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## Social Services Division

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

# 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.

#### 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 traditionally underrepresented resident groups. Information gathered from listening sessions held in 2017 with Korean, Chinese and Vietnam speaking residents was also incorporated in 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 the 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.

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.

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 8.2percent 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
<b>Percentage Employed</b>	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
<b>Under Age 18</b>	5,200	3,874	3,331
<b>Age 18-64</b>	23,249	22,211	22,045
<b>Age 65+</b>	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
<b>Spanish or Spanish Creole</b>	724	915	862
<b>Indo-European Languages</b>	1,275	1,388	2,164
<b>Asian or Pacific Island Languages</b>	879	1,063	1,292
<b>Other Languages</b>	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
<b>Total Population in Poverty</b>	33,187 (9.0%)	37,031 (9.7%)	34,195 (8.5%)
<b>60 Years + in Poverty</b>	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)**

<b>2016 Area Plan</b>	12.47%
<b>2021 Area Plan (Pre-COVID)</b>	9.1%
<b>2021 Area Plan (COVID Impact)</b>	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:**

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

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**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](http://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](http://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.adrcoforegon.org](http://www.adrcoforegon.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 IIIC 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

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	Ongoing annually	

### 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. •	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 Manager	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 that 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.”