.</u></p>
	<p>Include questions on the annual volunteer satisfaction survey regarding outreach and retention of volunteers from underserved and/or under-represented communities</p>	<p>CCVC Program Manager</p>	<p>7/1/17 and then Annually</p>	<p>Volunteer Connections conducted its <b>annual survey</b> of volunteers. The <b>Senior Corps Advisory Council</b>, which meets quarterly and is composed of a representative volunteer from each of our programs, provides input regarding service provision.</p> <p>The annual survey was conducted in Spring 2018, and the Senior Corps Advisory Council continues to meet and</p>

				provide feedback on programming.
	Incorporate learnings into volunteer recruitment and retention process. Provide a minimum of 4 Volunteer Fairs provided in different locations throughout the county which are 50/50 staff/volunteer lead.	CCVC Program Manager	9/1/17 and then Annually	The quarterly volunteer recruitment fairs have been implemented and lead volunteers have been invited to participate.

## C – 9: Age Friendly Communities

**Description of the Issue:** Multiple studies have shown that the majority of older adults would prefer to live in their home as they age. To do so, communities need to provide their residents with appropriate physical infrastructure, service supports, and opportunities to remain engaged in community life. Communities with these assets and attributes are referred to as “age-friendly communities.” Studies also show that many communities do not have these attributes and assets, and their residents are therefore challenged to remain living in the community of their choice. This is especially true for residents of rural and suburban areas where public transportation and assisted transportation options are limited. The lack of affordable, accessible housing, assistance with Activities of Daily Living, and opportunities to remain socially engaged all contribute to a lack of age-friendliness in many communities.

In 2010, Clackamas County Social Services, in partnership with AARP Oregon and OSU Extension Service, launched engAGE in Community. The objectives of the initiative were to provide local data to inform planning efforts and to increase awareness and understanding of the importance of creating age-friendly communities. Between November of 2010 and March of 2012, six communities, ranging from frontier areas on Mt. Hood, to urbanized Wilsonville, participated in a participatory photo mapping process that documented the assets and barriers to place-based aging in each community. The results of the mapping process were shared with community members.

- Throughout the county, the process showed that transportation was the most cited barrier, closely followed by concerns about the affordability and accessibility of housing. The study showed a strong reliance on personal vehicles to meet transportation needs. When faced with the inability to drive oneself, many residents encounter less than optimal, or no viable public transportation option.
- An absence of housing options that meet a variety of needs and lifestyles results in disturbed family and social networks for community members with evolving housing needs.
- While Clackamas County is well-resourced in the areas of community support and health services, barriers to accessing these services include lack of transportation, and the absence of home health and medical supply vendors within local communities.
- While the social environment emerged as a strong supporting attribute for the age-friendliness of the communities that participated in the study, respectful, inclusive and intergenerational opportunities were frequently discussed within the context of areas for improvement.

The information gleaned from the community mapping process that occurred in 2010 was corroborated by the results of the 2016 Area Plan Community Needs Survey. Out of 171 responses, the following age-friendly features were rated as important or very important by respondents. The number in parenthesis indicates the number of respondents who either agreed or strongly agreed that the feature is important.

- Long term housing affordability (145)
- Special Needs Transportation (139)
- Walkability (138)
- Long Term Care Options (132)
- Feeling actively engaged in my community (131)

### **The Program:**

Clackamas County Social Services has engaged in a number of efforts to help increase the community assets that help communities become more age-friendly. The Aging Services Advisory Council has

established an Age-Friendly subcommittee, the agency has hosted five engAGE in Community summits, where community members can learn more about what it takes to make a community age-friendly, small grants were provided to communities on two occasions, and outreach has begun to elected officials in cities within Clackamas County.

These efforts are based on the WHO checklist and informed by N4A's "Making your Community Livable for all Ages," "Guiding Principles for the Sustainability of Age-Friendly Community Efforts," and AARP's Age Friendly Tool Kit. More recently, the committee has begun to explore the intersection between Social Determinants of Health and Age-Friendly Communities.

**Problem/Need Statement:** There are many challenges in this work. Clackamas County is large, has diverse geography, and includes many rural and suburban areas, as well as 17 municipalities. Much of the work around creating age-friendly communities, both in the United States and internationally, has focused on urban areas. There is little research on what it takes to create age-friendly communities in small towns and rural areas. Since most of the County's population resides within a municipality, there are limitations to what the county can do since it does not have jurisdiction within city limits. Another major challenge is the scope of the endeavor. Addressing issues like transportation, housing, along with the social and service environment takes more resources than Clackamas County can commit to these efforts.

<b>Goal:</b> Raise awareness among multiple sectors, including the general public, and elected officials, about the importance of creating age-friendly communities that are all-age-friendly, and insert all-age-friendly language into planning documents and policy statements					
<b>Measurable Objectives</b>	<b>Key Tasks</b>	<b>Lead Position and Entity</b>	<b>Timeframe</b> <b>Start</b> <b>End</b>		<b>Accomplishment or Update</b>
<p>Annually at least one concerted effort to engage elected officials from municipalities within Clackamas County on the issue of Age Friendly Communities.</p> <p>Creation of Age Friendly dashboard to present to Board of County Commissioners on an annual basis.</p>	<p>Schedule a study session with the Clackamas County Board of Commissioners to discuss the importance of age-friendly communities</p>	<p>CCSS Director</p>	<p>7/1/16</p>	<p>1/1/2018</p>	<p>The Age Friendly subcommittee of the Aging Services Advisory Council is nearing completion of an Age-Friendly dashboard that will be used with a variety of audiences to talk about the importance of age-friendly communities.</p> <p>The Age Friendly dashboard was completed.</p>
	<p>Provide the elected officials from one city within Clackamas County each year with information on the age-friendliness of their city and ways to increase the age-friendliness.</p>	<p>CCSS Director and members of the Age-Friendly sub-committee of the Aging Services Advisory Council</p>	<p>1/1/2017</p>	<p>21/30/2020</p>	<p>Outreach to the City of Milwaukie was completed. The City is considering working toward an Age-Friendly designation.</p> <p>Outreach to the City of Gladstone will occur in FY 18/19.</p> <p>Outreach to the City of Gladstone was conducted in FY 18-19.</p>
	<p>Incorporate information about the importance of creating age-friendly communities in the Regional Special Needs Transportation Plan</p>	<p>AFC/ASAC members who are also members of the STF Advisory Council</p>	<p>1/1/2017</p>	<p>21/30/2020</p>	



	Host one event or initiative each year, for the general public, that highlights the need to create age-friendly communities		1/1/2017	21/30/2020	
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## **C – 10: Transportation**

Transportation is frequently identified as one of the barriers that prevent seniors from remaining in their homes. If a senior is unable to drive due to health issues such as low vision or the expense of maintaining a vehicle, that person loses the ability to meet certain basic needs. Transportation is essential for access to medical care, food, recreation, social services and other goods and services that allow individuals to remain independent and in their own homes and communities.

Clackamas County encompasses 1,879 square miles. One eighth of the county is urban, the remainder is suburban, small town and rural. Five different transit agencies serve the county (TriMet, SMART (Wilsonville), South Clackamas Transit District, Sandy Area Transit and Canby Area Transit). In addition, the Mt Hood Express provides service in the Hoodland area. An estimated 14 percent of the county's population is without public transportation. This compares to 0.7 percent of the population in Multnomah County and 4.2 percent in Washington County who are without public transportation. The 2016 Area Plan survey, along with earlier 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 will continue to grow. Public transit services are only available within very constrained service boundaries so there will continue to be unmet needs for other forms of transportation for seniors.

### Services

Clackamas County Social Services, through a partnership called the Clackamas County Transportation Consortium, provides funding to nine senior and community centers in Welches, Sandy, Molalla, Canby, Oregon City, Milwaukie, Gladstone, Lake Oswego and Estacada. Each of the centers provides individual and group rides within and outside of their service district boundaries. They assist seniors in accessing medical services, congregate meals, shopping and other needs.

The Social Services Division also has two internal programs: Transportation Reaching People (TRP) and Catch-a-Ride (CAR). TRP/CAR use both paid drivers and volunteers to “fill in the gaps” in service for the center programs and help seniors and persons with disabilities who live outside of a public transit or senior center service district get rides for medical appointments and other needed services. CAR also provides rides to a very limited number of individuals with disabilities seeking employment and educational opportunities.

During Fiscal Year 2014-15, the network of the Clackamas County Transportation Consortium provided almost 75,000 rides to seniors and persons with disabilities, with 440,000 vehicle miles logged.

Transportation Reaching People's success depends on a dedicated pool of volunteer drivers who are willing to devote their time and their own personal vehicles to assist others. Many TRP volunteer drivers are seniors themselves and will be eventually unable to assist with driving activities. One of our primary focuses will continue to be a robust volunteer recruitment and retention program.

Transportation programs, along with many other programs statewide, struggle with securing stable and adequate funding. The Transportation Consortium services are funded through a combination of Older American Act funds and State of Oregon Special Transportation Funds (STF). STF funds have been diminishing over time. The Oregon Department of Transportation (ODOT) is partnering with a variety of organizations, including local transit providers and the Oregon Transit Association, to seek stable sources of funding for special needs transportation, as well as examine strategies such as better coordination of services. Clackamas County Social Services staff participates in these efforts and ongoing advocacy efforts are important to this work.

Finally, we continue to identify both gaps in service and areas in which we can increase our efficiencies through community partnerships. Medical transportation for chronic health conditions, such as dialysis treatment, is becoming an increasingly sought after service. Working with our regional partner, Ride Connection, and with ODOT, we will work to develop service alternatives that will better meet these needs. We will also continue to seek efficiencies in service in order to reduce both turndowns and the length of time we are scheduling out for appointments.

**Issue Area:** Transportation

**Profile:** Transportation is an essential component for seniors to remain in their own homes. Transportation allows individuals access to vital services, such as medical care, nutrition services, and shopping. The need for expanded transportation resources for medical transportation to services such as dialysis has been identified as an unmet need.

**Problem/Need Statement:** Lack of transportation continues to be listed as a significant barrier to accessing services for seniors and persons with disabilities in Clackamas County.

Issue Area: Transportation					
Goal: Improve transportation options					
Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2017-2019 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
Maintain service levels for existing services that provide accessible transportation	Work with OAA Contracted Providers, TriMet, rural transit districts and other community partners to effectively coordinate services and leverage existing resources for cost effective service delivery.	AAA Program Staff	1/1/2017	Continuous	5% decrease in number of rides provided.
					7% increase in number of rides provided from FY 16-17 to FY 17-18.
					0.4% increase in the number of rides provided from FY 17-18 to FY 18-19.
					<u>23.9% increase in the number of rides provided from FY 2018-19 to FY 2019-20.</u>
	Work with local, state and federal resources to advocate for stable, long term solutions to increase	AAA Program Staff	1/1/2017	Continuous	Currently working with county and

	funding and resources available for transportation of seniors and persons with disabilities				regional transportation providers to address the new STIF funding and its impact on transit services, especially for vulnerable populations
Improve service options for transportation for chronic medical conditions, such as dialysis	Work with Ride Connection and ODOT to identify innovative strategies to improve rural medical transportation. Seek funding for expanded service.	AAA program staff	1/1/2017	1/1/18	<p>13% decrease in medically life sustaining rides. Recently began new program for expanded medical and life sustaining medical rides.</p> <p>33% increase in medically life sustaining rides from FY 16-17 to FY 17-18.</p> <p>16% increase in medically life sustaining rides from FY 17-18 to FY 18-19.</p> <p><u>15% increase in medically life sustaining rides from FY 2018-19 to FY 2019-20.</u></p>

Maintain involvement in regional planning efforts	Participate in regional planning and coordination groups such as RTCC, STFAC and others as needed.	AAA Program Staff, advisory board members	1/1/2017	Continuous	Currently working with county and regional transportation providers to address the new STIF funding and its impact on transit services, especially for vulnerable populations
	Continue participation as a lead organization in the Clackamas County Transportation Consortium to improve coordination between providers	AAA Program staff	1/1/2017	Continuous	Ongoing

## APPENDIX E: Emergency Preparedness Plan

Clackamas County has a comprehensive Emergency Operations Plan that addresses all aspects of emergency management and is 672 pages in length. 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 Command and Control
- **Communications Plan** – Emergency Support Function Annex 2 Communication and Emergency Support Function Annex 14 Public Information
- **Agreements That Detail Activities Coordination With Other Entities** – Section 3 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 15 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 (CCEM), 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 CCEM, 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](http://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).



## Appendix F

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

Canby Adult Center  
P.O. Box 10, 1250 S. Ivy  
Clubhouse Dr.  
Canby, OR 97013  
(503) 266-2970

Estacada Community Center  
P.O. Box 430, 200 SW  
  
Estacada, OR 97023  
(503) 630-7454

Gladstone Senior Center  
1050 Portland Avenue  
Gladstone, OR 97027  
(503) 655-7701

Lake Oswego Adult Comm. Ctr.  
505 "G" Avenue  
Lake Oswego, OR 97034  
(503) 635-3758

North Clackamas Parks & Rec.  
Milwaukie Center  
5440 S.E. Kellogg Creek Dr.  
Milwaukie, OR 97222  
(503) 653-8100

Molalla Adult Community Ctr.  
P.O. Box 728  
315 Kennel Street  
Molalla, OR 97038  
(503) 829-4214

Pioneer Community Center  
615 Fifth Street  
Oregon City, OR 97045  
(503) 657-8287

Sandy Senior & Comm. Ctr.  
38348 Pioneer Blvd.  
Sandy, OR 97055  
(503) 668-5569

Wilsonville Community Ctr  
7965 S.W. Wilsonville Road  
Wilsonville, OR 97070  
(503) 682-3727

### Designated Access Point

Hoodland Senior Center  
P.O. Box 508  
25400 E Salmon River Road  
Welches, OR 97067  
(503) 622-3331

## OPI In-Home Agency Providers

Affordable Care NW, LLC  
DBA - Helping Hands Home Care  
6901 SE Lake Rd. Ste. 22  
Milwaukie, OR 97267  
(503) 239-8000

Mt. Hood Home Care Services  
P.O. Box 1478  
Sandy, OR 97055  
503-826-8285

Grin-In-Home Care, LLC  
DBA: Comfort Keepers-Portland  
15717 SE McLoughlin Blvd.  
Portland, OR 97267  
(503) 462-1455

**APPENDIX G**  
**INTERGOVERNMENTAL MEMORANDUM OF UNDERSTANDING #7674**

Between

CLACKAMAS COUNTY SOCIAL SERVICES DIVISION  
Aging and Disability Resource Connection Unit  
And  
STATE OF OREGON, DEPT. OF HUMAN SERVICES  
Aging and People with Disabilities, Adult Protective Services

This Memorandum of Understanding (MOU) is between the following parties:

- Clackamas County Social Services, Area Agency on Aging (AAA)/Aging and Disability Resource Connection (ADRC)
- Department of Human Services (DHS), Aging and People with Disabilities (APD)/Adult Protective Services (APS).

**PURPOSE**

The purpose of this MOU is to establish roles, responsibilities and procedures for handling APS and Gatekeeper calls and referrals. This includes responsibilities related to assessing and triaging calls, providing information, referral and assistance, and abuse/neglect intervention.

**TERM**

The term of this MOU shall be from January 1, 2016 through June 30, 2017, unless otherwise amended.

**ROLES**

Clackamas County ADRC:

The ADRC provides information, referrals and assistance to support older adults and persons with disabilities, veterans and caregivers in assessing their needs, and linking them to the most appropriate services. The ADRC also conducts follow-up and advocacy to individuals experiencing barriers. These services are offered during regular County service hours, Monday-Thursday, 8:30 a.m. to 5:30 p.m.

Clackamas County APS:

DHS's Adult Protective Services (APS) in Clackamas County conduct abuse and neglect investigations and provide protective services to older adults, age 65 and older; adults with physical disabilities; and residents of Aging and People with Disabilities (APD) licensed or certified settings. The types of abuse and neglect investigated are abandonment, financial exploitation, neglect, physical abuse, verbal emotional abuse, wrongful restraint, involuntary seclusion, and sexual abuse. APS also responds to calls about self-neglect.

**CALL HANDLING PROCEDURES AND RESPONSIBILITIES**

Clackamas County ADRC:

- Gatekeeper calls or calls where protective services matters are suggested will be responded to as high priority calls. Information and Referral Specialist will prioritize Gatekeeper calls, emails and referrals over other requests coming into the ADRC.
- When ADRC staff receive calls relating to abuse or neglect of an older adult (over the age of 65) or person with a physical disability (stated or implied), they will follow the Clackamas County ADRC Policy

and Procedure for handling APS calls (EXHIBIT A). It is agreed that appropriate APS-related referrals include but are not limited to:

1. Incident where there is a statement made by the caller that either they or someone else over the age of 65 or experiencing a physical disability is being abused or neglected.
  2. Incident where there is a question based off of statements made by the caller that either they or someone else over the age of 65, or experiencing a physical disability is being abused or neglected.
- Clackamas County ADRC will maintain an up-to-date, specialized resource database of service providers in Clackamas County related to their respective roles as outlined in this MOU.

#### Adult Protective Services:

- When APS staff receive calls where the caller indicates they are a Gatekeeper or want to make a Gatekeeper referral, and the call does not meet definitions of abuse or neglect per OAR 411-20-0001, the APS Specialist will follow the Policy for Adult Protective Services handling Gatekeeper calls (EXHIBIT B).
- When APS staff receive referrals from ADRC staff, a referral number will be shared with the ADRC.

### DOCUMENTATION

ADRC: All Gatekeeper calls coming in to the ADRC will be recorded into the ADRC database (RTZ). Gatekeeper calls will be recorded in RTZ using the Clackamas County ADRC Policy and Procedure for recording Gatekeeper calls (EXHIBIT C).

APS: All identified Gatekeeper calls coming in to APS will be recorded into the ADRC database (RTZ) by ADRC staff. Gatekeeper calls will be recorded into RTZ using the Clackamas County ADRC Policy and Procedure for recording Gatekeeper calls (EXHIBIT C). Information will be provided to the Clackamas County ADRC by APS, per the ADRC Policy and Procedure for APS handling Gatekeeper calls (EXHIBIT B).

### REPORTING AND MONITORING

#### Clackamas County ADRC:

- A monthly report will be pulled and shared with APS that shows the number of Gatekeeper referrals that came in to the ADRC. Success stories will also be shared with APS quarterly as available.

#### Clackamas County ADRC and APS:

- ADRC and APS management will meet quarterly to review MOU and ensure processes in place are effective.

#### Adult Protective Services:

- APS will provide training to ADRC Information and Referral Specialist regarding protective services issues on semi-annually on agreed upon subjects.

The undersigned agencies agree to all terms and conditions set forth in this Memorandum of Understanding.

*Genevieve M. Sundet*

05/17/2016

Signed  
Genevieve Sundet, District Manager  
Aging and People with Disabilities, Clackamas County

Date

*Brenda Durbin*

*4-26-16*

Signed  
Brenda Durbin, Director  
Clackamas County Social Services Division of Health, Housing and Human Services Dept.

Date

*Richard Swift*

*4.27.16*

Signed  
Richard Swift, Director  
Clackamas County Health, Housing and Human Services Department

Date

**EXHIBIT A**  
**CLACKAMAS COUNTY ADRC**  
Policy for handling Adult Protective Services calls and referrals

**ADULT PROTECTIVE SERVICES CALLS**

When circumstances warrant, the Information & Referral/Information & Assistance (I&R/I&A) Specialist will make referrals to the local Aging and People with Disabilities office for an APS follow-up and referral. If staff believe abuse or neglect may be occurring, staff are to do the following:

1. If someone is being hurt or is in imminent danger, call 911 immediately.
2. If in the midst of an I&R/I&A call, the caller makes an indication that they or someone else has been neglected or abused, please **stop the conversation**, and let the caller know that they need to speak with an Adult Protective Services specialist. Let them know that you are a mandatory reporter, that information is kept confidential, and that your goal is to ensure theirs (or another person's) safety.
3. Complete the "Clackamas County APS Referral Form" (EXHIBIT D) and via secured email, [send secure], to [clackamascounty.aps@state.or.us](mailto:clackamascounty.aps@state.or.us)
4. **DO NOT EMAIL REFERRALS TO WORKERS DIRECTLY.** APS screeners work on a rotation basis, so the possibility exists that if you email one of them, the information will be retrieved timely. Information needs to be provided through the APS screening line or general email box.
5. Document in RTZ minimum data set for an **Information call**, and summarize call, including who the call was transferred to (or that an email was sent to the general APS mailbox), that an APS referral was made, and the APS referral number in the narrative.

PLEASE NOTE: There are different entities that provide protective services to our populations.

- a. Adult Protective Services: Milwaukie Aging and People with Disabilities office: 971-673-6600.
- b. DD Protective Services : Brian Pollard 503-557-2874
- c. MH Protective Services: 503-655-8585

**\*\*If you are unsure as to how to handle a crisis or protective services call, please seek out assistance from a supervisor. \*\***

**EXHIBIT B**  
**CLACKAMAS COUNTY ADRC**  
**Policy for Adult Protective Services handling Gatekeeper calls**

When APS staff receive calls where the caller indicates it is a Gatekeeper referral, and the call does not meet definitions of abuse or neglect per OAR 311-20-0001, the APS Specialist will do the following:

1. Email a summary of the presenting situation, including name and contact information to [clackamasadrc@clackamas.us](mailto:clackamasadrc@clackamas.us)
2. The Information and Referral Specialist will follow-up (if requested) with either the caller or the reported victim within 24 hours, or by the end of the next business day.

# EXHIBIT C

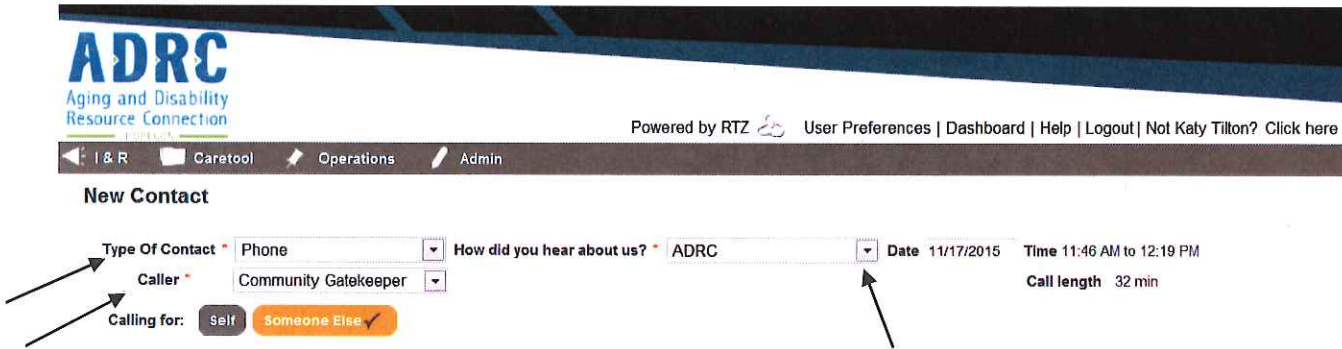
## CLACKAMAS COUNTY ADRC

### Policy for recording Gatekeeper calls

**Definition of Community Gatekeeper:** Individuals employed by organizations such as utility companies, departments of sanitation, local post offices, banks, etc. who have been trained to look for and report concerns of abuse and/or neglect. Gatekeepers work in residential neighborhoods on a regular basis (reading gas, electric and water meters, collecting refuse or delivering mail) and are likely to notice if an individual's normal routines have suddenly changed (for example: if the person's mail has not been picked up on a regular basis or they suddenly begin over-drafting their account). Gatekeepers also include police departments and other organizations that conduct regular welfare checks in situations where people have requested the service.

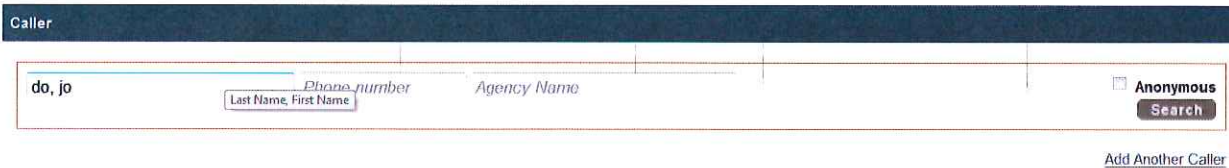
**Data In-Put for Community Gatekeeper Calls:**

1. From a fresh Contact Record in ADRC
2. Caller = Community Gatekeeper
3. Referral Source = ADRC
4. Method of Contact = Phone (most often)



5. Non-Consumer Contact Info

- Search for Caller/Gatekeeper using a limited character search (first 2 letters of last name and first 2 letters of first name)



- Select Existing or Add New
- Record Agency
- Record Telephone Number



- Relationship = Not Related

Caller

Remove Caller

Not Related Doe John Is there a Caregiver dealing with Alzheimer's/Dementia? Unknown

Other Clackamas

12345 South Lane Address Line 2

Portland OR 9704

Home Phone Phone number

Home name@wellsfargo.com

Hide from Other Agencies:

Wells Fargo Bank Reset Agency

Save Cancel

Add Another Caller

## 6. Consumer Info and Demographics

- Search for consumer using a limited character search (first 2 letters of last name and first 2 letters of first name)
- Select Existing or Add New
- Record Consumer's Telephone #
- Record Consumer's Address
- DOB (if available)
- Record Consumer's Age (if DOB was not entered)
- Record Consumer's Gender
- Record Consumer's Race
- Record Consumer's Ethnicity
- Record Consumer's County (if address was not entered)
- Record Consumer's Zip (if address was not entered)
- Record Urban/Rural
- Record Veteran Status (if able to record)

Test, Test; Test Edit ID Number: 559465

Home County: Clackamas Other: 503-555-5555 x  
 54321 Test Rd Address Line 2 Type: test@test.test  
 Canby OR 97013 Homeless?   
 Valid Dates From 07/01/2010 To 12/31/9999  
 Directions to Home: Notes:

---

**Characteristics**

DOS: 12/25/1946 Age: 68 Functionally Impaired:  Physical Disability  
 Gender: Male Veteran Status: No  Dementia/Alzheimer's  
 Transgender: No Veteran ID#:   
 Ethnicity: Non-Hispanic or Latino Income Information: At or Below 100% FPL  Mental Health/Illness  
 Race: White Income: 800  Vision  
 If other, specify:  Employment Status: Disabled  Hearing  
 English Fluency: Fluent Receives Social Security: Disability  TBI  
 Primary Language (Main): English Receives SSI: Yes  ID/DD  
 If other, specify:  Receives Private Pension: No  Emotional  
 Literacy: In English  Medicare A  Other Cognitive Impairment  
 Relationship Status: Widowed  Medicare B  Other  
 Lives With: Alone  Medicare D  None  
 Household Size: 0 Medicare #: 111 11 1111  
 Housing Type:  Medicaid:   
 If other, specify:   Caring for individual with Alzheimer's/Dementia  
 Urban/Rural: Urban

8. Referrals and Needs

- Category => Abuse and Neglect Issues
- Taxonomy => Adult Protective Intervention/Investigation [PH-6500.0500-050]
- Record all programs referred

Information and Referral

Consumer Services & Protection | Fraud Prevention New Search Referral(2)

	Refer By:					
	Info	Phone	Mail	In Person	Inter Office	Email
<b>APS</b>						
X Adult Protective Services - Clackamas County Oregon Department of Human Services - Clackamas County						
DHS-APD ADULT PROTECTIVE SERVICES 4382 INTERNATIONAL WAY SUITE C Milwaukie, OR 97222-4627 4382 International Way Suite C Oregon City, OR 97222-4627						
971-673-6655 971-673-6109 971-673-6600						
Consumer Need Abuse and Neglect Issues Taxonomy Term Adult Protective Interv						
<b>Consumer Services &amp; Protection   Fraud Prevention</b>						
X Senate Aging Committee - Anti-Fraud Hotline 1-855-303-9470 Senate Aging Committee - Anti-Fraud Hotline						
G31 Dirksen Senate Office Building Washington, DC 20510						
855-303-9470 202-224-5364						
Consumer Need Consumer Services & Protection Taxonomy Term Fraud Prevention						

Save  
Print Referrals

- 9. Add Notes (following the Oregon Access Standards)
- 10. Schedule Follow-Up (as needed)

Log #: \_\_\_\_\_ Date: \_\_\_\_\_  
(Local APS Only)

## Clackamas County, APS Referral Form

Please, submit by email: [clackamascounty.APS@state.or.us](mailto:clackamascounty.APS@state.or.us) or fax: 971-673-6109

### Referral Source:

Anonymous

Name:

Address:

City/State/Zip:

Phone Number:

Relationship to Reported Victim:

### Reported Victim:

Name:

Date of Birth:

Age:

Address:

City/State/Zip:

Phone:

Sex:  Male  Female

Physically Disabled:  Yes  No

Medicaid Prime #:

Medicaid Case Manager Name:

### Facility Information (if applicable):

Name of Facility:

Type of facility:  NF  RCF  ALF  AFH  RB

Complainant wants a copy of the report:  Yes  No

Address if different:

### Additional Reported Victim:

Name:

Date of Birth:

Age:

Address:

City/State/Zip:

Phone:

Sex:  Male  Female

Physically Disabled:  Yes  No

### Reported Perpetrator:

Name:

Date of Birth:

Age:

Address:

City/State/Zip:

Phone:

Sex:  Male  Female

Relationship to Reported Victim:

Criminal History  Drug/Alcohol  Weapons  Other Info

### Potential witnesses, additional victims and perpetrators:

(Name / Address / Phone / Role)

- 1.
- 2.
- 3.

Date and Time of the Incident:

Ongoing Problem?

**Describe Your Concerns or a Description of the Problem:**

**\*\*\* ARE THERE ANY SAFETY CONCERNS FOR THE VICTIM OR INVESTIGATOR? \*\*\***

Be Specific (weapons, animals, drug use, etc...)

**APS Office Use Only:**

Log #:  Community  Facility  Community in Facility

Date Received: Time Received:

Screener: Choose

Reported Allegation of Abuse: Choose | Reported Allegation of Abuse: Choose

Investigator Assigned: Choose

Response Time:  2-Hour  Next Day  5-Day

Screened Out:

Referral Code: Choose | Date of Referral:

## Appendix H Statement of Assurances and Verification of Intent

For the period of January 1, 2021 through December 31, 2025, Clackamas County Social Services (AAA) accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) (Pl. 114-144) and related state law and policy. Through the Area Plan, Clackamas County Social Services shall promote the development of a comprehensive and coordinated system of services to meet the needs of older individuals and individuals with disabilities and serve as the advocacy and focal point for these groups in the Planning and Service Area. Clackamas County Social Services assures that it will:

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

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

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

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

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

- A. Information concerning whether there is a significant population of older Native Americans in the planning and service area, and if so, an assurance that the Area Agency on Aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under the Area Plan;
- B. An assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides with services provided under Title VI of the Older Americans Act; and
- C. An assurance that the Area Agency on Aging will make services under the Area Plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

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

3/9/2021

\_\_\_\_\_  
Date  
Social Services Division



\_\_\_\_\_  
Brenda Durbin, Director

03/09/2021  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Eric Olson, Chair  
Aging Services Advisory Council

**Clackamas County**

Commissioner: Tootie Smith, Chair  
Commissioner: Sonya Fischer

Commissioner: Paul Savas  
Commissioner: Martha Schrader  
Commissioner: Mark Shull

**Signing on Behalf of the Board:**

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Rodney Cook, Interim Director  
Health, Housing & Human Services Dept.